SAR Team
Health Records Department
Glasgow Royal Infirmary Hospital
8 - 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

MMA Legal Ltd
23 Goodlass Road
Building B
Liverpool
L29 9HJ

Date: 2nd June 2026
Your Ref: 100304
Our Ref: SAR Team /PA
Enquiries To: Patricia
Direct Line: 0141 201 3382
Email: patricia.armstrong3@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: THERESA BENSON DOB: 12/06/1957

Thank you for your request received 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:

GLASGOW ROYAL - STOBHILL ACH - DENTAL HOSPITAL RECORDS
X-RAYS REPORTS

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 me.

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

SAR 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	

PATIENT INFORMATION

TITLE: _____

SURNAME: BENSON

FORENAMES: THERESA

DATE OF BIRTH: 12.6.57

SEX: Male ☐ Female ☑

ADDRESS: 41 HALBEATH
Dunchapel
G15 8QP

OCCUPATION: HOUSEWIFE

TELEPHONE NO: Home 944 9376 Work _____

DOCTOR'S NAME, ADDRESS AND TELEPHONE NUMBER:

_____

_____

_____

DENTIST'S NAME, ADDRESS AND TELEPHONE NUMBER:

_____

_____

_____

We aim to do all the following things at your fir appointment:

Examine your mouth, get x-rays taken if neces y (in th X-ray Dept), discuss the problem with you a of treatment.

So please allow at le

SURNAME: BENSON FORENAMES: THERESA UNIT NO:

YES	NO	HAVE YOU EVER HAD?
☐	☑	A heart attack?
☐	☑	A heart murmur, rheumatic fever or chorea?
☐	☑	Heart surgery?
☐	☑	Kidney disease or liver disease, including jaundice or hepatitis?
☐	☐	Any other serious illness?
☐	☑	A bad reaction to a general or local anaesthetic?

YES	NO	DO YOU SUFFER FROM:
☐	☑	Allergies to any medicines eg antibiotics, foods or other substances (eg latex/rubber)?
☐	☑	Hay fever or eczema?
☐	☑	Bronchitis, asthma or other chest condition?
☑	☐	Fainting attacks, giddiness, blackouts or epilepsy?
☑	☒	Heart problems, angina, high blood pressure or stroke?
☐	☑	Diabetes?
☐	☑	Arthritis?
☐	☑	Blood disorders, bruising or persistent bleeding following injury, tooth extraction or surgery?
☐	☑	Any infectious diseases (including HIV or hepatitis)?

YES	NO	ARE YOU CURRENTLY:
☐	☑	Pregnant or a nursing mother?
☑	☐	Receiving treatment from a doctor, hospital or clinic?
☑	☐	Taking any prescribed medicines (tablets, ointments, injections, inhalers, contraceptives, HRT)?
☐	☑	Carrying a warning card, warning bracelet or warning necklace?
☐	☑	Taking or have you taken steroids in the last 2 years, including creams or inhalers?

YES	NO	SMOKING AND CHEWING:
☑	☐	Have you ever smoked tobacco ?
☐	☐	Have you ever chewed tobacco, pan or supari?

DRINKING:
How many units of alcohol do you drink per week? _____
(a unit is half a pint of beer, a single measure of spirits or a single glass of wine/aperitif)

COMPLETED BY (PLEASE TICK): ☑ (SELF) ☐ (PARENT) ☐ (GUARDIAN)

SIGNATURE: [redacted] DATE: 15/9/07

MEDICAL HISTORY UPDATE:

DATE	LIST ANY CHANGES BELOW	CLINICIAN'S SIGNATURE
[redacted]		

GENERAL MEDICAL HISTORY FORM

Doctor's Name & Address	Dentist's Name & Address
DR HARKINS.	CLYDEVIEW DENTAL PRACTICE
DRUMCHAPEL H/C. KINFAUNS DR	DUMBARTON RD YOKER
Post Code G15.	Post Code G13.
Tel No: 0141-211-6080.	Tel No: 0141-952-9502.
Date: 07/01/16.	Signature: T. Benson

* Delete where applicable

What is your ethnic group?

		Please tick √	
A.	White	✓	Scottish
			Other British
			Irish
B.	Mixed – Please give details		
C.	Asian, Asian Scottish or Asian British		Indian
			Pakistani
			Bangladeshi
			Chinese
	Any other Asian background-please give details		
D.	Black, Black Scottish or Black British		Caribbean
			African
	Any other background-please give details		
E.	Other Ethnic background; Please give details:		
	Prefer not to answer		
	Not Provided		

- **PLEASE HAND COMPLETED FORM TO RECEPTIONIST**

Reception/Registration Staff must update Registration fields appropriately.

GENERAL MEDICAL HISTORY FORM

TITLE: MR/MRS/MS/MISS*	HOME TEL No: 0141 239 4840
FORENAME: [illegible]	MOBILE TEL No: 07920 120 [illegible]
SURNAME: Bonson	OCCUPATION: HOUSEWIFE.
ADDRESS: FLAT 4, 135 GLASGOW RD	DATE OF BIRTH: 12-06-57.
CLYDEBANK	MARITAL STATUS: MARRIED/~~SINGLE*~~
	Are you the PATIENT/~~PARENT/GUARDIAN/TRANSLATOR~~*
	ARMED FORCES ~~YES~~/NO* NAVY/ARMY/RAF*
POST CODE: G81 1QL	ARMED FORCES DEPENDANT/VETERAN*

	PLEASE ANSWER ALL QUESTIONS	YES	NO	DETAILS
1	Are you an expectant or nursing mother?		✓	
2	Have you had rheumatic fever or St. Vitus Dance (chorea)?		✓	
3	Have you had Hepatitis, Jaundice or Tuberculosis?		✓	
4	Have you had any heart complaints, such as heart attack, High blood pressure, angina, heart murmur or a Replacement heart valve?	✓		HIGH B/P.
5	Do you suffer from Bronchitis, Asthma or other chest Condition?		✓	
6	Do you have Diabetes?		✓	
7	Do you have Arthritis?		✓	
8	Are you receiving any tablets, creams, ointments from your Doctor?	✓		LIST PROVIDED.
9	Are you taking or have you taken steroids in the last 2 years?		✓	
10	Are you allergic to any medicines, foods or materials?		✓	
11	Do you suffer from Epilepsy?		✓	
12	Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?		✓	
13	Do you suffer from blood disorders such as Anaemia?		✓	
14	Do you have any other medical conditions/special needs or Disabilities?	✓		FIBROMYALGIA SCIATICA, SLIPPED DISC.
15	Are you attending any other hospital clinics or Specialist? Specialists?		✓	
16	Have you ever been hospitalised? If Yes, what for and when?	✓		RUPTURED BOWEL REPAIR 07/12/15
17	Have you attended this hospital before? If Yes, please state when.	✓		2010 ?
18	Have you been resident in the UK for the past 12 Months	✓		

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL/DENTAL IN CONFIDENCE

GGC Glasgow Dental Hospital Referral Protocol (Glasgow, v13.0)

REFERRAL TO

Oral Surgery
GGC Dental Services

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

Glasgow Dental Hospital and School
378 Sauchiehall Street
Glasgow
G2 3JZ

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

Hospital location code.
G106H

Email address
-

Urgency of referral	ROUTINE		
Date of referral	29-Oct-2015	**Date sent**	29-Oct-2015

PATIENT DETAILS

Surname	BENSON
Forename(s)	THERESA
Title	Mrs
Sex	Female
Date of birth	12-Jun-1957
CHI no.	1206576464
Area of Residence	-

Patient's address

FLAT 4
135 GLASGOW RD
CLYDEBANK
G81 1QL

Contact number(s)

Voice: 07920120405
Voice: 07920120405

101010228374Y Unique Care Pathway Number: 101010228374Y

REFERRING HCP DETAILS

HCP Name	Alan Purves
HCP code	258242
HCP Position	-
Organisation name	Riverbank Dental
Location code	G04656D

Organisation address

2385 Dumbarton Road
GLASGOW
G14 0NT

Contact number(s)

Voice: 0141 952 9502

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: C/O PAIN IN ULQ associated with 2mm white lesion. Possible allodynia/hyperalgesia component

Comment: 18/08/2015UL ridge, small hard section on mucosa that is tender. Possible bone spicule present. Contact with natural teeth in LLQ when F/ removedSoft splint provided for night-time useReview if pain doesn't resolve29/10/15:Continued pain from ULQ. (Splint hsan't helped, used for 2/7)- Small 2mm diameter white lesion- Surrounding mucosa swollen but normal in appearance- Fybromyalgia may be influencing pain levels: allodynia/hyperalgesia?- Pt finds palpation excrutiating, so not able to feel if solid- Air from 3in1 causing pain- Tooth 34 contacts area when pt closes without F/ in place- Splint has not helped with painPeriapical taken to check for bone/roots/pathology (enclosed)

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Investigations

Description/Question	Result/Comment	Date
Previous investigation and treatment:	Soft splint to prevent trauma, F/ ease	-
Relevant medical and drug history including allergies:	Fybromyalgia, hypertension. investigations for osteoporosis ongoing with GP. Amitriptyline 50mg, Levothyroxine sodium 100mg, Omeprazole 20mg, Quinine sulfate 200mg	-
Examination findings:	See additional free text information. Periapical of ULQ taken	-
Date of last radiograph:	29/10/2015	-
Radiograph relevant to current condition:	true	-
Previous relevant radiographs included?:	yes	-
Community location suitable:	no	-
Previous relevant radiographs included?:	no	-
Are dentures worn by the patient?:	no	-

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

Loop system required?:no

Referred By:VT

Electronic attachment present

Additional information sent by post:No

BPE CHART

Upper Right:0

Upper Median:0

Upper Left:0

Lower Right:0

Lower Median:0

Lower Left:0

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER

MEDICAL IN CONFIDENCE

Attachments

REFERRAL TO

North West Rehab Service
GGC Rehabilitation Services

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

Rehabilitation Services (GG&C)
NHS GG&C

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

Hospital location code.
G043G

Email address

Urgency of referral Urgent Urgent – within 24 hours
Date of referral 10-Dec-2015 **Date sent** 10-Dec-2015

PATIENT DETAILS

Surname	Benson
Forename(s)	Theresa
Title	Mrs
Sex	Female
Date of birth	12-Jun-1957
CHI no.	1206576464
Area of Residence	-

Patient's address

Flat 4
135 Glasgow Road
Clydebank
Glasgow
G81 1QL

Contact number(s)

Voice: 0141 239 4840
Voice: 07920120405

1010104802801 Unique Care Pathway Number: 1010104802801

REGISTERED GP DETAILS

Name	Dr Jane Connelly		
GMC code	3171257	GP code	04537
Practice name	Drumchapel Health Centre (18834)		
Practice code	40544		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Drumchapel
Glasgow

Contact number(s)

Voice: 0141 211 6080
Facsimile: 0141 211 6115

REFERRING GP DETAILS

Name	Dr. Michael Harkins		
GMC code	3276145	GP code	00841
Practice name	Drumchapel Medical Practice (40544)		
Practice code	40544		

Practice address

Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow

Contact number(s)

Voice: 0141 211 6080
Facsimile: 0141 211 6115

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: requesting zimmer

Comment: recent inguinal hernia repair and also has gout so struggling with mobility. husband has requested zimmer .

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
Haemorrhoids	-	25-Sep-2015	25-Sep-2015
Pyloric ulcer	perforated pyloric ulcer was oversewn - treated with Omeprazole started.	25-Jul-2014	25-Jul-2014
Closed fracture lumbar vertebra	L2 #/Fall - 15/10/13' Notes passed to Osteopososis Team to see if they want to review her.	16-Oct-2013	16-Oct-2013
Fibromyalgia	-	29-Oct-2012	29-Oct-2012
H/O: menorrhagia	insertion coil June 2011' - referred.	27-Feb-2012	27-Feb-2012
Breast irregular nodularity	mammogram - normal	11-Jul-2011	11-Jul-2011
Lumbar disc degeneration	L4/5 disc prolapse. Right L5 neural irritation - MRI scan.	02-Jul-2011	02-Jul-2011
Low back pain	Chronic	17-Jun-2011	17-Jun-2011
Haemorrhoids	-	25-Mar-2011	25-Mar-2011
Fluid retention	generalised fluid retention - referred	15-Feb-2010	15-Feb-2010
Anxiety states	low mood, agrophobia and social phobia - referred.	01-Jun-2009	01-Jun-2009
Acquired hypothyroidism	-	23-Dec-2005	23-Dec-2005
Fracture of one or more phalanges of hand (Left)	ring #	21-Jul-2004	21-Jul-2004
[V]Psychological problems	-	26-Jun-2003	26-Jun-2003
Fibromyalgia	-	14-Jan-1999	14-Jan-1999
Generalised anxiety disorder	Severe	17-Sep-1998	17-Sep-1998
Essential hypertension	-	17-Sep-1998	17-Sep-1998
Anxiety with depression	referred	10-Nov-1997	10-Nov-1997
Fracture of ankle, NOS (Left)	delayed diagnosis	17-Sep-1997	17-Sep-1997
Effusion of knee (Right)	aspiration, medial collateral ligament injury.	03-Mar-1996	03-Mar-1996
[X]Agoraphobia	condition	11-Jul-1994	11-Jul-1994
Anxiety states	longstanding - referred.	01-Feb-1994	01-Feb-1994

Chronic low back pain	& left sided sciatica.	29-Oct-1993	29-Oct-1993
Tattoo	excised right forearm.	10-Oct-1991	10-Oct-1991
Hypertension complicating pregnancy/childbirth/puerperium	-	23-Oct-1989	23-Oct-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Helicobacter eradication therapy	-	25-Jul-2014	25-Jul-2014
Rubber band ligation of haemorrhoid	-	12-May-2011	12-May-2011
[SO]Spinal nerve root	left sciatica compression	17-Sep-1993	17-Sep-1993

Family conditions (All priorities)

Description	Date of Onset
FH: Breast cancer (Sister)	10-Mar-2015
FH: Ischaemic heart dis. <60	22-Oct-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amitriptyline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN IN THE EVENING	-	11-May-2015	12-Nov-2015
Ramipril Capsules 10 mg	56	56 capsules	1TAB DAILY	-	10-Mar-2015	12-Nov-2015
Sertraline Hydrochloride Tablets 100 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	25-Feb-2015	12-Nov-2015
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	TWO CAPS DAILY	-	25-Jul-2014	12-Nov-2015
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	01-May-2013	12-Nov-2015
Levothyroxine Sodium Tablets 100 micrograms	56	56 tablet	1TAB DAILY	-	22-Oct-2012	12-Nov-2015
Quinine Sulfate Tablets 200 mg	56	56 tablet	1TAB DAILY	-	22-Oct-2012	12-Nov-2015

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 or 2 Caps every 4 to 6 hours (MAX 8 CAPS DAILY)	-	08-Dec-2015	08-Dec-2015
Paracetamol Tablets 500 mg	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	08-Dec-2015	08-Dec-2015
Lactulose Solution 3.1-3.7 g/5 ml	500	500 ML	THREE 5ML SPOONFULS TO BE TAKEN TWICE A DAY	-	08-Dec-2015	08-Dec-2015
Clotrimazole And Hydrocortisone Cream 1 % + 1 %	30	30 gram	Apply sparingly Twice daily	-	18-Nov-2015	18-Nov-2015
Cinchocaine And Prednisolone Ointment 0.5 % + 0.19 %	30	30 gram	APPLY THINLY TO THE AFFECTED AREA MORNING AND NIGHT	-	18-Nov-2015	18-Nov-2015
Laxido Orange Oral Powder Sachets Sugar Free	50	50 sachet	ONE TO BE TAKEN TWICE DAILY	-	25-Sep-2015	25-Sep-2015
Cinchocaine And Prednisolone Ointment 0.5 % + 0.19 %	30	30 gram	APPLY THINLY TO THE AFFECTED AREA MORNING AND NIGHT	-	25-Sep-2015	25-Sep-2015
Cinchocaine And Prednisolone Suppositories 1 mg + 1.3 mg	14	14 suppository	ONE TO BE INSERTED TWICE A DAY	-	25-Sep-2015	25-Sep-2015

Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 or 2 Caps every 4 to 6 hours (MAX 8 CAPS DAILY)	-	10-Sep-2015	14-Oct-2015
Bendroflumethiazide Tablets 2.5 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	05-Aug-2015	05-Aug-2015
Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 or 2 Caps every 4 to 6 hours (MAX 8 CAPS DAILY)	-	16-Jul-2015	16-Jul-2015

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		27-Apr-2015
Stopped smoking:		05-Jul-2014
Thinking about stopping smoking:		15-Jan-2013
Current smoker:		15-Jan-2013
Trying to give up smoking:		22-Oct-2012
Alcohol consumption, 98 units/week:		22-Jan-2015
Alcohol units per week, 75 :		26-Feb-2013
Alcohol consumption, 30 units/week:		15-Jan-2013
Alcohol misuse:		26-Jun-2003
Aerobic exercise 0 times/week:		22-Jan-2015
Takes inadequate exercise:		22-Jan-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse drug reaction NOS	: Iodine severe fluid retention.	07-Apr-2010
[X]Adverse reaction to amlodipine	:severe fluid retention.	07-Apr-2010

Additional relevant information

Administrative information

Mobility:true

Walking aid only:true

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

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

Glasgow Dental Hospital & School

378 Sauchiehall Street, Glasgow, G2 3JZ
Switchboard: 0141 211 9600
Fax: 0141 211 9800

Department of Periodontology
Direct Dial Secretary: 0141 211 9795
Direct Dial Reception: 0141 211 9772/9773

WMMJ/SM/**50510169**

Date dictated: 30 10 07
Date typed: 09 11 07

Mrs A Logue
Dental Surgeon
10 Dunkenny Square
Drumchapel
G15 8NB

Dear Mrs Logue

THERESA BENSON, CHI NO: 1206576464
41 HALBEATH, DRUMCHAPEL, G15 8QP

Thank you for referring the above patient whom I examined on 30th October 2007. Ms Benson complained of occasional bleeding gums and is aware of gingival recession, bad taste, bad breath and loose teeth.

She suffers from hypertension and her medication includes Amlodipine, Thyroxine and various psychotropic drugs. She smokes 5 – 10 cigarettes per day.

Clinical examination revealed gingival recession principally affecting the 31, 32, and 41 and measuring about 4mm. There were widespread small amounts of plaque associated with mild gingivitis. Pockets were generally shallow, reaching 5 – 6mm in depth only at the 27, 31, 35 and 37. There were several hypermobile teeth among which the worst were the 12, 22, 23 and 24.

Radiographs were taken of selected teeth and these reveal early marginal bone loss, rather worse at the 27 and 37. The 36 and 37 were affected by furcation bone loss.

In summary, Ms Benson suffers from gingivitis and periodontitis and, since specialist treatment seems not to be required, arrangements have been made for a course of scaling and oral hygiene instruction to be undertaken by one of our final year dental students.

Kind regards.

Yours sincerely,

W M M Jenkins
Consultant

Glasgow Dental Hospital Referral Form

JP
JC

Date of Referral: 16/5/07

5051069

Section A - Patient Details:

Surname: BENSON ~~Male~~ Female

First Names: TERESA Date of Birth 12/06/57

Address: 41, MALBEATH AVE

Town: DRUMCHAPEL Post Code: G15 8QP

Phone: (Day) 944 9376 Eve: Mobile:

Referring Dentist/Doctor Details:

Name:
Address:

MRS A. LOGUE, B.D.S
McCallum and Logue Dental Practice
10 Dunkenny Square, Drumchapel G15 8NB
2926-2

Phone:

Hospital Use Only:

6 JUN 2007
VETTED 12/7/07

Is patient registered with practice ☑ CHI No. (if known)

Routine: ☑ Urgent: ☐ * You must justify urgent request overleaf Rapid Access ☐

Has patient attended GDH before? Yes ☐ No ☐ If so state Hosp No ☐

Referral to:

(please refer to individual guidance notes when completing this section)

Section B - Paediatric Dentistry (not GA Assessment) (please read guidance notes 1)

Problem:

Is the patient symptomatic ☐ Radiographs enclosed ☐

Dento-alveolar trauma1 ☐ Molar/incisor hypoplasia/mineralisation ☐

Tooth discoloration ☐ Developmental defects ☐

Non-carious tooth surface loss ☐ Soft tissue disorders/lesions ☐

Medically compromised ☐ High caries rate *or* pain from decayed teeth* ☐

Learning difficulties and special needs* ☐ Anxiety and behaviour management* ☐

Other ---------- ☐

*** Should be referred to Community Dental Service in the first instance**

Section C - Restorative:

Radiographs enclosed ☐

Standing teeth:

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

CPITN:

Section C1 - Conservation:

(please read guidance notes 2a)

Problem:

For advice only ☐	For Specialist treatment (at Consultant's discretion) ☐	Undergraduate treatment ☐
Toothwear ☐	Fixed Prosthodontics ☐	Pain Diagnosis ☐
Purely Cosmetic (advice only) ☐	Maxillofacial/Cleft ☐	Anxiety/Hypnosis ☐
Other(specify)---------- ☐	Caries present ☐	Is the caries controlled ☐

Section C2 - Endodontics:

(please read guidance notes 2b)

Problem:

De novo ☐	Re-treatment ☐
Periradicular surgery ☐	Trauma* ☐
Are adjacent pockets <4mm ☐	Is tooth caries free and restorable ☐
Duration of condition ☐	Previous episode (provide details in Section G) ☐

***Patients under 16 years of age should be referred to Paediatric Dentistry**

Section C3 - Prosthodontics:

(please read guidance notes 2c)

Problem:

For advice only: ☐	For treatment: Specialist (at Consultant's discretion) ☐	Undergraduate ☐
	Edentulous ☐	Partially dentate ☐
Are dentures worn by the patient:	Yes ☐	No ☐
Were the dentures made by you:	Yes ☐	No ☐
Periodontal Status	Disease present - (give details in Section F) ☐	Is the caries controlled ☐

Section C4 - Periodontology: (please read guidance notes 2d)

Problem:

For advice only ☐ or For specialist treatment ☑ (at Consultant's discretion)

Please refer to guidance notes for an outline of those conditions for which specialist treatment is available. Patients with poor oral hygiene or obvious calculus deposits will not be accepted for treatment.

Section D - Orthodontics: (please read guidance notes 3)

Problem:

For Advice only ☐ or For specialist treatment ☐ (at Consultant's discretion)

Section E - Oral Surgery/Oral Medicine: (please read guidance notes 4)

Problem:

Oral Surgery ☐ Oral Medicine ☐

Section F – Radiology: (please read guidance notes 5)

Problem:

Previous relevant radiographs included ☐ When were they taken? ☐

Section G - Referral Details:

Reason for referral: (Justify urgent requests)
Parent seen 6 months ago mild mobility of L anrs 2|2 & 1|7 due to bone loss noted. At exam today mobility 5–2|2–4 noted and rotation of 12. Pocketing all quads

History of complaint and duration of condition:

Previous investigation and treatment:

Relevant medical and drug history: Agrophobic.

Examination findings: New tooth mobility in short period of time poor oral hygiene. Due to sudden change would prefer specialist advice & if required treatment.

Provisional diagnosis:

Section H – Paediatric Assessment:

Section H1 - Provisional Treatment Plan: (please read guidance notes 6)

Extraction of: _____ | _____

Justification for Referral:

- I have discussed alternative means of care as specified in the advice sheet (Appendix I)
- I have explained to the parent /guardian/patient (*delete as appropriate) the proposed procedure and the risks of general anaesthesia as specified in the advice sheet (Appendix II)
- I have explained that the treatment plan may be changed at the assessment appointment and I have explained that the parent/guardian/patient will be advised of any such changes.

(NB sign end of referral sheet)

Section H2 – Parent/Guardian/Patient to complete

I confirm that Dr/Mr/Mrs/Miss/Ms_____ has discussed with me the alternative means of care as specified in advice sheet (Appendix I).

I am satisfied with the explanation given to me for the need for referral. I agree to the referral for assessment for sedation/general anaesthesia following the explanation of the proposed procedure and the risks of general anaesthesia as specified in the advice sheet (Appendix II).

Signed:_____ Date: _____
parent/guardian/patient (delete as appropriare)

Section I – Signed: _____ Date: 16·5·07

Referring Practitioner

For Hospital Use Only:

Accept ☐ Priority: Urgent ☐ Soon ☐ Routine ☐

Reject ☐ Because of insufficient information ☐ Inappropriate referral ☐

Advice only ☐ Date vetted: ☐ Vetted by:_____Signed

CHI No

Internal Audit

SURNAME | FORENAME(S) | UNIT NUMBER

CONSULTANT: Dr Jenkins | CLINICIAN:

DATE: 30/10/07

50510169W
BENSON
THERESA
CHI-1206576464

R. L.

MOBILITY	X		X	1	1	1	1+	X	X	1+	1+	1+	X	X		MOBILITY
POCKETS	X	3	X	3	3	3	4	X	X	3	4	4	X	X	6	POCKETS
POCKETS	X	X	4	X	3	3	X	3	3	5	3	4	6	4	6	POCKETS
MOBILITY	X	X	1-	X	1-	1-	X	1	1	1			1		1	MOBILITY

Pt c/o:- Bleeding gumm occasionally.
:- Sensitivity - teeth°
-gumm°
:- Recession noted for a few years.
:- Aware of bad taste & smell
:- Aware of black teeth.
-thinks there may be ↑ space between teeth

HPC :- aware of recession for few years.
:- Bleeding for. >5 years.

MH :- Generally fit & well.
Acte Drug occasionally.
CVS -Hypertension.
Hyperthyroidism.
Fibromyalgia. Psych - agoraphobic.
Meds - Levothyroxine Sodium.
Amitriptyline hydrochloride.
Amlodipine 10mg.
Lodic Sr. 600mg.
Gabapentin 300mg.
Citalopram 20mg.
Quinine sulphate.
NKDA.

POH :- Reg 6/12 GDP attended
Hygienist - v- occasionally.

FH °.
SH - smoker ~ 5-10/day. used to smoke 20/day till 2years ago.
C_2H_5OH :- occasional.

P.T.O.

DEPARTMENT OF PERIODONTOLOGY

SU 91

O/E:- PU/- acrylic.
:- Adhesive bridge 3③/.
:- wear L^2 incisal
:- recession $\overline{1|1\ 2}$ labially ~4mm
-clefting due to gingival hyperplasia.

- OH generally fair :- minimal soft plaque deposits detected particularly lingual $\overline{1}$Q.

Heavy Supragingival calculus $\overline{2+2}$. Lingually.
Gingival hyperplasia noted interdentally $\overline{3+3}$ particularly.

Pockets & mobility as charted.
- mobility not in keeping c̄ pocketing ∴ ? short roots.

Radiographs

- Generalised mild - moderate horizontal bone loss
- Mild angular defect affecting 12.
- Furcation disease 36 & 37.
- Subgingival calculus visible radiographically in areas.

Δ Mild Chronic adult Periodontitis

D/w. Dr Jenkins
- suitable for 5th yr. Dental Student.

PLAN OHI → HPT.

MCCANN
SHO.

ƆCIAL HISTORY	O.H.I.			

ꓤADIOGRAPHS							
ꓢTUDY MODELS							
ꓛLINICAL ꓒHOTOGRAPHS							
ꓶABORATORY INVESTIGATION							

Name...THERSA..BENSON............ No.....50510169.....

Procedure

- Air-dry and inspect the palatal surfaces of 3 – / – 3 including the five palatal embrasure areas between 3/ and /3.
- Air-dry and inspect the buccal surfaces of 3 – / – 3 including the five buccal embrasure areas between 3/ and /3.
- Air-dry and inspect the buccal surfaces of 7 – 4/ including the four buccal embrasure areas between 7/ and 3/. Ignore 3rd molars.
- Air-dry and inspect the lingual surfaces of /4 – 7 including the four lingual embrasure areas between /3 and /7. Ignore 3rd molars.

- If there are gaps in the dentition and some teeth don't have an actual 'embrasure' mesially and/or distally, score the 'gable end(s)' of these teeth.

- Do not use an instrument or disclosing solution for plaque detection

- If no teeth in segment, mark with X
- 0 = no visible plaque or calculus
- 1 = visible plaque or calculus on only 1 tooth surface or embrasure
- 2 = visible plaque or calculus on at least 2 tooth surfaces or embrasures
- If in doubt, assign the lower of two scores.

The BEL Index is the sum of the scores divided by the number of segments (rows) scored. If all four segments are scored, divide by 4. If one segment is missing, divide by 3, etc.

Date: 30-10-07 Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior		0	0
Lower Anterior	1	1	
Upper right Posterior	0	0	
Lower left Posterior		2	2

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			
Lower left Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			

Date: Index:	BEL INDEX mid-Buccal	Embrasure	mid-Lingual
Upper Anterior			
Lower Anterior			
Upper right Posterior			

North Glasgow University Hospitals Division
Glasgow Dental Hospital

50510169W
BENSON
THERESA 12/06/1957
41 Halbeath Avenue
Drumchapel
GLASGOW G15 8QP
CHI-1206576464
NHS

Treatment Record

Surname	Forenames (s)	Unit Number

Date/Dept	Treatment	Signature
9/11/07	AMH - as noted 30/10/07	
	POH - Brushes 2 x day with Fluoride t/paste occas uses floss interdentally. - Occas bleeding on brushing - c/o bad taste/smell - feels ~~L²~~ loose	
	PERIO STUD SCALING KIT-69 User Code 35-69 Version 5 ID 1000431 Catagory LOT 00036 2007-11-07 2008-11-06 DO NOT USE IF PACKING IS DAMAGED OR OPEN STORE IN A CLEAN DUST FREE ENVIRONMENT	
	On examination:	
	Gross deposits ~~67~~ 21/12 67	
	Treatment: Gross supragingival Scaling on lower teeth using Ultrasonic (teeth too sensitive for pt to tolerate) & hand instr	
	Subgingival deposits removed Lingual 67	
	Polished lower teeth	
	OHI - TBI, interdental brush instr 620 & tape 0.4mm	
	~~Chlorhexidine mouthwash~~ NV Subgingival scale 67? Supragingival Scale Upper 4th.	

Treatment Record

Surname	Forenames (s)	Unit Number

Date/Dept	Treatment	Signature
21/12/07.	Pt c/o - painful gums esp lower (R) posterior.	
	PMH - fibromyalgia	
	~~OE~~ PDH - pt now using electric toothbrush,	
	3 x /day.	
	OE - OH good	
	CPITN 3 | 3 | 4 / 3 | 3 | 3	
	Calculus deposits lower anteriors bet.	$\overline{1 \mid 1}$
	(lingual)	
	Ulcer on ~~[illegible]~~ alveolar mucosa at	
	lower ~~[illegible]~~ (R) distal to last standing	
	molar - due to upper molar	
	~~[illegible]~~ occluding on area?	
	~~Subging~~ Buccal infiltration of all	
	remaining upper teeth with	
	2x 2.2ml cartridge	
	2% lidocaine, 1:80000 adrenaline	
Supra-	+ Subgingival scaling ~~[illegible]~~ $\underline{5432 \mid 234}$	7
	and $\overline{1 \mid 1}$	
	NV - Supra- + Subgingival scaling	7|
	Review.	
	[signature]	

18/1/08 ~~Pt FTA~~ [signature]

North Glasgow University Hospitals Division
Glasgow Dental Hospital

NHS Greater Glasgow

Treatment Record

Surname	Forenames (s)	Unit Number

Date/Dept	Treatment	Signature
18/1/08	~~Subgingival scaling 1T1 + 7|~~	
	Calculus build-up on lingual surfaces of	
	1T1. Gingiva in area inflamed.	
	OHI; Toothbrushing instructions given	
	Subgingival scaling 1T1 + 7|	
	NV - Subgingival scaling 1Q1 with LA	
		[signature]
	~~MH checked in the pool~~	
29/1/08	Full mouth pocket charting..	
	~~OH - superfloss for 3② bridge~~	
	Manual scaling to remove	
	calculus lower anteriors (lingual)	
	(central incisors only)	
	NV - Subgingival scaling under LA	
	U + L posteriors.	
		[signature]

Treatment Record

Surname	Forenames (s)	Unit Number

Date/Dept	Treatment	Signature
14/3/08	MH unchanged. 75 / 47	
Perio	Bucal infiltration + (L) IDB with	
	3 x 2.2ml cartridge	
	2% Lidocaine	
	1:80000 adrenaline	
	Manual subgingival scaling.	
	754 / 417	
	/ 567	
	NV - subgingival scaling LRQ.	
	7 / 4 not checked	
10/10/08		[signature]
Perio	- C/O - Feels front teeth "disappearing" - fracturing	
	and upper denture becoming ~~[illegible]~~	
	MH unchanged since last appointment.	
	- Patient explains they were to finish perio treatment at	
	GDH before being referred back for restorative work	
	at own GDP, but patient's Rx was not finished due	
	to student having exams.	
	- P + G chart was taken.	
	- Patient still uses intradental brushes however not ~~[illegible]~~	
	regularly and finds flossing difficult due to arthritis	
	- Patient was instructed to use intradental brushes on	

more regular basis ~~[illegible]~~ (full OHI and TBI not given due to lack of time).

- Patient has been referred to 4th yr student for continued Rx

[signature]

[signature]

North Glasgow University Hospitals Division
Glasgow Dental Hospital

NHS Greater Glasgow

Treatment Record

Surname	Forenames (s)	Unit Number
BENSON	THERESA	5051016 9

Date/Dept	Treatment	Signature
24/10/08 PERIO.	Patient phoned to cancel Appointment given for 5/12/08	
05/12/08	Pt FTA no advance warning	
23/01/09	PT cancelled appt - Re-appt'd for 6/02/09	
6/02/09. PERIO.	PT C/O: NIL HPC: PT referred for Perio Rx back in Nov 2007. as dentist wanted this sorted before continuing with cons Rx PDH Pt reports v. little B'leeding on brushing. Pt has fibromyalgia + struggles with IB brushes + said she uses floss regularly. Brushes 2x daily, sometimes 3x. MH: Pt takes Amlodipine + thyroxine + numerous psychotropic drugs will bring list at NV. SH: smokes 8-10 a day. Trying to quit has cut down	

Treatment Record

Surname	Forenames (s)	Unit Number

Date/Dept	Treatment	Signature
	Full mouth pocket chart completed – OJ checked – check last time	
	Another course of HPT requires	
	Same OHI on ID brushes given.	
	NV, Starting scaling. [signature]	[signature] [signature]
20/2/09	Pt FTA → No advance warning given.	[signature]
	Continually FTA pt to put back on Recall List. [signature]	
20/3/09	Pt booked w/c student [illegible] CBP.	[signature]
24/4/09	Pt FTA No advance warning given [signature]	

THE GLASGOW DENTAL HOSPITAL AND SCHOOL

SURNAME	CHRISTIAN NAME(S)
CONSULTANT	REFERRED BY

1206576464
BENSON F
Theresa 12/06/1957
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

DEPARTMENT OF ORAL SURGERY

DATE

7/1/15
O Med
Dr Crighton

Pt c/o - pain in gum LQ
- for ~ 6/12
- wondered if due to new dentures
- pain continuous
- localised
- 'jaggy' pain
- when dentures out ++ better.
but does not resolved
- Rx to date
- already on painkillers
- nil else

PDH - reg ∈ GDP
regular attender

PMH - hypertension fibromyalgia
↓ thyroid
hernia repair
anxiety

SH - non-smoker
alcohol <14 units/week

meds: amitriptyline
levothyroxine
omeprazole
paracetamol
ramipril
Sertraline
Simvastatin

OE EO - no nodes palpable

IO - edentulous upper arch c/p

around 45 region edentulous ridge ++ tender

with ? bony sequestrae
? retained root

Left OPT re ? above
? other pathology

Shows: nil obvious retained root
but ? bony sequestrae

D/W pt option of surgical exploration / debridement of area which should help symptoms though not ~~guaranteed~~ guaranteed as ? neuropathic pain also.
Pt keen to proceed with surgical exploration

Discussed LA / incision / debridement / sutures
post op pain / swelling / bleeding infection

Plan 1) OS please surgical exploration

2) If symptoms do not resolve I would be happy to r/v pt.

Emma Jameson
SpDent

19/1/16 MOS: tape: Surgical Explorat
PMH: unchanged
warnings as per consent
LA: 4% articaine c 1:100,000 adr
2.2ml x 2

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

1206576464
BENSON
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

ce

Fname

12/06/1957

Date of Birth

Gender Male ☐ Female ☐

CHI number

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

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

surgical exploration of upper left jaw premolar region under local anaesthetic

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

pain, swelling, bruising, bleeding, infection, stiffness, stitches, no change in symptoms, no improvement through surgery

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner

Name / Designation (print) Siobhan A Kyle
Associate Specialist
Oral Surgery
GDC 70516

Date 19/1/16

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

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

I understand

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

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

I agree

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

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☑
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☑

Patient / parent agreement to treatment

Signature X Theresa Benson	Date 19/1/16
Name (print) THERESA BENSON	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

Glasgow Dental Hospital

1206576464
BENSON
Theresa F
Flat 4 12/06/1957
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

NHS Greater Glasgow and Clyde

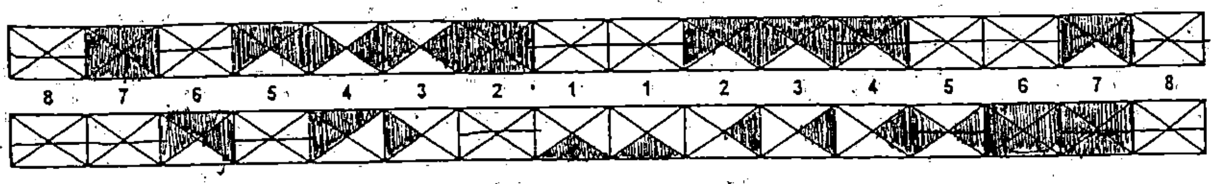
Treatment Record

Surname	Forename(s)	Unit Number

Date	Dept	Treatment	Signature Student	Signature Staff
19/1/16	MOS	contd.		
		Before LA confirmed c		
		pt area discomfort L4)		
		region - sharp edge to		
		alv crest in this region		
		inc^n alv crest L3-6		
		c mesial relieving inc^n		
		MP flap		
		v. slow sharp edge to buccal		
		aspect alv crest L456		
		region - no evidence		
		[illegible] tooth or root		
		sharp edge smoothed c		
		bur		
		irrigation		
		closure H/D [illegible]		
		HA		
		POIG		
		RLV MOPS 1840 6/52		
		if no resolution symptoms		
		rebook c E. [illegible]		[signature]
				Siobhan A Kyle Associate Specialist Oral Surgery GDC 70516
01/05/16	MOS	DNA No Contact		
		NFA		
		Outcome: Await Contact		[signature]

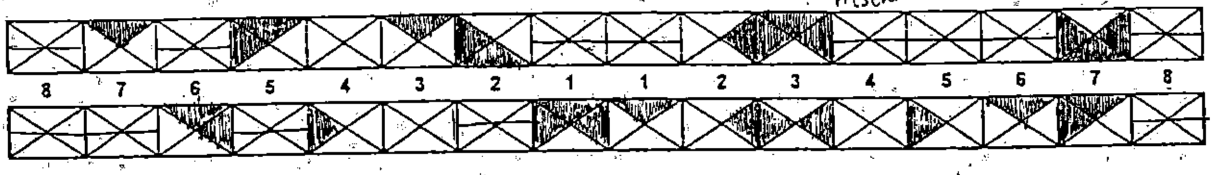
Patients Name: Theresa Benson **Unit Number:**

Plaque Index: R L **Date:** 10/10/2008 % sites affected



8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Gingival Index: (Not missing) Present



8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Plaque Index: **Date:** % sites affected

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Gingival Index:

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Plaque Index: **Date:** % sites affected

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Gingival Index:

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Plaque Index: **Date:** % sites affected

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

Gingival Index:

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

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	☐

Clinical letter - Others: Clinical Letter - Other

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Mr Alan Purves
Dental Surgeon
Riverbank Dental Practice
2385 Dumbarton Road
Glasgow
G14 ONT

Main Switchboard:	0114 211 9600
Department:	Oral Medicine
Contact Tel:	Booking Office/ Appointments: 0141-211-9759/9769/9734
Enquiries to:	Secretary: 011-211-9654
Letter Date:	23/02/2016
Reference:	EJ/MTB
Dictated Date:	07/02/2016
Transcribed Date:	19/02/2016

Dear Mr Purves,

Theresa Benson; D.O.B: 12/06/1957; CHI: 1206576464
Flat 4, 135 Glasgow Road, Clydebank, Dunbartonshire, G81 1QL

Thank you for referring this lady. I saw her on Dr Crighton's Oral Medicine Clinic on the 7th of January 2015. She gives an approximately six month history of pain in the upper left quadrant of her mouth. This significantly improves when she removes her upper denture but does not resolve entirely. She describes it as an "jaggy" pain.
I note her medical history includes a hernia repair, hypertension, fibromyalgia and an under-active thyroid. She is a non-smoker.
Examining her today I could not palpate any local lymphadenopathy. In the upper left quadrant in the edentulous UL4, UL5 region of the ridge there was what clinically looked to be either a bony sequestrae or a retained root. This area was exquisitely tender to palpate. We did take a left half OPT radiograph and I did not feel that it showed any significant pathology
We have opted to arrange an appointment for surgical exploration and debridement of the area which I hope will settle Mrs Benson's pain. She is aware, however, that this is not guaranteed and I would be most happy to see her again for review if she has any residual symptoms following this treatment.
Kind regards.
Yours sincerely
Emma Jamieson
Specialty Dentist in Oral Medicine

Electronically Signed: Dentist Emma Jamieson, Dentist

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL/DENTAL IN CONFIDENCE

Attachments
Oral Surgery - CI1

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Oral Surgery GGC Dental Services	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Glasgow Dental Hospital and School 378 Sauchiehall Street Glasgow G2 3JZ	—	**Hospital** and **hospital address** Hospital location code. G106H Email address -

Urgency of referral ROUTINE
Date of referral 29-Oct-2015 **Date sent** 29-Oct-2015

PATIENT DETAILS

Surname	BENSON
Forename(s)	THERESA
Title	Mrs
Sex	Female
Date of birth	12-Jun-1957
CHI no.	1206576464
Area of Residence	-

Patient's address

FLAT 4
135 GLASGOW RD
CLYDEBANK
G81 1QL

Contact number(s)

Voice: 07920120405
Voice: 07920120405

101010228374Y Unique Care Pathway Number: 101010228374Y

REFERRING HCP DETAILS

HCP Name	AlanPurves
HCP code	258242
HCP Position	-
Organisation name	Riverbank Dental
Location code	G04656D

Organisation address

2385 Dumbarton Road
GLASGOW
G14 0NT

Contact number(s)

Voice: 0141 952 9502

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: C/O PAIN IN ULQ associated with 2mm white lesion. Possible allodynia/hyperalgesia component

Comment: 18/08/2015
UL ridge, small hard section on mucosa that is tender. Possible bone spicule present. Contact with natural teeth in LLQ when F/ removed
Soft splint provided for night-time use
Review if pain doesn't resolve

29/10/15:
Continued pain from ULQ. (Splint hsan't helped, used for 2/7)
- Small 2mm diameter white lesion
- Surrounding mucosa swollen but normal in appearance
- Fybromyalgia may be influencing pain levels: allodynia/hyperalgesia?
- Pt finds palpation excrutiating, so not able to feel if solid
- Air from 3in1 causing pain
- Tooth 34 contacts area when pt closes without F/ in place
- Splint has not helped with pain

Periapical taken to check for bone/roots/pathology (enclosed)

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Investigations

Description/Question	Result/Comment	Date
Previous investigation and treatment:	Soft splint to prevent trauma, F/ ease	-
Relevant medical and drug history including allergies:	Fybromyalgia, hypertension. investigations for osteoporosis ongoing with GP. Amitriptyline 50mg, Levothyroxine sodium 100mg, Omeprazole 20mg, Quinine sulfate 200mg	-
Examination findings:	See additional free text information. Periapical of ULQ taken	-
Date of last radiograph:	29/10/2015	-
Radiograph relevant to current condition:	true	-
Previous relevant radiographs included?:	yes	-
Community location suitable:	no	-
Previous relevant radiographs included?:	no	-
Are dentures worn by the patient?:	no	-

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
Loop system required?:no
Referred By:VT
Electronic attachment present.
Additional information sent by post:No

BPE CHART

Upper Right:0

XR Orthopantomogram Lt

Performed	07-Jan-2016 09:32	Received	07-Jan-2016 09:51
Reported	07-Jan-2016 09:51	Order Number	G106H31004123
Status	Final	Source System	MiSys

XR Orthopantomogram Lt Final

Theresa Benson

Dental Images taken. A radiological report will not be issued for this examination. The referrer will interpret and evaluate the outcome of this examination and document this outcome in the patient's clinical record within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

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	

Stobhill Hospital

NHS
Greater Glasgow and Clyde

Outpatient Chart

Surname	Forename	Unit Number	Patients Occupation	Marital Status
				M S W

1206576464
BENSON
Theresa 12/06/19
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1Q

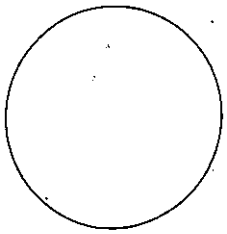
Date of birth	Dept	Religion	
Address		GP's Name	Dr. JA Connelly Drumchapel Medical Practice Drumchapel Health Centre 80/90 Kinfauns Drive Glasgow G15 7TS

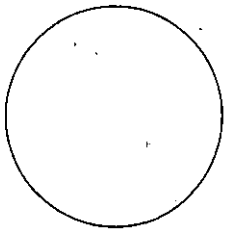
Speciality – Opthalmology	Consultants Name

Date	Diagnosis	Diagnostic Index Number
- 6 DEC 2016		

History

Right eye	Vision	Left eye	Vision
	Unaided		Unaided
Own Distance Glasses		Own Distance Glasses	
Own Reading Glasses		Own Reading Glasses	





MIS 265533

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

1206576464
BENSON
Theresa 12/06/19
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1Q

Date & Time		Signature, Print Name & Designation

83949 GGC0072

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	☐

Clinic Letter

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Main Switchboard: 0141 201 3000
Department: PAIN MANAGEMENT
Contact Tel: 0141 355 1490-4
Enquiries to: www.paindata.org

Dr. JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 09/04/2015
Reference: MB/LMC
Dictated Date: 09/04/2015
Transcribed Date: 22/04/2015

Dear Dr. JA Connelly,

Theresa Benson; D.O.B: 12 Jun 1957; CHI: 1206576464
Flat 4, 135 Glasgow Road, Clydebank, Dunbartonshire, G81 1QL

Attendance: Specialty - Pain Relief; Clinic - STMBPR7-DR BASLER PAIN RELIEF ACH THU AM
Date and Time of Appointment - 09/04/2015 10:00

Clinical Comments:
I had a very long consultation with Mrs. Benson and her husband. Unfortunately, she arrived half an hour late due to problems with the SatNav and my understanding was that she had a panic attack before coming to the clinic. This lady has a long history of anxiety and depression and has really had a 20-year history of chronic functional deconditioning due to her agoraphobia and her low mood. This is on a background probably of her childhood abuse and I note that she had difficulty engaging with the community mental health team previously.

My understanding is that she deteriorated significantly after the birth of one of her children and over a period of time was referred to the rheumatologist for tender points under her breasts and her abdomen which was diagnosed "fibromyalgia". As you know, this just means generalised sore muscles. Over that period in time, she possibly also developed the sciatica. She had an MRI which shows some multi-level degenerative changes that are minor in nature and a compression fracture of her spine which was possibly related to osteoporosis. I note she has got a grade one(minor) fracture of her L2 vertebral body.

Key to her presentation today was her mental health issues where it was clear that she still has ongoing issues in terms of both anxiety and depression. She was very distressed, tearful and agitated in the clinic today and really came across as a woman with very low self-esteem.

I had a very long conversation about the nature of chronic musculoskeletal pain. I spoke about the interaction between her mental health and her pain and anxiety and made it clear that she has got widespread pain and that it is very disabling and that it is not caused by her mental health but that some of the ongoing issues in relation to these things mean that her ability to rehabilitate herself functionally in terms of a graduated exercise programme is limited. I spoke of the fact that there

would be no immediate solution to her problems and that she shouldn't be afraid of any ongoing worrisome symptoms that for example her spine might crumble etc., but that she should start slowly and pace herself. It is my understanding that over a 20-year period she has had difficulties with this.

I have also spoken about the fact that she really needs to see someone outwith her own family circumstances who is expert to deal with some of the issues that she has had to deal with in terms of her mental health. She may come and discuss this with you. Clearly, as her mental health becomes more stable she becomes less agitated and agoraphobic, we can look at physiotherapy and a graduated exercise programme plus we will refer her to a pain management programme but I clearly got the impression at the end of the clinical consultation today that this was going to be very difficult for Mrs. Benson. She has real difficulty engaging with anyone in terms of her ongoing psycho-social problems.

I am very happy to see her back and said this to her husband. It is likely she has deep-seated and untreated ongoing psychological issues related to awful things that have happened to her, this has manifested itself in a function deconditioning that has led to chronic widespread pain. She also has some minor degeneration in her lumbar spine.

I have not arranged further follow up but I am very happy to be contacted.

Kind regards

Yours Sincerely,

Dr Michael Basler

Consultant Anaesthetist

Electronically Signed: Dr Michael Basler, Consultant

cc.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - NURSING

1206576464
BENSON
Theresa F
Flat 4 12/06/1957
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1Q

Date & Time		Signature, Print Name & Designation
8/4/15		- Sertraline
	Also - 23 yrs	- Pregabalin
	GCH Rheumatology	- Co-codamol
	(?)	- Amitriptyline
	After son [illegible] born	- Bendroflumethiazide
		- (?)
	- Pain in abdomen	- [illegible]
	- lump under breast	
	Rheumatologist -	
	Slipped disc fracture ??	
	Right sciatica, [illegible] - Buttock	
	Inj: Never done steroid injection	
	Swelling [illegible] [illegible]	
	[illegible] 15/[illegible] tablets	
	Clash with pills	
	[illegible], physiotherapy for exercises	
	Regularly (Gabapentin / Amitriptyline)	
	Says lump [illegible] shoulder Sleep bad/poor	
	Neck shoulder so sore	
	Med 24/7	

193443

Date & Time		Signature, Print Name & Designation
Ady:	Sleep 14 hours. Years and Years	
	not been out myself.	
	Very rare, lay all couch.	
	Sedation - 10 yrs	
Psych	Agoraphobia. - feels like crying. Too sore back	
	Very long chat with patient	
	& husband	
	- distressed ++ agitated angry	
	having a panic attack	
Psych	Childhood sexual abuse	
	- did not work with psychologist	
	→ letter to GP	Clinical psy
		Comm
	needs to see psych	mental
		health
	?? agoraphobia	
	then psych	
	→ ?????? PNP	
		[signature]

Acute Services Division

Anaesthetic Department

Glasgow Unified Pain Form Part A: Patient Questionnaire

NHS Greater Glasgow and Clyde

Patient details

Name: MRS THERESA BENSON

Address: FLAT 4, 135 GLASGOW RD, CLYDEBANK G81 1QL

D.o.B.: 12-06-57

Unit no:

Use address label if available.

Hospital: STOBHILL

Date: 09-04-15.

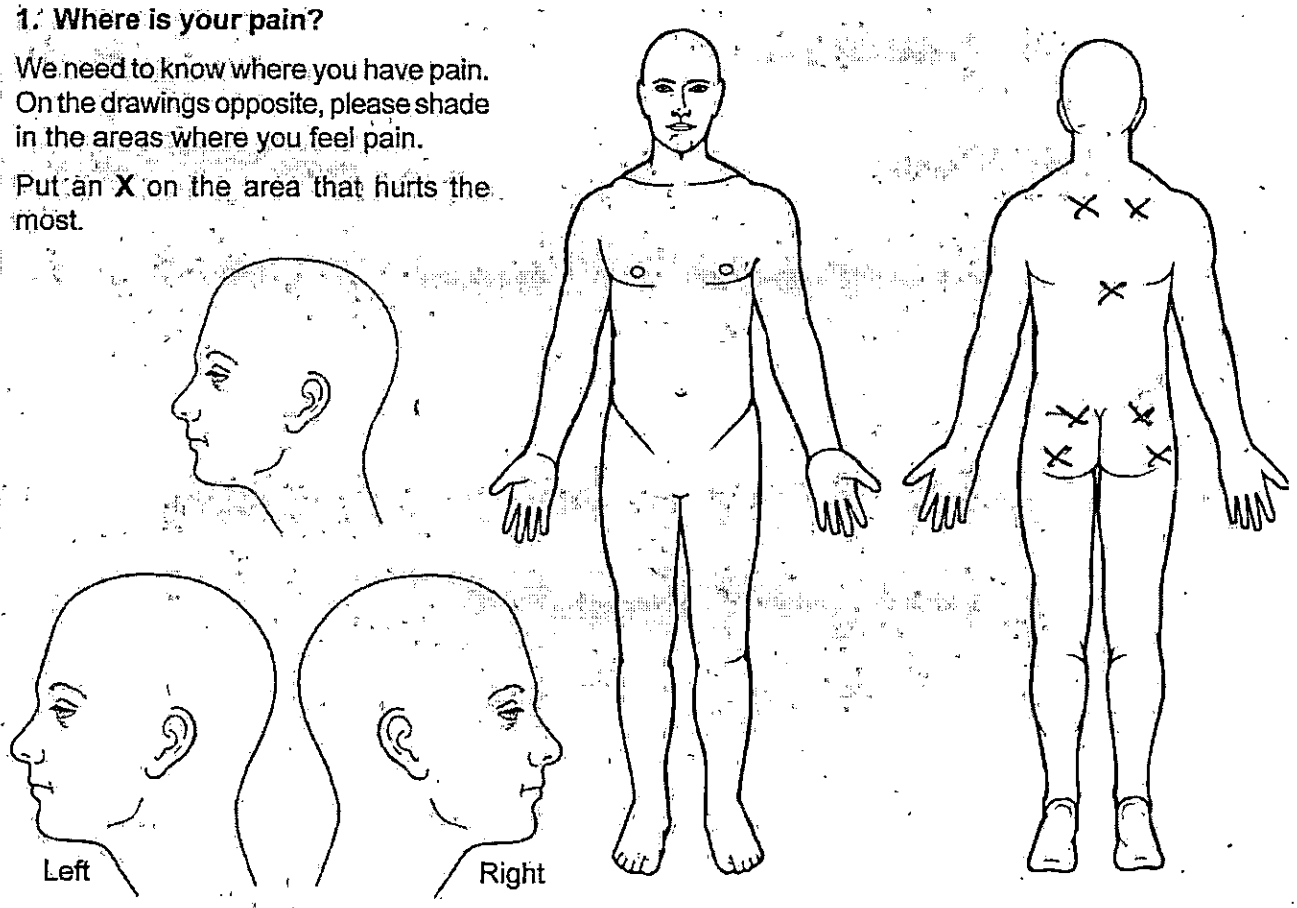
Please help us by filling in as much of the following questionnaire as you can.

Please bring the completed questionnaire with you when you come to hospital for your Pain Clinic appointment. Don't worry if you find some questions difficult; we will go over all the questions with you on your first visit to the clinic.

1. Where is your pain?

We need to know where you have pain. On the drawings opposite, please shade in the areas where you feel pain.

Put an **X** on the area that hurts the most.



CONFIDENTIALITY AND USE OF PATIENT'S INFORMATION

For the purpose of your present and future medical treatment, details of your medical care will be recorded. Some use may be made of this information for research purposes and to indicate the kind of future health services which patients may require; some will be processed on a computer. At all times great care is taken to ensure that high standards of confidentiality are maintained in respect of all information held. The "Data Protection Act 1998" gives you the right of access to any personal information which the Division may hold about you either in manual records or on its computers. If you wish to apply for access to your data, or if you would like more information about your rights under the Act, you should, in the first instance, contact the Health Records Officer at the hospital.

Please answer the following questions (Please use block capitals)

2. When did you start having problems with pain? If there was an accident or injury please describe it.

SLIPPED DISK 1993.
FYBROHYALGIA 1995

3. Pain is often very difficult to describe to others. Below is a list of words that people sometimes use when talking about their pain. Please circle any words that you feel describe your pain. You can add other words if you wish.

cutting	pounding	tingling	tiring	deep
beating	squeezing	throbbing	horrible	stabbing
burning	pulling	sickening	biting	screaming
scraping	aching	uncomfortable	cold	tugging
pricking	cruel	warm	miserable	stretching
pinching	unbearable	sad	itching	terrible
stinging	cool	sore	flashing	pressing
fearful	sharp	jumping	tight	pins and needles
hot	spreading	punishing	searing	lonely
bad				

4. When do you have your pain?

ALL DAY

5. Is there anything that makes your pain worse?

6. Is there anything that helps your pain?

REST

7. Please rate your pain by circling a number on the scales below. This will give us an idea of your pain level on average, at its worst and at its best.

The number 0 represents no pain at all, the number 10 represents the worst pain you could possibly have.

Please rate your pain **at its worst** in the past week...

No pain 0 1 2 3 4 5 6 7 8 9 **10** Worst pain possible

Please rate your pain **at its best** in the past week...

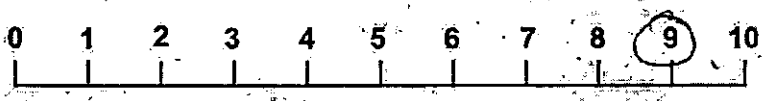
No pain 0 1 2 3 4 **5** 6 7 8 9 10 Worst pain possible

Please rate your pain **on the average** for the past week...

No pain 0 1 2 3 4 5 6 7 **8** 9 10 Worst pain possible

Continues opposite

Please rate the pain you have **right now...**

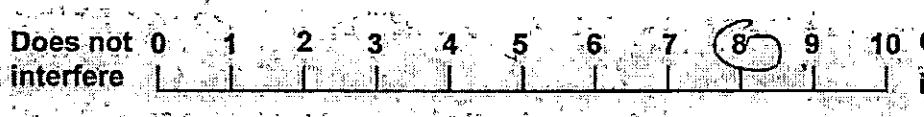


8. Pain can sometimes interfere with our mood, our sleep, and the ability to do what we want to do.

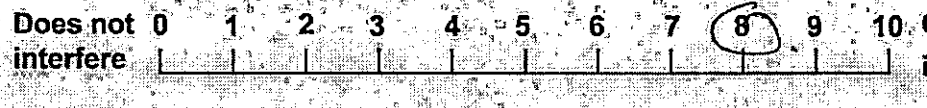
Please rate how much your pain interferes with the following areas of your life, by circling a number between 0 and 10 on the scales below (0 = no interference, 10 = complete interference).

How much does your pain interfere with **your general activity?**

How much does your pain interfere with **your mood?**



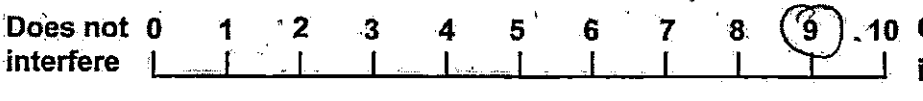
How much does your pain interfere with **your walking ability?**



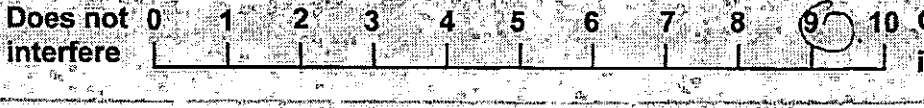
How much does your pain interfere with **your normal work?**

How much does your pain interfere with **your relationships with other people?**

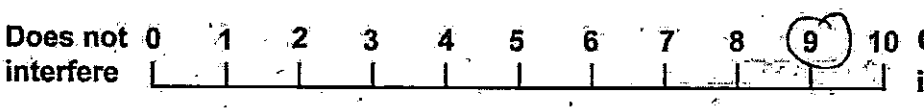
How much does your pain interfere **with your sleep?**



How much does your pain interfere with **your enjoyment of life?**



Are there any **activities** (for example hobbies, socialising) you would like to do, which **your pain stops you from doing?**



Medicines

9. Please list all medicines you are taking just now, including doses. If you have a list of medications from your GP please bring that with you when you attend the Pain Clinic.

Name of medication	Dose	Times taken	Does it help?
SERTRALINE 100MG	100MG	ONE	NO
RAMIPRIL	10MG	11	NO.
OMEPRAZOLE	20MG	TWO	YES
LEVOTHYROXINE	100MG	ONE	YES.
AMITRIPTYLINE	10MG	TWO	YES
BENDROFLUMETHIAZIDE	2.5MG	ONE	?
QUININE	20MG	ONE	YES.
TRAMADOL	50MG	EIGHT	YES

10. Please list any other medicines you have taken <u>in the past</u> for your pain.

Name of medication	Did it help?	Why did you stop taking it?

11. Are there any medicines that you are allergic to? Yes ☐ No ☒

If 'Yes' please list these:

12. Have you tried any other types of treatment (apart from conventional medicines) for your pain?

Name of treatment	Was it helpful?

Finally, what do you hope to get from your visit to the Pain Clinic, and what would you like us to do to help you?

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Anaesthetics - Pain Clinic GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 02-Feb-2015 **Date sent** 02-Feb-2015

PATIENT DETAILS

Surname	Benson
Forename(s)	Theresa
Title	Mrs
Sex	Female
Date of birth	12-Jun-1957
CHI no.	1206576464
Area of Residence	-

Patient's address

Flat 4
135 Glasgow Road
Clydebank
Glasgow
G81 1QL

Contact number(s)

Voice: 07920120405

101008642564E | Unique Care Pathway Number: 101008642564E

REGISTERED GP DETAILS

Name	Dr Jane Connelly		
GMC code	3171257	GP code	04537
Practice name	Drumchapel Health Centre (18834)		
Practice code	40544		

Practice address

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

Contact number(s)

Voice: 0141 211 6080
Facsimile: 0141 211 6115

REFERRING GP DETAILS

Name	Dr. Scott MacKenzie		
GMC code	7042359	GP code	99999
Practice name	Drumchapel Medical Practice (40544)		
Practice code	40544		

Practice address

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

Contact number(s)

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: fibromyalgia, chronic pain

Comment: Dear Doctor,

I'd be very grateful for your assessment of this 57 year old woman. She has a history of fibromyalgia that was diagnosed in 1999. She has previously suffered from sciatica and also fractured her L2 vertebra a few years ago after a fall. She describes widespread generalised pain that affects her sleep. She has a history of alcohol abuse and anxiety and depression and I suspect these contribute to her pain.
On examination she has multiple tender trigger points in keeping with fibromyalgia. She is currently on paracetamol and tramadol for pain. I have recently switched her from citalopram to sertraline with the aim of adding in some amitriptyline for analgesia. I am wary of staring any NSAIDs due to her history of alcohol abuse and previous perforated duodenal ulcer. However, I feel she would benefit from a more holistic approach to her pain management.

Yours sincerely,
Dr Scott MacKenzie
GPST3

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
Fibromyalgia	-	17-Dec-2014	17-Dec-2014
Pyloric ulcer	perforated pyloric ulcer was oversewn - treated with Omeprazole started.	25-Jul-2014	25-Jul-2014
Closed fracture lumbar vertebra	L2 #/Fall - 15/10/13' Notes passed to Osteopososis Team to see if they want to review her.	16-Oct-2013	16-Oct-2013
Fibromyalgia	-	29-Oct-2012	29-Oct-2012
H/O: menorrhagia	insertion coil June 2011' - referred.	27-Feb-2012	27-Feb-2012
Breast irregular nodularity	mammogram - normal	11-Jul-2011	11-Jul-2011
Lumbar disc degeneration	L4/5 disc prolapse. Right L5 neural irritation - MRI scan.	02-Jul-2011	02-Jul-2011
Low back pain	Chronic	17-Jun-2011	17-Jun-2011
Haemorrhoids	-	25-Mar-2011	25-Mar-2011
Fluid retention	generalised fluid retention - referred	15-Feb-2010	15-Feb-2010
Anxiety states	low mood, agrophobia and social phobia - referred.	01-Jun-2009	01-Jun-2009
Acquired hypothyroidism	-	23-Dec-2005	23-Dec-2005
Fracture of one or more phalanges of hand (Left)	ring #	21-Jul-2004	21-Jul-2004
[V]Psychological problems	-	26-Jun-2003	26-Jun-2003
Fibromyalgia	-	14-Jan-1999	14-Jan-1999
Essential hypertension	-	17-Sep-1998	17-Sep-1998
Generalised anxiety disorder	Severe	17-Sep-1998	17-Sep-1998

Anxiety with depression	referred	10-Nov-1997	10-Nov-1997
Fracture of ankle, NOS (Left)	delayed diagnosis	17-Sep-1997	17-Sep-1997
Effusion of knee (Right)	aspiration, medial collateral ligament injury.	03-Mar-1996	03-Mar-1996
[X]Agoraphobia	condition	11-Jul-1994	11-Jul-1994
Anxiety states	longstanding - referred.	01-Feb-1994	01-Feb-1994
Chronic low back pain	& left sided sciatica.	29-Oct-1993	29-Oct-1993
Tattoo	excised right forearm.	10-Oct-1991	10-Oct-1991
Hypertension complicating pregnancy/childbirth/puerperium	-	23-Oct-1989	23-Oct-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Helicobacter eradication therapy	-	25-Jul-2014	25-Jul-2014
Rubber band ligation of haemorrhoid	-	12-May-2011	12-May-2011
[SO]Spinal nerve root	left sciatica compression	17-Sep-1993	17-Sep-1993

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	22-Oct-2012

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	TWO CAPS DAILY	-	25-Jul-2014	12-Dec-2014
Ramipril Tablets 10 mg	56	56 tablet	1TAB DAILY	-	19-Feb-2014	12-Dec-2014
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	01-May-2013	12-Dec-2014
Citalopram Hydrobromide Tablets 20 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	29-Oct-2012	05-Dec-2014
Levothyroxine Sodium Tablets 100 micrograms	56	56 tablet	1TAB DAILY	-	22-Oct-2012	12-Dec-2014
Quinine Sulfate Tablets 200 mg	56	56 tablet	1TAB DAILY	-	22-Oct-2012	08-Dec-2014

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Citalopram Hydrobromide Tablets 10 mg	7	7 tablet	ONE TO BE TAKEN EACH DAY	-	23-Jan-2015	23-Jan-2015
Sertraline Hydrochloride Tablets 50 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	23-Jan-2015	23-Jan-2015
Co-Codamol 30/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	19-Jan-2015	19-Jan-2015
Paracetamol Tablets 500 mg	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	17-Dec-2014	17-Dec-2014

Tramadol Hydrochloride Capsules 50 mg	100	100 CAPSULE	1 or 2 Caps every 4 to 6 hours (MAX 8 CAPS DAILY)	-	17-Dec-2014	23-Jan-2015
Aciclovir Cream 5 %	2	2 GRAM	APPLY TO LESIONS EVERY FOUR HOURS (FIVE TIMES DAILY) FOR 5-10 DAYS STARTING AT FIRST SIGN OF ATTACK	-	03-Nov-2014	03-Nov-2014
Chlorhexidine Gluconate Mouthwash (Mint) 0.2 %	300	300 ML	RINSE MOUTH WITH 10ML FOR ABOUT 1 MINUTE TWICE A DAY	-	03-Nov-2014	03-Nov-2014
Amitriptyline Hydrochloride Tablets 10 mg	56	56 TABLET	2 Tabs At night	-	20-Oct-2014	14-Oct-2014
Co-Codamol 30/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	20-Oct-2014	25-Nov-2014
Ibuprofen Gel 5 %	30	30 gram	Apply Twice daily	-	27-Aug-2014	27-Aug-2014
Co-Codamol 30/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	27-Aug-2014	18-Sep-2014

Blood Pressure

Date Recorded	Systolic	Diastolic
22-Jan-2015	160	114
08-Aug-2014	165	110
05-Sep-2013	141	82
14-Aug-2013	150	107
28-Mar-2013	167	111

Body Measurements

Date Recorded	Height	Weight	BMI
22-Jan-2015	165	-	-
22-Oct-2012	165	75	27.55

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Stopped smoking:		05-Jul-2014
Thinking about stopping smoking:		15-Jan-2013
Current smoker:		15-Jan-2013
Trying to give up smoking:		22-Oct-2012
Current non-smoker:		22-Oct-2012
Alcohol consumption, 98 units/week:		22-Jan-2015
Alcohol units per week, 75 :		26-Feb-2013
Alcohol consumption, 30 units/week:		15-Jan-2013
Alcohol misuse:		26-Jun-2003
Aerobic exercise 0 times/week:		22-Jan-2015
Takes inadequate exercise:		22-Jan-2015

Clinical warnings

Allergies

Description	Comment	Date recorded
Adverse drug reaction NOS		07-Apr-2010

	: Lodine severe fluid retention.	
[X]Adverse reaction to amlodipine	:severe fluid retention.	07-Apr-2010

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Renal Medicine GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW		**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral ROUTINE
Date of referral 15-Feb-2010 **Date sent** 15-Feb-2010

PATIENT DETAILS

Surname	Benson
Forename(s)	Theresa
Title	Mrs
Sex	Female
Date of birth	12-Jun-1957
CHI no.	1206576464
Area of Residence	-

Patient's address

0 1
41 Halbeath Avenue
GLASGOW
G15 8QP

Contact number(s)

Voice: 944 9376

1010002070568 | Unique Care Pathway Number: 1010002070568

REGISTERED GP DETAILS

Name	Dr C Grieve		
GMC code	2555313	GP code	G05550
Practice name	Drumchapel Health Centre		
Practice code	40559		

Practice address

80 Kinfauns Drive
Drumchapel
GLASGOW
G15 7TS

Contact number(s)

Voice: 041 211 6110
Facsimile: 0141 211 6117

REFERRING GP DETAILS

Name	Dr. Christine Grieve		
GMC code	2555313	GP code	05550
Practice name	DRUMCHAPEL HEALTH CENTRE (40559)		
Practice code	40559		

Practice address

80/90 KINFAUNS DRIVE
GLASGOW

Contact number(s)

Voice: 0141 211 6110

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Severe leg and generalised fluid retention. ? Idiopathic Oedema

Comment: Theresa is a very nervous individual with Psychological issues. She does not venture from the house much unless accompanied by a member of her family. Her husband is likely to come along with her to the clinic. Her case is also complicated by Fibromyalgia which flares up from time to time. The recurring and chronic oedema contributes greatly to her physical discomfort and she gets very discouraged by it.

Features:
Overweight
Bilateral feet and lower leg non-pitting swelling.
Her weight can fluctuate by 4kgms over a couple of days.
Can be 3.5kg heavier in the evening than in the morning.
She has tried Furosemide in 2008 and 2009 and this made no difference in fact she thinks it made the swelling worse.
She tried Bendrofluazide in January 2010 and it made no difference at all.
Travelling on aircraft and walking cause severe exacerbations.

Recent results: ACR 5.1 (was 2.0 in March 2009)
U&E's normal
Glucose normal
Gamma GT raised at 190
TFT's normal
FBC normal.

Yours sincerely

Dr C Grieve

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
Acquired hypothyroidism	-	23-Dec-2005
Fibromyalgia	-	17-Sep-1999
Essential hypertension	-	17-Sep-1998
Fracture of ankle	left - delayed diagnosis	17-Sep-1997
Haemarthrosis	acute right knee aspirated under G.A. - medial collateral ligament injury	17-Sep-1996
Acute back pain - lumbar	chronic	17-Sep-1995
Hypertension complicating pregnancy/childbirth/puerperium	-	17-Sep-1989

Past procedures (High and medium priority - all)

Description	Comment	Date performed
Referred to rheumatologist	fibromyalgia borderline - positive rheumtoid factor titres	17-Sep-1999
Diagnostic psychology	attended x 3 times	17-Sep-1998
Referred to rheumatologist	-	06-Jul-1998
Referred to rheumatologist	-	05-Aug-1997
Diagnostic psychology	DNA 2nd referral	17-Sep-1996
Diagnostic psychology	referral - agarophobia - anxiety - chronic	17-Sep-1994
[SO]Spinal nerve root	left sciatica compression	17-Sep-1993
Psychiatric referral	DNA	17-Sep-1990

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Levothyroxine Sodium	28	TABS 100MICROGRAMS	1 Tab	Daily	14-May-2009	-
Lodine Sr	28	TABS 600MG	1 Tab	Daily	17-Nov-2005	-
Quinine Sulphate	28 tabs	TABS 200MG	1 TAB	IN THE MORNING	27-Mar-1995	-
Simvastatin	28	TABS 40MG	1 Tab	At night	13-Mar-2009	-
Amlodipine	28	TABS 10MG	1 Tab	Daily	17-Nov-2005	-

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Nortriptyline	60	TABS 10MG	1 or 2 Tabs	At night	08-Jan-2010	-
Citalopram	28	TABS 20MG	1 Tab	Daily	08-Jan-2010	-
Co-Codamol	200	30mg/500mg Caplet TABS	2 Tabs	4 times daily	08-Jan-2010	-
Pregabalin	112	CAPS 150MG	2 Caps	Twice daily	08-Jan-2010	-
Bendroflumethiazide	28intermittent use	TABS 2.5MG	1 Tab	Daily	08-Jan-2010	-
Citalopram	28	TABS 20MG	1 Tab	Daily	30-May-2002	-
Amitriptyline Hydrochloride	28	TABS 10MG	1 Tab	At night	24-Nov-2005	-
Gabapentin	84	CAPS 300MG	1 Cap	3 times daily	17-Nov-2005	-

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Light smoker - 1-9 cigs/day:		09-Mar-2009
Trivial drinker - <1u/day:		09-Mar-2009

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (ORTHOPAEDIC)	☑		
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	

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
Gatehouse Building
84 Castle Street
Glasgow G4 0SF

Pre-op Clinic **0141 211 5535**
Appointments: **0141 211 5146**
Fax: **0141 211 4527**

12/06/2012

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

Dear Dr Grieve

Mrs Theresa Benson 12/06/1957; CHI: 1206576464; CRN:50510169W
0/1 41 Halbeath Avenue Glasgow Lanarkshire G15 8QP

Your patient attended the Orthopaedic Pre-op assessment Clinic today in preparation for a Injection Nerve Root

They were found to be hypertensive at this time and the blood pressure readings were as follows:

198/93 173/101

We have instructed your patient to make an appointment at the practise to have their BP re-checked. Could you please phone or fax the results to the above number

This will assist us in helping to ensure that your patient is safely prepared for their planned orthopaedic surgery.

Yours sincerely

Joyce A Northcote
Pre-op Assessment Clinic

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

NHS
Greater Glasgow and Clyde

Personal Assistant: **0141 211 4422**
Fax: **0141 211 4060**
Email: **Eileen.Fox@ggc.scot.nhs.uk**

Date: 05/06/2012
Our Reference: EF 50510169W

Mrs Theresa Benson
0/1 41 Halbeath Avenue
Glasgow
Lanarkshire
G15 8QP

Dear Mrs Benson

Arrangements have been made for your admission to Glasgow Royal Infirmary the care of Mr. Wheelwright

WILL YOU PLEASE REPORT ON 16TH JUNE 2012 AT 07.30 AM TO THE AMBULANCE BAY IN WISHART STREET, TAKE THE LIFT TO THE LOWER GROUND FLOOR AND FOLLOW SIGNS FOR THEATRE RECEPTION.

FASTING INFORMATION

Your procedure is done under local anaesthetic.

You may have a light breakfast before 7 am on the morning of your operation if you are being admitted at 11.30 am.

You may drink water up until 2 hours before your operation and we would encourage you to drink a glass of water before leaving the house.

You should bring any medicines, in their original containers, which have been prescribed by you general practitioner.

Yours sincerely

Eileen Fox
PA to Mr Wheelwright
Consultant Orthopaedic Surgeon

NHS
Greater Glasgow and Clyde

Stobhill Hospital

Day Surgery

ASSESSMENT/ADMISSION PACK

Date of Assessment _____

Date of Admission 16/6/12

Consultant _____

Unit No.
Name Theresa Benson
Address

DOB

ASSESSMENT

TELEPHONE NO. HOME 0141 944 9376

WORK _____

PROCEDURE Right L5 Nerve root injection & LA

Height; 5FT 4" Weight: 11st 13lbs =BMI _____

Refer to nomogram if patient appears obese. If result is more than 30 patient not suitable.

B.P. 156/108 P. 100

Will you :-	YES	NO	
be able to be driven home by private car	✓		1
have easy access to your home (stairs, ..)	✓		2
have someone to take you home	✓		3
have a telephone at home	✓		4
have easy access to a lavatory	✓		5
have someone at home able to look after you for 24 hours	✓		6
do you have any dependents		✓	7

Have you ever suffered from any of the following :-	YES	NO	
chest pain on exercise or at night		✓	8
breathlessness		✓	9
asthma or bronchitis		✓	10
high blood pressure	✓		11
heart murmur		✓	12
fainting easily	✓		13
convulsions or fits		✓	14
jaundice (yellowness)		✓	15
indigestion or heartburn	✓		16
kidney or urinary trouble		✓	17
anaemia or other blood problems		✓	18
excessive bleeding or bruising		✓	19
arthritis		✓	20
muscle disease or progressive weakness		✓	21
diabetes		✓	22

have you ever had:	YES	NO	
a serious illness		✓	23
allergy or reaction to medicines, Elastoplast, etc		✓	24

Do you :-

	YES	NO	
take any medicines (tablets, patches, injections, inhalers) Citalopram (20mg) Bendroflumethiazide (2.5mg) Quinine Sulphate (300mg) Levothyroxine (100mg)	✓		25
smoke	✓		26
drink more than 1½ pints of beer or 3 shorts a day		✓	27
or have you ever used intravenous drugs		✓	28
If a woman, are you pregnant or taking the "pill"		✓	29
Is there anything else the surgeon / anaesthetist should know		✓	30

What operations have you had before if any (please list)? 31

NO

Did you have any anaesthetic or surgical complications (please list)? 32

NO Problems

When was your last general anaesthetic ? Never had one

Has any member of your family had problems with anaesthetics ? (please tick box) ..... YES ☐ NO ☑ 33

How long will it take you to travel home : .....hrs. 30 ....mins 34

Do you have any Prosthesis ..... No 35

HAVE YOU ANY QUESTIONS ABOUT THE PROCEDURE ..... YES ☐ NO ☑ 36

COMMENTS: .....

FURTHER INVESTIGATIONS CARRIED OUT (PLEASE TICK BOX)

U & E's - ☐ **HAEMOGLOBIN -** ☐ **E.C.G -** ☐ **CXR -** ☐

REQUIRES ANAESTHETIC OPINION : .....YES ☐ NO ☐

REASON : .....

NURSES SIGNATURE : ..... – MARY NEIL

ANAESTHETIC DETAILS

DR..... DATE.....

ANAESTHETISTS COMMENTS : .....

ADMISSION

CARE PLAN - Any changes in health since assessment: Details

PRE-OPERATIVE PREPARATION					Tick
1.	LAST TIME PATIENT ATE OR DRANK		water 6AM		✓
2.	CONSENT SIGNED				✓
3.	IDENTITY BAND				✓
4.	CASE NOTES, X-RAYS, DRUG KARDEX				✓
5.	OPERATION SITE PREPARED AND MARKED				
6.	TEETH - DENTURES REMOVED, CROWNS/CAPS/BRIDGE		- bottom secure		✓
7.	PROSTHESIS REMOVED - CONTACT LENS, GLASSES				✓
8.	REMOVED - MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)				
9.	ALLERGIES				✓
10.	VOIDED URINE				✓
11.	BASELINE OBSERVATIONS	P: 100		BP: 106/108	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME

Signature -

THEATRE

OPERATION PERFORMED _____

DIATHERMY BIPOLAR/MONOPOLOR ☐
HEEL RESTS ☐
FLOWTRON BOOTS ☐
SHEEPSKIN HEEL PADS/MAT ☐
HEATED WATER BED ☐
ARM BOARDS ☐

PATIENT POSITION

LATERAL RIGHT ☐ TRENDELENBURG ☐
LATERAL LEFT ☐ REVERSE ☐
SUPINE ☐ LITHOTOMY ☐
PRONE ☐ LLOYD DAVIS ☐

TOURNIQUET TIME ON OFF

SPECIAL COMMENTS

SPECIMENS: PATH BACT OTHER
DRAINS
CATHETER

COUNTS CORRECT

SWABS - FIRST ☐
- FINAL ☐
INSTRUMENTS ☐
SHARPS - NEEDLES ☐
- BLADES ☐

THROAT PACK OUT ☐
PACK IN SITU ☐
INSTRUCTION FOR REMOVAL

Name of Scrub Nurse: _____

Signature of Circulating Nurse: _____

POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

ROUTINE - Pulse & B.P.	PLEASE ISSUE TO TAKE HOME				
- Oxygen/recovery	Cocodamol 8/500		Cocodamol 30/500		
SPECIAL Information/Instructions	Paracetamol 1g		Diclofenac 50mg		
	Ibuprofen 400mgs		Dihydrocodeine 30mgs		
	Buccastem 3mgs				
	Azithromycin 1g		Microgynon 30		

ONCE ONLY PRESCRIPTIONS

Date Given	Time	Medicine (Block Capitals)	Dose	Route	Signature	Given By	Time

POST OPERATIVE OBSERVATIONS

Signature:

TIME	0935	0950	855	1015													
PULSE	99	102	60														
BLOOD PRESSURE	167/117	171/123	172/105	/	/	/	/	/	/	/	/	/	/	/	/	/	/
SATURATION (SaO²)	94%	94%	96%														
RESPIRATORY RATE	10	12	12														
AIRWAY	Spont	Spont	$														
OXYGEN	AIR		AIR														
PAIN SCORE	1	1	0														
SEDATION SCORE	0	0	0														
PONV SCORE	0	0	0														
TEMPERATURE	–																
WOUND	–																
VENFLON	NIL		NIL														

PAIN SCORE -
Assess using visual analogue scale ruler (VAS)

0 — 5 — 10

No pain ... Worst pain ever

SEDATION SCORE

S = Normal sleep
0 = Alert
1 = Responds to verbal command
2 = Responds to painful stimuli
3 = Unresponsive and unrousable

PONV SCORE

0 = No symptoms
1 = Nausea
2 = Vomiting
3 = Persistent symptoms despite treatment

FLUID BALANCE

Time	Input	Volume	Initial	Time	Output	Volume	Initial

MULTI-DISCIPLINARY NOTES

Patient admitted for nerve root injection with local anaesthetic. Vital signs stable. Wound dry. (R) leg slightly numb. Discharge info given. Escorted home by husband. 6/52 OPC appointment will follow in post.

J. Heath S/N

DISCHARGE MEDICATION

DISCHARGE CRITERIA		Yes	No
1. Venflon Remove	NA	☐	☐
2. Stable Vital Signs - Respiration, Pulse, B.P.		☑	☐
3. Alert and orientated		☑	☐
4. Able to dress, sit and walk unaided		☑	☐
5. Tolerating food and fluids		☑	☐
6. Information given regarding :-			
* Post anaesthetic instructions		☑	☐
* Procedure		☐	☐

* Discharged at 11^{00} to Husbands care

POST SURGICAL INSTRUCTIONS

* Follow-up appointment 6/52 OPC

* Special instructions

NURSES SIGNATURE _____

CONSENT FORM

Patient Label

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

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

.....

.....

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

An information leaflet/tape has been provided .....

..... (Title)

Signature of Practitioner .....

Name / Designation (Print) .....

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

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

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

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

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

PATIENT AGREEMENT FOR TREATMENT

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

Name (Print): .....

CONFIRMATION OF CONSENT

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

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

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

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

GLASGOW ROYAL INFIRMARY

Mr Wheelwright

DATE 16/06/2012

OPERATION **Right L5 Nerve Root Block** SURGEON

Name: Mrs Theresa Benson **Ward:** Day Surgery GRI

0/1 41 Halbeath Avenue Glasgow Lanarkshire G15 8QP **Surgeon:** Mr Eugene Wheelwright

Hospital No: 50510169W **D.O.B.:** 12/06/1957 **Assistant:**

Indication: Chronic Nerve Root Irritation (Right) **Anaesthetist:** N/A

Preparation
This was a primary procedure.
The patient was positioned prone on the table.
The skin was prepared with chlorhexidine.
Pre-op radiology scrutiny suggested root irritation relating to the second most distal motion segment, associated with a right sided L4/5 disc prolapse affecting the L5 root outflow. Symptoms predominantly in the right gluteal region. A right L5 root block therefore performed, in accordance with pattern of radicular symptoms described.

Intra-operative procedure
LA (1% Lignocaine) infiltration. 18 gauge spinal needle inserted under biplanar image intensifier control to L5 nerve root foramen on the right. Some concordant leg pain reproduction into the gluteal region during needle placement and, especially, injection. Root block using 0.5% Chirocaine and 40 mg Depomedrone. No complications.

Closure
The surgery took roughly half an hour.
The procedure was performed under image guidance. A hard copy of the image was kept as a radiographic record.

Post-operative instructions
The patients risk of DVT is low.

Rehabilitation
Her rehabilitation will be standard for this procedure.
Discharge today. She will be reviewed in 6 weeks in the outpatient clinic.

Addenda:

Procedure	Code Type	Code
Nerve root and plexus disorder, unspecified	ICD 10	G54.9
Other specified operations on spinal nerve root	OPCS	A57.8

cc:

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

MATERIAL SENT FOR EXAMINATION

No. 05230

Intraoperative Accountable Items Count Record

Date 16-6-12

50510169W
BENSON F
THERESA 12/06/1957
0/1 41 HALBEATH AVENUE
GLASGOW
LANARKSHIRE G15 8QP
CHI-1206576464

HOSP/CHI no.

WARD DSU.

HOSP-GRI.

THEATRE-R

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	C. JOYCE	M PERRY Margaret Perry
PRE - OP INSTRUMENT COUNT CORRECT	N/A	N/A
FINAL SWAB COUNT CORRECT	C. JOYCE	M PERRY Margaret Perry
FINAL INSTRUMENT COUNT CORRECT	N/A	N/A
FINAL SWAB DISPATCH COUNT CORRECT	C. JOYCE	M PERRY Margaret Perry

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE - C Joyce

SCRUB NURSE 2 SIGNATURE -

To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

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

OPERATION Injection nerve root (L5)

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

Swabs (2x2)	0	Tapes	0			ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	0	Sloops/Slings	0			
Abdominal packs	0	Bulldogs	0			09-20
Sutures	0	Shods	0			09-35
Blades	0	Tibbs Cannula	0			09-50
IV needles	5	Ports	0			
Syringes	2	Staple Gun Inserts	0			
Discard-a-pad	0	Spears	0			
Diathermy pencil	0	Throat packs - Anae	0			
Diathermy tips	0	Throat packs - Scrub	0			
Scratch pad	0	Retrieval Bag (Bert)	0			
Reels	0	Digital Tourniquets	0			
Patties	0	SPINAL NEEDLE	1			
Pledgelets	0					

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME N/A.

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

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

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

50510169W
BENSON F
THERESA 12/06/1957
0/1 41 HALBEATH AVENUE
GLASGOW
LANARKSHIRE G15 8QP
CHI-1206576464

Hospital/Clinic/GP Practice .....

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

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

Date of Birth___/___/_____ Gender: Male ☐ Female ☑

NHS/ CHI Number _____

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

.....

Responsible practitioner: H SHARMA

Job title: CONS. SPINE SURGEON

STATEMENT FOR PRACTITIONER

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

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

RIGHT L5 NERVE ROOT INJECTION +LA
(DIAGNOSTIC)

(INFECTION/ NERVE INJURY/ PERSISTENT PAIN/
TRANSIENT WEAKNESS/ FAILED PROCEDURE

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

An information leaflet/tape has been provided.

☐ ..... (title)

Signature of practitioner: H Sharma

Name/Designation (Print) H SHARMA/ CONS. SPINE SURGEON

Date 20/03/2012

STATEMENT TO BE COMPLETED BY PATIENT / PARENT*

(* parental responsibility for a minor without capacity)

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

I understand

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

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

I agree -

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

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

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

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

PATIENT AGREEMENT FOR TREATMENT

Signature: Theresa Benson Date 20/3/12

Name (Print): THERESA BENSON

CONFIRMATION OF CONSENT

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

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

Signature: Theresa Benson Print name THERESA BENSON

Date 20/3/12

CHECKLIST ALL WARD ADMISSIONS

50510169W
BENSON F
THERESA 12/06/1957
0/1 41 HALBEATH AVENUE
GLASGOW
LANARKSHIRE G15 8QP
CHI-1206576464

'SSESSMENT DATE : 12-6-12

'L	Y	NO	N/A	COMMENTS Breech dates for bloods / MRSA
BLOOD RESULTS			✓	W/A
MRSA RESULTS			✓	TH RECEPTION.
LAST X-RAY / DATES				
ADDITIONAL NOTES		✓		
DAY CASE	✓			
FAILED DAY CASE AS PER PMH			✓	
ECHO REPORT PFT'S			✓	
KARDEX COMPLETED			✓	
OTHER TEST RESULTS / CLERK -IN-				BP RECHECK. – Letter issued.

14.6 Patient hadn't yet attended PN!!

GP.

Nurse name: .....

Signature : .....

Date: ...../...../..... **Dept:** .....

Affix label – or co

Contact No :

NOK :

Contact No NOK :

50510169W
BENSON F
THERESA 12/06/1957
0/1 41 HALBEATH AVENUE
GLASGOW
LANARKSHIRE G15 8QP
CHI-1206576464

55 YRS.

NOK EDWARD BENSON 07920120407 DAI 944 3976 (07939252287).

YOUR OPERATION WILL BE APPOINTED WITHIN 9 WEEKS.
DO YOU HAVE HOLIDAYS BOOKED THAT WOULD PREVENT YOU ACCEPTING THIS OFFER?
PLEASE INFORM THE NURSE IF THIS APPLIES TO YOU.

PAST MEDICAL HISTORY

1. Please record any health problems that you have including any operations

- Fibromyalgia. —
- Sciatica.
- Back problems (Slipped Disc) —
- Under active thyroide.

- Marina Coyle operation - June 2011.

GP/A.

2. Have you ever had a bad reaction to anaesthetic?

NO.

3. Please tell us about any other illnesses or medical problems that have not been mentioned yet.

LEG CRAMPS.

- Are you allergic to any medicines or other things (eg Penicillin) NIL KNOWN

Who lives with you at home? Husband.

Do you smoke? Yes How many per day? 10. 1 1/2

Do you drink alcohol? Yes. How much per day/week? 3 (Bottles Spirits)

Are you working at the moment? No - If so, what is your job?

Do you sleep lying flat, sitting up or propped up? flat.

50510169W
BENSON F
THERESA 12/06/1957
0/1 41 HALBEATH AVENUE
GLASGOW
LANARKSHIRE G15 8QP
CHI-1206576464

CONFIDENTIAL – PREADMISSION ASSESSMENT QUESTIONNAIRE (Cont'd)

MEDICATION: OMEPRAZOLE 20MGS. + 1 TAB AS REQ.

Please write down the name of the medication you are taking including the dosage.

Name of medication:	Dose/How much?	How often?
Levothyroxine	100MCGS x 1 TAB DAILY	one Per Day
Quinine sulphate.	200MGS x 1.	
bendroflumethiazide	2.5MGS x 1 TAB.	
Citalopram.	20MGS x 1 DAY.	

Please Tick	YES	NO	Please Tick	YES	NO
Diabetes		✓	Heart Attack		✓
TB		✓	Stroke		✓
Asthma or Bronchitis		✓	High Blood Pressure	✓ DIURETIC.	
Rheumatic Fever		✓	Angina		✓
Jaundice		✓	Epilepsy		✓
Stomach Ulcer		✓	Hiatus Hernia		✓
Clots in legs or lungs		✓			

Please read the following list and tell us if you ever suffer from any of these things.

Please Tick	YES	NO	If yes, use this box to give more details
Pain or tightness in your chest		✓	
Shortness of breath or wheezing		✓	
A cough, do you have a spit as well?		✓	
Upset stomach or heart burn		✓	
Bowel problems		✓	
Headaches or dizzy spells – BEND DOWN.	✓		EVERY 3rd DAY or
Blackouts or faints	✓		AFTER SURGERY/TESTS ONLY ? STRESS.
Weakness or loss of function/ PANIC – anxiety.	✓		Fibromyalgia.

TO BE COMPLETED BY NURSING STAFF

BP 1) 198 / 93 **Temperature** 37.1 **Height** 1.62½ **M**

BP 2) 173 / 101 **Saturation** 97% **Weight** 79.5 **Kg**

164/94.

Urinalysis : .... **Pulse** 91 REG **BMI** 30

Pre-operative Assessment Required : YES NO **MRSA Screening:** YES NO

Patient cancelled : YES NO **Letter sent to GP:** YES NO

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	☐

Benson Theresa CHI: 1206576464

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No
This letter supersedes previous version of 19 Feb 2016 08:20

Dr. JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 23/02/2016

Dear Dr JA Connelly,

Name	CHI	DoB	Address
Theresa Benson	1206576464	12/06/1957	Flat 4 Clydebank G81 1QL

Admitted	Type	Discharged	Destination
06/12/2015 07:30	In Patient	07/12/2015	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J Mckay	GRI Ward 66 General Surgery	0141 211 1930

Reason for Admission and Presenting Complaints	Admission Category
Elective admission for repair of incisional hernia	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations
06/12/2015	PRIMARY REPAIR OF INCISIONAL HERNIA USING INSERT OF PROSTHETIC MATERIAL

Clinical Comments:

Dear Doctor,
The above patient was admitted for elective repair of incisional hernia on 06/12/15.
Following the procedure the patient returned to the ward and made a good recovery. She was able to mobilise and tolerate eating and drinking well. On examination her abdomen is soft and mildly tender. She has bruising around the wound site which is to be expected. Mrs Benson was given advice to monitor for spreading redness at the site and for increase in pain excessive to what is to be expected. She has been advised to seek medical advice should either of these arise.
She was deemed fit for discharge on 07/12/15. No surgical follow up is required however if you have any further questions please do not hesitate to contact the ward.

No changes were made to regular medication but she was discharged home with regular analgesia.

Thank you for the ongoing care of this patient.

Kind regards,
Heather Osborne FY1

FINAL DISCHARGE COMMENTS:

MP/AH 12/1/2016
Nil to add

Treatments: Elective repair of incisional hernia

Follow-up arranged: Nil

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: No

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	50	mg	At Night	No duration defined	
Levothyroxine Tablets	Oral	100	micrograms	ONCE a Day	No duration defined	
Omeprazole Capsules	Oral	20	mg	TWICE a day	No duration defined	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Ramipril Capsules	Oral	10	mg	ONCE a Day	No duration defined	
Sertraline Tablets	Oral	100	mg	ONCE a Day	No duration defined	
Simvastatin Tablets	Oral	40	mg	At Night	No duration defined	

New Medication Started: Nil

Medication Comment: Nil change

Medication compliance aid: No

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Maheswaran Pitchaimuthu
Doctor

Prescription Review
Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Angela Harrison,

Acute Services Division - Surgery & Anaesthetics Directorate

General Surgery

NHS Greater Glasgow and Clyde

Hospital:

Admission Date: 06/12/2015 **Operation Date:** 06/12/2015

Name: Theresa Benson (CHI:1206576464)

Date of Birth: 12/06/1957 **Age:** 58 yrs **Ward:** GRIWD66

Principal Surgeon: Mr Colin J McKay

Anaesthetist: Dr S Smith

Assistants:

Diagnosis: Incisional hernia (K439)

Procedure: Repair of incisional hernia with prosthesis (T252)

Post Op Comments:

Operation Note:

Lower aspect of midline scar re-opened. 2cm defect involving umbilicus identified. Sac reduced but pre-peritoneal space could not be developed due to adhesions to abdominal wall so Parietex composite mesh inserted largely in intraperitoneal space and secured to margins of defect with 2/0 proline. Umbilicus reconstituted with Biosyn and skin closed with subcuticular monocryl.

Operation Note:

Entered By: Colin J McKay Date Entered: 06/12/2015

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name
1206576464 F
BENSON 12/06/1957
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire G81 1QL

Date / /

Pre-op

Procedure(s) incisional hernia repair

Anaesthetist(s) S, Smith

Surgeon(s) C.D, McColl

Elective ☐
Urgent ☐
Immediate ☐

☐ C ☐ SAS ☐ ST ☐ CT ☐ PA
☐ ☐ ☐ ☐

Discussed with supervising consultant ____________

SUMMARY

GA	☐	FM vent OK	☐
Spinal	☐	LMA OK	☐
Epidural	☐	Laryngoscopy gd	____
Sedation	☐		
Other LA			

ASA 1 2 3 4 5
Comment

Anaesthetist
Sign / Print ____________

ASSESSMENT

Airway / Dentition MP2 Top denture. Partial lower plate.

RS Ex smoker. No cough/cold.

CVS ↑BP — on Ramipril.

GI / Renal / CNS / Other No [illegible] for years

Previous anaesthesia / Family history Laparotomy 2009 – GA. [illegible] PONV.

Assessor
Sign / Print / Date S Smith [signature] 6/12/15

Ht
Wt kg
BMI

BP 133/88
ECG

Hb	Na
WCC	K
Plts	U
XMatch	Cr
Clotting	Gluc

Allergies / Reactions
NKDA. OK c Abs

Current therapy
Aspirin
Omeprazole
Quinine
Ramipril
Sertraline
Tramadol
} Taken 5.12.15

OK with NSAIDs ☐ OK Avoids – post DU.

Risks discussed
N/GA/ [illegible] / [illegible] [illegible]
No questions from patient / husband

Equipment check performed ☑

Regional Anaesthesia

Vascular access

Cannula 18G (R) Hand

A line

CVP

Airway/Ventilation

FM ☐ Pre-ox ☑

LMA ☐ Cricoid P ☐

ETT ☐ SV ☐

Grade 2:5 Gd I IPPV ☑ VT 480 x 14 ↑ 5cm PEEP

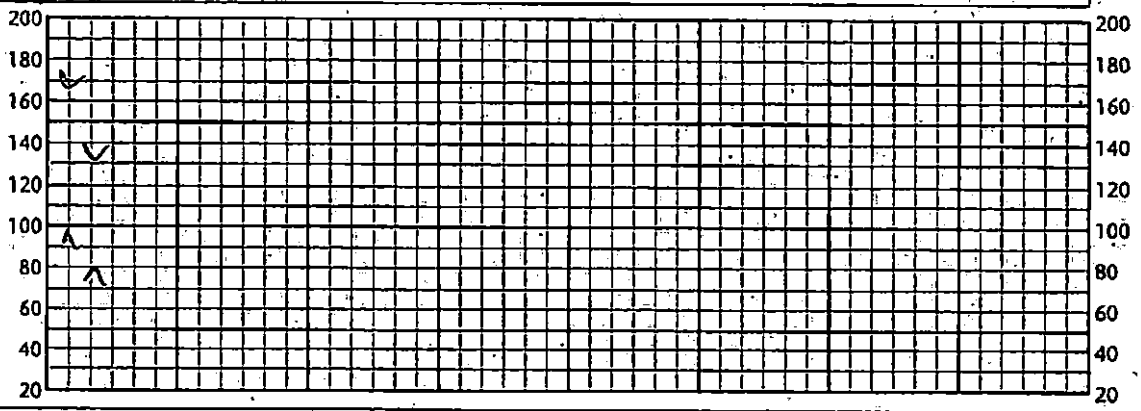
Midazolam	2mg							
Fentanyl	75 + 25 µg							
Propofol	180 mg							
Rocuronium	30 mg	+ 10 mg						
Dexamethasone	8 mg							
Ondansetron	4 mg							
Morphine	5 mg	+ 3 mg						
Metoclopramide	0.5 g							
Time	12:15	13:15						

Position

ECG SpO_2 ☐
NIBP

Fluid warmer ☐

Patient warmer ☐



IV Fluids	①							
Events								
FiO_2 Air N_2O ☐	0.5	0.5	0.5	0.5				
SpO_2 98	99	99	99	99				
$ETCO_2$	5.2	5.1						
ETAA	2.0	2.1						

Eye care ☑

Pressure point care ☐

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① R/L 1000ml ② ③ ④ ⑤ ⑥ ⑦ ⑧

⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

N 1206576464
H BENSON F
Theresa 12/06/1957
C
D

Anaesthetic Record

Time								

200 180 160 140 120 100 80 60 40 20

IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2								
$ETCO_2$								
ETAA								

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

4 L/min in recovery

To keep SaO_2 > 95 %

Fluids R-L 125ml/hr until orally fluids

Analgesia as charted

IV morphine 1–3mg PRN as required

Monitoring/Investigations

Anaesthetic Notes

Peri-Operative Care Plan

NHS Greater Glasgow and Clyde

1206576464 F
BENSON 12/06/1957
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire G81 1QL

Date: 6.12.15
Ward: 66.
Consultant: CJ MURRAY
Proposed operation: REPAIR OF INCISIONAL HERNIA

Routine Observations

Water Low Score: 5	Pulse: 91	BP: 133/88	Temp: 36.5	SPO2: 95%	Resp. 14	Height: 1.64 Weight: 71.5kg	BMI: 27

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

Pre-operative checks comments:	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward	✓	✓
Consent signed and dated	✓	✓
Fasted from:	Food: MIDNIGHT Fluid: MIDNIGHT. ✓	
Correct site surgery marked and prepared	NA.	NO
Allergies/sensitivities and reaction	NONE KNOWN.	NKDA
Medical conditions, i.e. other relevant information:	HBP, TONSILLECTOMY & ADENOIDECTOMY PALPITATIONS, HYSTEROSCOPY FIBROMYALGIA BY INSERTION COIL. SCIATICA. OVERSEWING PERFORATED PYLORIC ULCER 2014	
Inhalers/Sprays	NONE	Nil
Blood Glucose (if relevant)	NA.	NA
Antiembolitic Treatment e.g. TEDs Has removed TEDS.	✓	Toes went blue.
Implants insitu e.g. pacemaker, joint replacements	NONE	Nil
Dentures / loose teeth, Caps, Crowns	TOP DENTURES (PLATE AT BOTTOM) ☐	
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	NONE	Nil
Others (please state) Pregnancy Test Pos / Neg SD7 Yes / No	NA.	~~#~~ back 12 Months ago. Mobility reduced; assistance of one. Painful
Make up/nail polish removed	NONE	Nil
Jewellery/body piercing taped/removed	NA	taped ring removed
Underwear removed/disposable pants	✓	
Voided urine/catheter insitu	✓.	✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	✓	
Premedication given:		

She does not want to wear TEDS - has removed them herself - Staff

Please sign once check completed:

Ward Nurse:	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
C GARTLEY.	Aby	E Williamson

Time into Reception: 12.10

Operational Data	Time into Anaesthetic Room 1222 Time into Theatre 1230 Time out of Theatre	Scrub Practitioner M. TOMLINSON Circulating Practitioner K. WHITE Anaesthetic Assistant E. Williamson

ANAESTHETIC ROOM

Blood Availability check	Anaesthetic Practitioner has confirmed with Anaesthetic that X matched blood is:- Required ☐ Available ☑ Grouped and Saved ☐ *(tick or cross as necessary)*	
Psychological care given to allay anxiety	Verbal & Non Verbal Communication given ☑ Explanation of expected events/routine given ☑ Communication adapted to meet needs of the patient ☑ Certificate of Incapacity ☐	
Safe Application, Preparation and Use of Equipment	SP02 ☑ Position Rotated Hourly ☐ Arterial Line ☐ CVP Line ☐ Temperature probe ☐	Infusion Device Numbers
	ECG ☑ Warming Device	
	NIBP ☑ Other	

THEATRE

Information given in Scrub Nurse and Senior Circulating Nurse by Anaesthetic Nurse	Scrub nurse must check patient ID band with consent ☑ Patient Allergies ☐ Prosthesis ☐ Other ☐ Name Scrub Practitioner M. TOMLINSON
Operation Site & procedure safety check	Scrub Nurse and Senior Circulating Nurse confirms with Surgeon the procedure to be performed ☑ Correct Site and Site of operation ☑
Safe positioning and prevention of injury to Skin, Joints and Nerves	Moving Aids - Pat Slide ☑ Roll Board ☐ Sliding Sheets ☑ Hover mattress ☐ Other ☐ _____ **DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITONING PATIENT**

Position(s)	1- SUPINE	Torrence Score Key
Pre- operative Skin Check + Torrence Score	SKIN APPEARS INTACT	
Post operative Skin Check + Torrence Score		
Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc. Positioning Devices (type, position)	Pillow	
Padding e.g. Heel, Pads, Headrest, Gel Pads etc. Padding (type, position)	gel on bed gel on heels gel on elbows	
Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, J Board Arm Position and Security (type, position)	Aboards to hold hands.	

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

Measures to reduce the risks of Compartment Syndrome

N/A

LEGS IN LITHOTOMY OR LLOYD DAVIS POSITION MUST BE LOWERED EVERY 3 HOURS FOR A MINIMUM OF 5 MINUTES Remove compression stockings pre operatively

Position	Time legs positioned	Time legs lowered and duration	Time legs lowered and duration	Removal of Comp. Stockings prior to surgery
SUPINE				

DVT Prophylaxis

N/A

Elastic Compression Stockings ☑ Sequential Compression device _____ mmhg

Flowtron Boots ☐ _____ mmhg

Safe use and application of Intraoperative equipment to prevent injury

N/A

Diathermy - Monopolar Bi polar

Monopolar return eletrode - Site Right Thigh

Skin site assessed - meets safety criteria ☑ Skin prepared - N/A ☑ Clipped ☐ Dry Shaved ☐

Tourniquet - Checked ☐ Padding applied ☐

	Position	Time inflated	Pressure	Time deflated	Time inflated	Pressure	Time deflated
Site 1							
Site 2							

Skin Preparation to reduce the risk of infection

Correct site(s) to be checked with Surgeon ☑

Site	Skin ABDOMEN	Prepping Solution
Site 1-	None ☑ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☐ Betadine Alcohol ☐ Other ☐
Site 2-	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ___ ☐ Chlorhexidine ___ ☐ Betadine Alcohol ☐ Other ☐

Aseptic Technique to reduce risk of infection

Drain(s) Inserted ☐

	Type	Site	Size	Secured with
Drain 1				
Drain 2				
Drain 3				

Urinary Catheter ☐

Type	Site	Size	Ballooned Inflated with	Pepping Solution
			mls	

Wound Closure/Dressings

	Site	Wound Closure	Dresssing	Other
1				
2				

Wound Bath - Sterile Saline 0.9% ☐ Other ☐ _____

Pack left in situ

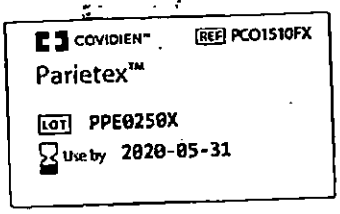
Site	Type	Size	Number

OPERATION PERFORMED

COMMENTS / NOTES

PROTHESIS STICKERS

TRACEABILITY STICKERS



Post Operative Instructions

Oxygen: _____

Fluids: _____

_____

_____

Other: _____

_____

_____

Anaesthetist's Signature: _____

Surgeons Notes

Signature of Surgeon:

Nursing Notes

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 6/12/15

ADDRESSOGRAPH

1206576464
BENSON
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL
F
12/06/1957

NAM
DOE
HOS

WARD SDAU

HOSP- GRI

THEATRE- E

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	M. TOMKINSON	KAY WHITE
PRE - OP INSTRUMENT COUNT CORRECT	M. TOMKINSON	KAY WHITE
FINAL SWAB COUNT CORRECT	M. TOMKINSON	KAY WHITE
FINAL INSTRUMENT COUNT CORRECT	M. TOMKINSON	KAY WHITE
FINAL SWAB DISPATCH COUNT CORRECT	M. TOMKINSON	KAY WHITE

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct

SCRUB NURSE 1- SIGNATURE -

SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

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

OPERATION: incisional hernia repair + mesh

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

Swabs (2x2)	0	Tapes	0			ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	20	Sloops/Slings	0			
Abdominal packs	0	Bulldogs	0			COVIDIEN™ REF PCO1510FX Parietex™ LOT PPE0250X Use by 2020-05-31
Sutures	4	Shods	0			
Blades	1	Tibbs Cannula	0			
IV needles	0	Ports	0			
Syringes	0	Staple Gun Inserts	0			
Discard-a-pad	1	Spears	0			
Diathermy pencil	1	Throat packs - Anae	0			
Diathermy tips	1	Throat packs - Scrub	0			
Scratch pad	1	Retrieval Bag (Bert)	0			
Reels		Digital Tourniquets	0			
Patties	0					
Pledgelets	0					

DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS: N/A

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

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Patient Agreement to Investigation or Treatment

Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patier 1206576464
BENSON F
Theresa 12/06/1957

Patier Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

Date (	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Repair of inguinal hernia

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Wound infection
Seroma
Mesh infection
Recurrence

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner [illegible]

Name / Designation (print) [illegible]

Date 6/12/15

00526

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

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

I understand

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

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

I agree

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

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☐
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☐

Patient / parent agreement to treatment

Signature 	Date 4/12/15
Name (print)	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

Benson Theresa CHI: 1206576464

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No Consent for Sharing Withheld: No

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Date of Completion: 07/12/2015

Dr. JA Connelly
Drumchapel Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr JA Connelly,

Name	CHI	DoB	Address
Theresa Benson	1206576464	12/06/1957	Flat 4 Clydebank G81 1QL

Admitted	Type	Discharged	Destination
06/12/2015 07:30	In Patient	07/12/2015	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
General Surgery	Mr Colin J Mckay	GRI Ward 66 General Surgery	0141 211 1930

Reason for Admission and Presenting Complaints	Admission Category
Elective admission for repair of incisional hernia	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

te	Procedures/Interventions/Operations

Clinical Comments:

Dear Doctor,

The above patient was admitted for elective repair of incisional hernia on 06/12/15.

Following the procedure the patient returned to the ward and made a good recovery. She was able to mobilise and tolerate eating and drinking well. On examination her abdomen is soft and mildly tender. She has bruising around the wound site which is to be expected. Mrs Benson was given advice to monitor for spreading redness at the site and for increase in pain excessive to what is to be expected. She has been advised to seek medical advice should either of these arise.

She was deemed fit for discharge on 07/12/15. No surgical follow up is required however if you have any further questions please do not hesitate to contact the ward.

No changes were made to regular medication but she was discharged home with regular analgesia.

Thank you for the ongoing care of this patient.

Kind regards,
Heather Osborne FY1

Treatments: Elective repair of incisional hernia

Follow-up arranged: Nil

Planned Outpatient Investigations: Nil

Final Discharge letter to follow: Yes

Medication Info:

Allergies:

Height: cm **Weight:** kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
Amitriptyline Hydrochloride Tablets	Oral	50	mg	At Night	No duration defined	
Levothyroxine Tablets	Oral	100	micrograms	ONCE a Day	No duration defined	
Omeprazole Capsules	Oral	20	mg	TWICE a day	No duration defined	
Paracetamol Tablets	Oral	1000	mg	FOUR Times a Day	No duration defined	
Ramipril Capsules	Oral	10	mg	ONCE a Day	No duration defined	
Sertraline Tablets	Oral	100	mg	ONCE a Day	No duration defined	
Simvastatin Tablets	Oral	40	mg	At Night	No duration defined	

New Medication Started: Nil

Medication Comment: Nil change

Medication compliance aid: No

Discontinued Medication:

Drug Name	Dose	UOM	Reason

Yours sincerely,
Dr Heather Kate Osborne
Doctor

Prescription Review

Medications Reviewed by Pharmacist: ,

Dispensed Medications Checked by Pharmacy: ,

Nurse discharging patient: Heather Kate Osborne, Doctor

1205576464
BENSON
Theresa F
Flat 4 12/06/1957
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

Date & Time		Signature, Print Name & Designation
06/12/15	Hernia repair today.	
	O/E Resp [illegible] [illegible]-[illegible] [illegible]-[illegible]	
	AE-[illegible]- BS-[illegible] added.	
	Trachea central	
	CVS HS I+II+0. JVP NE. No ankle oedema.	
	CNS Alert & orientated. Moves all 4 limbs.	[signature]
		[illegible]
7/12/15	WR Mahesh	
08²⁰	Patient has managed to mobilise,	
	eat and drink yesterday.	
	Today c/o abdominal pain	
	has been able to get out	
	of bed though.	
	Abdomen soft	
	bruising around wound	
		
	Advised to monitor bruising	
	and pain - if spreading redness	H. OSBORNE
	or pain worsens, seek medical	#3235 FY1
	advice	
	(P) home after dressing change	

83949

Acute Services Division

Nursing Admission & Assessment

1. Admission

NHS Greater Glasgow and Clyde

Hospital: GRI.	Ward: 66.
Date of admission: 6/12/15	Time: 08.20.
Admitting Consultant: CJ McKAY	Admitting Nurse: CGARTLEY
Expected date of discharge: / /	

Nar [barcode] .....
Ad 1206576464 .....
BENSON F .....
..... Theresa 12/06/1957 .....
Do Flat 4 .....
135 Glasgow Road .....
CH Clydebank, Dunbartonshire .....
G81 1QL .....

1. Patient Details

Preferred name: THERESA.	Next of Kin (NoK): EDWARD BENSON
Age: 58	Relationship: HUSBAND
Religion: NONE	NoK Address: AS ABOVE
Telephone: 0141-239-4840.	
GP: Dr. JA Connelly Drumchapel Medical Practice GP a Drumchapel Health Centre 80/90 Kinfauns Drive Glasgow G15 7TS	NoK Telephone: 0141-239-4840
	NoK Aware of admission: ☑ Yes ☐ No
	Consent for information to be given to relatives: ☑ Yes ☐ No
	Nominated family contact: AS ABOVE.
GP telephone: 211-6080.	Telephone - Day:
	Telephone - Evening: 07920120405.

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

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

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

Contact telephone number: .....

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

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

2. Presenting Complaint / Diagnosis

REPAIR OF INCISIONAL HERNIA.

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

HERNIA REPAIR.

3. Allergies (including food allergies)

No known allergies: ☑

4. Observations

Cannard	Waterlow	MUST	Pulse	BP.	Resp	SaO_2	Temp
5	5	0	91	133 | 88	14	95%	36.5
Urinalysis:		AMT4 Score	BM	NEWS Score	Weight Estimated / Actual	Height Estimated / Actual	BMI
		NA	NA	2	71.5	1.64	27

5. Current Medication

AMITRIPTYLINE
LEVOTHYROXINE
OMEPRAZOLE
QUININE SULFATE
RAMIPRIL
SERTRALINE
TRAMADOL.

Medicines reconciled on admission? ☐ Yes ☐ No

6. Relevant Past Medical History

TONSILLECTOMY & ADENOIDECTOMY (4YRS)
HYSTEROSCOPY, BX INSERTION COIL (2011)
SUSPECTED PERFORATED PYLORIC ULCER (2014)
HBP
PALPITATIONS. FIBROMYALGIA. SCIATICA

7. Risk Assessment

MUST

1. Is the patient's BMI:
   > 20 .... Score 0
   18.5-20 .... Score 1
   <18.5 .... Score 2
   Score .... [0]
2. Has the patient had unplanned weight loss in the past 3-6 months?
   < 5% .... Score 0
   5-10% .... Score 1
   >10% .... Score 2
   Score .... [0]
3. If the patient is acutely unwell and there has been or is likely to be no food intake for > 5 days:
   Score = 2
   Not applicable: Score = 0
   Score .... [0]

MUST Score: [0]

If score 1 or more, complete full Nutrition Profile

N	1206576464
A	BENSON
	Theresa
	F
	12/06/1957
C	
C	

8. Cognitive Impairment

For all patients ≥ 65 years, ask the following 4 AMT questions:

1. How old are you? .... years
2. What is your date of birth? / /
3. What is this place? ....
4. What year is it? ....

If the patient does not answer all questions correctly then refer to medical staff. NR

AMT Score: .... out of 4

Name of Doctor informed (if required)

.... Grade ....

9. MRSA Screening / CJD / Healthcare outside Scotland

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

1. Has the patient ever had a previous positive MRSA result? [ ] Yes [x] No [ ] Not known
2. Has the patient been admitted from a Care Home/ institutional setting or another hospital? [ ] Yes [x] No [ ] Not known
3. Does the patient have a wound / ulcer or invasive device which was present prior to this admission? [ ] Yes [x] No [ ] Not known

If 'Yes' to any of the above questions **OR** if the patient is admitted to a 'high impact speciality' e.g. **Orthopaedics, Vascular, Renal Unit, Critical Care – then obtain MRSA Swabs:**

[ ] **Nasal** [ ] **Perineum** [ ] **Other - Specify:** [ ] **Patient refused**

CJD: **Has the patient ever been contacted by Public Health and told that they are possibly at risk of CJD:**

[ ] Yes [x] No If 'Yes' contact Infection Control Team. Infection Control Team contacted: [ ]

Healthcare outside Scotland

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

[ ] Yes [x] No If 'Yes obtain rectal swab and send to microbiologty for CPE screen.

Rectal swab taken [ ] Patient refused [ ]

10. Lifestyle

Smoking:

Does the patient smoke? [ ] Yes [x] No

If 'Yes' how many per day:

Does the patient use nicotine replacement therapy? [x] Yes [ ] No

Does the patient wish referral to Smoking Cessation Service?

[ ] Yes [ ] No If 'Yes', date of referral: / /

Drugs: Does the patient use recreational drugs? [ ] Yes [x] No If 'Yes' specify:

Alcohol (Men): How often do you have 8 or more drinks on one occasion:

[ ] Never [ ] Less than monthly
[ ] Monthly [ ] Weekly [ ] Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

Alcohol (Women): How often do you have 6 or more drinks on one occasion:

[ ] Never [ ] Less than monthly
[ ] Monthly [x] Weekly [ ] Daily or almost daily

If 'Monthly' or more then complete FAST Tool.

11. Admission Documentation Completed By

Name (Please PRINT): CGARTLEY LHA(T)	Signature: CGartley Wa
Designation: AUX NURSE	Date: 6.12.15.

Acute Services Division

Nursing Admission & Assessment

2. Assessment

Hospital: GRI	Ward: 66
Date of Assessment: 6 / 12 / 15	Time: 08.20.

N 1206576464
A BENSON F
Theresa 12/06/1957
D
C

1. Breathing and Circulation

Breathing:

- [x] No symptoms or history of respiratory problems
- [ ] Dyspnoeic at rest
- [ ] Dyspnoeic on minimal exertion
- [ ] Dyspnoeic on maximum exertion
- [ ] Productive / non-productive cough evident
- [ ] Normally receives oxygen therapy

If 'Yes' provide details:

Circulation:

- [x] No symptoms
- [ ] Known cardiac or circulatory problems

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial: CG.

2. Communication

Assessment of ability to communicate:

What language does the patient speak?:

ENGLISH

Interpreter: Required [ ] Not required [x]

If required, provide details and arrangement made:

Does the patient have:

a. Speech difficulties? [ ] Yes [x] No

b. A learning disability e.g. Down's Syndrome? [ ] Yes [x] No

If 'Yes' please specify:

If 'Yes' contact Liaison Learning Disability Team.
Liaison Learning Disability Team contacted: [ ] Yes [x] No

c. A learning difficulty e.g. dyslexia, dyspraxia? [ ] Yes [x] No

If 'Yes' please specify:

3. Senses

Senses:

Eyesight

- [ ] Normal vision
- [x] Glasses – [ ] Distance [x] Reading
- [ ] Prosthesis – [ ] Left [ ] Right
- [ ] Contact lenses
- [ ] Registered blind

Hearing

- [x] Normal
- [ ] Hearing impaired
- [ ] Hearing aid – [ ] Left [ ] Right

4. Mental Status

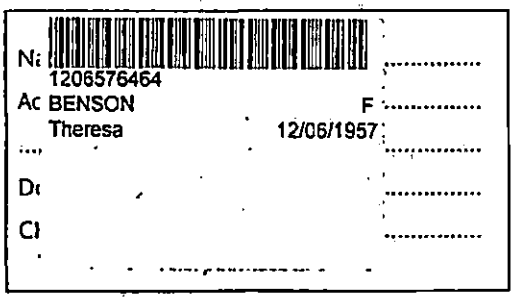
Mental Status:

- [x] Orientated
- [ ] Confused
- [ ] Distressed
- [ ] Aggressive /Abusive
- [ ] Unconcious

Problem identified: [ ] Yes [ ] No If 'Yes' please describe

Initial: CG.

5. Hydration and Nutrition



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

Nutition Profile completed ☐ Yes ☐ No
If 'Yes' do not complete sections 5a to 5d.

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

Date of reassessment: / /

5a 1. Food likes / dislikes:

SEE MUST

5a 2. Fluid likes / dislikes:

5b. Cultural or religious diet needed (e.g. vegetarian, vegan, halal, kosher etc):
☐ Yes ☑ No
If 'Yes' specify diet needed:

5c. Help needed with eating and drinking:
☐ Yes ☑ No
If 'Yes' provide details:

5d. Texture Modified Diet needed?
☐ Yes ☑ No
If 'Yes' specify texture: A☐ B☐ C☐ D☐ E☐
Thickened Fluids required? ☐ Yes ☐ No
If 'Yes' specify stage required: 1☐ 2☐ 3☐

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

Initial CG

6. Elimination

Continent:
☑ Bladder
☑ Bowel

Incontinent:
☐ Bladder
☐ Bowel

NHS GGC Stool Chart commenced:
☐ Required ☑ Not required

Long-term urinary catheter in situ? ☐ Yes ☑ No If 'Yes' – Size: .....fg Make: .....
Date catheter last changed: / /

Continence assessment commenced:
☐ Yes ☐ No ☑ Not applicable

Containment products in use? Please specify:

☑ Bowels regular
☐ Constipated
☐ Diarrhoea / loose stools

Stoma: ☐ Yes ☑ No
If 'Yes' please specify and list appliances used:

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

Initial CG

7. Personal Hygiene, Oral Health and Skin Assessment

Nam 1206576464
Add BENSON Theresa F 12/06/1957
DoE
CHI

Personal hygiene:

☐ Self-caring and independent
☑ Requires assistance

Specify assistance if required:
HUSBAND HELPS WITH · PERSONAL CARE · (BATHING + HAIR)

Oral health:

Self-caring and independent	☑ Yes	☐ No
Does the the patient have a sore mouth	☐ Yes	☑ No
Does the patient have a non healing mouth ulcer	☐ Yes	☑ No

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

Oral Hygiene Care Bundle:
☐ Required ☑ Not required

Dentures:
☐ Not worn
☑ Upper set
☑ Lower set
X3 METAL SUPPORTS.

☐ Full set
☐ Dentures with patient on admission

Skin assessment:

☑ Skin healthy with no evidence of damage
☐ Skin broken ☐ Skin oedematous ☐ Skin discoloured ☐ Skin clammy
If 'Yes' to any of the above, describe skin condition:

Wound Assessment Chart completed: ☐ Yes ☐ No ☑ Not applicable
Pressure ulcer evident: ☐ Yes ☑ No
If 'Yes' please identify Grade and record on Pressure Ulcer record sheet – Grade:.....

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

Initial LY CG.

8. Mobility

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

☐ Limited mobility
☐ Mobile with aid – Specify:
☐ Prosthesis – Specify:

Moving and Handling Plan commenced:
☐ Yes ☑ No

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

Initial LY CG.

9. Maintaining a Safe Environment

Pain status:
Does the patient have pain? ☑ Yes ☐ No
If 'Yes' record Pain Score on NEWS chart.

What makes their pain better? Please provide brief details:
TRAMADOL · (SOMETIMES).

Bed rail assessment completed: ☐ Yes ☑ No

Bed rails required:
☐ Required ☑ Not required

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

Initial LY CG.

0. Sleep and Rest

Sleep habits:

☑ Less than 8 hours ☑ Afternoon nap
☐ Morning nap

Sleep difficulties:

☐ None ☑ Disturbed
☐ Early wakening e.g. nocturia, insomnia

Medication required: ☐ Yes ☑ No

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Theresa 12/06/1957
Flat 4
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Clydebank, Dunbartonshire
G81 1QL

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

Initial MA Cg.

1. Social Circumstances

☐ Employed ☑ Unemployed ☐ Retired
☐ Lives alone
☑ Lives with Family
☐ Friend
☐ Dependants
☐ Other: ☐ Nursing Home ☐ Residential

Current Care / Support arrangements:

☐ Social Services ☑ Unpaid carer e.g. family, friends
☐ Private Carers ☐ None

If support services in place, please provide details:

HUSBAND IS CARER.

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

Initial MA Cg.

2. Privacy, Dignity and Sexuality

Does the patient have issues related to privacy, dignity and/or sexuality that are relevant to admission?

☐ Yes ☑ No

If 'Yes' please provide brief details:

13. Spiritual Care

Is there anything with regard to faith or culture that we can support the patient with during their stay in hospital (e.g. prayer, meditation)?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Is there anything causing the patient a lot of anxiety at the time of admission that staff should be aware of?

☐ Yes ☑ No

If 'Yes' please provide brief details:

Ask the patient:

"Would you like the ward staff to arrange for a Hospital Chaplain to visit you while in hospital?"

☐ Yes ☐ No ☑ Not at this time

If 'Yes' please specify faith group:

N 1206576464
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14. Anticipatory Care

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

Appropriate ☐ Not appropriate ☑

Is the patient aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Is the patient's family aware of their:
Diagnosis? ☐ Yes ☐ No
Prognosis? ☐ Yes ☐ No

Preferred place of care: Home: ☐ Hospital ☐ Hospice ☐	Preferred place of death: Home: ☐ Hospital ☐ Hospice ☐
Current treatment – please identify (e.g. chemotherapy/ radiotherapy):	Other agencies involved in patient's care – please identify (e.g.) Marie Curie, MacMillan Nurses):

DNACPR order in place: ☐ Yes ☐ No
If 'Yes' are the patient's family and next of kin aware? ☐ Yes ☐ No

15. Admission Assessment Completed By

Name (Please PRINT): C GARTLEY	
Signature: CGartley	
Designation: AUX	Date: 6.12.15

Clinical Notes

Date and Time	Notes	Name, Signature and Designation
6.12.15	Patient admitted for repair of INCISIONAL Hernia repair. News score (2) Sat's 95%	
	on AIR Pulse 91. TEDS ☑ ANETH ☑ CONSENT ☑	[signature] S/N CGartley (AUX)
14.00 6/12/15	Returned to ward following	
	Incisional Hernia repair MEWS = 2 O2 therapy in	
	progress at 4 litres. Hypertensive in theatre, Normally	
	takes Ramipril. (To be prescribed)	
	Has not passed urine. ☑ Resumed diet and fluids	L HATTON L Hatton S/N
18.00	MEWS = 1 (P96). Not scoring on GMAWS	L HATTON L Hatton S/N

Clinical Notes continue on next page

1206576464
BENSON F
Theresa 12/06/1957
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

Clinical Notes (continued)

Date and Time	Notes	Name, Signature and Designation
7/12/15 NS	Slept for long spells.	
	Analgesia given for pain	
	Taking diet + fluids.	
	Observations stable	
	Wound sites in tact.	
	Voiding urine spontaneously.	KOVACS KOVACS SN
1000 7/12/15	pt now for D/C home. dressing renewed	
	Info leaflet / analgesia	
	+ dressings with pt.	
	No surgical follow up	SUSIN MITCHELL

Acute Services Division

Hospital / Department GRI 66.

NHS Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient 1206576464
BENSON
Theresa F
12/06/1957

Ward: Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

CHI nu ..... Unit/Hospital number .....

Contents

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

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

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

Referral Criteria for Hospital Falls Prevention Co-ordinator

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

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

General Safety Precautions

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

Cannard Falls Risk Assessment

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

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						Date: 4/12 Ward: 66	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
History of falls in the last 6 months	At home 1	In ward / unit 2	None 0			0						
Sex	Male 1	Female 2				2						
Age	13-59 0	60-70 1	71-80 2	81+ 1		0						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		0						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		1						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	0						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed / chair-bound/ wheel-chair 1		1						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		1						
				TOTAL SCORE		5						
				ACTION(S) TAKEN Enter action code(s) from Care Plan below		1, 23						
SCORE 13+ = HIGH RISK If patient unconscious score as N/A until patient status improves.				NURSE SIGNATURE		[signature]						

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

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	Date: 6/12 Ward: 66	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:	Date: Ward:
Action code								
1	Falls prevention and general safety precautions discussed with patient and family.	✓						
2	Move to more observable area of ward to optimise supervision.							
3	Advise patient they may experience dizziness when they mobilise initially.							
4	Requires assistance with mobilisation.							
5	Observe trip hazard due to invasive lines, drains and catheters.							
6	Do not leave the patient unattended when using commode, toilet, in shower or the bathroom area.							
7	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
8	Monitor lying and standing / sitting BP and pulse.							
9	A. Patient requires footwear or podiatry referral. (Date referred: / requested :) B. Request family / carer to provide suitable footwear.							
10	Commence continence assessment, follow Local Guidelines.							
11	Refer to Occupational Therapist.							
12	Select suitable seating (refer to policy).							
13	Non slip mat on chair /floor following advice from therapists.							
14	Refer to Physiotherapist.							
15	Review Transfer techniques.							
16	Request medication review.							
17	Bed/chair monitor in use.							
18	Falls map in use for seven days for patient who has second or subsequent falls.							
19	Bed rails/bumpers to be used (refer to policy).							
20	Patient requires low bed / mattress on the floor (refer to policy.)							
21	Patient requires one to one nursing care.							
22	Refer to Hospital Falls Prevention Co-ordinator (see criteria on front cover).							
23	Other interventions. BUZZER AT HAND	✓						

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

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

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

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

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

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

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

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

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

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

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

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

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

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: 1206576464 BENSON Theresa F Flat 4 12/06/1957 135 Glasgow Road Clydebank, Dunbartonshire G81 1QL	Date of admission: 6 / 12 / 15
Address:	Time: 08-20
	HOSPITAL: GRI
DoB:	Ward: 66
CHI number:	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 1.64 metres Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 71.5 kg Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

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

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

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

Please state:

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

Eating likes and dislikes (including appetite):	Drinking likes and dislikes:	Patient NBM
LIKES MOST THINGS	PREFERS TEA	Yes ☐ No ☑ If 'Yes' why?:

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

Please specify all factors:

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

If 'Yes' please state:

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

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

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

If 'Yes' please state:

Has this patient received written information about inpatient food (e.g. "Food in Hospitals" leaflet)?

Yes ☑ No ☐ Not applicable (received on previous admission) ☐

Profile completed by: Name (PRINT): CGARTLEY Signature: CGartley Date: 6.12.15

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

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

Is your patient on the Liverpool Care Pathway (LCP)? Yes ☐ No ☐

If 'Yes' please follow LCP advice as screening for malnutrition may not be appropriate.

Malnutrition Universal Screening Tool ('MUST')

Date	6/2/15											
Initials	CA											
Height (see page 1) 1.64 Weight	71.5											
Oedema or ascites present Y/N	N											
BMI (refer to chart on page 4)	27											
'MUST'												
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) .....0 18.5 - 20 .....1 <18.5.....2	0											
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0											
Step 3: Acute Disease Effect Score If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	0											
Step 4: Overall Risk of Malnutrition Total:	0											

Step 5: Management Guidelines

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

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).
- REMEMBER TO CONSIDER YOUR PATIENT'S HYDRATION REQUIREMENTS.
- Ensure Discharge Plan includes most recent 'MUST' Score and any necessary follow-up requirements.

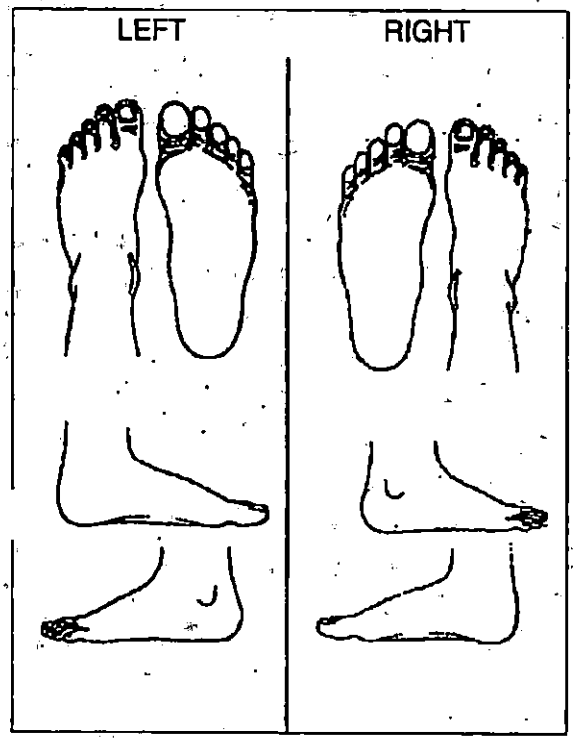
Referral Services		Referred by	Method of referral	Reason for referral
Nutritional Support Team	Date Referred / /			
Dietitian	Date Referred: / /			
Speech and Language Therapy	Date Referred: / /			
Occupational Therapy	Date Referred / /			
Dental Service	Date Referred / /			

Multidisciplinary Nutrition Care Plan

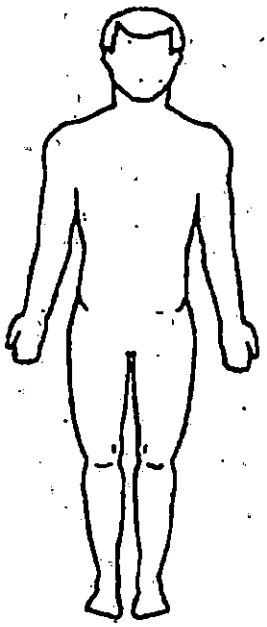
Date	Overall Risk	Action	Action discussed with patient / carer	Review date	Name (PRINT) Signature/ Designation
6/12/15	0	Low risk – repeat 1 wk	✓	13/12/15	CG SLW Carer (Aux).

PRESSURE ULCER RECORD

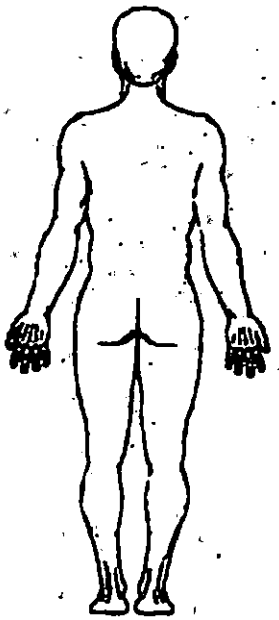
Indicate by circling and numbering all pressure damage on diagrams, then complete box below. Indicate care plan/wound assessment chart.



Anterior view



Posterior view



SCOTTISH ADAPTED EPUAP PRESSURE ULCER GRADING TOOL

GRADE 1 Non-blanchable erythema of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.

GRADE 2 Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically as an abrasion or blister.

GRADE 3 Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.

GRADE 4 Extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

DATE	NUMBER OF ULCER(S)	LOCATION OF ULCER(S)	GRADE OF ULCER(S)	LOCATION OF ULCER(S)

Pressure Ulcers may deteriorate from Grade 1 to Grade 4, but can not be reversed and should be documented as a healing grade of pressure ulcer, eg healing grade 4.

Clie[redacted]) Moving and Handling Risk Assessment Form

Patient's name:	1206576464 BENSON Theresa Flat 4 135 Glasgow Road Clydebank, Dunbartonshire G81 1QL	F 12/06/1957	amed urse:	CCARTLEY.	If Patient is totally independent, tick here and go to date box	✓	Risk: Low / Medium / High

		all	
Above average		Medium	
Average		Short	
Below average			
RISK OF FALLS			
High		Low	

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

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

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

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

Toileting

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

Move on / off bed pan

HOIST	MANEOUVRE	ASSISTANCE	SUPERVISION	N/A
	Roll patient	People 1	Additional Information:	
	Monkey pole	People 2		
	Patient bridges	People 3		

Move up / down bed

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

Transfer to / from trolley (or bed etc.)

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

Sit up over side of bed

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

Into Bath or Shower

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

Walking

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

Other Instructions

Recording Symbol:	/	X	*
Date Assessed:	6.12.15		
Assessor's signature:	CCartley/MA		
Proposed Review date:	13.12.15		

Continuation Sheet

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

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

Toileting

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

Move on / off bed pan

HOIST	MANEOUVRE	ASSISTANCE	SUPERVISION	N/A
	Roll patient	People 1	Additional Information:	
	Monkey pole	People 2		
	Patient bridges	People 3		

Move up / down bed

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

Transfer to / from trolley (or bed etc.)

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

Sit up over side of bed

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

Into Bath or Shower

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

Walking

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

Other Instructions

Recording Symbol:	/	X	*
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

NHS Greater Glasgow and Clyde

Glasgow Assessment and Management of Alcohol

NHS Greater Glasgow and Clyde

Please Attach Patient Label

CHI: 2065464 CRN:_____

Name: THERESA BENSON Dob:_____

Address:_____

_____

Postcode:_____

Alcohol By Volume (ABV%)	Average Units (ABV% x Vol)
Strong Lager 9% (440mls)	4.0 Units
Beer/ Lager 4.5% (Pint/500mls Can/Bottle)	2.2 Units
Wine (e.g.Buckfast) 15% (750mls)	11.0 Units
Wine (Table) 12% (750mls)	9.0 Units
Wine (Table) 12% (175ml glass)	2.1 Units
Alcopops 5% (330mls)	1.5 Units
Spirits 40% (25ml measure)	1.0 Unit
Spirits 40% (¼ bottle 175mls)	7.0 Units
Spirits 40% (Litre)	40.0 Units
Spirits 40% (700mls)	30.0 Units
Cider 4% (Litre)	4.0 Units
Cider 4% (440mls)	1.8 Units
Strong White Cider 8% (Litre)	8.0 Units
Strong White Cider 8% (300ml glass)	2.4 Units

Number of Units = ABV (%) x Volume (litres)

eg A bottle of wine (750mls) which is 12% ABV = 12 x 0.75 = 9 Units
A glass of wine (200mls) which is 12% ABV = 12 x 0.2 = 2.4 Units

Estimated Weekly Alcohol Units :
(Daily Units x Number of Days per Week)
40 UNITS

Excessive Weekly Consumption
(♂: >21 units/week; ♀: >14 units/week)

Estimated Date / Time Of Last Drink _____ (If ≥ 5 Days, Re-consider Alcohol Withdrawal Status)

Presents With (or has Previous History of) Alcohol Related Seizures Yes ☐ No ☒

Presents With (or has Previous History of) Severe Alcohol Withdrawal Yes ☐ No ☒

Fast Alcohol Screening Tool - FAST:

Note : 1 drink = 1 unit of alcohol (refer to table above)

1. MEN: How often do you have EIGHT or more drinks on one occasion?
   WOMEN: How often do you have SIX or more drinks on one occasion?

   Never ☐0 Less than monthly ☐1 Monthly ☐2 Weekly ☒3 Daily or almost daily ☐4

2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

   Never ☐0 Less than monthly ☐1 Monthly ☒2 Weekly ☐3 Daily or almost daily ☐4

3. How often during the last year have you failed to do what was normally expected of you because of drinking?

   Never ☒0 Less than monthly ☐1 Monthly ☐2 Weekly ☐3 Daily or almost daily ☐4

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

   No ☐0 Yes, on one occasion ☒2 Yes, on more than one occasion ☐4

Score of 3 or more: FAST Positive

Total 7

FAST Positive?

Yes ☒ No ☐

FAST 0-2:	Negative: No action required.
FAST 3-8:	Hazardous Drinking: Advise regarding safe drinking levels and offer information leaflet / advice.
FAST 9-16:	Probable Dependent Drinking: Advice as above and consider referral to Addiction Liaison Service.

PLEASE INSERT IN PATIENT'S CASE RECORD ON COMPLETION OF TREATMENT STY5332N

Management of Alcohol Withdrawal Syndrome

DEPENDENT DRINKING ON SCREENING - HIGH RISK

Any 2 of the following:

- Presents with or has had previous withdrawal seizures
- Previous severely agitated withdrawal (D.T.'s)
- High screening score (FAST >12)
- High initial symptom score (GMAWS >8)

YES

FIXED DOSE DIAZEPAM
PLUS
SYMPTOM TRIGGERED TREATMENT

Have you considered exceptional patient groups

NO

SYMPTOM TRIGGERED TREATMENT

Have you considered exceptional patient groups

BASELINE TREATMENT REGIME

Fixed Dose oral Diazepam: (for patients unable to tolerate diazepam via the oral route, see below).

Initial 24 hours: **20mg Diazepam 6 hourly**

If no additional symptom triggered treatment, then REDUCE as follows:

15mg Diazepam 6 hourly for 24 hours
10mg Diazepam 6 hourly for 24 hours
5mg Diazepam 6 hourly for 24 hours
5mg Diazepam 12 hourly for 24 hours

Diazepam prescription to be reviewed if patient excessively drowsy.
Maximum of 120mg Diazepam in 24 hours, before requesting senior medical review.
(*Diazepam 120mg not expected to be problematic over 24hrs in uncomplicated patients).

EXCEPTIONAL PATIENT GROUPS:

- Elderly patients
- Head injury
- Patients with evidence of liver disease: especially jaundice, encephalopathy
- Patients with other significant co-morbidity (i.e. COPD, pneumonia, cerebrovascular disease, reduced GCS)

Consider the use of oral Lorazepam in these exceptional patient groups in a symptom triggered fashion: 1-2 mg (to a maximum of 12mg in 24 hours before requesting senior medical review).
Note: Lorazepam has a slower onset of peak effect but ultimately has a more rapid elimination

SEVERE WITHDRAWAL (aggressive/ uncontrollable/ dangerous behaviour)

- Intravenous diazemuls up to 40mg over first 30 minutes (up to 2mg/minute; flumazanil to be available)
  Adjunctive therapy with Haloperidol 5-10mg IV or IM (smaller doses unlikely to be effective)

PATIENTS UNABLE TO TOLERATE ORAL MEDICATION

- Patients unable to tolerate oral medication may receive intravenous therapy (diazemuls or lorazepam) as an alternative at 50% of the oral dose in the first instance, and response assessed

INTRAVENOUS BENZODIAZEPINES

- It is recommended that intravenous benzodiazepines are administered by an experienced member of medical staff (FY2 or above)
- If nursing staff administer intravenous benzodiazepines they MUST have completed the appropriate Competency Training to administer IV sedation

MONITORING

- All patients should be closely observed for signs of over-sedation with regular observations
- Exceptional Patient Groups (see above), patients with Severe Withdrawal and patients requiring Intravenous or Intramuscular Sedation require close monitoring (MEWS / SEWS) ideally with one-to-one nursing care
- Consultation regarding intensive care support may be necessary in extreme situations

APPROXIMATE ORAL BENZODIAZEPINE EQUIVALENCE

10mg Diazepam = 1mg Lorazepam = 30mg Chlordiazepoxide

Patients should not be discharged on regular benzodiazepine unless there is a confirmed arrangement with the Community Addiction Services. Chlordiazepoxide is the recommended benzodiazepine for community use.

Glasgow Modified Alcohol Withdrawal Scale (GMAWS) **Treatment Option: GMAWS Only ☐ GMAWS & Fixed Dose ☐**

Date	6-12-11																		
Time	1000																		
Tremor 0) No tremor 1) On movement 2) At rest	0																		
Sweating 0) No sweat visible 1) Moist 2) Drenching sweats	0																		
Hallucination 0) Not present 1) Dissuadable 2) Not dissuadable	0																		
Orientation 0) Orientated 1) Vague, detached 2) Disorientated, no contact	0																		
Agitation 0) Calm 1) Anxious 2) Panicky	0																		
Score	0																		
Treatment	nil																		
Staff Signature	[signature]																		

Score: (Do not use scoring tool if patient intoxicated, must be at least 8 hours since last drink.)

0 : Repeat Score in 2 hours (Discontinue after scoring on 4 consecutive occasions, except if less than 48hrs after last drink)

1 – 3 : Give 10mg Diazepam: Repeat Score in 2 hours

4 – 8 : Give 20mg Diazepam : Repeat Score in 1 hour

9 - 10 : Give 20mg Diazepam : Repeat Score in 1 hour, and discuss with medical staff regarding management of severe withdrawal as per guideline (see page 3)

PATIENTS MAY REQUIRE TO BE WOKEN FOR CONTINUING ASSESSMENT

CO-EXISTING ILLNESS MAY AFFECT SCORE: SEEK MEDICAL ADVICE IF IN DOUBT

FIXED DOSING & SYMPTOM TRIGGERED DOSING MUST BE NO LESS THAN 1 HOUR APART

All patients should have regular observations documented. Patients receiving high doses of Diazepam should be assessed regularly for over sedation. Regular MEWS/SEWS – Frequency 1-4hrs. (GCS, Respiration rate. Oxygen sat^{n}, Pulse, Blood Pressure)

Developed by the Alcohol Screening & Withdrawal Management Guideline Group
Chaired by Dr Ewan Forrest, Consultant Physician and Gastroenterologist, GRI

Published April 2011
Review Date April 2016

NHS Greater Glasgow and Clyde
Active Care Checklist

Date: 6.12.15

Attach Addressograph label

1206576464
BENSON
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL
F
12/06/1957

NHS Greater Glasgow and Clyde

Ward: 60

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (Please circle): 1hr 2hr 3hr (4hr) 6r

1. Signed ..... Name ..... Designation .....
2. Signed ..... Name ..... Designation .....
3. Signed ..... Name ..... Designation .....

Individual patient needs: Red mat required: Y / (N) Bed rails: Y / (N)
'Must do's' for me. Ask the patient if there is anything they want specifically done today:
No thanks.

USE FOLLOWING CODE:
O = Off the ward V = Variant S = Sleeping I = Independent NT = No Thanks

		Times	30 06	06 13	30 18	30 20	00 30	04 30	07 40										
	1.	Pain: assess and address If in pain inform registered nurse Y / N or N/A	Y	O	Y	Y	N		Y										
S	2.	SKIN INSPECTION Pressure areas checked: Y / N / I (Independent)	Y	F	I	I	I		I										
		Redness (R) / Discolouration (D) / Pressure Ulcer (PU) / Intact (INT)	INT	C	I	Int	Int		INT.										
K	3.	KEEP MOVING: Have you moved or walked Y / N / I (independent)	Y		I	I	I		I										
		Bed Right side (30° tilt) – R Left Side (30° tilt) – L Back– B	—	T	—	/	/		B.										
		Chair Assist to walk, stand or tilt (W /ST/ T)	W	H	C	/	/		I										
I	4.	ELIMINATION: Do you need the toilet? I = Independent A = Assistance given IC = patient incontinent of urine or faeces	I	E	I	I	I		I										
N	5.	FOOD, FLUIDS AND NUTRITION: Is the patient nil by mouth? Y / N (consider mouth care)	Y		N	N	N		N										
		Encourage the patient to drink? Y / N / N/A	N	D	Y	Y	S		Y										
		Food, snack or supplement taken? Y / N / N/A	N	A	N	Y	S		Y										
	6.	ENVIRONMENT: Check: Is the patient's call buzzer to hand? 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/O/S	Y	R	Y	Y	S		Y										
	7.	INFORMATION: Ask: 'Is there anything else I can help you with? Inform patient of the time of return. Y/N/O/S	NT	D	NT	NT	S		N.										
	8.	ESCALATION: Escalate any issues to the Registered Nurse Y / N/A	NA	N/A	N/A	NA	S		N/A										
		Nurse Initials	CG	MN	MN	KO	KO		fw										

Attach Addressograph label

Ward:

NHS Greater Glasgow and Clyde

Specialist Pressure Redistributing equipment ordered and in place:

Dynamic Mattress:	
Cushion:	
Orthotic footwear:	
Moving & handling aids:	
Other:	

Active Care variant sheet - Care Number

1. Pain
2. A / B Skin Inspection
3. A/B/C Keep Moving
4. Elimination
5. Food, Fluid, Nutrition
6. Environment
7. Information
8. Escalation

Date	Time	Number	Variation	Signed

MIS 258902

CEDAR CODE 102083

Care Plan

1206576464
BENSON
Theresa
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

F
12/06/1957

NHS Greater Glasgow and Clyde

Commenced and Signature	and circulation	Date Discontinued and Signature	Date Commenced and Signature	7. Personal Hygiene, oral care and skin care	Date Discontinued and Signature
06/12/15 C	no problems		06/12/15 C	Independent	
	2, 3. Communication and senses			8. Mobility	
06/12/15 C	no problems		06/12/15 C	Independent	
	4. Cognitive status			9. Maintaining a safe environment	
06/12/15 C	Intact		06/12/15 C	no problems	
	Getting to Know Me / What matters to me			10. Sleep and Rest	
			06/12/15 C	no problems	
	5. Hydration and Nutrition			12. Privacy, dignity and sexuality	
06/12/15 C	Good pre of Diet + fluids.		06/12/15 C	no problems	
	6. Elimination			Negotiated care - Care discussed with patient / family Yes / No Patient able to participate Yes / No	
06/12/15 C	Independent				

223591

Care Plan Guidance

Below are some prompt questions to help you record the individualised care that your patient requires during their inpatient stay. You should record the care that the nurse / nursing staff require to provide. The 'Negotiated Care' component provides opportunity to record any care that the patients family or carers are participating in and care that patients are being taught to support changing self care. If the patient is independent in any of the activities of living and requires no nursing intervention then you should record this in the relevant section.

When care changes a note should be made in the nursing clinical notes / progress notes to confirm why this is required.

1. Breathing and circulation	7. Personal Hygiene, oral care and skin care
Record frequency of observations, TPR BP and SAO2. Record any other care that the patient requires for their breathing or their circulation e.g. seating position, apex beat with radial pulse, pedal pulse measurement, lying and standing Blood Pressure measurement etc.	Does the patient need assistance with personal hygiene? If so what needs to be done. Do they require assistance with oral care? If so what is this. Does the patient require any specifc pressure area care outwith the Active Care documentation. If totally independent record 'self caring'.
2, 3. Communication and senses	**8. Mobility**
What assistance does the patient need with communication? If they use spectacles or a hearing aid what assistance do they needs with these? Does the patient require an interpreter?	Does the patient require assistance when mobilising? Does the patient use mobility aids? Is the patient at risk of falling? Record key information from falls risk assessment, e.g. Cannard tool, to prevent falls
4. Cognitive status	**9. Maintaining a safe environment**
What care is required to minimise risk of harm due to behavioural disturbance? Think about capacity and adults with incapacity and what you need to do with the patient to alleviate distress.	How is the patients pain being assessed? Is a specific pain assessment tool used? What does the patient require to maintain their safety?
Getting to Know Me / What matters to me	**10. Sleep and Rest**
The 'Getting to know me' Document should be used for all patients with cognitive impairment. Once completed by the patients relatives / carer record the key information to plan care in the care plan. Ask the patent what matters to them during their hospital stay and record in this area.	What would help the patient achieve a good nights rest? Does the patients sleep pattern need to be monitored? if yes record what needs to be done.
5. Hydration and Nutrition	**12. Privacy, dignity and sexuality**
Does the patient require any assistance with eating and / or drinking? Does the patient require a special diet? Do they require fluid balance monitoring?	What do you need to do to maintain the patients modesty and dignity?
6. Elimination	**Negotiated care** Care discussed with patient / family Yes / No Patient able to participate Yes / No
Does the patient require assistance to go to the toilet? Do they use continence aids? Does their urinary output require to be monitored? Are the patients stools / bowel activity being monitored?	Discuss patient care needs with them. If the patient is learning a new self care procedure record their process and progress of learning. If the patient has a learning disability or dementia use the information obtained in the Getting to Know Me document to identify the care that the family / carer could participate in.

Write or affix label
Name:
Address:

1208576464 F
CHI: BENSON 12/06/1957
DOB: Theresa
Hospital & Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL

Peripheral Vascular Cannula(PVC) Insertion & Maintenance

NHS Greater Glasgow and Clyde

Modified V.I.P (Visual Infusion Phlebitis) Score		
IV site appears healthy		
One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including :pyrexia	5	

Insertion – Complete all sections

PVC inserted	Date inserted	Insertion site	Colour of PVC	Inserted by: Name & Designation [only if inserted in ward]
ED Theatre Ward_____	6/12/15	CH Hand	Green	

Clinical Indication	IV Fluids/IV Medication ☑	Urgent access ☐	Interventional procedures ☐	Other Please state:

Insertion Criteria (If no: please explain in comments below)	Clean field used	Hand hygiene	Skin asepsis	Dressing affixed	Non touch technique (do not re- contaminate cleaned skin)
	Yes ☐ No ☐ Unknown ☑	Yes ☐ No ☐ Unknown ☑	Yes ☐ No ☐ Unknown ☑	Yes ☐ No ☐ Unknown ☑	Yes ☐ No ☐ Unknown ☐

Maintenance – To be completed daily

PVC 1	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The PVC dressing is intact	The PVC has been inserted less than 72 hours	Hand hygiene before & after all procedures	If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments	Initial
Day 1 7/12/15	Yes ☑ No ☐	V.I.P: 0	Yes ☐ No ☑	Yes ☑ No ☐	Yes ☑ No ☐	Left in situ ☐ Removed ☑	KD
Day 2 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 3 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
After day 3 consider removal, if there is still a clinical reason justify rationale for PVC to remain in situ.							
Day 4 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	
Day 5 __/__/__	Yes ☐ No ☐	V.I.P:	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in situ ☐ Removed ☐	

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

Date & time	PVC no.	Comments	Signature

CHI:	Modified V.I.P (Visual Infusion Phlebitis) Score		
	IV site appears healthy	0	No phlebitis : Observe cannula
	One of the following is evident : slight pain or redness near site	1	Possible first signs : Observe cannula
	Two or more of the following are evident: pain,redness,swelling	2	Early stage of phlebitis - Remove & resite cannula
	All of the following are evident: pain,redness,hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis Remove & resite cannula Seek further advice
	As above including: palpable venous cord	4	
	As above including :pyrexia	5	

Insertion – Complete all sections

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

Maintenance – To be completed daily

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

Date & time	PVC no.	Comments	Signature

Date removed_____ Reason for PVC removal_____ Reason PVC in greater than 72 hours_____

NEWS – National Early Warning Score

NHS
Greater Glasgow and Clyde

Name 1206576464
BENSON
Theresa
Addre
Flat 4
135 Glasgow Road
Clydebank, Dunbartonshire
G81 1QL
F
12/06/1957
CHI No.
DoB

	Date	Ward
Admitted	6/12	Ward
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.

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg — Gram = g.
Millilitre = ml — Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on doctor's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicine	
(6) Patient unavailable	(10) Nausea/vomiting		

Cat. No. 40995 Ver 4, 09/2010

Fluoroscopy lumbar spine

Performed	16-Jun-2012 11:52	Received	19-Jun-2012 11:45
Reported	19-Jun-2012 11:45	Order Number	G107H26998486
Status	Final	Source System	MiSys

Fluoroscopy lumbar spine Final

Theresa Benson

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting