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

NHS
Greater Glasgow and Clyde

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

Date: 11th June 2026
Your Ref: 100207
Our Ref: LAT/ACCESS/ JM
Enquiries to: JESSICA MCGHIE
Direct Line: 0141 211 3019
Email: Jessica.mcghie@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: GAVIN MCCLYMONT D.O.B: 18/12/1952

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

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL – GARTNAVEL GENERAL HOSPITAL – NEW VICTORIA INFIRMARY
PLEASE NOTE ANY RADIOLOGY WILL FOLLOW VIA EMAIL LINK

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

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

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

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

- Emails

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

MANUAL PATIENT RECORDS

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

Including:

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

WESTERN INFIRMARY
GARTNAVEL GENERAL HOSPITALS

CONFIDENTIAL

A

North Glasgow Hospitals
Orthopaedic Department Notes

NHS Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDIC SURGERY - DIRECT LINE - 0141 211 6360

Western Infirmary
Dumbarton Road
GLASGOW
G11 6NT
E-mail: Amanda.mitchell@northglasgow.scot.nhs.uk

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

Our Ref: HM/AM/10393034W

MR GRAY'S ORTHOPAEDIC CLINIC - 23/04/2008

Typed: 25/04/2008
Dictated:23/04/2008

Dr Rhona Raeburn
127/129 Auchinairn Road
Bishopbriggs
G64 1NF

Dear Dr Raeburn

Gavin McClymont ~ 18/12/1952 ~ CHI: 1812526490
10 Everard Quadrant, Glasgow, G21 1XP

This patient had a right hip arthroscopy on 11th December 2007 with some debridement. He reports that his worse pain has gone away and he is now able to exercise more. He is still complaining of some pain for which he did not need any painkillers for. He is still receiving physiotherapy support.

On examination he had some pain in the groin which was illicited on active movement of her hip especially on abduction, there was no tenderness.

We are happy with this result, however we informed him that he should expect to have some arthritis in his hip in the future. We have not scheduled any follow up for him, however he can get back in touch with us should his pain become more severe.

Yours sincerely

Dr Muntasser
FY2 in Orthopaedics

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel: **0141 211 6360 (Mrs Amanda Mitchell)**
Secretary Fax: **0141 211 2466**
Waiting List: **0141 211 3186 (Mrs Ann Maher)**
E-Mail: **amanda.mitchell@northglasgow.scot.nhs.uk**

Our ref: JS/SF/10393034W
Dictated: 16.01.08
Typed: 25.01.08

MR GRAY'S ORTHOPAEDIC CLINIC –16.01.08

Dr R Raeburn
127/129 Auchinairn Road
Bishopbriggs
G64 1NF

Dear Dr Raeburn

GAVIN MCCLYMONT DOB: 18.12.1952 (6490)
10 EVERARD QUADRANT, GLASGOW

It is a month since this gentleman had right hip arthroscopy. The wound has healed, he feels the hip is easier and he has been attending physiotherapy. I have asked him to continue with the physiotherapy exercises once they have discharged him and we will see him for review in 3 months.

Yours sincerely

Jim Sales
Specialist Registrar in Orthopaedics

GARTNAVEL GENERAL HOSPITAL - Orthopaedics
MR AJR GRAY (DISCHARGE) 0141 211 3184

GAVIN MCCLYMONT	54	10393034W
10 Everard Quad G21 1XP	18.12.52	
10.12.07	12.12.07	

(R) hip arthroscopy

Follow up at clinic at 4 weeks

JS/GM CHI 6490

17 December 2007

Dr Raeburn
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Dear Dr Raeburn

This gentleman had his operation as planned. Once mobilising comfortably, partial weight bearing, he was allowed home and will be seen in the clinic in due course.

Yours sincerely,

MR JIM SALES
SPECIALIST REGISTRAR

DEPARTMENT OF ORTHOPAEDIC SURGERY
MR AJR GRAY

Gartnavel General Hospital
1053 Great Western Road
GLASGOW
G12 0YN

☎ - 0141 211 3184
🖷 - 0141 211 3189
✉ - tracy.wood@northglasgow.scot.nhs.uk

AG/GM/10393034W CHI 6490

11 December 2007

Mr B Rana
Consultant Orthopaedic Surgeon
Western Infirmary

Dear Bardeep

Gavin McClymont DOB 18.12.1952 10 Everard Quad, Glasgow G21 1XP

You may remember this man with a painful right hip, who you kindly referred. His MRI scan had suggested a labral tear and possible impingement. He went to theatre today, where he underwent a right hip arthroscopy. This confirmed damage to the antero superior labrum, some adjacent articular surface damage at the very margin of the acetabulum, which were both debrided. The majority of the articular surface was in good condition. The ligament anteres was intact and careful inspection of the peripheral compartment did not reveal any area of significant impingement, as suggested by the MRI scan.

He will be mobilising, partial weight bearing for the next 10 days and will return home when safe. I will see him in the clinic in around 4 weeks time.

Yours sincerely

MR AJR GRAY, FRCS. Orth
CONSULTANT ORTHOPAEDIC SURGEON

Copy to:

Dr Raeburn
The Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

NORTH GLASGOW HOSPITALS UNIVERSITY NHS TRUST

OPERATION NOTE

HOSPITAL	GARTNAVEL GENERAL HOSPITAL	H/NO.	10393034W
DATE	11 December 2007		
PATIENTS NAME	GAVIN MCCLYMONT		
DATE OF BIRTH		AGE	54
WARD	2B		
SURGEON	MR AJR GRAY		
ASSISTANT SURGEON			
ASSISTANT SURGEON		TOURNIQUET TIME	
ANAESTHETIST	DR A HOPE		
DIAGNOSIS			
OPERATION	Right hip arthroscopy		

PROCEDURE Patient positioned on fracture table over padded central post. Traction through right leg. Image intensifier control. Pump and Coblator systems available. Standard prep and drape with isolation drapes. Saline fluid. Anterior and antero lateral portals, postero lateral drain.

The femoral articular surface was in good condition. The acetabular surface was mostly in good condition, but antero superiorly there was an area of articular cartilage softening, fraying and early fragmentation (Grade 2). Adjacent to this there was a frayed, loose, acetabular labrum. This was debrided with the Coblator to both the labrum and the frayed surface. There was no area of eburnation once this was done. Both thinning of the articular cartilage and very marginally at the acetabulum. The ligament anteres was intact. In the peripheral compartment, there was no evidence of impingement, loose bodies or other significant pathology.

Post Operative Instructions
Routine care
Partial weight bearing for 10 days
Outpatient physio at outpatients in 4 weeks

AG/GM

NHS Greater Glasgow a

Anaesthe...

Name [redacted]
Hospital 10393034W M
MCCLYMONT
GAVIN 18/12/1952
10 Everard Quadrant
DoB/Age GLASGOW G21 1XP
CHI-1812526490

Premedication temar 20
Procedure(s) L hip scope
Anaesthetist(s) Hope ☑ ☐ ☐ C / SpR / SHO
Surgeon(s) Gray ☑ ☐ ☐

Date 11/12/07

Pre-operative assessment

Airway 1/1 crowns
RS ✓
CVS ✓
BP 132/89

Weight(kg)
Haematology Hb 15.5
Biochemistry UE = n
ECG ok
CXR

Current therapy
omeprazole
tricyclic

Other significant illnesses
hiatus hernia + heartburn
(scope)

Allergies
NK GI upset ≤ NSAIDs

Previous anaesthesia
GA ✓

ASA (1) 2 3 4 5 E

Comments / Technique

Supine ☐ Prone ☐ Lateral ☐ Lithotomy ☐

GA ☑ Spinal ☐ Epidural ☐ Other LA _____

ETT 9.0 LMA _____ F Mask ☐ Airway ☐ DLT _____ Laryngoscopy grade 1 (CP)

IV site(s) 20G RHD

Technique details:

Art line

CVP/PAWP

Ventilator +/- AS

Breathing system: (F)

Start [:]

Finish [:]

Equipment check ☑

alfentanil	500
propofol	180
fentanyl	50 50
IV Fluids	

Pre-ox ☑

RSI ☑

ECG ☐

SpO_2 ☐

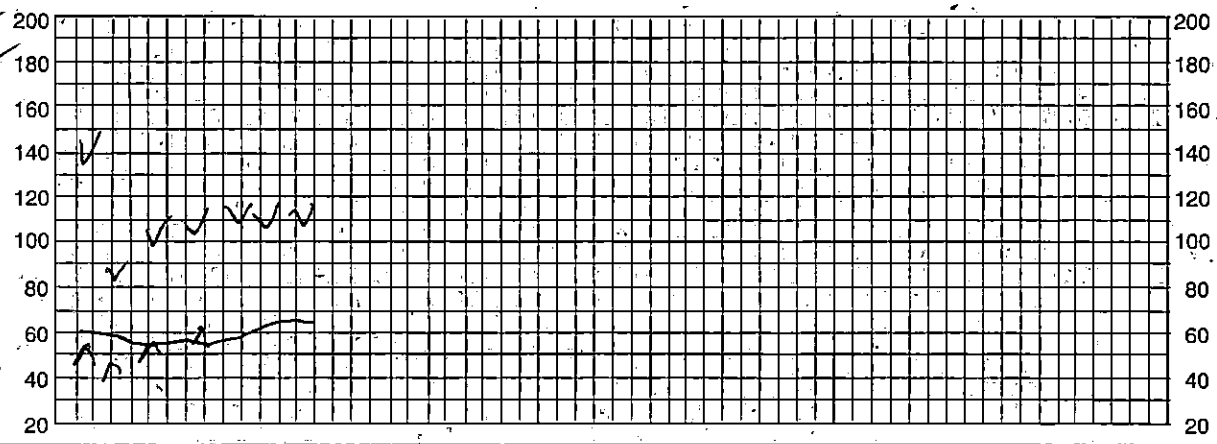
NIBP ☐

$ETCO_2$ ☐

ETAA ☐

All the above ☑

PNS ☐



Time	15	16
Events		
FiO_2 0.4/air	→	
SpO_2	91 96	95
$ETCO_2$	4.7 7.1	5.2
ETAA Sevo	3.0 1.9	2.1

Events	IV Fluids	Warmer ☐
①	①	
②	②	
③	③	
④	④	
⑤	⑤	
⑥	⑥	
⑦	⑦	
⑧	⑧	
⑨	⑨	

Anaesthetist's signature _____

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

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Secretary Fax: 0141 211 2466
Waiting List: 0141 211 3186 (Mrs Ann Maher)
E-Mail: amanda.mitchell@northglasgow.scot.nhs.uk

Our ref: JS/CM/10393034W

1 October 2007

MR GRAY'S ORTHOPAEDIC CLINIC – 19.09.07

Dr Raeside
14 Apsley Street
Partick
GLASGOW
G11 7SY

Dear Dr Raeside

GAVIN MCCLYMONT, dob: 18.12.52 (6490)
10 Everard Quadrant, GLASGOW, G21 1XP

This 54 year old multi-story car park concierge was seen at Mr Gray's clinic today. He has been bothered with increasing right hip pain over the past couple of years. He has a constant ache felt around the trochanter. He has regular exacerbations of pain felt in the groin. It is felt when he is walking up stairs or turning. He is bothered with very sudden sharp pain in the groin with some radiation down the antero-lateral aspect of his right thigh towards his knee. She also has intermittent pain felt in the right heal and tells me he has been bothered with back pain on and off for a few years. He has missed some time off work and has also had to reduce some of his normal activities such as cycling and gardening. His sleep is occasionally disturbed. I note that he has been on Amitriptyline and was unable to take Brufen due to his stomach. I note that he takes Co-Cocodamol intermittently. He has a history of hiatus hernia and he has been investigated by the Urologists for his right groin pain previously, with no abnormality found. I note he is fit and well.

On examination he walked well today and Trendelenburg test was negative. There was no groin tenderness and no obvious hernia. He can flex his right hip to 90º but it fell on to obligatory external rotation. He had 20º external rotation and had 10º of internal rotation, although this was painful. He can abduct his right hip to 30º, again this was painful. Sciatic stretch test was positive and his ankle joint was present. He has not been aware of any paraesthesia in his right lower limb. He has had long standing problems with his urinary flow due to prostasism but there has been no change in this recently. He has indicated that his usual back pain has been in the lower lumbar region centrally and with the occasional radiation around both sides.

I reviewed an AP of his pelvis and lateral of his right hip today which was taken recently. This suggests a small cyst anteriorly on the acetabular side but otherwise are unremarkable.

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Greater Glasgow and Clyde

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The MRI arthrogram of his right hip suggests an anterior labral tear and the possibility of an impingement. The acetabular cyst is also seen.

These findings are consistent with the history and clinical findings.

I have had a general discussion with Mr McClymont and his wife. His groin pain is likely to be coming from the labral tear but it is difficult to be sure how much of a problem the impingement is. I have also explained that he has an element of sciatica. As this is chronic it is unlikely to be amenable for surgery. I have referred him for some physiotherapy to see if this will help his sciatica and I have discussed surgical options for his right hip. An arthroscopy would be a reasonable first step as it will allow inspection of the joint and trimming of the torn labrum. It may also be possible to deal with any anterior bony impingement at that time. I have explained the risks of hip arthroscopy including the small risks from the general anaesthetic, the risk of infection, local neurovascular and muscular damage, and in particular given that there is some irritation of the sciatic nerve, the risk of exacerbation of this due to the traction at the time of the hip arthroscopy. He is keen to go ahead with surgery and I have placed him on the waiting list for a right hip arthroscopy. We will see him in due course.

Yours sincerely

Jim Sales
Specialist Registrar in Orthopaedics

Mr Gray 19/4/07

Acute Services Division

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary Tel: 0141-211-2563 (Tom Markey)
Secretary Fax: 0141-211-2466
Waiting List: 0141-211-3186 (Mrs Ann Maher)

Our ref: IB/SD/10393034W
Dictated: 03.08.07
Typed: 07.08.07

Agi Soon

MR RANA'S ORTHOPAEDIC CLINIC –03rd AUGUST 2007.

Mr A Gray
Consultant Orthopaedic Surgeon
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Mr Gray

GAVIN MCCLYMONT, 18.12.52, 6490, 10 EVERARD COURT, GLASGOW, G21 1XP. 0141 762 2037

We would be grateful if you could see this 54 year old gentleman who is a concierge and suffers from intermittent clicking and pain of his right hip. He had a right hip MRI scan which shows probable impingement syndrome of a slightly unusual nature with an irregular and frayed labrum but no distinctive tear. There is a bony prominence at the anterior aspect of the femoral neck. We would be grateful if you could give your opinion about a hip arthroscopy.

Yours sincerely

I Brown

Mr Ian Brown
Specialist Registrar in Orthopaedics

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

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Our ref: IB/SD/10393034W
Dictated: 03.08.07
Typed: 07.08.07

MR RANA'S ORTHOPAEDIC CLINIC –03rd AUGUST 2007.

Mr A Gray
Consultant Orthopaedic Surgeon
Western Infirmary
Dumbarton Road
Glasgow
G11 6NT

Dear Mr Gray

GAVIN MCCLYMONT, 18.12.52, 6490, 10 EVERARD COURT, GLASGOW, G21 1XP.

We would be grateful if you could see this 54 year old gentleman who is a concierge and suffers from intermittent clicking and pain of his right hip. He had a right hip MRI scan which shows probable impingement syndrome of a slightly unusual nature with an irregular and frayed labrum but no distinctive tear. There is a bony prominence at the anterior aspect of the femoral neck. We would be grateful if you could give your opinion about a hip arthroscopy.

Yours sincerely

Mr Ian Brown
Specialist Registrar in Orthopaedics

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

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Our ref: IB/SD/10393034W
Dictated: 03.08.07
Typed: 07.08.07

MR RANA'S ORTHOPAEDIC CLINIC –03rd AUGUST 2007.

Dr Raeside
Drs Gaffney Raeside McAlpine
14 Apsley Street
Glasgow
G11 7SY

Dear Dr Raeburn

GAVIN MCCLYMONT, 18.12.52, 6490, 10 EVERARD COURT, GLASGOW, G21 1XP.

I reviewed Mr McClymont who had an MRI scan of his hip. His right hip appears to be still giving him problems and the MRI scan suggests he has got an impingement syndrome. We shall refer him to Mr Gray who performs hip arthroscopy to see if he feels he can improve his symptoms. He shall have to wait for an appointment to see him.

Yours sincerely

Mr Ian Brown
Specialist Registrar in Orthopaedics

00592

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

DEPARTMENT OF ORTHOPAEDICS
WESTERN INFIRMARY
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Secretary Fax: **0141 211 2466**
Waiting List: **0141 211 3186 (Mrs Ann Maher)**
E-Mail: **thomas.markey@northglasgow.scot.nhs.uk**

Our ref: RM/TM/10393034W
Dictated: 22.06.07
Typed: 22.06.07

MR RANA'S ORTHOPAEDIC CLINIC – 22.06.07

Dr Raeburn
Auchinairn Medical Practice
127/129 Achinairn Road
Bishopbriggs
GLASGOW
G64 1NF

Dear Dr Raeburn,

GAVIN MCCLYMONT dob: 18.12.52 (6490)
10 EVERARD QUAD, GLASGOW G21 1XP

Thank you for referring this 54 year old gentleman who has a long standing history of right hip pain going back 2 or 3 years. He does not recall any specific incident of trauma and he also states that his hip also gives way on him and intermittently clicks. The pain that he has is intermittent in nature occasionally radiating down his leg but is specifically centred around his hip. He has been investigated by the urologists with regards to his but they have not turned up anything. He was reviewed by the physiotherapists who felt there may be a loose body.

On examination he has a full range of pain free hip movement. His x-rays show now bony abnormality.

In view of his symptoms it may that he has a labral tear and therefore I have organised an MR arthrogram. We will see him back in the clinic with the results of that. I have advised him that if the MR confirms any pathology then we would refer him to Mr Gray for his consideration of hip arthroscopy. If it is normal we can reassure him that his hip is not the source of his pain.

Yours sincerely,

Ros Miller
Specialist Registrar in Orthopaedics

W/L 15/6/07 10393034 N

Hospital use only	Clinic	Day / Date	Time	Hospital No.
	Mr Rana.	Fri 9		

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Trauma and Orthopaedic Surgery C8
G General Referral

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

Western Infirmary/Gartnavel General

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

Hospital location code: G516H

Email address:

Urgency of referral: Routine

PATIENT DETAILS

Surname	Mcclymont
Forename(s)	Gavin
Title	Mr
Sex	Male
Date of birth	18-Dec-1952
CHI no.	1812526490

Patient's address

10 Everard Quad
SPRINGBURN
Glasgow
G21 1XP

Contact number(s)

Voice: 568 1678

SEEN BY GP DETAILS

Name	Dr M Mansouri		
GMC code	3473698	GP code	G07978
Practice name	Auchinairn Medical Practice		
Practice code	43222		

Practice address

127 Auchinairn Rd
BISHOPBRIGGS
Glasgow
G64 1NF

Contact number(s)

Voice: 0141 772 1808
Facsimile: 0141 762 1274

REFERRING PRACTITIONER DETAILS

Name	Dr. Rhona Raeburn		
GMC code	2332633	GP code	06955
Practice name	127/129 AUCHINAIRN ROAD (43222)		
Practice code	43222		

Practice address

BISHOPBRIGGS

Contact number(s)

Voice: 0141 772 1808
Facsimile: 0141 762 1274

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Loose body in hip joint?

Comment: This chap has been attending Physiotherapy for some time, with longstanding groin pain. The Urologists didn't really feel that it was a urological problem and I enclose a copy of the physiotherapists letter, which wonders whether he may have a loose body in the hip joint and whether the pain that he is experiencing in the scrotum is, in fact, referred pain.

I would be very grateful for your opinion on whether you think it is.

Enc.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Moderate smoker - 10-19 cigs/d:		15-Jul-2003
Current smoker:		14-Mar-2007
Light drinker - 1-2u/day:		15-Jul-2003
Alcohol intake within recommended sensible limits:		22-Mar-2007
Enjoys light exercise:		22-Mar-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

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

Description	Date recorded	Modifier	Extension	Date of onset
Chronic gastritis	01-Jan-2005	-	-	01-Jan-2005
Fracture of upper limb	01-Dec-2000	-	-	01-Dec-2000
Osteoarthritis and allied disorders	01-Apr-1999	-	-	-
Infections of kidney	01-Sep-1995	-	-	-
Haematuria	01-Sep-1995	-	-	-
Atopic dermatitis/eczema	01-May-1993	-	-	-
Fracture of upper limb	01-Apr-1985	-	-	-

Past procedures (High and medium priority - all)

Description	Modifier	Date performed
Helicobacter eradication therapy	-	01-Feb-2005
Diagnostic urethroscopy and biopsy	-	01-Feb-2005
Diagnostic urethroscopy and biopsy	-	01-Jan-2005
Diagnostic endoscopic examination on colon	-	01-Jan-2005
Diagnostic endoscopic examination on colon	-	01-Jan-2005
Physiotherapy/remedial therapy	-	01-Jan-2001
Diagnostic cystoscopy	-	01-Sep-1995
Incidental appendicectomy	-	01-Oct-1982

Family conditions (High and medium priority - all)

Description	Modifier	Extension	Date Recorded
FH: Ischaemic heart dis. >60	-	-	22-Mar-2007
No family history diabetes	-	-	22-Mar-2007

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	Daily	27-Feb-2006	-

Amitriptyline Hydrochloride	04.03.01.0	TABS 25MG	1 Tab	At night	25-Nov-2005	-

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

No recent medications recorded

Clinical warnings Smoking status Alcohol consumption

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

Administrative information

Referred By:Seen by GP

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

CLYMONT

FORENAME **GAVIN**

Hosp No **10393034W**

CHI No **1812526490**

D.O.B 18.12.52 SEX Male

ADDRESS 10 Everard Quadrant

CONSULTANT/GP Mr Alistair Gray

HOSP/PRACTICE **2B ORTHO OP**

WARD/TOWN **GGH**

Collected	Received	Report Issued
03.12.07 @ 09:00	03.12.07 @ 11:36	03.12.07 @ 13:25

Dept of Clinical Biochemistry, North Glasgow Sector, NHSGGC

140	Sodium	135–145		mmol/L
4.0	Potassium	3.5–5.0		mmol/L
108	Chloride	98–108		mmol/L
	Bicarbonate	21–28		mmol/L
* 7.9	Urea	2.5–7.5		mmol/L
96	Creatinine	75–125	§	µmol/L
>60	eGFR (est. Glomerular Filtration Rate)			
	Glucose	3.5–5.5		mmol/L
	CRP	<10		mg/L
	Amylase	<100		U/L
	Urate		§	mmol/L
	Troponin I	<0.04		µg/L
	CK	<210		U/L
	Bilirubin	3–22		µmol/L
	AST	<40		U/L
	ALT	<50		U/L
	Gamma–GT		§	U/L
	Alk.Phos.		§	U/L
	Protein	60–80		g/L
	Albumin			g/L
	Globulins			g/L
	Calcium			mmol/L
	Adjusted Calcium	2.10–2.60		mmol/L
	Phosphate	0.70–1.40	§	mmol/L
	Magnesium	0.70–1.00		mmol/L
	Cholesterol	target <5.0		mmol/L
	HDL Cholesterol	target >1.0		mmol/L
	Chol/HDL ratio			
	Triglycerides	target <2.3		mmol/L
	LDL Cholesterol	target <3.0		mmol/L
	TSH			mU/L
	Free T4			pmol/L
	T3			nmol/L
	IgA	0.8 –4.0	§	g/L
	IgG	6 –16	§	g/L
	IgM	0.5 –2.0	§	g/L
	Lab No. N,07.7380298	Run No. 537		

ICM

§Significant sex/age differences – See handbook

Authorised by
Auto Check
Date Reported 03.12.07

[redacted]
Accredited Medical Laboratory
Reference No:2335

INSTRUCTIONS FOR FILING BIOCHEMISTRY REPORTS

Ensure that the patient's case notes contain both "Biochemistry A" and "Biochemistry B" mounting sheets and that the mounting surfaces of the two sheets are facing each other.

"BIOCHEMISTRY A" REPORTS

1. Mount these reports on the reverse side of this sheet, from left to right, starting from **number 1**.
2. To achieve the desired cumulative effect, mount each report carefully within the boundaries of the blue lines and align its right edge accurately on the line at the corresponding arrow-head point.
3. Any additional " Biochemistry A" mounting sheet should be inserted in the case notes such that its mounting surface faces that of "Biochemistry B" sheet in current use.

"BIOCHEMISTRY B" REPORTS

1. Use "Biochemistry B" mounting sheet for filing these reports. Mount these reports from below upwards, starting from number 1.
2. Ensure that the mounting surface of "Biochemistry B" sheet faces that of "Biochemistry A" sheet which is in current use.

MINERAL METABOLISM/NUTRITIONAL SCREENS

File these screens between this sheet and the preceeding mounting sheet.

CALCULATED RESULTS

The symbol † appears in the result boxes of some computed parameters and indicates that any such result is not an actual measurement of an analyte. These parameters, and the basis on which they are calculated are:

Anion gap = (Sodium + Potassium) - (Chloride + Bicarbonate)
Osmolality = (1.86 x Sodium) + urea + glucose + 9
Calcium adjusted for albumin = [(44 - Albumin) x 0.02] + Calcium
Globulins = Total protein - Albumin

KEYS TO COMMENT CODES

Comment codes may appear beside a test result, replace it, or appear in the blank space at the bottom of the report. These codes and their keys are:

Comment Code	Key	Comment Code	Key	Comment Code	Key
A	Analysis unsatisfactory insufficient specimen to repeat	INS	Insufficient specimen	R	Regret analysis not performed
B	Broken in centrifuge	L	Lipaemic specimen	V	Very old specimen (received the following day or after)
D	Delay in receipt of specimen (>4h but same day)	T	Lipaemic specimen ultracentrifuged prior to assay	W	Wrong specimen container
G	Grossly haemolysed specimen	M	Missing date and/or time of specimen withdrawal	ND	Not detected
H	Haemolysed specimen	N	No specimen received	NSR	Not significantly raised
		P	Pending		

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

NHS GREATER GLASGOW & CLYDE DEPARTMENT OF HAEMATOLOGY

CONSULTANT & PATIENT LOC. OR GP NAME & ADDRESS	SURNAME	FORENAME		
DR. GRAY 2B Orthopaedic Assessment	MCCLYMONT	GAVIN		
	SEX	D.O.B. AGE	HOSPITAL	LABORATORY No.
	M	18.12.52	10393034W	H 07.157146 7.X

CHI | Ancilliery No 1812526490

REPORT

	Cumulative FBC's 03.12.07	
WBC	7.23	(4.00–11.00)
RBC	4.97	(4.50–6.50)
Hb	15.5	(13.0–18.0)
Hct	0.451	(0.400–0.540)
MCV	90.7	(80.0–100.0)
MCH	31.2	(27.0–32.0)
Plts	202	(150–400)
Neuts	3.47	(2.00–7.50)
Lymphs	2.91	(1.50–4.00)
Monos	0.51	(0.20–0.80)
Eos	0.31	(0.04–0.40)
ESR		(0–10)
GFST		
Reticcs		(25.0–85.0)

LL

DATE OF REPORT	TIME
03.12.07	12:25
RUN	
98	
DATE OF SAMPLE	TIME
03.12.07	12:00

FULL BLOOD COUNT

REMOVE ONE STRIP AT A TIME TO AFFIX REPORT, STARTING FROM BOTTOM LINE

NHS Greater Glasgow and Clyde

Western Infirmary

Diagnostic Imaging Report

MCCLYMONT, GAVIN 18/12/1952

10 Everard Quadrant, G21 1XP

E-10661898 CHI:1812526490
WIG CLINIC ORTHOPAEDIC
MR BS RANA
Hosp. 10393034W

DR ND RABY

Clinical History :
Pain in right hip, ? labral tear.

MRI ARTHROGRAM, HIP :
Prominence bony excrescent seen in the anterior aspect of the femoral neck. This, however, is closer to the trochanter than the head of the femur. Nevertheless, it could in theory predispose to a degree of impingement. I do not see cartilage thinning over the femur. The anterior aspect of the labrum, however, is irregular and frayed, although I cannot see a discreet tear. There is subchondral cyst within the adjacent acetabulum. The combination of findings therefore suggest there may be an unusual impingement type process here with fraying of the mid-portion of the anterior labrum and a subchondral acetabular cyst.

Typed By - SUSAN CLARK

09/07/2007 **MRI ARTHROGRAM, HIP**

08966

North Glasgow Hospitals

MCCLYMONT, GAVIN 18/12/1952

10 Everard Quadrant, G21 1XP

E-10661898 CHI:1812526490
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Typed By - SUSAN CLARK

VERIFIED Verified By: DR W KINCAID 05/12/07 Typed By: DAVLI 04/12/07-0913
Clinical History : Pre op EUA right hip
Increasing pain

XR Pelvis : No significant bone or joint abnormality.

XR Hip Rt : No significant bone or joint abnormality.

North Glasgow Hospitals
Orthopaedic Department Notes

NHS
Greater Glasgow and Clyde

GAVIN MCCLYMONT

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

MR A J R GRAY WARD ROUND

10 DECEMBER 2007

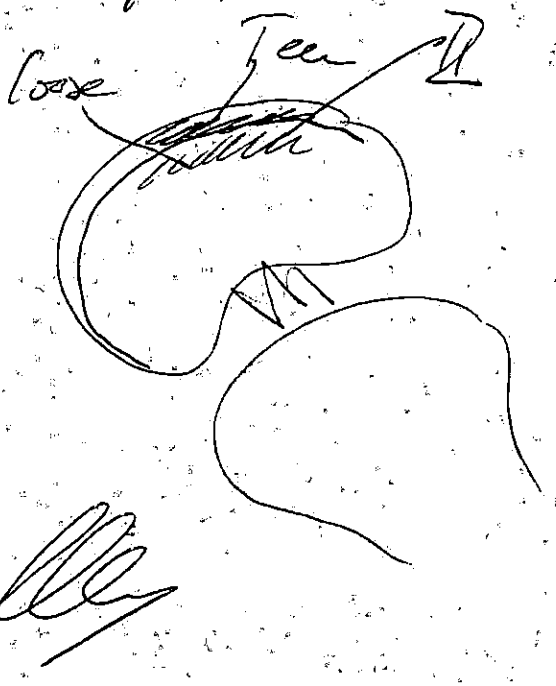
Right hip pain. Probable labral tear. Possible impingement. For hip arthroscopy tomorrow.

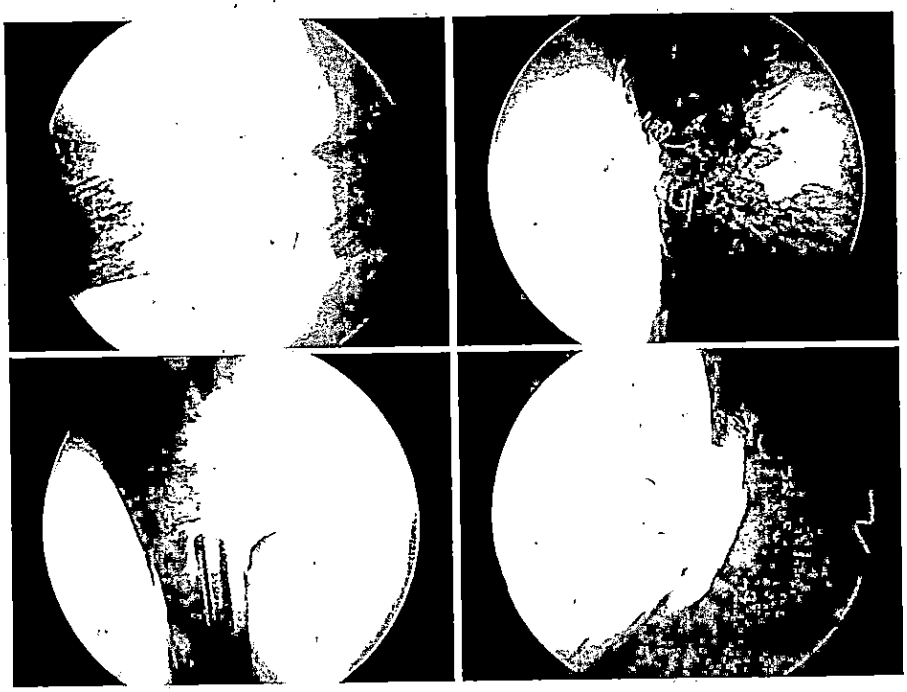
AG/GM/10393034W

11/12/07 Elective Right hip arthroscopy
Cover Augmentin & Heparin.
#Febb. IL pump. Coblator. Saline.
Ant, ant/lat portals. Post/lat drain
Findings Articular surfaces mostly good.
Ant/sup rim flap, loose → debrided. ↑ coblator.
CT intact. Labrum - ant - sup tear → coblated
Post. No impingement/LS.

Mercer

Post op Elevate (R) leg
Mobilise PWB c/f.
OP physio.
OPCR52





SYSTEMIC ENQUIRY:

Resp:

SOB | Cough | Spit

Haemoptysis | Fever | Sore Throat

Wheeze

CVS:

Othop | PND | Chest Pain

Palpitations — wakes up in the night with palpitations? anxiety | Ankle Oedema

GI:

Dyspepsia — occasional | Abdo Pain | Bowels Regular

Blood or Mucous PR | N & V

Appetite | Weight

GU:

Dysuria | Haematuria

Frequency | Hesitancy

Neuro:

FFF | Headaches | Numbness & Weakness

Dysarthria | Diplopia | **M/S NECK MOVEMENTS**

ON EXAMINATION:

Blood Pressure | Heart Rate 64bpm | Jaundice

Anaemia | Cyanosis | Clubbing

Lymph. | OED

RESP:

Trachea central | Air Entry equal + bilateral

Percussion — resonant | Breath Sounds

CVS:

JVP | **APEX**

HS 1+1+0 | **PP**

CALVES

GI:

ASNT

LKKS | **REBOUND/GUARDING**

BS

ROUTINE BLOODS

FBC/COAG/ESR

U&E'S/ PROFILE/GLUCOSE

NEURO: Grossly Intact

X-MATCH - UNITS

G&S

ECG

X-RAY

GILKSR (f41)

DEPARTMENT OF ORTHOPAEDIC SURGERY

10393034W
MCCLYMONT M
GAVIN 18/12/1952
10 Everard Quadrant
GLASGOW G21 1XP
CHI-1812526490

ORTHOPAEDIC MEDICAL CLERK-IN **PATIEN**

DATE 3/12/17

ARRANGED ADMISSON FOR:

(R) hip scope.

BRIEF HISTORY:

3 yr hx of (R) hip pain radiating down front of leg into foot. Worse on walking. Intermittent pain. Dull ache and 'sharp shoots' of pain down (L) leg.

PAST MEDICAL HISTORY:

Hiatus hernia.

~~MI~~	~~ANGINA~~	~~BP~~
~~CHOLESTEROL~~	~~CVA~~	~~DM~~
~~RhF~~	~~TB~~	~~ASTHMA~~
~~COPD~~	~~EPILEPSY~~	~~DU~~
~~JAUNDICE~~	~~DVT~~	~~PTE~~

DRUG HISTORY:

Omeprazole
Amitriptyline

ALLERGIES: NIL.

FAMILY HISTORY: NIL.

S/H: LIVES WITH:

Wife.

EMPLOYMENT: Concierge.

ALCOHOL: ~21 units/wk

SMOKER: 10-15/day.

NORTH GLASGOW HOSPITALS UNIVERSITY NHS TRUST

OPERATION NOTE

HOSPITAL	GARTNAVEL GENERAL HOSPITAL	H/NO.	10393034W
DATE	11 December 2007		
PATIENTS NAME	GAVIN MCCLYMONT		
DATE OF BIRTH		AGE	54
WARD	2B		
SURGEON	MR AJR GRAY		
ASSISTANT SURGEON			
ASSISTANT SURGEON		TOURNIQUET TIME	
ANAESTHETIST	DR A HOPE		
DIAGNOSIS			
OPERATION	Right hip arthroscopy		

PROCEDURE Patient positioned on fracture table over padded central post. Traction through right leg. Image intensifier control. Pump and Coblator systems available. Standard prep and drape with isolation drapes. Saline fluid. Anterior and antero lateral portals, postero lateral drain.

The femoral articular surface was in good condition. The acetabular surface was mostly in good condition, but antero superiorly there was an area of articular cartilage softening, fraying and early fragmentation, (Grade 2). Adjacent to this there was a frayed, loose, acetabular labrum. This was debrided with the Coblator to both the labrum and the frayed surface. There was no area of eburnation once this was done. Both thinning of the articular cartilage and very marginally at the acetabulum. The ligament anteres was intact. In the peripheral compartment, there was no evidence of impingement, loose bodies or other significant pathology.

Post Operative Instructions
Routine care
Partial weight bearing for 10 days
Outpatient physio at outpatients in 4 weeks

AG/GM

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

392806

CONFIDENTIAL

GREATER GLASGOW & CLYDE
GARTNAVEL GENERAL HOSPITAL, Glasgow G12 0YN
Telephone 0141-211-3000

NHS Greater Glasgow and Clyde

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: RAEBURN

Your Patient:

Name: 10393034W
Address MCCLYMONT GAVIN M
18/12/1952
10 Everard Quadrant
GLASGOW G21 1XP
CHI-1812526490
D.O.B. __/__/__

Diagnosis
1
2
3
4

Consultant MR CRAIG

Admitted to Ward 2A On 11/12/07

Discharged on 12/12/07 From Ward 2A

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

Operation/Procedures
1 (R) HIP ARTHROSCOPY 11/12/7
2
3

Follow Up Arrangements

Clinic 4/52 W/S Date __/__/__

Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No

Paramedical (please state) _____

Other _____

Please TICK box if childproof containers are UNSUITABLE ☐

Medicine	Form	Dose	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	Recommended duration of treatment from date of discharge
PARACETAMOL	O	30 1/500											PRN

PHARMACY USE ONLY

No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.

Dispensed by _____ Checked by _____

Date _____ CP Check _____

Medication Collected by (Messenger)

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

PRESCRIBERS NAME IN BLOCK CAPITALS KERRIE THOMSON

DESIGNATION FY1

SIGNATURE _____ DATE 12/12/07

WARD USE ONLY

Medication Rec. on Ward by _____

Issued by _____

Date Issued _____

Signature of Recipient _____

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

Pager No. 4070

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

392806

CONFIDENTIAL

GREATER GLASGOW & CLYDE
GARTNAVEL GENERAL HOSPITAL, Glasgow G12 0YN
Telephone 0141-211-3000

NHS Greater Glasgow and Clyde

IMMEDIATE DISCHARGE AND MEDICINE PRESCRIPTION FORM

Name of G.P.: KA-BURN.

Your Patient :

Name:

Address:

10393034W
MCCLYMONT
GAVIN M
18/12/1952
10 Everard Quadrant
GLASGOW
G21 1XP
CHI-1812526490

Cc

Admitted on 12/12/07

Discharged on 12/12/07 From Ward 2A

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

Diagnosis
1
2
3
4

Operation/Procedures
1 (L) UPJ Anastomosis 11/12/7
2
3

Follow Up Arrangements

Clinic 4S2WGS Date /__/__

Home Help	Yes	No
District Nurse	Yes	No
Meals/Wheels	Yes	No

Paramedical (please state)

Other

Please TICK box if childproof containers are UNSUITABLE ☐

PHARMACY USE ONLY

Medicine	Form	Dose	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 8	pm 10	Other Times	Recommended duration of treatment from date of discharge	No. of Days Supply	Quantity, Name, Strength and Manufacturer supplied by Pharmacy.
[illegible]	[illegible]	[illegible]											[illegible]		

Dispensed by Checked by

Date CP Check

Medication Collected by (Messenger)

WARD USE ONLY

Medication Rec. on Ward by

Issued by

Date Issued

Signature of Recipient

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

PRESCRIBERS NAME IN BLOCK CAPITALS [illegible]

DESIGNATION [illegible]

SIGNATURE [illegible] DATE 12/12/07

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

Pager No. [illegible]

Patient Profile

North [illegible]t Hospitals Division

NHS Greater Glasgow

Ward: 2A **Date:** **Time:** (24hr clock)

Please print clearly in BLOCK CAPITALS

Title:
Name:
Preferred name:
Address:

HOB

10393034W
MCCLYMONT M
GAVIN 18/12/1952
10 Everard Quadrant
GLASGOW G21 1XP
CHI-1812526490

Pos
☎: 762-2137

DOB: 18-12-52 Age: 54yo
Hosp. No:
Occupation: CONCIERGE
Religion: CofS
S.O.S. ☐ date: ☐☐/☐☐/☐☐
Interpreter required: ☐
(specify:)
Lives alone ☒

1 NOK/Friend/Contact: ALICE
Address:
S/A
☎Day:
☎Night:
Relationship: WIFE
2 NOK/Friend/Contact:
Address:
☎Day:
☎Night:
Relationship:
NOK informed of admission ☐
NOK informed by:
GP:
Address:

Dr. R RAEBURN
127/129 AUCHINAIRN ROAD
BISHOPBRIGGS
☎: 0141 772 1808

MEDICATION

With patient
Stored & receipt given ☐
No medication required ☐
Taken home ☐
details:

PERSONAL BELONGINGS

Clothing listed ☐
Valuables listed ☐
Valuables in ward ☐
Valuables in hospital safe ☐

Consultant: MR GRAY
Named Nurse ①:
Admitting Nurse: C Boyle
Named Nurse ②:
Relatives seen by Doctor ✓ ☐

REASON FOR ADMISSION

(R) HIP SCOPE

Patient's perception of illness:

Diagnosis:

Operation/Treatment:

Relevant PMH: HIATUS HERNIA
ACID REFLUX

OBSERVATIONS ON ADMISSION

Temperature	36.1 °C
Pulse	66 bpm
BP	132/89
Resp	96%
Pain Score	
Urinalysis	TR PROTEIN
Waterlow Score	
Height	1.69 m
Weight	88 kg
Body Mass Index	31
Blood sugar(if appropriate)	mmols
Allergies	Yes ☐ No ☑
details:	NONE KNOWN

00553

DISCHARGE PLANNING

Boarding	1st	2nd	3rd	Signature	Time	Comments/Information
Informed:						
ward	☐	☐	☐			
patient	☐	☐	☐			
relatives	☐	☐	☐			
Date patient boarded:						
1st: ☐☐/☐☐/☐☐						
2nd: ☐☐/☐☐/☐☐						
3rd: ☐☐/☐☐/☐☐						

10393034W
GAVIN
MCCLYMONT
DOB 18/12/1952

Multistix® 10 SG
Test date 03-12-2007
Time 11:11
Operator
Test number 1054
Color Yellow
Clarity Clear

GLU Negative
BIL Negative
KET Negative
SG >=1.030
BLO Negative
pH 5.5
*PRO Trace
URO 0.
NIT N
LEU Ne

Internal Transfers			
Transfer destination:			
Planned transfer date: ☐☐/☐☐/☐☐			
Medical consent ☐			
Arranged with receiving area ☐			
Patient informed ☐			
NOK/Contact informed ☐			
Transport: stretcher ☐			
2 hand seat ☐			
chair ☐			
Escort ☐			
Case notes ☐			
X-rays ☐			
Nursing notes & Drug Form ☐			
Property/Valuables listed ☐			
Catering ☐			
Dietitian ☐			
Physiotherapy ☐			
Occupational Therapist ☐			
Speech and Language Therapist ☐			

Discharge Checklist			
Planned discharge date: 12/12/07	agmcw		
Medical consent ☑	MR GRAY	12.12.7	
Date discussed with patient: 12/12/07			
e discussed with NOK/Contact: 12/12/07			
Transport: own ☑	RBoyle		Patient will arrange
ambulance ☐			
Ambulance ordered on: ☐☐/☐☐/☐☐			
• type:			
• order no.:			
District nurse ☐ /Liaison nurse ☐			
Home help: ☐			
Social work dept. ☐			
Discharge prescription ☑	12/12/7	agmcw	
Discharge dressings ☐			
Patient information ☐			
Valuables/Cashier ☐			
Physiotherapy ☐			
Speech and Language Therapist ☐			
Out patient appointment ☐☐/☐☐/☐☐	agmcw	12.12.7	4/52 WKS, ORTHO REQ.
Other:			

[redacted]W
GAVIN
MCCLYMONT
DOB 18/12/1952

Ward:

Case Record No.:

ACTIVITIES OF DAILY LIVING

HOME CIRCUMSTANCES/ SOCIAL SUPPORT

- Lives with family ☑
- Lives alone ☐
- Nursing home ☐
- Residential care ☐
- Elderly/disabled partner ☐
- Family support (specify below) ☐

- District Nurse (_____days/week) ☐
- (cancelled ☐)
- Home help(_____days/week) ☐
- (cancelled ☐)
- Other services (specify below) ☐

Stairs: Internal ☐ External ☑

Comments: BEDROOM UPSTAIRS

SMOKING

- Non-smoker ☐
- Smoker: 10 - 15 per day ☑
- Ex-smoker ☐
- Aware of hospital policy ☑

HYGIENE

Bath ☒ Shower ☑ WALK IN

Requires assistance ☐ Stand up wash ☐

Skin assessment: _____

Other: _____

ELIMINATION

- Bowels regular ☑
- Constipated ☐
- Diarrhoea/Loose stools ☐
- Uses aperient ☐

Has stoma:

- Colostomy ☐
- Urostomy ☐
- Ileostomy ☐

appliances used: _____

- Frequency of micturition ☐
- Incontinent: urine/faeces ☐
- day/night ☐
- stress ☐
- No urinary symptoms ☑

Comments: _____

NUTRITION

- Normal menu (includes vegetarian) ☑
- Vegan ☐ Child's menu ☐
- Halal ☐ Kosher ☐

Refer to Dietician if any below ticked:

- Inability to eat/swallow ☐
- (refer to speech and language therapist)
- Any recent weight changes ☐
- Medically related nutrition problems (e.g. diabetes) ☐

Other (specify): _____

SLEEP

Hours/night POOR SLEEPER ☐

Medication ☐

details: _____

BREATHING

- 1. No symptoms ☑
- 2. Breathless with moderate exercise ☐
- 3. Breathless with minimal exertion ☐
- 4. Breathless at rest ☐
- 5. Uses inhalers ☐

Comments: _____

MENTAL STATE

- Alert/Orientated ☑
- Confused: day/night ☐
- Anxious/Distressed ☐
- Unconscious ☐

Other (specify):

SENSES

Glasses:	distance	☒
	reading	☑
Hearing impaired:	left/right	☒
Hearing aid:	left/right	☒
Dentures:	upper CROWNS	☑
	lower	☒
Communication Difficulties		☒

Other: _____

MOBILITY (Pre admission)

- Mobile without aid ☑
- Mobile with aid ☐
- (Specify type/side held: _____)
- Furniture walking ☐
- Chair Bound ☐
- Housebound ☐

RELATIVE PARTICIPATION

ALCOHOL INTAKE

Units/week:	nil	☐
	less than 14	☐
	14 - 21	☑
	over 21	☐

(1 unit = 1 measure spirits/half pint beer/ lager/1 glass wine)

PROFILE COMPLETED BY:

(Please print name in block capitals)
ELIZABETH BOYLE
Signature: E Boyle
Designation: STAFF NURSE
Countersigned (if applicable):

OTHER RELEVANT INFORMATION

OMEPRAZOLE daily
AMITRIPTYLINE 25mgs daily

10393034W
GAVIN
MCCLYMONT
DOB 18/12/1952

Ward: Date: Case Record

CARE PLAN

Date Comm.	Signature	1 BASIC CARE AND PERSONAL HYGIENE	Date Disc.	Signature
		Independent		
		Bed bath		
		Assisted wash		
		Oral hygiene		
		Pressure care		
		2 NUTRITION		
		Fasting		
		Normal Diet		
		Special Diet / Modified Diet		
		3 ELIMINATION		
		Independent		
		Commode		
		Bedpan/urinal		
		Urinary Catheter | Size: | Batch No:		
		Type of Material: | H_2O in Balloon:		
		Type of Stoma Appliance:		
		4 MOBILITY		
		Fully Independent/fully mobile		
		Minimal assistance (give details)		
		Dependent (See movement and handling sheet - keep with patient)		
		5 OBSERVATIONS		
		Waterlow daily (if score is over 10+)		
		TPR		
		BP		
		Pain Score		
		Fluid Balance		

CARE PLAN

Date Comm.	Signature	6.TECHNICAL CARE	Date Disc.	Signature
		IV Infusion		
		Monitor		
		Catheter		
		Oxygen Therapy		
		Nebulisers		
		IV access: ∞ IV cannulae ∞ others		
		7.WOUND CARE		
		8.SPECIMENS/INVESTIGATIONS		
		9.SLEEP		
		10.SPECIAL NEEDS		
		Assess for dysphagia (refer to speech and language therapist)		
		Source/protective isolation (refer to infection Control)		
		Blind/visually impaired		
		Deaf/hard of hearing		
		Anti-embolic stockings		
		Nurse escort when out of ward		
		11.OTHER RELEVANT INFORMATION		
		12.FAMILY/SIGNIFICANT OTHER		

Initial Care Plan seen and agreed by patient: Yes ☐ N/A ☐
Signature of nurse: **Date:** ☐☐/☐☐/☐☐

NORTH GLASGO...

NHS Greater Glasgow and Clyde

CLINICAL DIRECTORATE OF ANAESTHESIA THEATRES, ITU AND PAIN RELIEF SERVICES

MULTI DISCIPLINARY CARE PLAN

Unit No. 10393034W

Name: MCCLYMONT GAVIN M 18/12/1952

Address: 10 Everard Quadrant GLASGOW G21 1XP

DoB: CHI-1812526490

Ward: 2A Date: 11.12.17

Consultant MR GRAY

Theatre:

Proposed Operation: RIGHT HIP SCOPE

PRE-OPERATIVE VISITS

Any Relevant Visits:

CHECK LIST

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

	WARD 2A	RECEPTION	
	YES	YES	COMMENT / N.A.
When did the patient last eat or drink	TIME 2200		FASTED
BM Stix?	TIME	VALUE	N/A
Consent signed?	☑	☑	
Identity band correct (Name, DoB hospital no., ward no.)	☑	☑	
Case notes (including current ECG biochemistry, haematology), nursing notes, drug Kardex, recording sheet)?	☑	☑	
X-Rays available?	☑	☑	
Operation site prepared - marked?	☑	☐	
Dentures removed?	CROWNED FRONT TOOTH ☑	☑	
Prothesis/Hearing aids, contact lenses removed?	NO ☐	☑	
Make-up, nail varnish, jewellery (taped/removed)?	NO ☐	☒	
Wearing black tied cotton gown, disposable pants?	☑	☑	
Pacemaker?	NO ☐	☒	
Allergies?	NO ☐	☒	NONE
Have you passed urine this morning?	☑	☑	
Waterlow score noted	☑	☐	
Pre-med given?	☑	☑	

Signature S/N Ward

Reception:

Correct patient received and documentation complete? ☑

Time into Reception 1350

Signature

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

NAMED NURSE

Time: 1440 Signature: SN McCluskey SR CASSIDY

MONITORING

ECG	☑	IBP	☐	PULSE	☑
NIBP	☑	CVP			
SaO_2	☑	Core Temp.			
CO_2	☑	Peripheral Temp.			

Laryngeal Mask ☐ Size:

ET tube ☑ Size: 9.0

Throat Pack ☐ Removed? Yes ☐ No ☐

TOURNIQUET ☐ Time applied Pressure

Time released Site

DIATHERMY ☐ Site

BI-POLAR ☐

Patient position on table TRACTION (R) LEG

	Yes	Comment
Positioned as per policy?	☑	
Prevention of pressure sores?	☐	
Prevention of heat loss	☐	
le mattress?	☐	
Padding?	☑	Gel Pads to elbows
Warmed fluids?	☐	

IV Cannulation ☑ Site 20G Right hand

Arterial Cannulation ☐ Site

CVP Line ☐ Site

METHOD OF ANAESTHESIA

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

OPERATION RIGHT HIP ARTHROSCOPY

ANAESTHETIC POST-OP INSTRUCTIONS

O_2 Therapy 4 L/M 12 Hours ..... Mask

Post-operative IV Fluid Regimen:

Routine Observations: Yes ☐

Special Instructions: CVP ☐ Urine volumes ☐

2A ✓

Analgesia Prescribed Yes ☐ N/A ☐

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

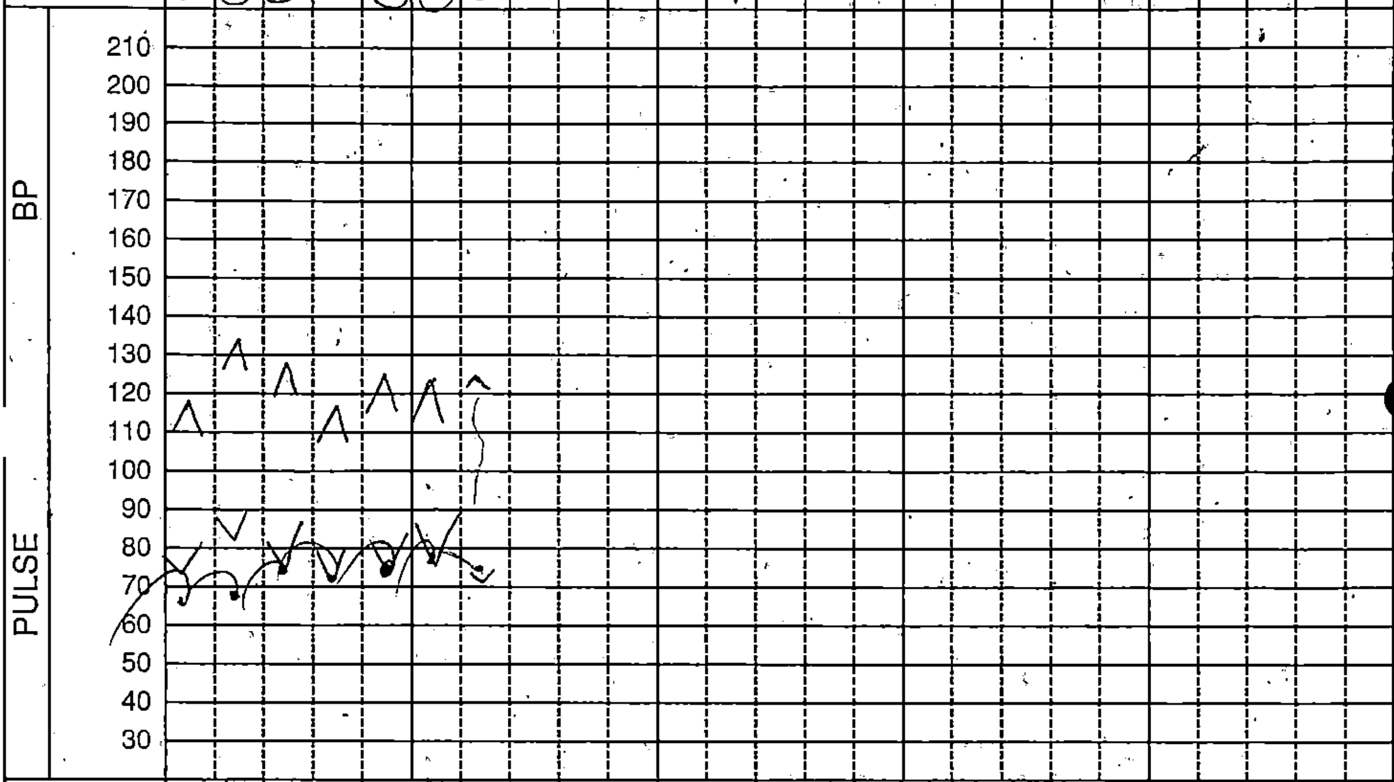
BLOOD LOSS IN THEATRE ..... mls

Anaesthetist's Signature AHope

WOUND CARE		**Specify:**
Skin Preparation	✓	CHLORHEXIDINE + DYE
Drain	☐	
Catheter	☐	
Staples	☐	
Sutures	☐	
Packing	☐	
Dressing	✓	MEPORE
Wound toilet	✓	SALINE

1. PAIN SCORE 2. SEDATIO[illegible] A SCORE

	15	16				17		
Time	55	00	15	30	45	00	15	30
Pain Score	0	0	0	0	0	0	0	
Sedation Score	3	3	0	0	0	0	0	
Nausea Score	0	0	0	0	0	0	0	



RESPS	16	16	16	16	16	16	16
SaO_2	95	97	98	98	95	95	95
Temp.							36.5
Wound	dry	✓	✓	✓	✓	✓	✓
C	warm	✓	✓	✓	✓	✓	✓
S	asleep	✓	NE	✓	✓	✓	✓
M	asleep	✓	NE	✓	✓	✓	✓

SURGICAL POST-OP INSTR

Surgeon's Signature .....

Time Into Recovery: 1555

NAMED NURSE L Beros

RECOVERY

	Yes	N/A	
ET tube?	☑	☐	removed: 1605
Laryngeal mask?	☐	☑	removed: .....
Airway?	☐	☑	removed: .....

MONITORING

ECG	☑	IVP	☐	RESPIRATION	☑
NIBP	☑	CVP	☐		
SaO_2	☑	PULSE	☑		

	Yes	N/A
X-rays Requested	☐	☑

Prevention of Pressure Sores

Comments

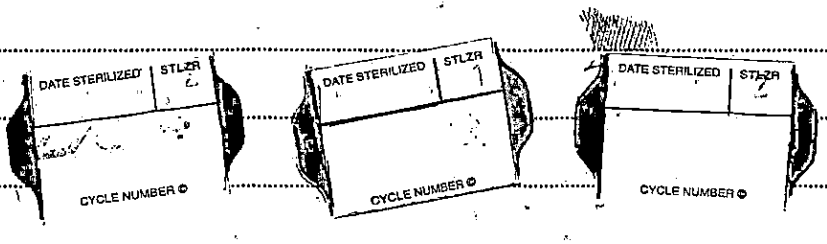
Waterlow score	☐	☑	.....
Equipment?	☑	☐	Nursed on trolley in rec
Nursing action	☑	☐	.....

CRITERIA TO BE MET BEFORE DISCHARGE FROM RECOVERY

Is the patient conscious and orientated to time and place?	☑	☐
Is patient cardiovascularly stable?	☑	☐
Is patient comfortable?	☑	☐
Are drains patent and is drainage within expected limits? Are wounds free from excessive staining?	☑	☐

Signature: .....

EVENTS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10[illegible]
GAVIN
MCCLYMONT
DOB 18/12/1952

Ward: 2A Date: 10/12/7 Case Record No.:

CARE PLAN EVALUATION

1. Basic Care and Hygiene	5. Observations	9. Sleep
2. Nutrition	6. Technical Care	10. Special Needs
3. Elimination	7. Wound Care	11. Other Relevant Information
4. Mobility	8. Specimens/Investigations	

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
5/12/07			Attended assessment clinic as arranged. Case-sheet and x Rays available	S/. SB/L
			Skin intact at (R) Hip	S/. SB/L
			Patient has red irritated areas between fingers both hands. Also ~~some~~ some red blotches on arms.	S/. SB/L
			Risks and complications discussed	S/. SB/L
10/12/07	11'15		Patient has been admitted to ward 2A on 10/12/07 for right hip scope on 11/12/07. Observations are stable as charted. Consent still to be signed. Patient is waiting to see consultant and anaesthatist. Patients ecg, bloods, case notes and x-rays are available.	J/Macdonald STN
	13 55		Reviewed by Mr Gray Consent form signed - To go home on pass once reviewed by the anaethatist	
			Reviewed by Dr Hope prescribed prophylaxis for 12 am to return to the ward between 10-11 am	
11/12/07	1120		PATIENT REATTENDED WARD 2A FROM PASS. PATIENT SETTLED AND COMFORTABLE IN WARD. PATIENTS OBSERVATIONS ARE SATISFACTORY AND STABLE. PATIENT IS TO GET PREMED AT 1200. PATIENT IS SAD ON THE USE FOR (R) HIP SCORE AND WAS SEEN BY DOCTOR GRAY YESTERDAY (10/12.) PATIENT HAS FASTED SINCE (WRONG) 2200. CHECK LIST HAS BEEN STARTED AND IS TO BE COMPLETED.	STN. S/N Allan Thwaites

00630

EVALUATION OF CARE

DATE	TIME	No.	EVALUATION AND PROGRESS OF CARE	SIGNATURE
	1830		Settled - no complaints Tramadol (50mg) given on	
			return from surgery. Tolerated light diet.	J. Wilson.
			MR GREY INFORMED PT of SURGERY which	
	19.15		WENT WELL. APP for 4 WEEKS to be made	
			CRUTCHES for 10 DAYS WITH PHYSIO	
12/12/07	6AM	9/	Settled, overnight.	
			Observations stable -	
			Wound - Dry	
	9.45		Physio	
			S/° complaints. Feeling well. Agreed to	
			physio.	
			O/ BP-136/78	
			UTS in chair	
			Required assistance ~~from~~ to from self to	
			lift leg onto bed	
			① out of bed.	
			Hip ~~arm~~ flex - 70°	
			abd - 20°	
			SQ ✓good.	
			STS ①.	
			Rx/① hip flex x10	
			② hip abd x10	
			③ SQ x10	
			④ gait re-ed ± 2EC's PWB for	
			10/7.	
			⑤ stair practice x 1 flight	
			⑥ advice on D/C	
			⑦ OP appointment has been made	
			@ Stobhill @ 3.15 on 13/12/07	
			A/① & safe ± 2EC's & on stairs.	
			OP been arranged.	
			P/ D/C from physio. ⓗ today	Lindsay Day
				(LINDSAY DAY EGET)
12/12/07	10.15.		Basin to wash with minimal	
			assistance	
			Wound dressing removed.	
			~~Betadine~~ Spray and Opsite	
			Dressing reapplied.	
			Discharge letter + medication	
			given and spare dressings	S/N Allen RMN
	11.30		Discharged home.	S/N Allen RMN

10393034 03-Dec-2007 09:49:10 GAVIN MCCLYMONT
54 Years

CARDIAC DEPARTMENT, GARTNAVEL GENERAL
Department: 2BASSESS

10/28/07

Operator: MP

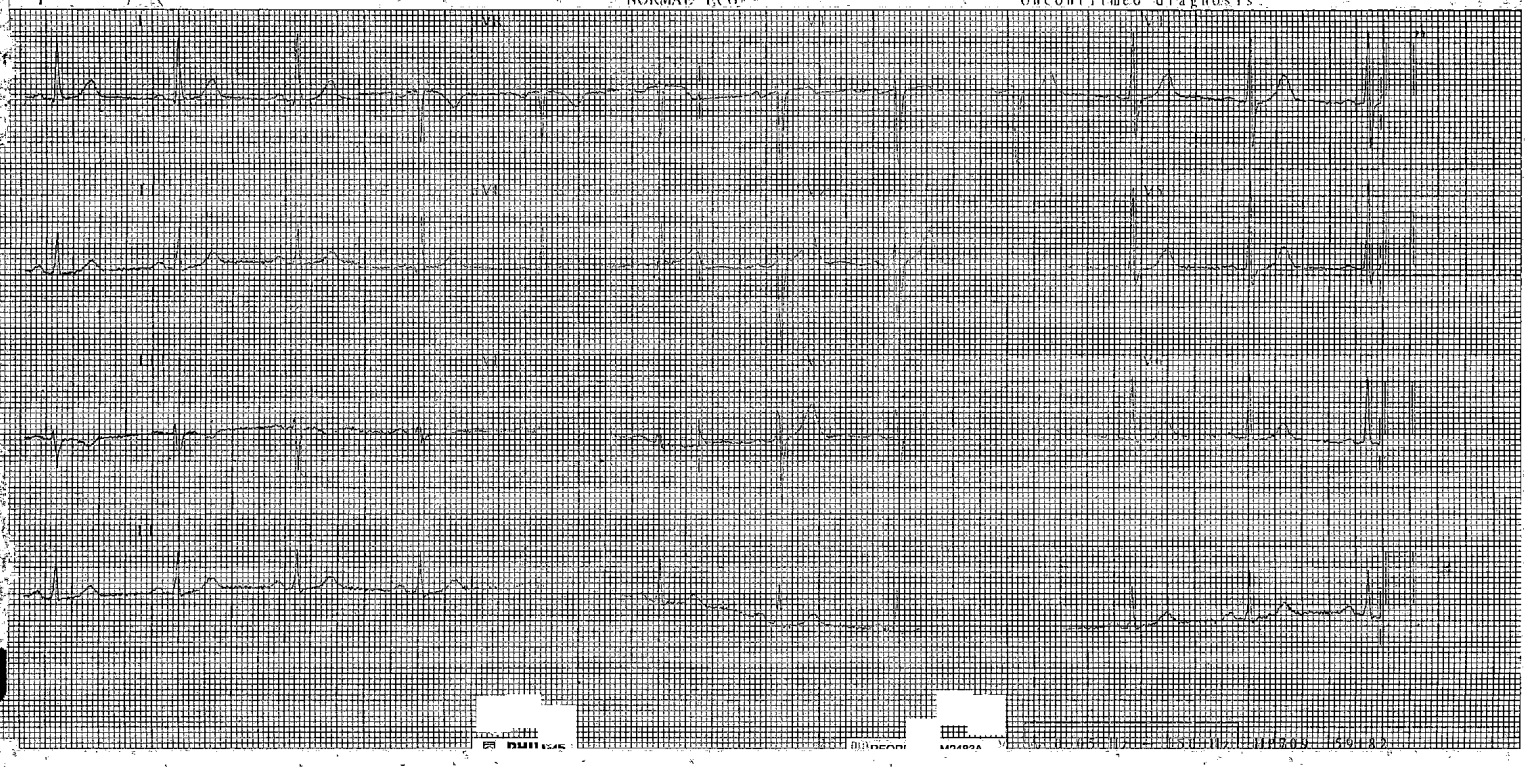
Rate 67 NORMAL SINUS RHYTHM, RATE 67
PR 171
QRSD 92
QT 374
QTc 395

--Axis--
P 42
QRS 5
T 7

Requested by:
GRAY

- NORMAL ECG -

Unconfirmed diagnosis



West ... ology ** LIVE **

Reg \ Name D
10393034W MCCLYMONT GAVIN 18.12.52 M 2B Orthopaedic
Specimen H,07.1571467.X Type Blood
Collected 03.12.07 09:00 A.Diag

.....FBC.....		Eosins	0.31
WBC	7.23	Basos	0.03
RBC	4.97		
Hb	15.5		
Hct	0.451		
MCV	90.7		
MCH	31.2		
MCHC	34.4		
RDW	12.4		
Plts	202		
Neuts	3.47		
Lymphs	2.91		
Monos	0.51		

Quit \ Earlier req \ Later req \ LD
Back <B>

Quit \ Earlier req \ Later req \ BD \ LD \ Image
Back <B>

.....U&E.....	
Sodium	140
Potassium	4.0
Chloride	108
Urea	+ 7.9
Creat	96
eGFR	>60

North Glasgow Biochemistry & Immunology ** LIVE **
Patient enquiry ---- Express results
Reg Name D.O.B. Sex Loc.
10393034W MCCLYMONT GAVIN 18.12.52 M GGH 2B ORTHO PR
Specimen N,07.7380298.J : Type Specimen
Collected 03.12.07 09:00 A.Diag

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

10393034W
MCCLYMONT M
GAVIN 18/12/1952
10 Everard Quadrant
GLASGOW G21 1XP
CHI-1812526490

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: GRAY

Job title: Consultant

STATEMENT FOR PRACTITIONER

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

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

Right hip arthroscopy

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: .....

Name/Designation (Print) .....

Date 10/12/07

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 10/12/17

Name (Print): GAVIN MCCLYMONT

CONFIRMATION OF CONSENT

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

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

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

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

00526

Glasgow Hospitals

NHS Greater Glasgow and Clyde

10393034W
MCCLYMONT M
GAVIN 18/12/1952
10 Everard Quadrant

GLASGOW G21 1XP
CHI-1812526490

Assessment Documentation Form

Patient Name:

Case Record Nu

Ward: 2A

Waterlow Risk Assessment		Initials														
		Date	02/12													
		No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Body weight for height:	Average 0 Above average 1 Obese 2 Below average 3		0													
Continence:	Completely catheterised 0 Occasionally incontinent 1 Cath. Incontinence of faeces 2 Doubly incontinent 3		0													
Skin type-visual risk areas:	Healthy 0 Tissue paper/dry 1 Oedematous clammy (temp↑) 1 Discoloured 2 Broken spot 3		0													
Mobility:	Fully 0 Restless/fidgety 1 Apathetic 2 Restricted 3 Inert/traction 4 Chairbound 5		0													
Age/Sex:	Male/Female ½ 14-49 1 50-64 2 65-74 3 75-80 4 80+ 5		1 2													
Appetite:	Average 0 Poor 1 NG Tube/fluids only 2 nbm – Anorexic 3		0													
Special risks – tissue malnutrition:	eg Terminal cachexia 8 Cardiac failure 5 Peripheral vascular disease 5 Anaemia 2 Smoking 1		1													
Neurological deficit:	Motor-sensory paraplegia 4-6 eg diabetes, MS, CVA		0													
Major surgery/trauma:	Orthopaedic Below waist, Spinal 5 On table > 2 hours 5		0													
Medication:	Cytotoxics, High dose steroids 4 Anti-inflammatory		0													
TOTAL SCORE			4													

Score: <10 = low risk; 10-14 = at risk; 15 – 19 = high risk 20+ = very high risk

DAILY PRESSURE AREA SKIN ASSESSMENT CHART

CLASSIFICATION OF PRESSURE DAMAGE (TORRANCE)

Grade one = blanching hyperaemia
Grade two = non blanching hyperaemia/superficial break
Grade three = through to subcutaneous tissue
Grade four = through to underlying muscle
Grade five = through to bone or presence of necrotic tissue

Date Skin Assessment	Skin Broken		Site of Damage	Grade of Damage	Signature
	Yes	No			

ENSURE ALL ACTION IS DOCUMENTED IN THE NURSING CARE PLAN

Designed & Produced by Department of Medical Illustration MID Job No. 99/1694

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name	
Address	10393034W MCCLYMONT M GAVIN 18/12/1952 10 Everard Quadrant
Hospital N	GLASGOW G21 1XP
	CHI-1812526490
DOB	

Admitted Date _____ Ward 2A

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

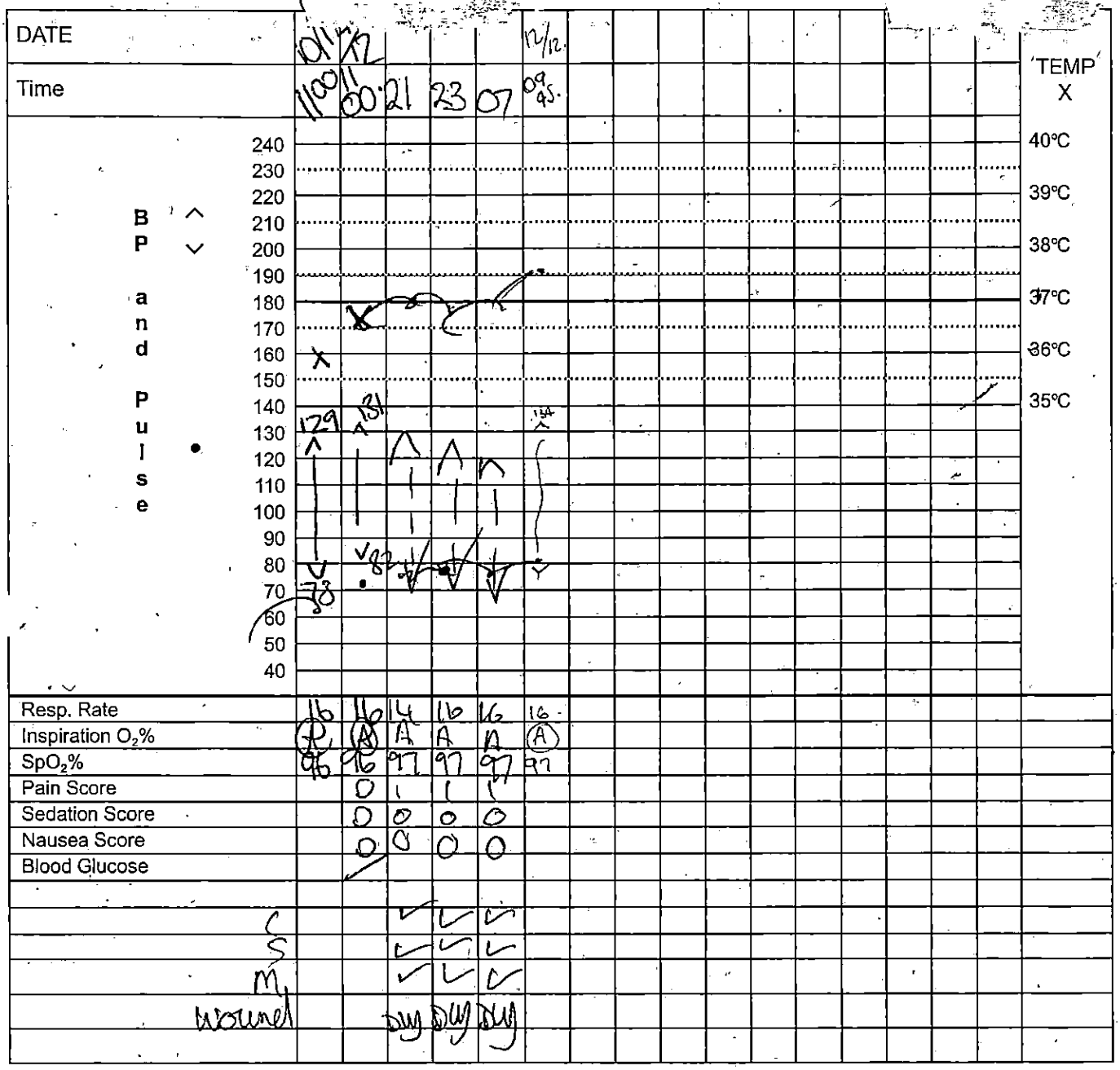
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.



MEWS	
	Resp. Rate
	Pulse
	Systolic BP
	GCS / AVPU
	Urine Output
	Temp.
	SpO_2%
	TOTAL

Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE																		TEMP X
Time																		
BP ^ v and Pulse •	240																	40°C
	230																	
	220																	39°C
	210																	
	200																	38°C
	190																	
	180																	37°C
	170																	
	160																	36°C
	150																	
	140																	35°C
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
Resp. Rate																		
Inspiration O_2%																		
SpO_2%																		
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose																		
MEWS	Resp. Rate																	
	Pulse																	
	Systolic BP																	
	GCS / AVPU																	
	Urine Output																	
	Temp.																	
	SpO_2%																	
	TOTAL																	

Calling Criteria

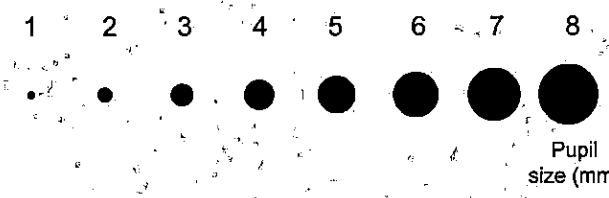
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Obs

DATE																			
Time																			
COMA SCALE	E Eyes open	Spontaneously	4																Eyes closed by dwelling = C
		To speech	3																
		To pain	2																
		None	1																
	V Best verbal response	Orientated	5																Endotracheal tube or tracheostomy = T
		Confused	4																
		Inappropriate words	3																
		Incomprehensible sounds	2																
		None	1																
	M Best motor response	Obeys	6																Usually record the best arm response
		Localises	5																
		Flexion - withdrawal	4																
		Flexion - abnormal	3																
		Extension to pain	2																
		None	1																
		TOTAL SCORE																	
PUPILS	R	Size																	= reacts —no reaction c. eyes closed
		Reaction																	
	L	Size																	
		Reaction																	
LIMB MOVEMENT	ARMS	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																	
		Severe weakness																	
		Spastic flexion																	
		Extension																	
		No response																	
	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Glasgow Coma Scale



DATE																			
Time																			
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		Flexion - abnormal	3																
		Extension to pain	2																
		None	1																
		TOTAL SCORE																	
PUPILS	R	Size																	= reacts —no reaction c. eyes closed
		Reaction																	
	L	Size																	
		Reaction																	
LIMB MOVEMENT	ARMS	Normal power																	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																	
		Severe weakness																	
		Spastic flexion																	
		Extension																	
		No response																	
	LEGS	Normal power																	
		Mild weakness																	
		Severe weakness																	
		Extension																	
		No response																	

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

NHS
Greater Glasgow and Clyde

North Glasgow Hospitals

IN.PAT FORM 6C

If using a Syringe Driver/Infusion Pump Please Use The 'Prescription And Administration Sheet For Medicines Given By Syringe Driver/Infusion Pump'

10393034W
MCCLYMONT M
GAVIN 18/12/1952
10 Everard Quadrant

GLASGOW G21 1XP
CHI-1812526490

Record No.
Age
Sex
Dept.

PARENTERAL FLUID PRESCRIPTION SHEET

The 'added drugs' should be prescribed in the patient's main prescription sheet, cross referenced by annotating the "other prescription sheets in use" section

Date	FLUID	Volume (mls)	Time to Run	Rate mls/hr	ADDED DRUGS	Quantity	Doctor's Signature	Added by	Start Time (24 hr clock)	Put up	Checked by by	Serial/ Batch No

00563

IN.PAT FORM 6A

NHS

North Glasgow Hospitals

10393034W M
MCCLYMONT 18/12/1952
GAVIN
10 Everard Quadrant
GLASGOW G21 1XP
CHI-1812526490

24 Hour Fluid Balance Chart

Case Record No: Ward: Date:

TIME HRS (Please delete 1 column)		INPUT (mls) ORAL	NASO GASTRIC TPN	BLOOD COLLOID PLASMA	IV (1) / TYPE	IV (2)	IV (3) Drugs	Hourly Total	IN Cumulative Total	OUTPUT (mls) URINE	URINE Cumulative Total	Gastric Aspirate / Vomit	Drain 1		Hourly Total	OUT Cumulative Total
08	24															
09	01															
10	02															
11	03															
12	04															
13	05															
14	06															
15	06															
16	07															
17	08															
18	09															
19	10															
20	11															
21	12															
22	13															
23	14															
24	15															
01	16															
02	17															
03	18															
04	19															
05	20															
06	22															
07	23															
TOTALS								TOTAL IN MLS		BALANCE				TOTAL OUT MLS		

00561

GUIDELINES FOR RECORDING INTRAVENOUS INFUSIONS ON 24 HOUR FLUID BALANCE CHART

ALL INTRAVENOUS INFUSIONS TO BE RECORDED ON COMPLETION OF INFUSION.

TYPE OF PARENTAL FLUID TO BE RECORDED IN APPROPRIATE COLUMNS:-

BLOOD/COLLOID/PLASMA	• *RECORD ANY BLOOD OR BLOOD PRODUCTS, e.g.* ♦ **UNITS OF PACKED BLOOD CELLS** ♦ **FROZEN PLASMA** ♦ **GELOFUSINE**
IV (1)	• *PLEASE RECORD TYPE OF INTRAVENOUS FLUID AND AMOUNT, e.g.* ♦ **SODIUM CHLORIDE 0.9%** ♦ **GLUCOSE 5%** ♦ **RINGER LACTATE**
IV (2)	• *FOR USE IF MORE THAN ONE INTRAVENOUS INFUSION IN PROGRESS, e.g. CVP LINE*
IV (3)	*FOR RECORDING INTRAVENOUS DRUGS SUCH AS ANTIBIOTICS. CROSS REFERENCE BY USING THE CODED LETTER OF THE PATIENT'S MEDICATION PRESCRIPTION SHEET, e.g.* **A. 100mls** • *RECORDING INTRAVENOUS PRESCRIPTIONS GIVEN BY SYRINGE DRIVER /INFUSION PUMP, e.g. HEPARIN, INSULIN, DOPAMINE.* • *ADDITIONAL COLUMN FOR USE IF MORE THAN TWO INFUSIONS IN PROGRESS AT ANY ONE TIME*

MEDICINE — PRESCRIPTION FORM

Hospital Name: GGH

PATIENT DETAILS

Na[redacted]
10393034W M
Ho MCCLYMONT 18/12/1952
GAVIN
10 Everard Quadrant
DO GLASGOW G21 1XP
CHI-1812526490

Height: 1.69
Weight: 88
Surface area: 31

Date of Admission: __/__/__
Date of writing discharge prescription: __/__/__
Consultant Name: MR GRAY
Ward: 29
Date and time this form prepared: __/__/__ Time:_____
Sheet No .....
2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

NKDA

DVT Risk on Admission (SIGN Guideline)
High ☐ Moderate ☐ Low ☐
Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐ Oral ☐
Topical: ☐
TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF DOCTOR	GIVEN BY	TIME GIVEN
11/12/07	Temazepam	20mg	O	12[00]	A Hope	MW	13:50
11/12/07	give usual Rx	as		am	A Hope		

PHARMACY INFORMATION

Community Pharmacy Details:

Tel No.:

Use of Patients Own Medicines in Hospital

Patient Consent Y/N	Initials	Date

Compliance Aid Details:

PATIENT'S NAME: GAVIN McELMONT

ADMIN TRATION

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient Med
For Y
Qty:
Date:
Assessed by:
Ordered from Pharm

A DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

B DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

C DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patie
Or
Medi

E

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For U
Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

F

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use
Y/N
Qty:
Date:
Asses
by:
Ordere
from

G

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For
Y/
Qty:
Date:
Assessed by:
Ordered from Pharm

H

DRUG

DOSE	ROUTE	DATE	STOPPED DATE:
			INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use
Y/N
Qty:
Date:
Assessed by:
Ordere
from P

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: GAVIN McCLYMONT

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

J DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

K DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

L DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

S DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from P

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: GAVIN McCLYMONT

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patie
Ow
Medic
For
Y/
Qty:
Date:
Assess
by:
Ordered
from Pharm

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

For
Y/
Qty:
Date:
Asses
by:
Ordere
from Pharm

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicines
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharmacy

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: GAVIN MCCLYMONT

ADMIN TRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patie Ow Medic
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assess by:
Order from P

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

For Use Y/N
Qty:
Date:
Assessed by:
Ordere from P

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME: GAVIN MCCLYMONT

All Routes: As Required Prescriptions

ADMINISTRATION

MM				
DRUG: CO-CODAMOL			STOPPED DATE:	DATE
DOSE: 2 tabs	ROUTE: O	INDICATION: pain	INITIALS:	TIME
SIGNATURE OF PRESCRIBER: A Hope	MAX.FREQUENCY: 4-6°		DATE: 11/12/7	DOSE
				GIVEN BY
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

Patient's Own Medicine — For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

NN					
DRUG: TRAMADOL			STOPPED DATE:	DATE	11/12
DOSE: 50	ROUTE: O	INDICATION: pain	INITIALS:	TIME	17 20
SIGNATURE OF PRESCRIBER: A Hope	MAX.FREQUENCY: 3°		DATE: 11/12/7	DOSE	50 mg
				GIVEN BY	MD
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY					

For Use Y/N; Qty:; Date:; Assess. by:; Ordered from Pharm.

PP				
DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INITIALS:	TIME
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY		DATE:	DOSE
				GIVEN BY
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

RR				
DRUG			STOPPED DATE:	DATE
DOSE	ROUTE	INDICATION	INITIALS:	TIME
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY		DATE:	DOSE
				GIVEN BY
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				

For Use Y/N; Qty:; Date:; Assess. by:; Ordered from Pharm.

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Patient's Own Medicine

SS

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF PRESCRIBER | MAX.FREQUENCY

STOPPED — DATE: | INITIALS: | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

TT

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF PRESCRIBER | MAX.FREQUENCY

STOPPED — DATE: | INITIALS: | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

VV

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF PRESCRIBER | MAX.FREQUENCY

STOPPED — DATE: | INITIALS: | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

WW

DRUG

DOSE | ROUTE | INDICATION

SIGNATURE OF PRESCRIBER | MAX.FREQUENCY

STOPPED — DATE: | INITIALS: | DATE:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DATE	
TIME	
DOSE	
GIVEN BY	

For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protoc Authorised Nurses/Midwives O

(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.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR DOCTORS:

1. Sign your name clearly against each prescription.
2. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date appropriate boxes.
3. If an existing prescription is to be modified, delete existing prescription as described and re-write new instructions in a new section.
4. Use approved names in BLOCK LETTERS and use metric doses as follows:

   Milligram = **mg** Gram = **g**
   Millilitre = **ml** Microgram: **to be written in full.**
   Units: **to be written in full.**

   Fractions of a milligram should be written in micro grams. A zero should be written in front of a decimal point where there is no other figure, e.g. 0.5ml **not** .5ml.
5. Method of administration should be abbreviated as follows:

   Intravenous = **IV** Oral = **O**
   Subcutaneous = **SC** Per rectum = **PR**
   Inhalations = **INH** Topical = **TOP**
   Sublingual = **SL** Nasogastric = **NG**
   Intramuscular = **IM** Vaginal = **PV**
   Intradermal = **ID**

FOR NURSES:

1. The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.
2. Ensure entry is made on administration record each time drug is given. Initial in relevant date column and time row.
3. Check that all drugs prescribed at a certain time are administered.
4. If drug is not administered, enter reason in appropriate box using the undernoted coding system.

Codes for Non-Administration of Drugs

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

Ver 1, 02/2007 Ref. No. 40995

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 AMBULATORY CARE HOSPITAL	☑	
WESTERN INFIRMARY RECORDS	☐	

Including:

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

My Admission Record

NHS Greater Glasgow and Clyde

Nam
Add 1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
DoE G21 1XP
CHI
Affix patient ID label

Hospital: QEUH Ward: SDAU
Date of Admission: Time: 04
Information obtained from: Name:
Patient ☐ Relative ☐ Other ☑ P.O.A
Preferred Name:
Age: 72 Telephone Number:
Consultant:

Communication

What is your first language? English
Do you require an interpreter? Yes ☐ No ☐
If yes, provide details of arrangements made
Do you use British Sign Language (BSL)? Yes ☐ No ☐
Do you need someone to help you to communicate? Yes ☐ No ☐ If yes, who

Preferred first contact	**Preferred second contact**
Name: ALICE MCCLYMONT	Name:
Relationship: Wife	Relationship:
Address:	Address:
Telephone: 0141 3895357.	Telephone:
Is this person aware of your admission?	Is this person aware of your admission?
Yes ☑ No ☐	Yes ☐ No ☐
Can we share information with this person?	Can we share information with this person?
Yes ☐ No ☐	Yes ☐ No ☐

Presenting Complaint / Diagnosis

EVAR.

Explained to the patient? Yes ☑ No ☐ Not Applicable ☐
Do you understand the reason for your admission? Yes ☐ No ☐

Allergies / Sensitivities (Record food allergies in the Hydration and Nutrition section)

No known allergies ☑

Relevant past medical history

AAA, CORD, DEPRESSION, Pacemaker, Appendicectomy, Pacemaker,

On admission, is there a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place
Yes ☐ No ☐ If yes, Who asked for a copy?
Date they asked for a copy __/__/__ Date Obtained __/__/__

Power of Attorney / Guardianship / Adult with Incapacity

Does someone have Power of Attorney (POA) for you?

Yes ☐ No ☑

OR

Does someone have Guardianship?

Yes ☐ No ☐

If yes, is this for:- Finance ☐ Welfare ☐ Both ☐

Which are currently in action? Finance ☐ Welfare ☐ Both ☐ Nil ☐

Please obtain a copy and place in the patient's notes

Who asked for a copy?_____ Date they asked for a copy ___/___/___ Date Obtained ___/___/___

POA/ Guardian

Name: _____ Relationship: _____ Contact Tel Number _____

Name: _____ Relationship: _____ Contact Tel Number _____

N.B. If you think the patient may lack capacity inform Medical Staff to assess and, if required, consider the need for an 'Adult with Incapacity' Section 47

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Carbapenemase-producing enterobacteriaceae (CPE)

Have you ever:	Yes	No
1. Been an inpatient in a hospital outside Scotland?	☐	☑
2. Received holiday dialysis outside Scotland?	☐	☐
3. Been told that you have CPE?	☐	☐
4. Been in close contact with a person with CPE?	☐	☐

If the answer is yes to **ANY** of the questions in this section, you must

- Isolate the patient in a side room ☐
- Obtain Rectal swab marked 'for CPE' ☐
- If patient refuses rectal swab, obtain a stool specimen marked 'for CPE' ☐
- **and inform the IPCT** ☐

MRSA Screening

	Yes	No	Unsure
Will the patient be an inpatient for more than 23 hours	☐	☐	☐
If **YES** complete the following section			
1. Have you ever been told that you have MRSA?	☐	☐	☐
2. Have you been admitted from another hospital/ residential setting or care home?	☐	☐	
3. Do you have a wound / skin ulcer or invasive device which you had before admission?	☐	☐	☐

If **YES** to Q1, 2 or 3 above OR the patient is admitted to a 'high impact speciality' i.e. Orthopaedics, Vascular, Renal Unit, Critical Care – obtain MRSA swabs

Nasal ☐ Perineum ☐ Other ☐ Specify _____ Patient refused ☐

Creutzfeldt-Jakob Disease (CJD)

	Yes	No	Unsure
Have you ever been informed that you are at increased risk of CJD or vCJD?	☐	☐	☐

If **YES inform the IPCT** ☐

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Lifestyle

Smoking

Are you a: smoker ☑ ex- smoker ☐ when did you stop? 8-10 days

Never smoked ☐

Do you use eCigarettes? Yes ☐ No ☐

If a smoker, the NHSGGC Smokefree policy has been explained and Nicotine Replacement Therapy (NRT) has been offered

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: _____

Do you want to talk to someone about your smoking? Yes ☐ No ☐

If yes, refer to Smokefree Services (Trakcare) Date referred: ___/___/___

Drugs

Do you use recreational or illicit drugs or are you receiving opiate replacement therapy (ORT / Methadone / Suboxone)? Yes ☐ No ☑

If yes, please specify and refer to the NHSGGC Guidelines for the Management of Drug Users in Glasgow and Clyde Acute Hospitals

_____

_____

Alcohol

Do you drink alcohol? Yes ☐ No ☑

How often do you have more than 6 units of alcohol on one occasion:

Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐

NB: If daily or almost daily commence the Glasgow Assessment and Management of Alcohol (GAMA), complete FAST Tool and take further action as per guidance.

Name (Please PRINT): S MACGREGOR Signature: S MacGregor

Designation: SLT Date: 3.9.25

My Assessment Record

Name
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1. Breathing and Circulation

Breathing	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's breathing
No breathing problems	✓	✓	
Breathless at rest			
Breathless on exertion			
Productive / Non-productive cough			
Cyanosed			
Uses nebulisers			
Uses inhalers			
Oxygen therapy			
Do you have any other symptoms?			

Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems			
Chest pain at rest			
Chest pain on exertion			
Angina			
Do you take medication for symptoms of angina?			
Hypertension			
Do you have any other symptoms?	Arrhythmias	✓	

2. Communication

	Yes ✓	No ✓	Assessment of the patient's communication needs
Do you have any difficulties communicating your needs?		✓	
Do you have any difficulties with your speech?			
Do you have a Learning Disability?			
Do you have support from a Learning Disability Team? Contact details: _____			

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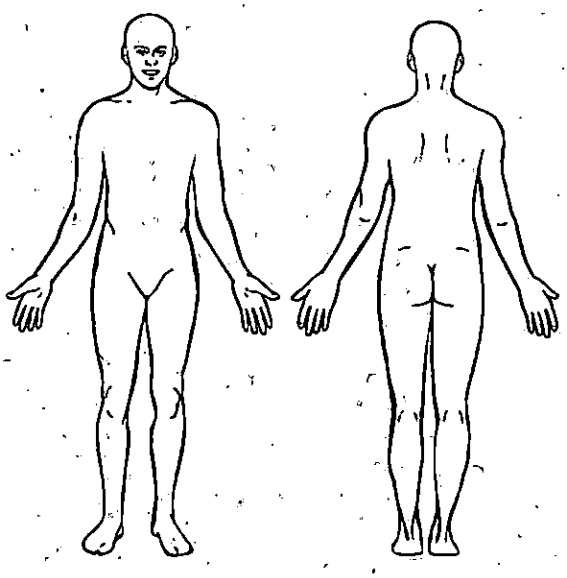
3. Senses

Vision	**Yes** ✓	**No** ✓	Assessment of the patient's vision
Do you have any problems with your vision?	✓		
Do you wear glasses?	✓		Distance ☐ Reading ☒ Both ☐
Do you have your glasses with you?	✓		
Do you wear contact lenses?			
Do you have your lenses with you?			
Do you wear a prosthesis?			
Hearing	**Yes** ✓	**No** ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			
Pain	**Yes** ✓	**No** ✓	Assessment of the patient's pain
Do you have pain?		✓	

Can you describe where and what the pain is like?

Mark current pain on body chart



Have you had treatment / intervention for the pain?

N.B. Complete generic pain assessment chart. If unable to self report complete Abbey Pain Scale.

Can you describe any chronic pain that you have?

What makes the pain better?

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4. Cognitive Status THINK DELIRIUM

	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's cognitive status
Alert and orientated	✓	✓	
Impaired conscious level			
Confused			
Dementia			
Stressed / Distressed			

N.B. Think Delirium

Complete 4AT for all patients 65 and over, AND for patients of any age with one or more of the following:

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

and follow the guidance

N.B. 'Getting to Know Me' and 'What Matters to Me' should be completed for all patients with dementia, cognitive impairment or complex needs

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

What do you like to eat and drink? PT: Choice

What do you not like to eat and drink?

N.B. Malnutrition Universal Screening Tool (MUST) to be completed for all patients within 24 hours of admission

Diet and Fluids	Admission Presentation ✓	Normal for the patient ✓
Normal diet and fluids	✓	✓
Therapeutic diet		
Cultural, ethnic or religious diet		
Texture Modified Diet Please state _____		
Thickened Fluid Please state _____		
Oral Nutritional supplements Preferred flavour _____		
Enteral Nutrition		
Parenteral Nutrition		
Nil by Mouth	Pre-Op	

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Assessment of the patient's hydration and nutrition needs

N.B. If the patient has any difficulty in the oropharyngeal stage of swallowing complete Screening Tool for Oropharnygeal Swallow Symptoms (STOPSS) within 4 hours of admission

Assistance with eating and drinking	Admission Presentation ✓	Normal for the patient ✓
Independent (Green)	✓	
Prompting / encouragement / opening packets/cutting up food (Amber)		
Full assistance with eating and drinking (Red)		

Do you have any further issues which may affect your ability to eat and drink normally during this hospital admission?

6. Elimination

Bladder	Admission Presentation ✓	Normal for the patient ✓
Pass urine with no problems	✓	✓
Frequently pass urine during the day		
Frequently pass urine overnight		
Sense of urgency when need to pass urine		
Urine retention		

Assessment of the patient's elimination needs

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓
Haematuria		
Incontinent		

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N.B. If new incontinence report to medical staff to rule out infection or physiological cause

What products do you normally use for this continence issue?

No urinary catheter ☐ Urinary catheter in situ: Urethral ☐ Suprapubic ☐

Date urinary catheter last changed ___/___/___

N.B. If Urinary Urethral Catheter (UCC) in situ commence NHSGGC Adult UCC Insertion and Maintenance Care Plan

Bowels

When did your bowels last move?

How often in a day/week do you have a bowel movement? Per day ☐ Per week ☐

Do you use any medication e.g. laxative to help your bowels move? Yes ☐ No ☑

Bowel Habit	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Regular	✓	✓	
Constipated			
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?

N.B. if concerned about bowel patterns (e.g. infrequent movement or frequent loose stools) consider using the Bristol Stool Chart

Stoma	Yes ✓	No ✓	Assessment of the patient's needs in relation to their stoma
Do you have a stoma?		✓	
Do you require assistance with your stoma care?			
Have you brought any of your stoma products with you?			

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7. Personal Hygiene, Oral Health, Skin Care and Wound Care

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent	✓	✓	
Requires assistance with washing and dressing			
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems	✓	✓	
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	**Yes** ✓	**No** ✓	Description of any dental work
Do you wear dentures?		✓	
Do you have your dentures with you?			
Are your dentures a good fit?			
Do you have any other dental work that we need to be aware of?	✓		↑ bridge
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems	✓	✓	PT: Intact
Skin broken			
Skin oedematous			
Skin discoloured / red			

N.B. Complete PUDRA for all patients within 8 hours of admission

Pressure ulcer identified on admission: Yes ☐ No ☐ ✓

Pressure Ulcer Grade: _____

Pressure Ulcer Site: _____ **Adult wound assessment and management chart required**

N.B If Grade 2 pressure damage on ankle or below refer to Podiarty via TrakCare

Wound Care	Yes ✓	No ✓
Do you have any wounds? **N.B. If yes, complete an assessment chart for wound management**		✓

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8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent	✓	✓	
Unsteady when walking			
Do you use a mobility aid	Yes ☐	No ☑	
Do you have your mobility aid with you?	Yes ☐	No ☐	

N.B. If not fully mobile and independent on admission complete moving and handling assessment within 24 hours of admission

9. Maintaining a Safe Environment

N.B. Complete a falls risk assessment for all patients within 24 hours of admission. If a falls risk is identified complete the falls intervention checklist and document all nursing actions in the care plan.

Safety	Yes ✓	No ✓	Assessment of the patient's ability to maintain a safe environment
Is the patient at risk of falling, rolling, slipping or sliding from the bed?		✓	
Would you like bedrails to be used while in hospital?	✓		

N.B. If yes, to either of the two questions above complete a bedrail risk assessment

10. Sleep and Rest

Sleep	Yes ✓	No ✓	Assessment of the patient's sleep and rest needs
Do you have any difficulties with sleeping?		✓	
Do you do or use anything to help you sleep?		✓	

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11. Social Circumstances

Do you:

Live alone	☐	Live with family/ friend/ other	☑
Live in a nursing home	☐	Live in a care home	☐
Live in residential supported care	☐	Live in student accommodation	☐
Live in 'homeless' accommodation	☐	Have no fixed abode	☐

Other please specify _____ ☐

Dependants	**Yes** ✓	**No** ✓
Do you have any dependants?		✓
Do you support anyone (e.g. partner, children, relatives, animals)?		✓
Do they need support from someone else whilst you are in hospital?		✓
Would someone else be able to provide this support when you are in hospital? If yes, who?		✓

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☐ ✓ Referred ☐

Services	**Yes** ✓	**No** ✓
Do you have support from social work, social services or a care package?		✓
If yes, please provide details:		
If yes, has contact been made to cancel arrangements during admission?		✓

12. Emotional and Spiritual Care

Do you have a religion or beliefs that we can help you observe while you are in hospital?

n/k

Is there anything else with regards to your values, religion or culture that we can support you with during your stay in hospital (e.g. prayer meditation)?

Would you like to talk to someone (e.g. Hospital Healthcare Chaplain) about you, your loved ones, your values and beliefs, or any worries you have? Yes ☐ No ☑

Healthcare Chaplain informed Yes ☐ N/A ☑

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13. Person Centred Care

What matters and is important to you whilst you are in hospital?

This should focus on the personal preferences, choices and goals of the individual of what is important to include in their plan of care. wife

N.B. Participating in 'What Matters to Me' should be offered to all patients

Informal Support

Who is important to you, to help support you whilst you are in hospital? Staff

NB. If the person who helps is not a preferred contact please ensure their details are listed below.

Name: .....

Contact Details: .....

.....

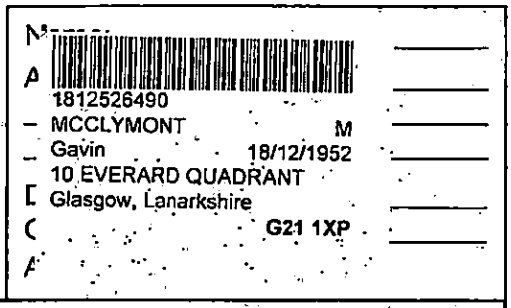
.....

How do you want the people who matter to you to be involved in your care?

Do you have someone who looks after you or someone that helps you, i.e. an informal carer?

Yes ☐ No ☐

If yes, has the help or support listed above been confirmed with the patient's family/ friends?
(please tick) Yes ☐ No ☐



Required Support

Has the patient and / or carer been advised of the hospital Support and Information Service?
Yes ☑ No ☐
Referrals can be made via the central phone number: 0141 452 2387

Has the carer been advised of the Carers Information Line?
Yes ☑ No ☐ Not appropriate at this time ☐
Carers Information Line: 0141 353 6504
Carers Information Leaflet provided?
Yes ☐ No ☑

Are you:
Employed ☐ Unemployed ☐
Self-employed ☐ Retired ☑
Full time education ☐

Has your health had an impact on your ability to carry out your day to day activities at work?
Yes ☐ No ☐ Not applicable ☑

Do you have any money worries?
Yes ☐ No ☐ Not appropriate to ask at this time ☐
If yes would you like referred to a money advice service that can offer confidential advice/ support?
Yes ☐ No ☐ If yes when was patient referred ___/___/___

Would you like a referral to a service that can support you with employment / education/ training/ skills volunteering?
Yes ☐ No ☐ Not applicable ☐ Not appropriate to ask at this time ☐
If yes when was patient referred ___/___/___

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Risk Assessments/Other Documentation

Additional NHSGGC Documentation	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓		✓		3.9.25
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓		✓		3.9.25
Adult Wound Assessment and Management Chart					
Moving and Handling Assessment					
Falls Risk Assessment	✓		✓		3.9.25
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
3.9.25		
dbt	Admitted into SDU NEWS 0	
	consented fit for theatre	SCN Glasgow

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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
3/9/25 1525	Admitted to IIA Post op evar. Pt doing well - eating and drinking. feet warm. Pulses palpable. csm+. News (2) for o² passed ~~new~~ wrist - wounds	~~LMAC~~/SN.
	dry + Intact.	K-macdougall
4/09/25 0040	NEWS=0	
	Bedside notes checked + updated	
	Meds given as per HEPMA	
	Post op stable	
	Vascular obs stable	
	Independent with ADLs	
	Aim home tomorrow	
	Settled and asleep	SN
	Pt seen by medical team on ward round. medically fit for D/C. Self administers own meds - NO changes.	
	Puncture sites in tact. Dressings given - Pt Wife and ~~son~~ happy to change dressings if needed. Pt + Wife aware	
	of signs of infection. No concern. Pt leaving ward. TTO	
	Analgesia + IDL + Pt (2) Given.	K
	No Treatment room required.	K-macdougall
	Pacemaker check checked 12/24 - Not required As Per reg.	~~LMAC~~/SN

Name: _____
Address: _____
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_____
DoB: _____
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Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

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Care Plan

NHS Greater Glasgow and Clyde

Care discussed with patient ☐ Yes ☐ No ☐ Unable		If unable, give reason:	
Care discussed with family ☐ Yes ☐ No ☐ Unable		If unable, give reason:	

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
03/09/25 [illegible]	NEWS AR		03/09/25 [illegible]	Cot bather	
				5. Hydration and Nutrition	
				MDF	
	2, 3. Communication and senses				
	No issues				
				6. Elimination	
	4. Cognitive status			Incl	
	Alert + orientated				

Patient Label

Care Plan

NHS Greater Glasgow and Clyde

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
03/08/25	Ind		03/09/25	Buzzer handy	
				10. Sleep and Rest	
				No issues	
	8. Mobility				
	Ind			12. Privacy, dignity and sexuality	
				Private room	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

Care Rounds Checklist

Date: 3/9/25

Attach Ad

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Ward: IIA

NHS Greater Glasgow and Clyde

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)

1. Signed [signature] Name K Macdougall Designation SN
2. Signed [signature] Name F. Ok Designation SN
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

NT.

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	15/30	21/10
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:		I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		I
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	I
		Chair Assist to walk or stand (W/ST)	I	N
!	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	N	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N
		Drink taken?	Y	Y
		Food, snack, or supplement taken?	Y	Y
		Has oral hygiene been carried out as per care plan?	N	N
	7	**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	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA
		Care provider / role	SN	SN

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 4/9/25

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)

1. Signed [signature] Name F. O;~ Designation SN
2. Signed [signature] Name L. O'Connor Designation RN.
3. Signed _____ Name _____ Designation _____

Attach

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NHS Greater Glasgow and Clyde

'Must dos' for me. Ask the p nt if there is anything they want specifically done today:

NK

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	0100	0500	06 00	08 13																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	I	Y																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)				INT																		
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	L		CH																		
		Chair Assist to walk or stand (W/ST)			W																			
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N																		
		Drink taken?	I	I	I	Y																		
		Food, snack, or supplement taken?	I	I	I	Y																		
		Has oral hygiene been carried out as per care plan?	I	I	I	Y																		
	7	**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	Y	Y	Y																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N	NK	N																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	N	NK	N																		
		Care provider / role	SN	SN	RN	RN																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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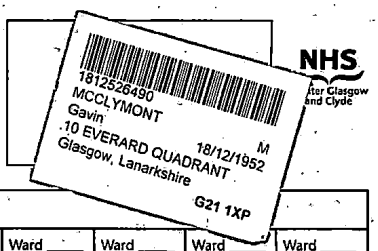

4AT and TIME for Detection, Management and Prevention of Delirium

Complete for patients: age 65 and over; patients of any age with an existing cognitive impairment; previous delirium; current hip fracture; or severe illness. These patients are at high risk of delirium.

This should be done on admission; at each transition of care; if SQiD positive; or if any clinical concerns.

4AT					
(1) Alertness This includes patients who may be markedly drowsy (e.g. difficult to rouse and/or sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep attempt to wake with speech or gentle touch on shoulder. **Ask the patient to state their name and address to assist rating**	Ward IIH Date & Time 3/9/25 1525	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
Normal (fully alert, but not agitated, throughout the assessment)	(0)	0	0	0	0
Mild sleepiness for <10 seconds after waking, then normal	0	0	0	0	0
Clearly abnormal	4	4	4	4	4
(2) AMT4 Ask the patient their **Age, Date of Birth, Place** (name of hospital) **Current Year**					
No mistakes	(0)	0	0	0	0
1 mistake	1	1	1	1	1
2 or more mistakes	2	2	2	2	2
(3) Attention Ask the patient **"Please tell me the months of the year in backward order, starting at December".** To assist, one prompt of **"What is the month before December"** is permitted.					
Achieves 7 months or more correctly	(0)	0	0	0	0
Starts but scores < 7 months or refuses to start	1	1	1	1	1
Untestable (cannot participate because too drowsy or inattentive)	2	2	2	2	2
(4) Acute change or fluctuating course Evidence of significant change of fluctuation in: alertness, cognition, other mental function (e.g. hallucinations, paranoia) over the past 2 weeks and still present in preceding 24 hrs.					
No	(0)	0	0	0	0
Yes	4	4	4	4	4
4AT TOTAL SCORE	0				
Print initials of assessor	MAH				

Score >4 This is a possible DELIRIUM +/- COGNITIVE IMPAIRMENT, start 'T' and 'I' of TIME and escalate to medical staff to confirm diagnosis	**Score 1-3** This is a possible COGNITIVE IMPAIRMENT, and requires further assessment	**Score 0** DELIRIUM or SEVERE COGNITIVE impairment unlikely

All patients scoring 0-3 are still at high risk of delirium. Use the Triggers listed overleaf to plan care and reassess daily by asking **'Is the patient more confused or drowsy?'** This is the single question in delirium (SQiD)

Affix ID Label

NHS Greater Glasgow and Clyde

TIME checklist to guide Delirium risk reduction, Identification and Management

The TIME checklist is a joint medical and nursing responsibility.

	Triggers, Investigate, Manage and Engage	Date	Date	Date	Date	Date
Triggers	**Think possible triggers for delirium**	Tick box	Tick box	Tick box	Tick box	Tick box
	Is the patient in pain? Start pain chart, review analgesia and consider need for an aperient					
	Is the patient constipated or at risk of constipation? Commence bowel chart and review daily to assess for constipation, especially if on analgesia. Consider rectal examination					
	Is the patient in urinary retention? Palpate bladder/scan					
	Is the patients oral intake sufficient to prevent dehydration? Encourage hourly fluids, start fluid balance chart					
	Could any drugs trigger delirium? Doctor to review medication					
	Blood sugar, high or low?					
	Is there a history of alcohol intake/drug abuse? Intoxication or withdrawal, start GMAWS/drug misuse guidelines					
	Does the patient have sensory impairment? Ensure patient is wearing their glasses/hearing aid(s)					
	Is the patient immobile? Promote early mobilisation in order to prevent delirium					
	Document 4AT score					
	Does the patient have Delirium? (Yes/No/Unsure) Please Circle	Y N U	Y N U	Y N U	Y N U	Y N U
Investigate	**Investigate**					
	Record NEWS					
	Screen for infection					
	Take bloods and ensure ECG/appropriate imaging					
Manage	**Management: Diagnose causes & initiate treatment**					
	Document diagnosis of delirium					
	Document potential causes of delirium					
	Document treatment plan					
Engage	**Engage and Explore**					
	If appropriate, explain diagnosis of delirium to patient/ family/ carers and provide delirium leaflet					
	Engage with patient/ family/ carers. Complete "What matters to me"/"Getting to know me" document					
	Does the patient have capacity to consent to care? (Yes/No/Ongoing Assessment)	Y N O	Y N O	Y N O	Y N O	Y N O
	If no, complete AWI document					
	Print initials of assessor					

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FALLS RISK ASSESSMENT

To Be Completed For All Patients Within 24 Hrs of Admission and on Transfer to Another Ward

NHS Greater Glasgow and Clyde

GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

Action the following safety precautions on admission to your ward. Update weekly or on change of condition.

	Ward: SDAU Date: 03/9/25 Time: [illegible]	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate):	✓				
2. Check walking aid (if required) is in reach and in use.	✗				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	✓				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	✓				
5. If glasses are worn, check they are available and in use.	n/a				
6. If hearing aid/s are worn, check they are working and in use.	n/a				

RISK ASSESSMENT

If Yes to any of the 5 questions below complete the falls interventional plan (overleaf).
Whether Yes or No, update this assessment weekly in acute wards or, at the time of a fall or, upon a change in patient's clinical condition.
ALL patients in older people's wards must have an interventional plan in place (overleaf)

Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?		✓								
2. Does the patient have cognitive impairment or a possible delirium?		✓								
3. Does the patient attempt to walk alone although unsteady or unsafe?		✓								
4. Does the patient or their relative have a fear or anxiety of the patient falling?		✓								
5. Based on your clinical judgement, is this patient at high risk of falling?		✓								
Signature of nurse completing assessment / update	Suzy									

Highlight risk of fall at the ward safety brief.

Patient Details

FALLS INTERVENTION CHECKLIST

NHS Greater Glasgow and Clyde

Complete for all patients identified at risk of falling.

	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----	Ward: Date: Time: -----:-----
BED AND SEATING					
Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice. (Patient care plan 8)					
Assess if a low bed is required (Patient care plan 9)					
SAFETY					
Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)					
Review the frequency of care-rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart. (Patient care plan 9)					
If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.					
HEALTH					
Complete /Document 4AT – follow THINK DELIRIUM guidelines. (Patient care plan 4)					
Document continence problems and link to care rounding (Patient care plan 6)					
Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)					
If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.					
COMMUNICATION					
Give the patient / relatives / carers an inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)					
Update the ward team of the patient's mobility status. (Patient care plan 8)					
Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)					
Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)					
Signature of nurse completing interventional plan / or update					

*****If a fall has occurred, refer to the Post Fall Poster and report in Datix. Share post fall lessons learned with the team*****

EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN

Fluid Balance Chart

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Hospital: QEUH
Ward: Recovery
Date: 03/09/13

Reason for Fluid Balance Chart: Post op
Is patient fluid restricted? Yes ☐ No ☑
If yes how many mls in 24 hours? ____
Fluid balance from previous 24hrs +/- ____

Does patient require thickened fluids? Yes ☐ No ☐ Stage ____
Is the patient on an oral supplement? Yes ☐ No ☐ If YES please indicate:
1. Type ____ circle how many daily 1 2 3
2. Type ____ circle how many daily 1 2 3
Signature: ____ Designation: ____

NHS Greater Glasgow and Clyde

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total INPUT	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume									
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00																	
10:00																	
11:00	START														START		
12:00					CSL	1000											
13:00																	
14:00																	
15:00																	
16:00																	
17:00																	
18:00																	
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

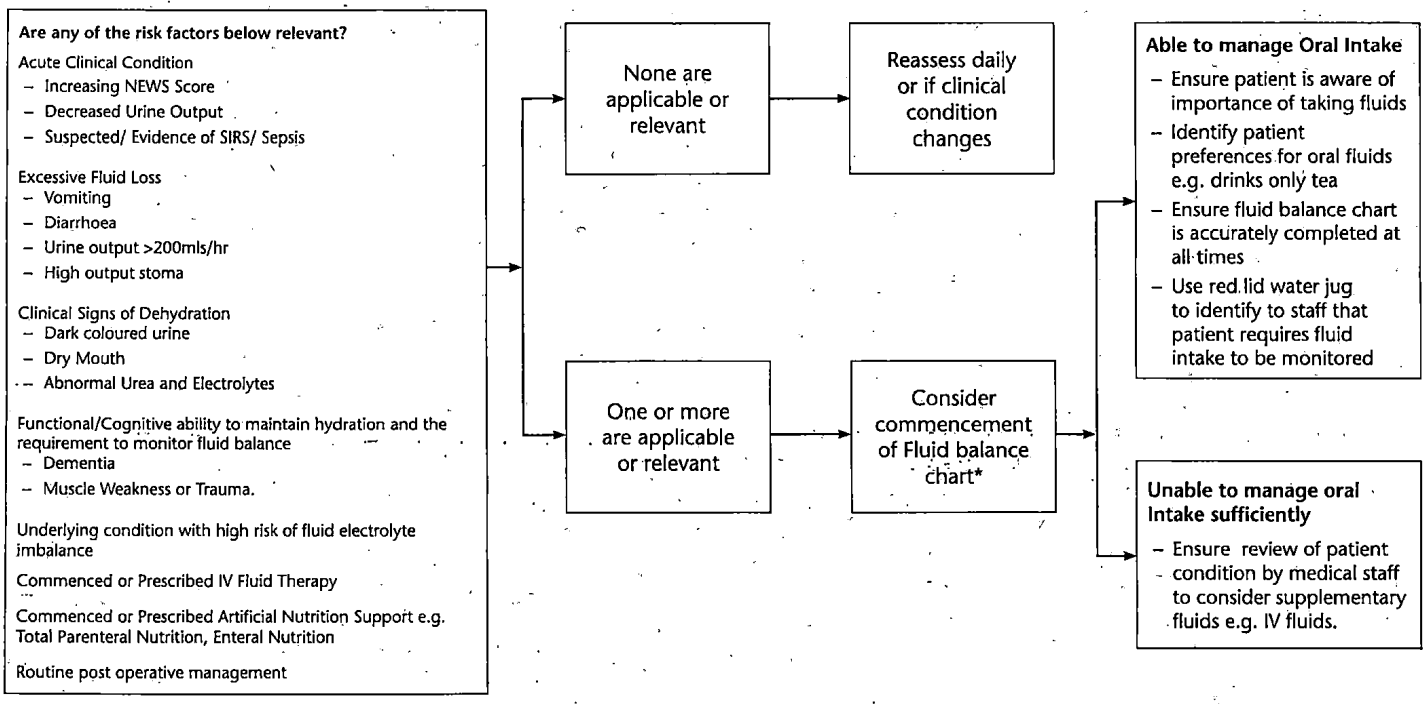
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food; Fluid and Nutrition Profile.

*24 hr Fluid Balance +/-

220665

Guide to commencing fluid balance charts

The risk factors below must be considered when deciding if a patient requires their fluid intake & output to be accurately monitored. Please where possible discuss with the patient the need for fluid balance to be monitored and involve them in decisions regarding fluid balance e.g. drinking preferences, encouragement of fluids.



Medical staff MUST review the patients fluid balance as part of their routine medical review if risk factors present give cause for concern.

*Palliative care patients may have the above risk factors present however it may not be necessary or appropriate to monitor fluid balance and this should be recorded in the patient's clinical notes

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(Patient) Moving and Handling Assessment Form

Person Name		Named Nurse:	Swayne	Person is totally independent (tick here and go to date box)	✓

1. General Information

Body Build		
Weight	Height	Problems with comprehension, behaviour, co-operation (specify):
84.6 Kg 30.7 BMI	1.66 cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
Risk of Falls: Yes	No	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 / 2 / >3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 / 2 / >3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 / 2 / >3	Additional Information:	
	Monkey pole			
	Independent bridging			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 / 2 / >3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 / 2 / >3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 / 2 / >3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 / 2 / >3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Afenti)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 / 2 / >3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	1st Assessment	2nd Assessment	3rd Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:	3.9.25		
Assessor's signature:	Swayne		
Proposed Review date:	P10		

Continuation Sheet

1. General Information (Only complete this section if changed from over page)

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
Kg	cm	Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):
BMI		
Risk of Falls: Yes	No	

2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 / 2 / ≥3	Additional Information / Equipment:	
Sling type					
Sling Size					

3. Toileting

Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 / 2 / ≥3	Additional Information:	

4. Move on / off bed pan

Hoist	Manoeuvre	Assistance	Supervision	N/A
See No 2 Sit to Stand Transfers for details	Roll patient	People: 1 / 2 / ≥3	Additional Information:	
	Monkey pole			
	Person bridges			

5. Move up / down bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Sliding sheets	People: 1 / 2 / ≥3	Additional Information:	
	Monkey pole			
	Rope ladder			

6. Lateral Transfer to / from trolley / bed

Hoist	Handling Aids	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details	Rigid Transfer Board	People: 1 / 2 / ≥3	Additional Information / Equipment (eg sliding sheets):	
	Other (Please specify)			

7. Sit up over side of bed

Bed Rest	Assistance	Supervision	Independent
	People: 1 / 2 / ≥3	Additional Information / Equipment (eg rope ladder, swivel cushion):	

8. Into Bath or Shower

Equipment	Handling Aid	Assistance	Supervision	Independent
Shower	Shower chair	People: 1 / 2 / ≥3	Additional Information / Equipment (eg sling lifting hoist after risk assess):	
Variable / Fixed height bath	Shower trolley			
Bed bath	Bathing hoist (eg Alenti)			

9. Walking

No Walking	Walking Aid	Assistance	Supervision	Independent
	see 'sit to stand transfers'	People: 1 / 2 / ≥3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)	

10. Other Instructions / Observations / Equipment Used

	4th Assessment	5th Assessment	6th Assessment
Recording Symbol:	/ Forward slash	X Where a forward slash exists, add a back slash to make a cross	* Where a slash or cross exists add slashes to make a star
Date Assessed:			
Assessor's signature:			
Proposed Review date:			

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MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 07/9/25 Time _____ of initial height and weight on admission to hospital		Actual	*Patient reported	*If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height	166 cm	☑	☐	
Admission Weight	84.6 Kg	☐	☐	

*Obtain accurate height/weight and rescreen as soon as possible

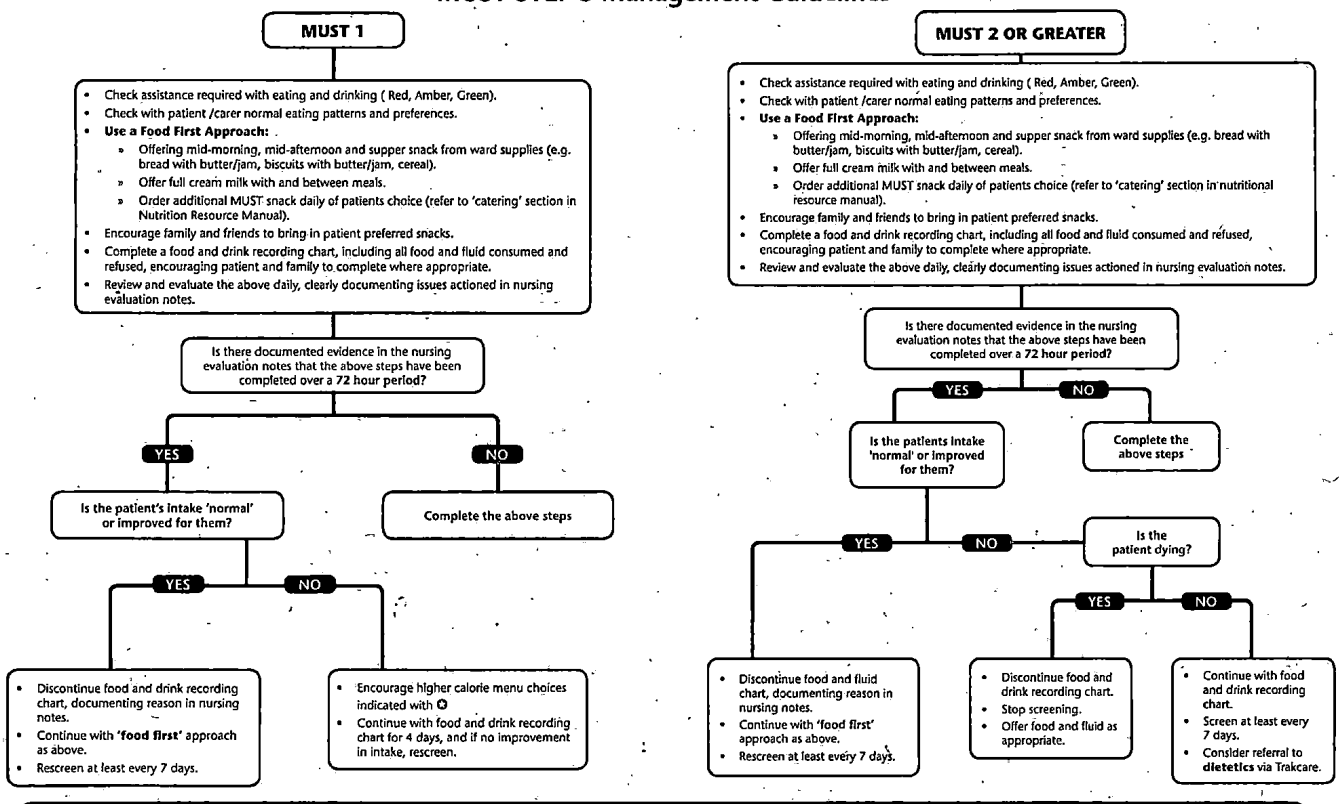
Patients reported normal weight _____ Unable to Recall ☐

Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☐

Date 7.9.25	✓							
Time 0900	–							
Ward 3 D N	✓							
Oedema/ Ascities present Y/N	N							
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes	CH							
Weight (kgs) 84.6								
BMI								
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days								
Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	0							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0							
Step 3 Acute disease effect 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							
Rescreen on	86							
Signature	J							

Step 5 Management Guidelines (excludes patients who are Nil by Mouth)	
Overall Risk of Malnutrition	Ensure plan of care for specific nutritional requirements, MUST score and plans to improve / increase nutritional intake are documented in the patients care plan
0	**LOW RISK** - Repeat screening every 7 days
1	**MEDIUM RISK** - Follow the flowchart for MUST 1 overleaf
2 or greater	**HIGH RISK** - Follow the flowchart for MUST 2 or greater overleaf

MUST STEP 5 Management Guidelines



DISCHARGE

If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/discharge-from-hospital/

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Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

1812526490 MCCLYMONT M Gavin 18/12/1952 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP	Hospital: GEUH Ward: SDAU	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

Pressure damage	No RISK ↓	At RISK ↓	Grade 1 – non blanching skin Grade 2,3,4, suspected deep tissue injury (SDTI), ungradable pressure ulcer, Moisture Associate Skin Damage (MASD) ↓	Device Related Pressure Damage i.e. nasogastric, catheters, oxygen tubing ↓
YOU MUST CHECK SKIN at pressure points	Daily skin check	4 hourly positioning Complete SSKINS care plan (Overleaf)	2 hourly positioning with skin checks, Complete SSKINS care plan (overleaf)	All devices need a SSKINS care plan (overleaf)

1	PressureDamage	Does the person have Pressure damage; Grade 1, 2, 3, 4, SDTI, Ungradable?
2	Mobility	Does the person require assistance to mobilise or change position?
3	Continence	Does the person have moisture issues, or, continence issues with urine and/or faeces?
4	Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5	Skin	Is skin compromised by any other source, e.g. medical devices; neurological deficit; surgery; medication; co-morbidities?
6	Judgement	In your clinical judgement, is this person at risk of developing pressure damage?

Date	Location of pressure damage	Grade of ulcer	Date	Location of pressure damage	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

If NO to all questions, continue Care Rounds Prescribed as assessed for individual need and re-assess daily.
If you have answered YES to any of the questions above, please complete the SSKINS care plan overleaf.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Check Skin	Signature
07/9/25	0100	N	N	N	N	N	N	4 hrly	S
/ /	:	N	Y	N	N	N	N	4 hrly	[illegible]
04/9/25	00 : 00	N	N	N	N	N	N	4 hrly	[illegible]
/ /	:							hrly	
/ /	:							hrly	
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Patient Centred SSKINS care plan

Aim: to provide effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

NB. Avoid patients lying on back/sitting for prolonged episodes, a total change of position is required, standing only is not sufficient

Attach Addressograph

NHS Greater Glasgow and Clyde

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan: 04/09	Check: • Pressure areas 4 hourly. • Skin under medical devices 4 hourly. • Specify medical devices used: Catheter ☐ Naso gastric ☐ Oxygen mask ☐ Nasal oxygen ☐ Vascular Access Device ☐ Off loading boot ☐ Other:	Specify: • Mattress: Softform • Cushion: n/a • Detail additional pressure redistributing equipment: Off loading boot: ☐ Protective product:	• Reposition 4 hourly in bed. • Reposition 4 hourly in chair. • Overnight patient / carer has agreed to repositioning 4 hourly • Specify any manual handling equipment used: Tilting device ☐ • Knee bend in place ☐ Record reason for no knee bend:	• Does patient have Moisture Associated Skin Damage Yes ☐ • Skin care to be carried out 4 hourly. • Specify products required for increased moisture / continence management: Barrier Cream ☐ Pad / Pants ☐	• Optimise nutrition and hydration. • Refer to MUST	• Provide information in a format appropriate to patient / family/ carer needs : • Specify: Leaflet ☐ Verbal ☐ Not provided record reason:	Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used: Catheter ☐ Naso gastric ☐ Oxygen mask ☐ Nasal oxygen ☐ Vascular Access Device ☐ Off loading boot ☐ Other:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment: Off loading boot: ☐ Protective product:	• Reposition ____ hourly in bed. • Reposition ____ hourly in chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used: Tilting device ☐ • Knee bend in place ☐ Record reason for no knee bend:	• Does patient have Moisture Associated Skin Damage Yes ☐ • Skin care to be carried out ____hourly. • Specify products required for increased moisture / continence management: Barrier Cream ☐ Pad / Pants ☐	• Optimise nutrition and hydration. • Refer to MUST	• Provide information in a format appropriate to patient / family/ carer needs : • Specify: Leaflet ☐ Verbal ☐ Not provided record reason:	Date discontinued:

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Hospital

Peripheral Venous Cannula (PVC) Insertion & maintenance

Please complete insertion details for each PVC inserted

Care & maintenance to be undertaken & documentation completed twice each day.

Modified Visual Infusion Phlebitis (VIP) Score		
PVC site appears healthy	0	No phlebitis: Continue care and maintenance
Either slight pain or redness near site	1	Possible first signs: Observe PVC site
Two or more: pain / redness / swelling	2	Early stage of phlebitis: **Remove and resite** PVC
All: pain / redness / hardening of surrounding area	3	Phlebitis/thrombophlebitis: **Remove and resite** PVC **Seek further advice**
As above and including: palpable venous cord	4	
As above and including: pyrexia	5	

NHS Greater Glasgow and Clyde

Insertion details:	Where inserted:	Insertion site:	Side:	Size of cannula:	Inserted by:
Date: 3/9/25 (Day 1) Time: 08:55	☐ ED ☒ Theatre ☐ ITU/HDU ☐ Ward ☐ Unknown	☒ Hand ☐ Arm Other	☐ Left ☒ Right	☐ 26G Purple ☐ 24G Yellow ☒ 18G Green ☐ 23G Blue ☐ 16G Grey ☐ 20G Pink ☐ 14G Orange	Print: Signature: Designation:

Clinical indication:	☐ Diagnostics	☐ Resuscitation	☐ IV medications	☐ Fluids	☐ Transfusion

Insertion criteria:	Hand hygiene performed ☐ Yes ☐ No	Skin decontamination (2% chlorhexidine in 70% isopropyl alcohol) ☐ Yes ☐ No	Sterile transparent semi-permeable dressing affixed ☐ Yes ☐ No	PVC explained to patient/carer ☐ Yes ☐ No

DRIFT PVCs are associated with an increased risk of phlebitis, thrombosis, infection and S.aureus bacteraemia.

Justify the need for your patient to have a PVC using the DRIFT mnemonic.
- ✓ Diagnostics - Does the patient need the PVC for a diagnostic procedure e.g. CT scan
- ✓ Resuscitation - Is the patient at risk of cardiac or respiratory arrest?
- ✓ Intravenous (IV) - Does the patient require intravenous (IV) medication? Could these be switched to another route?
- ✓ Fluids - Does the patient require IV fluids? Could this be switched or oral fluids?
- ✓ Transfusion - Does the patient require a transfusion of blood products?

Signs of local or systemic infection

Local infection
- Erythema / inflammation
- Exudate
- Hot to touch
- Pain/tenderness

Systemic Infection
- Hypotension
- Tachycardia
- Pyrexia

Adult IVOST Guideline:

Always refer to full IV route to Oral route Switch Therapy (IVOST) guidelines

IV → Oral Antibiotic Switch Therapy (IVOST) Guideline

Review need for IV antibiotics daily

Can antibiotic therapy be stopped? (eg: alternative diagnosis)?

If ongoing antibiotics required - document patient progress/IVOST plan within 72 hours

↓

Switch to oral when:

a CLINICAL IMPROVEMENT in signs of infection eg: temperature ≤37.9°C, reduction in the NEWS score, improving SEPSIS

a ORAL ROUTE is available reliably (eating/drinking no concerns regarding absorption)

a UNCOMPLICATED INFECTION i.e. specialist advice not required prior to IVOST: Infection requiring specialist advice includes CNS infection, Cystic fibrosis, S. aureas bacteraemia (minimum 14 days IV), Endocarditis, Vascular graft or bone/joint infection, Undrainable deep abscess.

DO NOT use CRP in isolation to assess IVOST suitability as does not reflect severity of illness

Record the stop date on HEPMA

↓

If IVOST criteria met → Switch to oral

Review MICROBIOLOGY results and NARROW THE SPECTRUM based on cultures

IF not responsive MICROBIOLOGY switch to oral as outlined below

Paediatric IVOST Guideline:

Write or affix label

Name:

Address:

CHI:

DOB:

Hospital & Ward:

PVCs should be removed as soon as no longer clinically indicated.

NHS Greater Glasgow and Clyde

Maintenance – to be completed twice daily (Observe for signs and symptoms of local or systemic infection)													
Date	Need for PVC reviewed today?		Any sign of PVC site infection?		Is the dressing intact?		Before / after PVC procedures; hand hygiene performed?		PVC patent?		What has been done?		Sign: Print: Designation:
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	
Day 1 Insertion Date 05/04/25	☐ Yes ☐ No	☑ Yes ☐ No	VIP ____	VIP 0	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 2 06/04/25	☑ Yes ☐ No	☐ Yes ☐ No	VIP 0	VIP ____	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 3	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 4	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 5	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 6	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Left in situ ☐ Redressed ☐ Removed	Day Night
Day 7	☐ Yes ☐ No	☐ Yes ☐ No	VIP ____	VIP ____	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Left in situ ☐ Redressed ☐ Removed	☐ Removed	Day Night

PVCs should be removed on day 7. Reassess ongoing needs and vessel health for most appropriate vascular access device. Date removed __/__/__					
Reason for removal	☐ Site infection	☐ Infiltration	☐ Extravasation	☐ End of treatment	Other:

Vascular surgery

Post-operative Wound Care Bundle

NHS Greater Glasgow and Clyde

Affix patier

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Glasgow, Lanarkshire
G21 1XP

Wound Care Guidelines:

- Do not remove theatre dressing within 48 hours unless clinically indicated (see below)
- Review surgical wound each shift
- Dressing should be intact (Duoderm and Urgoclean can be left undisturbed for 7 days)
- Leakage within 48 hours? - Consider reapplying further dressing on top of original if appropriate
- Concerns should be reported to medical staff and documented in nursing notes

Date of Surgery: ..... Surgical Procedure: ..... Type of Theatre Dressing: .....

Laterality: Right ☐ Left ☐ Closure: Clips ☐ Sutures ☐ NA ☐

Maintenance: wound care to be completed daily (until discharge home or for 7 days if in-patient)				**Clinical indications for disturbing wound within 48 hours post op**		**Actions taken:**		
Insert date below	**1. Original theatre dressing dry and intact?**	**2. Has the theatre dressing been disturbed?**	**If yes to Q2 complete the following 4 criteria**	**3. Reason for disturbing theatre dressing?**	**4. Type of leakage?**	**5. Action taken (tick all that apply and document in nursing notes)**	**6. Hand hygiene and aseptic technique performed if dressing change required?**	**Signature**
DAY 1 4/9/19	Yes ☑ No ~~☐~~	Yes ☑ No ☐		Self removal ☐ Pain/heat ☐ Swelling ☐ Leakage ☐ Dehiss ☐	Haemoserous ☐ Blood ☐ Serous ☐ Pus ☐	Review wound ☑ Inform medical staff ☐ Swab taken ☐ Wound redressed ☐	Yes ☐ No ☐	LOE SRN.
				Comments: (Dressing used) Org & Intact inadine & Islands.				
DAY 2	Yes ☐ No ☐	Yes ☐ No ☐		Self removal ☐ Pain/heat ☐ Swelling ☐ Leakage ☐ Dehiss ☐	Haemoserous ☐ Blood ☐ Serous ☐ Pus ☐	Review wound ☐ Inform medical staff ☐ Swab taken ☐ Wound redressed ☐	Yes ☐ No ☐	
				Comments: (Dressing used)				

Insert date below	1. Original theatre dressing dry and intact?	2. Has the theatre dressing been disturbed?	If yes to Q2 complete the following 4 criteria	3.Reason for disturbing theatre dressing?	4.Type of leakage?	5. Action taken (tick all that apply and document in nursing notes)	6.Hand hygiene and aseptic technique performed if dressing change required?	Signature
DAY 3	Yes □ No □	Yes □ No □		Self removal □ Pain/heat □ Swelling □ Leakage □ Dehiss □	Haemoserous □ Blood □ Serous □ Pus □	Review wound □ Inform medical staff □ Swab taken □ Wound redressed □	Yes □ No □	
				Comments: (Dressing used)				
DAY 4	Yes □ No □	Yes □ No □		Self removal □ Pain/heat □ Swelling □ Leakage □ Dehiss □	Haemoserous □ Blood □ Serous □ Pus □	Review wound □ Inform medical staff □ Swab taken □ Wound redressed □	Yes □ No □	
				Comments: (Dressing used)				
DAY 5	Yes □ No □	Yes □ No □		Self removal □ Pain/heat □ Swelling □ Leakage □ Dehiss □	Haemoserous □ Blood □ Serous □ Pus □	Review wound □ Inform medical staff □ Swab taken □ Wound redressed □	Yes □ No □	
				Comments: (Dressing used)				
DAY 6	Yes □ No □	Yes □ No □		Self removal □ Pain/heat □ Swelling □ Leakage □ Dehiss □	Haemoserous □ Blood □ Serous □ Pus □	Review wound □ Inform medical staff □ Swab taken □ Wound redressed □	Yes □ No □	
				Comments: (Dressing used)				
DAY 7	Yes □ No □	Yes □ No □		Self removal □ Pain/heat □ Swelling □ Leakage □ Dehiss □	Haemoserous □ Blood □ Serous □ Pus □	Review wound □ Inform medical staff □ Swab taken □ Wound redressed □	Yes □ No □	
				Comments: (Dressing used)				

Clips / Sutures

Date of removal: ..... Signature: .....

Comments:

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LAURA COIAAuchinairn Medical Practice,127/129 Auchinairn Road,Bishopbriggs, Glasgow, G64 1NF

Main Switchboard:
Date of Completion: 04-Sep-2025

Dear LAURA COIA,

Name	CHI	DoB	Address
Gavin McClymont	1812526490	18-Dec-1952	10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admitted	Type	Discharged	Destination
03-Sep-2025 07:06	IP	04-Sep-2025	Private Residence - (supported)

Specialty	Consultant	Ward	Telephone
Vascular Surgery	Treharne	QEUH Ward 11A Vascular Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
EVAR 3/9

Last Discharge Review: Nina Constable (Nina Constable - FY1 General Surgery) on 04 Sep 2025 09:39

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Apixaban 5mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 7 Day(s) from 04 Sep 2025	Yes				Amended
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes				Added
Simvastatin 40mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			
Sotalol 160mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
White Soft Paraffin And Liquid Paraffin Light 13.2 % + 10.5 % Cream	topical	APPLY AS REQD,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Mr McClymont was admitted electively on 3/9 for a Endovascular abdominal aortic aneurysm repair. This was done under local anaesthetic, and proceeded well, with no intra or post operative complications. On post operative day 1 he was seen to be well and ready to be discharged with his regular medications restarted. Kind regards Samir Zaman ST5
Discharge Comments:	
Follow Up:	No F/U CTA 3 months F/U Mr Treharne GRI 8 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad ZAMAN

Prescription Review
Checked by: Katie MACDOUGALL (Staff Nurse)
Discharged by: Katie MACDOUGALL (Staff Nurse)

Acute Services Division

NHS Greater Glasgow and Clyde

Part 2 Discharge Letter / Transfer Plan

- ☐ Gartnavel General Hospital 0141 211 3000
- ☐ Glasgow Royal Infirmary 0141 211 4000
- ☐ Queen Elizabeth University Hospital 0141 201 1100
- ☐ New Stobhill Hospital 0141 201 3000
- ☐ New Victoria Hospital 0141 201 6000
- ☐ Lightburn Hospital 0141 211 1500
- ☐ Royal Alexandra Hospital 0141 887 9111
- ☐ Inverclyde Royal Hospital 01475 633 777
- ☐ Vale of Leven Hospital 01389 754 121
- ☐ Beatson 0141 301 7000

Name: Gavin McClymont

Address: 10 Everard Drive East

Discharge Address:

CHI Number: 1812526490

D.O.B.: 18/12/1952

Telephone:

Next of Kin: Alice

Relationship: Wife

Address:

Telephone: 0141 389 5357

Ward: 11A

Telephone: 0141 452 2750

Admission Date: 05/04/25

Final discharge/transfer date: 4/9/25

Named Nurse: Team B

Consultant: Mr Hosse

G.P.: Auchinairn Medical Practice

Address:

Telephone: 0141 772 1808

st Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Treatment Room Nurse, Home Care) State package requested and time of first visit.

rvice: ~~Treatment room APP~~	Service:
Contact Number:	Contact Number: 11011501
Service details:	Service details: Orthoptist

Additional/Transfer Information (including equipment/adaptions)

Patient Assessment/Comments

Mobility: Ind

Falls information: NA

Personal hygiene/Dressing: Ind

Continence: Catheter in situ: ☐ Yes ☐ No	Continence details:
Type: Size:	
Date of change:	

Dietary requirements:

Most recent MUST score and date:

Most recent weight and date:

Communication/Swallowing/Fluid thickener provided:

NA

Cognitive state:

Alert

Skin condition/PUDRA Score:

Intact

Wound care/Stoma care:

x2 Puncture site - Dressings given to Pt.

Special Instructions for Patient (e.g. Exercise, Diet, Wounds, Others)

6 Week follow up appointment

Others/Follow-up arrangements

Progress discussed with patient: ☑ Yes ☐ No	Diagnosis:
Progress discussed with relative/carer: ☑ Yes ☐ No	EVAR.
This information has been fully discussed with Patient/Carer.	
Date and signature of Nurse: ~~[illegible]~~ SN.	
Date and signature of Patient/Carer:	

Fold here to insert into

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

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Glasgow, Lanarkshire G21 1XP

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%	Sp02 Scale 2 Target 88-92%	Patient on home oxygen Y☐ N☐
Signature:	Signature:	If yes, add details of oxygen therapy
Print Name:	Print Name:	
Dr/ANP Initials ONLY:	Dr/ANP Initials ONLY:	
Date:	Date:	

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

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

Discontinuation of NEWS

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations

Signed.....

Medical: .....

Date: .....

Glasgow Coma Scale

Pupil Reaction and Size: s = sluggish, • = reaction, n = no reaction, c = eyes closed; Pupil Size (mm): 1 2 3 4 5 6 7 8

Date:		1vn	
Time:		11am	
Eyes	Eyes closed by swelling = NT		•
	Spontaneously	4	
	To sound	3	
	To pressure	2	
	None	1	
	Non testable	NT	
Verbal	Endotracheal tube or tracheostomy = NT		•
	Oriented	5	
	Confused	4	
	Words	3	
	Sounds	2	
	None	1	
	Non testable	NT	
Motor	Always record the best response		•
	Obeys command	6	
	Localising pressure	5	
	Normal flexion	4	
	Abnormal flexion	3	
	Extension	2	
	None	1	
	Non testable	NT	
TOTAL		15	
Pupil size: Right		4	
Pupil reaction: Right		•	
Pupil size: Left		4	
Pupil reaction: Left		•	
Arms	Record right (R) and left (L) separately if there is any difference between the two sides		•
	Normal power		
	Mild weakness		
	Severe weakness		
	Spastic flexion		
	Extension		
	No response		
Legs	Record right (R) and left (L) separately if there is any difference between the two sides		•
	Normal power		
	Mild weakness		
	Severe weakness		
	Spastic flexion		
	Extension		
	No response		

Pain Function Score

A	No limitations, activity unrestricted by pain or settles quickly
B	Mild limitations, mild activity restrictions
C	Moderate limitations, attempts but reluctant to continue because of pain. **Seek Advice**
D	Severe limitations, unable to or refuse to perform because of pain. **Urgent Review Required**

Pain Score

Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.

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

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NEWS 2 Key | 1 | 2 | 3

Date	1/11	3/?	post op									09		
Time	11.00	✓		14 30	15 30	16 00	16 46	17 11	18 30	20 00	22 30	00 00	06 00	10 12
A + B Respirations Breaths/min	•	–		•	•	•	•	•	•	•	•	•	•	•
A + B SpO2 Scale 1 Oxygen saturation (%)	97	✓		98	98	98	96	97	96	97	97	97	98	96
SpO2 Scale 2														
Air or oxygen?	A	✓		N 3L	NC 2L	NC 2L	A	A	A	A	A	A	A	A
C Blood Pressure mmHg	↕	✓		132	134/78	120/71	111/64	117/66	↕	↕	↕	↕	109	111/54
C Pulse Beats / min	•	•		80	60	60	60	•	60	•	•	•	•	•
D	•	A		A	A	A	A	A	A	✓	✓	✓	✓	A
E Temperature	•	✓		36.?	36.1	•	•	•	•	•	•	•	•	•
NEWS Total	0	✓		4	2	2	0	0	0	0	0	0	1	0
Blood glucose	7.0	✓		✓	✓	✓	✓	–	✓	✓	✓	✓	✓	✓
Pain / function score	0A	✓		0A	0A	0A	0A	0A	0A	0A	0A	0A	0A	0A
Time Pt last passed urine	10.20	✓		PU	PU	PU	PU	PU	PU	PU	PU	PU	PU	PU
Fluid balance chart indicated Y/N	N	✓		N	N	N	N	N	N	N	N	N	N	N
GCS indicated Y/N	N	✓		N	N	N	N	N	N	N	N	N	N	N
Time NEWS due	23.00	✓		30 min	30 min	30 m	1°	1°	1°	1°	4h	4h	12°	
Escalation of care Y/N	N	✓		N	N	N	N	N	N	N	N	N	N	N
Initials	AB	✓		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Parameter	Range	Score
Respirations	≥25	3
	21-24	2
	12-20	0
	9-11	1
	≤8	3
SpO2 Scale 1	≥96	0
	94-95	1
	92-93	2
	≤91	3
SpO2 Scale 2	≥97 on O2	3
	95-96% on O2	2
	93-94% on O2	1
	≥93 on air	0
	88-92	0
	86-87	1
	84-85	2
	≤83	3
Air or oxygen?	Air (A) or O2 device	0
	O2 L/min 2	2
Blood Pressure	≥220	3
	201-219	0
	181-200	0
	161-180	0
	141-160	0
	121-140	0
	111-120	0
	101-110	1
	91-100	2
	81-90	3
	71-80	3
	61-70	3
	51-60	3
	≤50	3
Pulse	≥131	3
	121-130	2
	111-120	2
	101-110	1
	91-100	1
	81-90	0
	71-80	0
	61-70	0
	51-60	0
	41-50	1
	31-40	3
	≤30	3
D	A Alert	0
	C New Confusion	3
	V Verbal	3
	P Pressure	3
	U Unresponsive	3
Temperature	≥39	2
	38.1-39.0	1
	37.1-38.0	0
	36.1-37.0	0
	35.1-36.0	1
	≤35.0	3

SpO2 Scale 2: Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in chronic hypercapnic respiratory failure. Only use scale 2 under direction of qualified clinician

Blood Pressure mmHg (Score uses systolic BP only)

D: Any changes in neuro response, do GCS. Immediate medical review. Check Blood Glucose. Think Delirium.

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Abbreviations for recording oxygen device

A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Nebuliser
RM	Reservoir Mask (Emergency use only)

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NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE

A Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.

C Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.

E Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

Emergency Department Nursing Documentation

Presenting Complaint - Abdo Pain

Date: 29 / 11 / 22 Time: 21:25

Pat

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Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations (Please tick/circle when completed)		Communication (Please Circle Tick)	
Prepare patient for examination / Clothing bag labelled + stored	☑	NEWS Chart complete / NEWS SCORE - (Record pain, blood sugar and Neuro Obs on NEWS Chart)	☑
GGC RED BAG - with patient	☒		
12 Lead ECG	☑	ID Band	☑
Weight:	☐	Peak Flow	☒
Blood Samples Obtained: Yes ☑ No ☐		Xrays / CT Scan Performed:	☑
IV Access: Yes ☑ No ☐		Relatives / NOK informed (Carers)	☑
Blood Gas: VBG ☑ ABG ☐		Child Protection Concern (considered in line with policy)	Y(N)
		Adult Support and Protection	Y(N)

Urinalysis

Leucocytes ☐	Nitrites ☐	Protein ☐	Blood ☐
Ketones ☐	Glucose ☐	PH	S.G.
MSSU / CSU ☐	Toxiclogy ☐		
HCG ☐	+VE ☐	-VE ☐	Strip No -

Screening Tools (Please tick/circle when completed)			
SEPSIS RISK? / SIRS Criteria 2 or more	Y(N)	**SWALLOW TEST CARRIED OUT? (susp any neurological signs or symptoms)**	**YES**
Mental Health Triage Assessment	Y(N)	If NOT WHY? - (details) NA	(NO)
GMAWS	Y(N)	Date - 29/11/22 Time - 21:25 Signature - M.Hershins	

4AT	
AMT	Correct
Age	
Date of Birth	
Place	
Current year	

No mistakes	= 0
1 mistake	= 1
> 1 mistake	= 2

Attention (months of year backwards)	
> = 7 correct	0
< 7 correct	1
Untestable	2

Alertness	
Normal	0
Mild sleepiness	0
Clearly abnormal	4

Mental status according to family/carer		
Acute change or fluctuating	4	YES
Acute change or fluctuating	0	NO

4AT score

/12

STEP 1 Would this person benefit from Comprehensive Geriatric Assessment (CGA)?

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

		YES	NO
F	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely to require support for discharge? (either new or increase in existing support)		

Are any of the above criteria met? If YES to any of the above move to step 2

STEP 2 Would this person be better managed by another specialty team at present?

Indicator for care by another acute specialty regardless of age.

	YES	NO
Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

Are any of the above criteria met?

If **YES** to any criteria in step 2:

- Prioritise move to non geriatric service as appropriate. If necessary consider geriatric advice on parent ward.

If **NO** to the list in step 2:

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

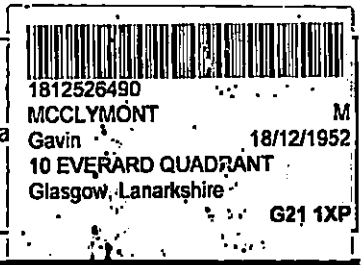
Screening Tools / ACTIVE CARE

(Please tick/circle when completed)

1) Pressure Damage Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	Date	Location of Redness/Ulcers	Grade of Ulcer
2) Mobility	Does the person require assistance?	Y/N			
3) Continence		Y/N	**5) Skin**	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?	Y/N
4) Nutrition		Y/N	**6) Judgment**	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS	Y/N

Independent

Date	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.	Time	Init.



At risk of falls? (clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*	
YES	(NO)

Pause for Transfer / Discharge (Please tick when completed)		Tick when completed	N/A	Notes
Relatives Informed of Admission / Discharge		☑	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☑	Always	
GGC RED BAG - with patient		☒	Always	
Name Band		☑	Always	
Nursing Screening Tools completed		☑	Always	
Bed requested, SBAR COMPLETE		☑	☐	
NEWS chart		☑	Always	
Prescriptions / Charts signed	Infusions	☐	☑	
Cannula		☑	☐	
Notes: medical notes, GP letter, PRF		☑	☐	
Patients requiring analgesia: sufficient		☑	☐	
Belongings (including patients medication)		☑	Always	Please note here if any other tasks required prior to transfer
SAS Transport required and ref. no.		☑	☐	
Print Name M. HARKINS Sign - M. Harkins				

Nursing Notes

Date and Time		Print Name and Signature
29/11/22	Patient brought to Resus from Triage.	
	Bloods obtained and sent including VBG & x2	
	Cross Matching. IV Access obtained, Vital Signs	
	as per NEWS Chart.	
21:30	Patient attending CT Abdo.	MH/SN
21.40	Pt Back from CT, ECG Carried out ~	AH
22:50	Patient D/w Urology and accepted. Wife	
	present in Department and informed.	MH/SN
23.10	Pt comfortable @ present, OBS	
	obtained and charted pt news 7	
	at present ~	AH

Nursing Notes		
Date and Time		Print Name and Signature
00·15 30/11/22.	Further 5mg IV morphine given as prescribed. pt more comfortable @ T present	

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

M 1812526490
N MCCLYMONT
F Gavin
D 18/12/1952
A 10 EVERARD QUADRANT
W Glasgow, Lanarkshire
G21 1XP

M CHI: _____

Address: _____

Hospital: GRI | 43C

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ Resuscitation/Chest Pain ☐ IV Drugs ☐ Fluids ☐ Transfusion ☐

PVC inserted: Day 0	Date: 10/12/22 Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☑ 43C Unknown ☐
Insertion site:	R Hand ☐ R Arm ☑ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other: (R) ANTE-CUB
Colour of cannula:	Blue ☐ Pink ☑ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☑ No ☐ If No, state reason: VOL-BRL

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? (Diagnostics, Resuscitation/ Chest Pain, IV Drugs, Fluids, Transfusion)	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day 11/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	
Day 1 Check 2 Night 11/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	
Day 2 Check 1 Day 12/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☑ N/A ☑	
Day 2 Check 2 Night 13/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☑	
Day 3 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP:	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night 13/12/22	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☐ No ☐	Yes ☐ No ☑ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: __/__/__ Reason for keeping PVC in after 72 hrs/ 3 days: _____

*Date PVC Removed: 14/12/22

*Reason For Removal: NFR

Modified Visual Infusion Phlebitis (VIP) Score

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

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE is available reliably** (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

1812526490

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Wi MCCLYMONT M
Na Gavin 18/12/1952
DC 10 EVERARD QUADRANT
Glasgow, Lanarkshire
Wa G21 1XP

CHI: _____
Address: _____
Hospital: GRI / 43C

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ **Resuscitation/Chest Pain** ☐ **IV Drugs** ☐ **Fluids** ☐ **Transfusion** ☐

PVC inserted: Day 0	Date: 8/12/22 Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ 43C Unknown ☐ _____
Insertion site:	R Hand ☐ R Arm ☐ R Foot ☐ L Hand ☑ L Arm ☐ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☑ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: PVC insitu already

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? (Diagnostics, Resuscitation/ Chest Pain, IV Drugs, Fluids, Transfusion)	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night 9/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	[illegible]
Day 2 Check 1 Day 10/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	[illegible]
Day 2 Check 2 Night 10/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	CS
Day 3 Check 1 Day 11/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	[illegible]
Day 3 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: __/__/__ **Reason for keeping PVC in after 72 hrs/ 3 days:** _____

***Date PVC Removed:** 11/12/22

***Reason For Removal:** PVC dislodged

Modified Visual Infusion Phlebitis (VIP) Score

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	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE is available reliably** (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES → This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write 1812526490
Nam MCCLYMONT
DOB: Gavin 18/12/195
Ward 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XF

Mress:
spital:

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ **Resuscitation/Chest Pain** ☐ **IV Drugs** ☐ **Fluids** ☐ **Transfusion** ☐

PVC Inserted: Day 0	Date: 1/__/__ Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ ICU Unknown ☐
Insertion site:	R Hand ☐ R Arm ☑ R Foot ☐ L Hand ☐ L Arm ☐ L Foot ☐ Other:
Colour of cannula:	Blue ☐ Pink ☐ Green ☐ White ☐ Grey ☑ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason:

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day 1/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	
Day 1 Check 2 Night 1/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☐ No ☑ Charged	Yes ☐ No ☐ N/A ☑	AC
Day 2 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP:	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 2 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP:	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP:	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP:	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: __/__/__ **Reason for keeping PVC in after 72 hrs/ 3 days:**

***Date PVC Removed:** 1/12/22

***Reason For Removal:** Bleeding ++ from site

Modified Visual Infusion Phlebitis (VIP) Score

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	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → **Can I switch my patient from IV to oral antibiotics?**

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE** is available reliably (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy.
Record the intended duration on the medicine kardex

YES

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

W
1812526490
N MCCLYMONT
D: Gavin 18/12/1952
W 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XF

CHI:
IV
Address:
Hospital:

NHS Greater Glasgow and Clyde

Insertion criteria: Please complete this section at time of insertion.

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be inserted if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to have a PVC. (Please see back of care plan for further information on DRIFT) Please tick all clinical criteria that apply:

Diagnostics ☐ **Resuscitation/Chest Pain** ☐ **IV Drugs** ☑ **Fluids** ☑ **Transfusion** ☐

PVC inserted: Day 0	Date: 30/11/22 Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ _____ Unknown ☐ _____
Insertion site:	R Hand ☐ R Arm ☐ R Foot ☐ L Hand ☐ L Arm ☑ L Foot ☐ Other: _____
Colour of cannula:	Blue ☐ Pink ☐ Green ☐ White ☐ Grey ☐ Orange ☐
Explanation and PVC leaflet provided to patient/ carer	Yes ☐ No ☐ If No, state reason: _____

PVC Maintenance Check	Does the Patient require this PVC for any of the DRIFT criteria? Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion	VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*.	Is the PVC dressing intact?	If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan)	Initial
Day 1 Check 1 Day 1/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	AL
Day 1 Check 2 Night 1/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	AC
Day 2 Check 1 Day 2/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	AM
Day 2 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	
Day 3 Check 1 Day 3/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	AM
Day 3 Check 2 Night __/__/__	Yes ☐ No ☐ If No, remove PVC and record date and reason*.	VIP: _____	Yes ☐ No ☐	Yes ☐ No ☐ N/A ☐	

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: __/__/__ **Reason for keeping PVC in after 72 hrs/ 3 days:** _____

***Date PVC Removed:** 3/12/22 1900

***Reason For Removal:** VIP 3 - Removed

Modified Visual Infusion Phlebitis (VIP) Score

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	

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and S. aureus bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → **Can I switch my patient from IV to oral antibiotics?**

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature ≤ 37.9°C, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE is available reliably** (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, S. aureus bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abcess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy. Record the intended duration on the medicine kardex

YES

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.

NO

1812526490
Wri MCCLYMONT M
Nai Gavin 18/12/1952
Ad 10 EVERARD QUADRANT
Glasgow, Lanarkshire
CH G21 1XP
DO

Adult Urethral Urinary Catheter(UUC)

Insertion & Maintenance Care Plan

Catheter Batch Label
please see medical notes

NHS Greater Glasgow and Clyde

Insertion – Complete all sections				
Date and time inserted 1/12/22 – 2200	Urethral Urinary Catheter inserted Hospital GRI ED ☐ Theatre ☐ ITU/HDU ☐ Ward 43C.	Gauge 16.	10 mls in balloon	Inserted by A Mclay (Print name & designation [if known]) ARCHARY S/N.
Clinical indication for urethral urinary catheterisation: Urinary retention	Long term urethral urinary catheter ☐ (> 28 days)	Short term urethral urinary catheter ☐ (≤ 28 days)		
Patient had urethral urinary catheter inserted in the community/out with NHS GGC: Yes ☐ No ☐	Date UUC inserted (if known)			

Insertion Criteria		Comments
Alternatives to urethral urinary catheterisation considered	Yes ☐ No ☐	
Hand hygiene is performed immediately before urethral urinary catheter insertion	Yes ☑ No ☐	
Aseptic technique performed at insertion	Yes ☑ No ☐	
Urethral Urinary catheter of smallest gauge used and balloon filled to recommended level	Yes ☐ No ☐	No gauge recommended due to ? stones
Urethral meatus cleaned with sterile saline and sterile lubricant used	Yes ☑ No ☐	
Aseptic technique maintained when connecting urethral urinary catheter to closed drainage system	Yes ☑ No ☐	

DAILY MAINTENANCE: FOR ALL PATIENTS WITH A URETHRAL URINARY CATHETER:

- Staff must wear gloves and apron and perform hand hygiene before and after urinary catheter procedures
- The drainage bag must be emptied when clinically indicated using a clean disposable container for each patient. Please refer to Insertion and maintenance of adult indwelling urethral urinary catheter SOP.

Maintenance – To be completed daily (observe for signs and symptoms of infection)

Please regard Day 1 as day of insertion or the day patient is admitted to hospital with Urethral Urinary Catheter.	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out? (soap and water)	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
Day 1 2/12/22	43C	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	M McCourt (SN)
Day 2 3/12/22	43C	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	A Mclay
Day 3 4/12/22	43C	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	[illegible] SN (SN4)

Date removed: 6/12/22 Time removed: 16:00 Reason for Urethral Urinary Catheter removal: urology advice Removed by: [illegible]

CHI Number: _____

Maintenance – To be completed daily (observe for signs and symptoms of infection)						
	Ward	Does the patient still require a urethral urinary catheter?	Is the urethral urinary catheter connected to a closed drainage system and changed in line with manufacturer's instructions?	Daily meatal hygiene has been carried out?	Urine drainage bag is situated below the level of the bladder and not in contact with any surface e.g. floor?	Signature and Print Name
Day 4 5/12/22	U3C	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐	
Day 5 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 6 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 7 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 8 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 9 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 10 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 11 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 12 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 13 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 14 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 15 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 16 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 17 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 18 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 19 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 20 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 21 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 22 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 23 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 24 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 25 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 26 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 27 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 28 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

Care Rounds Checklist

Date: 20.12.22

Attach Addressograph Label
McCLYMONT
GAVIN
Ward:

NHS Greater Glasgow and Clyde

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~~

1. Signed _____ Name Gary Dare Designation Shr
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	02:05	05:50																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	✓	✓																		
K	4	**KEEP MOVING** Has the patient moved or walked?	N	N																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B																		
		Chair Assist to walk or stand (W/ST)	✓	✓																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N																		
		Drink taken?	S	S																		
		Food, snack, or supplement taken?	S	S																		
		Has oral hygiene been carried out as per care plan?	S	S																		
	7	**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	Y																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	S	S																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N/A	N/A																		
		Care provider / role	AP	AP																		

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 19/12/22

Att [redacted]
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
W: Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

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

1. Signed [redacted] Name [redacted] Designation [redacted]
2. Signed [redacted] Name N Elliott Designation SN
3. Signed _____ Name _____ Designation _____

'Must dos' for the next shift if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	00 10	04 15	11 60	18 00	22 00
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	I	I	N	N	N
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/	/	-	/	/
K	4	**KEEP MOVING** Has the patient moved or walked?	I	I	N	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	-	-	B	B
		Chair Assist to walk or stand (W/ST)	B	L	U	I	/
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	F	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	Y	N	N
		Drink taken?	S	S	N	N	Y
		Food, snack, or supplement taken?	S	S	N	N	Y
		Has oral hygiene been carried out as per care plan?	/	-	N	N	/
	7	**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	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	NA	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA
		Care provider / role	S	S	HCA	SN	HCA

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 18-12-22

1812526490 M
MCCLYMONT
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

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)

1. Signed Reynolds Name MREYNOLDS Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
BATH

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	0800	1000	1200	2000
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	N	N	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–	INT	I	I	I
K	4	**KEEP MOVING** Has the patient moved or walked?	I	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	–	B	B	B	B
		Chair Assist to walk or stand (W/ST)	W				
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N
		Drink taken?	N	Y	Y	Y	Y
		Food, snack, or supplement taken?	N	Y	Y	Y	Y
		Has oral hygiene been carried out as per care plan?	N	N	N	N	N
	7	**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?	N	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	N	N	N	N
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	N	N	N	N
		Care provider / role	SN	HCA	HCA	SN	SN

Care Rounds Variance Sheet

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name
18/12		(3)	Pt states skin intact.	PC

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Care Rounds Checklist

Date: 17-12-22

Mr G McClymont
10 EVERARD QUADRANT
Glasgow
Lanarkshire
G21 1XP

1812526490

NHS Greater Glasgow and Clyde

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)

1. Signed [signature] Name MRS [illegible] Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

nothing

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	0350	0930	1330	1700	2000	2355													
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N													
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N													
S	3	**SKIN INSPECTION** Pressure areas checked:	N	I	N	N	N	N													
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–	I	I	/															
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y													
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	SR	B	SR		B													
		Chair Assist to walk or stand (W/ST)	–	W	T	W	ST W														
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I													
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N													
		Drink taken?	N	Y	Y	Y	Y	N													
		Food, snack, or supplement taken?	N	Y	Y	Y	Y	N													
		Has oral hygiene been carried out as per care plan?	N	I	N	N	N	N													
	7	**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	Y	Y	Y	Y	Y													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	S	N	N	N	N/Y	N													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA													
		Care provider / role	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]													

[redacted]

Care Rounds Variance Sheet

Attach Addressograph

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Ward: Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name
[redacted]				
17/12/22	3		PATIENT STATES PRESSURE AREAS OK.	J Moore.

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Care Rounds Checklist

Date: 16/12/22

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)

1. Signed CA Name CANDERSON Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach label

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Ward: KR3

NHS Greater Glasgow and Clyde

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	02	05	08	13 30	16 50	20 30	23 55											
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N		N	N	N	N	N											
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N		N	N	N	N	N											
S	3	**SKIN INSPECTION** Pressure areas checked:	N/A		N/A	N/A	N/A	N	N											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/		–	–	–	–												
K	4	**KEEP MOVING** Has the patient moved or walked?	Y		Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L		B	S1	S1	–	B											
		Chair Assist to walk or stand (W/ST)				B	B	W	ST											
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I		I	I	I	I	I											
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N		N	N	N	N	N											
		Drink taken?	N		Y	Y	Y	N	N											
		Food, snack, or supplement taken?	N		Y	Y	Y	N	N											
		Has oral hygiene been carried out as per care plan?	N		Y	Y	Y	N	N											
	7	**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		Y	Y	Y	Y	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y		n/a	N/A	n/a	NT	N/A											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.			N/A	N/A	N/A	NA	NA											
		Care provider / role	KG		[illegible]	[illegible]	[illegible]	[illegible]	[illegible] RN											

Care Rounds Variance Sheet

Attach Addressograph Label

1812526490 M
MCCLYMONT 18/12/1952
Gavin

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name
18/12/22	16^{20}	3	Patient Independently, relieves Pressure Area, refused Skin check —	B Gow

Care Rounds Checklist

Date: 15-12-22

1812526480
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

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)

1. Signed _____ Name CANDERSON Designation SN
2. Signed _____ Name NELSON Designation SN
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	04 00	08 45	12 30	16 10	18 [illegible]	22 [illegible]
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	N	NT	NT	N/A
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		–	–	–	–	–
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	R	B	L	B	B	L
		Chair Assist to walk or stand (W/ST)		–	–	–	–	
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N
		Drink taken?	N	Y	Y	Y	Y	Y
		Food, snack, or supplement taken?	N	Y	N	N	N	N
		Has oral hygiene been carried out as per care plan?	N	Y	N	N	N	N
	7	**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	Y	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	NC	NC	NC	NC	N
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	
		Care provider / role	NURSE RN	NC	[illegible]	[illegible]	[illegible]	[illegible]

Care Rounds Variance Sheet

Attach Addressograph Label

Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

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Care Rounds Checklist

Date: 14/12/22

Attach A

1812526490 M
MCCLYMONT
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Ward:

NHS Greater Glasgow and Clyde

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)

1. Signed [signature] Name [signature] Designation SVN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	DW	Sam	09:00	13:30	17:30	20:00	23:55											
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	N											
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N	N											
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	N	N	N	N	N											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	Int	Int	I	/	/													
K	4	**KEEP MOVING** Has the patient moved or walked?	Y.	~~Int~~ Y	Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	R	B	SI	SI	B		B											
		Chair Assist to walk or stand (W/ST)			CH	CH	T	ST W												
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I.	I	I	I	I	I	I											
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N											
		Drink taken?	N	N	Y	Y	Y	Y	N											
		Food, snack, or supplement taken?	N	N	Y	Y	Y	Y	N											
		Has oral hygiene been carried out as per care plan?	N	N	I	N	N	N	N											
	7	**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	Y	Y	Y	Y	Y	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	N	N	N	N	N/Y	N											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA	NA											
		Care provider / role	[signature]	[signature]	[signature]	[signature]	[signature]	BILLY RN	BILLY RN											

Care Rounds Variance Sheet

Attach
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Ward: Glasgow, Lanarkshire
G21 1XP

NHS
Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GCC0098

Care Rounds Checklist

Date: 13/12/22

Attach Addressograph Label

1812526490
MCCLYMONT M
Gavin 18/12/1952
War. 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

NHS Greater Glasgow and Clyde

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)

1. Signed _____ Name _____ Designation _____
2. Signed [signature] Name [illegible] Designation SN
3. Signed [signature] Name [illegible] Designation SN

'Mus[illegible]t if there is anything they want specifically done today:

USE FOLLOWING CODES:
Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off the ward I = Independent

		Times	01 06	05 25	09 00	12 45	16 30	20 30												
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N												
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	N	N												
S	3	**SKIN INSPECTION** – Pressure areas checked:	I	I	Y	N	I	I												
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	–	–	NT	✓	INT	INT												
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	CH	CH	B	B												
		Chair Assist to walk or stand (W/ST)	–	–	ST	ST	ST	ST/W												
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	I	I												
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N												
		Drink taken?	Y	Y	Y	Y	Y	Y												
		Food, snack, or supplement taken?	Y	N	Y	Y	Y	Y												
		Has oral hygiene been carried out as per care plan?	–	N	NA	NA	I	I												
	7	**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	Y	Y	Y	Y	Y												
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NO	NO	NO	NO	NT	NT												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA												
		Care provider / role	[illegible]	[illegible]	[illegible]	[illegible]	NT SN	M SN												

Care Rounds Variance Sheet

Attach Addressograph Label
Ward:

NHS Greater Glasgow and Clyde

Codes

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

N.B. Record what and to whom escalated.

Date	Time	Code	Variance	Sign & Print Name

mi • 278936 v2.1 • GGC0098

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

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

Patient Note		**Outpatient Note**
Date/Time: 19-Jul-2024 17:02	**Created By:** Consultant in Oral Medicine - Giulio Fortuna	**Role:** Doctor - GGC
Specialty: Oral Medicine	**Organisation:**	Sensitive

Note:

Time: 16:45
I have spoken with the pt on the phone and I have explained and reassured him about the pathology report. Pt fully understood. Pt advised to attend the next F2F RV appt for a clinical re-assessment and getting a copy of the pathology report. Pt was happy and agreed with this plan.

Giulio Fortuna, DMD, PhD

Patient Note		**Outpatient Note**
Date/Time: 01-May-2024 11:41	**Created By:** Consultant in Oral Medicine - Giulio Fortuna	**Role:** Doctor - GGC
Specialty: Oral Medicine	**Organisation:**	Sensitive

Note:

Visit Date: 14/03/2024
Patient: Gavin McClymont
DOB: 18/12/1952

I was asked by Dr. Laura Grant to see this 71 y/o male for the evaluation of oral leukokeratotic lesion

History of Present Illness: Patient reports that those lesions were discovered as an incidental finding during a routine dental visit. Here, his dentist noted a leukokeratotic lesion on the left margin/ventral side of the tongue, measuring approximately 20x10mm that presented with irregular borders, and slight erythema around the margins. Therefore, the pt was referred to the Oral Medicine Dept for further assessment.
As far as the pt is aware of, oral lesions have always been located on the tongue and never spread elsewhere in the oral cavity. They are not painful, and are not ameliorated or worsened by anything in particular. Treatments for oral lesions have included nothing. A previous biopsy of the oral lesions has not been completed.

Past Medical History: Anxiety/Depression, Afib, OA, BPH, GERD, Urolithiasis

Medications: Sertraline, Simvastatin, Sotalol, Apixaban, Omeprazole, Tamsulosin

Allergies: NKDA

Social History.
Tobacco use: Patient smokes 10-12 cigarettes per day
Alcohol use: Patient drinks 2 pints of beer and 6 shots of vodka only on Saturdays
Recreational drug use: Patient denies

Family Medical History:
Patient denies significant family medical history of cancer, diabetes, but reported family hx of

cardiovascular related conditions (father and oler brother died of heart attack).

Extraoral examination:
Head-neck lymph nodes: no adenopathy noted to palpation.
Salivary Glands: no enlargement at visual inspection, no abnormalities noted to palpation.
TMJ: no clicking or crepitus, no limitation in range of motion.
Head-neck muscles: no pain or tenderness to palpation.
Head-neck skin: no lesions noted.
Eyes: no erythema or symblepharon
Cranial Nerves III, IV, V, VI, VII, VIII, IX, X, XI, XII grossly intact.

Intraoral examination: The teeth were intact, well restored. No obvious signs of acute odontogenic or periodontal infection. However, patient presents with gingival recessions on several teeth, and partial edentulism. Tissues had a normal wetting appearance. Clear saliva could be expressed from all 4 major salivary gland orifices.

Oral Lesions (WNL - within normal limits):
Right buccal mucosa: WNL
Left buccal mucosa: WNL
Maxillary facial gingiva: WNL
Mandibular facial gingiva: WNL
Mandibular lingual gingiva: WNL
Maxillary Labial Mucosa: WNL
Mandibular Labial Mucosa: WNL
Hard Palate: WNL
Soft palate: WNL
Right lateral tongue: WNL
Left lateral tongue: Presence of 10x7mm leukokeratotic plaque-type lesion with micropapillary superficial aspects
Dorsal tongue: WNL
Right Ventral tongue: WNL
Left Ventral tongue: WNL
Oropharynx: WNL

Photos taken: Yes

Assessment/Plan:
Patient was seen today with chief complaint of oral leukokeratotic lesions clinically consistent with tobacco-related unifocal leukoplakia (OL) versus HPV-related lesion, such as condyloma acuminatum. Oral lesions appear to be homogeneous in terms of morphology, texture and chroma, and have reassured the pt about them.
I have discussed with the pt about the lesion and explained him that, in order to render a definitive diagnosis, and rule out any dysplasia or malignancy, an incisional biopsy is required. Pt agreed and biopsy will be booked. I have explained that currently no medical management is required.
Pt advised to see his GP for a prescription of oral Nystatin suspension (swish 5 ml for 2 min 3 times per day for 3 days before the biopsy).
Pt advised to miss the morning dosage of Apixaban the day of the biopsy, and quit smoking and reducing the amount of alcohol.

Prescribed medications: None

Prescribed laboratory examinations: None

Prescribed radiological examinations: None

Follow-up: Patient will be seen in 4 months

Patient will contact the Oral Medicine Department at Glasgow Dental Hospital and School prior to the next follow-up visit if patient notices a worsening of his oral conditions.

Giulio Fortuna, DMD, PhD
Clinical Senior Lecturer and Honorary Consultant in Oral medicine
Level 4, Office F12
Glasgow Dental School & Hospital
University of Glasgow

378 Sauchiehall Street
Glasgow G2 3JZ, Scotland, UK

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

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

Patient Note		**Outpatient Note**
Date/Time: 03-Aug-2023 15:31	**Created By:** Endourology Clinical Nurse Specialist - Victoria Welsh	**Role:** Nurse - GGC
Specialty: Urology	**Organisation:**	Sensitive
Note: Review of stent register. Due to attend 22/8/23 for removal		

Previous Patient Notes for Accident & Emergency (newest at the top).

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

Patient Note		**Other**
Date/Time: 24-Dec-2022 18:35	**Created By:** Nurse - Anna Glasgow	**Role:** Nurse - GGC
Specialty: Accident & Emergency	**Organisation:**	Sensitive
Note: CEPHEID POCT NEGATIVE		

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

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

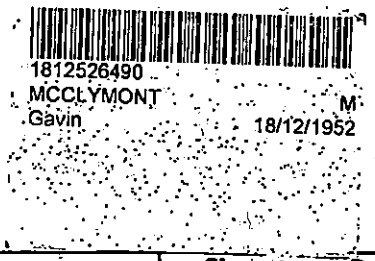
Patient Note		**Inpatient Note**
Date/Time: 16-Dec-2022 03:03	**Created By:** Craig Anderson2	**Role:**
Specialty: Cardiology	**Organisation:**	Sensitive
Note: Lateral flow -ve 15/12/22		

Patient Note		**Inpatient Note**
Date/Time: 15-Dec-2022 01:27	**Created By:** Craig Anderson2	**Role:** Nurse - GGC
Specialty: Cardiology	**Organisation:**	Sensitive
Note: Lateral flow -ve 14/12/22		

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate



Date & Time		Signature, Print Name & Designation
	4/9/25 ZAMAN STS - Usdc	
	04:55	
	POD 1 ECAR.	
	Loos well	
	Efb	
	Pu	
	gens dr / no haematoma	
	PQ: Pu: 1. Ufut WOB C	
	2. Have fdy - F/u CT 8/52	
	4 3/12 CTA OP	
		S. Zam S.
		STS Cur

MCCLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Pre Op Assessment Form

Last updated by Tracy MACPHERSON (Tracy MacPherson) 10 months ago (v. 3) Show History

Do Not Overwrite – This form is specific to this service and procedure only.

Content Restricted	No	Sensitivity	Sensitive
If the information on this form merits further restriction than that of Highly Sensitive, please select **Yes** to apply a Privacy Seal		The information on this form **will** be viewable by health and care providers with the appropriate access permissions	

Emergency Contact Details

Name	Alice Mcclymont
Address	same
Landline	0141 3895357
Mobile	—
Relationship	Wife

Assessment

Assessment Nurse	T Macpherson	Grade	6
Consultant	Mr Treharne	Assessment Date	25-Aug-2025

Hospital	Gartnavel General Hospital
Specialty	Vascular Surgery
Is the patient over 65 years?	Yes

Cognitive Assessment Tool for older People over 65 Years (AMT 4)

Score 1 for each correct answer. Please enter the score – a score of less than 4 refer to medical/anaesthetic staff

How old are you?	1
What is your date of birth?	1
What is this place?	1
What year is it?	1
AMT Score	4

Admission

Procedure	EVAR

Availability

Are you available at short notice?	Yes

MCCLYMONT, Gavin (Mr)

Period of unavailability

BORN 18-Dec-1952 (73y) GENDER Male

CHI 1812526490

Unavailable from	—
To	—
Reasons for unavailability	—
Further details	—

Admission Date	03-Sep-2025	Admission Time	—
Hospital	Queen Elizabeth University Hospital	Ward	—
Patient Information Leaflet	Yes		

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA	Yes	Previous GA Details	appendicectomy pacemaker kidney procedure
Dentition Risk	No		
Reduced Neck Movement	No		
Family History	No		
Other Risk	No		
Heartburn	Yes	Heartburn Details	omeprazole - medication works
Sickle Cell Disease	No	Are there risk factors for sickle cell disease?	No

Information Please click here for the POA Guidelines

Surgical

Affects Suitability For DSU Or SDA	No	Please Specify	—
Any Serious Surgical Or Anaesthetic Complication	No		

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension	No

Arrhythmias	Yes	Arrhythmias Details	atrial flutter - pacemaker mild mixed aortic valve disease

MCCLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Palpitations / Blackouts	No

Angina

Angina	No

Heart Attack?	No
Murmur	No
Heart Failure	No

Information Please click here for the POA Guidelines

Respiratory

Do you have Asthma?	No
Do you have COPD\Emphysema?	No
URTI	No

Information Please click here for the POA Guidelines

Neurological

Stroke	No
Epilepsy	No
Neurological Disease	No
Physical Disability	No

Haematological

Bleeding Disorder	No
Previous DVT	No
Anaemia	No
Blood Products - If you ever need a blood transfusion or other blood products, would you refuse to receive them ?	No

Information Please click here for the POA Guidelines

Others

Kidney Disease No

MCCLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Liver Disease/Jaundice	No
Diabetes	No
Rheumatoid Arthritis	No
Has The Patient Ever Been Notified That They Are At Risk Of CJD or vCJD For Public Health Purposes	No
Any Serious Illness Not Already Mentioned?	Yes
Any Serious Illness Not Already Mentioned Details	AAA GORD DEPRESSION

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness	Climb stairs without stopping	Additional information	—

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	No
Units / Wk	4
Duration	—

Smoking

Smokes	Yes
Cigs/Day	8-10 per day
Ex Smoker	—

Drugs

IV or Recreational Drug Abuser	No
Ex User	No
Methadone Req	No
Self-Admin	—

Pregnancy

Pregnant	—

Information Please click here for the POA Guidelines

Drug History, Current Generic Name & Dose

MCGILVMONT, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

see IDL

Allergies

Allergies	—

Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker	—
Prosthesis/Others	—

Information Please click here for the POA Guidelines

Examination

Weight not taken	No

BMI

Date Taken	25-Aug-2025
Height	1.66 m Actual
Weight	84.6 kg Actual
BMI	30.7 Calculated
Comments	—

Ranitidine 150MG X 2 tabs Dispensed As Per PGD 2018/1621	No

Vital Signs

Pulse	60 bpm
Temperature	36.5 °C
Systolic BP	141 mmHg
Diastolic BP	83 mmHg
Resp rate	—
SaO2	96 %
Comments	—

Risk Of Sleep Apnoea

Do You Suffer From Daytime Sleepiness, Restless Sleep Or Witnessed Breath Holding During Sleep?	No

Information Please click here for the POA Guidelines

MCCLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (72y) GENDER Male
CHI 1812526490

Investigations & Date Ordered

FBC	Yes	FBC Date	25-Aug-2025
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	Yes	Cross Match Date	25-Aug-2025
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—
U&Es	Yes	U&Es Date	25-Aug-2025
LFTs	Yes	LFTs Date	25-Aug-2025
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	No	ECG Date	—
MRSA Screen	Yes	MRSA Screen Date	25-Aug-2025
Echo	No	Echo Date	—
Other	—		

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)
Yes

1. Has The Patient Ever Had A Previous Positive MRSA Result?
No

2. Has The Patient Been Admitted From A Care Home/Institutional Setting Or Another Hospital?
No

3. Does The Patient have A Wound/Ulcer Or Invasive Device Which Was Present Prior To Admission
No

If 'Yes' to any question or if the patient is within (or admitted to) a High Impact Speciality* complete section B ['Not known' = 'No']

Orthopaedics
Vascular

B: MRSA Test?
Yes Yes --

Date 25-Aug-2025 Ward POA Patient Refused —

DVT Risk Factors

VTE Risk

Is The Patient At Risk Of DVT?	Yes
Do They Require Prophylaxsis?	Yes
Comments	vascular issues

Day Surgery / Admission Criteria

Is the patient suitable for day surgery?

MCGLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Admission Criteria

Appropriate admission based on nursing assessment	SDU
Additional information	—

Advice and Actions

Q 1 Advise to take usual anti-reflux medication	No
Q 2 Dispensed Ranitidine as per PGD directive	No
Q 3 Refer to smoking cessation clinic	No
Q 4 Advise not to take "intravenous or recreational drug (s)" during the 24 hours before surgery (related to Social – Drugs).	No
Q 5 Anticoagulant advice	No
Q 6 Clopidogrel advice	No
Q 7 Aspirin advice	No
Q 8 OCP advice	No
Q 9 Provide Herbal Medicine Advice	No
Q 10 Arrange for dialysis the day before surgery	No

Q 11

Bristol facilities for dispensing methadone are available, if the patient is taking methadone

No

MCGLYNN, Gavin (Mr)
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Q 12

Fasting Information Discussed

Yes

Q 13

Dentition Risk Discussed

Yes

Pre-operative Assessment Summary

Assessor T Macpherson Grade 6

Routine observations taken and documented. Hospital information leaflets provided which includes advice to bring in normal medications, and pre op fasting criteria discussed and understood. Pre op carried out as per nice guidelines. Verbal and written advice given to not take apixaban for 2 days before surgery

STOPBANG – 3 ROCKWOOD FRAILTY SCORE – 2
HS – 1+11+murmur heard - last ECHO july 25 - LA mildly dilated, Mild AS with mild/moderate AI, Mild TR
has pacemaker DDD insertion 20.12.22 due to paroxysmal atrial flutter
explained that he does suffer from dizzy spells on occasion - last time was 6 weeks ago.
Warm and well perfused, Radial pulse regular,
Routine observations satisfactory,
No oedema, No jaundice, No anaemia
Exercise tolerance – walks well without any aids

AE – R=L=Good, EXP – R=L=Normal, BS – Nil added, PN – Resonant
Smoker - admits to 8-10 per day.

Anaesthetic Assessment

Anaesthetist — Grade —

—

Recommended Admission Pathway

Review By

Anaesthetist —

Other —

DSU/23hr Criteria Met — SDA Criteria Met —

Referrals

Smoking Cessation —

Other —

Amend Print

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard: 0141 201 1100
Department: vascular
Contact Tel: 0141 451 5945
Enquiries to:
Letter Date: 11/08/2025
Reference: GT/ld
Dictated Date: 08/08/2025
Transcribed Date: 08/08/2025

Dear Dr Coia,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

This gentlemen's scan was discussed at our MDT today. He is suitable for endovascular repair of his abdominal aortic aneurysm. I will discuss this with him in clinic in the next few weeks and arrange for to be performed if he is agreeable.

Yours sincerely

Gareth Treharne

Consultant Vascular Surgeon

Electronically Signed: Mr Gareth Treharne, Consultant

cc.

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

LAURA COIAAuchinairn Medical Practice,127/129 Auchinairn Road,Bishopbriggs, Glasgow, G64 1NF

Main Switchboard:
Date of Completion: 04-Sep-2025

Dear LAURA COIA,

Name	CHI	DoB	Address
Gavin McClymont	1812526490	18-Dec-1952	10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admitted	Type	Discharged	Destination
03-Sep-2025 07:06	IP	04-Sep-2025	Private Residence - (supported)

Specialty	Consultant	Ward	Telephone
Vascular Surgery	Treharne	QEUH Ward 11A Vascular Surgery	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
EVAR 3/9

Last Discharge Review: Nina Constable (Nina Constable - FY1 General Surgery) on 04 Sep 2025 09:39

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Apixaban 5mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			
Dihydrocodeine 30mg tablets	oral	1 tablet four times daily when required , Fixed Period 7 Day(s) from 04 Sep 2025	Yes				Amended
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
Paracetamol 500mg tablets	oral	2 tablets four times daily	Yes				Added
Simvastatin 40mg tablets	oral	1 tablet once daily	No	Patient's own drugs at home			
Sotalol 160mg tablets	oral	1 tablet twice daily	No	Patient's own drugs at home			
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily	No	Patient's own drugs at home			
White Soft Paraffin And Liquid Paraffin Light 13.2 % + 10.5 % Cream	topical	APPLY AS REQD,	No	Patient's own drugs at home		Y	

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
There is no data to display.

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Mr McClymont was admitted electively on 3/9 for a Endovascular abdominal aortic aneurysm repair. This was done under local anaesthetic, and proceeded well, with no intra or post operative complications. On post operative day 1 he was seen to be well and ready to be discharged with his regular medications restarted. Kind regards Samir Zaman ST5
Discharge Comments:	
Follow Up:	No F/U CTA 3 months F/U Mr Treharne GRI 8 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Mohammad ZAMAN

Prescription Review
Checked by: Katie MACDOUGALL (Staff Nurse)
Discharged by: Katie MACDOUGALL (Staff Nurse)

SDAU

Anaesthetic Record

NHS Greater Glasgow and Clyde

Anaesthetic Record

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Pre-op

Procedure(s) EVAR

Anaesthetist(s) SMART/TARGETT

Surgeon(s) TROTTARNE

	C	SAS	ST6	CT	PA
Elective	☑				
Urgent					
Immediate					
Anaesthetist(s)	☑	☐	☑	☐	☐
Surgeon(s)	☐	☐	☐	☐	

Date 3/9/25

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: Nuebx gent hep 5000

Anaesthetist Sign / Print TARGETT

ASSESSMENT

Airway / Dentition: failed 21S. neck OK gr A
previgil 4
bridge none loose
MP2

RS
smoker 8-10/day
2 flights OK
walks 2k miles - no SOBOE

CVS
pacemaker DDD@I last checked Dec 2024
AF flutter (paroxysmal)
mixed AV disease
AAA

GI / Renal / CNS / Other
heartburn - PPI effective

echo: July 2025 - LA mildly dilated.
mild AS + mild/mod AR. Mild TR.
Good sys fn RV + LV

Previous anaesthesia / Family history
prev GA - OK
appendicectomy

Assessor
Sign / Print / Date TARGETT ST6
3/9/25

Ht 1.66
Wt 84.6 kg
BMI 30.7

BP 141 / 83 60bpm
ECG 60bpm atrial paced

25/8
Hb ~~128~~ 141 Na 141
WCC 6.0 K 4.1
Plts 145 U 6.5
XMatch ✓ERS Cr 84
Clotting Gluc
eGFR>60

Allergies / Reactions
NKDA

Current therapy
tamsulosin
sotalol
apixaban - last dose 60hrs ago
omeprazole
Seretide

OK with NSAIDs ☐

Risks discussed
GA vs SAB vs LA.
GA risks - sore throat/dental damage/ PONV/analgesia/allergy.
→ for LA.

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 18G D.RH

A line

CVP

Airway/Ventilation

FM hudson — Pre-ox ☐

LMA — Cricoid P ☐

ETT — SV ☑

Grade — IPPV ☐

Regional Anaesthesia

Midazolam (mg)	1							
Propofol i.v. TCI	2							4
Flucloxacillin (g)	2							
Gentamicin (mg)	240							
Heparin (units)				5000 @ 0955				2000 @ 1203
Fentanyl (mcg)								25+25+25+25
Time	09:00	09:30	10:00	10:30	11:00	11:30	12:00	12:30

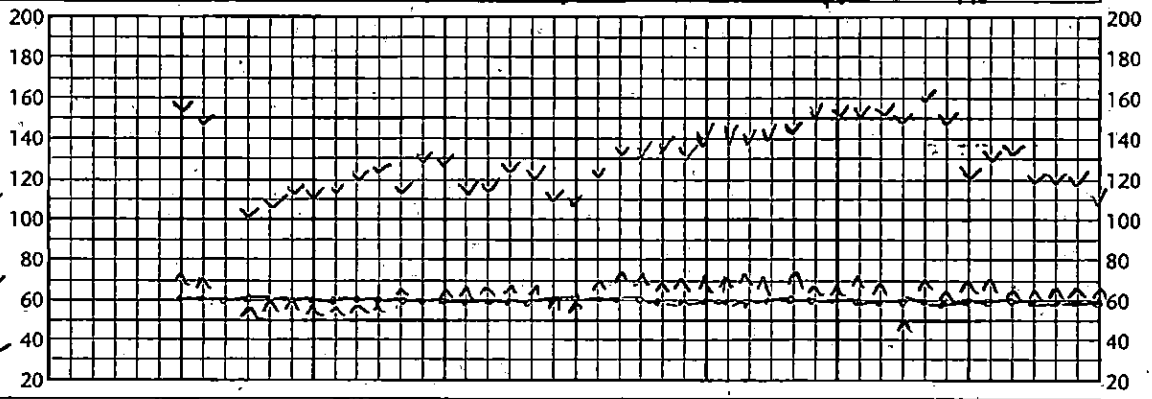
Position

ECG SpO_2 ☑

NIBP

Fluids warmed ☑

Patient warmer ☑



IV Fluids ① ②

Events Ⓐ Ⓑ

FiO_2 N_2O☐	Air	4L													
SpO_2	98	97	99	98	98	97	98	98	99	99	99	99	99	100	100	100
$ETCO_2$			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ETAA																1Rb 1 2 3 (haemcue)

Eye care ☐

Pressure point care ☐

Events

Ⓐ sedation

Ⓑ KTS

Ⓒ

Ⓓ

Ⓔ

Ⓕ

Ⓖ

Ⓗ

IV fluids

① CSL 1000 mL

② CSL 1000 mL

③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

Name

Hospital no.

CHI no.

DoB / Age

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Time	12³⁰	13⁰⁰	13³⁰					

200 180 160 140 120 100 80 60 40 20

200 180 160 140 120 100 80 60 40 20

IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2	99							
$ETCO_2$								
ETAA								

Post-op Instructions

Intra-op blood loss _____

Oxygen

Per PCA/other protocol ☐

4 L/min in recovery

To keep SaO_2 > 94 %

Monitoring/Investigations

Swabs until stable

Fluids

eat + drink

enoxaparin 5pm

fentanyl for recovery +/- paracetamol

flat for 1hr

Consider pacemaker check prior to hospital discharge

Anaesthetic Notes

Anaesthetic Record

NHS Greater Glasgow and Clyde

N. 1812526490
Hc MCCLYMONT Gavin M 18/12/1952
CH
DoE

Pre-op

Procedure(s) Endoscopy.

Anaesthetist(s) GAPCR / JRCD C ☑ SAS ☐ ST ☑ CT ☐ PA ☐

Surgeon(s) STANDARD. ☑ ☐ ☐ ☐

Elective ☑
Urgent ☐
Immediate ☐

Date 31/7/23.

Discussed with supervising consultant _____

Anaesthetic Record

SUMMARY

GA ☑
Spinal ☑
Epidural ☐
Sedation ☐
Other LA

FM vent OK ☐
LMA OK ☐
Laryngoscopy gd ____

ASA 1 2 (3) 4 5
Comment

Anaesthetist Sign / Print GAPCR.

Anaesthetic Record

ASSESSMENT

Airway / Dentition C/C

RS
Nad

10-12 cpd
Nil B'fast
stent ✓

Ht
Wt 84 kg
BMI

BP ___ / ___

ECG Paced.

Anaesthetic Record

Hb 144
WCC 9.1
Plts 188
XMatch
Clotting

Na
K
U
Cr
Gluc

(N). LFT (N).

CVS
AF BP
PPM. DDI. Atrial Paced.
Check May 23 ✓
Echo - Mild mixed AV disease
Ventricle ✓

GI / Renal / CNS / Other
- Acteid. = Dr Cardiologist
- Depression
- GORD. - leave as it is.
- No need for check post-op unless problem

Allergies / Reactions
NKDA.

Current therapy
Apixaban (Friday)
Folate
Losec
Sertraline
Statin
Sotalol
Tamsulosin
Zopiclone.

Anaesthetic Record

OK with ~~NSAIDs~~ ☐

Previous anaesthesia / Family history
GAs - NS. A further post-op

Risks discussed
(P) GA v Epid → Gen / LBP (PDPH) / Infect / Bleed / N. Damage / Major Nerve

Assessor
Sign / Print / Date GAPCR

Cvs/Resp/CNS/Allergy
Pain/Postop

Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 20 G (2) Hand

A line

CVP

Airway/Ventilation

FM	☐	Pre-ox	☐
LMA	☐	Cricoid P	☐
ETT	☐	SV	☐
Grade		IPPV	☐

Regional Anaesthesia

SPINAL - Sitting. Strict asepsis

Heavy: 0.5%. Amber Spinal.

L4/5. 3ml 1%. Heavy

26G Spinotte.

1st pass. Clear CSF. No paraesthesia.

No need to redirect.

2.8ml 0.5%. Heavy Bupivacaine

No OPIATE. T7/T8 to T10. Dense to pin prick

AB+

Time 1300 Heavy Spinal 1400 1500

Position Left Lateral

ECG ☑ SpO_2 ☑ NIBP

Fluid warmer ☐

Patient warmer ☑

200 180 160 140 120 100 80 60 40 20

IV Fluids (1)

Events

FiO_2 . N_2O ☐								
SpO_2		96	98	98 .				
$ETCO_2$								
ETAA								

Eye care ☐

Pressure point care ☑

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① Hartmann's 1000ml ✓ ② ③ ④ ⑤ ⑥ ⑦ ⑧

⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯

NHS
Greater Glasgow and Clyde

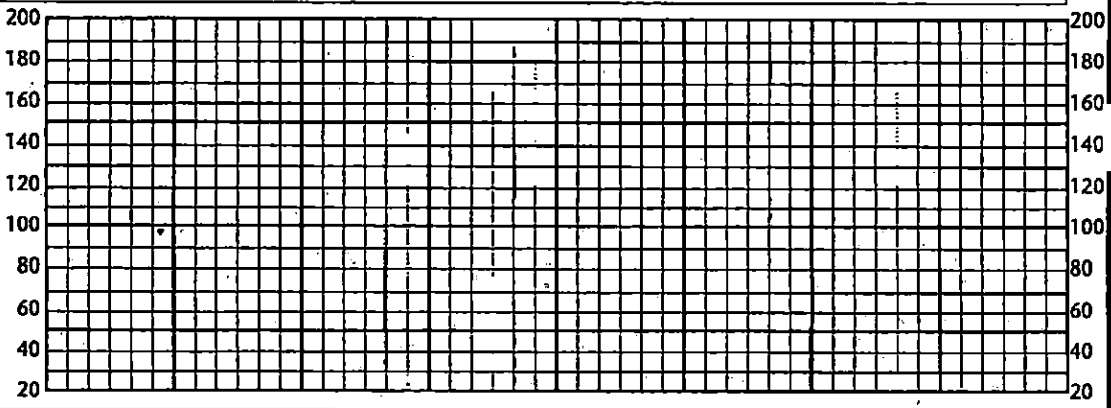
Name

Hospital no.

CHI no.

DoB / Age

Time								



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 ☐

0-4 L/min in recovery

To keep SaO_2 > 94-98 %

Fluids

E+D
Routine obs
Analgesia per HGPMA

Monitoring/Investigations

Anaesthetic Notes

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name GAVIN MCCLYMONT
Hospital no.
CHI no. 181252 6490
DoB / Age

Pre-op
Procedure(s) (L) ureteric. ~~ureteroscopy + stent~~
Anaesthetist(s) Sinnankaram / Quasim
Surgeon(s)

Elective ☐ Urgent ☑ Immediate ☐

	C	SAS	ST	CT3	PA
Anaesthetist(s)	☑	☐	☐	☑	☐
Surgeon(s)	☐	☐	☐	☐	

Date 30 / 11 / 22.
Discussed with supervising consultant _____

SUMMARY

ASA 1 (2) 3 4 5
Comment

GA ☑ FM vent OK ☐
Spinal ☐ LMA OK ☑ iGel 4
Epidural ☐ Laryngoscopy gd ____
Sedation ☐
Other LA

Anaesthetist Sign / Print D. SINNANKARAM.

69 ♂

ASSESSMENT

Airway / Dentition
Crown x2 front.
Nil loose. MP II.
TMD > 6 cm. Good MO / NG.

RS
Smoker x10/day.
° SOB

CVS
A-flutter - HR ~150bpm (since adm) - unclear onset but asymptomatic.
~~SOB~~ Denies cp on exertion.

GI / Renal / CNS / Other
* Admitted yest - sudden onset abdo pain.
CT - 2 partially obs. (L) proximal ureteric calculi.

Denies GORD. Heartburn controlled ± Omeprazole.

Previous anaesthesia / Family history
Prev GA - no issues.

Assessor Sign / Print / Date D. SINNANKARAM (CT3).

* ICU East ₹.

Ht 172 cm.
Wt 76 kg
BMI

HR 150 (A flutter)
Bp 108/85 (MAP 94)
SpO_2 98 NC 2L.

BP ___ / ___
ECG
~~30/11/22~~

IVF 100 ml/hr
UO ✓ (no cath).
Fasted.

Hb	142	Na	138
WCC	9.6	K	4.8
Plts	189	U	6.7
XMatch		Cr	74 eGFR > 60
Clotting (N)		Gluc	
		CRP	8

Mg 0.75.

Allergies / Reactions
NKDA.

Current therapy
Co-amox.
Enoxaparin 40mg.
Gentamicin.
Omeprazole
Sertraline
Simvastatin.

OK with NSAIDs ☐

Risks discussed
GA - iGel 4.
Risk: Sore throat, PONV, dental damage, arrhythmia, stroke.

Anaesthetic Record
Anaesthetic Record
Anaesthetic Record
Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula (L) Act· 18G + (R) ACT 16G·

A line

CVP

Airway/Ventilation

FM — Pre-ox ☑

LMA iGel 4. — Cricoid P ☐

ETT — SV ☐

Grade — IPPV ☐

Regional Anaesthesia

FENTANYL (mcg)	100							
PROPOFOL (mg)	150							
DEXAMETHASONE (mg)	6.6							
NEOSTIGMINE 2.5mg IV	↓	↓						
Time	1000·	1030						

Position

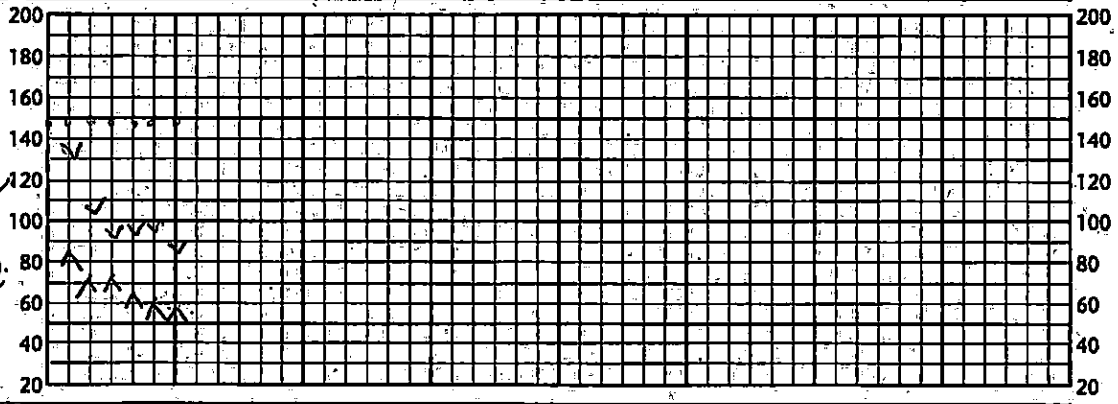
Lithotomy.

ECG SpO_2 ☑

NIBP

Fluid (warmed) warmer ☑

Patient warmer ☐



IV Fluids	(1)							
Events								
FiO_2 N_2O ☐	1·0	0·67						
SpO_2	92·							
$ETCO_2$	5·6							
ETAA	1·9·							

Eye care ☑

Pressure point care ☑

Events

Ⓐ
Ⓑ
Ⓒ
Ⓓ
Ⓔ
Ⓕ
Ⓖ
Ⓗ

IV fluids

① CSL 1000 mls·
②
③
④
⑤
⑥
⑦
⑧

⑨
⑩
⑪
⑫
⑬
⑭
⑮
⑯

NHS
Greater Glasgow and Clyde

Name

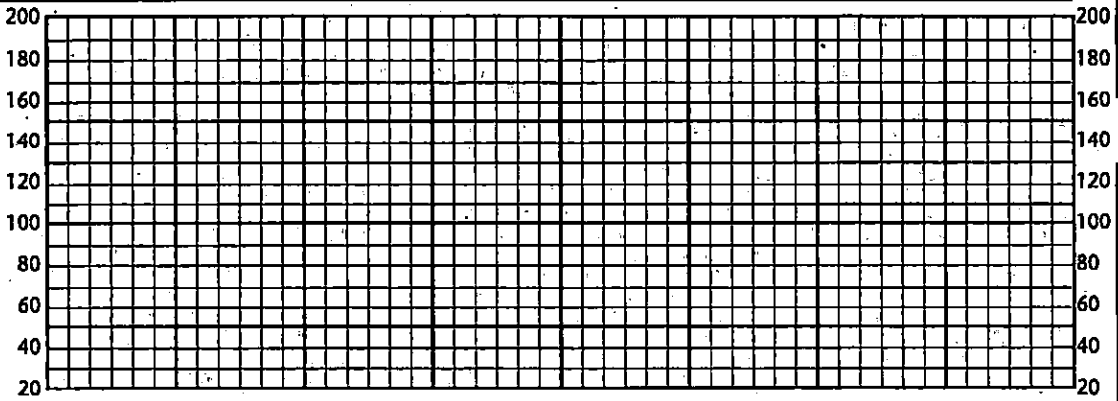
Hospital no.

CHI no.

DoB / Age

Anaesthetic Record

Time								



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 ☐

_____ L/min in recovery

To keep SaO_2 > 94 %

Monitoring/Investigations

Fluids

Can eat & drink

1. Stop antibiotics post-op.
2. CXR

Anaesthetic Notes

3 ml : 300 ml.

3 / 300 : 1

0.42. : 42

- A. Flutter since admission - HR ~150. BP 130/88 (MAP 100).
  pre-induction - SpO_2 95-98 % on 4L O_2.
  Intra-op HR 150 SpO_2 90-93 % on FiO_2 0.60.
  BP 90/50 (MAP ~70).
  A - iGel + (no added sounds - Good TV & $ET CO_2$). on spont. ~500 5-6
  B - Reduced AE left lung.
  C - as above.

Plan: CXR:

NHS Greater Glasgow and Clyde

Intraoperative Accounta[redacted]ord

Date 3 | 9 | 25

ADDRESSOGRAPH LABEL

1812526490 M
MCCLYMONT 18/12/1952
Gavin
10 EVERARD QUADRANT
Glasgow, Lanarkshire G21 1XP

WARD

HOSPITAL QEUH

THEATRE 16

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT		
PRE - OP INSTRUMENT COUNT		
FINAL SWAB COUNT	NO SCRUB IR COUNTS	
FINAL INSTRUMENT COUNT		
FINAL DISPATCH COUNT		

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - [signature]

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

OPERATION : PERCUTANEOUS EVAR.

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE (This Section N/A) ☑

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner Signature/Print Name and Time	
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner Signature/Print Name and Time	
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time	
			Circulating Practitioner (2) Signature/Print Name and Time	

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

Swabs (2x2)		Pledgelets		Caesarean Roll		ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)		Tapes				
Abdominal packs		Sloops/Slings				
Sutures		Bulldogs				
Blades		Shods				
IV needles		Ports				
Syringes		Tibbs Cannula				
Discard-a-pad		Staple Gun Inserts				
Diathermy pencil		Spears				
Diathermy tips		Retrieval Bag (Bert)				
Scratch pad		Digital Tourniquets		Throat Pack IN	☐	
Reels		Pen & Ruler		Throat pack OUT	☐ ☐ ☐ ☐	
Patties		Bi-Polar		Total Number		

DISCREPANCY IN COUNT - THIS SECTION N/A ☑

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still Incorrect

.....

Datix is Completed ☐

Datix Incident Number.....

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS .....

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Acute Services Division

NHS Greater Glasgow and Clyde

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Glasgow, Lanarkshire
G21 1XP
Affix patient data label

Perioperative Care Plan

Hospital: QEUH	Consultant:
Ward: SDA	Date: 3.9.25

Theatre Staff - The following information can be found within the My Admission Record (MAR)

Checked by:	Reception Practitioner	Anaesthetic Practitioner
• Relevant Medical History - see MAR	Yes ☐ No ☐	Yes ☑ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS 2 chart.

Height: 1.66 Weight: 84.6

WARD Other information

Document any other relevant information e.g. needle phobia, preferred name, interpreter arranged.
Please provide e.g. theatre buddy, 'Getting to know me' document if available.

WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal	Yes ☑ No ☐	Comments if required:
Blood Cross Matched confirmed by labs	Yes ☐ No ☐ N/A ☑	
Blood Grouped and Saved confirmed by labs 1st sample ☐ 2nd Sample ☐	Yes ☑ No ☐ N/A ☐	
Antibodies +ve ☐ -ve ☐		

Date of Last Menstrual Period (LMP) N/A ☑	Date __/__/__	Comments
Is there any chance you are pregnant? N/A ☑	Yes ☐ No ☐	Comments
Pregnancy test carried out with the patient's consent	Yes ☐ Refused ☐	Comments
Pregnancy test result N/A ☑	Postive ☐ Negative ☐	
Tampon removed N/A ☑	Yes ☐	Comments
MRSA Positive ☐ Negative ☑ Results pending ☐ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☐ Other Positive ☐ Negative ☐ Results pending ☐ N/A ☐		Comments
PUDRA Yes ☑ N/A ☐ Patient Refused ☐		Comments
PVC care plan in place Yes ☑ No ☐ N/A ☐		Comments

Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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SAFETY Checklist – Ward Check completed immediately prior to the patient being given a Pre-Med

Preoperative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Practitioner
IDENTITY BAND CORRECT (Name, DoB, CHI number, gender, Ward)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes / Scanner Folder (circle)	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
ECG	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
MAR document	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
NEWS chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Falls risk assessment	Yes ☑ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☐
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐ Sepme
Alert Sticker – specify:	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
Biometry	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☑
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Procedure and laterality matches Theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Patient confirms proposed procedure	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Correct site marked	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Signed by Surgeon and Patient	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Dated			
ADULTS WITH INCAPACITY (AWI) N/A ☒			N/A
Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Procedure and laterality matches Theatre list	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and Signed by operating surgeon	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Correct site marked	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
4 page Capacity Documentation for Medical treatment present	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Certificate of Incapacity under section 47 completed and;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Dated and signed by medical practitioner	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
ALLERGIES/Sensitivities and Reactions (Please also include food allergies)	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If 'Yes' specify:	N KNOWN		NKDA
Fasted from – specify time (24 hr clock) N/A ☐	Food: 21.15	Food:	Food: 2/9/25 2115
	Fluid: Sips	Fluid:	Fluid: Sips
Blood Glucose Score – if relevant	Time: Score: N/A ☐	Time: Score: N/A ☐	Time: Score: N/A ☑
INTERNAL PROSTHESIS in situ e.g. metalwork, pacemaker, implant etc If 'Yes' state location and type	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☑ No ☐ Bromley
EXTERNAL PROSTHESIS N/A ☐ e.g. hairpiece, false eye etc. If 'Yes' state type where stored	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑

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Glasgow, Lanarkshire
G21 1XP

Pre-operative checks	Ward Check	Reception Check N/A ☐	Anaesthetic Assistant
Dentures removed ☐ N/A ☐ If 'Yes' state where stored	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐ ? Ci ?	Yes ☐ No ☐ N/A ☑
Loose teeth, caps and crowns and veneers State site and type	Yes ☐ No ☑ A Bridge	Yes ☐ No ☐	Yes ☑ No ☐ Bridge (Top)
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/A Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☑ No ☐ In patient's bag
Make-up/ Nail polish removed N/A ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐ N/A
False nails in situ – Anaesthetist informed N/A ☐	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐ N/A
Jewellery/Body piercing removed N/A ☐ If 'yes' state where stored If unable to remove, please tape and state location	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☐ N/A
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes? Please complete additional CJD question form for High Risk Ophthalmology Procedures	Yes ☐ No ☑ Not Known ☐ Yes ☐ N/A ☐	If yes, contact Infection Control Team and Theatres. Infection Control Team Informed on ___/___/___ Comments if required:	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type:	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☐ No ☐	Type:	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☐	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☑ N/A	Comment if required:	
Pre-Medication given N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Trolley/ Bed checked for head down tilt and O_2/ Accessories	Bed ☐ Trolley ☐ Operating chair ☐ Yes ☐ No ☐		Bed ☐ Trolley ☑ Operating chair ☐ Yes ☑ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: SDA Sign: Smagsley Time: 0100	Print: Sign: Time:	Print: NAMB Sign: N Time:: 0847

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Gavin 18/12/1952
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Glasgow, Lanarkshire
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Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse: 60	BP: 149/75	Temp: 36.1°C	SpO_2: 96	Resps: /

Stop Before You Block — This section NOT applicable ☑

Stop Before You Block carried out:	Yes ☐ No ☐

Anaesthetic Type – Please tick all that apply

General Anaesthetic ☐	Epidural ☐ Spinal ☐ Combined ☐	Regional Blocks ☐	Throat spray ☐ Time: _____
Local Anaesthetic ☑	Site:	Drug:	mls
Sedation ☑	Drug:		mls

Skin Prepping used for Patient Monitoring / Blocks — This section NOT applicable ☐

ARTERIAL CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:	
CVP CATHETER	Yes ☐ N/A ☐	Chlorhexidine 2%/70% alcohol Chlor-a-prep solution	Yes ☐ Yes ☐	Other ☐ Specify prep:	
SPINAL / EPIDURAL / COMBINED	Yes ☐ N/A ☐	Specify prep:			
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:			

Blood Glucose Monitoring — This section NOT applicable ☑

Time								
BM Score								

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑	Specify:

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Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify: Upper body	Yes ☑ No ☐ N/A ☐
		Warm Fluids	Yes ☐ No ☑ N/A ☐
		Warming Mat	Yes ☐ No ☐ N/A ☑
		Thermal Hat	Yes ☐ No ☐ N/A ☑
		IV fluid warmer	Yes ☐ No ☐ N/A ☑
Temperature documented by Anaesthetist		Other – specify:	Yes ☐ No ☐ N/A ☑

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Propofol 585146					

Anaesthetic Practitioner Comments

(1) Patient brought to belongings to theatre.

(2) Local anaesthetic administered by surgeon. Patient kept warm with upper body air blanket throughout procedure.

(3) x1 venflon inserted, (R) hand. 18G. PVC Care plan completed → ~~Act~~

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Theatre

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☑	Sliding sheet ☑	Roll board ☐
		Hover Mattress ☐	Other:	

Pressure Area Care (THIS MUST BE COMPLETED)

Pre-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradable Suspected Deep tissue

No areas of concern identified ☐ Patient refused ☐

Area of concern identified (include area of body)	Actions taken

Position	Positioning Devices		Pressure redistribution	Arm Position
Position 1 **Time:** 0900 Supine ☑ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☑ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☑ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** / **L Arm Position** At side ☑ / At side ☑ On boards ☐ / On boards ☐ Across chest ☐ / Across chest ☐ Hand table ☐ / Hand table ☐ Hand traction ☐ / Hand traction ☐ **Secured with:** / **Secured with:** J-board ☑ / J-board ☑ Straps ☐ / Straps ☐ **Pressure care:** / **Pressure care:** Gel/ Foam pads ☐ / Gel/ Foam pads ☐
Position 2 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** / **L Arm Position** At side ☐ / At side ☐ On boards ☐ / On boards ☐ Across chest ☐ / Across chest ☐ Hand table ☐ / Hand table ☐ Hand traction ☐ / Hand traction ☐ **Secured with:** / **Secured with:** J-board ☐ / J-board ☐ Straps ☐ / Straps ☐ **Pressure care:** / **Pressure care:** Gel/ Foam pads ☐ / Gel/ Foam pads ☐
Position 3 **Time:** Supine ☐ Prone ☐ Left Lateral ☐ Right lateral ☐ Lloyd Davis ☐ Jack-knife ☐ Tren-delenburg ☐ Reverse Tren-delenburg ☐ Lower limb traction ☐ Deckchair ☐ Other ☐ Lithotomy ☐	Head ring ☐ Pillows ☐ Straps ☐ Wedge ☐ Sandbag ☐ Oxford pillow ☐ Bean bag ☐ Head Pad ☐	Lateral supports ☐ Hydraulic leg supports ☐ Limb traction ☐ Side supports ☐ Bolster ☐ Other ☐	Gel pads ☐ Heel gel pads ☐ Full gel mattress ☐ Gel wedge ☐ Pillows ☐	**R Arm Position** / **L Arm Position** At side ☐ / At side ☐ On boards ☐ / On boards ☐ Across chest ☐ / Across chest ☐ Hand table ☐ / Hand table ☐ Hand traction ☐ / Hand traction ☐ **Secured with:** / **Secured with:** J-board ☐ / J-board ☐ Straps ☐ / Straps ☐ **Pressure care:** / **Pressure care:** Gel/ Foam pads ☐ / Gel/ Foam pads ☐

Pressure Area care Chart

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Insert KEY to identify pressure re-distribution:-
E – Elevation **U**- unable to access
R - Reposition

Prevention of Compartment Syndrome
Legs in Lloyd Davis or Lithotomy Position:

This Section NOT Applicable ☑

Patient legs must be rested for 5 minutes every 3 hours. If this does not happen please document reason in comments section.

Time Legs Positioned	Position	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration	Time legs lowered and duration

TIME (Hourly)	HEAD/FACE N/A ☐	ARMS N/A ☐ Left	ARMS Right	HEELS N/A ☐ Left	HEELS Right	LEGS N/A ☐ Left	LEGS Right	O2 SENSOR	OPERATING TABLE RE-POSITION N/A ☐	30° TILT With PILLOW N/A ☐	SIGNATURE
0900	Patient positioned on the operating table							(E) ear Probe	/	/	AA

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Theatre continued

Electrosurgery

This section NOT applicable ☑

Monopolar: Yes ☐ N/A ☐		Bipolar: Yes ☐ N/A ☐
Site(s) of Monopolar Return Electrode:		
Skin site(s) assessed and meets safety criteria as per policy	Yes ☐ No ☐	If 'No' state reason:
Skin site(s) clipped	Yes ☐ N/A ☐	State site:
Return Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Tourniquets

This section NOT applicable ☑

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐	
Padding under tourniquet	Yes ☐ No ☐ N/A ☐	
Cover over tourniquet	Yes ☐ No ☐ N/A ☐	
Post op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Site and side	Time inflated	Pressure	Time deflated	Time re-inflated	Pressure	Time de-flated

Digit Tourniquet

This section NOT applicable ☑

Site and side applied	Time applied	Time removed

Prescribed DVT Prophylaxis

Contraindicated ☐ This section NOT applicable ☑

Intermittent Pneumatic Compression Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Foot Pump Devices: _____ mmHg	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
TED Stockings	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐
Other – Specify:	Yes ☐ No ☐ N/A ☐	Left ☐ Right ☐ Bilateral ☐

Fluids for Irrigation

This section NOT applicable ☑

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Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used	
BILATERAL GROINS.	Yes ☐ No ☑ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☑ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______
Site – specify: N/A ☐	Clipped	Preparation solution used	
	Yes ☐ No ☐ N/A ☐	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐ Batch no: ______ Expiry Date: ______	Chlorhexidine gluconate solution:____% ☐ Chlorhexidine acetate solution: ______________% ☐ Other – Specify: ______________% ☐ Batch no: ______ Expiry Date: ______

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☐

Site	Drug	Quantity
BILATERAL GROINS:	1% XYLOCAINE & 0.5% LEVOBUPIVACAINE	10 + 10 = 20mL
		IN EACH GROIN.

Drains

This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

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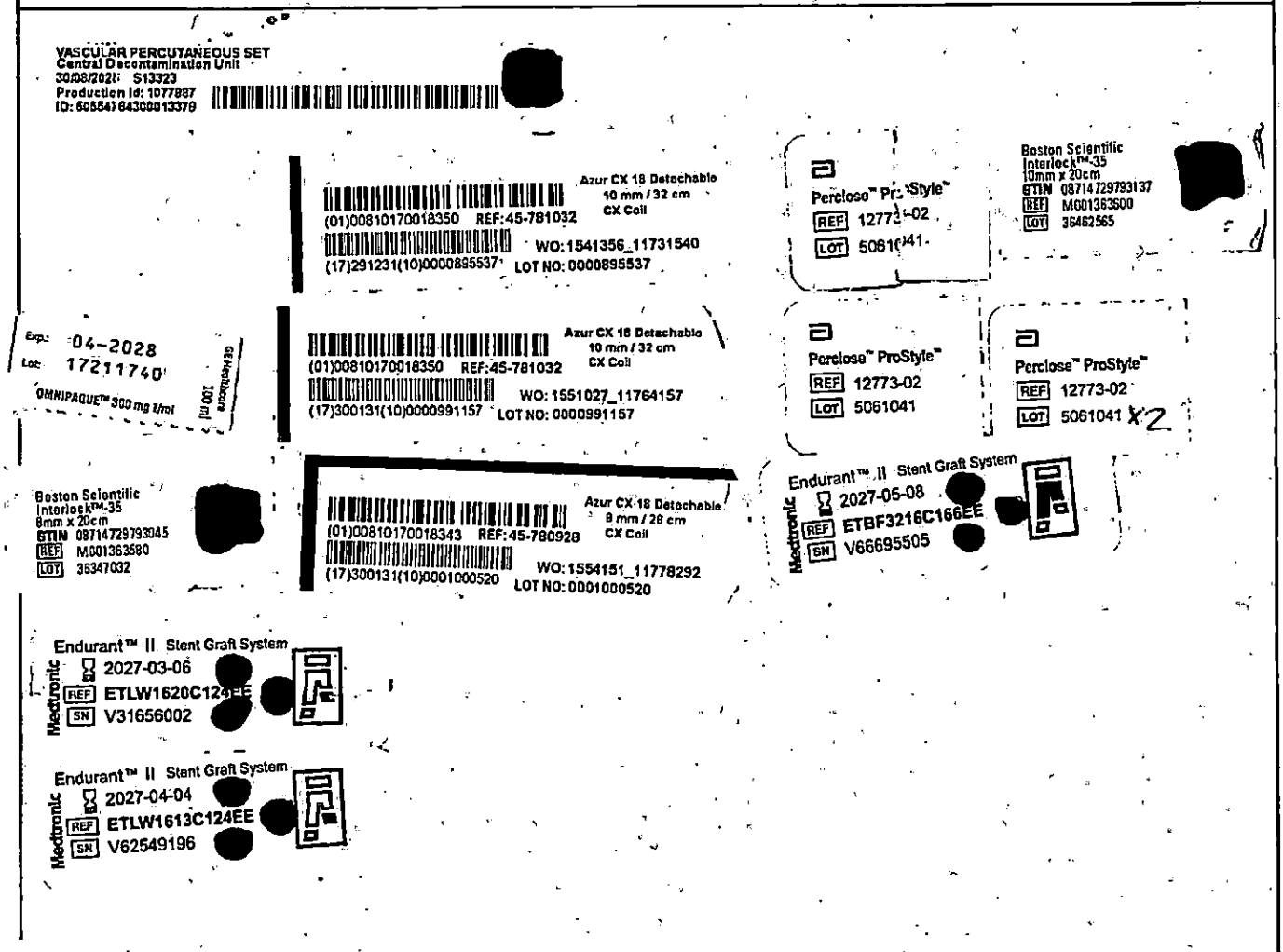
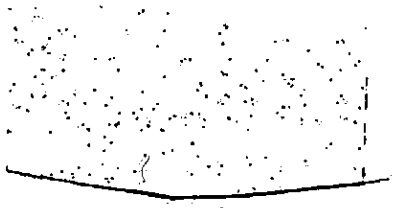
Traceability Stickers





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Traceability Stickers

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Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Wound Closure and Dressings (including Packing)

This section NOT applicable ☐

Wound Closure used: Yes ☐ No ☑ N/A ☐

Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Skin Closure	Dressings	Packing and number of pieces
1	BILATERAL GROINS	Type: Absorbable ☐ Non Absorbable ☐ Other.....	MEPORE BLUE SWAB. MEFIX.	
2		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
3		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
4		Type: Absorbable ☐ Non Absorbable ☐ Other.....		

Electrosurgery

Electrosurgery return electrode site post-op skin check(s) is satisfactory	Yes ☐ No ☐	If 'No' state reason and action:

Operation / Procedure Performed

PERCUTANEOUS EVAR.

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: No concerns identified ☐ 1 2 3 4 Ungradeable Suspected deep tissue

No areas of concern identified ☐ Patient refused ☐

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

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Immediate Post-Operative Recovery

Surgical handover Instructions e.g. ' hand high elevation'

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient		**Other**
Patient's name		RSI
Theatre		Awake Fibre Optic Intubation
Procedure		
Allergies		

Recovery — This section NOT applicable ☐

Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐	Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
If 'Yes' please specify (right)	Hover Mattress ☐ Other ☐ Specify:

Pressure Area Care (MUST BE COMPLETED) — Patient refused ☐

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Patient Position	No Concerns Identified	Excoriation Level N/A ☐	Pressure Ulcer Grade N/A ☐

Area of concern identified (include area of body)	Actions taken (continue in events section on page 16)

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Post-operative Observations

Time	1215	1230	1245	1400	1415	1430
Airway type	1	1	1	1	1	1
O_2 Therapy	5L	5L	3L	3L	3L	3L
SpO_2	98	95	95	95	95	95
Resp. Rate	15	14	14	15		
CVP	—	—	—	—	—	—
Temp.	35.9					
Pain Score	0	0	0	0	0	0
P.O.N.V.	0	0	0	0	0	0
Sedation Score	0	0	0	0	0	0
BM Score	—	—	—	—	—	—
PV staining	—	—	—	—	—	—
Hourly Urine Vol.						
Total Urine Vol.						
Wound Score (R)	0	0	0	0	0	0
(L)	0	0	0	0	0	0
	—	—	—	—		
	—	—	—	—		
Circulation +ve/-ve	+ve			+ve		+ve
Sensation +ve/-ve	+ve			+ve		+ve
Movement +ve/-ve	+ve			+ve		+ve
Pedal Pulse – R / L	✓					
Drain 1	—	—	—	—	—	—
	—	—	—	—	—	—
	—	—	—	—	—	—
	—	—	—	—	—	—
	—	—	—	—	—	—
	—	—	—	—	—	—
	—	—	—	—	—	—
Staff initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
PV Staining							
Hourly Urine Vol.	/	/	/	/	/	/	/
Total Urine Vol.							
Wound Score							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – R / L							
Drain 1							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Own
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

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

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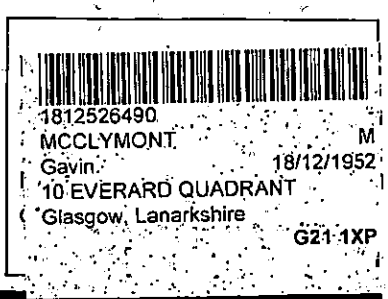
Events

Event 18[20] 03/09/25	Action	Outcome
Recovery uneventfull, wounds bilaterly dry + intact. nil nausea / Pain Reported, to Paracetamol given @ 1320 to Remain Plat for 1° (14[00] Aprox) Anastetics ? Wether Pace maker Rview should Be done this Admsn due to duration since last Rview. ? for ward fdow up.	observations as charted.	
1330 Patient care taken over by SN Swain. Patient remains comfortable and stable. no concerns.		J. Swain SN
1335 Patient passed urine.		SN
1430 Patient NEWS (4) - Temp 35.9, O2 3L NC, O2 95%. Meets discharge criteria Ready to transfer to ward.		SN



Events

Event	Action	Outcome

N

11A

SBAR RECOVERY HANDOVER

SITUATION

1812526490
MCCLYMONT M
Gavin 18/12/1952

AGE: 72
SURGERY: EVAR.

et: Yes ☐ No ☐

ANAESTHETIC TYPE: ☐ GA ☐ SPINAL ☐ INTRATHECAL ☐ REGIONAL ☑ SED ☐ LA

BACKGROUND: Pacemaker, AF, AAA

Relevant PMH: (See MAR)

Allergies ☐ Yes ☑ No If yes, state:
DNA CPR ☐ Yes ☑ No Infection control risk: ☐ Yes ☑ No

ASSESSMENT:

NEWS: 4 0 2 95% 3L NC temp 35-9
Vascular Access: Green Puc @ Hand.
IV Fluids/Infusions: CSL
Drugs administered in Recovery: IV Paracetamol @ 815.

Urinary Catheter: X
Dressings/Drains: Mepore + Blue Swab + Mefix
Specific Observations related to Surgery: See Post op Note
Skin Inspection: ☐ Yes ☐ No ☐ N/A

Other.

DT applicable ☐

RECOMMENDATION: ? Pacemaker Review last check 12/24
Post op Instructions

Verbal Handover given by: to:

mi • 330711

Use this page to document further patient information if required.

Operation note:

NHS
Greater Glasgow and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Vascular surgery
Contact Tel:
Enquiries to:
Letter Date: 03/09/2025
Reference:
Dictated Date: 03/09/2025
Transcribed Date: 03/09/2025

Queen Elizabeth University Hospital
Department: Vascular surgery

Endovascular abdominal aortic aneurysm repair (Medtronic endurant II) with embolisation of Right IA

S:Dr LLelewyn (IR ST6), Dr Nath (IR Consultant), S Zaman (ST5)

Mr Treharne Vascular consultant

A: Dr Smart

Indication: Screen detected infrarenal AAA-58mm. Suitable for conventional EVAR. Diseased right CIA, so decision made to extend to EIA and embolise IIA.

Findings: As per CT- left renal lowest. Some Left CFA posterior plaque- avoided for puncture.

ncision: Bilateral percutaenous CFA punctures

Procedure: Supine, IV flucloxacillin and gentamicin, prepped with alcoholic betadine and draped; IOBAN, 20mls 50:50 0.25% levobupivicaine and 1% lidocaine into each groin.

Formal IR note on PACs.

US guided access- right first- upsized to 6f sheath. Pre closed with 2 x prostyle. IIA cannulated- anterior and posterior branches embolised individually with good radiological result with Azur CX detachable 10mm coils.

Stable access gained on right with Lunderquist to arch.

Left side- US guided access- upsized to 6F sheath. Pigtail catheter inserted and pump run DSA performed. Lowest renal (left) visualised. Stable access gained with Lunderquist.

5000 IU heparin.

Main body- 32mm x 20mm x 145mm inserted "bare back" on right side- 18F. Positioned in vivo. Superior markers lined with left renal, and partially deployed. Once adequate position, fully deployed.

From the left side, cannulation of contralateral gate was attempted. Despite multiple attempts using various different combinations of wires, catheters and C arm position changes, unable to cannulate gate.

Aptus tourgide sheath used from ipsilateral side to come up and over bifurcation. Snared and wire access into contra lateral gate achieved.

Further 2000 IU heparin.

Pigtail catheter pump run to delineate IIA on left. 16mm x 124mm limb extension deployed on left.

Right- extended using 16mm x 124mm extension to limb to cover IIA.

Proximal stent graft seal zone, bifurcated segment and extension over laps and seal zones all moulded with reliant balloon

Final DSA showed no obvious EL.

Pro styles to groins with good result.

Haemostatic.

Pedal pulses palpable.

EBL-300ml (aptus tourguide sheath through 18F dry seal sheath meant blood was constantly oozing- this resulted in more than expected blood loss)

Mepore dressings, rolled blue gauze, mefix.

Post op: 1:1 hours bed rest

2. E+D

3. aim home tomorrow with OP CTA in 3/12

Samir ST5

MEDICINE

PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

Hospital Number: 1812526490

DOB: MCCLYMONT Gavin M 18/12/1952

10 EVERARD QUADRANT Glasgow, Lanarkshire area: G21 1XP

Date of Admission: / /

Consultant Name:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
29/11/22	MORPHINE	5mg	IV	2130	ANDERSON	MH	2130
29/11/22	METOPROLOL	2mg	IV	2250	ANDERSON		2250
29/11/22	METOPROLOL	3mg	IV	2258	ANDERSON		2258
30/11/22	MORPHINE	5mg	IV			AD/MN	00:40
29/11/22	Diclofenac	50mg	PR	2330			
29/11/22	Metoprolol	2mg	IV	0003		MN	0044
29/11/22	Metoprolol	3mg	IV	0010		MN	0044
30/11/22	Co-Amoxiclav	1.2gm	IV	0010		MH/MC	00:20
	Gentamycin	480		0010		MH/MC	00:25

TARGET OXYGEN SATURATIONS

Please CIRCLE a target saturation and prescribe oxygen on the Regular Prescription section.

94 – 98%	88 – 92% (e.g. in hypercapnic respiratory failure)	Other (please specify)

On Home Oxygen? Yes / No _____ L/min

DATE: ____/____/____ PRESCRIBER (PRINT & SIGN): _____

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
Cardiology Department
Echocardiogram Report

Name:	Gavin McClymont	**Exam:**	Transthoracic Echocardiogram
CHI Number.:	1812526490	**Responsible Clinician:**	
Date of birth:	18/12/1952 (72 years)	**Referral Source:**	OP
Gender	male	**Scan Location:**	Vasc

Physical Exam Data
Height 170 cm. Weight 84.0 kg. BMI 29.1 kg/m². BSA 1.96 m². Sinus rhythm.

Indication/Referral Source
Screened AAA 5.5cm ?suitable for EVAR / open repair. Pacemaker. For AAA work up

Study Quality
View: Fair acoustic access.

Measurements

Left Ventricle 2D mode

IVSd	1.2 cm	LVIDs Index	2.08 cm/m²	LVEDV (Auto EF BIP)	132.2 ml
LVIDd	5.6 cm	LVPWd	0.9 cm	LVEDVI (Auto EF BIP)	68 ml/m²
LVIDd Index	2.9 cm/m²	LVd Mass (ASE)	235 g	LVEF (Auto EF BIP)	63 %
LVIDs	4.1 cm				

Right Ventricle 2D mode

RV Minor	3.3 cm

Right Ventricle Doppler

RVOT Vmax	0.65 m/s	RVOT max PG	1.7 mmHg

Left Atrium 2D mode

LA Diam	4.3 cm	LA Volume Index	41.5 ml/m²	LAESV (A-L A4C)	88.6 ml
LAAs (A4C)	25.3 cm²			LAESV (A-L A2C)	83.8 ml
LAAs (A2C)	25.2 cm²	LALs (A4C)	6.1 cm	LAESV (A-L BIP)	88.3 ml
		LALs (A2C)	6.4 cm		

Mitral Valve Doppler

MV E Velocity	0.50 m/s	MV Dec. Time	183 ms	MV mean PG	0.9 mmHg
MV A Velocity	0.81 m/s	MV Vmax	0.83 m/s	MV VTI	29.6 cm
MV E / A	0.61	MV max PG	2.8 mmHg	MVA (VTI)	3.1 cm²

Mitral Valve TDI

MV E' Sept	5.6 cm/s	MV E' Lat	5.6 cm/s	MV E' Avg	5.6 cm/s
MV E / E' Sept	8.9	MV E / E' Lat	8.9	MV E / E' Avg	8.89

Aortic Valve 2D mode

LVOT Diam	2.2 cm	LVOT Area	3.7 cm²

Aortic Valve Doppler

LVOT Vmax	1.08 m/s	Dimensionless Index	0.47	AVAI (VTI)	0.9 cm²/m²
LVOT max PG	4.7 mmHg	AV max PG	21.0 mmHg	AR PHT	488 ms
LVOT VTI	24.4 cm	AV mean PG	11.3 mmHg	AR Vmax	4.68 m/s
LVOT SV	90.8 ml	AV VTI	51.8 cm	AR max PG	87.72 mmHg
LVOT SVI	46.3 ml/m²	AVA (VTI)	1.8 cm²	AR Dec. Time	1,683 ms
AV Vmax	2.29 m/s				

Aorta 2D mode

SOV Diam	3.1 cm	Ao st junct Diam	2.4 cm	Ao Asc Diam	3.3 cm
SOV Diam Index (h)	1.80 cm/m	Ao st junct Diam Index (h)	1.44 cm/m	Ao Asc Diam Index (h)	1.96 cm/m

Aorta Doppler

Ao Desc Vmax	1.02 m/s

Tricuspid Valve M mode

TAPSE	2.4 cm

Tricuspid Valve Doppler

TR Vmax	2.70 m/s	TR max PG	29.1 mmHg		
Tricuspid Valve TDI					
TV S'	13.5 cm/s				
Pulmonary Valve Doppler					
PV Vmax	1.02 m/s	PV max PG	4.2 mmHg	PV Acc. Time	107 ms
Strain Left Ventricle AFI					
GLS avg (AFI)	-18.1 %				
Other					
LVIDd Index	2.88 cm/m2	RAVI	28.11 ml/m2	LVEF BiP Q	63 %
Sinuses Of Valsalva	30.66 mm	LVOT Env.Ti	369 ms	LVSV BiP Q	83 ml
Ao st junct	24.45 mm	AV/LVOT	2.11	LALs A2C	6.4 cm
RALs	6.2 cm	AV Flow Rate	245.77 ml/s	LAESV Index (A-L)	45.05 ml/m2
RAESV A-L	55 ml	RV base diam	3.6 cm	LAESVInd MOD BP	41.54 ml/m2
RAESV MOD	51 ml	LVVED BiP Q	132 ml		

Left Ventricle
Normal cavity size.
No hypertrophy present .
Normal systolic function.

Right Ventricle
Normal cavity size. Normal systolic function.

Left Atrium
Mildly dilated left atrium.

Right Atrium
Normal right atrial size.

Aortic Valve
Normal (trileaflet) aortic valve, mildly thickened and calcified most notably the LCC which appears fairly fixed. Remaining cusps show reasonable excursion. Mild stenosis. Mild to moderate aortic regurgitation.

Mitral Valve
Normal mitral valve anatomy.
No evidence of mitral stenosis. Trivial mitral regurgitation.

Tricuspid Valve
Normal tricuspid valve.
Mild tricuspid regurgitation.

Pulmonary Valve
Normal pulmonary valve structure and function. Trivial pulmonary regurgitation .

Aorta
Normal aortic root .

Systemic Veins
Normal inferior vena cava .

Interatrial Septum
Structure: Mildly mobile interatrial septum, no obvious transseptal flow.

Interventricular Septum
Ventricular septum intact

Conclusion
LV is undilated with good systolic function
RV is undilated with good systolic function
LA is mildly dilated
Mild AS with mild moderate AI at most
Mild TR

Exam Date:	Scanned by:	Reported by:
24/07/2025	Alexis MacPhail	Alexis MacPhail

NHS
Greater Glasgow and Clyde

Respiratory Laboratory
Queen Elizabeth University Hospital
G51 4TF

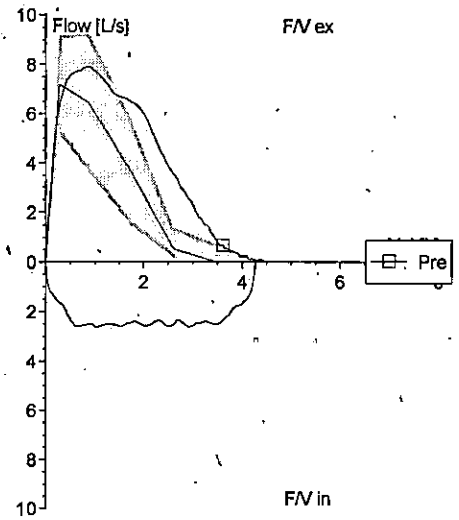
Last Name:	McClymont	First Name:	Gavin
Date of Birth:	18/12/1952	Gender:	male
Height:	165 cm	Weight:	83.8 kg
CHI:	1812526490	BMI:	31 kg/m²
Age:	72 Years	Race:	Caucasian
Physiologist:	Kinniburgh L	Ex Smoker:	
Ward:	QEUH	Quit (Y/N):	
Physician:	Mr Treharne	**Visit date**	24.07.25
Pred. Module:	GLI_ECCS		

Pulmonary Function Tests

		Pred	Pred LL	Pred UL	Meas	% Pred	SR
SPIROMETRY			SPIROMETRY		SPIROMETRY		
FVC	L	3.47	2.55	4.39	4.63	133	2.06
FEV 1	L	2.65	1.89	3.35	3.57	135	2.18
FEV 1 % FVC	%	77	63	89	77	101	0.07
FEV 1 % VC MAX	%	77	63	89	77	101	0.07
MFEF 75/25	L/s	2.05	0.86	3.75	3.62	176	1.54
FEF 50 % FIF 50	%				181		
PEF	L/s	7.19	5.19	9.18	7.90	110	0.59
)IF	L/s				2.64		

		Pred	Pred LL	Pred UL
STATIC LUNG VOLUME - BODY...			STATIC LUNG...	
FRCpleth	L	3.17	2.21	4.38
TLC	L	6.00	4.73	7.28
VC	L	3.74	2.98	4.53
IC	L	2.71	1.88	3.50
ERV	L	0.96	0.29	1.94
RV	L	2.20	1.29	3.30
RV % TLC	%	37	25	49
sR eff	kPa*s	1.18	1.18	1.18
R tot	kPa/(L/s)	0.30	0.30	0.30
sR tot	kPa*s	1.18	1.18	1.18

		Pred	Pred LL	Pred UL
CO TRANSFER FACTOR			CO...	
VA_SB	L	5.34	4.29	6.46
DLCO_SB	mmol/(min*kPa)	7.34	5.37	9.68
DLCOcSB	mmol/(min*kPa)	7.34	5.37	9.68
(CO_SB	mmol/(min*kPa*L)	1.38	1.02	1.78
.(COc_SB	mmol/(min*kPa*L)	1.38	1.02	1.78
VIN_SB	L	3.74	2.98	4.53
Hb	g(Hb)/dL	14.60	13.00	16.20



Comment *Note GLI ethnic correction only adjusts for spirometry.*

SPO2 = 98%.
No inhalers.
Smoker, 27 pack years
Best result reported from maximum tests. Unable to match best efort.
Reported by L.Kinniburgh // verified by T.Malik.

SR Severity Scale
Normal +/- 1.64
Mild +/- 1.65 - 2.50
Moderate +/- 2.51 - 4.00
Severe > +/- 4.00

Reported to ERS/ATS 2021 and ARTP 2020 guidelines unless otherwise stated.

CT Post endovascular Aneur repair check

Performed	05-Dec-2025 09:30	Received	08-Dec-2025 11:55
Reported	08-Dec-2025 11:53	Order Number	G405H42648172
Status	Final	Source System	MiSys

CT Post endovascular Aneur repair check Final
Gavin McClymont
Clinical History: From TrakCare:" Elective EVAR Sept 2025. No complications. First surveillance Dec 2025 please"

CT Post endovascular Aneur repair check:
Â
59 mm AAA with large lumbar type 2 endoleak.
This is a stable sac size.
No other relevant finding.
We will organise another scan in one year.
Â

Reported by: Dr Martin Hennessy
Verified by: Dr Martin Hennessy

Pc stent abdominal aorta

Performed	03-Sep-2025 09:04	Received	03-Sep-2025 15:49
Reported	03-Sep-2025 15:47	Order Number	G405H42552842
Status	Final	Source System	MiSys

Pc stent abdominal aorta Final
Gavin McClymont
Clinical History :
EVAR in theatre 16 3rd September please. Has pacemaker

Pc stent abdominal aorta :
Written consent.
Reference to CT 24/07/2025.

Local anaesthetic case with Anaesthetic support.
Theatre 16, Mr Treharne list.

Access:
Bilateral pre-close with 2 pro-style devices on either side.
Bilateral 8Fr sheaths, ultimately 18Fr on the right and 16Fr on the left.

Procedure:
Initial embolisation of the right internal iliac trunk with 10 X 20 cm and 8 x 15cm interloc and 10 x 30cm Terumo Azur coils (x2).
Bareback insertion of the main body over lunderquist support using pigtail angiogram for proximal landing zone placement.
Main body deployed until 2 stents length and then we angiogram with cranial angulation and magnification. Re-position as required. Device fully deployed.
Challenging cannulation of the contralateral gait, finally achieved via ipsilateral side using Aptus sheath and snare technique.
Measuring pigtail and lunderquist support to extend contralateral side followed by ipsilateral side.
Seal zones ballooned with Reliant balloon.
Final angiogram.

Close:
Post-close and brief manual compression right side with good haemostasis.

Aftercare:
2hrs bedrest.

MB: **ETBF3216C166EE**
LL: **ETLW1620C124EE**
RL: **ETLW1613C124EE**

Llewellyn / Zaman / Nath /

Reported by: Dr Oliver Llewellyn (SpR) and Dr Alexander Nath
Verified by: Dr Alexander Nath

Review images at MDT

Performed	07-Aug-2025 13:09	Received	11-Aug-2025 14:12
Reported	11-Aug-2025 14:10	Order Number	G405H42535325
Status	Final	Source System	MiSys

Review images at MDT Final
Gavin McClymont
Clinical History : "Aneurysm - aorta, including thoracic, or iliac AAA 5.8cm. EVAR on 13th August?"

Review images at MDT :

This patients imaging was discussed at the the Vascular MDT dated 8th August 2025.

Suitable for conventional EVAR (or open repair).

Reported by: Dr Menelaos Philippou and Dr Menelaos Philippou
Verified by: Dr Menelaos Philippou

CT Angiogram aorta

Performed	29-Nov-2022 21:25	Received	30-Nov-2022 10:29
Reported	30-Nov-2022 10:27	Order Number	G405H39105986
Status	Final	Source System	MiSys

CT Angiogram aorta Final
Gavin McClymont
Clinical History :

Known AAA, presents with acute severe abdominal/back pain, appears pale/unwell, tachycardic. ?ruptured AAA

CT Angiogram aorta :

Arterial phase CT of the aorta. Unfortunately there is no previous cross-sectional imaging for comparison.

2 distinct calculi within the proximal left ureter measuring approximately 9 mm (proximal calculus) and 7 mm (more distal calculus) respectively. Mild fat stranding around the left renal pelvis with prominence of the calyces of the left kidney but preserved renal hila fat and no hydronephrosis. No distal ureteric calculi. The left kidney is atrophic when compared to the right with cortical thinning.

The left intrarenal abdominal aortic aneurysm measures approximately 5.4 cm in maximal AP diameter. (Last measurement 4.2cm on 30/9/22 - from clinical portal). No features of aneurysm rupture or impending rupture.

Solitary gallstone with an otherwise unremarkable gallbladder. Unremarkable liver, spleen, pancreas, adrenals and right kidney.
Uncomplicated diverticulosis affecting the sigmoid and descending colon. Otherwise unremarkable appearances of the unprepared bowel. No size significant abdomino-pelvic lymphadenopathy.

The major intra-abdominal arterial branches are patent.

No intra-abdominal free fluid or gas.

Unremarkable appearances of the imaged lung bases and skeleton.

Conclusion:
Two partially obstructing left proximal ureteric calculi (9mm and 7mm). Urology opinion advised.
5.4cm AAA with no features of acute or impending rupture - vascular surgical opinion recommended given rapid increase in size (1.2cm in approximately 2 months).

Consultant review at 10:20.
Agree with above report - proximal calculi within the left ureter and a large infrarenal AAA for which a vascular opinion should be sought. I think there is probably mild left hydronephrosis on a background of relative left renal atrophy and cortical scarring. As above discussion with urology recommended.

Reported by: Dr Patrick Baker (SpR) and Dr Kenneth Lupton
Verified by: Dr Kenneth Lupton