Subject Access Request Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER

NHS
Greater Glasgow and Clyde

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

Date: 22/06/2026
Your Ref: 100207
Our Ref: SAR/ACCESS/ CD
Enquiries to: Chrissy
Direct Line: 0141 201 3379
Email: chrissy.davie@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:

GLASGOW ROYAL INFIRMARY, STOBHILL HOSPITAL & GLASGOW DENTAL HOSPITAL RECORDS

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

Subject Access Request Team

ELECTRONIC PATIENT RECORDS

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

Including:

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

Medical Illustration Services

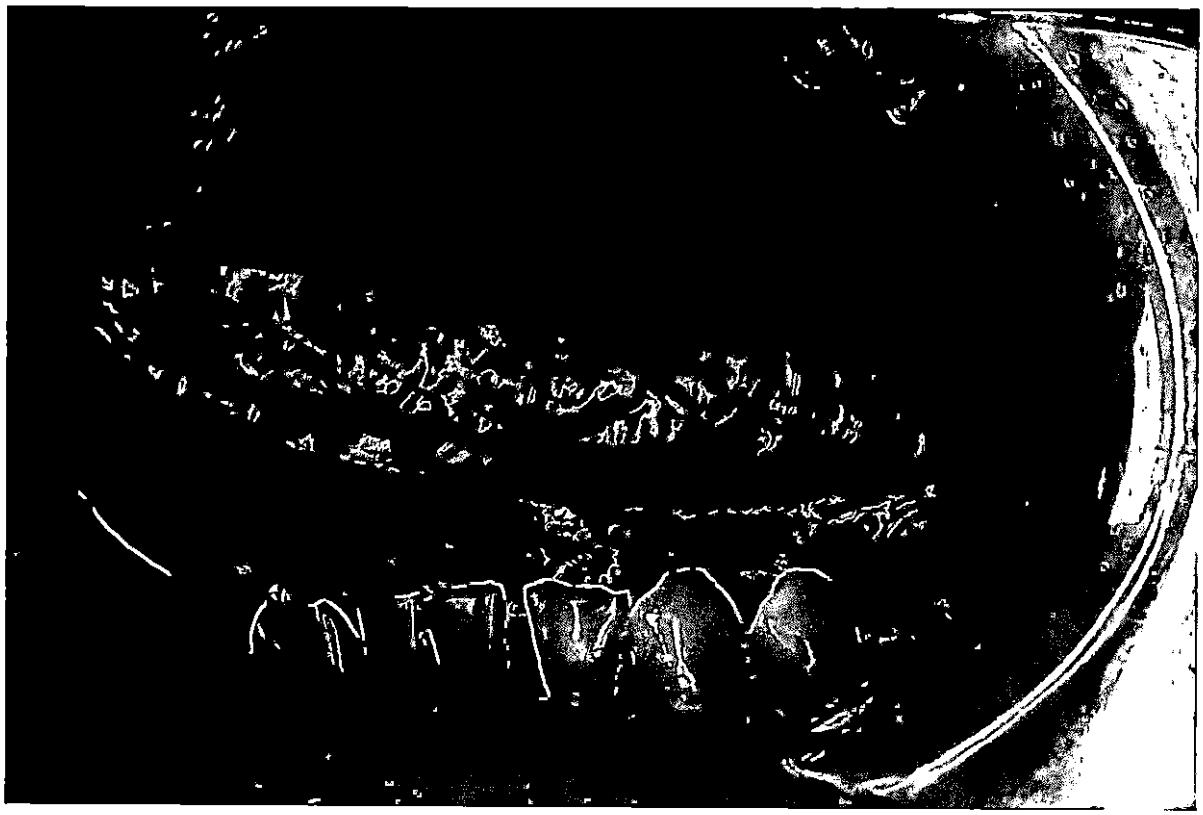
NHS
Greater Glasgow and Clyde

MIS No: C24-016618

CHI: 1812526490

Date: 14/03/2024





Consent Status	A	B	C

A = Records ONLY, B = Teaching & Records, C = Publication

These photographs form part of the confidential clinical record and are the copyright of NHS Greater Glasgow and Clyde. They may not be reproduced in any way without written permission from the copyright holder as shown.

Medical Illustration Services

NHS
Greater Glasgow and Clyde

MIS No: C25-059253
CHI: 1812526490
Date: 21/08/2025





Consent Status	A	B	C

A = Records ONLY, B = Teaching & Records, C = Publication

These photographs form part of the confidential clinical record and are the copyright of NHS Greater Glasgow and Clyde. They may not be reproduced in any way without written permission from the copyright holder as shown.

Medical Illustration Services

NHS
Greater Glasgow and Clyde

MIS No: C25-059253
CHI: 1812526490
Date: 21/08/2025





Consent Status	A	B	C

A = Records ONLY, B = Teaching & Records, C = Publication

These photographs form part of the confidential clinical record and are the copyright of NHS Greater Glasgow and Clyde. They may not be reproduced in any way without written permission from the copyright holder as shown.

Medical Illustration Services

NHS
Greater Glasgow and Clyde

MIS No: C25-059253

CHI: 1812526490

Date: 21/08/2025



Consent Status	A	B	C

A = Records ONLY, B = Teaching & Records, C = Publication

These photographs form part of the confidential clinical record and are the copyright of NHS Greater Glasgow and Clyde. They may not be reproduced in any way without written permission from the copyright holder as shown.

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	

Oral Health Directorate

Confidential Medical History Form

NHS Greater Glasgow and Clyde

Surname MCCLYMONT First Name GAVIN

Address 10 EVERARD QUADRANT

Post Code G21 1XP

Date of Birth 18-12-52 Telephone No 0141 3895357 Mobile

Doctor's Name FOLEY Doctor's Telephone No. 762 8808

Doctor's Address ALCHINAIRN RD. GLASGOW

Dentist's Name TIWARA Dentist's Telephone No.

Dentist's Address SPRINGBURN RD GLASGOW

Name/Address/Telephone No. of School

To obtain the best and safest treatment, your dentist needs to know of any problems which may affect your treatment. Please complete the following questions relating to your own medical history.

If your *child* is attending the hospital, the dentist needs to know of any problems which may affect your child's treatment. Therefore, please complete the following questions relating to your child's medical history.

All information will be kept strictly confidential. If you do not understand any of the questions, please ask the dentist for help.

	ARE YOU CURRENTLY	YES	NO	GIVE DETAILS
1	Are you currently receiving treatment from a doctor, hospital or clinic?		✓	
2	Are you taking any prescribed medicines (e.g. tablets, creams, ointments or inhalers – including contraceptives and hormone replacement therapy or bisphosphonates).	✓		
3	Do you suffer from any allergies to any medicines (e.g. penicillin) substances (e.g. latex), or foods?		✓	
4	Do you suffer from heart problems, angina or blood pressure problems?	✓		
5	Do you suffer from bronchitis, asthma or other chest or breathing conditions?		✓	
6	Have you ever had liver disease (e.g. jaundice or hepatitis) or kidney disease?		✓	
7	Do you have diabetes?		✓	
8	Do you suffer from fainting attacks, giddiness, blackouts of epilepsy?		✓	

9	Are you currently pregnant?			
10	Does your child have any learning support or attend a special school?			
11	Do you suffer from bruising or persistent bleeding following injury or surgery (including dental extraction)?	✓	✓	
12	Have you ever had any treatment that required you to be in hospital?	✓		
13	Have you ever had a bad reaction to a general or local anaesthetic?		✓	
14	Do you have any close relatives with Creutzfeldt-Jakob disease?		✓	
15	Have you ever had brain surgery?		✓	
16	Did you have growth hormone treatment before the mid 1980s?		✓	
17	Do you suffer from any infectious diseases (e.g. HIV or tuberculosis)?		✓	
18	Do you have arthritis?	✓		
19	Do you smoke or use tobacco products, recreational drugs or drink alcohol (please state)?	✓		SMOKE DRINK
20	Do you carry a medical warning card?	✓		
21	Is there any other information which your dentist might need to know about (such as self prescribed medicines such as aspirin, stroke, dementia etc)?		✓	

Signature ..... Date 14-3-24

Relationship to Patient if Applicable?.....

UPDATE:

Please check that the above information is still correct and amend as necessary or note any changes below:

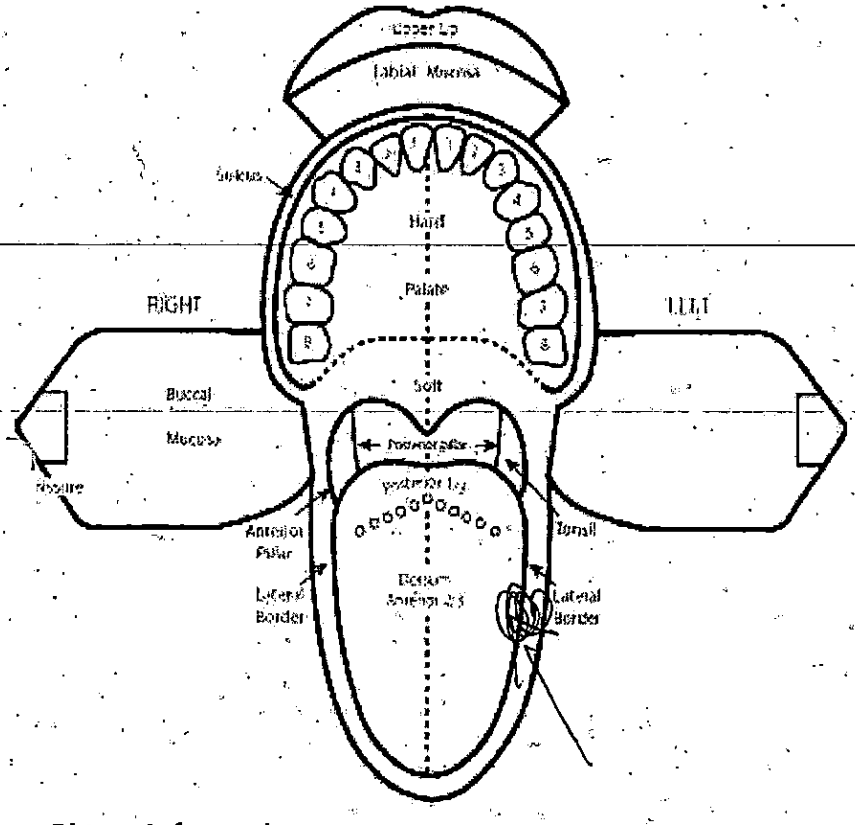
DATE	CHANGE Yes/No?	LIST ANY CHANGES BELOW	PATIENTS INITIALS

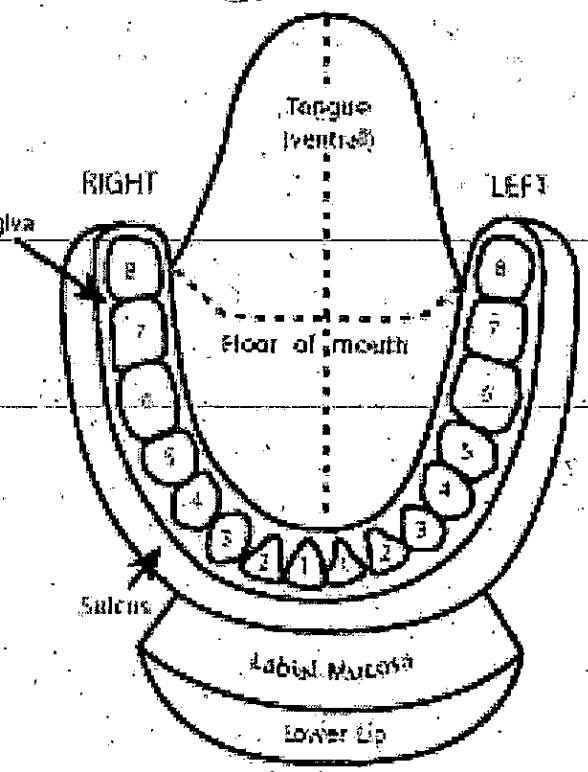
Oral Medicine Biopsy Liaison Form

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

Date: 14/03/24

Consultant: Dr GIULIO FORTUNA





Biopsy Information

- Routine ☒ Urgent ☐ Urgent (query cancer) ☐
- Number of specimens:
- Incisional ☐ Excisional ☒
- Punch ☒ Ellipse ☐
- H&E ☒ Direct immunofluorescence ☐ Microbiology sample ☐
- Oral Medicine clinician to review at biopsy appointment ☒

Clinical Information

Differential diagnoses: OL vs KCOS vs HPV-related lesion.

Clinical summary: Presented of 7x5 mm leukokeratotic plaque-type lesion.

Verbal consent gained for procedure ☒

Is the patient taking anticoagulant medication? APIXABAN

Is the patient taking systemic steroids? (Y/N)

Does the patient require blood tests prior to biopsy? (Y/N)

Has appropriate advice been given if any of above? (Y) N / NA

Does the patient require an interpreter? (Y/N)

Pt advised to stop the am dose.

Signed:

Request emailed ☐

Hospital use only	Clinic	Day Date	Time	Hospital No.
				10393034

REFERRAL LETTER

MEDICAL IN CONFIDENCE

GGC GDH Oral Medicine Referral

10393034
DENT General Medical Record
MCCLYMONT
Gavin
CHI: 1812526490

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral Routine
Date of referral 25-Jan-2024 **Date sent** 25-Jan-2024

PATIENT DETAILS

Surname	MCCLYMONT
Forename(s)	GAVIN
Title	Mr
Sex	Male
Date of birth	18-Dec-1952
CHI no.	1812526490
Area of Residence	-

Patient's address

10 EVERARD QUAD
SPRINGBURN
GLASGOW
G21 1XP

Contact number(s)

Voice: 07900554548

1010319696079

Unique Care Pathway Number: 1010319696079

REFERRING HCP DETAILS

HCP Name	LauraGrant
HCP code	264111
HCP Position	-
Organisation name	Tiwari Watson Dental Care (5449)
Location code	5449

Organisation address

1360 Springburn Road
Glasgow
G21 1UX

Contact number(s)

Voice: 01415573488

10393034
DENT General Medical Record
MCCLYMONT
Gavin
CHI: 1812526490

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Dental Direct Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Are you aware of any vulnerability or protection issues in relation to this person?:Not Known
Does the patient have the capacity to consent?:Yes
Reason for Referral:Pre-malignant conditions or lesions requiring diagnosis or review (NOT FOR SUSPICION OF CANCER)
Does the patient need an interpreter?:No
Leukoplakia:true
Other soft tissue lesion:true
Smoking related lesion:true
Detail the problem including the history, treatment to date and complete description of any lesion:White lesion on the LHS of the tongue- 2cm x 1 cmIrregular borderSymptom freeMainly white in colour Slight redness around the margin
Specify why input from secondary care is required:High risk area, patient is a smoker.Possible biopsy needed to check for pre malignancy/dysplastic changes
If this referral relates to pain and neurological dysfunction, have you attempted to exclude a dental cause?:No
Have any relevant radiographs been taken?:No
Relevant radiographic images have been included:N/A
Confirm radiographs are correctly orientated and labelled, by either saving file as name, DOB/CHI, date and site, or ensuring that the information is clearly visible on the image.:N/A
Have any relevant photographs been taken?:Yes
Relevant Photographs have been included:Yes
Details of relevant medical history:aneurysm in the abdomen, gets checks every 3 months, may get surgery on it eventuallyPacemaker fitted, annual checks for this Smoker 10 per day
Details of relevant medication:omeprazole, sertraline, tamsulosin, heart medication (patient could not remember name- is going to bring me a list next appointment)
Details of relevant allergies:None
Referrer type:GDP
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

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

Procedure: MR DIMISY

Consultant: FOR TWA
Clinic: ORTHO DIMISY
Checklist Coordinator:

Date 1/07/2024

Sign In

- Introduction of team and role ☑
- Confirm patient site / procedure ☑
- Treatment plan clear in notes ☑
- Medical History ☑
- Allergies ☑
- Radiographs ☑
- Equipment ☑

Surgical Pause

- Name ☑
- Date of Birth and Address/ Postcode ☑
- Signed GGC Consent Form ☑
- Site Marked ☑
- Procedure Confirmed Aloud ☑

Sign Out

- Confirm Procedure Complete ☑
- Specimen Labelled (read specimen labels aloud, including patient name, CHI) ☑
- Concerns (are there any concerns for recovery / management of patient) ☑
- Post operative instructions given ☑
- Follow up arranged ☑
- Debrief ☑

Swabs / Sharps Check

Pre – op 1/1

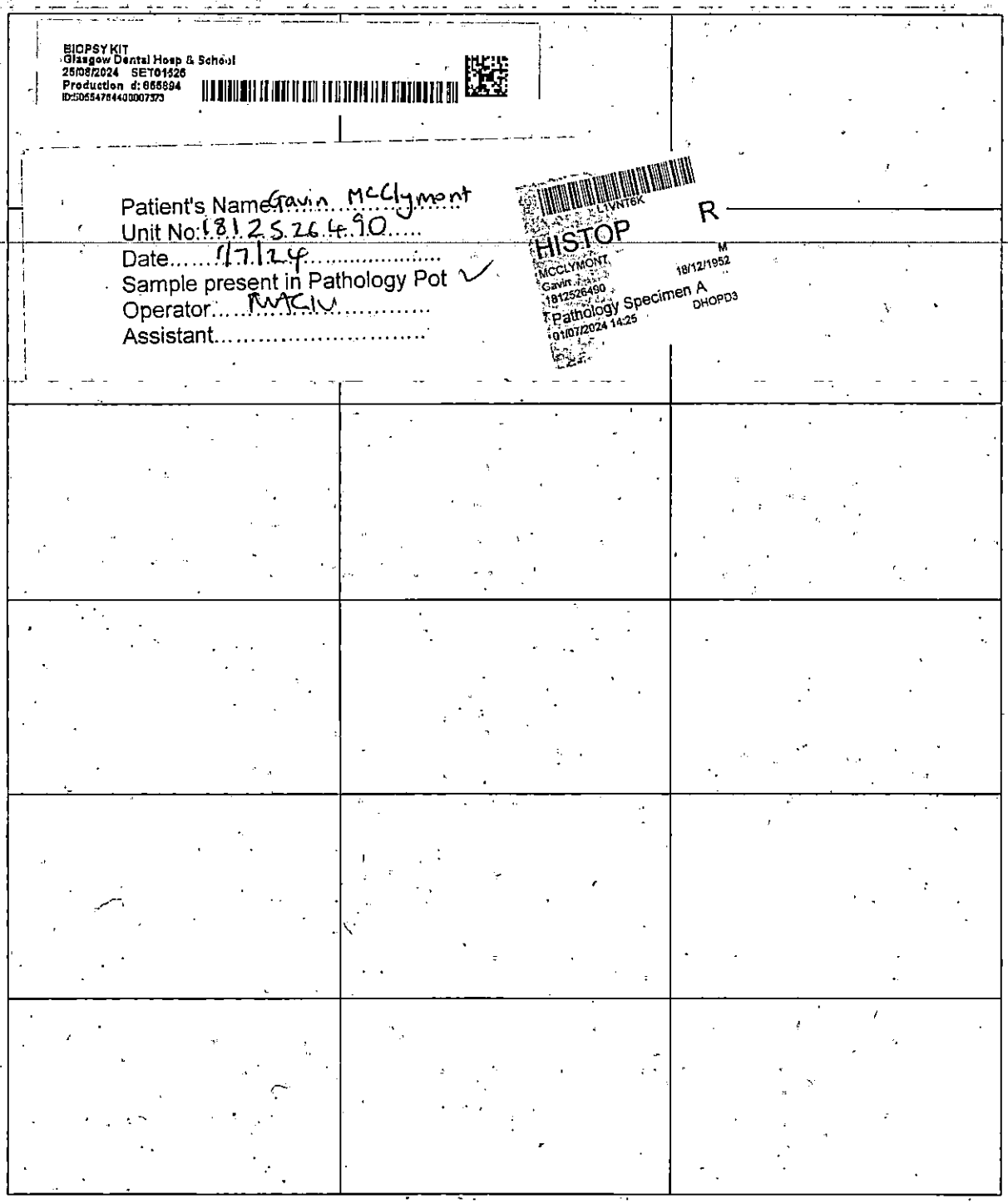
Post-op 1/1

	Staff member	Student	Supervised by (initial)
LA given by	☑	☐	☐
Instruments/forceps placed on tooth by	☐	☐	☐
Haemostasis and patient checked prior to discharge by	☑	☐	

Operator Signature/Print

Assistant Signature/Print

Please peel all traceability labels from Instrument Sets and Supplementary Instruments and attach to boxes below.
Place completed form in patient's notes.



Operator Signature/Print _____

Assistant Signature/Print _____

Patient Agreement to Investigation or Treatment

Consent Form

NHS
Greater Glasgow and Clyde

Patient details (or pre-printed label)

Hospital / clinic / GP practice

Patient's surname / family

Patient's first name

Date of birth

CHI number

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

Gender Male ☐ Female ☐

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

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

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

Removal of staple of tissue from left side of tongue with local anesthetic

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

Pain, bleeding, swelling, stitches, scarring, infection, altered sensation need for further samples or surgery

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

Signature of practitioner

Name / Designation (print) A CHAUHAN SPECIALTY DOCTOR

Date 1/7/2024 GDC 65355

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

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

I understand

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

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

I agree

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

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

Patient / parent agreement to treatment

Signature G McClymont	Date 1/7/2024
Name (print) GAVIN MCCLYMONT	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

Glasgow Dental Hospital

NHS Greater Glasgow and Clyde

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

Treatment Record

	Forename(s)	Unit Number

Date	Dept	Treatment	Signature	
			Student	Staff
14/03/24	Oral Medicine CDH	Pt was referred by Dr Grant for an evaluation of Keratotic lesion Please see notes on Portal. [signature]		
1/7/24	SDCT MEDICINE A CHALK	LFA = BL (L) LATERAL TONGUE c/o 'ANGRY' LESION CATCHES BITE MH NIL NEW DO NOT TAKE ASPIRIN THIS AM WRITTEN CONSENT OBTAINED FOR BX OF LAT MARGIN OF TONGUE EXPLAINED BLEEDING 2° GUM ASPIRIN NEED FOR FURTHER TREATMENT, RECURRENCE OPERATOR: MAIN ASSISTANT = CHALK 1/2 CARTRIDGE 2.2ml 2% LIDOCAINE 1:80K ADR INFILTRATED ELLIPTICAL INCISION SAMPLE → PATH POT X3 VICRYL RAPID 4-0 CLOSURE HA PTO		

1812526490
MCCLYMONT
Gavin
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

M
18/12/1952

Date	Dept	Treatment	Signature	
			Student	Staff
		POIC [illegible] + WRITE		
		4YR POST [illegible] — RESIDENT [illegible]		
		F/U: ~~8/5~~ 8-12/52		
		c RESULTS, FEEDBACK		
		? VIVA [illegible]	[signature]	
			MACIU	
			DCT2	

ELECTRONIC PATIENT RECORDS

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

Including:

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

Clinical letter - Others:

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0141 211 9600
Department: Oral Medicine
Contact Tel: Apps 0800 012 1405
Enquiries to: Secretary 0141 211 9838
Letter Date: 02/10/2025
Reference: JT/hm
Dictated Date: 05/09/2025
Transcribed Date: 22/09/2025

Ms Laura Grant
General Dental Practitioner
Tiwari Watson Dental Care
1360 Springburn Road
Glasgow
G21 1UX

Dear Ms Grant,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Problem:

- Biopsy-confirmed squamous papilloma left tongue excised July 2024.

Outcome: - discharged to care of GDP

This patient was reviewed on clinic.

Unfortunately, he is still smoking and I have encouraged him to stop smoking. There are some faint smoking-related changes in the mouth and the area previously excised has remained stable.

I am happy to discharge him to your care.

Please re-refer him if there are any changes.

With kind regards,

Yours sincerely

Dr Jennifer Taylor
GDC 77723 GMC 6157834
Honorary Consultant / Clinical Senior Lecturer in Oral Medicine

Electronically Signed: Dr Jennifer Taylor, Consultant

cc. Gavin McClymont

10 EVERARD QUADRANT
Glasgow

Lanarkshire
G21 1XP

Clinical letter - Others: Clinical letter - Others

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0141 211 9600
Department: Oral Medicine
Contact Tel: Apps 0800 012 1405
Enquiries to: Secretary 0141 211 9838
Letter Date: 29/04/2025
Reference: MG/hm
Dictated Date: 27/02/2025
Transcribed Date: 27/04/2025

Ms Laura Grant
General Dental Practitioner
Tiwari Watson Dental Care
1360 Springburn Road
Glasgow
G21 1UX

Dear Ms Grant,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Problem:

- Biopsy-confirmed squamous papilloma - left tongue excised - July 2024.

Management:

- Clinical photographs updated today.
- Patient advised to stop smoking.
- Discharge from Oral Medicine.

Further to our previous correspondence regarding Mr McClymont, he was reviewed on the Oral Medicine Clinic on 25/02/2025 by myself on behalf of Dr Jennifer Taylor.

The patient reports no issues since his last visit and has healed well since his biopsy appointment. The patient is aware of the result which showed a squamous papilloma on the left side of his tongue with no concerning features. The patient previously reported a tingling sensation on the left side of his tongue, however, this has resolved following the biopsy.

The patient continues to smoke and we discussed the benefits of stopping smoking particularly to reduce his risk of oral cancer related to smoking.

Clinical examination today revealed no cervical lymphadenopathy. Intraorally, the previous papilloma noted has been excised and the area has healed well on the left side of his tongue. Otherwise, I note that the UR2 and UL2 are grade 1 mobile and are also abutments for resin retained bridges replacing the UR1 and UL1.

The patient was made aware of this and advised due to his long-term history of smoking he is at increased risk of periodontitis and will require long-term management of any periodontal issues. I would be very grateful if you could manage this in due course.

There is no further Oral Medicine input required therefore at this stage and the patient is now discharged back to your care.

Kind regards,

Yours sincerely

Mark Gribben
Specialty Dentist in Oral Medicine

Electronically Signed: Dentist Mark Gribben, Dentist

cc. Mr Gavin McClymont
10 Everard Quadrant
Glasgow
G21 1XP

Clinical letter - Others: Clinical letter - Others

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

Dr Laura Grant
General Dental Practitioner
Tiwari Watson Dental Care
1360 Springburn Road
Glasgow
G21 1UX

Main Switchboard: 0141 211 9600
Department: Oral Medicine
Contact Tel: Apps 0800 012 1405
Enquiries to: Secretary 0141 211 9838
Letter Date: 28/01/2025
Reference: SF/hm
Dictated Date: 11/12/2024
Transcribed Date: 23/01/2025

Dear Dr Grant,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Oral Problem:

- White patch left lateral tongue.

Biopsy Result:

- Biopsy 01/07/2024 of left lateral tongue showing benign squamous papilloma with no dysplasia

Current Management:

- Nil required - asymptomatic

Plan:

- We will arrange to see Mr McClymont face-to-face in the Oral Medicine Department for review

Further to previous correspondence, I had a telephone call with Mr McClymont on behalf of Dr Jennifer Taylor on 23/10/2024. This was to discuss his biopsy results and to see how he was getting on. Gavin confirms that the area remains asymptomatic and he has noticed no changes to the white patch on his left lateral tongue, however, he does find it difficult to see this area.

He reports that he sees yourself roughly every 6 months. He smokes 10-11 cigarettes a day and takes no alcohol. He had a pacemaker fitted a few years ago. He takes the following medications - Omeprazole, Simvastatin, Apixaban, Tamsulosin and Sotalol.

We will arrange to see Gavin face-to-face in the Oral Medicine Department and will endeavour to keep you updated with his progress.

Best wishes,

Yours sincerely

Sarah Falconer
DCT3 Oral Medicine

Electronically Signed: Dentist Sarah Falconer, Dentist

cc. Dr L M Coia
General Medical Practitioner
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Mr Gavin McClymont
10 Everard Quadrant
Glasgow
G21 1XP

Clinical letter - Others:

NHS
Greater Glasgow and Clyde
Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
Main Switchboard: 0141 211 9600
Department: Oral Medicine
Contact Tel: Appts: 0800 012 1405
Enquiries to: Sec: 0141 211 9838
Letter Date: 01/05/2024
Reference: GF/SR
Dictated Date: 15/03/2024
Transcribed Date: 26/04/2024

Laura Grant
General Dental Practitioner
Tiwari Watson Dental Care
1360 Springburn Road
Glasgow
G21 1UX

Dear Dr Grant,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Visit Date: 14/03/2024

Thank you for referring Mr McClymont to the Oral Medicine Department for an evaluation of a white lesion on the tongue.

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 patient 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 fmaily 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 miss the morning dosage of Apixaban the day of the biopsy, and quit smoking and reducing the amount of alcohol.

Dear Dr Coia,

can you prescribe oral Nystatin suspension (swish 5 ml for 2 min 3 times per day for 3 days before the biopsy), please? Thank you

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.

Yours sincerely,

Giulio Fortuna, DMD, PhD

Clinical Senior Lecturer and Honorary Consultant in Oral medicine

Electronically Signed: Dr Giulio Fortuna, Consultant

cc. Mr Gavin McClymont
10 EVERARD QUAD
SPRINGBURN
GLASGOW
G21 1XP

Dr L Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Oral Medicine - MCCLYMONT, Gavin - 18-12-1952 LHS tongue

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral Routine
Date of referral 25-Jan-2024 **Date sent** 25-Jan-2024

PATIENT DETAILS

Surname	MCCLYMONT
Forename(s)	GAVIN
Title	Mr
Sex	Male
Date of birth	18-Dec-2023
CHI no.	1812526490
Area of Residence	-

Patient's address

10 EVERARD QUAD
SPRINGBURN
GLASGOW
G21 1XP

Contact number(s)
Voice: 07900554548

1010319696079

Unique Care Pathway Number: 1010319696079

REFERRING HCP DETAILS

HCP Name	LauraGrant
HCP code	264111
HCP Position	-
Organisation name	Tiwari Watson Dental Care (5449)
Location code	5449

Organisation address

1360 Springburn Road
Glasgow
G21 1UX

Contact number(s)
Voice: 01415573488

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Dental Direct Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Are you aware of any vulnerability or protection issues in relation to this person?:Not Known
Does the patient have the capacity to consent?:Yes
Reason for Referral:Pre-malignant conditions or lesions requiring diagnosis or review (NOT FOR SUSPICION OF CANCER)
Does the patient need an interpreter?:No
Leukoplakia:true
Other soft tissue lesion:true
Smoking related lesion:true
Detail the problem including the history, treatment to date and complete description of any lesion:White lesion on the LHS of the tongue- 2cm x 1 cm
Irregular border
Symptom free
Mainly white in colour
Slight redness around the margin
Specify why input from secondary care is required:High risk area, patient is a smoker.
Possible biopsy needed to check for pre malignancy/dysplastic changes
If this referral relates to pain and neurological dysfunction, have you attempted to exclude a dental cause?:No
Have any relevant radiographs been taken?:No
Relevant radiographic images have been included:N/A
Confirm radiographs are correctly orientated and labelled, by either saving file as name, DOB/CHI, date and site, or ensuring that the information is clearly visible on the image.:N/A
Have any relevant photographs been taken?:Yes
Relevant Photographs have been included:Yes
Details of relevant medical history:aneurysm in the abdomen, gets checks every 3 months, may get surgery on it eventually
Pacemaker fitted, annual checks for this
Smoker 10 per day

Details of relevant medication:omeprazole, sertraline, tamsulosin, heart medication (patient could not remember name- is going to bring me a list next appointment)

Details of relevant allergies:None

Referrer type:GDP

Patient will accept any site:Yes

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

Oral Medicine - MCCLYMONT, Gavin - 18-12-1952 LHS tongue

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

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

MANUAL PATIENT RECORDS

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

Including:

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

STOBHILL NHS TRUST

STOBHILL HOSPITAL

UNIT NUMBER 393034

SURNAME	D.O.B.	SEX	MARITAL STATE	RELIGION
McCLYMONT	18/12/52	M	M	

FIRST NAMES	OCCUPATION
GAVIN	

ADDRESS	NEXT OF KIN (NAME & ADDRESS)
1/5 16 PINKSTON DR GLASGOW POST CODE G21 1NN TEL. No. ~~558 6200~~	ALISON (WIFE) S/A. POST CODE TEL. No.

CHANG

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

4D

POST C 762 2137.

NAME & ADDRESS OF OWN DOCTOR	
DR MANSOURI 101 AUCHINAIRN RD BISHOPBRIGGS POST CODE G64 1NF TEL. No.	

CHANG

POST CODE TEL. No.

NAME & ADDRESS OF OWN DOCTOR

POST CODE TEL. No.

INDEX OF ATTENDANCES

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

DATE	CLINIC/WARD	DOCTOR	DIAGNOSIS/OPERATION	CODED	DISCH. DATE
6/9/95	HDS	MR M'LAUGHLIN			

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

GLASGOW NORTHERN DISTRICT HOSPITALS — **DAY-PATIENT/INPATIENT CHART**

FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATE
M°CLYMONT . GAVIN	393034		M. S. W.

DATE OF BIRTH	AGE	SEX	WARD/DEPT	RELIGION	MAIDEN NAME
18/12/52	42	M			

ADDRESS	G.P.'S NAME & ADDRESS
115 16 PINKSTON DR	DR MANSOORI, 101 AUCHINAIRN RD, BISHOPB
DATE SPECIALITY: HDS	CONSULTANT'S NAME: MR MC LAUGHLIN

	42yoo ♂ GP referral: haematuria — 1/7 ago woke up at 4am → urinated ~ initially clear but subsequently noticed frank haematuria & then noticed dull ache suprapubically. Since then frequency (every 20 minute); assoc c suprapubic dull ache. 2 episodes of (L) renal angle pain — sharp in nature, onset last night & at rest; assoc c sweating,
PC	FREQUENCY ? major on rise morning, °N & V °stone/grit passed
	NOCTURIA — never had problem before
	HAEMATURIA °trauma °bleeding diathesis °RHD °↑BP °DM
	DYSURIA - pain suprapubically on micturition
	HESITANCY, STREAM DRIBBLING ✓
	↳ noticed poor stream x 1/7 (pain)
CVS	DYSNOEA° urgency x 1/7
	CHEST PAIN °
	ANKLE SWELLING °
seen GP	OTHERS ° palpitations - occurs at night lasting
RESP	SMOKER - 12/day
	COUGH °
	SPIT °
	HAEMOPTYSIS °
ABDO	WT. - stable
	HEARTBURN INDIGESTION - occ., not related to posture or certain foo
	NAUSEA VOMITING °
	BOWELS ° Δ bowel habits °haemorrhoids °melaena
CNS	DIZZINESS °
	BLURRED VISION °
	HEADACHES °
Social	Married ♀ 2 children, caretaker occ drinker
PMH	°↑BP °asthma °angina °PUD °DM °arthritis °epilepsy °PTB
DH	On antibiotics ? trimethoprim ~ 3 tablets taken already
	° °allergies
O/E	GENERAL °ANAEMIA °CYANESIS ° JAUNDICE°
	°NODES ° CLUBBING

*small clots on 2 occasions

✱GP saw him yesterday → gave antibiotics ~ since then symptoms have settled

PSH: appendicectomy

JMcC/481317

DATE	URINE
	Reaction Albumin +1 Sugar Ketones
	WEIGHT (in Kilogrammes) 72 KGS.
RESP	EXPANSION ℓ=L=(N) TRACHEA I
	PERCUSSION resonant
	BS. (N) ↓BS (R) base ant
	PHYSICAL EXAMINATION
	HS 1+11 +0 M. (M)o
Abdo	
	Soft ✓ Tender o
	MASSES o LKKS o
	Ascites o BS (N)
	PR - NAD
CNS	grossly intact
CVS	PULSE 68 B P 120/70
	OEDEMA o IVP

(A) 42 yo ♂ C no background h/o note presented C 1/7 h/o painful haematuria c small amount of clots - assoc C suprapubic ache & on 2 occasions (L) renal angle tenderness/pain, frequency & urgency. Seen by GP ~ started on antibiotic yesterday C some improvement.

(P) FBC, ESR
F/S gluc
MSSU

INVESTIGATIONS

IVP - 7/9/95
ORD - 15/9/95
complete course of antibiotic

(THO)

STOBHILL NHS TRUST

CLINICAL NOTES

SURNAME CHRISTIAN/FORENAME	UNIT No
McCLYMONT GAVIN	

DATE	CLINICAL NOTES	Initials
15 SEP 1995		
—	Needs cysto + (L) retrograde	
	DSU, 26/9/95	
	Frank bacteruria for ?; terminal episode	
	Settled with antibiotics	
	Associated with suprapubic discomfort + (L) loin discomfort	
	Otherwise well:	
17 NOV 1995		
	Well no limiting symptoms.	
	U/s = (R) renal cyst.	
	Isotope renogram: Tmax (L) 4' 25% total & (R) uptake and excretion normal	

FORM 39

0181063

MEDICAL IN CONFIDENCE — NHS TRUST — CASE RECORD

ADMISSION FORM V2

HOSPITAL CODE	HOSPITAL NAME	CASE RECORD NUMBER
G207H	STOBHILL HOSPITAL	S/H-393034

DATE	TIME	TYPE	SOURCE	INPAT./DAYCASE	DATE ON W.L.	PATIENT CATEGORY
19/09/95	08:33 1	WLDB 1	HOME	Daycase	1579	3 NHS

WARD	SPECIALTY	CONSULTANT
DAY SURGERY UNIT	UROLOGY	MR IS MCLAUGHLIN

PATIENT

TITLE SURNAME	FORENAME	INITIALS	AGE	DATE OF BIRTH	SEX	MARITAL STATUS
MCCLYMONT	GAVIN		42	18/12/1952	M	

ADDRESS: 1/5 16 PINKSTON DRIVE
GLASGOW

ALT./PREV. SURNAME:

OCCUPATION:

POSTCODE: G21 1NN — TELEPHONE No.: — OCCUPATION (HUSBAND/FATHER): Greater Glasgow

REF. G.P.

NAME: MANSOURI
G.P. CODE: 3473698 — PRACTICE: 43222|1
CONTRACT No.:

ADDRESS: 101 AUCHINAIRN ROAD
BISHOPBRIGGS
772 1808 — TELEPHONE No. — G64 1NF — POSTCODE

NEXT OF KIN

NAME: Y — RELATIONSHIP: WIFE
ADDRESS: SA
DAY PHONE No. — NIGHT PHONE No.

AND / OR

NAME — RELATIONSHIP
ADDRESS
DAY PHONE No. — NIGHT PHONE No.

MISC.

RELIGION	VISIT REQ. BY CHAPLAIN YES/NO	PENSION BOOK No.

DISCHARGE SUMMARY

DISCHARGE DETAILS

DATE	TIME	DISCH. CODE	PATIENT CATEGORY	TYPE FACILITY	SPECIALTY	CONSULTANT	CODE
					05	McLAUGHLIN	

HOSPITAL	CODE	WARD	SPECIALTY	CONSULTANT	CODE
DISCHARGED/ TRANSFERRED TO					

DIAGNOSES

		CODE	SPECIAL WARNINGS
MAIN DIAGNOSIS	HAEMATURIA for INVESTIGATION	-5997	
OTHER CONDITIONS (D.G,2)			
(D.G,3)			
(D.G,4)			
(D.G,5)			
(D.G,6)			

AND OPERATIONS

		CODE	DATE
MAIN OPERATION	CYSTOURETHROSCOPY (L) RETRO.	M459	19 09 95
OTHER OPERATION (O.P,2)		M301	
(O.P,3)			
(O.P,4)			

LOCAL USE			NATIONAL USE	

SMR1 COMPLETED

LINDA ROARTY 19/09/95 08:34

THEATRE/RECOVERY CARE PLAN

393034
MCCLYMONT GAVIN
1/5 16 PINKSTON DRIVE M
GLASGOW N
18/12/1952
G21 1NN G.P.Prac.43222

CONSULTANT MCLAUGHLIN
WARD DS4
THEATRE ~~DS5~~
DATE OF OPERATION ~~26/9/95~~ 19/9/95
TIME:

A. WARD – PRE-OPERATIVE PREPARATION PREMEDICATION GIVEN WHEN BELOW CHECKED		tick
1. LAST TIME PATIENT ATE OR DRANK	5³⁰ am 19.9.95	✓
2. CONSENT SIGNED		✓
3. IDENTITY BAND		✓
4. CASE NOTES, X-RAYS, DRUG KARDEX		✓
5. OPERATION SITE PREPARED AND MARKED		✓
6. TEETH – DENTURES REMOVED, CROWNS/CAPS/BRIDGE	2 front upper crowns	✓
7. PROTHESIS REMOVED – CONTACT LENS, GLASSES		✓
8. REMOVED – MAKE-UP, NAIL VARNISH, UNDERWEAR, JEWELLERY (TAPED/REMOVED)	taped removed	✓
9. ALLERGIES	NONE KNOWN	✓
10. VOIDED URINE		YES
11. BASELINE OBSERVATIONS	P: 70 BP: 132/80	

PROBLEMS/NEEDS	INTERVENTION	OUTCOME
N/L		

Signature – WARD: M Barlow RECEPTION: I Kerr

B. THEATRE

OPERATION PERFORMED: Cystourethroscopy (L) Retro

DIATHERMY BIPOLAR/MONOPOLAR	☐	SPECIMENS: PATH	BACT ✓ OTHER
HEEL RESTS	☐	DRAINS	
FLOWTRON BOOTS	☐	CATHETER	
SHEEPSKIN HEEL PADS/MATS N/A	☐		
HEATED WATER BED	☐	COUNTS	CORRECT
ARM BOARDS	☐		
		SWABS – FIRST	☐
PATIENT POSITION		– FINAL	☐
		INSTRUMENTS	☐
LATERAL RIGHT ☐	TRENDELENBURG ☐	SHARPS – NEEDLES N/A	☐
LATERAL LEFT ☐	REVERSE ☐	– BLADES	☐
SUPINE ☐	LITHOTOMY ✓		
PRONE ☐	LLOYD DAVIS ☐	THROAT PACK OUT	☐
		PACK IN SITU	☐
TOURNIQUET TIME ON	OFF	INSTRUCTION FOR REMOVAL	

SPECIAL COMMENTS

Name of Scrub Nurse: EDINBURGH SN
Signature of Circulating Nurse: Elliott

C. POST OPERATIVE RECOVERY ROOM INSTRUCTIONS

Gavin M'Clymont (CH)

ROUTINE – PULSE & B.P. Routine	CONTINUE IV FLUIDS	RATE
– OXYGEN/RECOVERY ✓		
– OXYGEN/WARD		
– CANNULA/REMOVAL – RECOVERY ✓ WARD		
SPECIAL		

INFORMATION/INSTRUCTIONS

Signature: [signature]

POST OPERATIVEOBSERVATIONS

TIME	10 CC.	15 10	10	09 11	30		35 13												
PULSE	69	63	56		56		73												
BLOOD PRESSURE	129/77	127/76	125/73		122/74		118/68												
SATURATION (SaO^2)	94.		✓																
RESPIRATORY RATE	resp.		✓																
AIRWAY	✓		✓																
OXYGEN	4l		✓																
PAIN SCORE	0		✓																
SEDATION SCORE	0/1		0																
TEMPERATURE	–		✓																
WOUND	–		✓																
Venflon			in		in														
	JR 2				cc														

10500hrs
2 TABS CO-DYDRAMOL

PAIN SCORE
0 = NO PAIN
1 = DISCOMFORT/ACHE AT REST
2 = PAIN ONLY ON MOVEMENT
3 = PAIN AT REST
4 = SEVERE PAIN AT REST

SEDATION SCORE
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE

FLUID BALANCE

TIME	INPUT	VOLUME	TIME	OUTPUT	VOLUME

E. **RECOVERY ROOM** **PROBLEM/NEEDS** **INTERVENTION** **OUTCOME**

Signature _____

CONSENT BY PATIENT/PARENT FOR OPERATION

I Gavin McClymont of Pinkston Drive

hereby consent to

•submission of _____ to the

operation of Cystoscopy + (L) retrograde urogram

the nature and effect of which have been explained to me by:

Dr/~~Mr~~ Wilson

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a local or other anaesthetic for any of these purposes.

No assurance has been given to me that the operation will be performed by a particular surgeon.

Date 15/9/95 (Signed) G. McClymont.

•Relationship to Patient _____

I confirm that I have explained the nature and effect of this operation to the patient, parent, relative or guardian.

Date 15/9/95 Signed _____

(Doctor's Signature)

•Delete if not applicable

SPECIAL CONSENT FORM FOR STERILISATION AND JEHOVAH'S WITNESSES MUST BE USED.

OPIATE ANALGESIA – INTRAVENOUS (PCA)/EPIDURAL/SPINAL

Patients with spinal/epidural opiates must not receive opiates by other routes.

All patient to have supplemental Oxygen at night for duration of therapy.

Spinal/Epidural Opiate _____

PCA (Patient Controlled Analgesia)

Prepare: To a 50/60 ml syringe add _____

_____ Add sterile water to make 50/60ml volume

Settings: Concentration _____ Dose Duration _____

Loading Dose _____ Lockout Duration _____

Bolus Dose _____ Background Infusion _____

Monitor: Total dose of analgesia given

No. of good tries

Inform Anaesthetist if: Respiration 8/min or less

Patient unduly sedated – score 2/3

Patient in undue pain – score 3/4

DAY CASE ANAESTHESIA

DEPARTMENT OF ANAESTHETICS

STOBHILL
NHS TRUST

CONSULTANT: Mr McLaughlin
THEATRE : Day Case Main Th.
DATE: 19.9.95
TELEPHONE NO.:
BLOOD GROUP:

Gavin McClymont
1/5 16 Pinkston Drive
Glasgow
UNIT NO. 393034

Please notify sister IMMEDIATELY if you have had food or drink today

	YES	NO	
1. Do you genarally keep in good health ?	☐	☐	
2. Do you have a heart complaint- e.g. high blood pressure, rheumatic fever, angina / heart attacks or had heart surgery ?	☐	☐	
3. Do you have a chest problem - e.g. bronchitis, asthma, breathlessness, cold, cough ?	☐	☐	
4. Have you had hepatitis or been jaundiced ?	☐	☐	
5. Do you have arthritis of the spine or neck ?	☐	☐	Seen at
6. Do you suffer from fits or fainting attacks ?	☐	☐	clinic
7. Do you have anaemia, blood problems or bruise or bleed easily ?	☐	☐	No changes
8. Do you have diabetes or sugar in the urine ?	☐	☐	
9. Do you smoke ? How many a day ?	☐	☐	
10. Do you drink a lot of alcohol ? How much ?	☐	☐	
11. Have you had an anaesthetic or operation before ?	☐	☐	
12. Have you or your family had any problems after an anaesthetic ?	☐	☐	
13. Are you allergic to anything - medicine, food, pollen ?	☐	☐	
14. Are you receiving or have recently had any medicines - tablets, injections or inhalers from your doctor ?	☐	☐	
15 Do you have any caps, crowns or gold fillings in your teeth or dentures ?	☐	☐	
16. Do you attend any other hospital or specialist clinic concerning your health ?	☐	☐	
Is there any other medical problem you think the doctor should know about ?	☐	☐	

PULSE _____ B.P. _____ HEART SOUND _____

CHEST _____

COMMENT _____ DOCTOR'S SIGNATURE .....

19.9.95

NURSING NOTES:

A/A for Main theatre this am
RR 15 BP 127/76 HR 63. c/o pain CO-DYDRAMOR
x 2 TABS given @ 1050hrs. feeling better
fluids + diet taken ventilan removed.
up and dressed = 2nd stage. All discharge
info given + understood. Spoken to by Mr McLaughlin
Obs stable

Discharged home accompanied @ 1340hrs.

DISCHARGE OF DAY PATIENTS

OPERATION Laparoscopy + (L) Retro

OPERATOR Mr McLaughlin

ANAESTHETIST A McRae

	YES	NO
1. Stable Vital Signs - Respiration. Pulse. B.P.	☑	☐
2. Alert and orientated	☑	☐
3. Able to dress, sit and walk unaided	☑	☐
4. Tolerating food and fluids	☑	☐
5. Post anaesthetic instructions given regarding:-		
• Driving and operating machinery	☑	☐
• Alcohol. Sedatives and Pain Killers	☑	☐
• Responsible adult MUST accompany patient home	☑	☐

6. Post surgical instructions
   - Follow up appointment SOPD 2/12 please (Isotope Renogram appt
   - Special instructions ~~else to be sent to pt~~

7. Medication

NURSES SIGNATURE D. Mitchell

HOSPITAL
PRESCRIPTION SHEET No.

REGULAR PRESCRIPTIONS – INJECTIONS

Pharmacy Use	Date Started	MEDICINE (Block Capitals)	DOSE	ROUTE	TIMES FOR ADMINISTRATION: am 6	am 8	am 10	md 12	pm 2	pm 4	pm 6	pm 10	pm 12	Other Times	Prescribers Signature (Full)	DISCONTINUED: Date	Signed
	A																
	B																
	C																
	D																
	E																
	F																
	G																

REGULAR PRESCRIPTIONS – OTHER MEDICINES INCLUDING OXYGEN THERAPY WHERE FLOW RATE, CONCENTRATION AND TYPE OF MASK MUST BE SPECIFIED

	H	19/9/95 CODYDRAMOL	2 tabs.	Oral	4 hourly if required										August McKee		
	J																
	K																
	L																
	M																
	N																
	O																
	P																
	R																
	S																
	T																
	V																

ONCE ONLY PRESCRIPTIONS

DATE GIVEN	TIME OF ADMIN	MEDICINE (Block Letters)	DOSE	ROUTE	SIGNATURE	GIVEN BY	TIME GIVEN

DIET

PLEASE ✓ WHEN MEDICINES ARE PRESCRIBED ON OTHER PRESCRIPTION SHEETS

TOTAL PARENTERAL NUTRITION			
INSULIN		FLUID/ADDITIVE	
ORAL ANTICOAGULANT		ANAESTHETIC	
TOPICAL APPLICATION		VARIABLE DOSE	

IF MEDICINE DISCONTINUED BECAUSE OF SUSPECTED ADVERSE REACTION, ENTER BELOW.

MEDICINE	ADVERSE REACTION
1.	
2.	

WARD	NAME OF PATIENT	AGE/DOB	HEIGHT	WEIGHT	UNIT NUMBER	CONSULTANT
DSU.	Gavin McClymont				393034.	McClymont

KNOWN MEDICINE 1.

STOBHILL NHS TRUST — **ANAESTHETIC RECORD**

UNIT NO. 393034
NAME Gavin McClymont
ADDRESS 1/5 16 Purkston Drive Glasgow

DATE OF BIRTH 18.12.52 SEX M

DATE & TIME	PREMEDICATION
19/9/95	—

ORDERED BY:	GIVEN BY:	TIME GIVEN:

PRE-OPERATIVE ASSESSMENT
Airway Assessment - Teeth

Exercise Tolerance

WEIGHT Kg. WARD DSU.
Previous Operation Appx.

RS. Smoker ABAT

Allergies.

CXR

CVS. Pulse. BP. ECG.

Nutritional State Haematology Gentamicin 120mg IV

Other. Biochemistry.

ANAESTHETIST McKee CON ✓ SR REG SHO

OPERATOR MG CON SR REG SHO ✓ OTHER

PROCEDURE Cysto Retro

TIME 1 2 3 4 10 20 ✓ 30 40 50 5

CLASSIFICATION	OPERATION	DAY CASE	ELECTIVE	SCHEDULE	URGENT	EMERGENCY
	ASA	I	✓ II	III	IV	V

CURRENT DRUGS

PREV. ANAESTH. ✓ FAMILY HISTORY COMPLICATIONS

PREMEDICATION	Opiate	NSAID	Benzo	H_2Antag	Antacid	Antichol	Antimetic	Other	Normal Drugs

INDUCTION	Thio	Etom	Prop	Ket	Opiate	Benzo	Inhalation	Other	Rapid Sequence
			✓ 200						

RELAXANT	Sux	Panc	Vec	Infusion	Glyco	Neost
	Miv	Roc	Atrac	Other	Atropine	Other

MAINTENANCE	N_2O	Ethrane	Haloth	Morphine	Fentanyl	Benzo	TIVA
	Air	Isoflu	Desflu	Pethidine	Alfent	NSAID	Other

TECHNIQUE	Spont	Mask	ETT	Oral	Cuff	Tracheos	Circle	Map D	Other
	IPPV	LMA	A'way	Nasal	Pack	Jet	Map A	Map E	

V / A ACCESS Peripheral Central Arterial

MONITORING	ECG	NIBP	FiO_2	Vent Alm	Volatile	PNS	Other
	Pulse	IABP	SpO_2	Et CO_2	CVP	Temp	

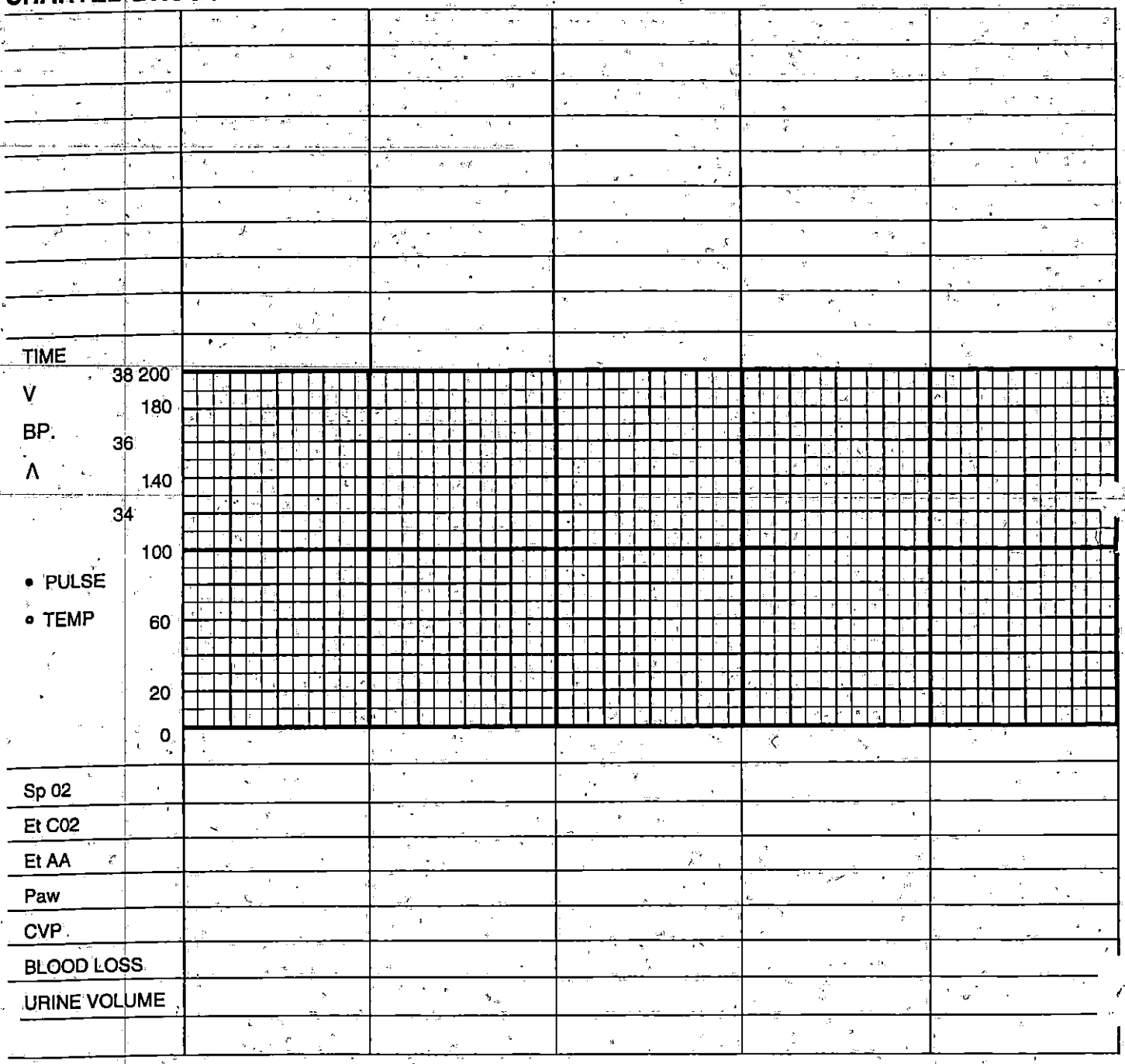
POSITION	Supine	Lithotomy	Lateral	Prone	Other	Hd Up	Hd down
		✓					

REG. ANALGESIA	Spinal	Epidural	Caudal	Brach Plex	Bier	Voc Cord	Infilt
	Priloc	Cocaine	Bupivac	Lignoc	Adren	Other	

COMPLICATIONS

BLOOD LOSS Volume Expander Blood Products (not PPS)

CHARTED DRUGS



Time	Fluid	Volume

DAY SURGERY

STOBHILL NHS TRUST

ASSESSMENT FOR (General anaesthetic)

(affix addressograph label)

393034

GAVIN MCCLYMONT
1/5 16 PINKSTON DRIVE
GLASGOW

G21 1NN 18.12.52

Postcode

Consultant : SM DOA : 19/9/95

Height : 57 Weight : 72 =BMI : 25.

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

B.P. 120/70 P. 68r

TELEPHONE NO. HOME 558-6200

WORK 558-8644.

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

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

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

Do you :-

	YES	NO	
take any medicines (tablets, patches, injections, inhalers)		✓	25
smoke 12 p.d.	✓		26
drink more than 1½ pints of beer or 3 shorts a day 20 units p.wk	✓		27
or have you ever used intravenous drugs		✓	28
if a woman, are you pregnant or taking the "pill"		✓	29
Is there anything else the surgeon / anaesthetist should know		✓	30

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

Appendicectomy '82

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

When was your last general anaesthetic ? '82

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

How long will it take you to travel home : .....hrs. 10 mins 34

Do you have any Prothesis 2 Crowns top Front 35

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

COMMENTS: .....

FURTHER INVESTIGATIONS CARRIED OUT (PLEASE TICK BOX)

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

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

or

REASON : .....

NURSES SIGNATURE : L.S. DATE: 15/9/95

ANAESTHETIC DETAILS

OR ..... DATE.....

ANAESTHETISTS COMMENTS : .....

STOBHILL NHS TRUST

DAY SURGERY

REFERRAL TO ASSESSMENT NURSE FORM

Patient Details (or sticky label)

393034
MCCLYMONT GAVIN
Address: 1/5 16 PINKSTON DRIVE
GLASGOW
G21 1NN

M
N
18/12/1952
G.P.Prac.43222

Hospital No: .....

Date of Birth: - .....

Age: - .....

Daytime Telephone No.

Operation Details

Clinic Appointment Date:- 15/9/95 Consultant M. Mbanu

Referring Doctor:- D. Watson

Proposed Procedure(s):- Cystoscopy + L. Nitrofurazone

Proposed Date of Surgery:- 19/9/95

Special Requirements (if any) .....

Further investigations if required:-

U & E's:- Y/N Haemoglobin:- Y/N E.C.G.:- Y/N CXR:- Y/N

STOBHILL NHS TRUST

OPERATION CHART

SURNAME	CHRISTIAN/FORENAME	UNIT NUMBER
McCLYMONT	GAVIN	

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON I. Wilson
I. McLAUGHLIN

Cystourethroscopy + (L) retrograde.

21F Scope — CSU ✓

Normal anterior urethra + post. urethra

Slight mucosal inflammation post. wall (L) side.

UOs ✓

No evidence tumour.

(L) retrograde with ureteric catheter → no filling defects seen.

Plan as below

Gentamicin 120 IVV

7/52 — lower (L) calyceal infundibulum well.
no obvious filling defect evident

SPECIAL INSTRUCTIONS

Most probably recent acute UTI but
IVP suggest degree of (L) chronic pyelonephritis
& small stone in (L) upper calyx.
Rx isotope renogram
OPD in 7/12.

DATE 19/9/05 SIGNATURE

FORM 7A

STOBHILL HOSPITAL OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT OCCUPATION	MARITIAL STATUS
				M S W

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

DATE OF | WARD/DEPT | RELI | N NAME

Dr. M MANSOURI
127/129 AUCHINAIRN ROAD
BISHOPBRIGGS

ADDRES GLASGOW G21 1XP
CHI-1812526490

G.P.'S

G64 1NF

TEL. No.

TEL. No.

DATE	SPECIALITY	CONSULTANT
	25 APR 2005	

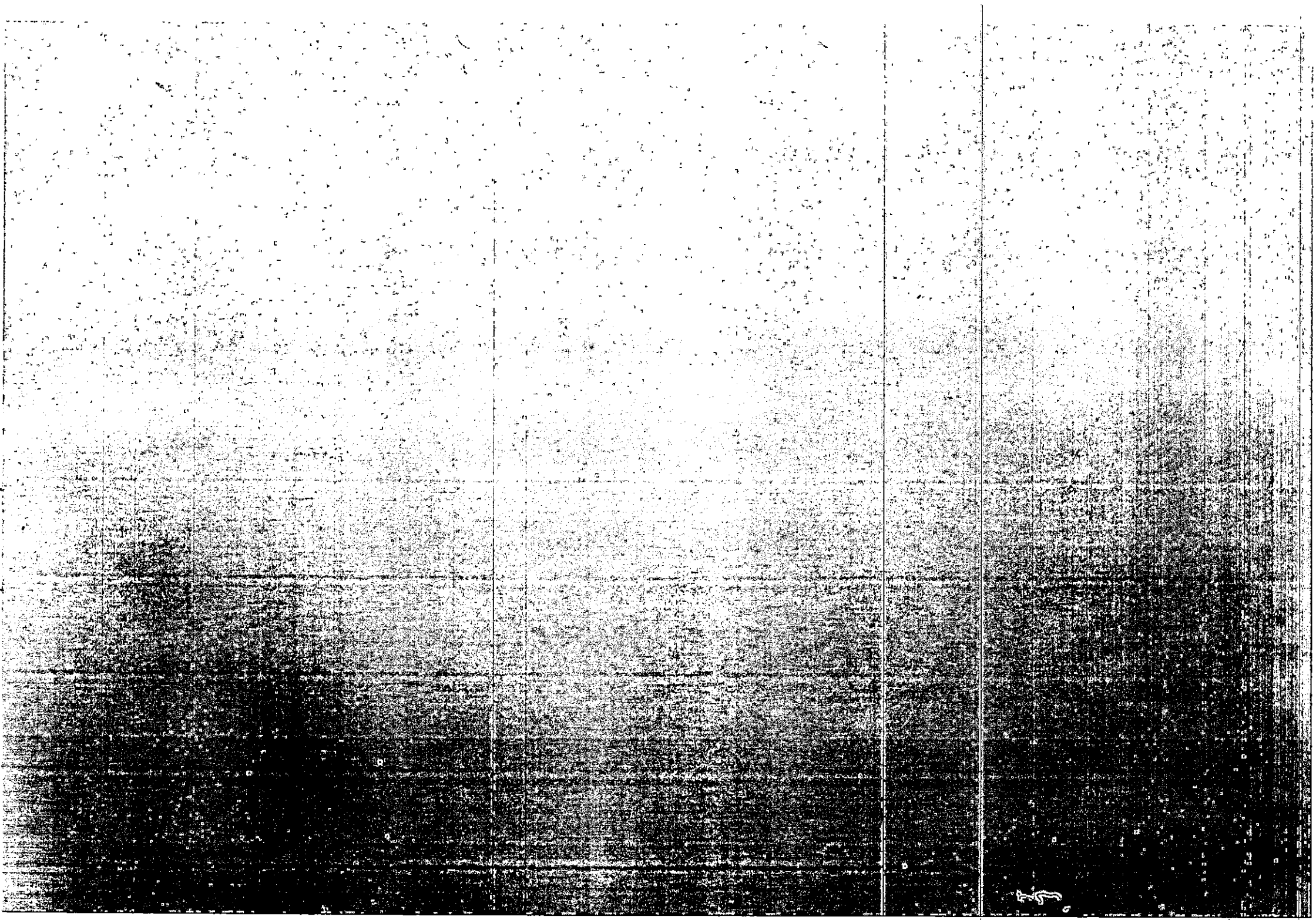
Urology Clinic – Mr Sarma

(R) testicular pain – tender
treated oflaxacin – No improvement.
(10 days)
Also some (R) loin pain – intermittent,
worse after exercise
No haematuria. No dysuria.
Nocturia 2-3x.
O/E – Abdo soft.
Non tender
No mass / organomegaly

GUS
BIL
KE
SG
BLD
PH
PROT
UBG
NIT
LEU

Exp – epididymitis – antibiotics → Bloods / MSU
ascending bacteria US scrotum
? Urinary tract stones. Oflaxacin
2 Serious STIs

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilograms)			
	PHYSICAL EXAMINATION			
23 DEC 2005				
23 JUN 2006	Pain attributed to (R) hip			
	getting physiotherapy			
	O/E			
	Both tests i.e dynis. S. Cord → (N)			
	Plan			
	Reassure			
	(D)			
				Ilipsd —
				S. Pathology
	INVESTIGATIONS			



STOBHILL HOSPITAL — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
GP Prac : 432221 MCCLYMONT 393034 DA GAVIN 18/12/1952 10 EVERARD-QUAD	EX M	WARD/DEPT	RELIGION	MAIDEN NAME
AD GLASGOW G21 1XP			G.P.'S NAME & ADDRESS	
TEL. NO.			TEL. NO.	

DATE	SPECIALITY	CONSULTANT

15 DEC 2000

(R) Handed.
Middle Stage Concierge

Injury to (R) Small finger 30/11/00.

Door Closed on finger.

Mallet Deformity

Well Drugs nil. Allergies nil

O/E

finger Straight Skin macerated (1/52 ↓ Same dressing)

~~Many fracture #. not subluxed.~~

Advice

6/52

FORM 1

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			

PHYSICAL EXAMINATION

19 JAN 2006

Out Straight.

More PIRT

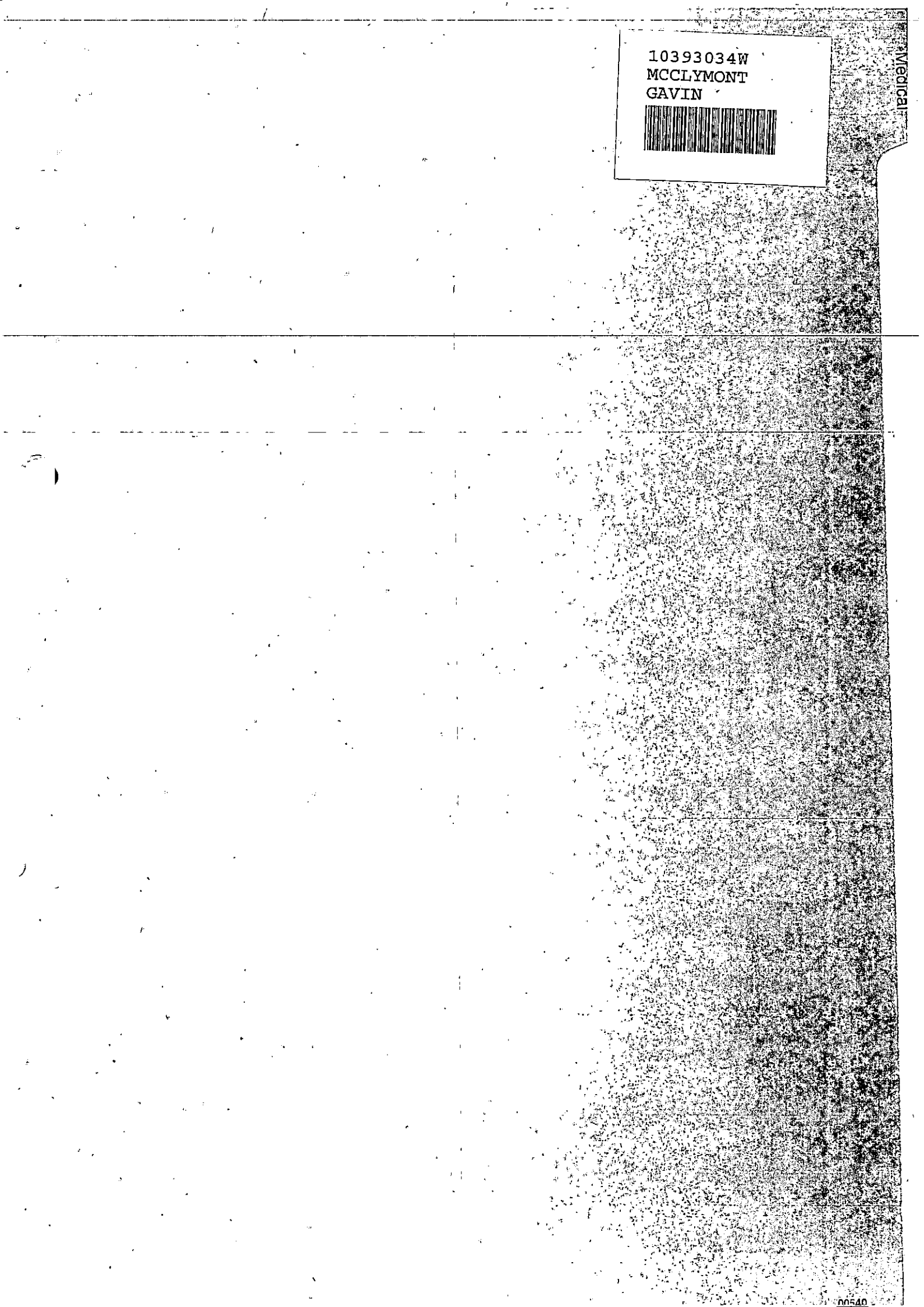
Physio for DIRT

2/12

D.N.A. 16 MAR 2006

Letter See SOS

INVESTIGATIONS


10393034W
MCCLYMONT
GAVIN
Medical
00540

STOBHILL HOSPITAL — OUTPATIENT CHART

FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
10393034W MCCLYMONT M GAVIN 18/12/1952 10 Everard Quadrant GLASGOW G21 1XP			M S W
SEX	WARD/DEPT	RI	NAME
		Dr. M MANSOURI 127-129 AUCHINAIRN ROAD BISHOPBRIGGS G64 1NF	
TEL. NO.		TEL. NO.	

DATE | SPECIALITY Gastro | CONSULTANT Dr Gill

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

ID:

06-04-04 1:16PM

CLARITY:
COLOR: LT. YELLOW
GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG 1.025
pH 6.0
PRO NEGATIVE
URO 0.2 E.U./dL
NIT NEGATIVE
BLO NEGATIVE
LEU NEGATIVE

04 JUN 2004 WGT:- 65.5 Kgs

Upper abdo pain started 4/12 ago.
Ctd. of heartburn
GP started lansoprazole + buscopan.
helped but still get upper abdo pain.
No vomiting. No nausea.
Appetite.
No real relation to eating
Wt ↔
Smokes 12/15 day
alcohol 1 bottle } over 1 week
+ ½ pint }
3/52 fresh PR bleeding

Meds: buscopan 20 mg daily

NKDA

Social: Security
lives with wife

O/E Look well.
No pallor, icterus, lymphadenopathy
abdo soft non tender BS +
NAD
PR – no blood
to haemorrhoids seen

Ian McKillop

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			
	PHYSICAL EXAMINATION			

NORTH GLASGOW UNIVERSITY HOSPITALS NHS TRUST

Medical In Confidence Inpatient/Day Case Record

NHS Greater Glasgow

I/A/D/C

Patient Identification

Patient CRN 10393034W	Provider SGC04 Hosp STO
Surname MR MCCLYMONT	Patient's Address
First Forename GAVIN	10 Everard Quadrant
Second Forename	
Previous Surname	GLASGOW
Date of Birth 18 Dec 1952	Postcode G21 1XP
Sex M Marital Status M	Tel No: 762 2137
CHI No	Ethnic Group
NHS No	GP Practice 127/129 AUCHINAIRN ROAD 0141 772 1808
Alt CRN	GMC No: 3473698 M MANSOURI

E de Management

Spell/Care Package ID	Ward DSS*STO	Admission Date 31 Jan 05
Speciality/Discipline (Code + Text National) GASTRO-GASTROENTER		Admission Type 11
Significant Facility 11		Admission Reason 1K
Consultant Code		Admission/Transfer From 12
Consultant Name DR AC CAHILL		Admission/Transfer From – Location
Management of Patient D	Patient Category NHS	GP Referral Letter No.
Waiting List Guarantee Exception Code	Waiting List Date 04 Jun 04	Waiting List Type TB

General Clinical

Main Diagnosis – ICD 10

Other Condition – ICD 10 – 2 K297

K449

4 K625

5

6

SN COMPLETED

Main Operation/Procedure

Other 2 G481 2278

Other 3 H229 2282

Other 4

Date Main Operation

Clinician Responsible

Date (OPP2)

Clinician Responsible (2)

Date (OPP3)

Clinician Responsible (3)

Date (OPP4)

Clinician Responsible (4)

Development data

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

Lifestyle Risk Factors 1 2

Outcome Measures 1 2

Dependency/Severity Measures 1 2

STOBHILL HOSPITAL

OPERATION CHART

SURNAME	FORENAME	UNIT NUMBER
McCLYMONT	GAVIN	10393034W

DOB 18 12 1952 WARD: DSU

DATE OF OPERATION 31 January 2005

SURGEON'S NOTES

OPERATION PERFORMED

SURGEON DR A CAHILL

PROCEDURE UPPER GI ENDOSCOPY & COLONOSCOPY

INDICATION: Dyspepsia, Blood PR.

SEDATION: Throat Spray, Midazolam 3 mg, Pethidine 25 mg.

FINDINGS

UPPER GI ENDOSCOPY – **Oesophagus**: Gastro-oesophageal junction at 40 cm. There was a small hiatus hernia.

Stomach: there was an erosive gastritis. A biopsy was taken from this area.

COLONOSCOPY: the instrument was inserted to the caecum. The preparation was poor in the right side of the colon. Examination was normal.

Suggest eradication if Helicobacter positive. His symptoms have improved on Nexium and he has had no further episodes of rectal bleeding. To heal the gastritis I would suggest a high dose of Proton Pump Inhibitor, eg, 40 mg Nexium daily for two months.

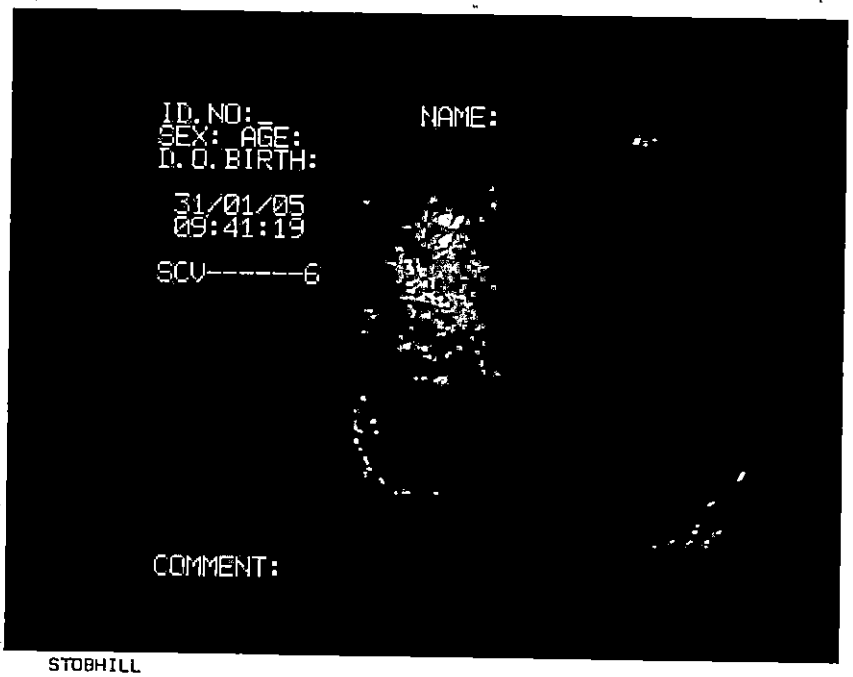
No further appointments have been arranged.

SPECIAL INSTRUCTIONS

AC/CM/ Dictated & Typed: 31 January 2005

DATE _____ SIGNATURE _____

00590


ID.NO:
NAME:
SEX: AGE:
D.O.BIRTH:
31/01/05
09:41:19
SCV------6
COMMENT:
STOBHILL

E+C

STOBHILL HOSPITAL
DAY SURGERY ENDOSCOPY

DATE 31/1/05

CONSULTANT Dr Cahill

Unit N 10393034W
Name MCCLYMONT M
GAVIN 18/12/1952
Addre 10 Everard Quadrant
GLASGOW G21 1XP
DOB

A. ASSESSMENT

1. CURRENT MEDICATION Glomepvardex-SVapro 9/365
2. MEDICAL PROBLEMS —
3. PAST HISTORY OF HEPATITIS OR JAUNDICE No ☑ Yes ☐
4. DISCHARGE ARRANGEMENTS Escort No ☐ Yes ☐ Who wife
   Overnight No ☐ Yes ☐ Who n/a.

PATIENTS DECLARATION

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

Patients signature [signature]

B. PREPARATION

1. LAST ATE OR DRANK	Time 30/1	
2. IDENTITY BAND		✓
3. CASENOTES/ADMISSION PACK		
4. DENTURE/CROWNS/CAPS/BRIDGE		
5. BOWEL PREPARATION (If required)	Klean Prep x 4.	
6. UNDERWEAR JEWELLERY REMOVED		
7. ALLERGIES	None Known	
8. BASELINE OBSERVATIONS	Pulse 71 Blood Pressure 126/90	

M

PROBLEMS/NEEDS

COMMENTS

Signature [signature]

Saoin
McClymont

ONCE ONLY PRESCRIPTIONS

Date	Time	Drug	Dose	Route	Signature	Given by	Time given
31/1/15		midazolam	3 mgs	IV			
31/1/15		xylocaine	2 Puffs	Topical		M Barlow	9.35
31/1/15		Pethidine	25 mgs	IV			

ENDOSCOPY

PROCEDURE Endoscopy + Bx + Colonoscopy

SEDATION	No ☐	Yes ☑		
THROAT SPRAY	No ☐	Yes ☑	Time 935	
PATIENT POSITION	Left Lateral ☑			
DIATHERMY	Yes ☐	No ☑		

SPECIMENS

PATH ☑ BACT ☐ CLO ☐

x1

NAMED NURSES

Martin

Barlow

COMMENTS

NBM 1035

RECOVERY

POST ENDOSCOPY OBSERVATIONS

TIME	1000	1015	1030															
PULSE	72	60	63				74											
BLOOD PRESSURE	110/81	102/72	124/71				124/76											
SA O2	98%	91	95%															
RESPIRATORY RATE	R	R	R															
OXYGEN	—		—															
SEDATION SCORE	0	A	A															
VENFLON	✓ insit	✓	✓ insit				out											
NURSES INITIALS	AK	C	AK															

SEDATION SCORE

A = ASLEEP
0 = ALERT
1 = RESPONDS TO VERBAL COMMAND
2 = RESPONDS TO PAINFUL STIMULI
3 = UNRESPONSIVE



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

MUL ES

Date/T		Signature

DISCHARGE

	YES	NO	
1. STABLE VITAL SIGNS - RESPS. PULSE BP	✓		
2. CANNULAE REMOVED	✓		
3. ABLE TO DRESS, SIT AND WALK UNAIDED	✓		
4. TOLERATING FOOD AND FLUIDS	✓		
5. INSTRUCTIONS GIVEN REGARDING SEDATION	✓		
6. GP LETTER GIVEN BEFORE DISCHARGE	✓		
7. FOLLOW UP APPOINTMENT		✓	When

DISCHARGED AT 1220 TO Wife CARE

Nurses Signature [signature]

IESIA, OPERATION, INVESTIGATION OR TREATMENT

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

DATE 3/1/5

PROPOSED PROCEDURE (BLOCK CAPITALS) Endo / Colon

TO BE COMPLETED BY CLINICAL PRACTITIONER

I HAVE FULLY EXPLAINED: To the patient/parent/guardian

1. The procedure named on this form.
2. Alternatives which are available.
3. Significant side effects which may result from the procedure.
4. The use and implications of medical photography, video and audio.
5. The need to read the patient information leaflet on the use of tissue for medical research and teaching.

Name (Block Capitals) [signature] Signature [signature]

Grade/Designation Cons

I AM The Patient/Parent/Gaurdian

I UNDERSTAND The purpose, benefits and significant risks associated with theprocedure which have been explained to me by the doctor named on this form.

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

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

That any photographs, video and audio recordings may subsequently be used for consultation and teaching purposes.

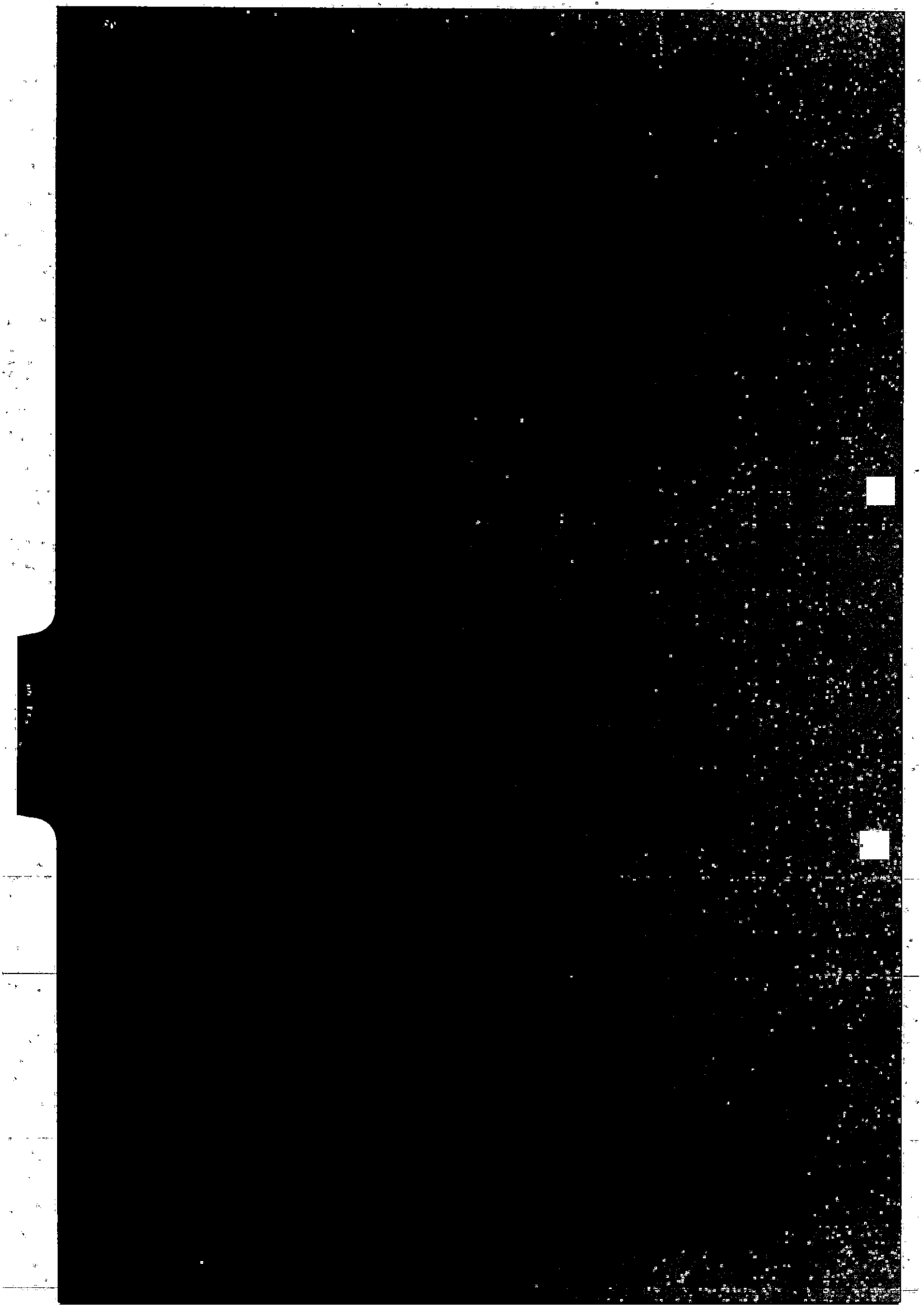
That tissue not essential for my diagnosis and future treatment may be used for medical education and ethically approved medical research.

Please tick box AGREE ☐ DISAGREE ☐

Signature [signature] Date

Name (Block Capitals)

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



STOBHILL HOSPITAL — OUTPATIENT CHART

SURNAME	FORENAME	UNIT NUMBER	PATIENT'S OCCUPATION	MARITAL STATUS
10393034W MCCLYMONT M GAVIN 18/12/1952 10 Everard Quadrant GLASGOW G21 1XP CHI-1812526490			Dr. M MANSOURI 127/129 AUCHINAIRN ROAD BISHOPBRIGGS G64 1NF	M S W
D		WARD/DEPT	R	AME
TEL. NO.			TEL. NO.	

DATE | SPECIALITY DERMATOLOGY | CONSULTANT DR NAYSMITH

19 NOV 2010

57 ♂

lesion on (R) side of abdomen first noticed 2/12 ago. Not changed since noticed dr. No pain/itch/bleeding.

c/e -

(R) lateral chest wall mole
5mm ♂ regularly elevated
single pigmentation
regular edge
symmetrical.
? benign nevus

S/B Dr Naysmith
→ sch. keratosis
→ discharge

PMH
keratosis
Meds
omeprazole
FH
Nil
SH
works with Glasgow housing association.
No TSN exposure

OPSR

DATE	URINE			
	Reaction	Albumin	Sugar	Ketones
	Weight (in kilogrammes)			
	PHYSICAL EXAMINATION			

Dermatology

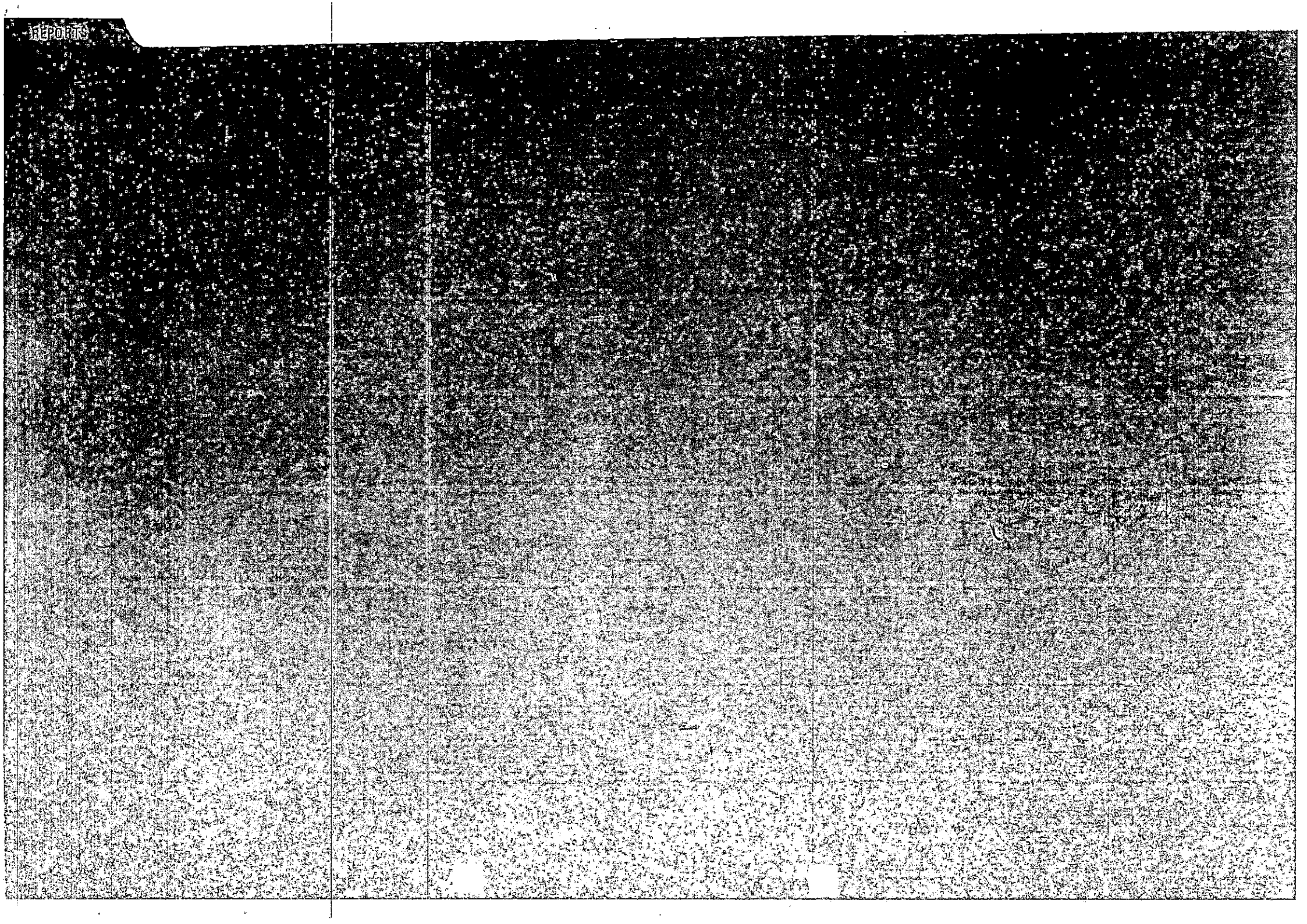
00537

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

Dr. M MANSOURI
127/129 AUCHINAIRN ROAD
BISHOPBRIGGS
G64 1NF

NHS
Greater Glasgow and Clyde

DATE	OUT-PATIENT HISTORY
8-10-12	



North Glasgow University Hospitals Division

Department of Pathology
Pathology Report

Enquires: 0141 211 2473

Lab No.:P,05.0001424

Name:MCCLYMONT GAVIN DOB/Age:18.12.52
Post code:G21 1XP

Hosp.No(orPath.Comp.Ref.ZP): 10393034W

Consultant:Dr Cahill (Stobhill) Location:STOBHILL DAY SURGERY UNIT

GASTRIC BIOPSIES

CLINICAL HISTORY

Dyspepsia. Erosive gastritis at endoscopy.

GROSS

Three pieces of tissue up to 3x2x2mm.

MICROSCOPY

Sections show body and antral type gastric mucosa in which there is mild, focally active chronic inflammation and focal intestinal metaplasia. Helicobacter are not identified and there is no evidence of dyplasia or malignancy.

R Barnetson
I L Brown

DC

Date collected 31.01.05
Date received 31.01.05
Date reported 03.02.05

X-RAY

STOBHILL NHS TRUST

INSTRUCTIONS FOR USE: ①STICK REPORT FROM No. 1 DOWN. ②AFFIX REPORTS LEFT EDGE TO LINE OUTSIDE ABOVE

Diagnostic Imaging Report

Stobhill Hospital

Name - GAVIN ,MCCLYMONT DOB - 18/12/1952 Event No: E-9820125
10 Everard Quadrant, G21 1XP CRIS No: 5174170

Diagnostic Imaging Report

Stobhill Hospital

Name - GAVIN ,MCCLYMONT DOB - 18/12/1952 Event No: E-9965997
10 Everard Quadrant, G21 1XP CHI:1812526490 CRIS No: 5174170
Ward:SH02BOP Ref:DR AS JAMES Hosp No: 10393034

IVU

VERIFIED ---- **Report by:** ELISA PERRY and DR FM BRYDEN

Clinical History : Right loin pain, sharp, intermittent, ? urinary tract stones.

IVU : There is no evidence of radio-opaque calculi on the control films. The contrast is excreted symmetrically and bilaterally & there is no evidence of hold-up on post void film.

fle

2

3

4

5

6

J McC 911840

M18

BOVE

Ward:SH02BOP Ref:DR AS JAMES CHI:1812526490 CRIS No: 5174170 Hosp No: 10393034

US TESTES/SCROTUM

VERIFIED .. Report by: DR IA MACLEOD
Clinical History : Right testicular discomfort.

US TESTES/SCROTUM : There is slight thickening of the epididymis on the right side but apart from this, no significant abnormalities were demonstrated.

08965 -

...w University Hc ...als Division

J McC 911840

M18

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

95055479 A 07/09/95 MN 0132582
393034 X-RAY REPORT
MCCLYMONT, Gavin 42Y M I, MCLAUGHLIN SOPD

16 PINKSTON DRIVE, GLASGOW, G21

Clinical Information :
Haematuria.

I.V. UROGRAPHY
The control film did not reveal any evidence of radio-opaque calculi in the kidney, ureter or bladder region.

The right kidney showed a normal outline and a normal pelvicalcyceal system and ureter. The left kidney showed a normal upper pole calyx but an inadequately filled middle and lower pole calyces. This raised the possibility of a space occupying lesion in the mid and lower poles of the left kidney with distortion of the adjacent calyces. The outline of the left kidney however was within normal limits. The left ureter was normal. The urinary bladder did not reveal any abnormality.

An ultrasound examination the kidneys is advised to rule-out a space occupying lesion in the left kidney.

(Cont'd)

STOBHILL NHS TRUST GLASGOW
RADIOLOGY DEPARTMENT

95055479 A (Cont'd) 07/09/95 MN 0132582
393034 X-RAY REPORT
MCCLYMONT, Gavin 42Y M I, MCLAUGHLIN SOPD

16 PINKSTON DRIVE, GLASGOW, G21

ULTRASOUND RENAL
The right kidney did not reveal any abnormality. The left kidney revealed a simple cyst in the mid pole with distal acoustic enhancement. No other abnormality of the left kidney was identified. The liver was normal.

*DR J. REHMAN/SAM 08/09/95

08/09/95 - IVU, U/S RENAL

NUCLEAR MEDICINE DEPARTMENT - STOBHILL NHS TRUST

DATE 11.10.95

SURNAME (Mr/Mrs/Miss) FORENAME	AGE	SEX	UNIT No.	WARD/DEPT.	PATIENT'S PHYSICIAN
McCLYMONT Gavin	18.12.52	M	393034	Urol(ORD)	Mr McLaughlin

MAG 3 RENOGRAM

Small left kidneycontributing 25% of total function. Renogram curves (uptake and excretion) normal in both kidneys.

R A Mactier

393034

TO: GENERAL OUTPATIENTS

Haematuria Diagnostic Service

Telephone: 0141 201 3513

Stobhill NHS Trust

Re: NAME Mr. Gavin M'Clymont 18.12.52

ADDRESS 45.16. Pinkerton Dr...

.....

SYMPTOMS Painless Haematuria + clots

Please advise and treat.

Special instructions e.g. Diabetes, Allergy etc.

.....nil.....

FROM:

Dr
Address
Tel. No.

DR. M. MANSOURI
101 AUCHINAIRN RD
BISHOPBRIGGS
GLASGOW G64 1NF
TEL: 0141 772 1808
FAX: 0141 762 1274

Clinic Hours:

Monday to Thursday:
9.30 a.m. to 11 00 a.m.
2.00 p.m. to 3.00 p.m.

Friday:
9.30 to 12 noon only

UROLOGY DEPARTMENT

Mr A J Yates
Mr I S McLaughlin
Mr D J Lanigan

Direct Line: 0141 201 3829
Fax No: 0141 201 3889

ISM/EAL DICTATED &
TYPED: 19.09.95

Dr M Mansouri
101 Auchinairn Road
BISHOPBRIGGS
G64 1NF

Dear Dr Mansouri

GAVIN MCCLYMONT DOB 18 12 52 UNIT NO 393034
1/5 16 PINKSTON DRIVE GLASGOW G21 1NN

Admitted: DAY CASE 19.09.95
Ward: Day Stay Surgical Unit

Mr McClymont was seen recently at the Haematuria Diagnostic Clinic following an episode of haematuria which was accompanied by symptoms of urinary tract infection.

Clinical examination showed no definite abnormality and his blood pressure was recorded at 120/70 mmHg. Abdominal examination was unremarkable. An IVP was carried out and has showed a normal right kidney. On the left side the kidney was slightly smaller than on the right and the lower calyces were not well filled. The ureters looked normal.

A mid-stream specimen of urine for culture showed pyuria and some microscopic haematuria, but no bacterial growth. Biochemistry screen suggested normal renal function and his Gamma GT and Transaminase levels were slightly elevated. Gamma GT being 126 iu p/l.

Cystoscopy and left retrograde uretero-pyelography were arranged and the cystoscopy showed a little mucosal inflammatory change within the bladder, but no other abnormality. The left retrograde did not show any obvious filling defect.

I think it likely that Mr McClymont's urinary symptoms were related to urinary tract infection although his urine was sterile by the time he was seen at the clinic here. He does however have a minor abnormality affecting the left kidney and I think it probably has been the seat of chronic pyelo-nephritis. I have arranged for him to have an isotope renogram and we will seen him back in the clinic in two months' time. In the meantime he is relatively symptom free. If he runs into trouble between now and his review appointment I would of course be happy to see him earlier.

Yours sincerely

MR I S MCLAUGHLIN
CONSULTANT UROLOGIST

UROLOGY DEPARTMENT

Mr A J Yates
Mr I S McLaughlin
Mr D J Lanigan

Direct Line: 0141 201 3829
Fax No: 0141 201 3887

YORK PLACE SURGERY
12 Union Street
KIRKINTILLOCH
G66 1DJ

Dr M Mansouri
101 Auchinairn Road
BISHOPBRIGGS
G64 1NF

Dear Dr Mnasouri

GAVIN McCLYMONT DOB 18 12 52 STOBHILL NO 393034
1/5 16 PINKSTON DRIVE GLASGOW G21 1NN

This 42 year old gentleman was reviewed at the Urology Clinic following his recent attendance at the Haematuria Diagnostic Service. He gives a one day history of frank haematuria which occurred towards the end of his stream. This was associated with some suprapubic and left loin discomfort. These symptoms settled quickly with a short course of antibiotics. He is otherwise well with no significant past medical history. He smokes about 12 cigarettes per day and is not on any regular medication.

His initial investigations have shown a normal full blood count, raised gamma GT at 126 and slightly raised ALT at 63 but otherwise normal biochemistry. An MSU has shown a few pus and few red cells but culture negative. His IVP showed normal right side but on the left side there was inadequately filled middle and lower pole calyces. The left renal outline appeared to be normal and he proceeded to ultrasound which suggested a simple cyst in the mid kidney. In view of this we need to carry out a cysto-urethroscopy and left retrograde urogram. This will be done as a Day Patient on 26 09 95.

Yours sincerely

I WILSON
SHO to Mr IS McLaughlin

UROLOGY DEPARTMENT

Mr A J Yates
Mr I S McLaughlin
Mr D J Lanigan

Direct Line: 0141 201 3829
Fax No: 0141 201 3889

ISM./JMcN

Dictated: 17.11.95
Typed: 3.12.95

Dr M Mansouri
101 Auchinairn Road
BISHOPBRIGGS
G64 1NT

Dear Dr Mansouri

GAVIN McCLYMONT DOB 18.12.52 UNIT NO 393034
1/5, 16 PINKSTON DRIVE, GLASGOW G21 1NN

Mr McClymont returned to see me at the Urology today.

He is keeping well and has had no further urinary symptoms.

He had an isotope renogram carried out following his last visit and this shows that the left kidney is indeed swollen on the right and contributes only about 25% of the total renal function. The uptake and excretion of contrast by both kidneys was however normal.

The above presumably reflects longstanding changes, probably of previous pyelonephritis. His urine is not currently infected and his serum creatinine is normal. I think he can now be discharged from further attendance but if he had further problems I would of course be happy to review the situation.

With kind regards.

Yours sincerely

I S McLAUGHLIN
Consultant Urologist

STOBHILL HOSPITAL, GLASGOW CASUALTY DEPARTMENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCCLYMONT	GAVIN	47	18 Dec 1952	08/12/00	13:30	393034 040208/00-SIC:1

Address	Sex	Religion	Date of Inc.	Time
10 EVERARD QUAD GLASGOW	MALE		08/12/00	

PC	Tel	Marital Status	Occupation/School	Type of Inc.	Mode of Arrival
G21 1XP	762 2137	MARRIED		OUTSIDE	WALKING

Name	Address	Referred by
M MANSOURI	101 AUCHINAIRN ROAD BISHOPBRIGGS G64 1NE	SELF REFERRAL

Name	Address	Complaint
ELIZ Relat. WIFE Tel No. 762 2137	10 EVERARD QUAD GLASGOW G21 1XP	INJURY

TO BE COMPLETED BY MEDICAL OFFICER AFTER SEEING PATIENT

ABOVE NAMED PERSON ATTENDED THE ACCIDENT & EMERGENCY DEPARTMENT TODAY

GNOSIS _____ INVESTIGATION SHOWS _____

EATMENT GIVEN PC, (R) hand trapped in door 10/7 ago 14[30] pm.
to
accross distal PIP joint have all
settled down except 5th phalynx.
able to bend but unable to fully straighten

O/E ↓ ROM due to swelling/pain
tender distal PIP 5th (R) Meracarpal.
sensation v perfusion v
Imp/ dislocation. ? ##
Plan, xray 5th phalynx. # ant aspect proximal ~~base~~ terminal ~~distal~~ phalynx

ULD YOU PLEASE ARRANGE – mallet finger ~~amusion~~ ## DIW hand surgeon mallet splint

stigations	X-Ray	Lab	ECG	Match	Bact
	✓				

Admitted to ward	Consultant

itment	Dressing	Suture	Tet Tox	Antibiotic	Analg
	✓				✓ NKC1

Hospital Transferred	next hand clinic

	Pop	Resusc	Nurse's Signature

Comments: HAND CLINIC, 15-12-00 @ 9.10.

Medical Officers Signature	Medical Officers Name (BLOCK)
SM Quitty	SM QUITTY

osal Time	Home	Admit	A/E Clinic	Irreg Dis	Died	DOA	GP	Transfer	Other Clinic	DNW
5.20	✓								HAND	

STAFF GRADE: REG (SHO) JHO CA — PLEASE CIRCLE

gs ___ days supply of BRUFEN 400mg tds has been given

gs ___ days supply of _____

gs ___ days supply of _____

Written Advice Issued:

inus Prophylaxis has / has not been administered. TT Course ☐ TT Booster ☐ HATI ☐ (Please Tick)

Patients Name:

STOBHILL
NHS TRUST
Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

A/E Stobhill
8/12/00

ir Dr.

Re. Gavin McClymont.
10 Everard Quad.
G21 1XP.
) 18/12/52.

ank you for reviewing this man at your clinic. He
apped his hand in the door approx 10 days ago
d on examination today is unable to fully extend
t though flexion was intact.
Xray he appeared to have an avulsion # on the
t aspect of base of terminal 5th phalynx (R).
; has a mallet finger associated with this.
ter discussing with yourselves it was decided
at he should be reviewed at the hand
nic.

Thank you

SL Duffy (SHO)

World Health Organization · Accredited by the King's Fund Organisational Audit · European Pilot Hospital · Health Promoting Hospitals

PLASTIC SURGERY/HAND CLINIC

MR J R C TELFER

Waiting List: 0141 211 5777
Appointments: 0141 211 3516/3511
Fax: 0141 201 3887

JRCT/CA

Dictated: 15/12/00
Typed: 18/12/00

Dr S McQuitty
A & E Department
Stobhill Hospital

Dear Dr McQuitty

GAVIN McCLYMONT, DOB 18/12/52, UNIT NO 393034
1/5, 16 PINKSTON DRIVE, GLASGOW, G21 1NN

Thank you for referring this man who sustained a mallet type injury to his right small finger when his grandson closed the door on his hand. On review today the finger is quite straight but the skin rather macerated as it has been in the splint for a week. X-rays show an avulsion at the dorsal aspect of the base of the distal phalynx but the joint itself is in good position. The distal phalynx is not subluxed. I think conservative measures are appropriate here and I have given him some advice about changing his splint every couple of days and attending to some hygiene. I will see him back in 6 weeks to start some gentle physiotherapy.

Yours sincerely

JOHN R C TELFER, FRCS Glas (Plast)
Acting Consultant Plastic and Hand Surgeon

c.c. Dr M Mansouri
101 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

PLASTIC SURGERY/HAND CLINIC

MR J R C TELFER

Waiting List: 0141 211 5777
Appointments: 0141 211 3516/3511
Fax: 0141 201 3887

JRCT/CA

Dictated: 19/01/01
Typed: 19/01/01

Dr M Mansouri
101 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Dear Dr Mansouri

GAVIN McCLYMONT, DOB 18/12/52, UNIT NO 393034
1/5, 16 PINKSTON DRIVE, GLASGOW, G21 1NN

I reviewed this pleasant man again today. He has been in a mallet splint for the right small finger for a good 6 weeks now. The joint is now out straight. I have encouraged him to gently mobilise his PIP joint and I will arrange for some physiotherapy for his DIP joint. We will see him back in 2 months' time.

Yours sincerely

Mr J R C Telfer
Acting Consultant Plastic and Hand Surgeon

c.c. Jennifer Milton
Senior Hand Therapist
Canniesburn Hospital
Switchback Road
Bearsden
G61

c.c. Dr S McQuitty
A & E Department
Stobhill Hospital

I would be grateful if you could arrange some physiotherapy for this gentleman with regards to mallet finger of the right small finger.

PLASTIC SURGERY/HAND CLINIC

MR J TELFER

Waiting List: 0141 211 5777
Appointments: 0141 211 3516/3511
Fax: 0141 201 3887

JT/SH

Clinic: 16 03 2001
Typed:20 03 2001

Dr M Mansouri
101 Auchinairn Road
Bishopbriggs
Glasgow
G64

Dear Dr Mansouri

Gavin McClymont, d.o.b. 18 12 52, Unit No 393034
10 Everard Quadrant, Glasgow, G21

This man failed to attend today with regard to his mallet finger. I assume all is well and I am not sending him a review appointment but would see him if necessary.

Yours sincerely

JOHN R C TELFER FRCS Glas (Plast)
Acting Consultant Plastic and Hand Surgeon

ENDOSCOPY REPORT

Upper GI Endoscopy ☐ **Colonoscopy** ☑ **Flexible Sigmoidoscopy** ☐

Date: 31/10/15 Endoscopist:

Patient Details

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

Medication:

Throat Spray ✓ Pethidine 20 mg

Midazolam 3 mg Buscopan ___ mg

Other-

Findings:

60 cms small bowel biopsy
ileocaecal junction
Colonoscopy — to caecum
prep poor (2) clots
(2)

Recommendations:

Exclude H.P. eve, High dose PPI for 2/52

Follow-up:

New Patient ☐ *Return Patient* ☐

Urgent ☐ *Soon* ☐ *Routine* ☐

Thursday (IBD) Clinic ☐ Coeliac Clinic (1st Thursday of month) ☐

Tuesday Clinic ☐ Friday Clinic ☐

G.P. ☑ Referring Doctor ☐

Other-

DIRECTORATE OF MEDICINE & DIGESTIVE DISEASES

GASTROENTEROLOGY

Dr Aidan Cahill
Consultant Physician & Gastroenterologist

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Enquiries to: Miss Claire Thacker (Secretary)
☎ Direct Line: 0141-201-3305
🖷 Fax No: 0141-201-3888
✉ Claire.Thacker@NorthGlasgow.Scot.NHS.UK

AC/CM/10393034W
DICTATED & TYPED: 31 January 2005

Dr M Mansouri
127/129 Auchinairn Road
Bishopbriggs
GLASGOW
G64 1NF

Dear Dr Mansouri

GAVIN McCLYMONT – DOB 18.12.1952
10 Everard Quadrant Glasgow G21 1XP

ADMITTED: DAY CASE - 31 January 2005
WARD: DAY SURGERY UNIT

Your patient attended Day Surgery Unit today for upper GI endoscopy and colonoscopy.

Findings were as follows: **Upper GI endoscopy** – Oesophagus: Gastro-oesophageal junction at 40 cm. There was a small hiatus hernia. Stomach: there was an erosive gastritis. A biopsy was taken from this area.
Colonoscopy: the instrument was inserted to the caecum. The preparation was poor in the right side of the colon. Examination was normal.

Suggest eradication if Helicobacter positive. His symptoms have improved on Nexium and he has had no further episodes of rectal bleeding. To heal the gastritis I would suggest a high dose of Proton Pump Inhibitor, e.g., 40 mg Nexium daily for two months.

No further appointments have been arranged.

Yours sincerely

Dr A Cahill
Consultant Physician & Gastroenterologist

DIRECTORATE OF MEDICINE & DIGESTIVE DISEASES

GASTROENTEROLOGY

DR A CAHILL
CONSULTANT PHYSICIAN

Stobhill Hospital
133 Balornock Road
GLASGOW G21 3UW

Enquiries to: Claire Thacker (Secretary)
☎ Direct Line: 0141-201-3305
🖷 Fax No: 0141-201-3888
✉ Claire.Thacker@NorthGlasgow.Scot.NHS.UK

AC/CT/10393034W

DICTATED: 11.02.05
TYPED: 16.02.05

Dr M Mansouri
Auchinairn Medical Practice
127/129 Auchinairn Road
BISHOPBRIGGS
G64 1NF

Dear Dr Mansouri

GAVIN MCCLYMONT DOB 18.12.52, 10 EVERARD QUADRANT, GLASGOW, G21 1XP

This gentleman's biopsies from his stomach show evidence of a chronic active inflammation without any helicobacter. His routine bloods were also normal apart from a gamma GT of 114.

I would suggest just treating this gentleman symptomatically with a PPI.

Yours sincerely

Dr A Cahill
Consultant Physician

CONFIDENTIAL

NUMBER PH 133226

NCL

IMMEDIATE DISCHARGE & MEDICINE PRESCRIPTION FORM

PATIENT AND GP LABELS MUST GO ON ALL FOUR COPIES

DEAR DOCTOR

NAME Dr Mangan

ADDRESS 127 - 129 AUCHINAIRN RD

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

STOBHILL HOSPITAL
GLASGOW G21 3UW
TELEPHONE 0141 201 3000

DATE OF ADMISSION 25-4-05

DATE OF DISCHARGE 25-4-05

WARD OPD - Urology

CONSULTANT A. SAMI

DIAGNOSIS

1. (R) epididymo-orchitis
2.
3.
4. (Recurrent)

OPERATION / PROCEDURES

1.
2.
3.

FOLLOW UP ARRANGEMENTS

OUTPATIENT/DAY HOSPITAL APPOINTMENTS

CONSULTANT	CLINIC	WHEN	DATE GIVEN	INITIALS

AMBULANCE REQUIRED YES / NO

WALKING
2 HANDED SEAT
STRETCHER
ESCORT.
Tick as necessary

OUTPATIENT INVESTIGATIONS N.B. (request cards must be provided)

		DATE GIVEN	INITIALS
IVU			
USS SCROTUM			

OTHER NEEDS (SPECIFY)

COMMUNITY CARE ARRANGEMENTS — ARRANGED BY

HOME HELP — DAY CARE — PHYSIO

MEALS ON WHEELS — DN OR HV — OT

SPECIAL DISPENSING INSTRUCTIONS — LARGE PRINT — NO C.R.C. — OTHER

DISCHARGE MEDICINE

PHARMACY USE ONLY

Medicine	Form	Dose	Times of Administration	Recommended Duration from discharge (Days)	No.of Days Supplied	Quantity, Name Strength & Manufacturer Supplied
OFLOXACIN	PO	400mg	1 1	2 weeks		56 x 200mg Dan-d
THEN			1 1			
OFLOXACIN	PO	200	1 1	4 weeks		

OTHER TREATMENT AND COMMENTS (including details of drug sensitivities, appliances etc.)

DISPENSED BY JH

CHECKED BY KW

DATE 25/4/05 CP CHECK RD

MEDICINES COLLECTED BY (MESSENGER) Mr Clapperton

WARD USE ONLY

RECEIVED ON WARD BY

ISSUED BY

DATE ISSUED

SIGNATURE OF RECIPIENT

DR.'s NAME IN BLOCK CAPITALS A SAMI **DATE** 25-4-05

SIGNATURE [signature] **PAGER No.** 1644

COPIES TO : WHITE - GP, PINK - MEDICAL RECORDS, BLUE - PHARMACY, YELLOW - LIASON

PJSTOBH72/0799

4/6/04. 14:10

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category: Routine ☐ Soon ☐ Urgent ☐

Hospital STOBHILL Date 120204 CHI No. 1812526490

Please arrange for this patient to attend the GENERAL ~~PHYSICIANS~~ Care Clinic of

Patient's Surname MCCLYMONT Maiden Surname

First Names GAVIN Single/Married/Widowed/Other

Address 10 EVERARD QUADRANT GLASGOW Date of Birth 181252

Patient's Occupation

Postal Code G21 1XP Contact telephone number 762 2137 HB of residence GGHB

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

Name of Hospital STOBHILL

Year of Attendance 2001 Hospital No. 393034

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

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

DR A SOUTAR
AUCHINAIRN MEDICAL PRACTICE
127/129 AUCHINAIRN ROAD
BISHOPBRIGGS, GLASGOW G64 1NF
0141-772-1808

Please use rubber stamp

Can patient attend at short notice?

If YES, minimum notice required _____ Days

GP's Code Practice Code 4 3 2 2 2

Contract Number

I would be grateful for your (1) diagnosis and advice on ☐ (2) diagnosis and treatment of ☐ the above named patient. A brief outline of history, symptoms and signs is given below:

Thank you very much for seeing this 51 year old man who has had several months of intermittent and fairly severe dyspepsia, trapped wind, water brash and pain radiating through to the back. This settled down fairly quickly with Ranitidine 150mg 1 twice daily and after the first month he was changed to Esomeprazole 20mg 1 twice daily. On this he is mostly symptom free but still has problems with trapped wind and the need to pass this to avoid pain. There is no family history and no past medical history of note in respect of this. In view of the need for his ongoing medication and as he is over 45 I would be grateful if you could see him and advise. I enclose his practice summary. Many thanks.

Kind regards.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards

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

Relevant X-Rays available from:

No. (if known).

Signature Alice Soutar

DATE RECEIVED 10 FEB 2004

ROUTINE EASTERN

PRIORITY

SIGNATURE

DATE

Hospital use Only	Clinic	Day Date	Time	Hospital No.	GP112

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

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

CHI No. | | | | | | | | | | |

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Hospital ..... Date .....

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

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

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

Address ..... Date of Birth .....

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

Postal Code ..... Contact telephone number .....

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

Name of Hospital .....

Year of attendance ..... Hospital No. .....

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

.....

.....

Can patient attend at short notice? YES / NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL / DENTAL PRACTITIONER

Please use rubber stamp

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

Diagnosis / provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

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

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

..... Signature .....

Printed for Astron B32457, 9/03 25364

Registration

Mr Gavin Mcclymont
10 Everard Quad
SPRINGBURN
Glasgow

G21 1XP

Telephone: 568 1678
Contact: ?
ContactRelship: ?
Email: ?

Service Code: Permanent
DoB: 18/12/1952
Age: 51

CHI Number: 1812526490
NHS Number: S/644/7/53/48
Dispensing: No
Patient ID: 1
Road: 0 Water: 0 FootPath: 0
Occupation:
Marital Status: Single
Registered GP: Dr M Mansouri Room 1
Seen By GP: Dr M Mansouri Room 1
Repeat Consultation: ?
Acute Consultation: 11/02/2004
Registered: ?
Confirmed: 12/09/1975
Records Received: ?
BMI: 0.0
Height: 0 m
Weight: 0 kg
BP: 136/80

Priority Clinical / User Marker

01/04/1999	High	Osteoarthritis and allied disorders
01/09/1995	High	Diagnostic cystoscopy
01/09/1995	High	Haematuria
01/09/1995	High	Infections of kidney
01/05/1993	High	Atopic dermatitis/eczema
01/04/1985	High	Fracture of upper limb
01/10/1982	High	Incidental appendicectomy

Repeat Medication

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Interval Pres.	Interval Review
Esomeprazole TABS 20MG	56 1 Tab In the morning	11/02/04	11/02/04	56	26
Esomeprazole TABS 20MG	56 1 Tab In the morning	18/12/03	18/12/03	56	26

Adverse Reactions

Read Code	Description
M111.	Atopic dermatitis/eczema

Clinical / User Marker

04/09/1997	Medium	Patient registration-form used
12/09/1975	Medium	Pat. GP7B/GP8B card from HB

Screening

15/07/03	**B P Screening$$**	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
15/07/03	**Alcohol Intake$$**	Light drinker - 1-2u/day	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter

15/07/03	Smoker$$ Status	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
20/12/00	Well Man Clinic$$	Letter invite to screening	
Call for screening		First recall letter on queue	Send recall when due
25/08/00	B P Screening$$	O/E - BP reading normal	
Repeat after an Interval - 60 Months		Do not send recall letter	Do not send result letter
25/08/00	Smoker$$ Status	Moderate smoker - 10-19 cigs/d	
Repeat after an Interval - 12 Months		Do not send recall letter	Do not send result letter
29/06/00	B P Screening$$	Letter invite to screening	
Call for screening		First recall letter on queue	Send recall when due

Referrals

Date Rec.	Priority	Provider	Speciality	Nature	Type
Ref. Appt.		Reason For Referral	Referred By	Attendance Type	

Acute Prescriptions

Drug/Preparation	Quantity/Dose/Frequency	Date
Ranitidine TABS 150MG	60 1 Tab Twice daily	12/11/03
DICLOFENAC SR 75MG	56 1 Tab Twice daily	15/07/03
Amoxycillin CAPS 250MG	15 1 Cap 3 times daily	25/08/00

Inactive Repeat Drugs

Drug/Preparation	Quantity/Dose/Frequency	Start	Last	Intervals Pres.	Intervals Review

Last Encounter

Dr A Soutar Room 7 Date: Feb 11 2004 10:30AM

Screening:

Clinical / User Markers:

Referrals:

Acute Prescriptions:

Repeat Prescriptions:

Esomeprazole - TABS 20MG	1 Tab - In the morning	56

Disease Protocol Sessions:

Active Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

Acute/Inactive Care Management

Type	Name	Last Review	Recall	Next Review	Num Sessions

DIRECTORATE OF MEDICINE &
DIGESTIVE DISEASES

GASTROENTEROLOGY

DR A CAHILL
CONSULTANT GASTROENTEROLOGIST

STOBHILL HOSPITAL
133 BALORNOCK ROAD
GLASGOW, G21 3UW

Enquiries to: Claire Thacker (Secretary)
Direct Line: 0141 201 3305
Fax No: 0141 201 3888
E-mail: Claire.Thacker@NorthGlasgow.Scot.NHS.UK

IMcC/CD

Clinic: 4th June 2004
Typed: 9th June 2004

Dr A Soutar
Auchinairn Medical Practice
127-129 Auchinairn Road
GLASGOW
G64 1NF

Dear Dr Soutar

GAVIN McCLYMONT, DOB 18.12.52, UNIT NO 10393034
10 EVERARD QUADRANT, GLASGOW, G21 1XP

I saw this patient at Dr Cahill's clinic today. He is a 51 year old gentleman who complains of discomfort in his upper abdomen associated with bloatedness. This was helped by the introduction of Ranitidine and Nexium about 6 months ago but he is still getting the feeling, albeit less frequently. He does not report any vomiting or nausea. His appetite is good. His weight is stable. There is no real relation between eating and the discomfort. He smokes 12 cigarettes a day and drinks approximately one bottle of wine and 4 pints of lager over the week.

Mr McClymont today also told me that approximately three weeks ago he had three episodes of fresh red pr bleeding over the one week. The blood was noticed in the toilet pan and also on the paper.

As far as I am aware, Mr McClymont has not had a Helicobacter breath test or serology.

His current medication is Nexium 20 mgs daily.

He lives with his wife and works in security.

On examination he looked well. There were no palpable lymph nodes or finger clubbing. His abdomen was soft and non-tender and there were no palpable masses. PR was also normal with no visible haemorrhoids and no blood. His rectum was empty.

I discussed this gentleman's case with Dr Cahill today. To further investigate his fresh pr bleeding, we will organise a colonoscopy. When we have him up for his colonoscopy we will also perform an upper GI endoscopy. I have also checked routine bloods today. We will await the results of his endoscopy before deciding if follow-up is required.

Yours sincerely

I McCREA
SHO III

25/4/5 1080 1039303H

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Urology CB
G General Referral James

Stobhill Hospital

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

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

Hospital unit no. -

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

REGISTERED 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 RM Raeburn		
GMC code	2332633	GP code	G07978
Practice name	-		
Practice code	43222		

Practice address

Contact number(s)

-

DATE RECEIVED - 4 MAR 2005

11/3/05 AJ

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Scrotum Pain

Comment: This man has been complaining of scrotal pain since the beginning of the month. He was seen by a Locum on 1/2/05 with discomfort and dysuria. When I saw him on 7.2.05 he had marked epididymal pain on examination and I gave him Ofloxacin 400mg. He came back on 22/2/05 saying that he was still aching despite the Ofloxacin and 3 negative MSSU's. I suggested that he try support and Ibuprofen but would be very grateful for help in his management.

With thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions

Description	Laterality	Modifier	Extension	Date of onset
Osteoarthritis and allied disorders	-	-	-	01-Apr-1999
Infections of kidney	-	-	-	01-Sep-1995
Haematuria	-	-	-	01-Sep-1995
Atopic dermatitis/eczema	-	-	-	01-May-1993

Past procedures

Description	Laterality	Modifier	Date performed
Diagnostic cystoscopy	-	-	01-Sep-1995
Incidental appendicectomy	-	-	01-Oct-1982

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Esomeprazole	01.03.05.0	TABS 20MG	1 Tab	In the morning	11-Feb-2004	-
Ibuprofen	10.01.01.0	TABS 400MG	1 Tab	tid if reqd	22-Feb-2005	-
Ofloxacin	05.01.12.0	TABS 400MG	1 Tab	Twice daily	07-Feb-2005	-
Esomeprazole	01.03.05.0	TABS 40MG	1 Tab	Daily	01-Feb-2005	-
Ciprofloxacin	05.01.12.0	TABS 500MG	1 Tab	Twice daily	14-Jan-2005	-
Ofloxacin	05.01.12.0	TABS 400MG	1 Tab	Daily	07-Dec-2004	-

Clinical warnings

Lifestyle risks

Exercise status: Not Known

Smoking status: Number per day ? (not known)

Alcohol consumption: Units per day ? (not known)

Additional relevant information

Administrative information

Preferred gender of consultant:No preference

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

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3833
Fax Number 0141 201 3779
Outpatient Enquiries 0141 201 3382 / 3405 / 3529

MR. JAMES' CLINIC

JS/ATS/10393034W
CLINIC 25.4.05
DICT 25.4.05
TYPED 26.4.05

Dr. M. Mansouri
Auchinairn Medical Practice
127-129 Auchinairn Road
BISHOBRIGGS
G64

Dear Dr. Mansouri

GAVIN MCCLYMONT DOB 18.12.52 CHI NO. 6490 10 EVERARD QUADRANT, G21 1XP

Thank you for referring Mr. McClymont who presents with a history of pain and tenderness in the right testis over a period of a month or so. He complains of nocturia twice a night but no dysuria or haematuria. He also complains of right sided loin pain which is sharp and intermittent. He does however give a history of chronic back problems.

On examination today he looks well. There was no palour or jaundice. The abdomen was soft and non tender with no palpable masses or organomagely. There was no abnormality on examination of the scrotum or either testis excepting some tenderness on palpation of the right epididymis. Urinalysis showed only protein +.

In view of the above I have arranged for an outpatient IVP in addition to an ultrasound scan of the scrotum and testes. Routine bloods have also been checked today and an MSSU has been sent off. In addition I have given him a prescription for the Hospital Pharmacy for a six week course of Ofloxacin. Accordingly we will send him out an appointment for the clinic in approximately six weeks' time or after the ultrasound scan of the scrotum and testes has been performed, which ever is later.

Yours sincerely

JONATHAN SALMOND
SHO to MR. A.S. JAMES

23/12/05

Still c/o Chronic Rt testicular pain
on Amitryptn 25 mg which can be increased up to 50 mg if pain is so bad
IVU = Nov
U/S Scrotum = Nov
For review in 6/12 time.
AC

Consultants
Mr J E Crooks
Mr M Fraser
Mr A S James

Department of Urology
Stobhill Hospital
Balornock Road
Glasgow
G21 3UW
Direct Line 0141 201 3833
Fax Number 0141 201 3779
Clinical Co-ordinator 0141 201 3516/3382/3960

MR JAMES CLINIC – 23 12 2005

AA/AK/10393034W

DICTATED: 23 12 2005
TYPED: 09 01 2006

DR M MANSOURI
AUCHINAIRN MEDICAL PRACTICE
101 AUCHINAIRN ROAD
BISHOPBRIGGS
G64 1NF

Dear Dr Mansouri

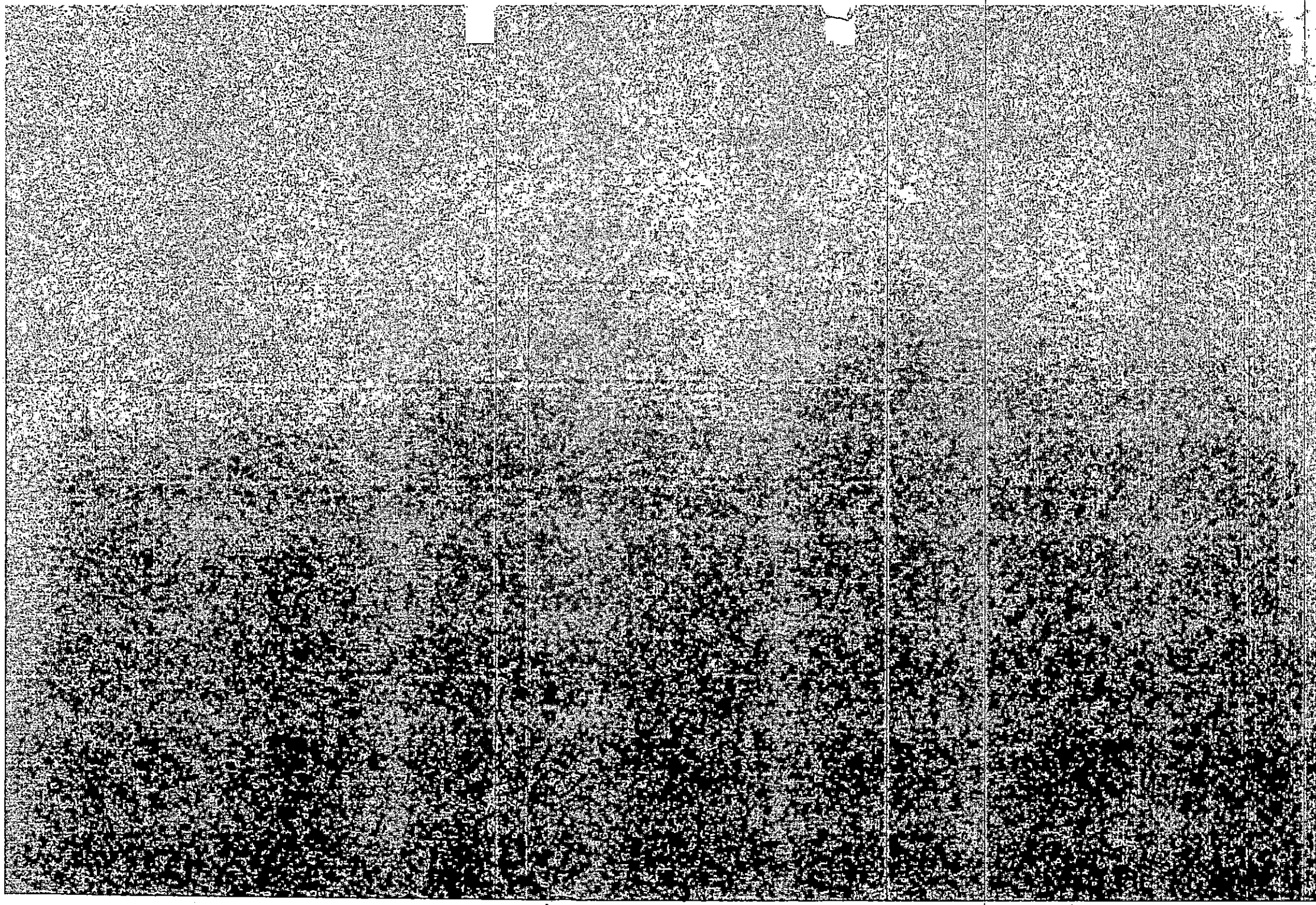
GAVIN McCLYMONT 18 12 52 10 EVERARD QUADRANT GLASGOW G21 1XP

I reviewed Mr McClymont in Mr James Urology Clinic today. Regarding his pain in the testicle he is still complaining of what looks like chronic right testicular pain. I have reassured him today. I examined him again. There is nothing remarkable on clinical examination. His ultrasound of scrotum revealed slight thickening on the right side, but no other significant abnormalities.

He is currently on Amitriptyline for depression and I think there is evidence that Amitriptyline has a role in the treatment of chronic testicular pain. He is on 25 mgs. This can be increased up to 50 mgs if he has bad spells of pain. Regarding his left loin pain, he did not have any significant left loin pain over the last few months. His IVU was normal as well. I will make arrangement for review in the clinic in around six months' time to see how he is doing.

Yours sincerely

MR A ALMUSHATAT
SpR to MR A S JAMES



95055479 A 07/09/95 MN 0132582
393034
MCCLYMONT, Gavin. 42Y M I, MCLAUGHLIN SOPD

16 PINKSTON DRIVE, GLASGOW, G21

Copy Report provided on 15 SEP 1995

Clinical Information :
Haematuria.

I.V. UROGRAPHY
The control film did not reveal any evidence of radio-opaque calculi in the kidney, ureter or bladder region.

The right kidney showed a normal outline and a normal pelvicalcyceal system and ureter. The left kidney showed a normal upper pole calyx but an inadequately filled middle and lower pole calyces. This raised the possibility of a space occupying lesion in the mid and lower poles of the left kidney with distortion of the adjacent calyces. The outline of the left kidney however was within normal limits. The left ureter was normal. The urinary bladder did not reveal any abnormality.

(Cont'd)

An ultrasound examination the kidneys is advised to rule-out a space occupying lesion in the left kidney.

ULTRASOUND RENAL
The right kidney did not reveal any abnormality. The left kidney revealed a simple cyst in the mid pole with distal acoustic enhancement. No other abnormality of the left kidney was identified. The liver was normal.

*DR J. REHMAN/SAM 08/09/95

08/09/95 - IVU, U/S RENAL

ELECTRONIC PATIENT RECORDS

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

Including:

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

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 23/11/2021

Consultant: Dr Neil Dignon

MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
Glasgow
G64 1NF

Dear MJ Foley

Re: **McClymont Gavin** DOB: **18/12/1952** CHI: **1812526490**
10 EVERARD QUADRANT
Glasgow G21 1XP

Attended on: **23/11/2021 at 11:26 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
back injury 2/52

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Person With Feared Complaint In Whom No Diagnosis Is Made		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Stacy Campbell
Nurse

Copies to:

1. MJ Foley (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Stobhill Hospital
133 Balornock Road
Glasgow
Lanarkshire
G21 3UW

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 01/06/2017

Consultant: Dr Neil Dignon

M Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
Glasgow
G64 1NF

Dear M Foley

Re: **McClymont Gavin** DOB: **18/12/1952** CHI: **1812526490**
10 EVERARD QUADRANT
Glasgow G21 1XP

Attended on: **01/06/2017 at 17:14 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
inj to right ankle

Nursing Assessment:

Investigations in ED:
1. XR Ankle Rt

Diagnosis:

Diagnosis	Side	Site
Sprain and strain of ankle		

Procedures: **1. Double tubigrip**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Followup : **none**

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Veronica McKeown
Nurse

Copies to:

1. M Foley (GP)

School Address:

Clinic Letter

NHS
Greater Glasgow and Clyde
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW
0141 201 3000

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	
Department:	Ophthalmology
Contact Tel:	0141 211 0120
Enquiries to:	Rachael.Smith8@nhs.scot
Letter Date:	19/03/2025
Reference:	SR/RS
Dictated Date:	20/03/2025
Transcribed Date:	20/03/2025

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Ophthalmology; Clinic - STMTEY6-EYE MACULA TRIAGE CONSULTANT WED PM
Date and Time of Appointment - 19/03/2025 13:15

Clinical Comments:
Diagnosis:

Bilateral vitelliform macular degeneration, right more than left

Visual Acuity:

Right eye 63 letters

Left eye 79 letters

Many thanks for referring this patient who was seen in the Triage Clinic yesterday. I'm pleased to confirm the features are keeping in with vitelliform macular degeneration in both eyes. I also undertook a telephone consultation with the patient to reassure him. I've not arranged for a further appointment in the hospital eye service. Should the patient have any further problems, he knows to get in touch with his own Optician. I hope and trust this arrangement is satisfactory.

Yours Sincerely,

Dr Sara Ramamurthi

Consultant Ophthalmologist

Electronically Signed: Ms Sara Ramamurthi, Consultant

cc. Specsavers Opticians
UNIT 10
THE TRIANGLE CENTRE
KIRKINTILLOCH ROAD
BISHOPBRIGGS
G64 2TR

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

NHS Greater Glasgow and Clyde

Date 8/10/12

Alan Lyell Centre for Dermatology
☐ *SGH* ☐ *New Victoria* ☑ *Stobhill*

Dermatology Lesion / Skin Cancer Assessment

Age 60

Reason for referral

CANCER PIGMENTED LESION (R) LATERAL THIGH

Risk factors ☐ High UV exposure ☐ Significant Sunbed use ☐ Immunosuppressed ☐ Family Hx melanoma
☐ Skin type I/II Previous skin cancer ☐ Melanoma ☐ SCC ☐ BCC Other

Primary Lesion Details *(additional lesions in clinical notes below)*

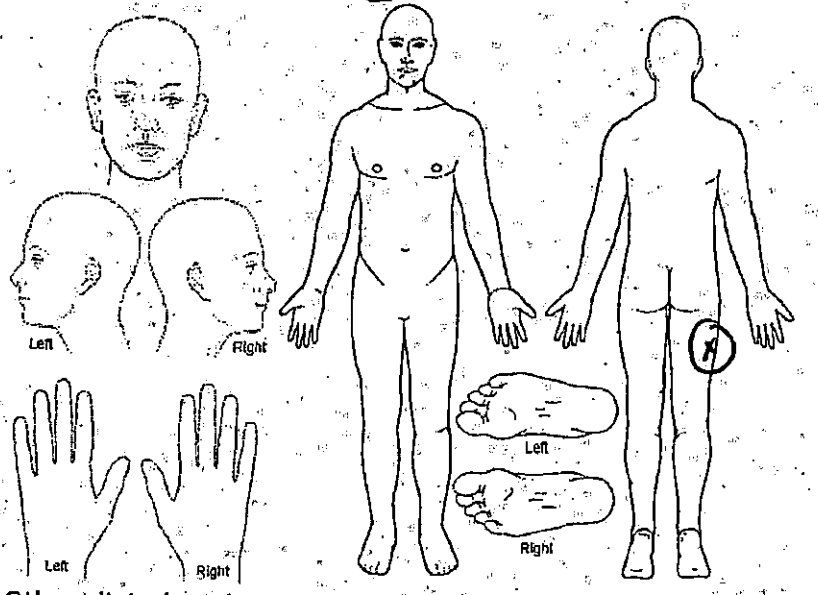
Duration June 2012 Site / Location (R) LAT. THIGH

Examination Size 0.8 cm ☐ Ulceration ☐ Infection ☐ Background actinic damage

Dermoscopy BCC

Clinical diagnosis BCC ☑ Multiple

Management LA2



Other clinical notes

☐ Clinical photography
☐ Photodermoscopy
☐ Patient copy of photos
☑ Cryotherapy advice
☑ Information leaflet(s)
☐ Sun protection advice
☐ Mole surveillance advice

Follow up (D)

Clinician

Note to GP

☐ *Additional result letter to patient*
☑ Cons ☐ Reg ☐ GPVTS
☐ Spec Nurse ☐ Spec Dr ☐ FY2

THE ALAN LYELL CENTRE FOR DERMATOLOGY

Stobhill Hospital, Clinic J, 2nd Floor ACH
133 Balornock Road
Glasgow G21 3UW
Secretaries: 0141 355 1727
0141 355 1292
Clerkess (Day Unit): 0141 355 1841
Outpatient Appointments: 0141 355 1274

Management Office - Queens Park House, Victoria Infirmary,
- ☎: 0141 201 5807, Fax: 0141 201 5825
South - Professor Colin Munro, Dr David Bilsland, Dr Angela Drummond, Dr Felicity Campbell
West - Dr Robert Herd, Dr David Tillman, Dr David Burden, Dr Paula Beattie, Dr Joyce Lennan
North East - Dr Susan Holmes, Dr Colin Clark, Dr Catherine Jury
- Dr Lisa Naysmith Dr Caroline Murray, Dr Heather Graham

CLINIC: 19/11/2010
DICT: 19/11/2010
TYPED: 19/11/2010
PM/AMD

DR NAYSMITH-FRIDAY MORNING
SKIN CANCER SCREENING CLINIC

Dr Christine Wilson
127/129 Auchinairn Road
Bishopbriggs
G64 1NF

Dear Dr Wilson

Gavin McClymont - 18/12/1952 - CHI: 1812526490 - CRN: 10393034W
10 Everard Quadrant, Glasgow, Lanarkshire, G21 1XP

Diagnosis: **Seborrhoeic keratosis**
Follow-up: **Discharged**

Thank you for referring this patient whom I saw with Dr Naysmith in clinic today. He first noticed a lesion on his right lateral chest wall two months ago. It has not changed since he noticed it and it is asymptomatic.

On examination it is a regular edge symmetrically, 5 mm elevated pigmented lesion which has the dermatoscopic appearances of a seborrhoeic keratosis. He has been reassured this requires no treatment. He has been discharged back to your care.

Yours sincerely

Dr Patrick Manson
GPST2 in Dermatology

Letter to Patient:

NHS
Greater Glasgow and Clyde

Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

Gavin McClymont
10 EVERARD QUADRANT
Glasgow
Lanarkshire
G21 1XP

Main Switchboard: 0141 201 3000
Department: Ophthalmology
Contact Tel: 0141 211 0120
Enquiries to: Rachael.Smith8@nhs.scot
Letter Date: 27/03/2025
Reference: SR/RS
Dictated Date: 20/03/2025
Transcribed Date: 20/03/2025

Dear Mr McClymont,

Further to your hospital attendance on the 19th of March and following our telephone consultation now, I am writing to confirm that you do not have what we call as a wet macular degeneration (age-related wear and tear change) in either of your eyes.

You do have a variant of dry macular degeneration but there is no treatment available for this yet. As mentioned to you over the phone, this can change into the wet form of macular degeneration and should that happen, you'll notice more distortion in your vision. Should you have those symptoms you should see your own Optician on an urgent basis, otherwise an annual visit to their practice should suffice. I've also written to your GP and your Optician informing them of the diagnosis. I hope and trust this arrangement is satisfactory.

Yours Sincerely,

Dr Sara Ramamurthi

Consultant Ophthalmologist

Electronically Signed: Ms Sara Ramamurthi, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Ophthalmology - NAVIS_PIC-101267_20250227_002
Ophthalmology - NAVIS_PIC-101267_20250227_000

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Ophthalmology - Macula GGC Wet AMD (optom use only)	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Stobhill Hospital 133 Balornock Road Glasgow G21 3UW	——	**Hospital** and **hospital address** Hospital location code. G207H Email address -

Urgency of referral Urgent
Date of referral 27-Feb-2025 **Date sent** 27-Feb-2025

PATIENT DETAILS

Surname	MCCLYMONT
Forename(s)	GAVIN
Title	Mr
Sex	Male
Date of birth	18-Dec-1952
CHI no.	1812526490
Area of Residence	-
Reference:	-

Patient's address

10 EVERARD QUAD
SPRINGBURN
GLASGOW
G21 1XP

Contact number(s)

Voice: 0779597758

**** Patient does consent to send past medical history and drug history via SCI Gateway to the Hospital indicated ****

101035734109K | Unique Care Pathway Number: 101035734109K

REFERRING HCP DETAILS

HCP Name	NeilDrain
HCP code	115139
HCP Position	-
Organisation name	Bishopbriggs Specsavers Limited (50649)
Location code	-

Organisation address

UNIT 10
THE TRIANGLE CENTRE
KIRKINTILLOCH ROAD
BISHOPBRIGGS
G64 2TR

Contact number(s)

Voice: 0141 772 5467

OPTOMETRY INFORMATION

Vision	Sph	Cyl	Axis	Prism	VA	PH VA	Add	NVA	Test Date
R	+0.50	-1.25	120	----	6/15	-	+3.00	N8	27-Feb-2025
L	+0.50	-1.25	65	----	6/9	-	+3.00	N6	

R 12 mmhg **L** 9 mmhg **RAPD** No

Applanation Tonometry			
Time 14 : 20 **Applanation** No			

Date of Last Eye Test 19-Nov-2020	**Acuity at Last Eye Test**	**Right**	6/6	**Left**	6/6

	R	L
Complaint/Symptoms	None	Flashes temporally
Duration of Visual Loss	-	1 month
Describe Findings	See Pics vitelliform lesion??	See Pics vitelliform lesion??
Fundus Image (Preferable)	Yes	Yes

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint
Description: Optometrist Direct Referral

Reason for referral
Care type requested: Out Patient
Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure
No Blood Pressures Recorded

Body Measurements
No Body Measurements Recorded

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
Previous Attendance at Hospital Eye Service?:No
If Yes, Location:(Not Known)
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Patient consent:Yes

Ophthalmology - NAVIS_PIC-101267_20250227_002
Ophthalmology - NAVIS_PIC-101267_20250227_000

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Cardiology - 28122022 Hospital Final Discharge Letter 792285

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral Routine
Date of referral 22-Feb-2023 **Date sent** 23-Feb-2023

PATIENT DETAILS

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

Patient's address
10 Everard Quad
SPRINGBURN
Glasgow
G21 1XP

Contact number(s)
Voice: 0141 389 5357

101028820310X Unique Care Pathway Number: 101028820310X

REGISTERED GP DETAILS

Name	Dr Laura Coia		
GMC code	6026604	GP code	06742
Practice name	Auchinairn Medical Practice (18858)		
Practice code	43222		

Practice address
127/129
Auchinairn Rd
BISHOPBRIGGS
Glasgow
G64 1NF

Contact number(s)
Voice: 0141 772 1808
Facsimile: 0141 762 1274

REFERRING GP DETAILS

Name	Dr. Laura Coia		
GMC code	6026604	GP code	06742
Practice name	Auchinairn Medical Practice (43222)		
Practice code	43222		

Practice address
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Contact number(s)

Voice: 0141 772 1808

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Dual chamber pacemaker inserted end of 2022 for atrial flutter - periods of lightheadedness
Comment: FAO : Dr Rae

Dear Doctor,

I would be grateful for your advice regarding Gavin.

I enclose a copy of his discharge letter from December 2022.

Unfortunately he is experiencing periods of lightheadedness on standing.

His pulse rate is 60 with a blood pressure of 120/80 sitting and 100/60 standing.

I suspect these symptoms are due to postural drop due to his Sotalol.

I wondered if we could consider reducing this and I am asking for your advice as I am aware you were keen to continue him on this medication for rate control until he was next seen in clinic.

I appreciate your expert opinion.

Kind regards.

Yours sincerely,

DR L COIA

Reason for referral

Care type requested: Out Patient
Expected outcome: Not Specified

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

Description	Comment	Date of onset	Date recorded
Atrial flutter	-	29-Dec-2022	29-Dec-2022
Calculus of ureter (Left)	-	29-Dec-2022	29-Dec-2022
Atrial flutter	-	20-Dec-2022	20-Dec-2022
Atrial flutter	anticoag not commenced at this point	30-Nov-2022	30-Nov-2022
Renal calculus	CT scan	30-Nov-2022	30-Nov-2022
Abdominal aortic aneurysm without mention of rupture	-	30-Mar-2019	30-Mar-2019
Depressive disorder NEC	-	23-Apr-2015	23-Apr-2015
Osteoarthritis and allied disorders	-	01-Apr-1999	01-Apr-1999
Haematuria	-	01-Sep-1995	01-Sep-1995
Infections of kidney	-	01-Sep-1995	01-Sep-1995
Atopic dermatitis/eczema	-	01-May-1993	01-May-1993
Fracture of upper limb	-	01-Apr-1985	01-Apr-1985

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Endoscopic insertion of ureteric stent (Left)	-	30-Dec-2022	30-Dec-2022
Implantation of cardiac pacemaker system NEC	-	20-Dec-2022	20-Dec-2022
Abdominal aortic aneurysm screening	abnormal	30-Sep-2022	30-Sep-2022
Abdominal aortic aneurysm screening	-	30-Mar-2019	30-Mar-2019
Primary prevention of ischaemic heart disease	-	18-May-2015	18-May-2015
Diagnostic cystoscopy	-	01-Sep-1995	01-Sep-1995
Incidental appendicectomy	-	01-Oct-1982	01-Oct-1982

Family conditions (All priorities)

Description	Comment	Date of Onset
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007
FH: Ischaemic heart dis. >60	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Tamsulosin Hydrochloride M/R capsules 400 micrograms	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	29-Dec-2022	04-Jan-2023
Apixaban Tablets 5 mg	112	112 TABLET	ONE TO BE TAKEN TWICE DAILY	-	29-Dec-2022	04-Jan-2023
Senna Tablets 7.5 mg	60	60 tablet	TAKE TWO TABLETS AT NIGHT WHEN REQUIRED FOR CONSTIPATION	-	29-Dec-2022	04-Jan-2023
Sotalol Hydrochloride Tablets 80 mg	224	224 tablet	TWO TABLETS TWICE DAILY	-	29-Dec-2022	04-Jan-2023
White Soft Paraffin And Liquid Paraffin Light Cream 13.2 % + 10.5 %	500	500 gram	APPLY AS REQD	-	06-Apr-2018	27-Oct-2022
Sertraline Hydrochloride Tablets 50 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY. ANNUAL REVIEW DUE SEPT 2022	-	28-Mar-2018	25-Jan-2023
Simvastatin Tablets 40 mg	56	56 TABLET	ONE TO BE TAKEN AT NIGHT	-	18-May-2015	25-Jan-2023
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 Cap Daily	-	14-Jul-2010	25-Jan-2023

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Zopiclone Tablets 7.5 mg	28	28 tablet	ONE TO BE TAKEN AT NIGHT	-	21-Feb-2023	21-Feb-2023
Zopiclone Tablets 7.5 mg	7	7 TABLET	ONE TO BE TAKEN AT NIGHT	-	11-Jan-2023	11-Jan-2023
Folic Acid Tablets 5 mg	28	28 tablet	ONE TO BE TAKEN EACH DAY	-	29-Dec-2022	04-Jan-2023

Blood Pressure

Date Recorded	Systolic	Diastolic
21-Feb-2023	120	80
06-Apr-2018	130	70
27-Apr-2015	140	80
22-Mar-2007	130	75
22-Mar-2007	130	75

Body Measurements

Date Recorded	Height	Weight	BMI
22-Mar-2007	170	85	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Cigarette smoker 10 Cigarettes/day :		16-Nov-2018
Cigarette smoker, 10 Cigarettes/day:		27-Apr-2015
Cigarette smoker, 10 Cigarettes/day:		27-Apr-2015
Current smoker:		27-Apr-2015

Current smoker:		29-Jan-2013
Alcohol consumption, 10 units/week:		23-Apr-2015
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	15-Jul-2003
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Social circumstances
Ethnic Origin: White Scottish

Cardiology - 28122022 Hospital Final Discharge Letter 792285

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 16-Aug-2012 **Date sent** 17-Aug-2012

PATIENT DETAILS

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

Patient's address

10 Everard Quad
SPRINGBURN
Glasgow
G21 1XP

Contact number(s)

Voice: 568 1678

1010040600723 Unique Care Pathway Number: 1010040600723

REGISTERED GP DETAILS

Name	Dr RM Raeburn		
GMC code	2332633	GP code	06955
Practice name	Auchinairn Medical Practice (18858)		
Practice code	43222		

Practice address

127/129
Auchinairn Rd
BISHOPBRIGGS
Glasgow
G64 1NF

Contact number(s)

Voice: 0141 772 1808
Facsimile: 0141 762 1274

REFERRING GP DETAILS

Name	Dr. Rhona Raeburn		
GMC code	2332633	GP code	06955
Practice name	Auchinairn Medical Practice (43222)		
Practice code	43222		

Practice address

127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Contact number(s)

Voice: 0141 772 1808

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Raised lesion on right lateral thigh

Comment: This chap came in with a raised lesion on his right lateral thigh, which looks a bit pigmented, but also appears to have some telangiectasis on its surface and a hair coming from the centre.

I would be very grateful for your help re diagnosis and management.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Osteoarthritis and allied disorders	01-Apr-1999	01-Apr-1999
Haematuria	01-Sep-1995	01-Sep-1995
Infections of kidney	01-Sep-1995	01-Sep-1995
Atopic dermatitis/eczema	01-May-1993	01-May-1993
Fracture of upper limb	01-Apr-1985	01-Apr-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Diagnostic cystoscopy	01-Sep-1995	01-Sep-1995
Incidental appendicectomy	01-Oct-1982	01-Oct-1982

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 Cap Daily	-	14-Jul-2010	05-Mar-2012

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	04-Jul-2012	04-Jul-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:		25-Jan-2012
Current smoker:	Disease: SPICE Basic Health Values, priority=2	14-Mar-2007
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	15-Jul-2003
Current smoker:	priority=1	01-Dec-2000
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	25-Aug-2000
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	15-Jul-2003
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007

Clinical warnings

Additional Support Needs
No known ASN requirements

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

Social circumstances
Ethnic Origin: White Scottish

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 09-Dec-2010 **Date sent** 09-Dec-2010

PATIENT DETAILS

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

Patient's address

10 Everard Quad
SPRINGBURN
Glasgow
G21 1XP

Contact number(s)

Voice: 568 1678

1010013544122

Unique Care Pathway Number: 1010013544122

REGISTERED GP DETAILS

Name	Dr R Raeburn		
GMC code	2332633	GP code	06955
Practice name	Auchinairn Medical Practice (18858)		
Practice code	43222		

Practice address

127/129
Auchinairn Rd
BISHOPBRIGGS
Glasgow

Contact number(s)

Voice: 0141 772 1808
Facsimile: 0141 762 1274

REFERRING GP 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

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Lump in left neck.

Comment: This man has a lump in the left neck, which is worse after eating and giving him jaggy pains when he is eating. We wonder if he has a problem with his salivary gland. He was seen initially by a locum, who gave him some Amoxicillin, which made no difference.

I would be grateful for your advice re further management.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Osteoarthritis and allied disorders	01-Apr-1999	01-Apr-1999
Haematuria	01-Sep-1995	01-Sep-1995
Infections of kidney	01-Sep-1995	01-Sep-1995
Atopic dermatitis/eczema	01-May-1993	01-May-1993
Fracture of upper limb	01-Apr-1985	01-Apr-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Diagnostic cystoscopy	01-Sep-1995	01-Sep-1995
Incidental appendicectomy	01-Oct-1982	01-Oct-1982

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 Cap Daily	-	14-Jul-2010	08-Nov-2010

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES DAILY	-	24-Nov-2010	24-Nov-2010
Azithromycin Capsules 250 mg	6	6 capsule	ONE TO BE TAKEN TWICE A DAY	-	29-Oct-2010	29-Oct-2010
Amoxicillin Capsules 250 mg	21	21 CAPSULE	1 TABLET THREE TIMES A DAY	-	20-Oct-2010	20-Oct-2010
Canesten Hc Cream	30	30 CREAM	Apply sparingly as reqd	-	08-Jul-2010	08-Jul-2010
Co-Codamol 30/500 Caplets	100	100 TABS	1 or 2 Tabs qid max	-	08-Jul-2010	08-Jul-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	14-Mar-2007
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	15-Jul-2003
Current smoker:	priority=1	01-Dec-2000

Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	25-Aug-2000
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	15-Jul-2003
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007

Clinical warnings

Additional Support Needs
No known ASN requirements

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

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments

Additional Support Needs:
No known ASN requirements

REFERRAL TO

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

Urgency of referral ROUTINE
Date of referral 07-Oct-2010 **Date sent** 07-Oct-2010

PATIENT DETAILS

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

Patient's address

10 Everard Quad
SPRINGBURN
Glasgow
G21 1XP

Contact number(s)

Voice: 568 1678

101001098123W Unique Care Pathway Number: 101001098123W

REGISTERED GP DETAILS

Name	Dr C WIlson		
GMC code	2833213	GP code	07188
Practice name	Auchinairn Medical Practice (18858)		
Practice code	43222		

Practice address

127/129
Auchinairn Rd
BISHOPBRIGGS
Glasgow

Contact number(s)

Voice: 0141 772 1808
Facsimile: 0141 762 1274

REFERRING GP DETAILS

Name	Dr. Christine Wilson		
GMC code	2833213	GP code	07188
Practice name	127/129 AUCHINAIRN ROAD (43222)		
Practice code	43222		

Practice address

BISHOPBRIGGS

Contact number(s)

Voice: 0141 772 1808

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Mole on right side of abdomen

Comment: This gentleman has developed a new mole over the last few months on the right side of her abdomen, which is also raised. He tells me he has never had this before.

I would be grateful if you could see him.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

Description	Date of onset	Date recorded
Osteoarthritis and allied disorders	01-Apr-1999	01-Apr-1999
Haematuria	01-Sep-1995	01-Sep-1995
Infections of kidney	01-Sep-1995	01-Sep-1995
Atopic dermatitis/eczema	01-May-1993	01-May-1993
Fracture of upper limb	01-Apr-1985	01-Apr-1985

Past procedures (High and medium priority - all)

Description	Date performed	Date recorded
Diagnostic cystoscopy	01-Sep-1995	01-Sep-1995
Incidental appendicectomy	01-Oct-1982	01-Oct-1982

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

No current medications recorded

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
CO-CODAMOL 30MG/500MG CAPLET TABLETS	100.000	100 TABS	1 or 2 Tabs qid max	-	06-Sep-2010	08-Jul-2010
CANESTEN HC CREAM	30.000	30 CREAM	Apply sparingly as reqd	-	06-Sep-2010	08-Jul-2010

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Current smoker:	Disease: SPICE Basic Health Values, priority=2	14-Mar-2007
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	15-Jul-2003
Current smoker:	priority=1	01-Dec-2000
Moderate smoker - 10-19 cigs/d:	Smoker$$ Status.clm - Repeat after an Interval	25-Aug-2000
Alcohol intake within recommended sensible limits:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007
Light drinker - 1-2u/day:	Alcohol Intake$$.clm - Repeat after an Interval	15-Jul-2003
Enjoys light exercise:	Disease: SPICE Basic Health Values, priority=2	22-Mar-2007

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information
Administrative information

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

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

CHI: 1812526490

Stobhill Hospital 29

Total Att: **2**

12 Mth Att: **0**

Title: **MR**

MCCLYMONT **Gavin**

DOB **18/12/1952** Age: **68y** Sex: **Male**

10 EVERARD QUADRANT

Glasgow
Lanarkshire
G21 1XP
0141 3895357

Next of kin: **SAME?, ALICE**
Relationship: **Unknown**
762 2137

GP: **MJ Foley**
0141 772 1808

Attendance Date: **23/11/2021** Arrival Time: **11:26**

Registration Time: **11:26** Date of Incident: **23/11/2021**

Major Incident Desc:

Reason for Attendance: **back injury 2/52**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **23/11/2021 11:29** Nurse name: **Nurse Sharon Walker**

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

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes:

1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin

Date	Clinical Notes
28/11/24	Seen By Stacy Campbell (Emp) Time Seen 1300
PC	Pt fell down 7 steps 2/52 ago. Struck left side of chest at the time. Sustained bruising but wife concerned about bruise + lump to back.
hpc	- depression Meds ceased Neg ass Retired See lives w wife. - uto a recruited ceftaline
o/e	well. obs - 161/84 p-54 RR15 Sats 98%. R/A T-36.5 - No spinal bony pain. rib pain on palpation. - + Scapula tenderness. - Equal air entry bilat. Denies cough, spit or hemoptysis - No abnormality detected. - No deformity of back as noted by wife. - Normal anxiety.
plan	Discharged (A) + reassurance + coughing advice. Stacy Campbell

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

CHI: 1812526490

Stobhill Hospital

20

Total Att: 1

12 Mth Att: 0

Title: **MR**

MCCLYMONT **Gavin**

DOB: **18/12/1952** Age: **64y** Sex: **Male**

10 EVERARD QUADRANT
Glasgow
Lanarkshire
G21 1XP
01417622137

Next of kin: **SAME?, ALICE**
Relationship: **Unknown**
762 2137

GP: **M Foley**
0141 772 1808

Attendance Date: **01/06/2017** Arrival Time: **17:14**

Registration Time: **17:14** Date of Incident: **01/06/2017**

Major Incident Desc:

Reason for Attendance: **inj to right ankle**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **0** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **01/06/2017 17:18** Nurse name: **Nurse Sharon Walker**

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

BM		mmol/L
PF		l/min
Expected PF		l/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corre		

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Stobhill Hospital
01/06/17 E-31638995
MCCLYMONT, Gavin
G207HMIU 18/12/1952

Nursing Notes:

AccNo: G207H32707107

1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin

Date	Clinical Notes
1/6/17	Seen By V Mkeam ENP — Time Seen 18:00
PC	Right ankle injury
HPC	Vaulted over fence today at 12:30 c/o pain since
PMH	Acid reflux — Meds omeprazole — Allergies KNOH Depression
OE	°Wounds °bruising °heat °swelling Swollen ++ tender over lat Mal no other bone pain tns reasonable ammount of Movement. NV intact Sensation Normal cap refil < 2 secs
IMP	? # lat Mal - x-ray to confirm or exclude Same - NBI seen - Sprain of Ankle
Rx/Mgmt	DTG, has own analgesia Discharge Home

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

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

Pre Op Assessment Form

Last updated by Rachel SHIELDS (Rachel Shields2) 3 years ago (v. 6) Show History
Amendments (1)
v.6 - UPDATING
26-Jul-23 17:01 by Rachel SHIELDS

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	S/A
Landline	0141 389 5357
Mobile	07900455548
Relationship	Wife

Assessment

Assessment Nurse	RACHEL SHIELDS	Grade	5
Consultant	SEAWARD	Assessment Date	26-Jul-2023

Hospital	Stobhill Hospital
Specialty	Urology
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 URETEROSCOPY

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

Are you available at short notice? —

Period of unavailability

Unavailable from —

To —

Reasons for unavailability —

Further details —

Admission Date	30-Jul-2023	Admission Time	0900
Hospital	Glasgow Royal Infirmary	Ward	WARD 70 GRI
Patient Information Leaflet	Yes		

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA	Yes	Previous GA Details	LEFT URETERIC STENT - 12/2022 APPENDICETOMY - APPROX 30YRS OLD NO ISSUES WITH PREVIOUS GA'S
Dentition Risk	Yes	Dentition Risk Details	2 UPPER CROWNS - SECURE
Reduced Neck Movement	No		
Family History	No		
Other Risk	No		
Heartburn	Yes	Heartburn Details	CONTROLLED ON MEDS - AWARE TO TAKE PRIOR TO PROCEDURE AS PER GUIDELINES
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		

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

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension	Yes	Hypertension Details	CONTROLLED ON MEDS
Arrhythmias	Yes	Arrhythmias Details	EMERGENCY ADMISSION IN 12/2022 WITH ABDOMINAL PAIN (KNOWN AAA) - RENAL CALCULI FOUND - PATIENT WENT TO THEATRE FOR URETERIC STENT BUT DEVELOPED ATRIAL FLUTTER POST-OP - REQUIRED CCU ADMISSION, CARDIOVERTED, PACE-MAKER AND IS NOW ON APIXABAN. PATIENT AWARE TO STOP APIXABAN 48 HOURS PRIOR TO PROCEDURE AS PER GG&C DOAC GUIDELINES ECHO DONE - 12/2022
Palpitations / Blackouts	Yes	Palpitations / Blackout Details	?? PALPS IF OVER EXERCISES

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

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

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
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

Less than 4 metres

Can climb stairs without stopping

Additional information

CAN MANAGE 1 FLIGHT OF STAIRS BUT WOULD NEED TO STOP AT THE TOP

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

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	No
Units / Wk	—
Duration	—

Smoking

Smokes	Yes
Cigs/Day	10-12
Ex Smoker	No

Drugs

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

Pregnancy

Pregnant	—

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

SEE MED HX IN MED/IDL TAB ON CLINICAL PORTAL 26/07/23

Allergies

Allergies	No

Information Please click here for the POA Guidelines

Prosthesis/Implants

Pacemaker Yes Date Of Last Check 02-May-2023

Sensing

Prosthesis/Others No

MCCLYMONT, Gavin (Mr)

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

CHI 1812526490

Information Please click here for the POA Guidelines

Examination

Weight not taken No

BMI

Date Taken	26-Jul-2023
Height	1.613 m Actual
Weight	84.3 kg Actual
BMI	32.4 Calculated
Comments	—

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

Vital Signs

Pulse	60 bpm
Temperature	—
Systolic BP	123 mmHg
Diastolic BP	72 mmHg
Resp rate	—
SaO2	97 %
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 Investigation Guidelines

Investigations & Date Ordered

FBC	No	FBC Date	—
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—
Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	No	Coag Screen Date	—

U&Es	No	U&Es Date	—
LFTs	**MCCLYMONT, Gavin (Mr)**	LFTs Date	—
TFTs	BORN 18-Dec-1952 (73y) GENDER Male	TFT Date	—
Bone	CHI 1812526490	Bone Date	—
ECG	Yes	ECG Date	26-Jul-2023
MRSA Screen	No	MRSA Screen Date	—
Echo	No	Echo Date	—
Other	MSSU		

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

—

B: MRSA Test?
No No --

Date — Ward — Patient Refused —

DVT Risk Factors

VTE Risk

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

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? Yes

Essential criteria for day surgery admission

Q 1

On discharge you will require an escort home as you cannot travel alone even in a taxi. You can't drive, operate machinery, ride a bike for 24 hours following an anaesthetic. Do you have a responsible adult who can escort you home from the hospital the day of your surgery?

Yes

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

Q 2

Can that person, or another responsible adult, be with you for the remainder of the 24 hours **following your anaesthetic**?

Yes

Q 3

Do you have immediate access to a telephone?

Yes

Q 4

Do you have suitable access to toilet facilities?

Yes

Q 5

If you live more than 90 minutes drive away, could you stay with a responsible adult who would be with you for 24 hours following anaesthetic within 90 minutes drive? (this could include a hotel, B&B etc)

—

Q 6

If the answer to number 5 is no then do you live within 90 minutes of another hospital?
(POA Nurse to check if hospital has suitable provisions)

—

Admission Criteria

Appropriate admission based on nursing assessment	SDU
Additional information	—

Advice and Actions

Q 1

Advise to take usual anti-reflux medication — Yes

Q 2
MCCLYMONT, Gavin (Mr)
Dispensed Ranitidine as per PGD directive — No
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

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
Ensure facilities for dispensing methadone are available, if the patient is taking methadone — No

Q 12
Fasting Information Discussed — Yes

Q 13
Dentition Risk Discussed — Yes

Pre-operative Assessment Summary

Assessor RACHEL SHIELDS Grade 5

70 YEAR OLD MALE TCI TO WARD 70 GRI ON 30/07/23 FOR URETEROSCOPY ON 31/07/23 UNDER CARE OF MS SEAWARD.

VAGUE HISTORIAN

MCCLYMONT, Gavin (Mr)
BORN 18-Dec-1952 (75y) GENDER Male
CHI 1812526490

NO ISSUES WITH PREVIOUS GA'S.

HEARTBURN - ON MEDS - AWARE TO TAKE PRIOR TO PROCEDURE AS PER GUIDELINES.

HYPERTENSION - CONTROLLED ON MEDS.

EMERGENCY ADMISSION IN 12/2022 WITH ABDOMINAL PAIN (KNOWN AAA) - RENAL CALCULI FOUND - PATIENT WENT TO THEATRE FOR URETERIC STENT BUT DEVELOPED ATRIAL FLUTTER POST-OP - REQUIRED CCU ADMISSION, CARDIOVERTED, PACE-MAKER AND IS NOW ON APIXABAN.

PATIENT AWARE TO STOP APIXABAN 48 HOURS PRIOR TO PROCEDURE AS PER GG&C DOAC GUIDELINES

ECHO DONE - 12/2022 - REPORT ON PORTAL.

AAA - UNDER SURVEILLANCE.

UNABLE TO OBTAIN BLOODS AT POA DUE TO POOR VENOUS ACCESS. BLOODS TO BE OBTAINED ON ADMISSION AS REQUIRED.

MSSU OBTAINED.

ECG STATES - ATRIAL PACED RHYTHM (RATE 60) - ABNORMAL ECG.

From: Shields, Rachel
Sent: 26 July 2023 16:27
To: Seaward, Lizette <Lizette.Seaward@ggc.scot.nhs.uk>
Cc: Bourke, Lauren <Lauren.Bourke@ggc.scot.nhs.uk>
Subject: CHI - 1812526490 - GMc

Dear Ms Seaward,

I assessed the above patient at POA this afternoon. He is TCI to GRI on 30/07 for theatre on 31/07. Just to highlight we were unable to obtain bloods today due to poor venous access. These will need to be obtained on admission, as required.

Kind regards,

Rachel

Rachel Shields
Staff Nurse
Pre-Operative Assessment Clinic
Stobhill ACH
Tel: 0141 355 1301
Main reception: 0141 355 1293

Anaesthetic Assessment

Anaesthetist — Grade —

—

Recommended Admission Pathway

Review By

Anaesthetist Yes

Other	No		
Dementia Screen Test	Yes	SDA Criteria Met	Yes

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

Referrals	
Smoking Cessation	No
Other	No

Print

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

Pre Op Assessment Form

Last updated by Jean DALZIEL (Jean Dalziel) 3.5 years ago (v. 6) Show History
Amendments (4)
v.6 - UP-DATE
03-Mar-23 16:17 by Jean DALZIEL
Show All

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	S/A
Landline	S/A
Mobile	—
Relationship	Wife

Assessment

Assessment Nurse	JEAN DALZIEL	Grade	5
Consultant	MS SEAWARD	Assessment Date	17-Feb-2023
Hospital	Stobhill Hospital		
Specialty	Urology		
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 ON W/L

MCCLYMONT, Gavin (Mr)

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

CHI 1812526490

Availability

Are you available at short notice?	No

Period of unavailability

Unavailable from	17-Feb-2023
To	21-Mar-2023

Reasons for unavailability	—
Further details	REQUIRES TIME TO STOP ? APIXABAN . ALSO NOT SUITABLE FOR VACH - NEEDS GRI. IS ON HOLIDAY FROM 13/3/23 - WISHES TO WAIT UNTIL HOLIDAY

Admission Date	—	Admission Time	—
Hospital	—		
Patient Information Leaflet	Yes		

Information Please click here for the POA Guidelines

Anaesthetic

Previous GA	Yes	Previous GA Details	LEFT URETERIC STENT - 12/2022 APPENDICETOMY - APPROX 30YRS OLD
Dentition Risk	Yes	Dentition Risk Details	2 UPPER CROWNS - SECURE
Reduced Neck Movement	No		
Family History	No		
Other Risk	No		
Heartburn	Yes	Heartburn Details	CONTROLLED ON MEDS - ADVISED TO TAKE PRE ADMISSION
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

MCCLYMONT, Gavin (Mr)

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

CHI 1812526490

Information Please click here for the POA Guidelines

Cardiovascular

Hypertension	Yes	Hypertension Details	?? - PATIENT UNSURE OF ANY MEDS THAT HE IS ON - WILL PHONE WIFE FOR UP-DATE. VAGUE HISTORIAN - DENIES ANY C/PAIN BUT ?? CAN GET PALPS
Arrhythmias	Yes	Arrhythmias Details	EMERGENCY ADMISSION IN 12/2022 WITH ABDOMINAL PAIN (KNOWN AAA) - RENAL CALCULI FOUND - PATIENT WENT TO THEATRE FOR URETERIC STENT BUT DEVELOPED AF POST-OP - REQUIRED CCU ADMISSION, CARDIOVERTED, PACE-MAKER AND IS NOW ?? ON APIXABAN ECHO DONE - 12/2022
Palpitations / Blackouts	Yes	Palpitations / Blackout Details	?? PALPS IF OVER EXERCISES

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

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

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
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 Ilness Not Already Mentioned Details	AAA

Information Please click here for the POA Guidelines

Exercise Tolerance

Level of fitness	Climb stairs without stopping	Additional information	BEEN TRYING TO GO OUT WALKING - DOES NOT DRIVE - RECENTLY CARRIED SHOPPING HOME BUT FELT EXHAUSTED BY TIME HE GOT HOME

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

Information Please click here for the POA Guidelines

Social

Alcohol

Alcohol > 30U	No
Units / Wk	—
Duration	—

Smoking

Smokes	Yes		
Cigs/Day	8		
Ex Smoker	Yes	Ex Smoker Details	HAD BEEN SMOKING 10 PER DAY UNTIL 12/2022

Drugs

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

Pregnancy

Pregnant	No
LMP	—

Information Please click here for the POA Guidelines

Drug History: Full Generic Name & Dose

PATIENT UNAWARE OF ALL HIS MEDS - WILL PHONE WIFE WHO DEALS WITH THIS AND UP-DATE FORM - 22/3/23 - WENT OVER MEDS WITH WIFE AND GAVE HER ADVICE RE- APIXABAN AS PER DOAC GUIDELINES

Allergies

Allergies	No

MCCLYMONT, Gavin (Mr)
Information Please click here for the POA Guidelines
BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

Prosthesis/Implants

Pacemaker	Yes	Date Of Last Check	01-Feb-2023
Settings	—		
Prosthesis/Others	No		

Information Please click here for the POA Guidelines

Examination

Weight not taken No

BMI

Date Taken	17-Feb-2023
Height	1.7 m Actual
Weight	80 kg Actual
BMI	27.68 Calculated
Comments	—

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

Vital Signs

Pulse	67 bpm
Temperature	—
Systolic BP	110 mmHg
Diastolic BP	70 mmHg
Resp rate	—
SaO2	97 %
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 Investigation Guidelines

Investigations & Date Ordered

FBC	Yes	FBC Date	17-Feb-2023
Ferr/Fol/B12	No	Ferr/Fol/B12 Date	—

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

Glucose	No	Glucose Date	—
HbA1c	No	HbA1c Date	—
Cross Match	No	Cross Match Date	—
Group & Save	No	Group & Save Date	—
Coag Screen	Yes	Coag Screen Date	17-Feb-2023
U&Es	Yes	U&Es Date	17-Feb-2023
LFTs	No	LFTs Date	—
TFT	No	TFT Date	—
Bone	No	Bone Date	—
ECG	Yes	ECG Date	17-Feb-2023
MRSA Screen	No	MRSA Screen Date	—
Echo	No	Echo Date	—
Other	MSSU PACK GIVEN		

MRSA Screening Clinical Risk Assessment (CRA)

A: Does the Patient require A Clinical Risk Assessment (For Patients > 23 Hours)
No

DVT Risk Factors

VTE Risk

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

Day Surgery / Admission Criteria

Is this procedure suitable for day surgery? Yes

Essential criteria for day surgery admission

Q 1

On discharge you will require an escort home as you cannot travel alone even in a taxi. You can't drive, operate machinery or ride a bike for 24 hours following an anaesthetic. Do you have a responsible adult who can escort you home from the hospital the day of your surgery?

Yes

Q 2

Can that person, or another responsible adult, be with you for the remainder of the 24 hours **following your anaesthetic**?

Yes

Q 3

MCCLYMONT, Gavin (Mr)

DOB 18Dec1952 (73y) Do you have access to a telephone?

CHI 1812526490 Yes

Q 4

Do you have suitable access to toilet facilities?

Yes

Q 5

If you live more than 90 minutes drive away, could you stay with a responsible adult who would be with you for 24 hours following anaesthetic within 90 minutes drive? (this could include a hotel, B&B etc)

Yes

Q 6

If the answer to number 5 is no then do you live within 90 minutes of another hospital? (POA Nurse to check if hospital has suitable provisions)

—

Admission Criteria

Appropriate admission based on nursing assessment	SDU
Additional information	—

Advice and Actions

Q 1

Advise to take usual anti-reflux medication — Yes

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
Anticoagulation Advice No

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

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
Ensure facilities for dispensing methadone are available, if the patient is taking methadone No

Q 12
Fasting Information Discussed No

Q 13
Dentition Risk Discussed No

Pre-operative Assessment Summary

Assessor JEAN DALZIEL Grade 5

70YR OLD GENTLEMAN ON W/L FOR A LEFT FURS UNDER MS SEAWARD
PATIENT PROVISIONALLY HAD A TCI DATE FOR THE VACH BUT CANCELLED - SEE BELOW

NO ISSUES WITH GA IN PAST
PATIENT WAS ADMITTED AS AN EMERGENCY IN 12/2022 AND HAD URETERIC STENT INSERTED - WENT INTO AF POST-OP - REQUIRED PROLONGED STAY IN HOSPITAL (ONE MONTH) , WAS ADMITTED TO CCU. REQUIRED CARDIOVERTED, REQUIRED PACE-MAKER - LETTERS ON PORTAL AND MORE INFORMATION ABOVE
HAD PACE-MAKER CHECK ON THE 1/2/2022
HAD TELEPHONE CONSULTATION WITH DR RAE CARDIOLOGIST YESTERDAY - NO LETTER YET ON PORTAL

HEARTBURN - DETAILS ABOVE

COAG - DERANGED
FBC - SLIGHTLY DERANGED BUT FERR/ FOL AND B12 -OK

21/2/23 - CONTACTED PACE-TEAM AT GRI - THEY STATE NO NEED FOR THEIR

INVOLVEMENT - JUST TO GO WITH NORMAL THEATRE GUIDELINES
21/3/23 - TRIED TO CONTACT WIFE FOR MEDS UP-DATE - NO ANSWER - WILL

MCCLYMONT, Gavin (Mr)

BORN 18-Dec-1952 (73y) GENDER Male
CHI 1812526490

23/2/23 From: Dalziel, Jean
Sent: 23 February 2023 11:23
To: Paulley, Janice <Janice.Paulley@ggc.scot.nhs.uk>; McCann, Karen <Karen.McCann@ggc.scot.nhs.uk>
Subject: RE- SUITABILITY FOR VACH

Good morning Ladies,

Just to let you know this chap is not suitable for the VACH (you may already know this)
He requires GRI

MCCLYMONT – 1812526490 on W/L

Many thanks
Jean

23/2/23 - ASSESSMENT SENT TO DR MCADAM
From: Dalziel, Jean
Sent: 23 February 2023 11:26
To: McAdam, Myra <myra.mcadam@ggc.scot.nhs.uk>
Subject: df4a052aafaa4fdeb3eb627a36890ede.pdf;securityDomain=forms.pdf

Good morning Myra,

Could you please review this assessment and let me know if you think he needs anything else done prior to surgery ?? On W/L
MCCLYMONT – 1812526490

Many thanks
Jean

UP-DATE 3/3/23 - NO REPLY FROM DR MCADAM AS I AM NOW ON A/L - MY OUT OF HOURS MESSAGE WILL BE ON

Anaesthetic Assessment

Anaesthetist	—	Grade	—
	—		

Recommended Admission Pathway

Review By

Anaesthetist	Yes		
Other	Yes	Other	SEE ABOVE
DSU/23hr Criteria Met	No	SDA Criteria Met	Yes

Referrals

Smoking Cessation	—
Other	—

Print

MCCLYMONT, GAVIN ID:1812526490 06-AUG-2012 10:35:55 GREATER GLASGOW SITE-STGPAF ROUTINE RECORD

18-DEC-1952 (59 yr)
Male Caucasian

Room:
Loc:419

Vent. rate	60	BPM
PR interval	150	ms
QRS duration	98	ms
QT/QTc	392/392	ms
P-R-T axes	39 2	7

Normal sinus rhythm
Normal ECG

History:Unknown
Technician:STOB 412
Test ind:

Referred by: DR RAEBURN

UNCONFIRMED ECG REPORT Sys Admin 1

WARD/DEPT:GP AF

COMMENTS:AUCHINAIRN MC



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 222

SID: 2775486 EID:21001 EDT: 14:05 06-AUG-2012 ORDER:

NHS
Greater Glasgow and Clyde

Follow-Up Report

Gavin McClymont
1812526490

Staff and Details

Date	31/03/2026 13:40	Physiologist 1	Miss Katie Spelman
Location	Stobhill ACH	Physiologist 2	Mrs Alison Duthie
Reason	Routine	Follow-Up Consultant	Dr Joanne Lindsay

Device

Type	DDD(R)	Model	Q80 DR Q80A2 DR
Implant Site	Left pre-pectoral	Serial Number	510008692G
Manufacturer	Vitatron	Implant Date	20/12/2022

Device Status

Battery	OK 2.78v 11.91mA 158Ω	Min Longevity	10 years
Wound	Healed		
Underlying	Sinus bradycardia	Base Rate	60
Initial Mode	DDIR	Final Mode	DDIR
Pacing Stats	Atrium: 95.5% RV: 0.3% Mode Switch: 0.1%		

Leads

Port	Sense	Threshold	Impedance	Position	Access	Manufacturer	Model	Serial	Implanted
RA	4.00mV	1.00V @ 0.40ms	648Ω	null	null	Medtronic	CapSure sense - 4574 53cm	BBE721280V	20/12/22
RV	11.20mV	1.00V @ 0.40ms	560Ω	null	null	Medtronic	CapSure Sense 4074 - 58cm	BBD888489G	20/12/22

Report

Arrhythmia	249 High Atrial rate episodes recoded - similar to previously described. Fastest recorded ~171/min, longest recorded 1 min 33 secs. Available egrams show markers only A > V with an irregular rhythm. Known pAF.
Programming change	Nil.
Comments	Patient well. Implant site satisfactory. Presenting: AP/VS. Underlying: Sinus brady ~ 40/min. AP: 95.5%. VP: 0.3%. AT/AF: 0.1%. Good HR histogram. 249 high atrial rates (see above), known pAF - on Apixaban and Sotalol. Normal function and electrical values.

Follow-Up

Centre	Stobhill Hospital	Time	1 Year (Mar 2027)	Type	In Person

Signed	Miss Katie Spelman	Authorised	SPELMKA060

Final Report

Pacemaker Model: Vitatron Q80A2 DR Serial Number: 510008692 Date of Visit: 31-Mar-2026

Patient Name: Gavin McCLYMONT ID: 1812526490 Physician: SB

Pacemaker Model:		Vitatron Q80A2 DR	510008692	Implanted:	20-Dec-2022 14:57
Atrial Lead:	Medtronic	4574	BBE721280V	Implanted:	20/12/22
Ventricular Lead:	Medtronic	4074	BBD888489G	Implanted:	20/12/22

Pacemaker Status: 31-Mar-2026 13:31:57

Estimated remaining longevity: 12 years, 10 - 13.5 years (Based on Past History)

Battery Status	OK
Voltage	2.78 V
Current	11.91 µA
Impedance	158 ohms

Lead Status: 31-Mar-2026 13:31:57

	Atrial Lead	Ventricular Lead
Output Energy	2.67 µJ	3.00 µJ
Measured Current	3.20 mA	3.66 mA
Measured Impedance	648 ohms	560 ohms
Pace Polarity	Bipolar	Bipolar

Sensing Assurance - week ending 24-Mar-2026

P-Wave Amplitude: Predominantly paced rhythm

Min. R-Wave Amplitude <5.6 mV
Max. R-Wave Amplitude 16.0 mV
Min. Safety Margin <2.8X

In-Office Threshold Test Results

Atrial Pacing Threshold
Auto Amplitude 0.500 V / 0.40 ms

Ventricular Pacing Threshold
Auto Amplitude 1.000 V / 0.40 ms

Atrial Sensing Threshold
P-wave 4.00 mV - 5.60 mV

Ventricular Sensing Threshold
R-wave 11.20 mV - 15.68 mV

Copyright (c) Vitatron 2017

Final Report

Pacemaker Model: Vitatron Q80A2 DR Serial Number: 510008692 Date of Visit: 31-Mar-2026

Patient Name: Gavin McCLYMONT **ID: 1812526490** **Physician: SB**

Permanent Parameters (> indicates changes)

Modes

	Initial	Final
Mode	DDIR	DDIR

Rates

Lower Rate	60 ppm	60 ppm
Upper Sensor Rate	130 ppm	130 ppm
ADL Rate	95 ppm	95 ppm

Intrinsic/AV

Paced AV	150 ms	150 ms
Reduced VP+	On	On
Max Increase to AV	170 ms	170 ms
Rate Adaptive AV	Off	Off

Refractory/Blanking

PVARP	230 ms	230 ms
PVAB	180 ms	180 ms
Ventricular Refractory	230 ms	230 ms
Vent. Blanking (after A. Pace)	28 ms	28 ms
PVC Response	On	On
Ventricular Safety Pacing	On	On

Rate Response

Optimization	On	On
ADL Response	3	3
Exertion Response	3	3
ADLR Percent	2.0%	2.0%
Activity Threshold	Medium/Low	Medium/Low
Activity Acceleration	30 sec	30 sec
Activity Deceleration	Exercise	Exercise
High Rate Percent	0.2%	0.2%
ADL Rate Setpoint	12	12
Upper Rate Setpoint	60	60

Atrial Lead

Amplitude	2.000 V	2.000 V
Pulse Width	0.40 ms	0.40 ms
Sensitivity	0.35 mV	0.35 mV
Sensing Assurance	On	On
Pace Polarity	Bipolar	Bipolar
Sense Polarity	Bipolar	Bipolar
Lead Monitor	Monitor Only	Monitor Only
Maximum Impedance	4,000 ohms	4,000 ohms
Minimum Impedance	200 ohms	200 ohms
Monitor Sensitivity	8	8

Ventricular Lead

Amplitude	2.000 V	2.000 V
Pulse Width	0.40 ms	0.40 ms
Sensitivity	4.00 mV	4.00 mV
Sensing Assurance	On	On
Pace Polarity	Bipolar	Bipolar
Sense Polarity	Bipolar	Bipolar

Ventricular Lead

Lead Monitor	Monitor Only	Monitor Only
Maximum Impedance	4,000 ohms	4,000 ohms
Minimum Impedance	200 ohms	200 ohms
Monitor Sensitivity	8	8
Output Management	Off	Off

Additional/Interventions

RDR Detection Type	Off	Off
Sleep	Off	Off
Transtelephonic Monitor	Off	Off
Extended Telemetry	Off	Off
Extended Marker	Standard	Standard
Implant Detection	Off/Complete	Off/Complete
Conducted AF Response	Off	Off
MRI SureScan	Off	Off

Atrial High Rate Episodes

Episode Trigger	High Rate	High Rate
Detection Rate	180 ppm	180 ppm
Detection Duration	5 sec	5 sec
Termination Beats	5 beats	5 beats
Collection Method	Rolling	Rolling

Ventricular High Rate Episodes

Detection Rate	180 ppm	180 ppm
Detection Beats	10 beats	10 beats
Termination Beats	5 beats	5 beats
SVT Filter	On	On
Collection Method	Rolling	Rolling

Selectable Diagnostic (Final Settings)

Chronic Lead Trend	On
High Rate Detail	
Include Refractory Senses?	Include
High Rate Type	AHR and VHR
EGM Type	AEGM
EGM Allocation	4 for 4/4 secs
EGM Timeout	8 weeks

Device Information

Device Configuration ID: 1-20-A0-82-02

Copyright (c) Vitatron 2017

NHS
Greater Glasgow and Clyde

Follow-Up Report

Gavin McClymont
1812526490

Staff and Details

Date	31/12/2025 10:52	Physiologist 1	Mr Scott Quinn
Location	Stobhill ACH	Physiologist 2	Mrs Dianne Frew
Reason	Remote alert	Follow-Up Consultant	Dr Joanne Lindsay

Device

Type	DDD(R)	Model	Q80 DR Q80A2 DR
Implant Site	Left pre-pectoral	Serial Number	510008692G
Manufacturer	Vitatron	Implant Date	20/12/2022

Device Status

Battery	OK 2.78v 11.94mA 158Ω	Min Longevity	12 years
Wound	Healed		
Underlying	Sinus bradycardia	Base Rate	60
Initial Mode	DDIR	Final Mode	DDIR
Pacing Stats	Atrium: 87.6% RV: 0.1% Mode Switch: 0.1%		

Leads

Port	Sense	Threshold	Impedance	Position	Access	Manufacturer	Model	Serial	Implanted
RA	4.50mV	1.00V @ 0.40ms	647Ω	null	null	Medtronic	CapSure sense - 4574 53cm	BBE721280V	20/12/22
RV	12.00mV	1.00V @ 0.40ms	573Ω	null	null	Medtronic	CapSure Sense 4074 - 58cm	BBD888489G	20/12/22

Report

Arrhythmia	375x high atrial rates - PAF. 31x high ventricular rates, some high rates during atrial fibrillation - longest 1 minute w/ average rate 180bpm in May.
Programming change	Increased high V rate trigger to 10 beats. EGM changed from summed to AEGM only. Turned on rate response, now DDIR, high atrial pacing burden. Has AV hysteresis on.
Comments	Patient well, denies palpitations but recalls some lightheadedness when gardening - have enabled rate response today and explained this could help with exertion. AF events are typically all clustered on single days, mostly early May and some shorter AF events yesterday. On DOAC and Sotalol. Normal device function. 3 month follow up due to rate response programming, if patient well can return to yearly.

Follow-Up

Centre	Stobhill Hospital	Time	3 Months (Mar 2026)	Type	In Person
Signed	Mr Scott Quinn	Authorised	quinnsc322		

Final Report

Pacemaker Model: Vitatron Q80A2 DR Serial Number: 510008692 Date of Visit: 31-Dec-2025

Patient Name: Gavin McCLYMONT ID: 1812526490 Physician: SB

Pacemaker Model:	Vitatron Q80A2 DR	510008692		Implanted:	20-Dec-2022 14:55
Atrial Lead:	Medtronic	4574	BBE721280V	Implanted:	20/12/22
Ventricular Lead:	Medtronic	4074	BBD888489G	Implanted:	20/12/22

Pacemaker Status: 31-Dec-2025 11:19:41

Estimated remaining longevity: 12 years, 10.5 - 14 years (Based on Past History)

Battery Status	OK
Voltage	2.78 V
Current	11.94 µA
Impedance	158 ohms

Lead Status: 31-Dec-2025 11:19:41

	Atrial Lead	Ventricular Lead
Output Energy	2.67 µJ	2.95 µJ
Measured Current	3.21 mA	3.59 mA
Measured Impedance	647 ohms	573 ohms
Pace Polarity	Bipolar	Bipolar

Sensing Assurance - week ending 30-Dec-2025

P-Wave Amplitude: Predominantly paced rhythm

Min. R-Wave Amplitude 8.0 mV
Max. R-Wave Amplitude 16.0 mV
Min. Safety Margin 2.8X

In-Office Threshold Test Results

Atrial Pacing Threshold
Auto Amplitude 1.000 V / 0.40 ms

Atrial Sensing Threshold
P-wave 4.00 mV - 5.60 mV

Ventricular Pacing Threshold
Auto Amplitude 1.000 V / 0.40 ms

Ventricular Sensing Threshold
R-wave 11.20 mV - 15.68 mV

Final Report

Pacemaker Model: Vitatron Q80A2 DR Serial Number: 510008692 Date of Visit: 31-Dec-2025

Patient Name: Gavin McCLYMONT **ID: 1812526490** **Physician: SB**

Permanent Parameters (> indicates changes)

Modes

	Initial		Final
Mode	DDI	>	DDIR

Rates

Lower Rate	60 ppm	60 ppm
Upper Sensor Rate		130 ppm
ADL Rate	95 ppm	95 ppm

Intrinsic/AV

Paced AV	150 ms	150 ms
Reduced VP+	On	On
Max Increase to AV	170 ms	170 ms
Rate Adaptive AV		Off

Refractory/Blanking

PVARP	230 ms	230 ms
PVAB	180 ms	180 ms
Ventricular Refractory	230 ms	230 ms
Vent. Blanking (after A. Pace)	28 ms	28 ms
PVC Response	On	On
Ventricular Safety Pacing	On	On

Rate Response

Optimization	On	On
ADL Response	3	3
Exertion Response	3	3
ADLR Percent	2.0%	2.0%
Activity Threshold	Medium/Low	Medium/Low
Activity Acceleration	30 sec	30 sec
Activity Deceleration	Exercise	Exercise
High Rate Percent	0.2%	0.2%
ADL Rate Setpoint	13	13
Upper Rate Setpoint	41	41

Atrial Lead

Amplitude	2.000 V	2.000 V
Pulse Width	0.40 ms	0.40 ms
Sensitivity	0.50 mV	0.50 mV
Sensing Assurance	On	On
Pace Polarity	Bipolar	Bipolar
Sense Polarity	Bipolar	Bipolar
Lead Monitor	Monitor Only	Monitor Only
Maximum Impedance	4,000 ohms	4,000 ohms
Minimum Impedance	200 ohms	200 ohms
Monitor Sensitivity	8	8

Ventricular Lead

Amplitude	2.000 V	2.000 V
Pulse Width	0.40 ms	0.40 ms
Sensitivity	4.00 mV	4.00 mV
Sensing Assurance	On	On
Pace Polarity	Bipolar	Bipolar
Sense Polarity	Bipolar	Bipolar

Ventricular Lead

Lead Monitor	Monitor Only	Monitor Only
Maximum Impedance	4,000 ohms	4,000 ohms
Minimum Impedance	200 ohms	200 ohms
Monitor Sensitivity	8	8
Output Management	Off	Off

Additional/Interventions

RDR Detection Type	Off	Off
Sleep	Off	Off
Transtelephonic Monitor	Off	Off
Extended Telemetry	Off	Off
Extended Marker	Standard	Standard
Implant Detection	Off/Complete	Off/Complete
Conducted AF Response		Off
MRI SureScan	Off	Off

Atrial High Rate Episodes

Episode Trigger	High Rate	High Rate
Detection Rate	180 ppm	180 ppm
Detection Duration	5 sec	5 sec
Termination Beats	5 beats	5 beats
Collection Method	Rolling	Rolling

Ventricular High Rate Episodes

Detection Rate	180 ppm		180 ppm
Detection Beats	5 beats	>	10 beats
Termination Beats	5 beats		5 beats
SVT Filter	On		On
Collection Method	Rolling		Rolling

Selectable Diagnostic (Final Settings)

Chronic Lead Trend	On
High Rate Detail	
Include Refractory Senses?	Include
High Rate Type	AHR and VHR
EGM Type	AEGM
EGM Allocation	4 for 4/4 secs
EGM Timeout	8 weeks

Device Information

Device Configuration ID: 1-20-A0-82-02

XR Ankle Rt

Performed	01-Jun-2017 18:14	Received	02-Jun-2017 09:21
Reported	02-Jun-2017 09:19	Order Number	G207H32707107
Status	Final	Source System	MiSys

XR Ankle Rt Final
Gavin McClymont
Clinical History :

vaulted over fence today inversion injury to ankle c/o pain and swollen over lat mal?#

XR Ankle Rt :
No acute bone or joint abnormality. The ankle mortise appears intact. There is a small focus of well corticated bone projected above the neck of the talus on the lateral view which may reflect an old injury. Please correlate clinically.
Code A: Agreement: No major discrepancy between the radiologist report and the referrer's 'sticky note' interpretation.

Reported by: Dr Gemma McGivern (SpR)
Verified by: Dr Gemma McGivern (SpR)

XR Wrist Lt

Performed	25-Oct-2016 09:58	Received	25-Oct-2016 16:42
Reported	25-Oct-2016 16:40	Order Number	G207H31976098
Status	Final	Source System	MiSys

XR Wrist Lt Final
Gavin McClymont
Clinical History :
Pain, tender carpal bones, capitate/lunate. Previous FOOSH injury, not assessed at time.
Query avascular necrosis.

XR Wrist Lt :
There is no evidence of acute, healing or healed fracture.
No plain film evidence of avascular necrosis on current imaging.
Subtle osteophyte formation noted distal pole scaphoid however no significant degeneration evident at this time.
Joints remain well preserved throughout.

Examination reported by Allison Paterson - Reporting Radiographer.

Reported by: Allison Paterson
Verified by: Allison Paterson

Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10694058 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10694058
Name	MCCLYMONT, GAVIN
Appointment Date	04 Jul 2025
Appointment Time	10:00
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Referred to Vascular
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	Refer to Vascular
APL Measure	5.50
APT Measure	5.60
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	

Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10679325 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10679325
Name	MCCLYMONT, GAVIN
Appointment Date	10 Apr 2025
Appointment Time	10:30
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	5.10
APT Measure	5.30
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	

Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10666334 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10666334
Name	MCCLYMONT, GAVIN
Appointment Date	10 Jan 2025
Appointment Time	14:10
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	5.20
APT Measure	5.30
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	



Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10651737 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10651737
Name	MCCLYMONT, GAVIN
Appointment Date	24 Oct 2024
Appointment Time	13:30
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months.
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	5.20
APT Measure	5.10
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	





Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10635426 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10635426
Name	MCCLYMONT, GAVIN
Appointment Date	25 Jul 2024
Appointment Time	10:30
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	4.80
APT Measure	4.90
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	



Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10620486 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10620486
Name	MCCLYMONT, GAVIN
Appointment Date	25 Apr 2024
Appointment Time	09:30
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	4.70
APT Measure	4.80
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	

Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10605175 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10605175
Name	MCCLYMONT, GAVIN
Appointment Date	25 Jan 2024
Appointment Time	09:30
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Practice
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	4.70
APT Measure	4.70
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	



Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10591192 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10591192
Name	MCCLYMONT, GAVIN
Appointment Date	05 Oct 2023
Appointment Time	10:10
NHS Number	S/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 3 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Ptce
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	3 Months
APL Measure	4.50
APT Measure	4.40
Appointment Notes	

RESULT OUTCOME

Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	



Abdominal Aortic Aneurysm System

EPISODE REPORT

EPISODE AAA10513462 Attended

APPOINTMENT DETAILS

CHI Number	1812526490
Acession Number	AAA10513462
Name	MCCLYMONT, GAVIN
Appointment Date	30 Sep 2022
Appointment Time	11:15
NHS Number	3/644/7/53/48
CHI Address	10 EVERARD QUAD, SPRINGBURN, GLASGOW, G21 1XP
Correspondence Address	
Date of Birth	18 Dec 1952
Sex	Male
Screening Status	Surveillance 12 Months
Area of Residence	Nhs Greater Glasgow & Clyde
GP	Michael Foley
Practice	Auchinairn Medical Ptce
SonographerID	Jacqueline Curley
Screening Location	SL1845G - Bone Densitometry Room - Stobhill Hospital

RESULT DETAILS

Result Type	Positive
Result Advice	12 Months
APL Measure	4.20
APT Measure	4.20
Appointment Notes	

RESULT OUTCOME

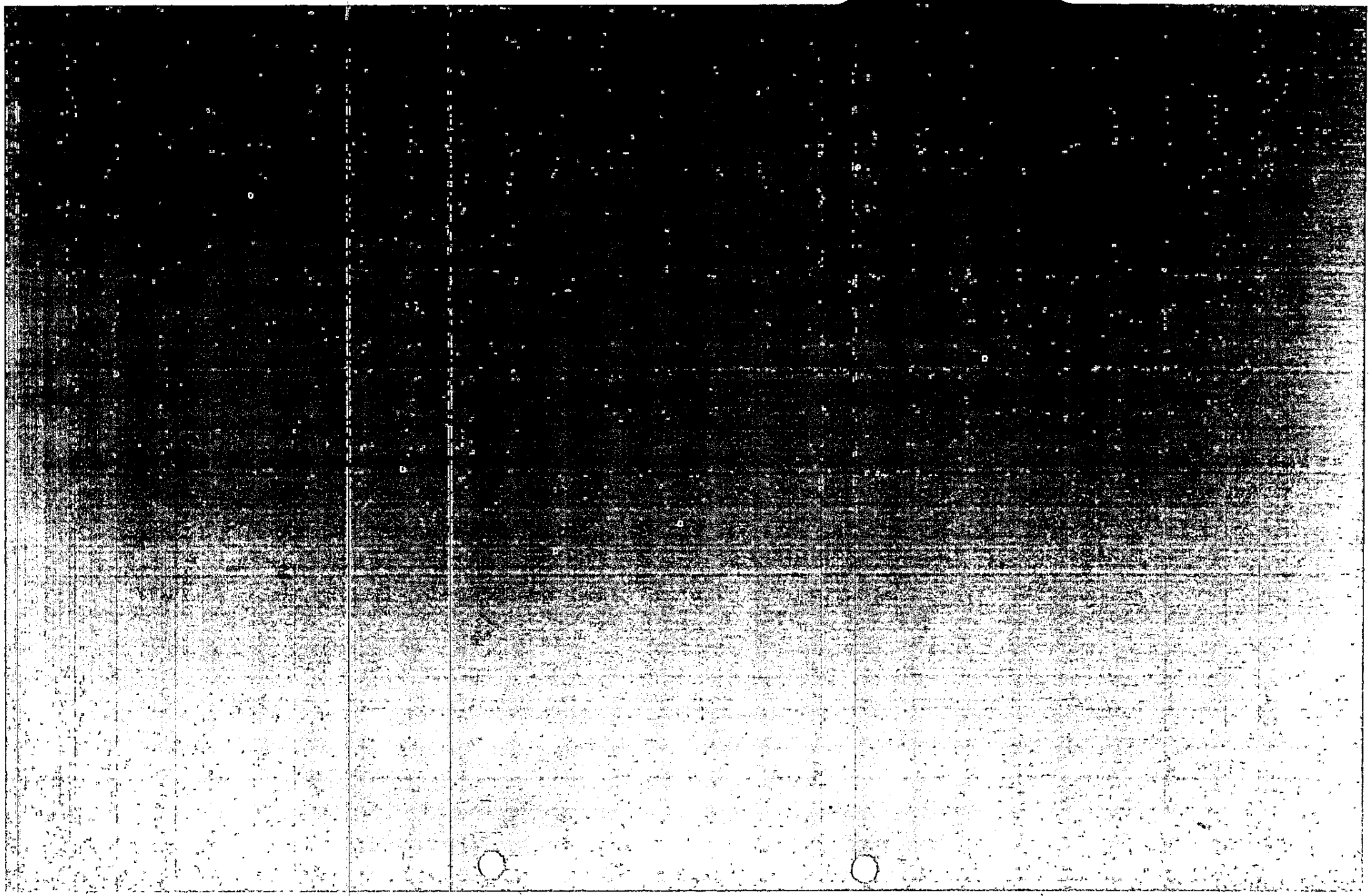
Outpatients Date	
Outcome	
Date of Death	
Type of Surgery	
NHS Board of Surgery	
Date of Procedure	
Outcome Notes	
Deferred Notes	
Aneurysm Related	

MANUAL PATIENT RECORDS

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



Lt left sub mand gland ✝
prominence c/f right
tender
no stom pain
plan - OPG today
- R/V 6/52
- ? inj N Hall

Hallopeau

5/3/11
DNA nfa

Hallopeau

13/4/11 R/V.

Gd no gland problem
no swelling
on discharge.

Lt no swelling
no pathology to ins gland
pain
left sub mand gland

ELECTRONIC PATIENT RECORDS

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

Including:

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

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

2. Investigations & Reports (30/11/2022 01:39) Clare Flood

Investigations and Reports

Investigation 1	**30/11/2022; CT angiogram aorta**
Investigation 1 Report	**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 approximately9 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. 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).** **5.4cm AAA with no features of acute or impending rupture.** ****This is a provisional registrar report which will be superseded by a verified Consultant report following review****

CF Clare Flood 30/11/2022 01:39 - 30/11/2022 01:49

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

4. Visiting Specialist Review (30/11/2022 01:39) Richard Cowan Consultant GRI ICU

Visiting Specialist Review

PLEASE ENSURE ALL 1 - 40 VISITING SPECIALIST SECTIONS ARE COMPLETE BEFORE ADDING A NEW FORM THE DATE OF THE REVIEW MUST BE ENTERED FOR THE NEXT REVIEW TO OPEN FOR COMPLETION	
Visiting Specialist 1	**01/12/2022; Urology; Reviewed by: R Vint, K Clement; Cons, ST6; In Person**
Does This Patient Require Follow Up 1?	**Yes - Outpatient**
Specialist Note 1	**Day 1 post stent insertion for obstructing upper ureteric calculi. In ITU for rate monitoring which remains in flutter at143bpm despite amiodarone. Inflammatory markers, renal function and potassium normal. Likely pain induced AF/unctrolled rate as opposed to sepsis driven. Some flank pain as expected post stenting but urine clear. ITU team will discuss with cardiology re step down to their monitored beds as opposed to Urology given issue now is rate control. From Urology perspective he is stented and we will follow up as outpatient for flexible ureteroscopy. I will add to stone MDT to facilitate this.**

RC Richard Cowan Consultant GRI ICU 30/11/2022 01:39 - 01/12/2022 09:54

6. Drug History & Reconciliation Plan

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

6. Drug History & Reconciliation Plan (30/11/2022 01:39) Rakesh Kishore

Patient Allergies

Allergies & Sensitivities	**No known allergies**

General Information

Drug History Sources	*** Emergency Care Summary; Patient**
Initially Completed By	**CF**
Reviewed By	**R Kishore**

Home Medications (Date all comments)

Home Medications 1	**Omeprazole 20mg mane; Continue**
Home Medications 2	**Simvastatin 40mg nocte; Continue**
Home Medications 3	**Sertraline 50mg mane; Continue**

Discharge Information *MUST BE COMPLETED PRIOR TO DISCHARGE*

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:

1. Routine drugs that were WITHHELD but should be considered for RE-STARTING at a clinically appropriate time and dose.

2. Drugs that were STARTED and should be considered for STOPPING at a clinically appropriate time.

3. Drugs that were STARTED and should be CONTINUED unless otherwise clinically indicated.

4. Drugs that have been STOPPED and should NOT be re-started.

If you have any questions about any of the above information, please contact the Critical Care Unit:

RAH ICU- 0141 314 (0)7069 or (0)6125

GRI HDU East - 0141 211 (2)1123
GRI ICU West - 0141 211 (2)4225

QEUH Critical Care Unit 2 - 0141 452 (8)3026
QEUH Critical Care Unit 3 - 0141 452 (8)3036
QEUH Critical Care Unit 4 - 0141 452 (8)3046

QEUH Neuro ICU - 0141 201 (6)2008 or (6)2009

RK	Rakesh Kishore	30/11/2022 01:39 - 30/11/2022 16:40
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42
CF	Clare Flood	30/11/2022 02:08 - 30/11/2022 02:08

	30/11/2022 01:28
SS	01:42 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
	30/11/2022 01:39
RK	16:40 Drug History Sources
CF	02:08 Drug History Sources: Emergency Care Summary
CF	02:08 Initially Completed By
RK	13:41 Reviewed By: Note: R Kishore;
CF	02:08 Home Medications 1
CF	02:08 Home Medications 2
CF	02:08 Home Medications 3

Care Summary

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Care Summary (30/11/2022 08:50) Richard Cowan Consultant GRI ICU

Medical Summary

IMPORTANT MEDICAL INFORMATION FOR COMMUNICATION ON DISCHARGE	
Critical Care Admit Date & Time	**30/11/2022 01:28**

Problems/Diagnosis

Problem/Diagnosis 1	**ureteric obstruction** **Status: Active**
Problem/Diagnosis 2	**atrial flutter** **Status: Active**
Problem/Diagnosis 3	**AAA** **Status: Chronic**

Patient Progress

01/12: Remians in atrial flutter despite resolution of urological issues. Discussed with cardiology, for discharge to cardiology ward for further Ix/Mx. RC

CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 01:35
RC	Richard Cowan Consultant GRI ICU	30/11/2022 08:50 - 01/12/2022 19:37
AD	Anne Devine	30/11/2022 12:22 - 30/11/2022 12:22

	30/11/2022 01:28
CF	01:35 Critical Care Admit Date & Time
	30/11/2022 08:50
AD	12:22 Problem/Diagnosis 1
AD	12:22 Problem/Diagnosis 2
AD	12:22 Problem/Diagnosis 3

Drug Kardex

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

Medications	30/11/2022
Scheduled ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☑ JP 40 mg/ () @ 22:00
ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ * BW 10:00 - Held
ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☑ BW 40 mg/ () @ 18:00
ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☑ BW 1000 mg/ () @ 18:00
ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * BW 10:00 - Held
INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:49 Start: 30/11/2022 01:49:00 Discontinued: RC 01/12/2022 10:47	☑ JM 1200 mg/20 ml () @ 06:00 ☑ BW 1200 mg/100 ml () @ 14:00 ☑ JP 1200 mg/120 ml () @ 22:00
INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	☑ KR 0 mg/ () @ 23:00

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		30/11/2022
One-time and Stat	INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00 Stop: 01/12/2022 11:47:00	☑ BW 300 mg/250 ml () @ 11:47
	INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	☑ BW 1000 mg/100 ml () @ 09:14
	INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	☑ JM 1 Test () @ 01:50
PRN	ACTIVE Ondansetron 4 mg IV PRN Shrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	BW 10 mg/5 ml () @ 14:52 JP 10 mg/ () @ 20:18
Continuous	ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00	• JP 37.8 mg/hr/21 ml () @ 23:00
	ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	• BW 500 ml () @ 14:00
	ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications		01/12/2022

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2022
Scheduled ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	
ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 22:00 - Overdue
ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☑ BW 20 mg/ () @ 10:00
ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ JP 00:00 - Held ☑ KR 1000 mg/ () @ 08:00 ☐ 12:00 - Overdue ☐ 18:00 - Overdue
ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * 10:00 - Overdue
INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:49 Start: 30/11/2022 01:49:00 Discontinued: RC 01/12/2022 10:47	☑ KR 1200 mg/100 ml () @ 06:00
INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		01/12/2022
One-time and Stat	INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	☑ BW 2.5 mg/ () @ 10:28
	INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00 Stop: 01/12/2022 11:47:00	
	INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	
	INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	KD 10 mg/5 ml () @ 09:59
Continuous	ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00	BW 37.8 mg/hr/21 ml () @ 10:00
	ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	
	ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications		02/12/2022

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		02/12/2022
Scheduled	ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	☐ 10:00 - Overdue
	ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	
	ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ 10:00 - Overdue
	ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
	ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ 00:00 - Overdue ☐ 06:00 - Overdue ☐ 12:00 - Overdue ☐ 18:00 - Overdue
	ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 10:00 - Overdue
One-time and	INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications 02/12/2022

Continuous

ACTIVE
Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
Created: AD 30/11/2022 11:47
Start: 30/11/2022 11:47:00

ACTIVE
Hartmanns IV Continuous PRN @ 100 ml/hr
Created: CF 30/11/2022 01:42
Start: 30/11/2022 01:42:00

ACTIVE
Hartmanns IV Continuous PRN @ 999 ml/hr
Created: CF 30/11/2022 01:50
Start: 30/11/2022 01:50:00

JP	Jennifer Pawson	30/11/2022 20:00 - 30/11/2022 20:00	RK	Rakesh Kishore	30/11/2022 16:38 - 30/11/2022 16:38	BW	Bernadette Wilson	30/11/2022 08:00 - 30/11/2022 08:00
RC	Richard Cowan Consultant GRI ICU	01/12/2022 10:28 - 01/12/2022 10:28	DBSv c	D B Services	01/12/2022 12:00 - 01/12/2022 12:00	MC	Megan Campbell Staff Nurse GRI ICU	01/12/2022 10:00 - 01/12/2022 10:00
JM	Julia Mandat	30/11/2022 01:50 - 30/11/2022 01:50	KR	Katrina Romero Staff Nurse GRI ICU	30/11/2022 23:00 - 30/11/2022 23:00	KD	Karyn Lisa Devine Staff Nurse GRI ICU	01/12/2022 08:59 - 01/12/2022 08:59
CF	Clare Flood	30/11/2022 01:42 - 30/11/2022 01:42	AD	Anne Devine	30/11/2022 09:14 - 30/11/2022 09:14			

Order Footnotes

Amiodarone 300 mg to 300 mg IV STAT
BW 30/11/2022 12:14 Auto-Ack New Order
AD 30/11/2022 11:47 Amiodarone 300 mg to 300 mg IV STAT: Mixture: Drug: Amiodarone; Formulation: Amiodarone IV; Route: IV; Dose: 300 mg; Max Single Dose: 300 mg; Solution: Base solution: Glucose 5%; Base volume: 250 ml; Formulation: Glucose 5%; Frequency: STAT; Start 30/11/2022 11:47; Prof Domain: Doctor; Action: Add Operational;

Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuou
BW 30/11/2022 12:55 Auto-Ack New Order
AD 30/11/2022 11:47 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Mixture: Additive: Drug: Amiodarone mg/ml; Formulation: Amiodarone mg/ml; Amount: 900 mg; Dose Min: 37.8 mg/hr; Use Wt Dosing: No; Conc: 1.8 mg/ml; Base Solution: Glucose 5%; Base Volume: 500 ml; Formulation: Glucose 5%; Total Volume: 500 ml; Rate: 21 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 11:47; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG OD at 10:00
RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG OD at 10:00: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: OD at 10:00; Start: 01/12/2022 10:28; Schedule: 02/12/2022 10:00; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG Once Only
BW 01/12/2022 11:11 Auto-Ack New Order
RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG Once Only: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: Once Only; Start: 01/12/2022 10:28; Prof Domain: Doctor; Action: Add Operational;

Co-Amoxiclav 1200 mg IV 8 hrly
RC 01/12/2022 10:47 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
JM 30/11/2022 09:20 Auto-Ack New Order
CF 30/11/2022 01:49 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Schedule: 30/11/2022 08:00; Prof Domain: Doctor; Action: Add Operational;

Enoxaparin 40 mg SC OD at 18:00
BW 30/11/2022 17:11 Auto-Ack New Order
CF 30/11/2022 01:50 Enoxaparin 40 mg SC OD at 18:00: Mixture: Drug: Enoxaparin; Formulation: Enoxaparin SC; Route: SC; Dose: 40 mg; Frequency: OD at 18:00; Start: 30/11/2022 01:50; Schedule: 30/11/2022 18:00; Instructions: Check patient weight & bloods Monitor coagulation and platelets.; Prof Domain: Doctor; Action: Add Operational;

Gentamicin 0 mg IV As per paper Gentamicin Chart
RC 01/12/2022 10:47 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
KR 01/12/2022 00:53 Auto-Ack New Order
RK 30/11/2022 16:38 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Schedule: 30/11/2022 23:00; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 100 ml/hr
JM 30/11/2022 02:15 Auto-Ack New Order
CF 30/11/2022 01:42 Hartmanns IV Continuous PRN @ 100 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume: 500 ml; Rate: 100 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:42; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 999 ml/hr
CF 30/11/2022 01:50 Hartmanns IV Continuous PRN @ 999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 1000 ml; Formulation: Hartmanns; Total Volume: 1000 ml; Rate: 999 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:50; Instructions: (250ml bolus doses) As required for fluid challenge; Prof Domain: Doctor; Action: Add Operational;

Morphine 10 mg PO/NG PRN
BW 30/11/2022 14:53 Auto-Ack New Order
CF 30/11/2022 01:42 Morphine 10 mg PO/NG PRN: Mixture: Drug: Morphine; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 10 mg; Frequency: PRN; Start: 30/11/2022 01:42; Instructions: Max hourly; Prof Domain: Doctor; Action: Add Operational;

Omeprazole 20 mg PO/NG OD at 10:00
BW 30/11/2022 10:49 Auto-Ack New Order

	Omeprazole 20 mg PO/NG OD at 10:00
CF	30/11/2022 02:08 Omeprazole 20 mg PO/NG OD at 10:00: Mixture: Drug: Omeprazole; Formulation: Omeprazole PO/NG; Route: PO/NG; Dose: 20 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:08; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Ondansetron 4 mg IV PRN 8hrly
CF	30/11/2022 01:50 Ondansetron 4 mg IV PRN 8hrly: Mixture: Drug: Ondansetron; Formulation: Ondansetron IV; Route: IV; Dose: 4 mg; Frequency: PRN 8hrly; Start: 30/11/2022 01:50; Instructions: For nausea; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg IV STAT
BW AD	30/11/2022 09:17 Auto-Ack New Order 30/11/2022 09:14 Paracetamol 1000 mg IV STAT: Mixture: Drug: Paracetamol; Formulation: Paracetamol IV; Route: IV; Dose: 1000 mg; Solution: Base solution: Base; Base volume: 100 ml; Formulation: Base; Frequency: STAT; Start: 30/11/2022 09:14; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly
BW AD	30/11/2022 17:11 Auto-Ack New Order 30/11/2022 09:14 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Mixture: Drug: Paracetamol; Formulation: Paracetamol PO/NG; Route: PO/NG; Dose: 1000 mg; Max Single Dose: 1000 mg; Frequency: 6 hrly; Start: 30/11/2022 14:14; Schedule: 30/11/2022 18:00; Prof Domain: Doctor; Action: Add Operational;
	Sertraline 50 mg PO/NG OD at 10:00
BW CF	30/11/2022 10:49 Auto-Ack New Order 30/11/2022 02:09 Sertraline 50 mg PO/NG OD at 10:00: Mixture: Drug: Sertraline; Formulation: Sertraline PO/NG; Route: PO/NG; Dose: 50 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Simvastatin 40 mg PO/NG OD at 22:00
JP CF	30/11/2022 22:15 Auto-Ack New Order 30/11/2022 02:09 Simvastatin 40 mg PO/NG OD at 22:00: Mixture: Drug: Simvastatin; Formulation: Simvastatin PO/NG; Route: PO/NG; Dose: 40 mg; Frequency: OD at 22:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 22:00; Prof Domain: Doctor; Action: Add Operational;
	Urinalysis 1,Test Urine Sample STAT
JM	30/11/2022 02:22 Auto-Ack New Order
CF	30/11/2022 01:50 Urinalysis 1 Test Urine Sample STAT: Drug Name: Urinalysis; Route: Urine Sample; Dose: 1 Test; Frequency: STAT; Start: 30/11/2022 01:50; Order instr: Test all patients on admission and report in the labs section of the flowsheet.; Prof Domain: Doctor; Action: Add Operational;

Intervention Footnotes

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022 01:50
JM	02:22 Urinalysis 1 Test Urine Sample STAT Dose: 1 Test; Route: Urine Sample; Action: Completed;
	30/11/2022 02:00
JM	02:15 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr; Line Due At: 03/12/22@02:00; Changes: New bag; New line or giving set; Action: Start;
	30/11/2022 03:00
JM	03:09 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 04:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 05:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 06:00
JM	06:20 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JM	06:11 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 07:00
JM	07:44 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 08:00
BW	08:23 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:00
BW	12:55 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:14
BW	09:17 Paracetamol 1000 mg IV STAT: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Action: Completed;
	30/11/2022 10:00
BW	10:49 Omeprazole 20 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
BW	10:49 Sertraline 50 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
	30/11/2022 11:47
BW	12:14 Amiodarone 300 mg to 300 mg IV STAT: Volume Adm: 250 ml; Dose: 300 mg; Solution: Glucose 5%; Route: IV; Action: Completed;
	30/11/2022 12:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
	30/11/2022 13:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr; Action: Start;
	30/11/2022 14:00
BW	14:36 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW	15:58 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 500 ml; Rate: 500 ml/hr;
	30/11/2022 14:52
BW	14:53 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 15:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 16:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 17:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 18:00
BW	17:11 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Completed;
BW	17.11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 19:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:00
JP	20:12 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:18
JP	20:18 Morphine 10 mg PO/NG PRN: Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 21:00
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 22:00
JP	22:15 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Completed;
JP	22:15 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 120 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 23:00
KR	01/12/2022 00:53 Gentamicin 0 mg IV As per paper Gentamicin Chart: Dose: 0 mg; Route: IV; Action: Completed;
JP	01/12/2022 00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 00:00
JP	02:02 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: declined
JP	00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 01:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 02:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 03:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 04:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 05:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 06:00
KR	07:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
KR	07:11 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 06:59
KD	07:00 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	01/12/2022 07:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 08:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 09:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:00
BW	11:13 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Completed;
MC	12:16 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:28
BW	11:11 Bisoprolol 2.5 mg PO/NG Once Only: Dose: 2.5 mg; Route: PO/NG; Action: Completed;
	01/12/2022 12:00
DBSv c	30/11/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 18:00
DBSv c	30/11/2022 18:03 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	30/11/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 22:00
DBSv c	30/11/2022 22:33 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Pending;
	02/12/2022 00:00
DBSv c	01/12/2022 00:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 06:00
DBSv c	01/12/2022 06:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 10:00
RC	01/12/2022 10:29 Bisoprolol 2.5 mg PO/NG OD at 10:00: Dose: 2.5 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
	02/12/2022 12:00
DBSv c	01/12/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2022 18:00	
DBSvc	01/12/2022 18:03 Enoxaparin 40 mg SC OD at 18:00; Dose: 40 mg; Route: SC; Action: Pending;
DBSvc	01/12/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly; Route: PO/NG; Action: Pending;

Flowsheet (Audit)

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

	30/11/2022	02:00	03:00	04:00	05:00	06:00	07:00
C	Urine: Bladder Self Void	350					300(650)
HEI	Sample Sent	Urine; G&S, bloods	mrsa, vre				
Nas	Glucose Test	6.8 mmol/L Glucometer					5.8 mmol/L Glucometer
PVC	PVC: Antecubital Left	Day: 1					
	PVC: Antecubital Right	Day: 1					
Skin Assessment	1. Skin Inspection	All visible areas checked				All visible areas checked	
	2. Surface	Equipment appropriate;...				Equipment appropriate;...	
	3. Keep Moving	Reposition 4 hrly				Reposition 4 hrly	
	4. Incontinence	Urine: No Faeces: No				Urine: No Faeces: No	
	5. Nutrition	Diet: Nil by mouth Fluids:...				Diet: Nil by mouth Fluids:...	
	6. Self Management/Shared Care	Patient pain score assessed;...				Patient pain score assessed;...	
	Mattress Type	Dyna-Form Mercury Pro-Formance				Dyna-Form Mercury Pro-Formance	
	Position	Semi supine; HOB up; Knee...				Right tilt; Self turning; HOB...	
	Skin Action	Activity; Pressure area care...				Activity; Pressure area care...	
	Skin Assessment Pressure	All areas: Healthy and intact				All areas: Healthy and intact	
Ven	SpO2	96	96	95	97	96	95
	FiO2	0.28	0.28	0.28	0.28	0.28	0.28

	30/11/2022	08:00	09:00	10:00	11:00	12:00	13:00
C	Urine: Bladder Self Void					20	
Skin Assessment	1. Skin Inspection	All visible areas checked				All visible areas checked	
	2. Surface	Equipment appropriate;...				Equipment appropriate;...	
	3. Keep Moving	Reposition 4 hrly				Reposition 4 hrly	
	4. Incontinence	Urine: No Faeces: No				Urine: No Faeces: No	
	5. Nutrition	Diet: Nil by mouth Fluids:...				Diet: Nil by mouth Fluids:...	
	6. Self Management/Shared Care	Patient pain score assessed;...				Patient pain score assessed;...	
	Mattress Type	Dyna-Form Mercury Pro-Formance				Dyna-Form Mercury Pro-Formance	
	Position					Semi supine; HOB up; Knee...	
	Skin Action	Activity; Pressure area care...				Activity; Pressure area care...	
	Skin Assessment Pressure	All areas: Healthy and intact				All areas: Healthy and intact	
Ven	SpO2	96			100	94	94
	FiO2	0.28			0.32	0.32	0.32

	30/11/2022	14:00	15:00	16:00	17:00	18:00	19:00
C	Urine: Bladder Self Void			200		250	
PVC	PVC: Antecubital Left			Day: 1			
	PVC: Antecubital Right			Day: 1			

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

30/11/2022	14:00	15:00	16:00	17:00	18:00	19:00
Skin Assessment: 1. Skin Inspection		All visible areas checked			All visible areas checked	
2. Surface		Equipment appropriate;...			Equipment appropriate;...	
3. Keep Moving		Reposition 4 hrly			Reposition 4 hrly	
4. Incontinence		Urine: No Faeces: No			Urine: No Faeces: No	
5. Nutrition		Diet: Nil by mouth Fluids:...			Diet: Nil by mouth Fluids:...	
6. Self Management/Shared Care		Patient pain score assessed;...			Patient pain score assessed;...	
Mattress Type		Dyna-Form Mercury Pro-Formance			Dyna-Form Mercury Pro-Formance	
Skin Action		Activity; Pressure area care...			Activity; Pressure area care...	
Skin Assessment Pressure		All areas: Healthy and intact,			All areas: Healthy and intact,	
Ver: SpO2			98		99	
Ver: FiO2			0.32		0.32	

30/11/2022 - 01/12/2022	20:00	21:00	22:00	23:00	00:00	01:00
C: Urine: Bladder Self Void			500			
Nas: Glucose Test	^ 13.2 mmol/L Glucometer No...					
PVC: PVC: Antecubital Left				Day: 1		
PVC: PVC: Antecubital Right				Day: 1		
Skin Assessment: 1. Skin Inspection			All visible areas checked		All visible areas checked	
2. Surface			Equipment appropriate;...		Equipment appropriate;...	
3. Keep Moving			Reposition 4 hrly		Reposition 4 hrly	
4. Incontinence			Urine: No Faeces: No		Urine: No Faeces: No	
5. Nutrition			Diet: Food taken orally ...		Diet: Food refused Fluids:...	
6. Self Management/Shared Care			Patient pain score assessed;...		Patient pain score assessed;...	
Mattress Type			Dyna-Form Mercury Pro-Formance		Dyna-Form Mercury Pro-Formance	
Position			Semi supine		Right tilt	
Skin Action			Activity; Pressure area care...		Activity; Pressure area care...	
Skin Assessment Pressure			All areas: Healthy and intact,		All areas: Healthy and intact,	
Ventilation: SpO2	93		99		86	
FiO2	0.28		0.32		0.32	
Air Entry Left			Apex: Fair			
Air Entry Right			Apex: Fair Midzone: Base:...			

01/12/2022	02:00	03:00	04:00	05:00	06:00	07:00
C: Urine: Bladder Self Void			250			(1220)
Nas: Glucose Test			9.1 mmol/L Glucometer			
Ver: SpO2			98		98	
Ver: FiO2			0.32		0.32	

01/12/2022	08:00	09:00	10:00	11:00	12:00	
C: Urine: Bladder Self Void	200				(200)	
Ver: SpO2	98		97			
Ver: FiO2	0.32		0.32		0.28	

JM	Julia Mandat	30/11/2022 02:00 - 30/11/2022 07:00
BW	Bernadette Wilson	30/11/2022 08:00 - 01/12/2022 12:00
AD	Anne Devine	30/11/2022 11:00 - 30/11/2022 11:00
JP	Jennifer Pawson	30/11/2022 20:00 - 01/12/2022 00:00
KM	Kirstin McGettrick	01/12/2022 04:00 - 01/12/2022 04:00
KR	Katrina Romero Staff Nurse GRI ICU	01/12/2022 06:00 - 01/12/2022 06:00

30/11/2022 02:00	
JM	02:40 Urine: Bladder Self Void Volume Out: 350 ml; Drain Colour: Clear; Yellow;

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022 02:00
JM	02:38 PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Line present on admission; Aseptic non-touch technique; Hand hygiene (before & after); Need for line reviewed&recorded; Line used in past 24 hours; Dressing dry & intact; Hub decontamination; Skin checked for pressure damage; Inserted < 72hrs;
JM	02:40 PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Line present on admission; Hub decontamination; Dressing dry & intact; Skin checked for pressure damage; Aseptic non-touch technique; Line used in past 24 hours; Inserted < 72hrs; Need for line reviewed&recorded; Hand hygiene (before & after);
JM	05:00 2. Surface: Equipment appropriate; Equipment in good working order;
JM	05:00 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
JM	05:00 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
JM	02:15 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM	05:00 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 06:00
JM	06:11 2. Surface: Equipment appropriate; Equipment in good working order;
JM	06:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
JM	06:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
JM	06:11Position: Right tilt; Self turning; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM	06:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 08:00
BW	08:23 2. Surface: Equipment appropriate; Equipment in good working order;
BW	08:23 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW	08:23 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
BW	08:23 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 12:00
BW	16:11 2. Surface: Equipment appropriate; Equipment in good working order;
BW	16:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW	16:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
BW	12:14 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
BW	16:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 15:00
BW	16:11 2. Surface: Equipment appropriate; Equipment in good working order;
BW	16:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW	16:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
BW	16:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 16:00
BW	16:11PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis;
BW	16:11PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis;
	30/11/2022 18:00
BW	19:20 2. Surface: Equipment appropriate; Equipment in good working order;
BW	19:20 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW	19:20 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
BW	19:20 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
	30/11/2022 20:00
JP	20:18 Glucose Test: 13.2 mmol/L Glucometer No change (as per protocol);
	30/11/2022 22:00
JP	01/12/2022 01:43 2. Surface: Equipment appropriate; Equipment in good working order;
JP	01/12/2022 01:43 5. Nutrition: Diet: Food taken orally Fluids: Oral fluids taken Supp: Nil by mouth;
JP	01/12/2022 01:43 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
JP	01/12/2022 01:43 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
JP	01/12/2022 01:43 Air Entry Right: Apex: Fair Midzone: Base: Fair;
	30/11/2022 23:00
JP	01/12/2022 01:43 PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; Removal Date: 30/11/2022; Reason Removed: Leak/Bleed;
JP	01/12/2022 01:43 PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days;
	01/12/2022 00:00
JP	01:43 2. Surface: Equipment appropriate; Equipment in good working order;
JP	01:43 5. Nutrition: Diet: Food refused Fluids: Oral fluids taken Supp: Nil by mouth;
JP	01:43 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;
JP	01:43 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;

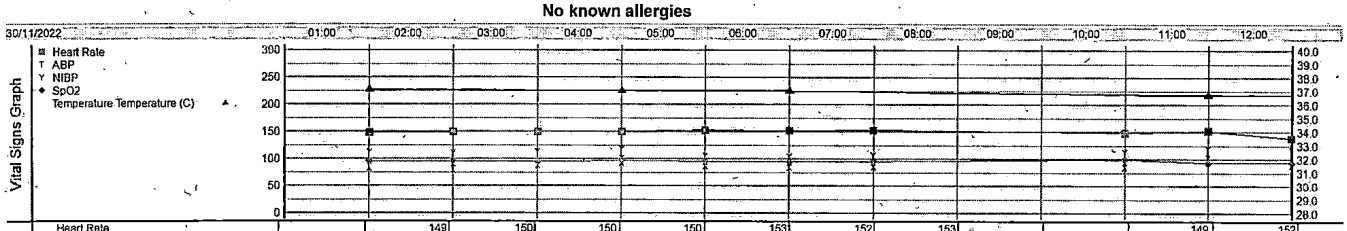
Flowsheet (GRI)

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID.
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	



Vital Signs Graph

Cardiovascular

Heart Rate		149	150	150	150	153	152	153		149	152
Heart Rhythm		A flutter	A flutter	A flutter	A flutter	A flutter	A flutter	A flutter		A flutter	A flutter
Non Invasive Blood Pressure		113/83 (94)	111/79 (90)	114/88 (97)	119/93 (102)	106/86 (94)	105/84 (92)	108/85 (94)		114/85 (94)	120/95 (104)
Temperature		37.1 C Tympanic			37.0 C Tympanic		37.0 C				36.7 C Tympanic
Glucose Test		6.8 mmol/L Glucometer					5.8 mmol/L Glucometer				
Event		patient admited to the ward						Theatre	Theatre	Theatre	Theatre
Sample Sent		Urine; G&S, bloods	mrsa, vre								
Capillary Refill		< 3 secs									
Skin Peripheries		Pink; Warm									

Respiratory

SpO2		96	96	95	97	96	95	96		100	94
FiO2		0.28	0.28	0.28	0.28	0.28	0.28	0.28		0.32	0.32
Airway		Natural	Natural	Natural	Natural	Natural	Natural	Natural		Natural	Natural
O2 Delivery Method		Nasal cannula; 2;	Nasal cannula; 2;	Nasal cannula; 2;	Nasal cannula; 2;	Nasal cannula; 2;	Nasal cannula; 2;	Nasal cannula; 2;		Nasal cannula; 3; 32	Nasal cannula; 3; 32
Respiratory Rate (Spont)		21	18	21	24	18	22	19		17	17
Suction/Cough Amount		Coughs & clears									
Mobilisation		Transfer to or from trolley				Active limb exercises; Roll..., Right tilt; Self turning; HOB...					
Position		Semi supine; HOB up; Knee...									Semi supine; HOB up; Knee...

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022		01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	
Neurological	Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: Normal Sleep	Actual: Normal Sleep	Actual: Normal Sleep	Actual: 0 Alert & calm	Actual: 0 Alert & calm			Actual: 0 Alert & calm	Actual: 0 Alert & calm	
	GCS Eyes (Chart)		4. Spontaneously				4. Spontaneously		4. Spontaneously			4. Spontaneously	4. Spontaneously	
	GCS Motor (Chart)		6. Obeys Commands				6. Obeys Commands		6. Obeys Commands			6. Obeys Commands	6. Obeys Commands	
	GCS Verbal (Chart)		5. Orientated				5. Orientated		5. Orientated			5. Orientated	5. Orientated	
	Intubated												No	
	GCS Chart Total		15				15		15			15	15	
	Pain Score		0 = No pain, A - No Limitation				0 = No pain,							
	Nausea & Vomiting Score		0 = None				0 = None							
Drugs Intermittent	Co-Amoxiclav 1200 mg IV 8 hrly						1200 mg/20 ml ()							
	Amiodarone 300 mg to 300 mg IV STAT											* 300 mg/250 ml ()		
	Omeprazole 20 mg PO/NG OD at 10:00										* Held			
	Paracetamol 1000 mg IV STAT									* 1000 mg/100 ml ()				
	Sertraline 50 mg PO/NG OD at 10:00										* Held			
	Urinalysis 1 Test Urine Sample STAT	* 1 Test ()												
	Check All IV Drugs Co-Signed, 6 hrly						Completed						Completed	
Drug	Amiodarone mg/ml mg/hr 1.8 mg/ml							(0)					* Chart	
	Urinalysis 1 Test Urine Sample STAT	* 1 Test ()												
Fluid Balan	Monitor PO Intake							(0)						
	Hartmanns IV Continuous PRN @ 100 ml/hr		100 ml ()	100 ml ()	100 ml ()	100 ml ()	100 ml ()	100 ml ()(600)	100 ml ()	100 ml ()				
	Urine: Bladder Self Void		350					300(650)					20	
	Total In (24hr)		100 (100)	100 (200)	100 (300)	100 (400)	120 (520)	100 (620)	100 (100)	100 (200)	100 (300)	0 (300)	250 (550)	
	Total Out (24hr)		350 (350)	0 (350)	0 (350)	0 (350)	0 (350)	300 (650)	0 (0)	0 (0)	0 (0)	0 (0)	20 (20)	
	Net Body Balance (24hr)		-250	-150	-50	+50	+170	-30	+100	+200	+300	+300	+530	
	Net Body Balance (LOS)		-250	-150	-50	+50	+170	-30	+70	+170	+270	+270	+500	
Renal	APTT (26-36)	* 33											* 34	
	PT (10.0-13.0)	* 13											* 14	
	Urea (2.5-7.5)	* 6.7											* 5.6	
	Creatinine (40-130)	* 74											* 70	
	Net Body Balance (24hr)		-250	-150	-50	+50	+170	-30	+100	+200	+300	+300	+530	

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	
SSKINS & Pressure Areas	1. Skin Inspection		All visible areas checked				All visible areas checked		All visible areas checked				All visible areas checked	
	Skin Assessment Pressure		All areas: Healthy and intact,				All areas: Healthy and intact,		All areas: Healthy and intact,				All areas: Healthy and intact,	
	Skin Assessment Moisture		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...		All areas, 0 = Healthy,...				All areas, 0 = Healthy,...	
	Skin Action		Activity; Pressure area care;...				Activity; Pressure area care;...		Activity; Pressure area care;...				Activity; Pressure area care;...	
	2. Surface		Equipment appropriate;...				Equipment appropriate;...		Equipment appropriate;...				Equipment appropriate;...	
	Mattress Type		Dyna-Form Mercury Pro-Formance				Dyna-Form Mercury Pro-Formance		Dyna-Form Mercury Pro-Formance				Dyna-Form Mercury Pro-Formance	
	3. Keep Moving		Reposition 4 hrly				Reposition 4 hrly		Reposition 4 hrly				Reposition 4 hrly	
	Mobilisation		Transfer to or from trolley ;...				Active limb exercises; Roll;...							
	Position		Semi supine; HOB up; Knee...				Right tilt; Self turning; HOB...						Semi supine; HOB up; Knee...	
	4. Incontinence		Urine: No Faeces: No				Urine: No Faeces: No		Urine: No Faeces: No				Urine: No Faeces: No	
	5. Nutrition		Diet: Nil by mouth Fluids:...				Diet: Nil by mouth Fluids:...		Diet: Nil by mouth Fluids:...				Diet: Nil by mouth Fluids:...	
	6. Self Management/Shared Care		Patient pain score assessed;...				Patient pain score assessed;...		Patient pain score assessed;...				Patient pain score assessed;...	
Obste	Urinalysis		Negative Negative Negative ...											
Lines	PVC: Antecubital Left		Day: 1											
	PVC: Antecubital Right		Day: 1											
	Urine: Bladder Self Void		350					300(650)					20	

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Lab Results

30/11/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Sodium (133-146)	* 138											* 138
Potassium (3.5-5.0)	* 4.8											* 4.6
Chloride (95-108)	^^ 109											* 108
Urea (2.5-7.5)	* 6.7											* 5.6
Creatinine (40-130)	* 74											* 70
eGFR	* 60											* 60
Bilirubin Total (3.0-20)	* 9											* 11
ALT (<50)	* 14											* 13
AST (<40)	* 14											* 14
Alk Phos (20-130)	* 83											* 79
Albumin (35-50)	* 36											* 36
Calcium Total (2.2-2.60)	* 2.2											* 2.23
Calcium Corrected (2.2-2.6)	* 2.31											* 2.37
Phosphate (0.6-1.4)	* 1.35											* 1.2
Magnesium (0.7-1.0)	* 0.75											^^ 0.69
Creatine Kinase (25-320)	* 113											
CRP (<10)	* 8											* 8
WBC (4.0-11)	* 9.6											* 9.2
Haemoglobin (90-170)	* 142											* 137
Haematocrit (0.37-0.54)	* 0.412											* 0.401
Platelets (150-400)	* 189											* 166
Neutrophils	* 7											^^ 8.1
Lymphocytes	* 2.1											^^ 0.7
Monocytes	* 0.4											* 0.3
Eosinophils	* 0.1											* 0.1
Basophils	* 0											* 0
Nucleated RBCs	* 0											* 0
MCV	* 93.4											* 94.4
Mean Cell HGB%	^^ 32.2											^^ 32.2
RBC	^^ 4											^^ 4
Serum B12	* 333											
Serum Folate	^^											
PT (10.0-13.0)	* 13											^^ 14
APTT (26-36)	* 33											* 34
APTT Ratio	* 1.1											* 1.1
Gentamicin												* 1.4
Urinalysis		Negative										
		Negative										
		Negative										

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

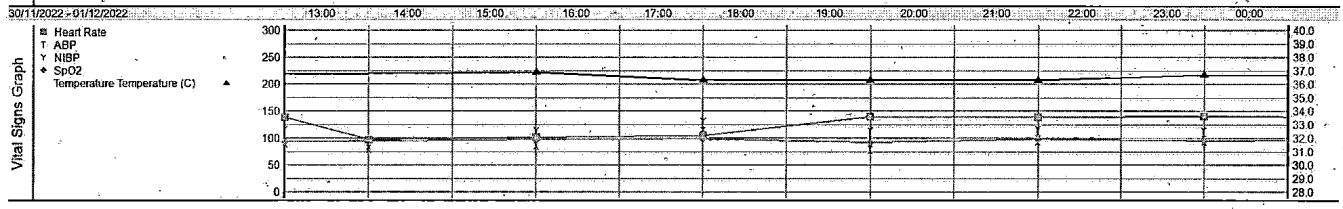
AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Quicklook

30/11/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Heart Rate		149	150	150	150	153	152	153			149	152
Heart Rhythm		A flutter	A flutter	A flutter	A flutter	A flutter	A flutter	A flutter			A flutter	A flutter
Non Invasive Blood Pressure		113/83 (94)	111/79 (90)	114/88 (97)	119/93 (102)	106/86 (94)	105/84 (92)	108/85 (94)			114/85 (94)	120/95 (104)
Temperature		37.1 C Tympanic			37.0 C Tympanic		37.0 C					36.7 C Tympanic
FiO2		0.28	0.28	0.28	0.28	0.28	0.28	0.28			0.32	0.32
SpO2		96	96	95	97	96	95	95			100	94
Airway		Natural	Natural	Natural	Natural	Natural	Natural	Natural			Natural	Natural
Respiratory Rate (Spont)		21	18	21	24	18	22	19			17	17
GCS Eyes (Chart)		4. Spontaneously				4. Spontaneously		4. Spontaneously			4. Spontaneously	4. Spontaneously
GCS Motor (Chart)		6. Obeys Commands				6. Obeys Commands		6. Obeys Commands			6. Obeys Commands	6. Obeys Commands
GCS Verbal (Chart)		5. Orientated				5. Orientated		5. Orientated			5. Orientated	5. Orientated
GCS Chart Total		15				15		15			15	15
Richmond Agitation Sedation Scale		Actual: 0 Alert & calm		Actual: Normal Sleep	Actual: Normal Sleep	Actual: Normal Sleep	Actual: 0 Alert & calm	Actual: 0 Alert & calm			Actual: 0 Alert & calm	Actual: 0 Alert & calm
Pain Score		0 = No pain, A - No Limitation				0 = No pain,						
Amiodarone mg/ml mg/hr 1.8 mg/ml							(0)					Chart
Urine: Bladder Self Void		350					300(650)					20
Total In (24hr)		100 (100)	100 (200)	100 (300)	100 (400)	120 (520)	100 (620)	100 (100)	100 (200)	100 (300)	0 (300)	250 (550)
Total Out (24hr)		350 (350)	0 (350)	0 (350)	0 (350)	0 (350)	300 (650)	0 (0)	0 (0)	0 (0)	0 (0)	20 (20)
Net Body Balance (24hr)		-250	-150	-50	+50	+170	-30	+100	+200	+300	+300	+530
Sodium (133-146)	* 138											* 138
Potassium (3.5-5.0)	* 4.8											* 4.6
Urea (2.5-7.5)	* 6.7											* 5.6
Creatinine (40-130)	* 74											* 70
Bilirubin Total (3.0-20)	* 9											* 11
ALT (<50)	* 14											* 13
AST (<40)	* 14											* 14
Alk Phos (20-130)	* 83											* 79
Albumin (35-50)	* 38											* 38
Calcium Total (2.2-2.60)	* 2.2											* 2.23
Phosphate (0.8-1.4)	* 1.35											* 1.2
Magnesium (0.7-1.0)	* 0.75											A* 0.69
CRP (<10)	* 8											* 8
WBC (4.0-11)	* 9.6											* 9.2
Haemoglobin (90-170)	* 142											* 137
Platelets (150-400)	* 189											* 168
PT (10.0-13.0)	* 13											A* 14

Vital Signs Graph



18/06/2026 12:31

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022 - 01/12/2022	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00
Cardiovascular												
Heart Rate	139	98		102		105		140		139		141
Heart Rhythm	A flutter	A flutter		A flutter		A flutter		A flutter		A flutter		A flutter
Non Invasive Blood Pressure	118/89 (98)	98/79 (84)		115/85 (95)		133/105 (116)		115/76 (89)		116/93 (101)		115/92 (101)
Temperature				36.9 C Tympanic		38.3 C Tympanic		36.3 C Tympanic		36.3 C Tympanic		36.7 C Tympanic
Glucose Test								^ 13.2 mmol/L Glucometer No...				
Respiratory												
SpO2	94			98		99		93		99		96
FiO2	0.32			0.32		0.32		0.28		0.32		0.32
Airway	Natural			Natural		Natural		Natural		Natural		Natural
O2 Delivery Method	Nasal cannula; 3; 32			Nasal cannula; 3; 32		Nasal cannula; 3; 32		Nasal cannula; 2; 28		Nasal cannula; 3; 32		Nasal cannula; 3; 32
Respiratory Rate (Spont)	18			34		25		19		20		18
Air Entry Left										Apex: Fair		
Air Entry Right										Apex: Fair Midzone: Base:...		
Suction/Cough Amount										Coughs & clears		
Mobilisation										Roll or turn in bed		Roll or turn in bed; Weight.....
Position										Equip:... Semi supine		Right tilt
Neurological												
Richmond Agitation Sedation Scale								Actual: 0 Alert & calm				Actual: Normal Sleep
GCS Eyes (Chart)								4. Spontaneously			4. Spontaneously	
GCS Motor (Chart)								6. Obeys Commands			6. Obeys Commands	
GCS Verbal (Chart)								5. Orientated			5. Orientated	
Intubated								No			No	
GCS Chart Total								15			15	
Pain Score								7 - Severe, 0 = None			2 - Mild, 0 = None	
Nausea & Vomiting Score												
Drugs Intermitt												
Co-Amoxiclav 1200 mg IV 8 hrly		1200 mg/100 ml ()								1200 mg/120 ml ()		
Gentamicin 0 mg IV As per paper Gentamicin Chart											0 mg/ ()	
Simvastatin 40 mg PO/NG OD at 22:00										40 mg/ ()		
Enoxaparin 40 mg SC OD at 18:00						40 mg/ ()						
Morphine 10 mg PO/NG PRN		* 10 mg/5 ml ()						* 10 mg/ ()				
Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly						1000 mg/ ()						* Held
Check All IV Drugs Co-Signed, 6 hrly						Completed						Completed
Dru												
Amiodarone mg/ml mg/hr 1.8 mg/ml	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	*37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()
Fluid Balan												
Monitor PO Intake		100 ml ; Water		100 ml ; Water		180 ml ; tea						50 ml ; juice
Hartmanns IV Continuous PRN @ 100 ml/hr		500 ml ()										
Urine: Bladder Self Void				200		250				500		
Total In (24hr)	21 (571)	721 (1292)	26 (1318)	121 (1439)	21 (1460)	201 (1661)	21 (1682)	21 (1703)	21 (1724)	141 (1865)	21 (1886)	71 (1957)
Total Out (24hr)	0 (20)	0 (20)	0 (20)	200 (220)	0 (220)	250 (470)	0 (470)	0 (470)	0 (470)	500 (970)	0 (970)	0 (970)
Net Body Balance (24hr)	+551	+1272	+1298	+1219	+1240	+1191	+1212	+1233	+1254	+895	+916	+987
Net Body Balance (LOS)	+521	+1242	+1268	+1189	+1210	+1161	+1182	+1203	+1224	+865	+886	+957
R												
Net Body Balance (24hr)	+551	+1272	+1298	+1219	+1240	+1191	+1212	+1233	+1254	+895	+916	+987

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022 - 01/12/2022	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00
SSKINS & Pressure Areas												
1. Skin Inspection			All visible areas checked			All visible areas checked				All visible areas checked		All visible areas checked
Skin Assessment Pressure			All areas: Healthy and intact;			All areas: Healthy and intact;				All areas: Healthy and intact;		All areas: Healthy and intact;
Skin Assessment Moisture			All areas, 0 = Healthy;...			All areas, 0 = Healthy;...				All areas, 0 = Healthy;...		All areas, 0 = Healthy;...
Skin Action			Activity; Pressure area care;...			Activity; Pressure area care;...				Activity; Pressure area care;...		Activity; Pressure area care;...
2. Surface			Equipment appropriate;...			Equipment appropriate;...				Equipment appropriate;...		Equipment appropriate;...
Mattress Type			Dyna-Form Mercury Pro-Formance			Dyna-Form Mercury Pro-Formance				Dyna-Form Mercury Pro-Formance		Dyna-Form Mercury Pro-Formance
3. Keep Moving			Reposition 4 hrly			Reposition 4 hrly				Reposition 4 hrly		Reposition 4 hrly
Mobilisation										Roll or turn in bed; Equip;...		Roll or turn in bed; Weight ;...
Exercise Time										< 10 mins		< 10 mins
Position										Semi supine		Right tilt
4. Incontinence			Urine: No Faeces: No			Urine: No Faeces: No				Urine: No Faeces: No		Urine: No Faeces: No
5. Nutrition			Diet: Nil by mouth; Fluids:...			Diet: Nil by mouth; Fluids:...				Diet: Food taken orally; Fluids:...		Diet: Food refused; Fluids:...
6. Self Management/Shared Care			Patient pain score assessed;...			Patient pain score assessed;...				Patient pain score assessed;...		Patient pain score assessed;...
Personal Care												
Eye Care Daily Risk Assessment											Independent;	
Mouth Care											Independent	
Hygiene											* Assisted wash; Shave	
Other Skin Care											ECG dots changed	
TED Stockings								TEDS on	TEDS on	TEDS on	TEDS on	TEDS on
Bowel Movement Record										None;		
Lines												
PVC: Antecubital Left				Day: 1							Day: 1	
PVC: Antecubital Right				Day: 1							Day: 1	
Urine: Bladder Self Void				200		250				500		

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

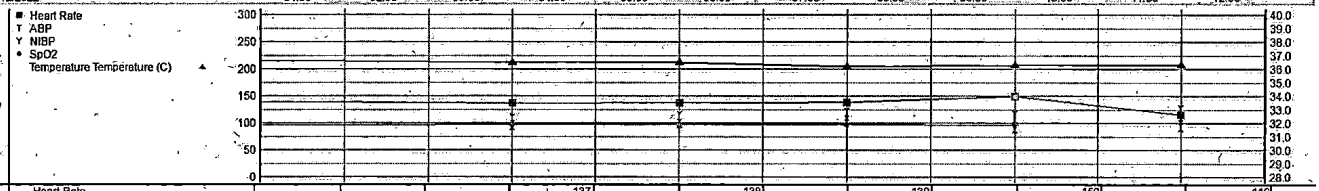
30/11/2022 - 01/12/2022

Quicklook

	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00
Heart Rate	139	98		102		105		140		139		141
Heart Rhythm	A flutter	A flutter		A flutter		A flutter		A flutter		A flutter		A flutter
Non Invasive Blood Pressure	118/89 (98)	98/79 (84)		115/85 (95)		133/105 (116)		115/76 (89)		118/93 (101)		115/92 (101)
Temperature				36.9 C Tympanic		36.3 C Tympanic		36.3 C Tympanic		36.3 C Tympanic		36.7 C Tympanic
FiO2	0.32			0.32		0.32		0.28		0.32		0.32
SpO2	94			98		99		93		99		96
Airway	Natural			Natural		Natural		Natural		Natural		Natural
Respiratory Rate (Spont)	18			34		25		19		20		18
GCS Eyes (Chart)								4. Spontaneously			4. Spontaneously	
GCS Motor (Chart)								6. Obeys Commands			6. Obeys Commands	
GCS Verbal (Chart)								5. Orientated			5. Orientated	
GCS Chart Total								15			15	
Richmond Agitation Sedation Scale								Actual: 0 Alert & calm				Actual: Normal Sleep
Pain Score								7 - Severe,			2 - Mild,	
Amiodarone mg/ml mg/hr 1.8 mg/ml	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()
Urine: Bladder Self Void				200		250				500		
Total In (24hr)	21 (571)	721 (1292)	26 (1318)	121 (1439)	21 (1460)	201 (1661)	21 (1682)	21 (1703)	21 (1724)	141 (1865)	21 (1886)	71 (1957)
Total Out (24hr)	0 (20)	0 (20)	0 (20)	200 (220)	0 (220)	250 (470)	0 (470)	0 (470)	0 (470)	500 (970)	0 (970)	0 (970)
Net Body Balance (24hr)	+551	+1272	+1298	+1219	+1240	+1191	+1212	+1233	+1254	+895	+916	+987

01/12/2022

Vital Signs Graph



Cardiovascular

	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Heart Rate				137		138		139		150		116
Heart Rhythm				A flutter		A flutter		A flutter		A flutter		A flutter
Non Invasive Blood Pressure				113/93 (101)		118/96 (104)		124/103 (110)		119/88 (99)		129/90 (103)
Temperature				36.5 C Tympanic		36.5 C Tympanic		36.2 C Tympanic		36.3 C Tympanic		36.3 C Tympanic
Glucose Test				9.1 mmol/L Glucometer								

Respiratory

	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
SpO2				98		98		98		97		
FiO2				0.32		0.32		0.32		0.32		0.28
Airway				Natural		Natural		Natural		Natural		
O2 Delivery Method				Nasal cannula; 3; 32		Nasal cannula; 3; 32		Nasal cannula; 3; 32		Nasal cannula; 3; 32		Nasal cannula; 2; 28
Respiratory Rate (Spont)				18				21		21		

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	01/12/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	
Neurological	Richmond Agitation Sedation Scale													
	GCS Eyes (Chart)								Actual: 4 Spontaneously		Actual: 4 Spontaneously			
	GCS Motor (Chart)								6. Obeys Commands		6. Obeys Commands			
	GCS Verbal (Chart)								5. Orientated		5. Orientated			
	Intubated								No		No			
	GCS Chart Total								15		15			
Drugs Intermitt	Co-Amoxiclav 1200 mg IV 8 hrly						1200 mg/100 ml ()							
	Bisoprolol 2.5 mg PO/NG Once Only										2.5 mg/ ()			
	Omeprazole 20 mg PO/NG OD at 10:00										20 mg/ ()			
	Morphine 10 mg PO/NG PRN						10 mg/5 ml ()							
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly						1000 mg/ ()						Pending	
	Sertraline 50 mg PO/NG OD at 10:00										Pending			
	Check All IV Drugs Co-Signed, 6 hrly						Completed						Pending	
Drug	Amiodarone mg/ml mg/hr 1.8 mg/ml	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()(399)	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()			
Fluid Balan	Monitor PO Intake							(430)	150 ml : Water				200 ml : Water	
	Hartmanns IV Continuous PRN @ 100 ml/hr							(709)						
	Urine: Bladder Self Void				250			(1220)	200					
	Total In (24hr)	21 (1978)	21 (1999)	21 (2020)	21 (2041)	21 (2062)	121 (2183)	26 (2209)	171 (171)	21 (192)	21 (213)	0 (213)	200 (413)	
	Total Out (24hr)	0 (970)	0 (970)	0 (970)	250 (1220)	0 (1220)	0 (1220)	0 (1220)	200 (200)	0 (200)	0 (200)	0 (200)	0 (200)	
	Net Body Balance (24hr)	+1008	+1029	+1050	+821	+842	+963	+989	-29	-8	+13	+13	+213	
	Net Body Balance (LOS)	+976	+999	+1020	+791	+812	+933	+959	+930	+951	+972	+972	+1172	
Renal	APTT (26-36)						31							
	PT (10.0-13.0)						14							
	Urea (2.5-7.5)						5.8							
	Creatinine (40-130)						71							
	Net Body Balance (24hr)	+1008	+1029	+1050	+821	+842	+963	+989	-29	-8	+13	+13	+213	
Li	Urine: Bladder Self Void				250			(1220)	200					

01/12/2022	01:00	02:00	03:00	04:00	05:00	08:00	07:00	08:00	09:00	10:00	11:00	12:00
Lab Results												
Sodium (133-146)						137						
Potassium (3.5-5.0)						4.7						
Chloride (95-108)						106						
Urea (2.5-7.5)						5.8						
Creatinine (40-130)						71						
eGFR						>60						
Bilirubin Total (3.0-20)						10						
ALT (<50)						15						
AST (<40)						16						
Alk Phos (20-130)						79						
Albumin (35-50)						36						
Calcium Total (2.2-2.60)						2.22						
Calcium Corrected (2.2-2.6)						2.36						
Phosphate (0.8-1.4)						1.24						
Magnesium (0.7-1.0)						0.76						
CRP (<10)						7						
WBC (4.0-11)						^ 11.4						
Haemoglobin (90-170)						136						
Haematocrit (0.37-0.54)						0.406						
Platelets (150-400)						172						
Neutrophils						^ 9.7						
Lymphocytes						1.1						
Monocytes						0.6						
Eosinophils						^ 0						
Basophils						0						
Nucleated RBCs						0						
MCV						94.9						
Mean Cell HGB%						31.8						
RBC						^ 4						
PT (10.0-13.0)						^ 14						
APTT (26-36)						31						
APTT Ratio						1						

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Quicklook

01/12/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Heart Rate				137		136		139		150		116
Heart Rhythm				A flutter		A flutter		A flutter		A flutter		A flutter
Non Invasive Blood Pressure				113/93 (101)		118/96 (104)		124/103 (110)		119/88 (99)		129/90 (103)
Temperature				36.5 C Tympanic		36.5 C Tympanic		36.2 C Tympanic		36.3 C Tympanic		36.3 C Tympanic
FiO2				0.32		0.32		0.32		0.32		0.28
SpO2				98		98		98		97		
Airway				Natural		Natural		Natural		Natural		
Respiratory Rate (Spont)				18				21		21		
GCS Eyes (Chart)								4. Spontaneously		4. Spontaneously		
GCS Motor (Chart)								6. Obeys Commands		6. Obeys Commands		
GCS Verbal (Chart)								5. Orientated		5. Orientated		
GCS Chart Total								15		15		
Richmond Agitation Sedation Scale								Actual: 0 Alert & calm		Actual: 0 Alert & calm		
Amiodarone mg/ml mg/hr 1.8 mg/ml	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml () (389)	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()	37.8 mg/hr/21 ml ()		
Urine: Bladder Self Void				250			(1220)	200				
Total In (24hr)	21 (1978)	21 (1999)	21 (2020)	21 (2041)	21 (2062)	121 (2183)	26 (2209)	171 (171)	21 (192)	21 (213)	0 (213)	200 (413)
Total Out (24hr)	0 (970)	0 (970)	0 (970)	250 (1220)	0 (1220)	0 (1220)	0 (1220)	200 (200)	0 (200)	0 (200)	0 (200)	0 (200)
Net Body Balance (24hr)	+1008	+1029	+1050	+821	+842	+963	+989	-29	-8	+13	+13	+213
Sodium (133-146)						137						
Potassium (3.5-5.0)						4.7						
Urea (2.5-7.5)						5.8						
Creatinine (40-130)						71						
Bilirubin Total (3.0-20)						10						
ALT (<50)						15						
AST (<40)						16						
Alk Phos (20-130)						79						
Albumin (35-50)						36						
Calcium Total (2.2-2.60)						2.22						
Phosphate (0.6-1.4)						1.24						
Magnesium (0.7-1.0)						0.76						
CRP (<10)						7						
WBC (4.0-11)						^ 11.4						
Haemoglobin (90-170)						136						
Platelets (150-400)						172						
PT (10.0-13.0)						^ 14						

Drugs II

01/12/2022 - 02/12/2022	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00
Simvastatin 40 mg PO/NG OD at 22:00										Pending		
Enoxaparin 40 mg SC OD at 18:00						Pending						Pending
Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly						Pending						Pending
Check All IV Drugs Co-Signed, 6 hrly												

Fluid Ba

Total In (24hr)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)					
Total Out (24hr)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)					
Net Body Balance (24hr)	+213	+213	+213	+213	+213	+213	+213					
Net Body Balance (LOS)	+1172	+1172	+1172	+1172	+1172	+1172	+1172					

Fluid R

Net Body Balance (24hr)	+213	+213	+213	+213	+213	+213	+213					

Quick R

Total In (24hr)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)	0 (413)					
Total Out (24hr)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)	0 (200)					
Net Body Balance (24hr)	+213	+213	+213	+213	+213	+213	+213					

02/12/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

02/12/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Drugs Inte	Bisoprolol 2.5 mg PO/NG OD at 10:00									Pending		
	Omeprazole 20 mg PO/NG OD at 10:00									Pending		
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly					Pending						Pending
	Sertraline 50 mg PO/NG OD at 10:00									Pending		
	Check All IV Drugs Co-Signed, 6 hrly					Pending						Pending
D	Amiodarone mg/ml mg/hr 1.8 mg/ml						(63)					
Fluid	Monitor PO Intake						(350)					
	Hartmanns IV Continuous PRN @ 100 ml/hr						(0)					
	Urine: Bladder Self Void						(200)					
Urine	Urine: Bladder Self Void						(200)					
	Amiodarone mg/ml mg/hr 1.8 mg/ml						(63)					
Quin	Urine: Bladder Self Void						(200)					

02/12/2022	13:00	14:00	15:00	16:00	17:00	18:00
Drugs	Enoxaparin 40 mg SC OD at 18:00					Pending
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly					Pending
	Check All IV Drugs Co-Signed, 6 hrly					Pending
D	Amiodarone mg/ml mg/hr 1.8 mg/ml					(0)
Fluid	Monitor PO Intake					(0)
	Hartmanns IV Continuous PRN @ 100 ml/hr					(0)
	Urine: Bladder Self Void					(0)
Urine	Urine: Bladder Self Void					(0)
	Amiodarone mg/ml mg/hr 1.8 mg/ml					(0)
Quin	Urine: Bladder Self Void					(0)

BW	Bernadette Wilson	30/11/2022 08:00 - 01/12/2022 12:00	JM	Julia Mandat	30/11/2022 01:50 - 30/11/2022 07:00	KR	Katrina Romero Staff Nurse GRI ICU	30/11/2022 23:00 - 01/12/2022 06:00
AD	Anne Davine	30/11/2022 08:00 - 30/11/2022 11:00	JP	Jennifer Pawson	30/11/2022 20:00 - 01/12/2022 00:00	RC	Richard Cowan Consultant GRI ICU	02/12/2022 10:00 - 02/12/2022 10:00
DBSvc	D B Services	30/11/2022 03:00 - 02/12/2022 18:00	KM	Kirstin McGettrick	01/12/2022 04:00 - 01/12/2022 04:09	MC	Megan Campbell Staff Nurse GRI ICU	01/12/2022 10:00 - 01/12/2022 10:00
HIS	HIS	30/11/2022 01:37 - 01/12/2022 06:00	KD	Karyn Lisa Devine Staff Nurse GRI ICU	01/12/2022 06:59 - 01/12/2022 06:59			

30/11/2022 01:37	
HIS	03:13 APTT (26-36)
HIS	03:13 PT (10.0-13.0)
HIS	03:33 Urea (2.5-7.5)
HIS	03:33 Creatinine (40-130)
HIS	03:33 Sodium (133-146)
HIS	03:33 Potassium (3.5-5.0)
HIS	03:33 Chloride (95-108)
HIS	03:33 eGFR
HIS	03:33 Bilirubin Total (3.0-20)
HIS	03:33 ALT (<50)
HIS	03:33 AST (<40)
HIS	03:33 Alk Phos (20-130)
HIS	03:33 Albumin (35-50)
HIS	03:33 Calcium Total (2.2-2.60)
HIS	03:33 Calcium Corrected (2.2-2.6)
HIS	03:33 Phosphate (0.6-1.4)
HIS	03:33 Magnesium (0.7-1.0)
HIS	03:33 Creatine Kinase (25-320)
HIS	03:33 CRP (<10)
HIS	03:03 WBC (4.0-11)
HIS	03:03 Haemoglobin (90-170)
HIS	03:03 Haematocrit (0.37-0.54)
HIS	03:03 Platelets (150-400)

HIS	03:03 Neutrophils
HIS	03:03 Lymphocytes
HIS	03:03 Monocytes
HIS	03:03 Eosinophils
HIS	03:03 Basophils
HIS	03:03 Nucleated RBCs
HIS	03:03 MCV
HIS	03:03 Mean Cell HGB%
HIS	03:03 RBC
HIS	12:56 Serum B12
HIS	12:07 Serum Folate: Remarks: Serum Folate: 2.9 ug/l ug/l;
HIS	03:13 APTT Ratio
30/11/2022 01:50	
JM	02:22 Urinalysis 1 Test Urine Sample STAT Dose: 1 Test; Route: Urine Sample; Action: Completed;
30/11/2022 02:00	
JM	02:15 NIBP: Systolic: 113 mmHg; Diastolic: 83 mmHg; Mean: 94 mmHg; BP Site: Arm Left;
JM	02:15 Mobilisation: Transfer to or from trolley Equip: None Staff: 4;
JM	02:15 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;

JM	02:15 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target: 0 Alert & calm;
JM	02:15 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr; Line Due At: 03/12/22@02:00; Changes: New bag; New line or giving set; Action: Start;
JM	02:40 Urine: Bladder Self Void: Volume Out: 350 ml; Drain Colour: Clear; Yellow;
JM	02:40 Net Body Balance (24hr): Cumulative Total -250 ml; Hour Total -250 ml;
JM	02:40 Net Body Balance (LOS): Cumulative Total -250 ml; Hour Total -250 ml;
JM	05:00 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM	05:00 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
JM	05:00 2. Surface: Equipment appropriate; Equipment in good working order;
JM	05:00 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
JM	05:00 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

JM	02:22 Urinalysis: Negative
	Negative
	Negative
	1.015
	+++ (Haemolysed)
	5
	+ (0.3 g/l)
	Normal (0.2-1 mg/dl)
	Negative}
	Negative;
JM	02:38 PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Line present on admission; Aseptic non-touch technique; Hand hygiene (before & after); Need for line reviewed&recorded; Line used in past 24 hours; Dressing dry & intact; Hub decontamination; Skin checked for pressure damage; Inserted < 72hrs;

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022 02:00

JM 02:40 PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days; PVC Colour: Green; Site Care: Connections checked; No site redness, pain or inflammation; Secured with dressing; VIP Score: 0 = No Phlebitis; BundleCompliance: Line present on admission; Hub decontamination; Dressing dry & intact; Skin checked for pressure damage; Aseptic non-touch technique; Line used in past 24 hours; Inserted < 72hrs; Need for line reviewed&recorded; Hand hygiene (before & after);

30/11/2022 03:00

JM 03:09 NIBP: Systolic: 111 mmHg; Diastolic: 79 mmHg; Mean: 90 mmHg; BP Site: Arm Left;
JM 03:09 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
JM 03:09 Net Body Balance (24hr): Cumulative Total -150 ml; Hour Total 100 ml;
JM 03:09 Net Body Balance (LOS): Cumulative Total -150 ml; Hour Total 100 ml;

30/11/2022 04:00

JM 05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
JM 05:00 Net Body Balance (24hr): Cumulative Total -50 ml; Hour Total 100 ml;
JM 05:00 Net Body Balance (LOS): Cumulative Total -50 ml; Hour Total 100 ml;

30/11/2022 05:00

JM 05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
JM 05:00 Net Body Balance (24hr): Cumulative Total 50 ml; Hour Total 100 ml;
JM 05:00 Net Body Balance (LOS): Cumulative Total 50 ml; Hour Total 100 ml;

30/11/2022 06:00

JM 06:11Mobilisation: Active limb exercises; Roll or turn in bed Equip: None Staff: 1;
JM 06:11Position: Right tilt; Self turning; Head of bed elevated; Knee bend altered; Pillows adjusted;
JM 06:20 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JM 06:11Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
JM 06:20 Net Body Balance (24hr): Cumulative Total 170 ml; Hour Total 120 ml;
JM 06:20 Net Body Balance (LOS): Cumulative Total 170 ml; Hour Total 120 ml;
JM 06:11Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JM 06:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
JM 06:11 2. Surface: Equipment appropriate; Equipment in good working order;
JM 06:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
JM 06:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 07:00

JM 07:44 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
JM 07:44 Net Body Balance (24hr): Cumulative Total -30 ml; Hour Total -200 ml; Action: Automatic Reset;
JM 07:44 Net Body Balance (LOS): Cumulative Total -30 ml; Hour Total -200 ml;

30/11/2022 08:00

BW 08:23 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
BW 08:23 Net Body Balance (24hr): Cumulative Total 100 ml; Hour Total 100 ml; Action: Start;
BW 08:23 Net Body Balance (LOS): Cumulative Total 70 ml; Hour Total 100 ml;
BW 08:23 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
BW 08:23 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
BW 08:23 2. Surface: Equipment appropriate; Equipment in good working order;
BW 08:23 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW 08:23 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 09:00

BW 12:55 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
BW 12:55 Net Body Balance (24hr): Cumulative Total 200 ml; Hour Total 100 ml;
BW 12:55 Net Body Balance (LOS): Cumulative Total 170 ml; Hour Total 100 ml;

30/11/2022 09:14

BW 09:17 Paracetamol 1000 mg IV STAT: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Action: Completed;

30/11/2022 10:00

BW 10:49 Omeprazole 20 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
BW 10:49 Sertraline 50 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
BW 12:55 Net Body Balance (24hr): Cumulative Total 300 ml; Hour Total 100 ml;
BW 12:55 Net Body Balance (LOS): Cumulative Total 270 ml; Hour Total 100 ml;

30/11/2022 11:00

AD 11:46 NIBP: Systolic: 114 mmHg; Diastolic: 85 mmHg; Mean: 94 mmHg; BP Site: Arm Right;
BW 12:55 Net Body Balance (24hr): Cumulative Total 300 ml; Hour Total 0 ml;
BW 12:55 Net Body Balance (LOS): Cumulative Total 270 ml; Hour Total 0 ml;

30/11/2022 11:47

BW 12:14 Amiodarone 300 mg to 300 mg IV STAT: Volume Adm: 250 ml; Dose: 300 mg; Solution: Glucose 5%; Route: IV; Action: Completed;

30/11/2022 12:00

BW 12:14 NIBP: Systolic: 120 mmHg; Diastolic: 95 mmHg; Mean: 104 mmHg; BP Site: Arm Right;
BW 12:14 Position: Semi supine; Head of bed elevated; Knee bend altered; Pillows adjusted;
BW 16:11 Amiodarone mg/ml mg/hr 1.8 mg/ml
BW 12:55 Amiodarone mg/ml mg/hr 1.8 mg/ml: Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 12:55 Net Body Balance (24hr): Cumulative Total 530 ml; Hour Total 230 ml;
BW 12:55 Net Body Balance (LOS): Cumulative Total 500 ml; Hour Total 230 ml;
BW 16:11Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
BW 16:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
BW 16:11 2. Surface: Equipment appropriate; Equipment in good working order;
BW 16:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW 16:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 12:23

HIS 13:44 APTT (26-36)
HIS 13:44 PT (10.0-13.0)
HIS 13:24 Urea (2.5-7.5)
HIS 13:24 Creatinine (40-130)
HIS 13:24 Sodium (133-146)
HIS 13:24 Potassium (3.5-5.0)
HIS 13:24 Chloride (95-108)
HIS 13:24 eGFR
HIS 13:24 Bilirubin Total (3.0-20)
HIS 13:24 ALT (<50)
HIS 13:24 AST (<40)
HIS 13:24 Alk Phos (20-130)
HIS 13:24 Albumin (35-50)
HIS 13:24 Calcium Total (2.2-2.60)
HIS 13:24 Calcium Corrected (2.2-2.6)
HIS 13:24 Phosphate (0.6-1.4)
HIS 13:24 Magnesium (0.7-1.0)
HIS 13:24 CRP (<10)
HIS 13:03 WBC (4.0-11)
HIS 13:03 Haemoglobin (80-170)
HIS 13:03 Haematocrit (0.37-0.54)
HIS 13:03 Platelets (150-400)
HIS 13:03 Neutrophils
HIS 13:03 Lymphocytes
HIS 13:03 Monocytes
HIS 13:03 Eosinophils
HIS 13:03 Basophils
HIS 13:03 Nucleated RBCs
HIS 13:03 MCV
HIS 13:03 Mean Cell HGB%
HIS 13:03 RBC
HIS 13:44 APTT Ratio
HIS 15:26 Gentamicin

30/11/2022 13:00

BW 16:11Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr; Action: Start;
BW 16:11Net Body Balance (24hr): Cumulative Total 551 ml; Hour Total 21 ml;
BW 16:11Net Body Balance (LOS): Cumulative Total 521 ml; Hour Total 21 ml;

30/11/2022 14:00

BW 14:36 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW 16:11Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 15:59 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 500 ml; Rate: 500 ml/hr;
BW 16:11Net Body Balance (24hr): Cumulative Total 1272 ml; Hour Total 721 ml;
BW 16:11Net Body Balance (LOS): Cumulative Total 1242 ml; Hour Total 721 ml;

30/11/2022 14:52

BW 14:53 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;

30/11/2022 15:00

BW 16:11Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 16:11Net Body Balance (24hr): Cumulative Total 1298 ml; Hour Total 26 ml;
BW 16:11Net Body Balance (LOS): Cumulative Total 1268 ml; Hour Total 26 ml;
BW 16:11Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
BW 16:11Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
BW 16:11 2. Surface: Equipment appropriate; Equipment in good working order;
BW 16:11 5. Nutrition: Diet: Nil by mouth Fluids: Nil by mouth Supp: Nil by mouth;
BW 16:11 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 16:00

BW 16:11Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 16:11Net Body Balance (24hr): Cumulative Total 1219 ml; Hour Total -79 ml;
BW 16:11Net Body Balance (LOS): Cumulative Total 1189 ml; Hour Total -79 ml;
BW 16:11PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis;
BW 16:11PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days; Site Care: Connections checked; No site redness, pain or inflammation; VIP Score: 0 = No Phlebitis;

30/11/2022 17:00

BW 19:20 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 19:20 Net Body Balance (24hr): Cumulative Total 1240 ml; Hour Total 21 ml;
BW 19:20 Net Body Balance (LOS): Cumulative Total 1210 ml; Hour Total 21 ml;

30/11/2022 18:00

BW 17:11Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Completed;
BW 17:11Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
BW 19:20 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING:

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022 18:00

BW 19:20 Net Body Balance (24hr): Cumulative Total 1191 ml; Hour Total -49 ml;
BW 19:20 Net Body Balance (LOS): Cumulative Total 1161 ml; Hour Total -49 ml;
BW 19:20 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
BW 19:20 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
BW 19:20 2. Surface: Equipment appropriate; Equipment in good working order;
BW 19:20 5. Nutrition: Diet: Nil by mouth
Fluids: Nil by mouth
Supp: Nil by mouth;
BW 19:20 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 19:00

BW 19:20 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 19:20 Net Body Balance (24hr): Cumulative Total 1212 ml; Hour Total 21 ml;
BW 19:20 Net Body Balance (LOS): Cumulative Total 1182 ml; Hour Total 21 ml;

30/11/2022 20:00

JP 20:15 NIBP: Systolic: 115 mmHg; Diastolic: 76 mmHg; Mean: 89 mmHg; BP Site: Arm Right;
JP 20:18 Glucose Test 13.2 mmol/L
Glucometer
No change (as per protocol);
JP 20:18 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
JP 20:12 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
JP 20:12 Net Body Balance (24hr): Cumulative Total 1233 ml; Hour Total 21 ml;
JP 20:12 Net Body Balance (LOS): Cumulative Total 1203 ml; Hour Total 21 ml;

30/11/2022 20:18

JP 20:18 Morphine 10 mg PO/NG PRN: Dose: 10 mg; Route: PO/NG; Action: Completed;

30/11/2022 21:00

JP 22:15 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
JP 22:15 Net Body Balance (24hr): Cumulative Total 1254 ml; Hour Total 21 ml;
JP 22:15 Net Body Balance (LOS): Cumulative Total 1224 ml; Hour Total 21 ml;

30/11/2022 22:00

JP 22:15 NIBP: Systolic: 118 mmHg; Diastolic: 93 mmHg; Mean: 101 mmHg; BP Site: Arm Right;
JP 01/12/2022 01:43 Air Entry Right: Apex: Fair
Midzone:
Base: Fair;
JP 01/12/2022 01:43 Mobilisation: Roll or turn in bed
Equip: None
Staff: 1;
JP 22:15 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 120 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JP 22:15 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Completed;
JP 22:15 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
JP 22:15 Net Body Balance (24hr): Cumulative Total 895 ml; Hour Total -359 ml;
JP 22:15 Net Body Balance (LOS): Cumulative Total 865 ml; Hour Total -359 ml;
JP 01/12/2022 01:43 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JP 01/12/2022 01:43 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
JP 01/12/2022 01:43 2. Surface: Equipment appropriate; Equipment in good working order;
JP 01/12/2022 01:43 5. Nutrition: Diet: Food taken orally
Fluids: Oral fluids taken
Supp: Nil by mouth;
JP 01/12/2022 01:43 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

30/11/2022 23:00

KR 01/12/2022 00:53 Gentamicin 0 mg IV As per paper Gentamicin Chart: Dose: 0 mg; Route: IV; Action: Completed;
JP 01/12/2022 00:09 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
JP 01/12/2022 00:09 Net Body Balance (24hr): Cumulative Total 916 ml; Hour Total 21 ml;
JP 01/12/2022 00:09 Net Body Balance (LOS): Cumulative Total 886 ml; Hour Total 21 ml;
JP 01/12/2022 01:43 Hygiene
JP 01/12/2022 00:09 Hygiene: Assisted wash;
JP 01/12/2022 01:43 PVC: Antecubital Left: Insertion Date: 29/11/2022; Site Duration: 1 days; Removal Date: 30/11/2022; Reason Removed: Leak/Bleed;
JP 01/12/2022 01:43 PVC: Antecubital Right: Insertion Date: 29/11/2022; Site Duration: 1 days;

01/12/2022 00:00

JP 00:09 NIBP: Systolic: 115 mmHg; Diastolic: 92 mmHg; Mean: 101 mmHg; BP Site: Arm Left;
JP 01:43 Mobilisation: Roll or turn in bed; Weight bearing Staff: 2;
JP 01:43 RASS Assessment: RASS Actual: Normal Sleep; RASS Target: Normal Sleep;
JP 02:02 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: declined
JP 00:09 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
JP 00:09 Net Body Balance (24hr): Cumulative Total 987 ml; Hour Total 71 ml;
JP 00:09 Net Body Balance (LOS): Cumulative Total 957 ml; Hour Total 71 ml;
JP 01:43 Skin Assessment Moisture: All areas, 0 = Healthy, intact skin;
JP 01:43 Skin Action: Encourage activity as tolerated; Pressure area care as Care Plan;
JP 01:43 2. Surface: Equipment appropriate; Equipment in good working order;
JP 01:43 5. Nutrition: Diet: Food refused
Fluids: Oral fluids taken
Supp: Nil by mouth;
JP 01:43 6. Self Management/Shared Care: Patient pain score assessed; Patient agreed to postion change; Patient involved in care;

01/12/2022 01:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 1008 ml; Hour Total 21 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 978 ml; Hour Total 21 ml;

01/12/2022 02:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 1029 ml; Hour Total 21 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 999 ml; Hour Total 21 ml;

01/12/2022 03:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 1050 ml; Hour Total 21 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 1020 ml; Hour Total 21 ml;

01/12/2022 04:00

KM 05:24 NIBP: Systolic: 113 mmHg; Diastolic: 93 mmHg; Mean: 101 mmHg; BP Site: Arm Right;
BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 821 ml; Hour Total -229 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 791 ml; Hour Total -229 ml;

01/12/2022 05:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 842 ml; Hour Total 21 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 812 ml; Hour Total 21 ml;

01/12/2022 06:00

KR 07:11 NIBP: Systolic: 118 mmHg; Diastolic: 96 mmHg; Mean: 104 mmHg; BP Site: Arm Right;
KR 07:11 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
KR 07:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 963 ml; Hour Total 121 ml;
BW 10:06 Net Body Balance (LOS): Cumulative Total 933 ml; Hour Total 121 ml;

01/12/2022 06:59

KD 07:00 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;

01/12/2022 07:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 10:06 Net Body Balance (24hr): Cumulative Total 989 ml; Hour Total 26 ml; Action: Automatic Reset;
BW 10:06 Net Body Balance (LOS): Cumulative Total 959 ml; Hour Total 26 ml;

01/12/2022 08:00

BW 08:23 NIBP: Systolic: 124 mmHg; Diastolic: 103 mmHg; Mean: 110 mmHg; BP Site: Arm Right;
BW 08:23 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 12:22 Net Body Balance (24hr): Cumulative Total -29 ml; Hour Total -29 ml; Action: Start;
BW 12:22 Net Body Balance (LOS): Cumulative Total 930 ml; Hour Total -29 ml;

01/12/2022 09:00

BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 12:22 Net Body Balance (24hr): Cumulative Total -8 ml; Hour Total 21 ml;
BW 12:22 Net Body Balance (LOS): Cumulative Total 951 ml; Hour Total 21 ml;

01/12/2022 10:00

BW 1107 NIBP: Systolic: 119 mmHg; Diastolic: 88 mmHg; Mean: 99 mmHg; BP Site: Arm Left;
BW 1107 RASS Assessment: RASS Actual: 0 Alert & calm; RASS Target 0 Alert & calm;
BW 1113 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Completed;
MC 12:16 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
BW 1113 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Completed;
BW 10:06 Amiodarone mg/ml mg/hr 1.8 mg/ml: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW 12:22 Net Body Balance (24hr): Cumulative Total 13 ml; Hour Total 21 ml;
BW 12:22 Net Body Balance (LOS): Cumulative Total 972 ml; Hour Total 21 ml;

01/12/2022 10:28

BW 1111 Bisoprolol 2.5 mg PO/NG Once Only: Dose: 2.5 mg; Route: PO/NG; Action: Completed;

01/12/2022 11:00

BW 12:22 Net Body Balance (24hr): Cumulative Total 13 ml; Hour Total 0 ml;
BW 12:22 Net Body Balance (LOS): Cumulative Total 972 ml; Hour Total 0 ml;

01/12/2022 12:00

DBSvc 30/11/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
BW 12:22 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 200 ml;
BW 12:22 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 200 ml;

01/12/2022 13:00

DBSvc 14:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSvc 14:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;

01/12/2022 14:00

DBSvc 15:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;

	01/12/2022 14:00
DBSv c	15:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 16:00
DBSv c	16:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSv c	16:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 16:00
DBSv c	17:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSv c	17:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 17:00
DBSv c	18:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSv c	18:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 18:00
DBSv c	30/11/2022 18:03 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	30/11/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
DBSv c	19:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSv c	19:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 19:00
DBSv c	20:17 Net Body Balance (24hr): Cumulative Total 213 ml; Hour Total 0 ml;
DBSv c	20:17 Net Body Balance (LOS): Cumulative Total 1172 ml; Hour Total 0 ml;
	01/12/2022 22:00
DBSv c	30/11/2022 22:33 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Pending;
	02/12/2022 00:00
DBSv c	01/12/2022 00:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 06:00
DBSv c	01/12/2022 06:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 10:00
RC	01/12/2022 10:29 Bisoprolol 2.5 mg PO/NG OD at 10:00: Dose: 2.5 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
	02/12/2022 12:00
DBSv c	01/12/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 18:00
DBSv c	01/12/2022 18:03 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	01/12/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;

GP Discharge Letter (GRI)

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

GP Discharge Letter (GRI) (07/12/2022 15:28) Rachael Munro

Discharge Patient Data

***PLEASE BE AWARE THIS IS A DRAFT VERSION THE FINAL VERSION IS AVAILABLE ON TRAKCARE**
*****THIS FORM IS FOR USE BY THE MEDICAL SECRETARY ONLY*****

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Patient Address	**10 EVERARD QUADRANT** **Glasgow** **Lanarkshire** **G21 1XP**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Discharge Letter

DL - Discharge Information	*** Dear Doctor,** **Mr McClymont was admitted to the High Dependency area of Intensive Care East at Glasgow Royal Infirmary on the 30th of November 2022.** **This was after he'd presented to hospital with abdominal pain. In light of his known aortic aneurysm, a CT of his abdomen was performed which revealed an obstructive renal calculus. He was also noted to be in atrial flutter with a subsequent tachycardia.** **He went to theatre and had his ureteric obstruction relieved but remained in atrial flutter despite anti-arrhythmic medications. He denied any symptoms of palpitations or chest pains or awareness of his tachycardia. In light of his need for neurological operations and known AAA, anticoagulation was not commenced at this point. He was discussed with the Cardiologists who advised commencing a beta-blocker and he was transferred to one of the Cardiology wards on the 1st of December 2022 to receive ongoing treatment for his atrial flutter.** **The Urologists advised at this point that their next plan of intervention would be an outpatient flexible uretoscopy once his heart issues had been addressed. They have added his details to the MDT to ensure this follow up is arranged.** **You will receive a final letter from the Cardiology Team when he is ready for hospital discharge. Please contact ICU East on 0141 201 5426 if you have any questions regarding his Critical Care admission.** **Yours sincerely,** **Richard Cowan**
DL - Discharging Unit Consultant	**Cowan, R**
DL - Date Of Discharge Letter	**07/12/2022**

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:35
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
RM	Rachael Munro	07/12/2022 15:28 - 13/12/2022 14:51

	30/11/2022 01:28
CF	01:28 CHI
CF	01:28 Patient Name
CF	01:35 Critical Care Admit Date & Time
	30/11/2022 01:29
HIS	01:29 Patient Address
	07/12/2022 15:28
RM	13/12/2022 14:51 DL - Discharge Information

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	07/12/2022 15:28
RM	15:28 DL - Discharge Information: Dear Doctor, Mr McClymont was admitted to the High Dependency area in Intensive Care East at Glasgow Royal Infirmary on the 30th of November 2022. This was after he'd presented to hospital with abdominal pain. In light of his known aortic aneurism, a CT of his abdomen was performed which revealed an obstructive renal calculi, he was also noted to be in atrial flutter with a subsequent tachycardia. He went to theatre and had his ureteric obstruction relieved but remained in atrial flutter despite anti-arrhythmic medications. He denied any symptoms of palpitations or chest pains or awareness of his tachycardia. In light of his need for neurological operations and known triple A, anticoagulation was not commenced at this point. He was discussed with the Cardiologists who advised commencing a beta-blocker and he was transferred to one of the Cardiology Wards on the 1st of December 2022 to receive ongoing treatment for his atrial flutter. The Urologists advised at this point that their next plan of intervention would be an outpatient flexible uretoscopy, once the heart issue had been addressed and they have added his details to the MDT to ensure this follow up is arranged. You will receive a final letter from the Cardiology Team when he is ready for hospital discharge. Please contact ICU East on 0141 201 5426 if you have any questions regarding his Critical Care admission. Yours sincerely, Richard Cowan

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

HDU Daily Ward Round (GRI) (30/11/2022 12:12) Anne Devine

Ward Round Summary

Present On Ward Round	**A Devine ST5 R Cowan cons E Crane ACCP**
Dictated By/Written By	**A Devine**
Past 24hr Progress	**Admitted overnight with obstructed ureter with fast atrial flutter. Went for stent insertion this am**
Current Level of Care	**Level 2**

Resuscitation Status

Resuscitation Status	**Status: For resuscitation; DNR Form:**

Progress

Patient Continues To Improve	**Patient Improving: Yes; Comment:**
Medical Summary Reviewed	**Yes**

Blood/Investigation Results

Blood & Investigation Results	**admission bloods ok tpday to be repeated**

System Review

Cardiovascular	**HR 152 a flutter BP 120/95 unsupported**
Respiratory	**Sp02 94% 3l RR 17**
Renal	**voiding balance +450mls currently**
Gastrointestinal	**Oral intake**
CAM-ICU	**CAM-ICU -ve = no delirium**
Neuro/Sedation	**alert and settled**

Medications

Drug History & Reconciliation Plan Reviewed	**Yes**

Housekeeping

DVT Prophylaxis	**Enoxaparin**
GI Prophylaxis	**Omeprazole**
Bowels moved in last 48hrs	**No - prescribe laxatives if appropriate**
Mobilisation Plan	**Allowed to mobilise**

Surgical Instructions

Surgical Instructions	**Ureter stent inserted this am**

Plan

Plan For The Day	**Amiodarone** **Can eat and drink** **repeat bloods**

AD Anne Devine 30/11/2022 12:12 - 30/11/2022 12:23

Overnight Progress Handover (GRI) (01/12/2022 01:11) Conor Nicholl QEUH Critical Care Doctor

Overnight Progress Handover

THIS FORM SHOULD IMPROVE OUR KNOWLEDGE OF THE PATIENT AND PROVIDE THE BASIS FOR EVERY HANDOVER

What's Happened

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

What's Happened

Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Ongoing Care

Current Physiological State/Trends	*** CT3 Nicholl Overnight Review 0120** **New patient with partially obstructed ureteric stones. Stented am 30/11. PAtient not awoken from sleep** **RESP: 96% on 3LNC** **CVS: HR140 (reg and narrow, previous flutter on 12 lead) BP115/92 on 24hr amiodarone bag. will finish at 1300** **RENAL: Self voiding. Reasonable volumes** **GI: oral intake.** **NEURO: GCS 15 throughout day.** **MICRO: Apyrexial. Co-amox and gentamicin.** **Plan** **No change overnight** **Review for BBlocker tomorrow in anticipation of amiodarone finishing** **Could likely stop antibiotics as source control achieved- dw urology**

CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 01:35
CN	Conor Nicholl QEUH Critical Care Doctor	01/12/2022 01:11 - 01/12/2022 01:21

	30/11/2022 01:28
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
	01/12/2022 01:11
CN	01:21 Current Physiological State/Trends
CN	01:12 Current Physiological State/Trends: CT3 Nicholl Overnight Review RESP: CVS: RENAL: GI: NEURO: MICRO: Plan

HDU Daily Ward Round (GRI) (01/12/2022 09:59) Richard Cowan Consultant GRI ICU

Ward Round Summary

Present On Ward Round	**Cowan, Devine**
Dictated By/Written By	**Cowan, R**
Past 24hr Progress	*** - Remains in atrial flutter despite amiodarine** **- Flank pain has resolved with stent** **- Urologists would be discharging home at this point if didn't have issues with heart rate, can stop Abx**
Current Level of Care	**Level 2**

Resuscitation Status

Resuscitation Status	**Status: For resuscitation; DNR Form: Not done**

Progress

Patient Continues To Improve	**Patient Improving: Yes; Comment:**
Medical Summary Reviewed	**Yes**

Blood/Investigation Results

Blood & Investigation Results	**U&Es OK** **LFTs stable** **CRP 7** **WCC 11.4, Hb 136, PLt 172**

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

System Review	
Cardiovascular	**Warm peripheries, no oedema** **P 140-150 reg, looks like underlying flutter on telemetry**
Respiratory	**SpO2 94% on room air** **Comfortable WoB** **Slightly quiet bases**
Renal	**Adequate urine output**
Gastrointestinal	**Abdo soft, non tender** **Eating oral diet**
CAM-ICU	**CAM-ICU -ve = no delirium**
Neuro/Sedation	**Initially looked slightly tremulous. Denies significant alcohol history. Swettled after**

Medications	
Drug History & Reconciliation Plan Reviewed	**Yes**

Housekeeping	
DVT Prophylaxis	**Enoxaparin**
GI Prophylaxis	**Omeprazole**
Feeding	**Normal diet; ;**
Bowels moved in last 48hrs	**Yes**
Wounds	**n/a**
Drains	**n/a**
Lines	**clean/dressed**
Mobilisation Plan	**Allowed to mobilise**

Plan	
Plan For The Day	**- Physio/mobilise** **- Discuss with cardiology: they have accepted for step down to their ward and advise starting 2.5mg bisoprolol od**

Medical Progress (Note date and time of each entry)

Medical Progress	
	11:35 Walk Round W/R **- Stable, sat out in chair** **Plan** **- Step down to cardiology once bed available** **RC**

RC Richard Cowan Consultant GRI 01/12/2022 09:59 - 01/12/2022 11:36
ICU

01/12/2022 09:59:	
RC	10:48 Past 24hr Progress
RC	10:01Past 24hr Progress: - Remains in atrial flutter despite amiodarine

Infection Control

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Infection Control (30/11/2022 01:28) Clare Flood

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28

Lab Flowsheet

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

		30/11/2022	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00
Haem Graph		☐ Haematocrit (0.37-0.54) ☐ Haemoglobin (90-170) Message	200 150 100 50 0											100 80 60 40 20 0
Full Blod	WBC (4.0-11)		* 9.6											* 9.2
	Haemoglobin (90-170)		* 142											* 137
	CRP (<10)		* 8											* 8
	Platelets (150-400)		* 189											* 168
	Haematocrit (0.37-0.54)		* 0.412											* 0.401
Coa	PT (10.0-13.0)		* 13											A* 14
	APTT (28-36)		* 33											* 34
U&E's	Sodium (133-146)		* 138											* 138
	Potassium (3.5-5.0)		* 4.8											* 4.6
	Urea (2.5-7.5)		* 6.7											* 5.6
	Creatinine (40-130)		* 74											* 70
	Chloride (95-108)		A* 109											* 108
	eGFR		* 80											* 80
LFT's	Bilirubin Total (3.0-20)		* 9											* 11
	AST (<40)		* 14											* 14
	ALT (<50)		* 14											* 13
	Alk Phos (20-130)		* 83											* 79
Bone	Albumin (35-50)		* 38											* 36
	Calcium Total (2.2-2.60)		* 2.2											* 2.23
	Phosphate (0.8-1.4)		* 1.35											* 1.2
	Magnesium (0.7-1.0)		* 0.75											A* 0.69
M	Creatine Kinase (25-320)		* 113											
D	Gentamicin													* 1.4
Urine	Urinalysis			Negative Negative Negative										
		01/12/2022	01:00	02:00	03:00	04:00	05:00	06:00						

18/06/2026 12:31

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

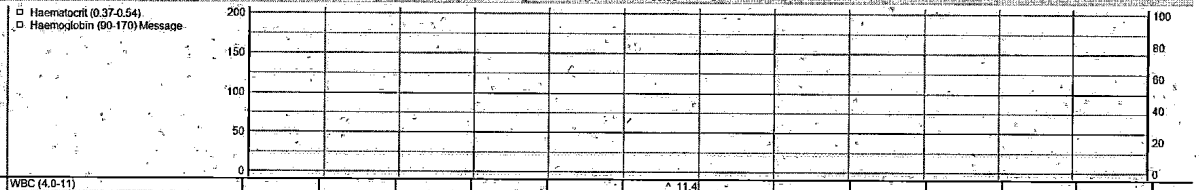
ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

01/12/2022 01:00 02:00 03:00 04:00 05:00 06:00



Full Blod	WBC (4.0-11)	^ 11.4
	Haemoglobin (90-170)	136
	CRP (<10)	7
	Platelets (150-400)	172
	Haematocrit (0.37-0.54)	0.406
Coa	PT (10.0-13.0)	^ 14
	APTT (26-36)	31
U&E's	Sodium (133-146)	137
	Potassium (3.5-5.0)	4.7
	Urea (2.5-7.5)	6.8
	Creatinine (40-130)	71
	Chloride (95-108)	108
	eGFR	80
LFT's	Bilirubin Total (3.0-20)	10
	AST (<40)	16
	ALT (<50)	15
	Alk Phos (20-130)	79
Bone	Albumin (35-50)	36
	Calcium Total (2.2-2.60)	2.22
	Phosphate (0.6-1.4)	1.24
	Magnesium (0.7-1.0)	0.76

HIS HIS 30/11/2022 01:37 - 01/12/2022 06:00

JM Julia Mandat 30/11/2022 02:00 - 30/11/2022 02:00

30/11/2022 01:37

HIS	03:03 WBC (4.0-11)
HIS	03:03 Haemoglobin (90-170)
HIS	03:33 CRP (<10)
HIS	03:03 Platelets (150-400)
HIS	03:03 Haematocrit (0.37-0.54)
HIS	03:13 PT (10.0-13.0)
HIS	03:13 APTT (26-36)
HIS	03:33 Sodium (133-146)
HIS	03:33 Potassium (3.5-5.0)
HIS	03:33 Urea (2.5-7.5)
HIS	03:33 Creatinine (40-130)
HIS	03:33 Chloride (95-108)
HIS	03:33 eGFR
HIS	03:33 Bilirubin Total (3.0-20)
HIS	03:33 AST (<40)
HIS	03:33 ALT (<50)
HIS	03:33 Alk Phos (20-130)
HIS	03:33 Albumin (35-50)
HIS	03:33 Calcium Total (2.2-2.60)
HIS	03:33 Phosphate (0.6-1.4)
HIS	03:33 Magnesium (0.7-1.0)
HIS	03:33 Creatine Kinase (25-320)

30/11/2022 02:00

JM	02:22 Urinalysis: Negative
	Negative
	Negative
	1.015
	+++ (Haemolysed)
	5
	+ (0.3 g/l)
	Normal (0.2-1 mg/dl)
	Negative)
	Negative;

30/11/2022 12:23

HIS	13:03 WBC (4.0-11)
HIS	13:03 Haemoglobin (90-170)
HIS	13:24 CRP (<10)
HIS	13:03 Platelets (150-400)
HIS	13:03 Haematocrit (0.37-0.54)
HIS	13:44 PT (10.0-13.0)
HIS	13:44 APTT (26-36)
HIS	13:24 Sodium (133-146)
HIS	13:24 Potassium (3.5-5.0)
HIS	13:24 Urea (2.5-7.5)
HIS	13:24 Creatinine (40-130)
HIS	13:24 Chloride (95-108)
HIS	13:24 eGFR
HIS	13:24 Bilirubin Total (3.0-20)
HIS	13:24 AST (<40)
HIS	13:24 ALT (<50)
HIS	13:24 Alk Phos (20-130)
HIS	13:24 Albumin (35-50)
HIS	13:24 Calcium Total (2.2-2.60)
HIS	13:24 Phosphate (0.6-1.4)
HIS	13:24 Magnesium (0.7-1.0)

HIS 15:26 Gentamicin

18/06/2026 12:31

Medical & Nursing Admission

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical & Nursing Admission (30/11/2022 01:28) Anne Devine

Admitting Staff

Admitting Doctor	**C Flood ST4**
Under Care of (Unit Cons)	**Cowan, R**
Admitting Specialty	**Emergency Medicine**

Admission Date & Time

Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Admission History (Medical)

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Admission History (Medical)	
Admission Comments	* Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.
Past Medical History	AAA
Allergies & Sensitivities	No known allergies
GCS Eyes (Presedate)	4. Spontaneously
GCS Verbal (Presedate)	5. Orientated
GCS Motor (Presedate)	6. Obeys Commands
GCS Total (Presedate)	15
CPR In 24hrs Prior To Admission	No
Pre-Admission Intubation	Not intubated,
IF INTUBATED PRIOR TO ICU ADMISSION PLEASE DOCUMENT AIRWAY DETAILS IN THE PROCEDURES FORM	
Planned Admission	No
Re-admission In This Hospital Stay	No
Admitted From (Name)	Glasgow Royal Infirmary (GGC)
Admitted From (Type)	Emergency Dept
Housed Within	This hospital site
Previously Located	Emergency Department
Pre-Location Housed Within	This hospital site

Audit (Medical)	
Incapacity Form	Not required
Historic Blood Sample On Record	Yes - sample record viewed on Clinical Portal

Audit (Nursing)

Audit (Nursing)	
Admission: Infection Control	**no issues**
Admission: MRSA Screen	**Done**
Admission: CPE Screen	**CPE screen not required**
Admission: CJD Screen	**Patient not at risk of CJD**
For Creutzfeldt-Jacob Disease (CJD) - if the patient has ever been contacted by Public Health and told that they are possibly at risk of CJD, contact the Infection Control Team. For Carbapenemase Producing Enterobacteriacea (CPE) screen - In the LAST 12 MONTHS, if the patient has been an inpatient in a hospital outwith Scotland (abroad or any other part of UK), had holiday dialysis outside of Scotland or been in close contact with someone infected with CPE, obtain a rectal swab and send to microbiology for CPE screen.	
Admission: Pressure Ulcer Present	**No;**
Pressure Ulcer Daily Risk Assessment (PUDRA)	*** No redness +/or existing pressure damage, Does not require assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure...**
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
Falls Risk Assessment	*** Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,**
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**

Chronic Health (Medical)	
Alcohol Use	**No/low risk**
Encephalopathy	**Not applicable**
Ascites	**Not applicable**
Smoking	**Yes**
Recreational Drug Use	**None**
Clinical Frailty Scale	**Fit (no active disease symptoms & exercise occsionally),**

Admission Assessment (Medical & Nursing)

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Admission Assessment (Medical & Nursing)

Admission: Level of Care	**Level 2**
Type of Level 2 Admission	**Emergency**
Admission: Respiratory	*** Sats 95% on 2 litres nasal cannula, saturating at 97%** **Airway patent and protected naturally** **Chest clear, equal air entry bilatearlly** **RR 22** **Nursing** **Natural airway** **2L O2 via NC given to maintain SPO2>94%** **Chest clear** **coughs and clears**
Admission: Cardiovascular	*** Unsupported** **Warm and well perfused** **Heart sounds pure** **Persistent tachycardia, HR 150** **ECG shows atrial flutter with 2:1 block** **Nursing** **Unsupported** **ECG done on admission** **Artial flutter in monitoring 150 - continue to monitor** **Apyrexial** **Peripherally warm and well perfused** **2x PVC access - inserted in A&E**
Admission: Renal & Fluid Balance	*** IV fluids ongoing** **Not catheterised, self voiding** **Passing urine regularly** **Nursing** **Hartmans 100ml/hr running** **selfvoiding** **Urinalysis done** **urine sample sent out**
Admission: GI & Nutrition	*** Abdomen soft and non tender** **Bowel sounds present** **No nausea/vomiting** **Opened bowels earlier today** **Last meal at 5.30 (pizza)** **Nursing** **Nil by mouth as in the morning planned for theatre** **no nausea** **abdomen soft, good bowel sounds** **BO during a day 1x**
Admission: Neurological	*** GCS 15** **Not delirious** **Nursing** **GCS15/15** **pearl 3MM** **No delirium present**
Admission: Skin & Pressure Areas	*** Nil** **Nursing** **Skin pressure area remains intact**

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Admission Assessment (Medical & Nursing)

Admission: Hygiene & Mobility	* **Nil** **Nursing** **Pt mobilising independently at home - does not requires any walking aids freshened-up on admission**
Admission: Pain	* **No pain** **Nursing** **No c/o pain on admission**
Admission: Lines, Tubes & Drains Present	**2x PVC, L ACF and R ACF**
Admission: Relatives & Social Circumstances	**Lives independently with his wife**

Admission Plan (Medical)

Antibiotic Therapy	**Continue current therapy (check when next dose due)**
ERAS Patient	**No**
Lung Protective Ventilation	*
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation (APV SIMV). Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
Sedation	**No,**
Admission Plan	* **1. Continue IV coamoxiclav and gentamicin** **2. Further 12 lead ECG - remains in atrial flutter 148bpm** **3. IV fluids - Hartmann's 100ml/hr** **4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required** **5. Fast for theatre in the morning** **6. Oramorph PRN for abdominal pain** **7. Will need gent level daytime (6am - 2pm)**
Please ensure that the Problems/Diagnoses section in the Medical Summary from has been completed following admission.	

AD	Anne Devine	30/11/2022 01:28 - 30/11/2022 12:22
CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 07:30
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 02:34
JM	Julia Mandat	30/11/2022 04:06 - 30/11/2022 04:06

30/11/2022 01:28	
CF	01:35 Admitting Doctor
CF	01:35 Under Care of (Unit Cons)
CF	01:35 Admitting Specialty
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
CF	07:30 Admission Comments

CF 02:06 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back.
Associated with vomiting and haematuria.
Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.
Pain settled with 5+5mg IV morphine.
CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.
RAv by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.
Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty.
Comfortable work of breathing, speaking in full sentences.
Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.

Patient requires a monitored bed for overnight. No beds in surgical HDU.
D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back.
Associated with vomiting and haematuria.
Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.
Pain settled with 5+5mg IV morphine.
CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.
RAv by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.
Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty.
Comfortable work of breathing, speaking in full sentences.
Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU.
D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022 01:28
CF	02:04 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	02:00 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. IV metoprolol 5 + 5mg in resus -> no effect. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	01:49 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CXR - nil focal. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - for theatre mane Remains tachycardic at 145-150bpm. IV metoprolol 5 + 5mg in resus -> no effect. BP maintained throughout. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of this - no chest pain, palpitations, dizziness/lightheddedness and no SOB.
CF	01:35 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.

SS	01:42 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
SS	01:42 GCS Eyes (Presedate)
SS	01:42 GCS Verbal (Presedate)
SS	01:42 GCS Motor (Presedate)
SS	01:42 GCS Total (Presedate)
SS	01:42 CPR In 24hrs Prior To Admission
SS	01:42 Pre-Admission Intubation
SS	01:49 Planned Admission
SS	01:49 Re-admission In This Hospital Stay
SS	01:49 Admitted From (Name)
SS	01:49 Admitted From (Type)
SS	01:49 Housed Within
SS	01:49 Previously Located
SS	01:49 Pre-Location Housed Within
SS	01:49 Incapacity Form
SS	01:49 Historic Blood Sample On Record
JM	04:06 Admission: Infection Control
JM	04:06 Admission: MRSA Screen
JM	04:06 Admission: CPE Screen
JM	04:06 Admission: CJD Screen
SS	02:34 MUST Assessment: Risk Assessment: BMI>20 (0); Unplanned weight loss in 3-6 mths <5% (0);
SS	02:34 Admission: Pressure Ulcer Present
JM	04:06 PUDRA: Pressure Damage: No redness +/or pressure damage; Mobility: No assistance to mobilise; Continence: No continence issues; Nutrition: Not malnourished, can eat/drink; Skin: Skin compromised; Judgement: Risk of pressure damage;
SS	02:34 Pressure Ulcer Daily Risk Assessment (PUDRA): No redness +/or existing pressure damage,
JM	04:06 Falls Risk Assessment
SS	02:34 Falls Risk Assessment: Pt has no Hx of falls last 6 mths, , ,
JM	04:06 Bedrail Assessment
SS	01:49 Alcohol Use
SS	01:49 Encephalopathy
SS	01:49 Ascites
SS	01:49 Smoking
SS	01:49 Recreational Drug Use
SS	01:49 Clinical Frailty Scale
CF	01:49 Admission: Level of Care
CF	01:49 Type of Level 2 Admission
JM	04:06 Admission: Respiratory
SS	01:56 Admission: Respiratory: Sats 95% on 2 litres nasal cannula, saturating at 97% Airway patent and protected naturally Chest clear, equal air entry bilaterally RR 22
CF	01:49 Admission: Respiratory: Sats 95% on 2 litres nasal cannula
JM	04:06 Admission: Cardiovascular
SS	01:56 Admission: Cardiovascular: Unsupported Warm and well perfused Heart sounds pure Persistent tachycardia, HR 150 ECG shows atrial flutter with 2:1 block
CF	01:49 Admission: Cardiovascular: Unsupported
JM	04:06 Admission: Renal & Fluid Balance
SS	01:56 Admission: Renal & Fluid Balance: IV fluids ongoing Not catheterised, self voiding Passing urine regularly
CF	01:49 Admission: Renal & Fluid Balance: IV fluids ongoing.
JM	04:06 Admission: GI & Nutrition
SS	01:56 Admission: GI & Nutrition: Abdomen soft and non tender Bowel sounds present No nausea/vomiting Opened bowels earlier today Last meal at 5.30 (pizza)
JM	04:06 Admission: Neurological: Free Text(1500)GCS 15 Not delirious Nursing GCS15/15 pearl 3MM No delirium present;
SS	01:56 Admission: Neurological: Free Text(1500)GCS 15 Not delirious;
JM	04:06 Admission: Skin & Pressure Areas
SS	02:01 Admission: Skin & Pressure Areas: Nil

JM	04:06 Admission: Hygiene & Mobility
SS	02:01 Admission: Hygiene & Mobility: Nil
JM	04:06 Admission: Pain
SS	01:56 Admission: Pain: No pain
SS	01:56 Admission: Lines, Tubes & Drains Present
CF	01:49 Admission: Relatives & Social Circumstances
CF	01:49 Antibiotic Therapy
SS	01:56 ERAS Patient
CF	02:04 Lung Protective Ventilation
SS	01:56 Lung Protective Ventilation: Status: Yes Exclusion:
CF	02:04 Sedation
CF	02:04 Admission Plan
CF	02:03 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime (6am - 2pm)
CF	02:03 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime
CF	01:49 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime

Medical Discharge Form

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Discharge Form (01/12/2022 12:44) Anne Devine

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Patient Profile

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Patient Address	**10 EVERARD QUADRANT** **Glasgow** **Lanarkshire** **G21 1XP**
Date of Birth	**18/12/1952**
Age (Admission)	**69 years**
Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Under Care of (Unit Cons)	**Cowan, R**
Also Under (Hosp Cons)	**Vint**
Admitting Specialty	**Emergency Medicine**
Name of Ward Doctor Contacted	**Cardiology reg**
Date & Time Contacted	**01/12/2022 10:44**
Discharging Consultant	**Cowan, R**
Discharging Doctor	**Devine**

DISCHARGED ALIVE FROM THIS UNIT

Nature of Outcome	**1. Improved**
Ready for Discharge?	**Yes**
If Ready - Date & Time Ready for Discharge	**01/12/2022 12:44**
ACTUAL ICU Discharge Date & Time	**01/12/2022 16:15**
Discharge to (Name)	**Glasgow Royal Infirmary (GGC)**

Discharged to (Type)	**Ward**
Discharge Housed Within	**This Hospital Site**
Discharge Reason	**Specialist care**
Expected Hospital Outcome	**Survivor**
In Case Of Deterioration	**Would re-admit**
Additional Comments	**Urology presenation addressed, ongoing cardiology input required**

Background

Admission Comments	*** Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria.** **Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.** **Pain settled with 5+5mg IV morphine.** **CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.** **R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.** **ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.** **2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.** **Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences.** **Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheddedness and no SOB.** **ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.** **Patient requires a monitored bed for overnight. No beds in surgical HDU.** **D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.**
Past Medical History	**AAA**

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Problems/Diagnoses

Problem/Diagnosis 1	**ureteric obstruction** **Status: Active**
Problem/Diagnosis 2	**atrial flutter** **Status: Active**

Outstanding Issues

Cardiovascular	**Atrial fluuter rate 105-150 despite amiodarone loading and maintance**
Respiratory	**Nasal cannula**
Gastrointestinal	**Oral diet**
Renal	**No concerns**
General	**Pain well controlled**

Operations/Procedures

Operations & Procedures	**Ureteric stent insertion 30/12/22**

Microbiology Information

*** 30/11 - No samples/growth yet. Continue peri-op Abx as per surgeons. RC**
01/12 - Urine culture negative. Abx stopped. RC

30/11 post procedure-no further antibiotics required as per surgical team

Summary of Critical Care Progress

Progress	**Admitted to critical care due to fast atrial flutter with ureter obstruction**

Discharge Summary

Discharge Summary	**Mr McClymont presented with abdominal pain on a background of a known4.2cm AAA. He was found to have an obstructed left ureter and booked for theatre. In addition to this he was found to be in asymptomatic atrial flutter, unknown time of onset and so the patient was admitted to critical care for monitoring. Ureter stent inserted 30/12/22. A flutter persited despite metoprolol and loading and maintanence of amiodarone. Urology will follow up as an outpatient for flexible ureteroscopy and has be adeded**

Medication Information - also see Medicines Reconiliation Form

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:

1. Routine drugs that were WITHHELD but should be considered for RE-STARTING at a clinically appropraite time and dose.
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appropriate time.
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated
4. Drugs that have been STOPPED and should NOT be re-started

CF	Clare Flood		30/11/2022 01:28 - 30/11/2022 07:30
HIS	HIS		30/11/2022 01:29 - 30/11/2022 01:29
AD	Anne Devine		30/11/2022 12:22 - 01/12/2022 16:22
RC	Richard Cowan	Consultant GRI ICU	30/11/2022 14:31 - 01/12/2022 14:41

30/11/2022 01:28	
CF	01:28 CHI
CF	01:28 Patient Name
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
CF	01:35 Admitting Specialty
CF	07:30 Admission Comments

30/11/2022 01:28

CF 02:06 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheededness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheededness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:04 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheededness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:00 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. IV metoprolol 5 + 5mg in resus -> no effect. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheededness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 01:49 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CXR - nil focal. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - for theatre mane

Remains tachycardic at 145-150bpm. IV metoprolol 5 + 5mg in resus -> no effect. BP maintained throughout. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of this - no chest pain, palpitations, dizziness/lightheededness and no SOB.

CF 01:35 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.

30/11/2022 01:29

HIS 01:29 Patient Address
HIS 01:29 Date of Birth
HIS 01:29 Age (Admission)

30/11/2022 08:50

RC 01/12/2022 14:41 Microbiology 2 (continued)

RC 14:31 Microbiology 2 (continued): 30/11- No samples/growth yet. Continue peri-op Abx as per surgeons. RC

Medication Overview Report

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Description	Duration	29/11/2022 00:00	30/11/2022 00:00	01/12/2022 00:00
Anti-Infective Agents				
Co-Amoxiclav 1200 mg IV 8 hrly	2 days total			
⊟ Gentamicin				
Gentamicin 0 mg IV As per paper	1 days total			
Gentamicin 360 mg IV Once Daily	0 days total			
Cardiovascular Agents				
Amiodarone 300 mg to 300 mg IV STAT	1 days total			
Amiodarone mg/ml 900 mg in 500 ml	Day 1296			
Simvastatin 40 mg PO/NG OD at 22:00	Day 1297			
Beta Blockers				
⊟ Bisoprolol				
Bisoprolol 2.5 mg PO/NG OD at 10:00	Day 1296			
Bisoprolol 2.5 mg PO/NG Once Only	1 days total			
Gastrointestinal Agents				
Omeprazole 20 mg PO/NG OD at 10:00	Day 1297			
Ondansetron 4 mg IV PRN 8hrly	Day 1297			

18/06/2026 12:32

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Description	Duration	29/11/2022 00:00	30/11/2022 00:00	01/12/2022 00:00
Hematologic Agents				
Enoxaparin 40 mg SC OD at 18:00	Day 1297		■	▯
Neurological Agents				
Morphine 10 mg PO/NG PRN	Day 1297		◆ ◆	◆
⊟ Paracetamol				
Paracetamol 1000 mg IV STAT	1 days total		■	
Paracetamol 1000 mg to 1000 mg	Day 1296		■ ▯ ■ ▯ ▯	
Other				
⊟ Hartmanns				
Hartmanns IV Continuous PRN @ 100	Day 1297		—	—
Hartmanns IV Continuous PRN @ 999	Day 1297			
Urinalysis 1 Test Urine Sample STAT	1 days total		■	
Sertraline 50 mg PO/NG OD at 10:00	Day 1297		▯	▯

— Pending Continuous Dose
···· Order Continues
▯ Scheduled Dose Pending
— Continuous Dose
■ Scheduled Dose Given
◆ PRN Dose Given
~ Dose Increase
▯ Scheduled Dose Held
~ Dose Decrease
▯ Scheduled Dose Missed

18/06/2026 12:32

Microbiology/Virology Form (GRI)

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Microbiology/Virology Form (GRI) (30/11/2022 08:50) Richard Cowan Consultant GRI ICU

Microbiology/Virology

No known allergies

ENTER THE DATE, SAMPLE SOURCE, MICROBIOLOGY REPORT & SENSITIVITIES

Microbiology/Virology (2) ctd

30/11 - No samples/growth yet. Continue peri-op Abx as per surgeons. RC
01/12 - Urine culture negative. Abx stopped. RC

Microbiology/Virology (3) ctd

30/11 post procedure-no further antibiotics required as per surgical team

SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42
RC	Richard Cowan Consultant GRI ICU	30/11/2022 08:50 - 01/12/2022 14:41
AD	Anne Devine	01/12/2022 13:10 - 01/12/2022 13:10

NHS GGC Nursing Discharge Summary

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	DOB
Gavin McClymont	**1812526490**	**18/12/1952**
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

NHS GGC Nursing Discharge Summary (01/12/2022 08:09) Carolann Cameron Clerkess GRI ICU

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Situation

Patient Name	**Gavin McClymont**
CHI	**1812526490**
Date of Birth	**18/12/1952**
Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**
Discharged to (Ward)	**WARD 43c**
Admission Comments	**Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria.** **Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.** **Pain settled with 5+5mg IV morphine.** **CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm).** **5.4cm AAA with no features of acute or impending rupture.** **R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.** **ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.** **2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.** **Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty.** **Comfortable work of breathing, speaking in full sentences.** **Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.** **ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.** **Patient requires a monitored bed for overnight. No beds in surgical HDU.** **D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.**

Background

Past Medical History	**AAA**
Allergies & Sensitivities	**No known allergies**

Assessment: Airway/Breathing

Airway	**Natural**
Respiratory Rate	**18**
Oxygen Sats	**97 %**
Oxygen Delivery	**Nasal cannula** **28 %** **2 L/min**
Coughing/Expectorating	**Coughs & clears**
Suction	**Not required**
SALT Comments	**no issues eating and drinking**

Assessment: Circulation

PATIENT NAME	CHI	DOB
Gavin McClymont	**1812526490**	**18/12/1952**

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

Assessment: Circulation	
Temperature	**36.3 ° C**
Blood Pressure	**129 mmHg/90 mmHg (103 mmHg)**
Pulse	**116 bpm**
Central Line Access	**Central Access: No;** **Location:** **Insert Date:**
Peripheral Line Access	**PVC Present: Yes** **How Many: 2** **Locations & Days: 1 x 2 left and right acf**
Circulation Comments	**Atrial flutter amioderone infusion**

Assessment: Neurological	
Conscious Level	**Awake/Alert**
Neuro Comments	**GCS 15 RASS 0**

Assessment: Examination	
Examination Comments	**A - natural** **B - 2l O2 sats 95%** **C - warm to touch** **D - GCS 15** **E - 2 x PVC**
NEWS Score	**5**

Assessment: Elimination	
Urinary Device	**Not catheterised**
Elimination Comments	**passing urine, slightly haematuric**

Assessment: Wounds	
Wound & Drain Details	**nil**

Assessment: Nutrition/Hydration	
MUST Score	**0**
IV Fluids	**No**

Assessment: Tissue Viability	
Pressure Ulcer	**Healthy and intact**
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Does not require assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, No risk of developing pressure...**
Tissue Viability Comments	**no issues**

Assessment: Mobility	
Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, , Pt does not try to walk alone, , ,**

Recommendations	
Next Of Kin	**Yes**
DNA CPR Form	**No**
Adults With Incapacity Form	**No**

Discharge

The ward should be informed of discharge and an appropriate bed allocated for any infection control, neurological or other specific care issues.

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 07:30
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42
AD	Anne Devine	30/11/2022 12:22 - 30/11/2022 12:22
CC	Carolann Cameron Clerkess GRI ICU	01/12/2022 08:09 - 02/12/2022 09:31
BW	Bernadette Wilson	01/12/2022 08:09 - 01/12/2022 11:46

Nursing Care Plan

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Nursing Care Plan (30/11/2022 08:30) Jennifer Pawson

Nurse Completing Plan

Day Nurse	**B Wilson & Aouska St/N**
Night Nurse	**Jennifer Pawson + ST.N R. Robinson**

Audit Documentation

Please ensure all audit documentation is completed at least once per day.
Once documentation complete please tick apporpriate box.

Person Centred Care

Person Centred Care Evaluation	**(N)Patient watching his ipad overnight**

Respiratory

To help reduce duplication: parameters documented in the flowsheet do not need to be duplicated in the nursing notes.

Respiratory Care Plan	**Assess & record air entry; Read Physio daily plan**
Respiratory Evaluation	**D - returned from theatre on face mask 5 litre, now on 3 litre nasal cannula nil to cough/clear** **(N) As per flowchart** **Self ventilating** **Remains on 3l oxygen therapy via nasal cannula** **Coughing and clearing- nil expectorated** **RR stable** **Air entry fair throughout**

Cardiovascular

Cardiovascular Care Plan	**Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Monitor & correct electrolytes**
Cardiovascular Evaluation	**D - remains tachycardic on return from theatre rate up to 150, commenced on IV amioderone loading dose and now 24hour dose infusing** **(N) As per flowchart** **Remains in Atrial Flutter rate 130-145bpm- Amiodarone continues** **NIBP MAP>65mmHg and unsupported** **Apyrexial- feels warm to touch** **2x pvcs insitu**

Neurological

Neurological Care Plan	**Explain all procedures & interventions; Minimise interventions; Record Abbreviated Mental Test (AMT); Record RASS score; Record GCS score; Record & report neurological changes**
Neurological Evaluation	**D - GCS 15, RASS 0** **alert and orientated** **(N) As per flowchart** **GCS 15/15** **Alert and orientated to time, place and person**

Renal/Fluid Balance

Renal & Fluid Balance Care Plan	**Record fluid balance; Record urine output; Record and report renal changes**
Renal & Fluid Balance Evaluation	**D - IV fluids stopped can have oral fluids and diet** **has passed urine since theatre slight haematuria** **(N) As per flowchart** **Drinking small amounts of oral fluids overnight** **Passing urine via bottles overnight**

Gastrointestinal/Nutrition

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Gastrointestinal/Nutrition	
Gastrointestinal & Nutrition Care Plan	**Monitor blood glucose as protocol; Record & report GI changes; Record bowel activity**
Gastrointestinal & Nutrition Evaluation	**D - managing fluids and diet** **(N) As per flowchart** **Blood glucose levels elevated overnight** **Bowels inactive** **Nil diet taken overnight**
Malnutrition Screening Tool	
Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.	
Skin/Pressure Areas	
Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete pressure ulcer daily risk assessment (PUDRA); Complete SSKINS bundle (Flowsheet); Involve patient in care; Optimise position; Record & report skin changes**
Skin & Pressure Area Evaluation	**D - independent with positional changes, pressure areas intact** **(N) As per flowchart** **Pressure areas intact** **Self turning frequently in bed**
Pressure Ulcer Daily Risk Assessment (PUDRA)	
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage**
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Independent with ADL's; Consider suitable footwear; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Optimise position; Read Physio daily plan; Record & report skin changes; Record all personal care**
Hygiene & Mobility Evaluation	**D - all personal hygiene attended to** **(N) As per flowchart** **Assisted with wash and self shave at bedside at 11pm** **Sheets and gown changed** **Stood with supervision at bedside** **TED stalkings Insitu**
Falls Risk	
Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, , ,**
Bedrail Assessment	**Level 2 Pt complete bed rail assessment**
Pain	
Pain Care Plan	**Optimise position; Optimise relaxation and comfort; Minimise interventions**
Pain Evaluation	**D - oral morphine to good effect** **(N) As per flowchart** **Oramorph given with good effect at beginning of night- states pain when trying to pass urine but this is improving. Declined paracetamol at midnight**
Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust; Read Microbiology daily note**
Infection Control Evaluation	**D - standard precautions** **(N) As per flowchart** **Standard incfection control precautions adhered to** **To continue on antibitocs overnight and for review by day shift**
Patient/Relatives	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Patient/Relatives

PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Involve patient in care; Involve relatives in care; Keep patient informed of progress; Keep relatives informed of progress; Record significant discussions in Relatives Communication Record; Ensure patient buzzer available(if applicable); Glasses (if...**
Patients & Relatives Evaluation	**D - wife into visit this afternoon, updated on Gavin's theatre procedure** **(N) As per flowchart** **No contact from family to nursing staff overnight. Patient states he has spoken to his wife**

JP	Jennifer Pawson	30/11/2022 08:30 - 01/12/2022 02:02
BW	Bernadette Wilson	30/11/2022 08:37 - 30/11/2022 19:53

Nursing Care Plan (01/12/2022 08:06) Bernadette Wilson

Nurse Completing Plan

Day Nurse	**B Wilson**

Audit Documentation

Please ensure all audit documentation is completed at least once per day.
Once documentation complete please tick appropriate box.

Respiratory

To help reduce duplication: parameters documented in the flowsheet do not need to be duplicated in the nursing notes.

Respiratory Care Plan	**Assess & record air entry**

Cardiovascular

Cardiovascular Care Plan	**Record & report cardiovascular changes; Assess skin temp, colour & perfusion; Assess all line sites; Check lines are secure; Clean and dress line sites; Monitor & correct electrolytes**
Cardiovascular Evaluation	**D - oral bisprolol**

Neurological

Neurological Care Plan	**Explain all procedures & Interventions; Minimise interventions; Orientate patient to time & place; Record Abbreviated Mental Test(AMT); Record CAM score; Record RASS score; Record GCS score**

Renal/Fluid Balance

Renal & Fluid Balance Care Plan	**Monitor & correct electrolytes; Record fluid balance; Record urine output; Record and report renal changes**

Gastrointestinal/Nutrition

Gastrointestinal & Nutrition Care Plan	**Monitor blood glucose as protocol; Record bowel activity**

Malnutrition Screening Tool

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days.

Skin/Pressure Areas

Skin & Pressure Area Care Plan	**Assess skin temp, colour & perfusion; Complete SSKINS bundle(Flowsheet); Involve patient in care; Optimise position; Record & report skin changes**

Pressure Ulcer Daily Risk Assessment (PUDRA)

Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Requires assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure damage**

If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).

Hygiene/Mobility

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Hygiene/Mobility	
Hygiene & Mobility Care Plan	**Apply TEDS & record on/off; Independent with ADL's; Consider suitable footwear; Involve patient in care; Meet all hygiene needs; Maintain privacy & dignity; Record & report skin changes; Record all personal care**
Pain	
Pain Care Plan	**Optimise position; Record pain score**
Infection Control	
Infection Control Care Plan	**Use standard precautions; Adhere to unit guidelines; Complete damp dust**
Patient/Relatives	
PLEASE DOCUMENT ALL SIGNIFICANT DISCUSSIONS, UPDATES AND CONCERNS IN THE RELATIVES COMMUNICATION RECORD FOUND IN THE COMMUNICATION TAB	
Patient & Relatives Care Plan	**Involve patient in care; Involve relatives in care; Keep patient informed of progress**

BW Bernadette Wilson 01/12/2022 08:06 - 01/12/2022 11:11

Patient Profile

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Patient Profile (30/11/2022 01:28) Carolann Cameron Clerkess GRI ICU

Admission Form

Patient Name	**Gavin McClymont**
CHI	**1812526490**
Date of Birth	**18/12/1952**
Age (Admission)	**69 years**
Gender	**Male**
Marital Status	**Married**
Religion	**Church of Scotland**
Allergies & Sensitivities	**No known allergies**

Contact Details

Patient Address	**10 EVERARD QUADRANT** **Glasgow** **Lanarkshire** **G21 1XP**
Next of Kin	**ALICE UNKNOWN SAME? (Not known)**
Next of Kin Phone Number	**762 2137**
General Practitioner	**FOLEY, MICHAEL**
GP Address	**Auchinairn Medical Practice** **127/129 Auchinairn Road** **Bishopbriggs** **Glasgow** **G64 1NF**
GP Phone Number	**0141 772 1808**

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28
CC	Carolann Cameron Clerkess GRI ICU	30/11/2022 01:28 - 30/11/2022 09:28
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42

	30/11/2022 01:28
CF	01:28 Patient Name
CF	01:28 CHI
SS	01:42 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
	30/11/2022 01:29
HIS	01:29 Date of Birth
HIS	01:29 Age (Admission)
HIS	01:29 Gender
HIS	01:29 Patient Address
HIS	01:29 Next of Kin
HIS	01:29 Next of Kin Phone Number
HIS	01:29 General Practitioner: GP Name: FOLEY, MICHAEL;
HIS	01:29 GP Address
HIS	01:29 GP Phone Number

Procedures (GRI)

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Procedures (GRI) (30/11/2022 01:28) Clare Flood

Airway

Tracheostomy Note fields are for peri-procedural details e.g. type & placement of sutures, level & angle of placement, distance from carina to tube tip etc.

Naso/orogastric Tube Insertion

Remove guidewire prior to CXR

CF Clare Flood 30/11/2022 01:28 - 30/11/2022 01:28

Relative Communication Record

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Relative Communication Record (30/11/2022 01:28) Clare Flood

PLEASE ENSURE ALL 30 FIELDS ARE COMPLETE BEFORE ADDING A NEW FORM.

Support and Care Arrangements
If no carer is identified the sections marked 'Identyfing', 'Involving' and 'Supporting' are not applicable.
If a carer is identified please complete all sections below and record any discussions which have taken place in the Relatives Communication Record.

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28

Report Select GRI

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Report Select GRI (30/11/2022 01:28) Bernadette Wilson

Report Type

GRI Report Requests	**Drug History and Reconciliation Plan (GRI); Medical Summary (GRI); Nursing Summary (GRI); Relative Communication Record (GRI); Visiting Specialist Review (GRI)**

BW Bernadette Wilson 30/11/2022 01:28 - 01/12/2022 17:38

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Research (30/11/2022 01:28) Clare Flood

Research

If you think your patient is suitable for any of the current research trials runnning in GRI Critical Care please page the CRF research nurses on #14860

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28

Social Circumstances & Carer Support

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Social Circumstances & Carer Support (30/11/2022 01:28) Clare Flood

Support & Care Arrangements

Carers are individuals who provide or intend to provide unpaid, practical, physical, and emotional support to relatives, friends, neighbours due to physical or mental illness, addiction, frailty or disability.
They may or may not live with the person.
They may not recognise that they are carers.

Document all communication regarding the patients progress and on-going support needs with relatives/carers in the Relatives Communication Form.
Record the carer's views/opinions/requests on the discharge documentation from critical care if applicable.

CF Clare Flood 30/11/2022 01:28 - 30/11/2022 01:28

Therapeutic Drug Monitoring

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Therapeutic Drug Monitoring (30/11/2022 16:32) Rakesh Kishore

TDM Instructions

NOTE DATE & TIME, DRUG LEVELS AND RECOMMENDED DOSES AS REQUIRED

Gentamycin	*** 30.11.22 16.33 Gentamicin 360mg given at 00.20 in the early hours of this morning. Level at 12.00 was 1.4mg/l - satisfactory. Continue with 360mg once daily - note: dose brought forward to 23.00 tonight to avoid giving dose whilst pt asleep.** **GENTAMICIN DISCONTINUED**

RK Rakesh Kishore 30/11/2022 16:32 - 01/12/2022 14:49

30/11/2022 16:32

RK	01/12/2022 14:49 Gentamycin
RK	16:38 Gentamycin: 30.1122 16.33 Gentamicin 360mg given at 00.20 in the early hours of this morning. Level at 12.00 was 1.4mg/l - satisfactory. Continue with 360mg once daily - note: dose brought forward to 23.00 tonight to avoid giving dose whilst pt asleep.

Weight Chart

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Weight Chart (30/11/2022 08:50) Richard Cowan Consultant GRI ICU

Weight Chart

ALL PATIENTS SHOULD BE WEIGHED ON ADMISSION AND EVERY 7 DAYS THEREAFTER

RC Richard Cowan Consultant GRI ICU 30/11/2022 08:50 - 30/11/2022 08:50

Worklist

NHS Greater Glasgow & Clyde

GRI ICU/HDU

18/06/2026 12:29

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Relying exclusively on the worklist may lead to errors in treatment. Please check Administration Records for complete information.

Scheduled: One time and STAT
Continuous
☐ Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr (None charted within the last 24 hours.)
☐ Hartmanns IV Continuous PRN @ 100 ml/hr (None charted within the last 24 hours.)
☐ Hartmanns IV Continuous PRN @ 999 ml/hr (None charted within the last 24 hours.)
PRN
☐ Morphine 10 mg PO/NG PRN (None charted within the last 24 hours.)
☐ Ondansetron 4 mg IV PRN 8hrly (None charted within the last 24 hours.)

Drug Kardex

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	

ATTENDING	PRIMARY DIAGNOSIS

AGE (ADT)	ALLERGIES & SENSITIVITIES
	No known allergies

	Medications	30/11/2022		
Scheduled	ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☑ JP 40 mg/ () @ 22:00		
	ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ * BW 10:00 - Held		
	ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☑ BW 40 mg/ () @ 18:00		
	ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☑ BW 1000 mg/ () @ 18:00		
	ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * BW 10:00 - Held		
	INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:49 Start: 30/11/2022 01:49:00 Discontinued: RC 01/12/2022 10:47	☑ JM 1200 mg/20 ml () @ 06:00	☑ BW 1200 mg/100 ml () @ 14:00	☑ JP 1200 mg/120 ml () @ 22:00
	INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	☑ KR 0 mg/ () @ 23:00		

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		30/11/2022
One-time and Stat	INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 1147 Start: 30/11/2022 1147:00 Stop: 01/12/2022 1147:00	☑ BW 300 mg/250 ml () @ 1147
	INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	☑ BW 1000 mg/100 ml () @ 09:14
	INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	☑ UM 1 Test () @ 01:50
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	BW 10 mg/5 ml () @ 14:52 JP 10 mg/ () @ 20:18
Continuous	ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 1147 Start: 30/11/2022 1147:00	JP 37.8 mg/hr/21 ml () @ 23:00
	ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	BW 500 ml () @ 14:00
	ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications		01/12/2022

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2022
Scheduled ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	
ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 22:00 - Overdue
ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☑ BW 20 mg/ () @ 10:00
ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ * JP 00:00 - Held ☑ KR 1000 mg/ () @ 06:00 ☐ 12:00 - Overdue ☐ 18:00 - Overdue
ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * 10:00 - Overdue
INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:48 Start: 30/11/2022 01:48:00 Discontinued: RC 01/12/2022 10:47	☑ KR 1200 mg/100 ml () @ 06:00
INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2022
One-time and Stat	
INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	☑ BW 2.5 mg/ () @ 10:28
INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00 Stop: 01/12/2022 11:47:00	
INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	
INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	
PRN	
ACTIVE Ondansetron 4 mg IV PRN Bnfy Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	KD 10 mg/5 ml () @ 06:59
Continuous	
ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00	BW 37.8 mg/hr/21ml () @ 10:00
ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	
ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications	02/12/2022

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		02/12/2022
Scheduled	ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	☐ 10:00 - Overdue
	ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	
	ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ 10:00 - Overdue
	ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
	ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ 00:00 - Overdue ☐ 06:00 - Overdue ☐ 12:00 - Overdue ☐ 18:00 - Overdue
	ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 10:00 - Overdue
One-time and	INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	

Medications 02/12/2022

Continuous

ACTIVE
Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
Created: AD 30/11/2022 11:47
Start: 30/11/2022 11:47:00

ACTIVE
Hartmanns IV Continuous PRN @ 100 ml/hr
Created: CF 30/11/2022 01:42
Start: 30/11/2022 01:42:00

ACTIVE
Hartmanns IV Continuous PRN @ 999 ml/hr
Created: CF 30/11/2022 01:50
Start: 30/11/2022 01:50:00

JP	Jennifer Pawson	30/11/2022 20:00 - 30/11/2022 20:00	RK	Rakesh Kishore	30/11/2022 16:38 - 30/11/2022 16:38	BW	Bernadette Wilson	30/11/2022 08:00 - 30/11/2022 08:00
RC	Richard Cowan Consultant GRI ICU	01/12/2022 10:28 - 01/12/2022 10:28	DBSv c	D B Services	01/12/2022 12:00 - 01/12/2022 12:00	MC	Megan Campbell Staff Nurse GRI ICU	01/12/2022 10:00 - 01/12/2022 10:00
JM	Julia Mandat	30/11/2022 01:50 - 30/11/2022 01:50	KR	Katrina Romero Staff Nurse GRI ICU	30/11/2022 23:00 - 30/11/2022 23:00	KD	Karyn Lisa Devine Staff Nurse GRI ICU	01/12/2022 06:59 - 01/12/2022 06:59
CF	Clare Flood	30/11/2022 01:42 - 30/11/2022 01:42	AD	Anne Devine	30/11/2022 09:14 - 30/11/2022 09:14			

Order Footnotes

Amiodarone 300 mg to 300 mg IV STAT
BW 30/11/2022 12:14 Auto-Ack New Order
AD 30/11/2022 11:47 Amiodarone 300 mg to 300 mg IV STAT: Mixture: Drug: Amiodarone; Formulation: Amiodarone IV; Route: IV; Dose: 300 mg; Max Single Dose: 300 mg; Solution: Base solution: Glucose 5%; Base volume: 250 ml; Formulation: Glucose 5%; Frequency: STAT; Start: 30/11/2022 11:47; Prof Domain: Doctor; Action: Add Operational;

Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuou
BW 30/11/2022 12:55 Auto-Ack New Order
AD 30/11/2022 11:47 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Mixture: Additive: Drug: Amiodarone mg/ml; Formulation: Amiodarone mg/ml; Amount: 900 mg; Dose Min: 37.8 mg/hr; Use Wt Dosing: No; Conc: 1.8 mg/ml; Base Solution: Glucose 5%; Base Volume: 500 ml; Formulation: Glucose 5%; Total Volume: 500 ml; Rate: 21 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 11:47; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG OD at 10:00
RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG OD at 10:00: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: OD at 10:00; Start: 01/12/2022 10:28; Schedule: 02/12/2022 10:00; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG Once Only
BW 01/12/2022 11:11 Auto-Ack New Order
RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG Once Only: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: Once Only; Start: 01/12/2022 10:28; Prof Domain: Doctor; Action: Add Operational;

Co-Amoxiclav 1200 mg IV 8 hrly
RC 01/12/2022 10:47 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
JM 30/11/2022 06:20 Auto-Ack New Order
CF 30/11/2022 01:49 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Schedule: 30/11/2022 06:00; Prof Domain: Doctor; Action: Add Operational;

Enoxaparin 40 mg SC OD at 18:00
BW 30/11/2022 17:11 Auto-Ack New Order
CF 30/11/2022 01:50 Enoxaparin 40 mg SC OD at 18:00: Mixture: Drug: Enoxaparin; Formulation: Enoxaparin SC; Route: SC; Dose: 40 mg; Frequency: OD at 18:00; Start: 30/11/2022 01:50; Schedule: 30/11/2022 18:00; Instructions: Check patient weight & bloods Monitor coagulation and platelets.; Prof Domain: Doctor; Action: Add Operational;

Gentamicin 0 mg IV As per paper Gentamicin Chart
RC 01/12/2022 10:47 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
KR 01/12/2022 00:53 Auto-Ack New Order
RK 30/11/2022 16:38 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Schedule: 30/11/2022 23:00; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 100 ml/hr
JM 30/11/2022 02:15 Auto-Ack New Order
CF 30/11/2022 01:42 Hartmanns IV Continuous PRN @ 100 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume: 500 ml; Rate: 100 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:42; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 999 ml/hr
CF 30/11/2022 01:50 Hartmanns IV Continuous PRN @ 999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 1000 ml; Formulation: Hartmanns; Total Volume: 1000 ml; Rate: 999 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:50; Instructions: (250ml bolus doses) As required for fluid challenge; Prof Domain: Doctor; Action: Add Operational;

Morphine 10 mg PO/NG PRN
BW 30/11/2022 14:53 Auto-Ack New Order
CF 30/11/2022 01:42 Morphine 10 mg PO/NG PRN: Mixture: Drug: Morphine; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 10 mg; Frequency: PRN; Start: 30/11/2022 01:42; Instructions: Max hourly; Prof Domain: Doctor; Action: Add Operational;

Omeprazole 20 mg PO/NG OD at 10:00
BW 30/11/2022 10:49 Auto-Ack New Order

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

	Omeprazole 20 mg PO/NG OD at 10:00
CF	30/11/2022 02:08 Omeprazole 20 mg PO/NG OD at 10:00: Mixture: Drug: Omeprazole; Formulation: Omeprazole PO/NG; Route: PO/NG; Dose: 20 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:08; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Ondansetron 4 mg IV PRN 8hrly
CF	30/11/2022 01:50 Ondansetron 4 mg IV PRN 8hrly: Mixture: Drug: Ondansetron; Formulation: Ondansetron IV; Route: IV; Dose: 4 mg; Frequency: PRN 8hrly; Start: 30/11/2022 01:50; Instructions: For nausea; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg IV STAT
BW	30/11/2022 09:17 Auto-Ack New Order
AD	30/11/2022 09:14 Paracetamol 1000 mg IV STAT: Mixture: Drug: Paracetamol; Formulation: Paracetamol IV; Route: IV; Dose: 1000 mg; Solution: Base solution: Base; Base volume: 100 ml; Formulation: Base; Frequency: STAT; Start: 30/11/2022 09:14; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly
BW	30/11/2022 17:11 Auto-Ack New Order
AD	30/11/2022 09:14 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Mixture: Drug: Paracetamol; Formulation: Paracetamol PO/NG; Route: PO/NG; Dose: 1000 mg; Max Single Dose: 1000 mg; Frequency: 6 hrly; Start: 30/11/2022 14:14; Schedule: 30/11/2022 18:00; Prof Domain: Doctor; Action: Add Operational;
	Sertraline 50 mg PO/NG OD at 10:00
BW	30/11/2022 10:49 Auto-Ack New Order
CF	30/11/2022 02:09 Sertraline 50 mg PO/NG OD at 10:00: Mixture: Drug: Sertraline; Formulation: Sertraline PO/NG; Route: PO/NG; Dose: 50 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Simvastatin 40 mg PO/NG OD at 22:00
JP	30/11/2022 22:15 Auto-Ack New Order
CF	30/11/2022 02:09 Simvastatin 40 mg PO/NG OD at 22:00: Mixture: Drug: Simvastatin; Formulation: Simvastatin PO/NG; Route: PO/NG; Dose: 40 mg; Frequency: OD at 22:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 22:00; Prof Domain: Doctor; Action: Add Operational;
	Urinalysis 1 Test Urine Sample STAT
JM	30/11/2022 02:22 Auto-Ack New Order
CF	30/11/2022 01:50 Urinalysis 1 Test Urine Sample STAT: Drug Name: Urinalysis; Route: Urine Sample; Dose: 1 Test; Frequency: STAT; Start: 30/11/2022 01:50; Order instr: Test all patients on admission and report in the labs section of the flowsheet.; Prof Domain: Doctor; Action: Add Operational;

Intervention Footnotes

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	30/11/2022 01:50
JM	02:22 Urinalysis 1 Test Urine Sample STAT Dose: 1 Test; Route: Urine Sample; Action: Completed;
	30/11/2022 02:00
JM	02:15 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr; Line Due At: 03/12/22@02:00; Changes: New bag; New line or giving set; Action: Start;
	30/11/2022 03:00
JM	03:09 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 04:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 05:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 06:00
JM	06:20 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JM	08:11 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 07:00
JM	07:44 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 08:00
BW	08:23 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:00
BW	12:55 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:14
BW	09:17 Paracetamol 1000 mg IV STAT: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Action: Completed;
	30/11/2022 10:00
BW	10:48 Omeprazole 20 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
BW	10:49 Sertraline 50 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
	30/11/2022 11:47
BW	12:14 Amiodarone 300 mg to 300 mg IV STAT: Volume Adm: 250 ml; Dose: 300 mg; Solution: Glucose 5%; Route: IV; Action: Completed;
	30/11/2022 12:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
	30/11/2022 13:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr; Action: Start;
	30/11/2022 14:00
BW	14:36 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW	15:58 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 500 ml; Rate: 500 ml/hr;
	30/11/2022 14:52
BW	14:53 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 15:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 16:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 17:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 18:00
BW	17:11 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Completed;
BW	17:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 19:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:00
JP	20:12 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:18
JP	20:18 Morphine 10 mg PO/NG PRN: Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 21:00
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 22:00
JP	22:15 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Completed;
JP	22:15 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 120 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 23:00
KR	01/12/2022 00:53 Gentamicin 0 mg IV As per paper Gentamicin Chart: Dose: 0 mg; Route: IV; Action: Completed;
JP	01/12/2022 00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 00:00
JP	02:02 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: declined
JP	00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 01:00
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 02:00
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 03:00
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 04:00
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 05:00
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 06:00
KR	07:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
KR	07:11 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	10:08 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 08:59
KD	07:00 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	01/12/2022 07:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 08:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 09:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:00
BW	11:13 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Completed;
MC	12:16 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:28
BW	11:11 Bisoprolol 2.5 mg PO/NG Once Only: Dose: 2.5 mg; Route: PO/NG; Action: Completed;
	01/12/2022 12:00
DBSv c	30/11/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 18:00
DBSv c	30/11/2022 18:03 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	30/11/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 22:00
DBSv c	30/11/2022 22:33 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Pending;
	02/12/2022 00:00
DBSv c	01/12/2022 00:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 06:00
DBSv c	01/12/2022 06:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 10:00
RC	01/12/2022 10:29 Bisoprolol 2.5 mg PO/NG OD at 10:00: Dose: 2.5 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
	02/12/2022 12:00
DBSv c	01/12/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;

	02/12/2022 18:00
DBSv c	01/12/2022 18:03 Enoxaparin 40 mg SC OD at 18:00; Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	01/12/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly; Route: PO/NG; Action: Pending;

Patient Profile

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Patient Profile (30/11/2022 01:28) Carolann Cameron Clerkess GRI ICU

Admission Form

Patient Name	**Gavin McClymont**
CHI	**1812526490**
Date of Birth	**18/12/1952**
Age (Admission)	**69 years**
Gender	**Male**
Marital Status	**Married**
Religion	**Church of Scotland**
Allergies & Sensitivities	**No known allergies**

Contact Details

Patient Address	**10 EVERARD QUADRANT** **Glasgow** **Lanarkshire** **G21 1XP**
Next of Kin	**ALICE UNKNOWN SAME? (Not known)**
Next of Kin Phone Number	**762 2137**
General Practitioner	**FOLEY, MICHAEL**
GP Address	**Auchinairn Medical Practice** **127/129 Auchinairn Road** **Bishopbriggs** **Glasgow** **G64 1NF**
GP Phone Number	**0141 772 1808**

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28
CC	Carolann Cameron Clerkess GRI ICU	30/11/2022 01:28 - 30/11/2022 09:28
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42

	30/11/2022 01:28
CF	01:28 Patient Name
CF	01:28 CHI
SS	01:42 Allergies & Sensitivities: Status: No known allergies: Latex Allergy?: No;
	30/11/2022 01:29
HIS	01:29 Date of Birth
HIS	01:29 Age (Admission)
HIS	01:29 Gender
HIS	01:29 Patient Address
HIS	01:29 Next of Kin
HIS	01:29 Next of Kin Phone Number
HIS	01:29 General Practitioner: GP Name: FOLEY, MICHAEL;
HIS	01:29 GP Address
HIS	01:29 GP Phone Number

Care Summary

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Care Summary (30/11/2022 08:50) Richard Cowan Consultant GRI ICU

Medical Summary

IMPORTANT MEDICAL INFORMATION FOR COMMUNICATION ON DISCHARGE	
Critical Care Admit Date & Time	**30/11/2022 01:28**

Problems/Diagnosis

Problem/Diagnosis 1	**ureteric obstruction** **Status: Active**
Problem/Diagnosis 2	**atrial flutter** **Status: Active**
Problem/Diagnosis 3	**AAA** **Status: Chronic**

Patient Progress

01/12: Remians in atrial flutter despite resolution of urological issues. Discussed with cardiology, for discharge to cardiology ward for further Ix/Mx. RC

CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 01:35
RC	Richard Cowan Consultant GRI ICU	30/11/2022 08:50 - 01/12/2022 19:37
AD	Anne Devine	30/11/2022 12:22 - 30/11/2022 12:22

	30/11/2022 01:28
CF	01:35 Critical Care Admit Date & Time
	30/11/2022 08:50
AD	12:22 Problem/Diagnosis 1
AD	12:22 Problem/Diagnosis 2
AD	12:22 Problem/Diagnosis 3

Overnight Progress Handover (GRI)

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Overnight Progress Handover (GRI) (01/12/2022 01:11) Conor Nicholl QEUH Critical Care Doctor

Overnight Progress Handover

THIS FORM SHOULD IMPROVE OUR KNOWLEDGE OF THE PATIENT AND PROVIDE THE BASIS FOR EVERY HANDOVER

What's Happened

Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Ongoing Care

Current Physiological State/Trends	*** CT3 Nicholl Overnight Review 0120** **New patient with partially obstructed ureteric stones. Stented am 30/11. PAtient not awoken from sleep** **RESP: 96% on 3LNC** **CVS: HR140 (reg and narrow, previous flutter on 12 lead) BP115/92 on 24hr amiodarone bag. will finish at 1300** **RENAL: Self voiding. Reasonable volumes** **GI: oral intake.** **NEURO: GCS 15 throughout day.** **MICRO: Apyrexial. Co-amox and gentamicin.** **Plan.** **No change overnight** **Review for BBlocker tomorrow in anticipation of amiodarone finishing** **Could likely stop antibiotics as source control achieved- dw urology**

CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 01:35
CN	Conor Nicholl QEUH Critical Care Doctor	01/12/2022 01:11 - 01/12/2022 01:21

	30/11/2022 01:28
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
	01/12/2022 01:11
CN	01:21 Current Physiological State/Trends
CN	01:12 Current Physiological State/Trends: CT3 Nicholl Overnight Review RESP: CVS: RENAL: GI: NEURO: MICRO: Plan.

Worklist

NHS Greater Glasgow & Clyde

GRI ICU/HDU

18/06/2026 12:29

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Relying exclusively on the worklist may lead to errors in treatment. Please check Administration Records for complete information.

Scheduled: Once and STAT
Continuous
☐ Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr (None charted within the last 24 hours.)
☐ Hartmanns IV Continuous PRN @ 100 ml/hr (None charted within the last 24 hours.)
☐ Hartmanns IV Continuous PRN @ 999 ml/hr (None charted within the last 24 hours.)
PRN
☐ Morphine 10 mg PO/NG PRN (None charted within the last 24 hours.)
☐ Ondansetron 4 mg IV PRN 8hrly (None charted within the last 24 hours.)

Drug Kardex

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

Medications	30/11/2022
Scheduled ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☑ JP 40 mg/ () @ 22:00
ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ * BW 10:00 - Held
ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☑ BW 40 mg/ () @ 18:00
ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☑ BW 1000 mg/ () @ 18:00
ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * BW 10:00 - Held
INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:49 Start: 30/11/2022 01:49:00 Discontinued: RC 01/12/2022 10:47	☑ JM 1200 mg/20 ml () @ 06:00 ☑ BW 1200 mg/100 ml () @ 14:00 ☑ JP 1200 mg/120 ml () @ 22:00
INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	☑ KR 0 mg/ () @ 23:00

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Medications	30/11/2022
One-time and Stat INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 1147 Start: 30/11/2022 1147:00 Stop: 01/12/2022 1147:00	☑ BW 300 mg/250 ml () @ 1147
INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	☑ BW 1000 mg/100 ml () @ 09:14
INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	☑ JM 1 Test () @ 01:50
PRN ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
ACTIVE Morphine 10 mg PC/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	BW 10 mg/5 ml () @ 14:52 JP 10 mg/ () @ 20:18
Continuous ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 1147 Start: 30/11/2022 1147:00	* JP 37.8 mg/hr/21 ml () @ 23:00
ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	* BW 500 ml () @ 14:00
ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications	01/12/2022

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications	01/12/2022
Scheduled ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	
ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 22:00 - Overdue
ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☑ BW 20 mg/ () @ 10:00
ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ * JP 00:00 - Held ☑ KR 1000 mg/ () @ 06:00 ☐ 12:00 - Overdue ☐ 18:00 - Overdue
ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ * 10:00 - Overdue
INACTIVE * Co-Amoxiclav 1200 mg IV 8 hrly Created: CF 30/11/2022 01:49 Start: 30/11/2022 01:49:00 Discontinued: RC 01/12/2022 10:47	☑ KR 1200 mg/100 ml () @ 06:00
INACTIVE * Gentamicin 0 mg IV As per paper Gentamicin Chart Created: RK 30/11/2022 16:38 Start: 30/11/2022 16:38:00 Discontinued: RC 01/12/2022 10:47	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications		01/12/2022
One-time and Stat	INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	☑ BW 2.5 mg/ () @ 10:28
	INACTIVE Amiodarone 300 mg to 300 mg IV STAT Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00 Stop: 01/12/2022 11:47:00	
	INACTIVE Paracetamol 1000 mg IV STAT Created: AD 30/11/2022 09:14 Start: 30/11/2022 09:14:00 Stop: 01/12/2022 09:14:00	
	INACTIVE Urinalysis 1 Test Urine Sample STAT Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00 Stop: 01/12/2022 01:50:00	
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	KD 10 mg/5 ml () @ 06:59
Continuous	ACTIVE Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr Created: AD 30/11/2022 11:47 Start: 30/11/2022 11:47:00	BW 37.8 mg/hr/21 ml () @ 10:00
	ACTIVE Hartmanns IV Continuous PRN @ 100 ml/hr Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	
	ACTIVE Hartmanns IV Continuous PRN @ 999 ml/hr Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
Medications		02/12/2022

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Medications		02/12/2022
Scheduled	ACTIVE Bisoprolol 2.5 mg PO/NG OD at 10:00 Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00	☐ 10:00 - Overdue
	ACTIVE Simvastatin 40 mg PO/NG OD at 22:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	
	ACTIVE Omeprazole 20 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:08 Start: 30/11/2022 02:08:00	☐ 10:00 - Overdue
	ACTIVE Enoxaparin 40 mg SC OD at 18:00 Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	☐ 18:00 - Overdue
	ACTIVE Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly Created: AD 30/11/2022 09:14 Start: 30/11/2022 14:14:00	☐ 00:00 - Overdue ☐ 06:00 - Overdue ☐ 12:00 - Overdue ☐ 18:00 - Overdue
	ACTIVE Sertraline 50 mg PO/NG OD at 10:00 Created: CF 30/11/2022 02:09 Start: 30/11/2022 02:09:00	☐ 10:00 - Overdue
One-time and	INACTIVE Bisoprolol 2.5 mg PO/NG Once Only Created: RC 01/12/2022 10:28 Start: 01/12/2022 10:28:00 Stop: 02/12/2022 10:28:00	
PRN	ACTIVE Ondansetron 4 mg IV PRN 8hrly Created: CF 30/11/2022 01:50 Start: 30/11/2022 01:50:00	
	ACTIVE Morphine 10 mg PO/NG PRN Created: CF 30/11/2022 01:42 Start: 30/11/2022 01:42:00	

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medications 02/12/2022

Continuous

ACTIVE
Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
Created: AD 30/11/2022 1147
Start: 30/11/2022 1147:00

ACTIVE
Hartmanns IV Continuous PRN @ 100 ml/hr
Created: CF 30/11/2022 0142
Start: 30/11/2022 0142:00

ACTIVE
Hartmanns IV Continuous PRN @ 999 ml/hr
Created: CF 30/11/2022 0150
Start: 30/11/2022 0150:00

JP	Jennifer Pawson	30/11/2022 20:00 - 30/11/2022 20:00	RK	Rakesh Kishore	30/11/2022 16:38 - 30/11/2022 16:38	BW	Bernadette Wilson	30/11/2022 08:00 - 30/11/2022 08:00
RC	Richard Cowan Consultant GRI ICU	01/12/2022 10:28 - 01/12/2022 10:28	DBSv c	D B Services	01/12/2022 12:00 - 01/12/2022 12:00	MC	Megan Campbell Staff Nurse GRI ICU	01/12/2022 10:00 - 01/12/2022 10:00
JM	Julia Mandat	30/11/2022 01:50 - 30/11/2022 01:50	KR	Katrina Romero Staff Nurse GRI ICU	30/11/2022 23:00 - 30/11/2022 23:00	KD	Karyn Lisa Devine Staff Nurse GRI ICU	01/12/2022 06:59 - 01/12/2022 06:59
CF	Clara Flood	30/11/2022 01:42 - 30/11/2022 01:42	AD	Anne Devine	30/11/2022 09:14 - 30/11/2022 09:14			

Order Footnotes

Amiodarone 300 mg to 300 mg IV STAT

BW 30/11/2022 12:14 Auto-Ack New Order
AD 30/11/2022 1147 Amiodarone 300 mg to 300 mg IV STAT: Mixture: Drug: Amiodarone; Formulation: Amiodarone IV; Route: IV; Dose: 300 mg; Max Single Dose: 300 mg; Solution: Base solution: Glucose 5%; Base volume: 250 ml; Formulation: Glucose 5%; Frequency: STAT; Start: 30/11/2022 1147; Prof Domain: Doctor; Action: Add Operational;

Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuou

BW 30/11/2022 12:55 Auto-Ack New Order
AD 30/11/2022 1147 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Mixture: Additive: Drug: Amiodarone mg/ml; Formulation: Amiodarone mg/ml; Amount: 900 mg; Dose Min: 37.8 mg/hr; Use Wt Dosing: No; Conc: 1.8 mg/ml; Base Solution: Glucose 5%; Base Volume: 500 ml; Formulation: Glucose 5%; Total Volume 500 ml; Rate: 21 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 1147; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG OD at 10:00

RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG OD at 10:00: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: OD at 10:00; Start: 01/12/2022 10:28; Schedule: 02/12/2022 10:00; Prof Domain: Doctor; Action: Add Operational;

Bisoprolol 2.5 mg PO/NG Once Only

BW 01/12/2022 11:11 Auto-Ack New Order
RC 01/12/2022 10:28 Bisoprolol 2.5 mg PO/NG Once Only: Mixture: Drug: Bisoprolol; Formulation: Bisoprolol PO/NG; Route: PO/NG; Dose: 2.5 mg; Frequency: Once Only; Start: 01/12/2022 10:28; Prof Domain: Doctor; Action: Add Operational;

Co-Amoxiclav 1200 mg IV 8 hrly

RC 01/12/2022 10:47 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
JM 30/11/2022 05:20 Auto-Ack New Order
CF 30/11/2022 01:49 Co-Amoxiclav 1200 mg IV 8 hrly: Mixture: Drug: Co-Amoxiclav; Formulation: Co-Amoxiclav IV; Route: IV; Dose: 1200 mg; Frequency: 8 hrly; Start: 30/11/2022 01:49; Schedule: 30/11/2022 06:00; Prof Domain: Doctor; Action: Add Operational;

Enoxaparin 40 mg SC OD at 18:00

BW 30/11/2022 17:11 Auto-Ack New Order
CF 30/11/2022 01:50 Enoxaparin 40 mg SC OD at 18:00: Mixture: Drug: Enoxaparin; Formulation: Enoxaparin SC; Route: SC; Dose: 40 mg; Frequency: OD at 18:00; Start: 30/11/2022 01:50; Schedule: 30/11/2022 18:00; Instructions: Check patient weight & bloods Monitor coagulation and platelets.; Prof Domain: Doctor; Action: Add Operational;

Gentamicin 0 mg IV As per paper Gentamicin Chart

RC 01/12/2022 10:47 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Stop: 01/12/2022 10:47; Prof Domain: Doctor; Action: Discontinue;
KR 01/12/2022 00:53 Auto-Ack New Order
RK 30/11/2022 16:38 Gentamicin 0 mg IV As per paper Gentamicin Chart: Mixture: Drug: Gentamicin; Formulation: Gentamicin IV; Route: IV; Dose: 0 mg; Frequency: As per paper Gentamicin Chart; Start: 30/11/2022 16:38; Schedule: 30/11/2022 23:00; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 100 ml/hr

JM 30/11/2022 02:15 Auto-Ack New Order
CF 30/11/2022 01:42 Hartmanns IV Continuous PRN @ 100 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 500 ml; Formulation: Hartmanns; Total Volume: 500 ml; Rate: 100 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:42; Prof Domain: Doctor; Action: Add Operational;

Hartmanns IV Continuous PRN @ 999 ml/hr

CF 30/11/2022 01:50 Hartmanns IV Continuous PRN @ 999 ml/hr: Mixture: Base: Base Soln: Hartmanns; Base Volume: 1000 ml; Formulation: Hartmanns; Total Volume: 1000 ml; Rate: 999 ml/hr; Route: IV; Frequency: Continuous PRN; Start: 30/11/2022 01:50; Instructions: (250ml bolus doses) As required for fluid challenge; Prof Domain: Doctor; Action: Add Operational;

Morphine 10 mg PO/NG PRN

BW 30/11/2022 14:53 Auto-Ack New Order
CF 30/11/2022 01:42 Morphine 10 mg PO/NG PRN: Mixture: Drug: Morphine; Formulation: Morphine Oral Solution (Oramorph) PO/NG; Route: PO/NG; Dose: 10 mg; Frequency: PRN; Start: 30/11/2022 01:42; Instructions: Max hourly; Prof Domain: Doctor; Action: Add Operational;

Omeprazole 20 mg PO/NG OD at 10:00

BW 30/11/2022 10:49 Auto-Ack New Order

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

	Omeprazole 20 mg PO/NG OD at 10:00
CF	30/11/2022 02:08 Omeprazole 20 mg PO/NG OD at 10:00: Mixture: Drug: Omeprazole; Formulation: Omeprazole PO/NG; Route: PO/NG; Dose: 20 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:08; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Ondansetron 4 mg IV PRN 8hrly
CF	30/11/2022 01:50 Ondansetron 4 mg IV PRN 8hrly: Mixture: Drug: Ondansetron; Formulation: Ondansetron IV; Route: IV; Dose: 4 mg; Frequency: PRN 8hrly; Start: 30/11/2022 01:50; Instructions: For nausea; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg IV STAT
BW	30/11/2022 09:17 Auto-Ack New Order
AD	30/11/2022 09:14 Paracetamol 1000 mg IV STAT: Mixture: Drug: Paracetamol; Formulation: Paracetamol IV; Route: IV; Dose: 1000 mg; Solution: Base solution: Base; Base volume: 100 ml; Formulation: Base; Frequency: STAT; Start: 30/11/2022 09:14; Prof Domain: Doctor; Action: Add Operational;
	Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly
BW	30/11/2022 17:11 Auto-Ack New Order
AD	30/11/2022 09:14 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Mixture: Drug: Paracetamol; Formulation: Paracetamol PO/NG; Route: PO/NG; Dose: 1000 mg; Max Single Dose: 1000 mg; Frequency: 6 hrly; Start: 30/11/2022 14:14; Schedule: 30/11/2022 18:00; Prof Domain: Doctor; Action: Add Operational;
	Sertraline 50 mg PO/NG OD at 10:00
BW	30/11/2022 10:49 Auto-Ack New Order
CF	30/11/2022 02:09 Sertraline 50 mg PO/NG OD at 10:00: Mixture: Drug: Sertraline; Formulation: Sertraline PO/NG; Route: PO/NG; Dose: 50 mg; Frequency: OD at 10:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 10:00; Prof Domain: Doctor; Action: Add Operational;
	Simvastatin 40 mg PO/NG OD at 22:00
JP	30/11/2022 22:15 Auto-Ack New Order
CF	30/11/2022 02:09 Simvastatin 40 mg PO/NG OD at 22:00: Mixture: Drug: Simvastatin; Formulation: Simvastatin PO/NG; Route: PO/NG; Dose: 40 mg; Frequency: OD at 22:00; Start: 30/11/2022 02:09; Schedule: 30/11/2022 22:00; Prof Domain: Doctor; Action: Add Operational;
	Urinalysis 1 Test Urine Sample STAT
JM	30/11/2022 02:22 Auto-Ack New Order
CF	30/11/2022 01:50 Urinalysis 1 Test Urine Sample STAT: Drug Name: Urinalysis; Route: Urine Sample; Dose: 1 Test; Frequency: STAT; Start: 30/11/2022 01:50; Order instr: Test all patinets on admission and report in the labs section of the flowsheet.; Prof Domain: Doctor; Action: Add Operational;

Intervention Footnotes

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022 01:50
JM	02:22 Urinalysis 1 Test Urine Sample STAT Dose: 1 Test; Route: Urine Sample; Action: Completed;
	30/11/2022 02:00
JM	02:15 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr; Line Due At: 03/12/22@02:00; Changes: New bag; New line or giving set; Action: Start;
	30/11/2022 03:00
JM	03:09 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 04:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 05:00
JM	05:00 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 06:00
JM	06:20 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 20 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JM	06:11 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 07:00
JM	07:44 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 08:00
BW	08:23 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:00
BW	12:55 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 100 ml; Rate: 100 ml/hr;
	30/11/2022 09:14
BW	09:17 Paracetamol 1000 mg IV STAT: Volume Adm: 100 ml; Dose: 1000 mg; Solution: Base; Route: IV; Action: Completed;
	30/11/2022 10:00
BW	10:49 Omeprazole 20 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
BW	10:49 Sertraline 50 mg PO/NG OD at 10:00: Route: PO/NG; Action: Held; Remarks: in theatre
	30/11/2022 11:47
BW	12:14 Amiodarone 300 mg to 300 mg IV STAT: Volume Adm: 250 ml; Dose: 300 mg; Solution: Glucose 5%; Route: IV; Action: Completed;
	30/11/2022 12:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr
	30/11/2022 13:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr; Action: Start;
	30/11/2022 14:00
BW	14:36 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
BW	15:58 Hartmanns IV Continuous PRN @ 100 ml/hr: Volume Adm: 500 ml; Rate: 500 ml/hr;
	30/11/2022 14:52
BW	14:53 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 15:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 16:00
BW	16:11 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 17:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 18:00
BW	17:11 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Completed;
BW	17:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 19:00
BW	19:20 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:00
JP	20:12 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 20:18
JP	20:18 Morphine 10 mg PO/NG PRN: Dose: 10 mg; Route: PO/NG; Action: Completed;
	30/11/2022 21:00
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 22:00
JP	22:15 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Completed;
JP	22:15 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 120 ml; Dose: 1200 mg; Route: IV; Action: Completed;
JP	22:15 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	30/11/2022 23:00
KR	01/12/2022 00:53 Gentamicin 0 mg IV As per paper Gentamicin Chart: Dose: 0 mg; Route: IV; Action: Completed;
JP	01/12/2022 00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 00:00
JP	02:02 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Held; Remarks: declined
JP	00:09 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 01:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 02:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 03:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 04:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 05:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 06:00
KR	07:11 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Dose: 1000 mg; Route: PO/NG; Action: Completed;
KR	07:11 Co-Amoxiclav 1200 mg IV 8 hrly: Volume Adm: 100 ml; Dose: 1200 mg; Route: IV; Action: Completed;
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 06:59
KD	07:00 Morphine 10 mg PO/NG PRN: Volume Adm: 5 ml; Dose: 10 mg; Route: PO/NG; Action: Completed;
	01/12/2022 07:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 08:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 09:00
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:00
BW	1113 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Completed;
MC	12:16 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
BW	10:06 Amiodarone mg/ml 900 mg in 500 ml Glucose 5% IV Continuous PRN @ 37.8 mg/hr: Volume Adm: 21 ml; Rate: 21 ml/hr; Dose: 37.8 mg/hr;
	01/12/2022 10:28
BW	1111 Bisoprolol 2.5 mg PO/NG Once Only: Dose: 2.5 mg; Route: PO/NG; Action: Completed;
	01/12/2022 12:00
DBSv c	30/11/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 18:00
DBSv c	30/11/2022 18:03 Enoxaparin 40 mg SC OD at 18:00: Dose: 40 mg; Route: SC; Action: Pending;
DBSv c	30/11/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	01/12/2022 22:00
DBSv c	30/11/2022 22:33 Simvastatin 40 mg PO/NG OD at 22:00: Dose: 40 mg; Route: PO/NG; Action: Pending;
	02/12/2022 00:00
DBSv c	01/12/2022 00:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 06:00
DBSv c	01/12/2022 06:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;
	02/12/2022 10:00
RC	01/12/2022 10:29 Bisoprolol 2.5 mg PO/NG OD at 10:00: Dose: 2.5 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Omeprazole 20 mg PO/NG OD at 10:00: Dose: 20 mg; Route: PO/NG; Action: Pending;
DBSv c	01/12/2022 10:33 Sertraline 50 mg PO/NG OD at 10:00: Dose: 50 mg; Route: PO/NG; Action: Pending;
	02/12/2022 12:00
DBSv c	01/12/2022 12:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly: Route: PO/NG; Action: Pending;

	02/12/2022 18:00
DBSvc	01/12/2022 18:03 Enoxaparin 40 mg SC OD at 18:00; Dose: 40 mg; Route: SC; Action Pending;
DBSvc	01/12/2022 18:03 Paracetamol 1000 mg to 1000 mg PO/NG 6 hrly; Route: PO/NG; Action Pending;

NHS GGC Nursing Discharge Summary

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	DOB
Gavin McClymont	**1812526490**	**18/12/1952**
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

NHS GGC Nursing Discharge Summary (01/12/2022 08:09) Carolann Cameron Clerkess GRI ICU

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Situation

Patient Name	**Gavin McClymont**
CHI	**1812526490**
Date of Birth	**18/12/1952**
Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**
Discharged to (Ward)	*** WARD 43c**
Admission Comments	*** Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria.** **Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.** **Pain settled with 5+5mg IV morphine.** **CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.** **R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.** **ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.** **2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.** **Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences.** **Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.** **ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.** **Patient requires a monitored bed for overnight. No beds in surgical HDU.** **D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.**

Background

Past Medical History	**AAA**
Allergies & Sensitivities	**No known allergies**

Assessment: Airway/Breathing

Airway	**Natural**
Respiratory Rate	**18**
Oxygen Sats	**97 %**
Oxygen Delivery	**Nasal cannula** **28 %** **2 L/min**
Coughing/Expectorating	**Coughs & clears**
Suction	**Not required**
SALT Comments	**no issues eating and drinking**

Assessment: Circulation

PATIENT NAME	CHI	DOB
Gavin McClymont	**1812526490**	**18/12/1952**

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Assessment: Circulation

Temperature	**36.3 ° C**
Blood Pressure	**129 mmHg/90 mmHg (103 mmHg)**
Pulse	**116 bpm**
Central Line Access	**Central Access: No;** **Location:** **Insert Date:**
Peripheral Line Access	**PVC Present: Yes** **How Many: 2** **Locations & Days: 1 x 2 left and right acf**
Circulation Comments	**Atrial flutter amiodarone infusion**

Assessment: Neurological

Conscious Level	**Awake/Alert**
Neuro Comments	**GCS 15 RASS 0**

Assessment: Examination

Examination Comments	*** A - natural** **B - 2l O2 sats 95%** **C - warm to touch** **D - GCS 15** **E - 2 x PVC**
NEWS Score	**5**

Assessment: Elimination

Urinary Device	**Not catheterised**
Elimination Comments	**passing urine, slightly haematuric**

Assessment: Wounds

Wound & Drain Details	**nil**

Assessment: Nutrition/Hydration

MUST Score	**0**
IV Fluids	**No**

Assessment: Tissue Viability

Pressure Ulcer	**Healthy and intact**
Pressure Ulcer Daily Risk Assessment (PUDRA)	**No redness +/or existing pressure damage, Does not require assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, No risk of developing pressure...**
Tissue Viability Comments	**no issues**

Assessment: Mobility

Falls Risk Assessment	**Pt has no Hx of falls last 6 mths, , Pt does not try to walk alone, , ,**

Recommendations

Next Of Kin	**Yes**
DNA CPR Form	**No**
Adults With Incapacity Form	**No**

Discharge

The ward should be informed of discharge and an appropriate bed allocated for any infection control, neurological or other specific care issues.

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 07:30
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42
AD	Anne Devine	30/11/2022 12:22 - 30/11/2022 12:22
CC	Carolann Cameron Clerkess GRI ICU	01/12/2022 08:09 - 02/12/2022 09:31
BW	Bernadette Wilson	01/12/2022 08:09 - 01/12/2022 11:46

	30/11/2022 01:28	CF	01:28 CHI	CF	07:30 Admission Comments
CF	01:28 Patient Name	CF	01:35 Hospital Admit Date & Time		
		CF	01:35 Critical Care Admit Date & Time		

PATIENT NAME	CHI	DOB
Gavin McClymont	**1812526490**	**18/12/1952**

AGE (ADT)

ALLERGIES & SENSITIVITIES

No known allergies

30/11/2022 01:28

CF	02:06 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	02:04 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	02:00 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. IV metoprolol 5 + 5mg in resus -> no effect. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	0149 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CXR - nil focal. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - for theatre mane Remains tachycardic at 145-150bpm. IV metoprolol 5 + 5mg in resus -> no effect. BP maintained throughout. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of this - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
CF	0135 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.
AD	12:22 Past Medical History
SS	0142 Allergies & Sensitivities: Status: No known allergies: Latex Allergy?: No;

30/11/2022 01:29

HIS	01:29 Date of Birth

01/12/2022 08:09

CC	02/12/2022 09:31 Discharged to (Ward)
BW	08:09 Discharged to (Ward): 1
BW	11:37 Airway
BW	11:37 Respiratory Rate
BW	11:37 Oxygen Sats
BW	1137 Oxygen Delivery: Oxygen Required: Yes; Oxygen Delivery: Nasal cannula; Oxygen %: 28 %; Oxygen L/min: 2 L/min;
BW	11:37 Coughing/Expectorating
BW	11:37 Suction
BW	11:37 SALT Comments
BW	11:37 Temperature
BW	11:37 Blood Pressure
BW	11:37 Pulse
BW	11:37 Central Line Access
BW	11:37 Peripheral Line Access
BW	11:37 Circulation Comments
BW	11:37 Conscious Level
BW	11:37 Neuro Comments
BW	11:46 Examination Comments
BW	1137 Examination Comments: A - natural B - 2l O2 sats 95%
BW	11:37 NEWS Score
BW	11:46 Urinary Device
BW	11:46 Elimination Comments
BW	11:46 Wound & Drain Details
BW	11:46 MUST Score
BW	11:46 IV Fluids
BW	11:46 Pressure Ulcer
BW	1146 PUDRA: Pressure Damage: No redness +/or pressure damage; Mobility: No assistance to mobilise; Continence: No continence issues; Nutrition: Not malnourished, can eat/drink; Skin: Skin compromised; Judgement: No risk of pressure damage;
BW	11:46 Tissue Viability Comments
BW	11:46 Falls Risk Assessment
BW	11:46 Next Of Kin
BW	11:46 DNA CPR Form
BW	11:46 Adults With Incapacity Form

Medical Discharge Form

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Medical Discharge Form (01/12/2022 12:44) Anne Devine

From May 2016 the contents of this form will be sent electronically to Portal on discharge from ICU/HDU. This form may be printed for handover but MUST NOT be scanned or filed in the case record.

Patient Profile

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Patient Address	**10 EVERARD QUADRANT** **Glasgow** **Lanarkshire** **G21 1XP**
Date of Birth	**18/12/1952**
Age (Admission)	**69 years**
Hospital Admit Date & Time	**29/11/2022 20:47**
Critical Care Admit Date & Time	**30/11/2022 01:28**

Under Care of (Unit Cons)	**Cowan, R**
Also Under (Hosp Cons)	**Vint**
Admitting Specialty	**Emergency Medicine**
Name of Ward Doctor Contacted	**Cardiology reg**
Date & Time Contacted	**01/12/2022 10:44**
Discharging Consultant	**Cowan, R**
Discharging Doctor	**Devine**

DISCHARGED ALIVE FROM THIS UNIT

Nature of Outcome	**1. Improved**
Ready for Discharge?	**Yes**
If Ready - Date & Time Ready for Discharge	**01/12/2022 12:44**
ACTUAL ICU Discharge Date & Time	**01/12/2022 16:15**
Discharge to (Name)	**Glasgow Royal Infirmary (GGC)**

Discharged to (Type)	**Ward**
Discharge Housed Within	**This Hospital Site**
Discharge Reason	**Specialist care**
Expected Hospital Outcome	**Survivor**
In Case Of Deterioration	**Would re-admit**
Additional Comments	**Urology presenation addressed, ongoing cardiology input required**

Background

Admission Comments	*** Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria.** **Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.** **Pain settled with 5+5mg IV morphine.** **CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.** **R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.** **ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.** **2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.** **Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences.** **Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.** **ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.** **Patient requires a monitored bed for overnight. No beds in surgical HDU.** **D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.**
Past Medical History	**AAA**

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

Problems/Diagnoses

Problem/Diagnosis 1	**ureteric obstruction** **Status: Active**
Problem/Diagnosis 2	**atrial flutter** **Status: Active**

Outstanding Issues

Cardiovascular	**Atrial fluuter rate 105-150 despite amiodarone loading and maintance**
Respiratory	**Nasal cannula**
Gastrointestinal	**Oral diet**
Renal	**No concerns**
General	**Pain well controlled**

Operations/Procedures

Operations & Procedures	**Ureteric stent insertion 30/12/22**

Microbiology Information

*** 30/11 - No samples/growth yet. Continue peri-op Abx as per surgeons. RC**
01/12 - Urine culture negative. Abx stopped. RC
30/11 post procedure-no further antibiotics required as per surgical team

Summary of Critical Care Progress

Progress	**Admitted to critical care due to fast atrial flutter with ureter obstruction**

Discharge Summary

Discharge Summary	**Mr McClymont presented with abdominal pain on a background of a known4.2cm AAA. He was found to have an obstructed left ureter and booked for theatre. In addition to this he was found to be in asymptomatic atrial flutter, unknown time of onset and so the patient was admitted to critical care for monitoring. Ureter stent inserted 30/12/22. A flutter persited despite metoprolol and loading and maintanence of amiodarone. Urology will follow up as an outpatient for flexible ureteroscopy and has be adeded**

Medication Information - also see Medicines Reconiliation Form

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:

1. Routine drugs that were WITHHELD but should be considered for RE-STARTING at a clinically appropraite time and dose.
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appropriate time.
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated
4. Drugs that have been STOPPED and should NOT be re-started

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 07:30
HIS	HIS	30/11/2022 01:29 - 30/11/2022 01:29
AD	Anne Devine	30/11/2022 12:22 - 01/12/2022 16:22
RC	Richard Cowan Consultant GRI ICU	30/11/2022 14:31 - 01/12/2022 14:41

30/11/2022 01:28	
CF	01:28 CHI
CF	01:28 Patient Name
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
CF	01:35 Admitting Specialty
CF	07:30 Admission Comments

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

30/11/2022 01:28

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm, CXR - nil focal. Bloods unremarkable, renal function normal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:04 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:00 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. IV metoprolol 5 + 5mg in resus -> no effect. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal.

Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 0149 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CXR - nil focal. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - for theatre mane

Remains tachycardic at 145-150bpm. IV metoprolol 5 + 5mg in resus -> no effect. BP maintained throughout. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of this - no chest pain, palpitations, dizziness/lightheadedness and no SOB.

CF 0135 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.

30/11/2022 01:29

HIS 01:29 Patient Address
HIS 01:29 Date of Birth
HIS 01:29 Age (Admission)

30/11/2022 08:50

RC 01/12/2022 14:41 Microbiology 2 (continued)

RC 14:31 Microbiology 2 (continued): 30/11- No samples/growth yet. Continue peri-op Abx as per surgeons. RC

4. Visiting Specialist Review

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	
AGE (ADT)	ALLERGIES & SENSITIVITIES	
	No known allergies	

4. Visiting Specialist Review (30/11/2022 01:39) Richard Cowan Consultant GRI ICU

Visiting Specialist Review

PLEASE ENSURE ALL 1 - 40 VISITING SPECIALIST SECTIONS ARE COMPLETE BEFORE ADDING A NEW FORM THE DATE OF THE REVIEW MUST BE ENTERED FOR THE NEXT REVIEW TO OPEN FOR COMPLETION	
Visiting Specialist 1	**01/12/2022; Urology; Reviewed by: R Vint, K Clement; Cons, ST6; In Person**
Does This Patient Require Follow Up 1?	**Yes - Outpatient**
Specialist Note 1	**Day 1 post stent insertion for obstructing upper ureteric calculi. In ITU for rate monitoring which remains in flutter at 143bpm despite amiodarone. Inflammatory markers, renal function and potassium normal. Likely pain induced AF/unctrolled rate as opposed to sepsis driven. Some flank pain as expected post stenting but urine clear. ITU team will discuss with cardiology re step down to their monitored beds as opposed to Urology given issue now is rate control. From Urology perspective he is stented and we will follow up as outpatient for flexible ureteroscopy. I will add to stone MDT to facilitate this.**

RC Richard Cowan Consultant GRI ICU 30/11/2022 01:39 - 01/12/2022 09:54

6. Drug History & Reconciliation Plan

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME	CHI	ENCOUNTER ID
Gavin McClymont	**1812526490**	
ATTENDING	PRIMARY DIAGNOSIS	

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

6. Drug History & Reconciliation Plan (30/11/2022 01:39) Rakesh Kishore

Patient Allergies

Allergies & Sensitivities	**No known allergies**

General Information

Drug History Sources	*** Emergency Care Summary; Patient**
Initially Completed By	**CF**
Reviewed By	**R Kishore**

Home Medications (Date all comments)

Home Medications 1	**Omeprazole 20mg mane; Continue**
Home Medications 2	**Simvastatin 40mg nocte; Continue**
Home Medications 3	**Sertraline 50mg mane; Continue**

Discharge Information *MUST BE COMPLETED PRIOR TO DISCHARGE*

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:

1. Routine drugs that were WITHHELD but should be considered for RE-STARTING at a clinically appropriate time and dose.

2. Drugs that were STARTED and should be considered for STOPPING at a clinically appropriate time.

3. Drugs that were STARTED and should be CONTINUED unless otherwise clinically indicated.

4. Drugs that have been STOPPED and should NOT be re-started.

If you have any questions about any of the above information, please contact the Critical Care Unit:

RAH ICU- 0141 314 (0)7069 or (0)6125

GRI HDU East - 0141 211 (2)1123
GRI ICU West - 0141 211 (2)4225

QEUH Critical Care Unit 2 - 0141 452 (8)3026
QEUH Critical Care Unit 3 - 0141 452 (8)3036
QEUH Critical Care Unit 4 - 0141 452 (8)3046

QEUH Neuro ICU - 0141 201 (6)2008 or (6)2009

RK	Rakesh Kishore	30/11/2022 01:39 - 30/11/2022 16:40
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 01:42
CF	Clare Flood	30/11/2022 02:08 - 30/11/2022 02:08

	30/11/2022 01:28
SS	01:42 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
	30/11/2022 01:39
RK	16:40 Drug History Sources
CF	02:08 Drug History Sources: Emergency Care Summary
CF	02:08 Initially Completed By
RK	13:41 Reviewed By: Note: R Kishore;
CF	02:08 Home Medications 1
CF	02:08 Home Medications 2
CF	02:08 Home Medications 3

Relative Communication Record

NHS Greater Glasgow & Clyde

GRI ICU/HDU

29/11/2022 21:28 - 01/12/2022 20:18

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Relative Communication Record (30/11/2022 01:28) Clare Flood

PLEASE ENSURE ALL 30 FIELDS ARE COMPLETE BEFORE ADDING A NEW FORM.

Support and Care Arrangements
If no carer is identified the sections marked 'Identyfing', 'Involving' and 'Supporting' are not applicable.
If a carer is identified please complete all sections below and record any discussions which have taken place in the Relatives Communication Record.

CF	Clare Flood	30/11/2022 01:28 - 30/11/2022 01:28

ELECTRONIC PATIENT RECORDS

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

Including:

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

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard: 0141 211 4000
Department: Cardiology
Contact Tel: 0141 201 3820
Enquiries to: Dr Rae's secretary
Letter Date: 02/03/2023
Reference: APR/SMS
Dictated Date: 24/02/2023
Transcribed Date: 28/02/2023

Dear Dr Coia,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Thank you for your update on this patient. I note that he has postural light-headedness and there is a mild postural drop in his blood pressure. The large dose of Sotalol he is on as you say may well be contributing to this. I would be reluctant however to pull back on the Sotalolol because his previous device interrogation had shown further episodes of atrial fibrillation even on this dosage. He was asymptomatic of these episodes but if these episodes become more frequent due to reduction in the Sotalol dosage he may also become more symptomatic. I think it would be reasonable in the first instance to try to deal with his postural hypotension starting him on Fludrocortisone initially at a dose of 50Ug od which could be increased to 100Ug od if necessary.

Kind regards.

Yours sincerely

Dr Alan Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Clinical letter - GP: GP Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000
Department: Critical Care
Contact Tel: 0141 201 6640
Enquiries to: rachael.munro@ggc.scot.nhs.uk
Letter Date: 13/12/2022
Reference: RC/RM
Dictated Date: 06/12/2022
Transcribed Date: 07/12/2022

Dr. MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Dear Dr Foley,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Mr McClymont was admitted to the High Dependency area of Intensive Care East at Glasgow Royal Infirmary on the 30th of November 2022.

This was after he'd presented to hospital with abdominal pain. In light of his known aortic aneurysm, a CT of his abdomen was performed which revealed an obstructive renal calculus. He was also noted to be in atrial flutter with a subsequent tachycardia.

He went to theatre and had his ureteric obstruction relieved but remained in atrial flutter despite anti-arrhythmic medications. He denied any symptoms of palpitations or chest pains or awareness of his tachycardia. In light of his need for neurological operations and known AAA, anticoagulation was not commenced at this point. He was discussed with the Cardiologists who advised commencing a beta-blocker and he was transferred to one of the Cardiology wards on the 1st of December 2022 to eceive ongoing treatment for his atrial flutter.

The Urologists advised at this point that their next plan of intervention would be an outpatient flexible uretoscopy once his heart issues had been addressed. They have added his details to the MDT to ensure this follow up is arranged.

You will receive a final letter from the Cardiology Team when he is ready for hospital discharge. Please contact ICU East on 0141 201 5426 if you have any questions regarding his Critical Care admission.

Yours sincerely,

Richard Cowan

Electronically Signed: Dr Richard Cowan, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:
Department: Vascular Surgery
Contact Tel: 0141 451 5945
Enquiries to: Leeann.Donohoe@nhs.scot
Letter Date: 28/10/2025
Reference: GT/SC
Dictated Date: 28/10/2025
Transcribed Date: 10/11/2025

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Vascular Surgery; Clinic - GRGTVA4-MR TREHARNE VASC TUE PM
Date and Time of Appointment - 28/10/2025 14:55

Clinical Comments:
I reviewed this gentleman in clinic today. He had successful endovascular repair of his abdominal aortic aneurysm 6 weeks ago. All is well and I have discharged him from clinic.

Yours sincerely

Mr Gareth Treharne

Consultant Vascular Surgeon

Electronically Signed: Mr Gareth Treharne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard: 0141 211 4000
Department: General Surgery - Vascular
Contact Tel: 0141 451 5945
Enquiries to: Leeann.Donohoe@nhs.scot
Letter Date: 12/08/2025
Reference: GT/ZK
Dictated Date: 12/08/2025
Transcribed Date: 20/08/2025

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Vascular Surgery; Clinic - GRGTVA4-MR TREHARNE VASC TUE PM
Date and Time of Appointment - 12/08/2025 16:05

Clinical Comments:
I spoke to this gentleman on the telephone as he had went to the wrong hospital by mistake for his clinic appointment. He is suitable for endovascular repair of his aneurysm and he is willing to proceed with this. I will arrange for this to be done in the near future.

Yours Sincerely

Mr Gareth Treharne

Consultant Vascular Surgeon

Electronically Signed: Mr Gareth Treharne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Vascular Surgery
0141 451 5945
Leeann.Donohoe@nhs.scot

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	
Department:	Vascular Surgery
Contact Tel:	0141 451 5945
Enquiries to:	Leeann.Donohoe@nhs.scot
Letter Date:	08/07/2025
Reference:	GT/AW
Dictated Date:	08/07/2025
Transcribed Date:	18/07/2025

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Vascular Surgery; Clinic - GRGTVA4-MR TREHARNE VASC TUE PM
Date and Time of Appointment - 08/07/2025 13:45

Clinical Comments:
I reviewed this gentleman in clinic today. He has a screened AAA that has reached threshold for intervention. He is reasonably fit and well but does have a pacemaker fitted. I have arranged for him to attend our AAA Pre-op Clinic on the 24th of July. I will review his images at our MDT following this to determine whether or not he is suitable for endovascular repair of his aneurysm.

Yours sincerely

Gareth Treharne

Consultant Vascular Surgeon

Electronically Signed: Mr Gareth Treharne, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: CARDIOLOGY
Contact Tel: 0141 201 3820
Enquiries to:

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Letter Date: 31/12/2024
Reference: AR/CH
Dictated Date: 31/12/2024
Transcribed Date: 10/01/2025

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Cardiology; Clinic - GRARECA3-DR RAE ARRHYTHMIA TUE AM
Date and Time of Appointment - 31/12/2024 11:25

Clinical Comments:
I had a Telephone Consultation with this 71 year old man on 31.12.24. He has paroxysmal atrial fibrillation and a dual chamber pacemaker. He is on Sotalol 160mg bd. He has been experiencing dizzy spells but these appear to have settled. They do sound postural and now that he is taking things more carefully this appears less of an issue. BP in clinic was 134/92 mmHg.

His Pacemaker check showed that there is a definite reduction in the frequency of his episodes of atrial fibrillation and they were brief and infrequent. His resting ECG shows heart rate of 60bpm with a QTc of 474ms which is mildly prolonged, but with the improvement in his arrhythmia control it is reasonable to continue with Sotalol 160mg bd. He is happy at this stage. I have discharged him from clinic. He would be reviewed as required. I note that he has not had his potassium checked for nearly 2 years and I would be grateful if this could be updated at your convenience.

Yours sincerely,

DR ALAN RAE

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	
Department:	CARDIOLOGY
Contact Tel:	0141 201 3820
Enquiries to:	MEDICAL SECRETARY
Letter Date:	16/02/2023
Reference:	AR/LP
Dictated Date:	16/02/2023
Transcribed Date:	20/02/2023

Dear Dr. MJ Foley,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Cardiology; Clinic - GRARECA8-DR RAE CARDIO THURS PM
Date and Time of Appointment - 16/02/2023 13:45

Follow Up: 31/12/2024 11:30 Cardiology Dr Alan Rae Booked

Clinical Comments:
I had a Telephone Consultation with this seventy year old man with atrial flutter with a recent implantation of a dual chamber pacemaker. He has a normal aortic aneurysm under review and as you are aware ureteric stents. His recent interrogation did show episodes of atrial flutter but symptomatically he is well. He is currently on Sotalol 160 mgs bd, Omeprazole, Tamsulosin, Apixaban and Sertraline. I note that his Echocardiogram in December of last year showed mild aortic valve disease.

At this stage I have made no changes to his medication. He is due for further device check in May and at that time will get an update on the frequency of his atrial arrhythmia's. He is at the ceiling really of his Sotalol and, therefore, if he is having frequent episodes and more particularly symptomatic episodes we would have to consider an alternative strategy.

Yours sincerely

Dr Alan Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Dr. MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	0141 211 4000
Department:	Cardiology
Contact Tel:	0141 201 3820
Enquiries to:	Amelia A'Hara
Letter Date:	31/01/2023
Reference:	SB/CH
Dictated Date:	01/02/2023
Transcribed Date:	02/02/2023

Dear Dr. MJ Foley,

Gavin McClymont; D.O.B: 18 Dec 1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Attendance: Specialty - Cardiology; Clinic - GRKHCA4-DR HOGG CARDIOLOGY TUES PM CLINIC - Patients booked to clinic should be with agreement from the Senior Registrar only
Date and Time of Appointment - 31/01/2023 13:45

Clinical Comments:
Diagnoses:

1. Paroxysmal atrial flutter

2. Recent DDD pacemaker insertion (20.12.22)

3. AAA - under surveillance

4. Mild mixed aortic valve disease

5. Preserved LV function

6. Recent left ureteric stent

Planned follow up:

1. Device clinic

2. Dr Rae's outpatient clinic

This gentleman was appointed to the early discharge clinic following his recent hospitalisation under the cardiology service. You will be aware of this admission but in short he presented with abdominal pain eventually requiring a left ureteric stent due to two partially obstructing ureteric calculi. He was discovered to be in atrial flutter with efforts to control this eventually necessitating a dual chamber pacemaker. He was appropriately anticoagulated and commenced on quite a large dose of Sotalol (160mg bd). LV function was normal on transthoracic echo.

Unfortunately it was difficult to make much progress as he was appointed as a telephone consultation and has not had a pacing check since discharge. He was able to tell me that he was roughly back to baseline in terms of breathlessness and has had no syncope or presyncope.

Ideally we might look to down titrate his Sotalol if he remains in sinus rhythm but with a significant pacing burden, although there will be alternative strategies if he turns out to be having further atrial arrhythmias. He has follow up in clinic with Dr Rae, who was his discharging consultant. He will need interval surveillance of his aortic valve disease and I presume Dr Rae will take this forward.

Yours sincerely,

Dr Simon Beggs

ST6

Electronically Signed: Dr Simon Beggs, Doctor

cc.

Oral and Maxillofacial Surgery
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

Consultant
Mr I Holland
Associate Specialist
Mr A K Brewer

Switchboard: 0141 211 4000
Direct Line: 0141 211 4716
Fax: 0141 211 4714
Email: oral.surgery.gri@northglasgow.scot.nhs.uk

Ref: IH/LJ
Dictated: 20/07/2011
Typed: 29/07/2011

Confidential

Dr. Rhona Raeburn,
Auchinairn Medical Practice,
127 Auchinairn Road,
Bishopbriggs,
Glasgow
G64 1NF

Dear Dr. Raeburn,

Gavin McClymont - 18/12/1952
10 Everard Quadrant, Glasgow, Lanarkshire, G21 1XP
UNIT NO: 10393034W
CHI: 1812526490

Further to previous correspondence, the above patient failed to attend for review today. We can only assume all is well with regard to his temporomandibular joint and no further appointments will be sent.

If he has any ongoing symptoms we would be happy to see him if requested.

Best wishes.

Yours sincerely,

Mr. I Holland
Consultant In Oral & Maxillofacial Surgery

Oral and Maxillofacial Surgery
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

Consultant
Mr I Holland
Associate Specialist
Mr A K Brewer

Switchboard: 0141 211 4000
Direct Line: 0141 211 4716
Fax: 0141 211 4714
Email: oral.surgery.gri@northglasgow.scot.nhs.uk

Ref: IH/LJ
Dictated: 13/04/2011
Typed: 04/05/2011

Confidential

Dr. Rhona Raeburn,
Auchinairn Medical Practice,
127 Auchinairn Road,
Bishopbriggs,
Glasgow
G64 1NF

Dear Dr. Raeburn,

Gavin McClymont - 18/12/1952
10 Everard Quadrant, Glasgow, Lanarkshire, G21 1XP
UNIT NO: 10393034W
CHI: 1812526490

Further to previous correspondence, the above patient has been reviewed. I am pleased to say since last seen he has had really very few symptoms and no episodes of swelling. There is the occasional discomfort that last seconds.

On examination, the left submandibular gland is palpable but not greatly more so than the right and no other pathology seen. I have simply arranged to review the gentleman once more in three months time but don't think there will be any need for active intervention and will keep you informed of developments.

Best wishes.

Yours sincerely,

Mr. I Holland
Consultant In Oral & Maxillofacial Surgery

Oral and Maxillofacial Surgery
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

Consultant
Mr I Holland
Associate Specialist
Mr A K Brewer

Switchboard: 0141 211 4000
Direct Line: 0141 211 4716
Fax: 0141 211 4714
Email: oral.surgery.gri@northglasgow.scot.nhs.uk

Ref: IH/LJ
Dictated: 26/01/2011
Typed: 02/02/2011

Confidential

Dr. Rhona Raeburn,
Auchinairn Medical Practice,
127 Auchinairn Road,
Bishopbriggs,
Glasgow
G64 1NF

Dear Dr. Raeburn,

Gavin McClymont - 18/12/1952
10 Everard Quadrant, Glasgow, Lanarkshire, G21 1XP
UNIT NO: 10393034W
CHI: 1812526490

Thank you for referring the above patient. The symptoms are suggestive of an obstructive sialadopathy. Since seeing yourself, the symptoms have settled down.

On examination, there is no stone palpable in the submandibular duct or gland. That said the left salivary gland is more prominent than the right. At present, we have arranged investigation to see if there is any evidence of a stone. We will see the gentleman in six weeks time to monitor progress. If there is a stone and he is asymptomatic, we will discuss with him whether he wishes the stone removed. Obviously if he gets further symptoms we will need to discuss with him active management.

We will keep you informed of developments.

Best wishes.

Yours sincerely,

Mr. I Holland
Consultant In Oral & Maxillofacial Surgery

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard: 0141 211 4000
Department: Urology Unit
Contact Tel: 0141 201 3538
Enquiries to: ruth.dickson@ggc.scot.nhs.uk
Letter Date: 13/09/2023
Reference: RVJP
Dictated Date: 25/08/2023
Transcribed Date: 12/09/2023

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admission: Specialty - Urology; Ward - GRIWD69D GRI Ward 69 Urology Diagnostic Centre
Consultant - Mr Ross Vint; Date of Admission - 25/08/2023
Date of Discharge - 25/08/2023; Discharged to - Private Residence - no additional detail added

Clinical Comments:
Diagnosis: Recent 9 and 7 mm proximal ureteric calculi on left side - treated.

This gentleman attended for his stent removal which was uneventful, and his pre removal extra looked fine to me. He doesn't seem to have further stones on his previous imaging so I have not arranged follow up at present.

Yours sincerely

Ross Vint

Consultant Urological Surgeon

Electronically Signed: Mr Ross Vint, Consultant

cc. Miss Lizette Seaward
Consultant Urological Surgeon
GLASGOW ROYAL INFIRMARY

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000
Department: Urology
Contact Tel: 0141 201 3528
Enquiries to: carrie.macneill@ggc.scot.nhs.uk
Letter Date: 23/08/2023
Reference: ls.sn
Dictated Date: 31/07/2023
Transcribed Date: 14/08/2023

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Dear Dr. LM Coia,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admission: Specialty - Urology; Ward - GRI Ward 70 Urology
Consultant - Ms Lizette Seaward; Date of Admission - 30/07/2023
Date of Discharge - 01/08/2023; Discharged to - Private Residence - no additional detail added

Clinical Comments:

Date of admission

31.07.23

Date of discharge

01.08.23

Procedure

Cystoscopy, left retrograde pyelogram, left ureteroscopy laser stone fragmentation and insertion of a left J stent

Final diagnosis

Left ureteric calculi laser stone fragmentation

Follow up

For flexible cystoscopy removal of stent in 2-3 weeks

Mr Gavin McClymont with a history of initially a proximal 9 and 7mm left ureteric calculi was listed for left ureteroscopy laser stone fragmentation. In the meantime he had Cardiology issues and had to get a pacemaker fitted.

Today he attended for his stone procedure. The largest stone migrated back into the mid-pole of the kidney and laser stone fragmentation done. The other stone was in the mid-ureter and laser stone fragmentation done.

A stent has been inserted at the end of the procedure due to be removed in 2-3 weeks.

Yours sincerely

Miss L Seaward

Consultant Urological Surgeon

Electronically Signed: Ms Lizette Seaward, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3820
Enquiries to:	Amelia A'Hara
Letter Date:	11/01/2023
Reference:	AR/RM
Dictated Date:	30/12/2022
Transcribed Date:	10/01/2023

Dear Dr. MJ Foley,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admission: Specialty - Cardiology; Ward - GRI Ward 43B Cardiology Downstream
Consultant - Dr Alan Rae; Date of Admission - 30/11/2022
Date of Discharge - 28/12/2022; Discharged to - Private Residence - living alone

Follow Up: 31/01/2023 13:45 Cardiology Dr Karen Jane Hogg 01/02/2023 12:01 Electrocardiography STTech Cardio PMAKER

Clinical Comments:
Please copy this IDL to Mr Hussey's secretary (Vascular surgeon)

Dear Doctor,

Please be aware of the following admission to GRI with Abdominal pain on 29.11.22

BG AAA (under annual review), GORD, Depression

CT which showed left ureteric calculi. He was also noted to have an increase in size of his AAA but no signs of rupture. He was admitted under urology initially for fluids, electrolyte replacement, and antibiotics. He went on to have a left ureteric stent placed.

He developed atrial flutter and moved to CCU under the cardiologists after he recovered from his stent insertion. He has been put on rate limiting drugs and has had an echo which showed LV EF 55-60% with good LV and RV contraction. He has a PPM inserted on the 20/12/22.

He was discussed with the vascular team who advised that the increase in his AAA may be a discrepancy between the different imaging modalities but will see him in clinic in four weeks as an out patient.

He has also been started on a DOAC by the cardiology team (and the vascular team had no problems with this)

Cardio follow up: Pacemaker clinic in 4-6 weeks and HOT clinic follow up.

Mr McClymont has cardioverted to NSR and remains on Sotalol 160mg BD.

During admission catheter was removed successfully. He remained to have haematuria which was discussed with Urology who advised normal post-procedure whilst being on a DOAC. Will fu as OP as part of MDT .

If you need anymore information about this patient please don't hesitate to contact the ward.

Drug changes:

1. Apixaban 5mg BD added

2. Sotalol 160mg BD added

3. Simvastatin 40mg OD

4.Sertraline 50mg OD

5. Folic Acid 5mg started

6. Tamsulosin 400mcg added

7. Omeprazole 20mg OD

Sincerely yours

43B

FINAL COMMENTS - see IDL for list of medications

Dear Doctor,

You will already have received the immediate discharge letter on this 70 year old man who was transferred to Cardiology having had atrial flutter. He was initially cardioverted with Amiodarone and remained in sinus for a few days but then reverted to atrial flutter and was started on Sotalol. Subsequently, he reverted to sinus rhythm with this. He will be reviewed at the Pacemaker Clinic and the Post Discharge Clinic but also at the Arrhythmia Clinic to discuss whether he should be considered for a flutter ablation.

Yours sincerely

Dr Alan Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc. Amelia A'Hara - can this patient also have an appointment for the Arrhythmia Clinic for Dr Rae to review, thank you.

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: 01-Aug-2023

Dear LAURA COIA,

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

Admitted	Type	Discharged	Destination
30-Jul-2023 09:00	IP	01-Aug-2023	

Specialty	Consultant	Ward	Telephone
Urology	Seaward	GRI Ward 70 Urology	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:

Last Discharge Review: Jo Lai (7943886 - FY1 Intake Aug 2022) on 01 Aug 2023 11:34

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 5 Day(s) from 01 Aug 2023	No	Patient's own drugs at home			Added
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 when required	No	Patient's own drugs at home			Added
Sertraline 100mg tablets	oral	ONE TO BE TAKEN EACH DAY,	No	Patient's own drugs at home		Y	
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	
Zopiclone 7.5mg tablets	oral	ONE TO BE TAKEN AT NIGHT,	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
2023-07-30	Folic acid 5mg tablets	oral	1 tablet once daily		Stopped before admission
2023-07-30	Senna 7.5mg tablets	oral	2 tablets once daily at night when required , For constipation		Stopped before admission
2023-07-30	Sertraline 50mg tablets	oral	1 tablet once daily		Stopped before admission

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

Clinical Comments:	Mr McClymont was electively admitted to the GRI on 30/07/23 for a left uterescopy. BG: CT angio 29/11/22 showed 2 calculi in proximal left ureter (9mm and 7mm). Left ureteric stent 30/12/22, developed atrial flutter requiring admission hence delay for investigation. PMH includes atrial flutter, AAA, OA, depression eczema, heartburn, HTN. PSH includes left ureteric stent, pacemaker, cystoscopy, appendicectomy. SH: lives with wife, smoker (10-12 a day), minimal ETOH Flexible ureterscopy, left on 31/07/23: very encrusted left j- stent. ROS. rigid ureteroscopy and one stone in mid-ureter lasered, second ureteric stone migrated back into mid pole of kidney. Stent and catheter inserted. Mr McClymont recovered well on the ward, TOV was successful. Plan: - Restart apixaban - Flexi and ROS in 2-3 weeks - KUB prior to stent removal Thank you for your ongoing care of Mr McClymont.
Discharge Comments:	
Follow Up:	Yes

	As above
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Jo LAI

Prescription Review
Checked by: Emma DONALDSON (Nurse)
Discharged by: Emma DONALDSON (Nurse)

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

MICHAEL FOLEYAuchinairn Medical Practice,127/129 Auchinairn Road,Bishopbriggs, Glasgow, G64 1NF

Main Switchboard:
Date of Completion: 28-Dec-2022

Dear MICHAEL FOLEY,

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

Admitted	Type	Discharged	Destination
30-Nov-2022 01:22	IP	28-Dec-2022	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
Cardiology	Rae	GRI Ward 43B Cardiology Downstream	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Muhammad Riaz (Muhammad Riaz - FY2) on 28 Dec 2022 11:44

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Apixaban 5mg tablets	oral	1 tablet twice daily					Added
Folic acid 5mg tablets	oral	1 tablet once daily					Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					Added
Senna 7.5mg tablets	oral	2 tablets once daily at night when required , For constipation	Yes		**Dispensing Details:** 1x60		Added
Sertraline 50mg tablets	oral	1 tablet once daily					Added
Simvastatin 40mg tablets	oral	1 tablet once daily					Added
Sotalol 160mg tablets	oral	1 tablet twice daily	Yes		**Dispensing Details:** 28x80mg		Added
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily					Added

"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
disp by - a oneill

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
2022-12-25	Bisoprolol 5mg tablets	oral	1 tablet once daily		Course completed
2022-12-28	Diclofenac sodium 50mg gastro-resistant tablets	oral	1 tablet three times daily when required , Fixed Period 7 Day(s) from 07 Dec 2022		Course completed
2022-12-28	Flucloxacillin 500mg capsules	oral	1 capsule four times daily , Fixed Period 6		Course completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			Day(s) from 25 Dec 2022		

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

Clinical Comments:	Please copy this IDL to Mr Hussey's secretary (Vascular surgeon) Dear Doctor, Please be aware of the following admission to GRI with Abdominal pain on 29.11.22 BG AAA (under annual review), GORD, Depression CT which showed left ureteric calculi. He was also noted to have an increase in size of his AAA but no signs of rupture. He was admitted under urology initially for fluids, electrolyte replacement, and antibiotics. He went on to have a left ureteric stent placed. He developed atrial flutter and moved to CCU under the cardiologists after he recovered from his stent insertion. He has been put on rate limiting drugs and has had an echo which showed LV EF 55-60% with good LV and RV contraction. He has a PPM inserted on the 20/12/22. He was discussed with the vascular team who advised that the increase in his AAA may be a discrepancy between the different imaging modalities but will see him in clinic in four weeks as an out patient. He has also been started on a DOAC by the cardiology team (and the vascular team had no problems with this) Cardio follow up: Pacemaker clinic in 4-6 weeks and HOT clinic follow up. Mr McClymont has cardioverted to NSR and remains on Sotalol 160mg BD. During admission catheter was removed successfully. He remained to have haematuria which was discussed with Urology who advised normal post-procedure whilst being on a DOAC. Will fu as OP as part of MDT . If you need anymore information about this patient please don't hesitate to contact the ward.

	Drug changes: 1. Apixaban 5mg BD added 2. Sotalol 160mg BD added 3. Simvastatin 40mg OD 4.Sertraline 50mg OD 5. Folic Acid 5mg started 6. Tamsulosin 400mcg added 7. Omeprazole 20mg OD Sincerely yours 43B
Discharge Comments:	
Follow Up:	Yes He will be reviewed by the vascular team in 4 weeks. (Mr Hussey cc letter to secretary) Urology MDT FU Please arrange PPM clinic follow up in 4-6 weeks. F/U Cardiology Hot Clinic in 3-4 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Muhammad RIAZ

Prescription Review
Medications reviewed by pharmacist: Scott Gillen (Clinical Pharmacist)
Checked by: Amanda HEPBURN (Pharmacy Technician)
Discharged by: Alison BORLAND (Dep Ward Manager)

Final Discharge Letter

RECVD 11/1/23

NHS Greater Glasgow and Clyde
Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000

Dr. MJ Foley
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

Main Switchboard:	
Department:	Cardiology
Contact Tel:	0141 201 3820
Enquiries to:	Amelia A'Hara
Letter Date:	11/01/2023
Reference:	AR/RM
Dictated Date:	30/12/2022
Transcribed Date:	10/01/2023

Dear Dr. MJ Foley,

Gavin McClymont; D.O.B: 18/12/1952; CHI: 1812526490
10 EVERARD QUADRANT, Glasgow, Lanarkshire, G21 1XP

Admission: Specialty - Cardiology; Ward - GRI Ward 43B Cardiology Downstream Consultant - Dr Alan Rae; Date of Admission - 30/11/2022
Date of Discharge - 28/12/2022; Discharged to - Private Residence - living alone

Follow Up: 31/01/2023 13:45 Cardiology Dr Karen Jane Hogg 01/02/2023 12:01 Electrocardiography STTech Cardio PMAKER

Clinical Comments:
Please copy this IDL to Mr Hussey's secretary (Vascular surgeon)

Dear Doctor,

Please be aware of the following admission to GRI with Abdominal pain on 29.11.22

BG AAA (under annual review), GORD, Depression

CT which showed left ureteric calculi. He was also noted to have an increase in size of his AAA but no signs of rupture. He was admitted under urology initially for fluids, electrolyte replacement, and antibiotics. He went on to have a left ureteric stent placed.

He developed atrial flutter and moved to CCU under the cardiologists after he recovered from his stent insertion. He has been put on rate limiting drugs and has had an echo which showed LV EF 55-60% with good LV and RV contraction. He has a PPM inserted on the 20/12/22.

He was discussed with the vascular team who advised that the increase in his AAA may be a discrepancy between the different imaging modalities but will see him in clinic in four weeks as an out patient.

He has also been started on a DOAC by the cardiology team (and the vascular team had no problems with this)

Cardio follow up: Pacemaker clinic in 4-6 weeks and HOT clinic follow up.

Mr McClymont has cardioverted to NSR and remains on Sotalol 160mg BD.

During admission catheter was removed successfully. He remained to have haematuria which was discussed with Urology who advised normal post-procedure whilst being on a DOAC. Will fu as OP as part of MDT .

If you need anymore information about this patient please don't hesitate to contact the ward.

Drug changes:

1. Apixaban 5mg BD added
2. Sotalol 160mg BD added
3. Simvastatin 40mg OD
4. Sertraline 50mg OD
5. Folic Acid 5mg started
6. Tamsulosin 400mcg added
7. Omeprazole 20mg OD

Sincerely yours

43B

FINAL COMMENTS - see IDL for list of medications

Dear Doctor,

You will already have received the immediate discharge letter on this 70 year old man who was transferred to Cardiology having had atrial flutter. He was initially cardioverted with Amiodarone and remained in sinus for a few days but then reverted to atrial flutter and was started on Sotalol. Subsequently, he reverted to sinus rhythm with this. He will be reviewed at the Pacemaker Clinic and the Post Discharge Clinic but also at the Arrhythmia Clinic to discuss whether he should be considered for a flutter ablation.

Yours sincerely

Dr Alan Rae

Consultant Cardiologist

Electronically Signed: Dr Alan Rae, Consultant

cc. Amelia A'Hara - can this patient also have an appointment for the Arrhythmia Clinic for Dr Rae to review, thank you.

Previous Patient Notes for Acute Specialties GGC (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: 06-Oct-2023 15:00	**Created By:** Endourology CNS - Allison Kerr	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:** Glasgow Royal Infirmary	Sensitive
Note:		
SR review- ROS 25/08/23 by Mr Vint		

Patient Note		**Outpatient Note**
Date/Time: 01-Feb-2023 11:46	**Created By:** Charge Nurse Acute Services Surgery & Anaesthetics - Jean Dalziel	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive
Note:		
Patient arrived at POA but actually has a Pacemaker check downstairs now, patient was unaware of this , patient informed of importance of Pace check so send downstairs to KJH unit.. Also has a telephone consultant with Dr Rae on the 16/2/23 . Due to recent Cardiac history (only discharged from cardiology 5 weeks ago) and AAA will not be suitable for VACH - another appointment given for POA on the 17/2/23 and Ms Seaward and Sec informed will not suitable for VACH		

Patient Note		**Inpatient Note**
Date/Time: 10-Dec-2022 18:33	**Created By:** Nurse - David Waite	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive
Note:		
CEPHEID POCT -VE.		

Patient Note		**Inpatient Note**
Date/Time: 10-Dec-2022 17:23	**Created By:** Nurse - David Waite	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive
Note:		
CEPHEID POCT RUNNING.		

Patient Note		Other
Date/Time: 08-Dec-2022 13:45	**Created By:** staff nurse - Martin Craig	**Role:** Nurse - GGC
Specialty: Acute Specialties GGC	**Organisation:**	Sensitive
Note:		
CEPHEID NEGATIVE		

Glasgow Royal Infirmary
Department of Surgery

(Part B - Surgical Admission)

NHS
Greater Glasgow and Clyde

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

Date & Time 1144 30/09/23 Consultant Ms L. Seaward Ward 70.

Ward Review

Check List	
Bloods	☐
BHCG: +ve ☐ -ve ☐ N/A ☐	
Urinalysis	
ECG	☑ on portal
CxR	☐
AxR	☐
VTE prophylaxis	☐
Med Rec	☐
Kardex	☐

ELECTIVE ADMISSION CLERK IN

For ureteroscopy of L/R side
CT angio 29/11/22 showed 2 calculi in proximal L/R ureter (9mm and 7mm)
L/R ureteric stent 30/12/22.
Developed atrial flutter requiring CCU admission ∴ delay.

70 For theatre 31/09/23

PMHx: Atrial flutter; Ⓒ ureteric calculus; AAA; OA; depression; eczema; heartburn; HTN
PSHx: Ⓒ ureteric stent; pacemaker; cystoscopy; appendicectomy

DHx: NKDA. HERMA completed. Med rec ☑
SHx: Lives with wife. Smokes (10-12/day). Min ETOH.

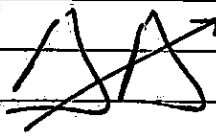
NO issues with previous GAs.
No recent illnesses
Currently clinically stable.
Apixiban
~~Edoxaban~~ w/H as per CCC guidelines
ECG obtained and available on portal
Bloods to be obtained
VTE to be screened
ECHO available on portal.

PTO →.

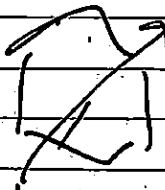
Ward Review

1812526490
MCCLYMONT Gavin M 18/12/1952

Patient looks well
Warm and perfused



HS I+II No murmurs
Regular HR
ECG - paced



No concerns

Plan: (1) Bloods (unable to obtain at pre op)
(2) Consent
(3) Mark
(4) HERMA
(5) TEDS

At Exam CT2

SR REGISTRARS	DESIGNATION
SIGNATURE	30/07/2023 TIME

NHS GG&C Adult Risk Assessment for Venous Thromboembolism (VTE)

[excluding orthopaedics, obstetrics & ENT who have specialty-specific policies]

- **Risk Assessment must be completed for all patients within 24 hours of admission to hospital**
- **Patients must be reassessed every 48-72 hours or sooner if condition changes**
- **Reassessment must be documented in Kardex**
- **Please complete risk assessment and then sign and date Risk Assessment Result box at bottom of page.**

Pt Addressograph

Operative patients

Non-operative patients

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

Yes ☑

No ☐

- No thromboprophylaxis required.
- Continue to reassess every 48-72 hours or sooner if condition changes.
- Document all reassessments in drug kardex.
- Complete Risk Assessment Result Box.

Does the patient have any risk factors for thrombosis? (tick √ all that apply)

Age >60	☑	Use of oestrogen-containing contraceptive therapy	☐
Active cancer or cancer treatment	☐	Use of hormone replacement therapy or tamoxifen	☐
Dehydration	☐	Pregnancy or < 6 weeks post partum	☐
Known thrombophilias	☐	Critical care admission eg HDU/ITU	☐
Obesity (BMI>30)	☐	Surgical procedure with total anaesthetic/surgical time >90 min, or >60 min if surgery on lower limb or pelvis	☐
Current significant medical condition e.g. Serious infection, Heart failure, Respiratory disease or Inflammatory disease	☐	Acute surgical admission with inflammatory or intra-abdominal condition including Pelvic Inflammatory Disease	☐
Personal history or first degree relative with a history of VTE	☐	Hip fracture	☐
Varicose veins with phlebitis	☐	All gynaecological surgery except uncomplicated gynaecological diagnostic day case procedures	☐

Yes, 1 or more risk factors identified ☑

No risk factors identified ☐

Indicators of high risk bleeding (tick √ all that apply)

Active bleeding	☐	Lumbar puncture, epidural/spinal anaesthesia • Expected within the next 12 hours • Within the previous 4 hours	☐
Acquired bleeding disorders (e.g. liver failure)	☐	Other procedure with high bleeding risk – discuss with senior if unsure	☐
Concurrent use of other anticoagulants (e.g. warfarin, rivaroxaban, apixaban, edoxaban) is a contra-indication to additional pharmacological thromboprophylaxis	☑		
Acute stroke (within 14 days)	☐	Acute bacterial endocarditis	☐
Persistent uncontrolled hypertension (BP > 230/120 mmHg)	☐	Surgery expected within the next 12 hours	☐
Thrombocytopenia (<75 x 10^9/l)	☐	Trauma with high bleeding risk e.g. Head Injury	☐
Untreated inherited bleeding disorders (e.g. haemophilia or von Willebrands)	☐	eGFR <30ml/minute/1.73m²: Dose reduction required	☐
High risk of peri- or post-procedural bleeding, e.g. neurosurgery , spinal, posterior eye surgery and thyroid surgery	☐	Heparin induced Thrombocytopenia	☐

- **Discuss with senior clinical staff before deciding to prescribe pharmacological prophylaxis**
- Consider mechanical prophylaxis e.g. AES unless contra-indicated.
- Reassess patient every 48-72 hours or sooner if condition changes.

No contraindications to pharmacological prophylaxis identified ☐

Contraindications to pharmacological prophylaxis identified ☑

Operative patients – Enoxaparin 40mg + AES ☐*

*prior to application of AES, please check contraindications to AES

Non-operative patients – Enoxaparin 40mg ☐

Prescribe Enoxaparin at 6pm

[on day of surgery, at the later of either 4h post-op or 6pm]

Reduce Enoxaparin to 20mg if <50Kg or eGFR <30ml/minute/1.73m² ☐

If weight> 120kg, consider Enoxaparin 40mg bd (see StaffNet Guideline).

Discontinue at discharge or when returned to pre-morbid mobility

Contraindications to anti-embolism stockings (AES) Y☐ N☐

Peripheral neuropathy	☐
Peripheral arterial disease	☐
Cellulitis or Gross oedema	☐
Leg deformity or Fragile skin	☐
Leg / foot ulcers	☐
Allergy	☐
Unusual leg size/shape	☐

Risk assessment result – please tick √ all that apply

VTE risk factors: YES ☐ NO ☐ Indicators of high risk bleeding: YES ☐ NO ☐ Prescribed: LMWH ☐ AES ☐ NONE ☐

Patient informed of VTE risks and benefits of thromboprophylaxis YES ☐ NO ☐ N/A ☐ Information leaflet provided YES ☐ NO ☐

Print Assessor's Name: _____ Signature: _____ Date: _____

Medicine Reconciliation Form

Source of information: ECS ☑

Patient ☑ Relative/carer ☐ GP surg ☐ GP computer printout/letter ☑ Patient's own drugs ☐

Other (specify) _____

Patient Name
DoB
Unit Number

or affix label

Admission Medicines (including OTC, herbal, homeopathic)				Plan for medicines (unless indicated to stop or hold medication should be continued on drug kardex)				
Name	Dose	Freq	Route	Amend	withhold	Stop	continue	Reason for alteration
HERMA.								
MED REC COMPLETED.								
Allergies/adverse events NKDA.								

List obtained by DR E. EVANS Designation _____

Recently altered/discontinued medicines prior to admission and reasons why _____

Compliance aid? Y ☐ N ☐ Type _____ If, Y Community Pharmacy _____ Phone _____

Senior Medical staff review: Sign _____ Title _____ Date and Time _____

Reviewed by pharmacist _____ Date and Time _____

Comments

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

01/08/23 W/R TEAHAN.

Day 1 post-op.

NAD. Ankle wrap handed over.

Pt. NBR @ bedside.

(P). Restart DOAC if wnc clear.

(H).

F/u as planned by Op.

None.

TEAHAN

Clinical Notes	Patient Name DoB Unit Number or affix label

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

Clinical Notes

Patient Name
DoB
Unit Number

or affix label

Immediate Discharge Letter

NHS Greater Glasgow and Clyde

Highly Sensitive: No
Consent for Sharing Withheld: No

MICHAEL FOLEYAuchinairn Medical Practice,127/129 Auchinairn Road,Bishopbriggs, Glasgow, G64 1NF

Main Switchboard:
Date of Completion: 28-Dec-2022

Dear MICHAEL FOLEY,

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

Admitted	Type	Discharged	Destination
30-Nov-2022 01:22	IP	28-Dec-2022	Private Residence - living with relatives or friends

Specialty	Consultant	Ward	Telephone
Cardiology	Rae	GRI Ward 43B Cardiology Downstream	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Muhammad Riaz (Muhammad Riaz - FY2) on 28 Dec 2022 11:44

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Apixaban 5mg tablets	oral	1 tablet twice daily					Added
Folic acid 5mg tablets	oral	1 tablet once daily					Added
Omeprazole 20mg gastro-resistant capsules	oral	1 capsule once daily					Added
Senna 7.5mg tablets	oral	2 tablets once daily at night when required , For constipation	Yes		**Dispensing Details:** 1x60		Added
Sertraline 50mg tablets	oral	1 tablet once daily					Added
Simvastatin 40mg tablets	oral	1 tablet once daily					Added
Sotalol 160mg tablets	oral	1 tablet twice daily	Yes		**Dispensing Details:** 28x80mg		Added
Tamsulosin 400microgram modified-release capsules	oral	1 capsule once daily					Added

"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
disp by - a oneill

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
2022-12-25	Bisoprolol 5mg tablets	oral	1 tablet once daily		Course completed
2022-12-28	Diclofenac sodium 50mg gastro-resistant tablets	oral	1 tablet three times daily when required , Fixed Period 7 Day(s) from 07 Dec 2022		Course completed
2022-12-28	Flucloxacillin 500mg capsules	oral	1 capsule four times daily , Fixed Period 6		Course completed

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
			Day(s) from 25 Dec 2022		

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

Clinical Comments:	Please copy this IDL to Mr Hussey's secretary (Vascular.surgeon) Dear Doctor, Please be aware of the following admission to GRI with Abdominal pain on 29.11.22 BG AAA (under annual review), GORD, Depression CT which showed left ureteric calculi. He was also noted to have an increase in size of his AAA but no signs of rupture. He was admitted under urology initially for fluids, electrolyte replacement, and antibiotics. He went on to have a left ureteric stent placed. He developed atrial flutter and moved to CCU under the cardiologists after he recovered from his stent insertion. He has been put on rate limiting drugs and has had an echo which showed LV EF 55-60% with good LV and RV contraction. He has a PPM inserted on the 20/12/22. He was discussed with the vascular team who advised that the increase in his AAA may be a discrepancy between the different imaging modalities but will see him in clinic in four weeks as an out patient. He has also been started on a DOAC by the cardiology team (and the vascular team had no problems with this) Cardio follow up: Pacemaker clinic in 4-6 weeks and HOT clinic follow up. Mr McClymont has cardioverted to NSR and remains on Sotalol 160mg BD. During admission catheter was removed successfully. He remained to have haematuria which was discussed with Urology who advised normal post-procedure whilst being on a DOAC. Will fu as OP as part of MDT . If you need anymore information about this patient please don't hesitate to contact the ward.

	Drug changes: 1. Apixaban 5mg BD added 2. Sotalol 160mg BD added 3. Simvastatin 40mg OD 4.Sertraline 50mg OD 5. Folic Acid 5mg started 6. Tamsulosin 400mcg added 7. Omeprazole 20mg OD Sincerely yours 43B
Discharge Comments:	
Follow Up:	Yes He will be reviewed by the vascular team in 4 weeks. (Mr Hussey cc letter to secretary) Urology MDT FU Please arrange PPM clinic follow up in 4-6 weeks. F/U Cardiology Hot Clinic in 3-4 weeks
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Muhammad RIAZ

Prescription Review
Medications reviewed by pharmacist: Scott Gillen (Clinical Pharmacist)
Checked by: Amanda HEPBURN (Pharmacy Technician)
Discharged by: Alison BORLAND (Dep Ward Manager)

Glasgow Royal Infirmary

CHI: 1812526490

Total Att: 3

12 Mth Att: 0

Title: MR

MCCLYMONT Gavin

DOB 18/12/1952 Age: 69y Sex: Male

10 EVERARD QUADRANT
Glasgow
Lanarkshire
G21 1XP
0141 3895357

Next of kin: SAME?, ALICE
Relationship: Unknown
762 2137

GP: MJ Foley
0141 772 1808

Attendance Date: 29/11/2022 Arrival Time: 20:47

Registration Time: 20:47 Date of Incident: 29/11/2022

Major Incident Desc:

Reason for Attendance: **blood in urine has had annurism**

Nursing Assessment

Alerts: **Not Recorded** Allergies: **Not Recorded** Pain Score:

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **29/11/2022 21:02** Nurse name: **Nurse Craig Nelson2**

Temp	35.3	C
HR	156	bpm
BP	170/154	mmHg
MAP	159.33	mmHg
RR	22	bpm
SpO2	95	%
Oxygen		%

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

GCS	
Eyes	
Motor	
Verbal	
Total	

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

Nursing Notes: **AP and PRblood- Right arm BP 142/107, very pale appearance, Abdo pain, known AAA- checked 6/52 was 3.4cm which is recent increase in size**

1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin
1812526490 18/12/1952 MCCLYMONT Gavin

To be Completed by Clinician		
Child Assessment Questionnaire	**Yes**	**No**
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

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

Date	**Clinical Notes**	
	Seen By	Time Seen

Once Only Prescriptions (Including Tetanus Prophylaxis)

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By

Medical & Nursing Admission

GRI ICU/HDU

NHS Greater Glasgow & Clyde

29/11/2022 21:28 - 01/12/2022 10:08

PATIENT NAME
Gavin McClymont

ATTENDING

AGE (ADT)

CHI
1812526490

PRIMARY DIAGNOSIS

ENCOUNTER ID

ALLERGIES & SENSITIVITIES
No known allergies

Medical & Nursing Admission (30/11/2022 01:28) Anne Devine

Admitting Staff

Admitting Doctor	C Flood ST4
Under Care of (Unit Cons)	Cowan, R
Admitting Specialty	Emergency Medicine

Admission Date & Time

Hospital Admit Date & Time	29/11/2022 20:47
Critical Care Admit Date & Time	30/11/2022 01:28

Admission History (Medical)

PATIENT NAME
Gavin McClymont

ATTENDING

AGE (ADT)

CHI
1812526490

PRIMARY DIAGNOSIS

ENCOUNTER ID

ALLERGIES & SENSITIVITIES
No known allergies

Admission History (Medical)

Admission Comments	* Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.
Past Medical History	AAA
Allergies & Sensitivities	No known allergies
GCS Eyes (Presedate)	4. Spontaneously
GCS Verbal (Presedate)	5. Orientated
GCS Motor (Presedate)	6. Obeys Commands
GCS Total (Presedate)	15
CPR In 24hrs Prior To Admission	No
Pre-Admission Intubation	Not intubated,
IF INTUBATED PRIOR TO ICU ADMISSION PLEASE DOCUMENT AIRWAY DETAILS IN THE PROCEDURES FORM	
Planned Admission	No
Re-admission In This Hospital Stay	No
Admitted From (Name)	Glasgow Royal Infirmary (GGC)
Admitted From (Type)	Emergency Dept
Housed Within	This hospital site
Previously Located	Emergency Department
Pre-Location Housed Within	This hospital site

Audit (Medical)

Incapacity Form	Not required
Historic Blood Sample On Record	Yes - sample record viewed on Clinical Portal

Audit (Nursing)

2.5mg bisoprolol 11am

Audit (Nursing)

Admission: Infection Control	no issues
Admission: MRSA Screen	Done
Admission: CPE Screen	CPE screen not required
Admission: CJD Screen	Patient not at risk of CJD
For Creutzfeldt-Jacob Disease (CJD) - if the patient has ever been contacted by Public Health and told that they are possibly at risk of CJD, contact the Infection Control Team For Carbapenemase Producing Enterobacteriacea (CPE) screen - In the LAST 12 MONTHS, if the patient has been an inpatient in a hospital outwith Scotland (abroad or any other part of UK), had holiday dialysis outside of Scotland or been in close contact with someone infected with CPE, obtain a rectal swab and send to microbiology for CPE screen.	
Admission: Pressure Ulcer Present	No;
Pressure Ulcer Daily Risk Assessment (PUDRA)	* No redness +/or existing pressure damage, Does not require assistance to mobilise, No continence issues (urinary catheter/faecal collection device), Not malnourished, can eat/drink (est. enteral feeding), Skin compromised, Risk of developing pressure...
If the person has redness +/or existing pressure damage, prescribe a minimum of2 hourly Active Care (Documented in SSKINS and Pressure Areas section of flowsheet).	
Falls Risk Assessment	* Pt has no Hx of falls last 6 mths, Pt has no cognitive impairment+/delirium, Pt does not try to walk alone, Pt/Relative no fear/anxiety of Pt falling, On clinical opinion no fall risk, ,
Bedrail Assessment	Level 2 Pt complete bed rail assessment

Chronic Health (Medical)

Alcohol Use	No/low risk
Encephalopathy	Not applicable
Ascites	Not applicable
Smoking	Yes
Recreational Drug Use	None
Clinical Frailty Scale	Fit (no active disease symptoms & exercise occsionally),

Admission Assessment (Medical & Nursing)

Admission Assessment (Medical & Nursing)

Admission: Level of Care	Level 2
Type of Level 2 Admission	Emergency
Admission: Respiratory	* Sats 95% on 2 litres nasal cannula, saturating at 97% Airway patent and protected naturally Chest clear, equal air entry bilatearlly RR 22 Nursing Natural airway 2L O2 via NC given to maintain SPO2>94% Chest clear coughs and clears
Admission: Cardiovascular	* Unsupported Warm and well perfused Heart sounds pure Persistent tachycardia, HR 150 ECG shows atrial flutter with 2:1 block Nursing Ubsupported ECG done on admission Artial flutter in monitoring 150 - continue to monitor Apyrexial Peripherally warm and well perfused 2x PVC access - inserted in A&E
Admission: Renal & Fluid Balance	* IV fluids ongoing Not catheterised, self voiding Passing urine regularly Nursing Hartmans 100ml/hr running selfvoiding Urinalysis done urine sample sent out
Admission: GI & Nutrition	* Abdomen soft and non tender Bowel sounds present No nausea/vomiting Opened bowels earlier today Last meal at 5.30 (pizza) Nursing Nil by mouth as in the morning planned for theatre no nausea abdomen soft, good bowel sounds BO during a day 1x
Admission: Neurological	* GCS 15 Not delirious Nursing GCS15/15 pearl 3MM No delirium present
Admission: Skin & Pressure Areas	* Nil Nursing Skin pressure area remains intact

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

Admission Assessment (Medical & Nursing)

Admission: Hygiene & Mobility	• Nil Nursing Pt mobilising independently at home - does not requires any walking aids freshened-up on admission
Admission: Pain	• No pain Nursing No c/o pain on admission
Admission: Lines, Tubes & Drains Present	2x PVC, L ACF and R ACF
Admission: Relatives & Social Circumstances	Lives independently with his wife

Admission Plan (Medical)

Antibiotic Therapy	Continue current therapy (check when next dose due)
ERAS Patient	No
Lung Protective Ventilation	•
Lung Protective Ventilation (LPV): Patients are included if they should receive <=6ml/kg/PBW tidal volumes with Paw <=30 when receiving mandatory ventilation (APV SIMV). Also select 'Yes' if they are currently breathing spontaneously or extubated but should receive LPV if mandatory ventilation is required.	
Sedation	No,
Admission Plan	• 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG - remains in atrial flutter 148bpm 3. IV fluids - Hartmann's 100ml/hr 4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime (6am - 2pm)
Please ensure that the Problems/Diagnoses section in the Medical Summary from has been completed following admission.	

AD	Anne Devine	30/11/2022 01:28 - 30/11/2022 12:22
CF	Clare Flood	30/11/2022 01:35 - 30/11/2022 07:30
SS	Sohail Shah	30/11/2022 01:42 - 30/11/2022 02:34
JM	Julia Mandal	30/11/2022 04:06 - 30/11/2022 04:06

30/11/2022 01:28

CF	01:35 Admitting Doctor
CF	01:35 Under Care of (Unit Cons)
CF	01:35 Admitting Specialty
CF	01:35 Hospital Admit Date & Time
CF	01:35 Critical Care Admit Date & Time
CF	07:30 Admission Comments

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back.
Associated with vomiting and haematuria.
Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.
Pain settled with 5+5mg IV morphine.
CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.
R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.
2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR.
Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty.
Comfortable work of breathing, speaking in full sentences.
Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal.

Patient requires a monitored bed for overnight. No beds in surgical HDU.
D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

CF 02:05 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back.
Associated with vomiting and haematuria.
Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.
Pain settled with 5+5mg IV morphine.
CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture.
R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic.

ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout.
2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR..
Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty.
Comfortable work of breathing, speaking in full sentences.
Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
ECG: Atrial flutter 150bpm. CXR - nil focal

Patient requires a monitored bed for overnight. No beds in surgical HDU.
D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.

PATIENT NAME
Gavin McClymont

CHI
1812526490

ENCOUNTER ID

ATTENDING

PRIMARY DIAGNOSIS

AGE (ADT)

ALLERGIES & SENSITIVITIES
No known allergies

	30/11/2022 01:28	
CF	02:04 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	02:00 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. IV metoprolol 5 + 5mg in resus -> no effect. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheadedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed (aim K >4). Continue IV fluids and abx. Fast for theatre.
CF	01:49 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CXR - nil focal. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - for theatre mane. Remains tachycardic at 145-150bpm. IV metoprolol 5 + 5mg in resus -> no effect. BP maintained throughout. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of this - no chest pain, palpitations, dizziness/lightheadedness and no SOB.
CF	01:35 Admission Comments: Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis.

SS	01:42 Allergies & Sensitivities: Status: No known allergies; Latex Allergy?: No;
SS	01:42 GCS Eyes (Presedate)
SS	01:42 GCS Verbal (Presedate)
SS	01:42 GCS Motor (Presedate)
SS	01:42 GCS Total (Presedate)
SS	01:42 CPR In 24hrs Prior To Admission
SS	01:42 Pre-Admission Intubation
SS	01:49 Planned Admission
SS	01:49 Re-admission In This Hospital Stay
SS	01:49 Admitted From (Name)
SS	01:49 Admitted From (Type)
SS	01:49 Housed Within
SS	01:49 Previously Located
SS	01:49 Pre-Location Housed Within
SS	01:49 Incapacity Form
SS	01:49 Historic Blood Sample On Record
JM	04:06 Admission: Infection Control
JM	04:06 Admission: MRSA Screen
JM	04:06 Admission: CPE Screen
JM	04:06 Admission: CJD Screen
SS	02:34 MUST Assessment: Risk Assessment: BMI>20 (0); Unplanned weight loss in 3-6 mths <5% (0);
SS	02:34 Admission: Pressure Ulcer Present
JM	04:06 PUDRA: Pressure Damage: No redness +/or pressure damage; Mobility: No assistance to mobilise; Continence: No continence issues; Nutrition: Not malnourished, can eat/drink; Skin: Skin compromised; Judgement: Risk of pressure damage;
SS	02:34 Pressure Ulcer Daily Risk Assessment (PUDRA): No redness +/or existing pressure damage,
JM	04:06 Falls Risk Assessment
SS	02:34 Falls Risk Assessment: Pt has no Hx of falls last 6 mths. . .
JM	04:06 Bedrail Assessment
SS	01:49 Alcohol Use
SS	01:49 Encephalopathy
SS	01:49 Ascites
SS	01:49 Smoking
SS	01:49 Recreational Drug Use
SS	01:49 Clinical Frailty Scale
CF	01:49 Admission: Level of Care
CF	01:49 Type of Level 2 Admission
JM	04:06 Admission: Respiratory
SS	01:56 Admission: Respiratory: Sats 95% on 2 litres nasal cannula, saturating at 97% Airway patent and protected naturally Chest clear, equal air entry bilaterally RR 22
CF	01:49 Admission: Respiratory: Sats 95% on 2 litres nasal cannula
JM	04:06 Admission: Cardiovascular
SS	01:56 Admission: Cardiovascular: Unsupported Warm and well perfused Heart sounds pure Persistent tachycardia, HR 150 ECG shows atrial flutter with 2:1 block
CF	01:49 Admission: Cardiovascular: Unsupported
JM	04:06 Admission: Renal & Fluid Balance
SS	01:56 Admission: Renal & Fluid Balance: IV fluids ongoing Not catheterised, self voiding Passing urine regularly
CF	01:49 Admission: Renal & Fluid Balance: IV fluids ongoing
JM	04:06 Admission: GI & Nutrition
SS	01:56 Admission: GI & Nutrition: Abdomen soft and non tender Bowel sounds present No nausea/vomiting Opened bowels earlier today Last meal at 5.30 (pizza)
JM	04:06 Admission: Neurological: Free Text(1500):GCS 15 Not delirious Nursing GCS15/15 pearl 3MM No delirium present;
SS	01:56 Admission: Neurological: Free Text(1500):GCS 15 Not delirious;
JM	04:06 Admission: Skin & Pressure Areas
SS	02:01 Admission: Skin & Pressure Areas: Nil

JM	04:06 Admission: Hygiene & Mobility
SS	02:01 Admission: Hygiene & Mobility: Nil
JM	04:06 Admission: Pain
SS	01:56 Admission: Pain: No pain
SS	01:56 Admission: Lines, Tubes & Drains Present
CF	01:49 Admission: Relatives & Social Circumstances
CF	01:49 Antibiotic Therapy
SS	01:56 ERAS Patient
CF	02:04 Lung Protective Ventilation
SS	01:56 Lung Protective Ventilation: Status: Yes Exclusion:
CF	02:04 Sedation
CF	02:04 Admission Plan
CF	02:03 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime(8am - 2pm)
CF	02:03 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including 2nd G&S and electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime
CF	01:49 Admission Plan: 1. Continue IV coamoxiclav and gentamicin 2. Further 12 lead ECG 3. IV fluids 4. Admission bloods including electrolytes -> for replacement if required 5. Fast for theatre in the morning 6. Oramorph PRN for abdominal pain 7. Will need gent level daytime

5.4cm

Glasgow Royal Infirmary
Emergency Department

NHS
Greater Glasgow and Clyde

1812526490
MCCLYMONT M
Gavin 18/12/1952

Initial Investigations Ordered										
FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match units			
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:								Sent by:		

Clinical Notes

Date	Time	Name	Grade	Speciality
29/11/22	2120	J ANDERSON	EM CONS	

69 → Abdominal pain Seen in resus.

HPC. Sudden onset central abdominal pain this AM
Didn't want to bother wife.
Severe pain.
Radiating to back.
°vomiting. Moved bowels.
. Passed blood in urine °dysuria
No fevers Felt a little light headed
Known AAA Scan. 30th Sept. 4.2cm
For annual vascular review

No chest pain/palpitations/SOB
Brought to resus as HR 150 → unaware of this.

PMH/ As above DH/ AS ECS & INDOA for GORD

FH/ Nil SH/. smoker. Light alcohol Lives w wife.

O/E. A: Patent.
B: chest clear RR 22
Sats 95% OA → PTD

Glasgow Royal Infirmary
Emergency Department

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

Clinical Notes

Date	Time	Name	Grade	Speciality
29/11/22	EM CONS	JANDERSON		

C: Pulse 150 warm. Perfused.
BP 170/154. ECG: Atrial flutter
2:1 block.
HS 1+II+0.

D: GCS 15.
BM 9.6.

E: No obvious pulsatile mass
peritonism
BS+
Femorals ✓✓
Bedside USS aorta: AP diameter ~ 4.2cm
H+ 38.4 Lactate 1.8 HCO3 18.8

Temp 35.3

DD: Leaking AAA.
? Other pathology

(P) CT aorta: ↑ aneurysm size to 5.4cm
2x renal calculi in left renal
stranding
as likely cause for pain.

→ Accepted by urology for IVFs/analgesia
IVFs to ↓HR
Trial of metoprolol → no real effect
Haemodynamically stable so likely
can tolerate IVFs/β-blocker 1st instance.
as uncertain time of onset JANDERSON

Glasgow Royal Infirmary
Emergency Department

1812526490
MCCLYMONT
Gavin
M
18/12/1952

Patient Name
Number
or affix label

Clinical Notes

Date	Time	Name	Grade	Speciality

23/11/22. ST1/SAHNI/Urology.
2357.

63M. presented c sudden onset central abdo pain
& rt back.
a/w visible haematuria + vomiting
No fever / rigors / dysuria.

Hx - AAA 5.4cm
- otherwise well.
- lives c wife, cooks / shops by himself.

O/E. NEWS 7 (HR 149).
& disposite 2x metoprolol.
soft
BP 131/82.
haemodynamically stable.
ECG → Atrial flutter
c 2:1 block.

CT → (2) proximal 3mm calculi + another calculi

Plan (after d/w Mr Snell ST6)
1) IVF
2) IV CoAmox + IV Gent
3) d/w medical teams re: HR.
4) Fast
5) (2) URS ± stent tomorrow
6) analgesia
7) IJ insert / Septrin
for stent overnight.

d/w medical SpR → (1) IV metoprolol 5mg.
(2) check Mg+2 Ca+2
(3) for SHDU for monitoring

Glasgow Royal Infirmary
Emergency Department

Patient Name Gavin McClymont
DoB
CHI Number 1812526490
or affix label

HAEM	DATE or TIME		BIOCH	DATE or TIME			DATE or TIME		V/ABG	DATE or TIME	
WCC	8·2		Na			Bil			FiO_2		
Hb	149		K			ALT			H^+		
Plat	200		Cl			AST			$PaCO_2$		
Neut	5·1		Ur			GGT			PaO_2		
DD			Creat			A phos			Bic		
PT			eGFR			Alb			BE		
PTT			Glu			AdjCa			Lactate		
TT			CRP			Amyl			Ethanol		
INR			Mg			TropI HS			Para		
			Phos			BHCG			Sal		

Diagnosis and Plan

d/w SHDU – no beds currently.

d/w ITU SpR: Dr Claire who will kindly r/v pt in ED resus: for consideration of level 2 monitoring bed.

I do not think the pt is suitable for ward as he needs constant monitoring and ward do not have only 2 nurses + no overnight medical cover so SHO is covering entire city. I have d/w Mr Small SpR who agrees pt needs to be in a more monitored situation unless HR settles down.

Review/Discussed with:

Handover

- ☐ Provisional Diagnosis
- ☐ Liquids/Fluids
- ☐ Analgesic/Medicines
- ☐ NEWS
- ☐ Investigations & Results
- ☐ Talk to receiving team/ward

mi • 287967 Version 1_0 • GGC0226

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

1812526490
MCCLYMONT Gavin M 18/12/1952

Date & Time		Signature, Print Name & Designation
	ST4 Ramsay	
1/12/22		
19:30	69, male	
	Transferred from ICU to CCU due to	
	atrial flutter	
	Presented 29/11/22 with abdominal pain	
	vomiting / haematuria.	
	Past medical history: 4·2cm AAA (under	
	vascular annual review), GORD, smoker	
	CT angio: two partially obstructing left	
	proximal ureteric calculi. 5·4cm AAA -	
	vascular surgical opinion recommended	
	given rapid increase in size (1·2cm in	
	2 months).	
	Left ureteric stent inserted 30/11/22	
	Folate 2·9 Bloods otherwise unremarkable	
	Urine culture: no growth	
	ECG: atrial flutter, rate 70bpm	
	Given IV amiodarone in ICU - failed to cardiovert.	
	On bisoprolol 2·5mg	
	BP 108/79 Chest clear HS 1+1+0 NO oedema	
	Asymptomatic	

Plan:

- continue amiodarone/bisoprolol
- folic acid
- TFTs
- need to discuss AAA with vascular
- not for anticoagulation at present in view of AAA

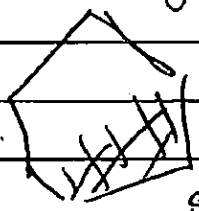
D. Ramsay ST4

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
1/11/22	BENNETT LOCUM ST1 - NIGHTS.	
2140	ATSP-, ↑ pain, since passed urine	
	Describes pain passing from ⓛ flank down to bladder.	
	Only passed small vol urine post procedure & was painful ++.	
	Looks & feels awful.	
	ENS stable, apyrexial. Remains in 2:1 atrial flutter. No chest pain. ECG unchanged, rate 137.	
	OE - WNP	
	MM dry.	
	 Tender LLQ with ? fluctuant swelling suprapubically	
	Imp ? retention 2° stent insertion	
	Plan ① Catheterise & send MSU.	
	② Analgesia PRN	
	③ will contact urology if no improvement.	BENNETT 7639702.

83949 CGC0072

Urology

Date & Time	NURSING NOTE	Signature, Print Name & Designation
2230. 1/12	Catheter inserted with no complications - please see Care round variance sheet. Assisted with wash @ 2200	A Allay SN
	Indication Retention Residual Volume (ml) 100ml Colour of Urine dark yellow/red Easy Insertion? Y N If No, why? Name ACHARY Signed A Allay Date 1/12/22	BRILLANT AquaFlate REF A310116 (PN053454) All-Silicone Long-Term (up to 12 weeks use) Standard, 2-way Foley LOT 2027-06-28 SIZE Ch. 16 O. D. 5.3mm/10ml Teleflex Medical, IDA Business & Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland
0230	Further c/o pain from urethra - instillagel ~~and~~ administered topically and oramorph administered as per hepma chart. — A Allay. SN.	A Allay SN.
2/1/22 0355	BENNETT LOCUM ST1 NIGHTS ATSP - ongoing abdo & urethral pain. D/W SpR Urology J Shin, advised pain likely ?° to stent insertion. Advised: X Ray abdo Diclofenac ↑analgesia Consider Solifenacin if Cx	BENNETT 7689702
	don't improve.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
2/12/11	ccu.	
08a	—	
	69 PRESENTATION 29/11/22	
	· BACK PAIN	
	· ATRIAL FLUTTER 150	
	1 OBSTRUCTIVE @ URETERIC CALCULI } for	
	URETERIC STENT 30/11/22 } flex	
	ONGOING @ FLANK PAIN } urology	
	2 AAA	
	SURVEILLANCE	
	5.4cm AP DIAM ON CT WAS	
	4.2cm ? SEPTEMBER	
	- OTHERWISE ↑↑ RATE.	
	21 AFL.	
	NOT ANTICOAG SINCE 29/11/22.	
	IV AMIODARONE 24'	
	STILL 140 THEN.	
	NO PALP	
	BIBP 2.T.	
	4 CATHETERISED YESTERDAY	
	- UNCLEAR WHY	
	- ? DYSURIA.	
	- ONLY 200ml IN BLADDER.	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	1/c : ABBO [illegible]	
	No O2 Req.	
	No HF. 96% @	
	SI no/	
	P. · stop IV amiodarone	
	· clarify c warfarin	
	- any obstruction anticoag?	
	- Digoxin · Rate regulation	
	ne. fn.	
	· Bisoprolol ↑.	
	· milk / CSM +/- Abx +/-	
	continue OAC.	
	· single ANTICOAG	
	→ if refractory · thank	
	pain : wendy · RIV.	
2/12/22	S Morrison SHO	
10[15]	Spoke to vascular surgeon on-call	
	↳ explained progression of AAA size	
	↳ He will review and call back	
	↳ he also states that the patient can be anticoagulated if he needs it.	
	↳ They have no issues with this	
2/12/22	CTI-UROLOGY - S.Mt	
12[00]	(L) ureteric stent inserted for (L) urethrolithiasis.	
	stepped down ICU → CCU.	
	Currently: (1) HR↑ - amiodarone stopped.	
	? β-Blockers.	
	(2) Urinary catheter - in-situ	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☒
NURSING ☐

Please tick ✔ appropriate directorate

1812526490
G. MCCLYMONT
Gavin
M
18/12/1952

Date & Time		Signature, Print Name & Designation
	- Draining mild haematuria.	
	(3) (L) flank pain / intermittent supra-pubic pain	
CNT	(4) - CKD2 eGFR >60.	
	PE R/v: - Lying in bed. Has not been out of bed yet.	
	- Some (L) flank pain + intermittent supra-pubic pain.	
	XRay KUB 11/12/22: (L) stent upper end still appears coiled, likely in (L) renal pelvis.	
	Imp/- Stent symptoms → Haematuria & pain.	
	- Stent appears to be adequately sited.	
	Plan/- U.R mx as per CCeu.	
	- Monitor U+E. If deterioration → ? USS KUB to check position of stent / hydronephrosis.	
	- Catheter out when urine clearer / more mobile.	
	~~Discharge~~	
	- Urology o/p R/v for stent + already on stone MDT.	
	- Routine / daily uro R/v not needed. Please contact if any concern.	SNG 09/1

83949 GGC0072

Date & Time		Signature, Print Name & Designation
2/12/22	Nursing Dayshift Notes:	
12⁰⁵	◦ Patient appears settled at present	
	◦ Observations as charted.	
	◦ Medication given as per HEPMA-	
	- IV amiodarone disc @ 08³⁰	
	- ↑ Betablocker	
	◦ Skin intact, 4° hrly ACA.	
	◦ Catheter insitu draining good volumes, urine dark + haematuric CSSU ☐.	
	◦ Plan as above, no further concerns	L.MCCOMBE dMcCombe (SN)
2/12/22	S Morrison SHO	
	Phonecall from Vascular Reg.	
	↳ Likely discrepency in scans	
	↳ They will see him in ~4 weeks in OP clinic	
	↳ please copy IDL to Mr Hussey's secretary.	
	D/W Dr Beggs (Cardio)	
	↳ can start patient on DOAC.	
3/12/22	NURSING NOTES.	
02⁰⁰	2nd stat dose of digoxin given as prescribed.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
3/12/22	ST7 Lynn II	
1000		
43c	Hx noted	
	Issues:	
	1) AFlutter	
	On bisoprolol 5mg + loaded ē	
	Digoxin (500, ~~1000~~ 500, 125)	
	Still Flutter ē 2:1 block	
	HR 147	BP 94/62
	eGFR >60 CRP 9 WCC 10.8	
	11) Haematuria / Flank pain	
	— Note & Urology RIV	
	yesterday	
	ongoing Haematuria	
	but no R/v flank pain	
	Plan: ↑ bisoprolol	
	↳ 2.5mg stat + then 7.5mg	
	regularly	
	Check TFTs	
	Echo then rate control	
	better	Lynn

83949 GGC0072

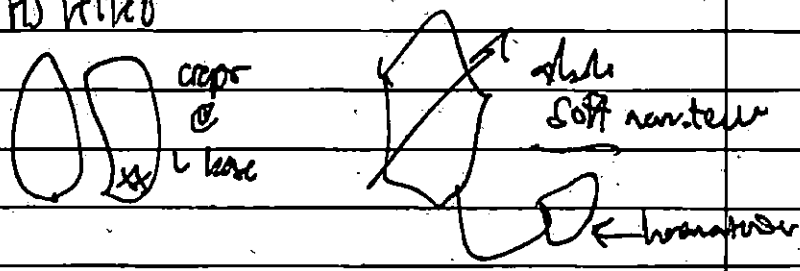
Date & Time		Signature, Print Name & Designation
3/12/22	Nursing Notes Dayshift :	
11:20	◦ Patient has been settled.	
	◦ Appears clamy looking however temp ok + patient states he feels fine.	
	◦ Medication given as per HEPMA.	
	◦ Observations as charted. NEWS = ⓪ HR ↓ 80bpm	
	◦ Catheter insitu, patent + draining still haematuric - CSU ☑, urine dipped was positive for protein, blood + leucocytes.	
	◦ No further concerns at present will continue to monitor	L MCCOMBE (SN) LMCCombe
3/12/22 13⁵⁰	Given - otat 7.5mg - Bisoprolol. Plan to ↑ 7.5mg - tomorrow Noted INR ↓ 39 - 60 AF Yc pharm 2.7 sec SPR. - Relay hypo aware.	E Thomas E Thomas DN
	TFTs added onto routine Bloods CRP ↑ 29 K 4.5 egfr >60 Hb 14.2 Wcc 10.8 Plat 170	
16⁰⁵	Noted to have upto 4.5 sec pause in alarm hx - pt stated he felt light headed when having in bed admitted to inform staff if any further episodes of lightheadedness. SPR	
	~~IV~~ infused - Hold B-B 7 IV: Ingurdia	↓ prolonged

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
	3/12/22.	
	ov. Symptomatic - bradycardia	E. Thomson
3/12/22	F Hamm Int.	
	note CRP ↑ 29 (4) WCC 10·8(11·8)	
	patient appears, feels fine, no O2 requirement.	
	O/E: HS N+N+0	
		
	Imp. ? LRTI (HAP) ? CAUTI. } asymptomatic + stable, req'ing no O2.	
	Plan. WCC falling so perhaps resolving infection.	
	Await CSU - if ⊕ change catheter.	
	- if ⊖ monitor CRP.	
	If CRP ↑ more, or develops symptoms or O2 requirement → CXR and probably Abx for HAP	
3/12/22.		
1900	TFTs Normal. Awaiting	E. Thompson DCH
	Note Phlebotomist Refer Anticoagulant	
	Venflow removed F/c inserted	E. Thomson DCH

Date & Time		Signature, Print Name & Designation
3/12/22	IMTE (Arm)	
2116		
	ATSP R Rd arm.	
	Erythema noticed to pt wife around the site of primary cannula.	(1) ACF.
	Pt reports feels tight	
	Denies fever	
	OE	
	erythema	
	tender	
	hard,	
	warm.	
	Imp	
	- Soft tissue infection	
	Mx - Fr course of Flucloxacillin	
	prescribed	
		Kuna.
24/12/22	Nursing night	
	Settled night. Obs. as charted	
	SaO2 92% on RA. 2L O2 commenced	
	S/b on call doctor & started oral	
	Fluids for erythema. Catheter	
	patent + draining. Haematuric. Encouraged	
	oral fluids.	— Lovejoy.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time	(RF (SHO) Rating	Signature, Print Name & Designation
24/10 am		
	(69)s - AW Abdo pain ? AAA leak	
	- Smoker	
	- GORD	
	(1) A Flutter - unclear onset - tachy 150/min on admission	
	- 4.5sec pause on BBS overnight	
	- DOAC	
	(2) AAA 5-4cm - requires vasc. clinic Fu.	
	(3) Ureteric stones - (L) ureter affected	
	→ Haematuria	
	→ Hb stable on DOAC	
	(4) CRP 29 - (L) ACF phlebitis → oral flucox	
	Feeling ok - NAD new to report	
	- Haematuria ? looks lighter today	
	- Phlebitis improved.	
	- Telemetry : Looks more like A.fibrillation now.	
	- No further pauses	
	(P) - ↓ Bisop to 5mg (HR d/N occasionally still up to 130/min)	
	- oral flucox 5/7 total	
	- push oral fluids	
	- echo when rate-controlled	
	- AAA Fu as OP - vasc.	
	- If persistent issues ≥ tachy/brady	
	↳ ? cardiovert after 4-6/52 ↓ BBM dng.	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	4/12/22	
	Likely need PPI.	
04/12/22 1215	Nursing	
	Independent with personal hygiene at the bedside. Pressure areas reported as intact. Medications administered as prescribed. Observations stable as charted, NEWS = 0. O_2 therapy discontinued. Monitoring in a controlled rate AF. Catheter remains in situ - patent and draining, urine appears haematuric. Patient up to sit in his chair, transferring independently.	Mairead Ní Réamoinn
	(Nursing Night)	
05/12/22 0230	Patient states Comfortable and pain free. No Complaints offered. Observations stable, News ⓪. Telemetry remains insitu (AF) Catheter patent, but very haematuric, Medical Staff aware of Same. Oral fluids encouraged. All Meds given per Pharma including oral ABs. Take to Settle as watching movies on IPad.	Kasey Lilley - SNA

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
05/12/22	WL	
—	(64F) Admitted with uraemic calculi → obstruction	
	Intracranial ~~AFIB~~ / AFibulata with RVR	
	~~AAA~~ intracranial	
	Current issues . PoA uraemic encephalopathy	
	~~—~~ . Catheterised (800) 01/12	
	. ~~AFB~~ - Home 05/12 (on AFB)	
	. Haematuria	
	. Infection (UTI)	
	Pretty well	
	Pain relieved	
	No CV symptoms / Lungs -VE	
	OBI Haiku	
	Traumatic pacing	
	→ Intra 24h mortality	
	Aim to stop requiring NBM'D meds	
	& Bloods	
	Plan TWC later this week:	
	W48B	

83949 CGC0072

Date & Time	Nursing Day Shift	Signature, Print Name & Designation
5/12/22	Fluid and Diet taken -	
1100h	Catheter patent, good output.	
	Reviewed on ward round,	
	see notes.	
	Bisoprolol reduced.	
	For echo	
	CLO Tamsolosin	
	Care more to 6300	
	No new issues, uncomplicated.	
6/12/22	NURSING NOTES: NIGHT	
0800	Comfortable overnight.	
	Care administered as	
	per care plan.	
	Urine remains haematuria	
06/12/22	NR	
—	— Steady progress	
	Pain free	
	AF ~ 100	
	Mild haematuria No clots	
	— ON LRO Re ~~stopping catheter~~ Removing	
	— Any regular NOAC	
	— EOD end of week	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate


1812526490
MCCLYMONT Gavin M 18/12/1952

Date & Time		Signature, Print Name & Designation
6/12/22	Nursing day	
11.20	Pt mobile and independent,	
	catheter draining well,	
	compliant with meds,	
	eats and drinks well,	
	☐ ECHO outstanding - attempted	
	to be done, however unable.	
	as remains on 'Fast AF',	
	remains on the list when.	
	↓HR,	
	Left arm phlebitis improving,	
	redness fading down,	
	remains warm in touch,	
	no complains from patient,	
	remains on telemetry. —	DN
12:19	BLEEPED URology on # 13278.	
	ON UROLOGY:	
	NO HX OBS CURRENT HAEMATURIA	
	OVERNIGHT RE TWOC.	
	ADVISED TO EXPECT HAEMATURIA POST OP + IN CONTEXT OF	
	POAF, NOT CONCERNED IN REGARDS TO CVS	
	ADVISED POAF NOT SEE A REASON WHY PRE WE WOULD NOT TWOC	
	(WILL NOT AFFECT HAEMATURIA)	
	ADVISED IF WE FEEL APPROPRIATE TO LIAISE W/ PLAST	
	MDT TO ORGANISED AT URology MDT.	
	DUCT NOT NEEDING ANY OTHER REVIEW FROM US IN REGARDS TO	
	THIS	

83949 CGC0072

Date & Time	NURSING NOTE - nights.	Signature, Print Name & Designation
7/12/22 0530	Comfortable over night. w/h paracetamol @ 22⁰⁰ as not required. Pt states that he is passing good volumes urine. ECHO outstanding. ? for βblocker in the morning as Sinus brady 50 bpm o/n	Allay SN.
09/12/22	NR	
—	Looks great	
	Cardioversion to SR/SB this AM	
	Successful TWOC	
	— TTE	
	— Continue current Rx	
	— EBB 24h.	
	Re-requested Echo + DW DEPT →	
	AWARE FOR DC + WILL AIM TO DO IN MORNING	
8/12/22 0245	Nursing (Night) Received to 43B tonight. Shortly after transfer patient noted to be back in AF after monitoring in SB over previous days. Advised SHO + ECG taken. Stat bisop 2.5 given. All other care as planned. Risk assessments up to date.	CA Anderson SN

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
07/12/22	NEWS° 2. - BP 99/56	
1630	Airway clear,	
	B - RR 16, nil signs of respiratory	
	distress	
	C - Sat 97% (RA) HR (53-60)	
	on cardiac monitor.	
	D - Awaiting Rctlo, ?home	
	tomorrow	
	Nil c/o pain	
	Independent & mobile.	
	Tolerating normal fluids &	
	diet.	
	Passing urine in toilet.	
	Alert & oriented.	
	Nil fresh complaints today	~~CB~~ RN.
8/12/22	Observations as charted. NEWS	
	= 4 HRT BP↓ P↓ • Medication	
	accepted as per MAR. Took	
	unwell this AM. Feverish. PCR	
	swab done + sent. Results -ve	
	~~AMS~~ MSSU needed to rule out	
	infection. Had IV Amlodipine	
	but stalled after HRT. HR ↑↓	Agnes SN
	now. Please observe.	Acayse

83949 CGC0072

NHS GREATER GLASGOW & CLYDE

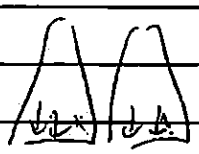
CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

1812526490
MCCLYMONT M
Gavin 18/12/1952

Date & Time		Signature, Print Name & Designation
08/12/22	CMcC/CEE SHO wR	
	+ ATSP on bank in Fort AE	
	+ On Telemetry	
	+ Completely asymptomatic + BP ok	
	+ Repeated bloods + unremarkable	
	+ Clinically euvolaemic	
	↳ Return BB to 7.5mg OD	
8/12/22	K. Nawazato FY2 (wR)	
10:00		
	69 ♂ A/W abdominal pain. → 29/11/22.	
	↳ ① ⓛ ureteric stones → ⓛ ureteric stent inserted. 30/11/22.	
	had haematuria, catheterised → TWOC successful.	
	has urology FU for stent already + stone MDT.	
	②. Atrial flutter – fast: 150 bpm.	NEWS ③
	on Bisop 5mg, apixaban 5mg.	Sats 97% on
	Digoxin discontd on 3/12/22.	BP 119/83
	TFTs (N). → period of time SB SOs.	HR 144.
	Bacc in AFL @ 00:00 – given 7.5mg bisop	temp 37°C.
	this am rate still 144.	
	Bloods this am NAD.	
	TTE requested.	
	③ AAA → vascular team aware → will	
	see him in 4/52 – copy IPL to Mr Hussein's secretary.	→ P70.

83949 GCC0072

Date & Time	→ K. Nawaratto FY2 (NR)	Signature, Print Name & Designation
8/12/22		
	Patient still asymptomatic	
	HR 150 on telemetry Atrial fluttter	
	c/o cough → some sputum this am but	
	cough dry. no SOB, no CP, no palpitations	
	no dizziness / lightheadedness.	
plan		
	D/w Cardiology reg - Jenny.	
	For transfer back to CCU for Iv amiodarone.	KOSHI NAWARATNO FY2
	monitor trace.	
	Chase TTE.	
	viral swabs.	
8/12/22	K. Nawaratto FY2 R/V	
14:30		
	ATSP News (7). → temp spike ↑	
	RR 28 → now 21, Sats 96% RA, BP 87/56 → now 97/55	
	HR 74 → 51	
	temp 38.5 → 37.9°C.	
	Patient looked shivery, clammy, cold.	
	denies chest pain, SOB, palpitations, ...	
	no abdo pain. some diarrhoea this morning	
	but nil since then	
	ongoing haematuria due to AKI + on apixaban	
	O/E  crackles + reduced air entry b/l lobally	
	HR 44 + O	
	SNT.	
	viral swabs negative.	
	Imp: infection urinary sepsis	
plan	CXR amiodarone stopped as back in SR.	
	Bloods inc. blood cultures urine dip → MSU	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
9/12/n	Nursing	
0230	Pt back in. 43C now -	
	Received IV Amiodarone / BIS during the day for AF but is	
	still in ventricular tachycardia, HR 130-140 bpm.	
	Pt. generally feeling unwell -	
	Temp - 38.6 BP - 84 - 100 Systolic, Sp O2 94% on A -	
	Mood very low - Received PRN	Paracetamol
	Passing haematuric urine -	
	Urinalysis - Positive for blood / protein -	RSDU ✓
	(B) Set of blood c/s ✓	
	Urgent bloods ✓	
	K - 5.0 Creat 120 eGFR - 52	
	CRP - 47	
	Temp - 14 -	
	c/o pain during micturition -	
	c/o 'D'. Dioxygyline	
	- IVF Hartmans x 1/24 as BP:	84/40 -
	Temp 37.5	
	Remained in SDR Cardio - advised	to Cardiac
	monitor + IVF	
	Settled and sleeping now -	V. Senyo RN (Nursing)

83949 GCC0072

Date & Time		Signature, Print Name & Designation
9/12/22	Nursing (Night)	
0310	43B — Written in retrospect (pt now in 43C). Received patient in evening from day shift — appeared visually pale and lethargic. Handed over from medical staff that patient had received IV Amiodarone earlier in the day. Bradycardic in 30s — did not appear to have been escalated to medical team that HR was this low. Patient noted to be mobilising and looking unsteady — ? pre-syncopal episode. Safely transferred back to bed. D/W SHO - CXR switched to portable on ward. Advised CCU that I felt patient needed escalation. Note from previous entry that patient should have been moved to CCU for amiodarone earlier in the day, but received this in 43B regardless. Spoke with patient's wife Alice - she was extremely scared about her husband's condition after having spoke with D/S nursing staff who advised that he was not well. She had not been informed of what the problem was or what treatment was given. Update given on this - patient's wife was thankful to have this explained and was reassured that we were taking action. Care taken over by 43C as per previous entry.	CA CANDERSON SIN

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
09/12/22	CM=/CEE, SHO	
	- Pt transferred to CCU on day in post Anaesthesia	Sinus Brady
	- HR ≤ 30 - 40	
	L BP dropped to 66/40 - ↑ crystalloid on 3 occasions over 1h	
	L Asymptomatic - was clinically dry + BP responded to IV fluids	
	- Has ↓ flitted between atrial flutter & sinus brady ove course of night w/o other intervention	
	L ? Tachy - Brady	
	- Has spiked Temp twice	
	L Viral Screen -ve	
	↳ BCs sent	
	↳ Urine → C+S sent	
	L Very Pale	
	L Blood + Pat on dip ; nil else	
	- Chest Clear ; CXR booked AM	
9/12/22	Nursing	
	- Remains pyrexial	
	- Rhythm - Variable - SR / AF / Aflutter	
	- Has dose of Paracetamol given -	
	- Family needs to be updated.	J. Sayers, (Locum)

Date & Time		Signature, Print Name & Designation
9/12	A Jackson	
0831		
	Progress / issues noted.	
	Back into flutter yday.	
	Received extra 2.5mg @ 0057 on 8/12.	
	Men got IV amiodarone during the day	
	ECGs last night sinus bradycardia. C	
	regular blocked atrial ectopics.	
	Also packed through the day: T38.6 nav.	
	CXR. S2. CSU 3/12. -ve.	
	CRP 47 on doxycycline. urology -ve.	
	WCC 7.7. x 2 sets BCs + home	MSSU sent.
		Last CXR 8/12
	went back into flutter ~ 0230	Better men 30/11 but
		some patchiness
	Currently 1x Bisop 5mg.	(R) L2.
	Hot / vasodilated / unwell	
	SBP 103 but was 84.	
	Getting regular pseudohm.	
	crcps at LSR (despite CXR)	
	no abdominal pain / flank pain.	
	— sepsis / chest? wrong bug?	
	— flutter c RVR.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT

Date & Time		
9/12	P — IV Co Trimoxazole + Gentamicin	
	— IV Amiodarone + hold BB.	
	— Accurate FB.	
	— UBG.	
	— IVF.	
	— Await cultures	
	— IIW Urology	
9/12	AMH ON UROLOGY ON CALL:	
	ADVISED FOR AXR + MSSU	
	TO RESPOND POST AXR.	
12:17	AXR Requested (Called).	
9/12/22	NURSING DAY SHIFT	
	Received patient in bed alert, Conscious and Oriented. Vital Signs checked & recorded. All other medicines given as per Kerma. Remain Nursing Care, monitor regularly. Wound cared dressed ☆ A01/A02. Remains on monitor. Rhythm was Variable Atrial flutter at the beginning of Shift c/o Amiodarone maintenance dose, Rhythm changed to SB and HR dropped to 30s. Informed Doctors and advised to stop the IV Amiodarone at 12:00. Plan is IV Co-trimoxazole & Gentamicin given. A/W Culture result. A/W AXR	
	Continuing the Care as planned. ——	MB/SN

1812526490
MCCLYMONT
Gavin
M
18/12/1952
& Designation

Date & Time	Comment Sno:
16:11	
	NR 30-35.
	└ PT ASYMPTOMATIC OF ONIS.
	ø DIZZINESS ø LIGHT HEADEDNESS
	ø CP ø VOC ø COLLAPSE.
→	PT RESPONS FCCLS BLOTCH COMPANIED
	TO MID AM.
→	MANUAL PULSE 35
	NS I+II rD.
→	LOOKS WARM. APYREXIAL.
	BP 6 @ 15:00 71/47.
	250ML SMAT
	↳ 84/47 RESPONSE.
	FURTHER 250ML SMAT.
	↳
	DW SIMON:
	1. LACTATE → 1.5.
	2. RPT BLOODS - CRP FBC UEs; LFT:
	3. ECG → MANAGED SINUS BRADY
	VR 33.
	WILL NO TO MGMT ITEMS.
	CRP 54 (56) WCC 6.4.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
9/12	A lacken.	
	Drop in BP MAP after to high 70s.	
	Fluid responsive.	
	Had 500mLs stat. Further 500ml bag	
	running 4°. SBP 119.	
	Back into flutter 110–120	
	sleeping.	
	Needs AXR to guide Urology decision.	
	P — well enough to go down now	
	— not had further amiodarone due	
	to bradycardia (HR 30-35 through the	
	day).	
	— UF weight & accurate balance.	
	— I fully ~~write~~ updated note exam	
	today.	
	NB/ Bedside echo. LV looks sniggish in	
	context of HR 35 but I think function	
	is preserved. RV fx preserved.	
	AV/MV open well; no LFD.	

83949 GCC0072

Date & Time		Signature, Print Name & Designation
09/12/22	D/w urology on call	
1955	Called with result of Abdo xray	
	No displacement of stents	
	Advice to continue abx doesn't think stents are source - await cultures	
	Advises catheter for monitoring and maintaining bladder flow	
	Can rediscuss if any concerns could have a CT	
		Woods
		F1
	D/w Patient re catheter	
	explained urologys reasoning	
	Still adamant he doesn't want one	
	Very reasonable + pt'k about it but very sure	
		Woods
		F4
10/12	Dr Mowll GpST1	
00:00		
	Asked by day team to do gentamicin level @ 00:00.	
	→ pt recieved dose @ 10:00	
	→ had bloods taken @ 16:00 today	
	plan) Add on Gent level to these bloods as needs to be between 6-14hrs post dose	
		L Mowll GpST1

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
10/12/12 4a	Nursing	
	Pt feels very lethargic	
	Rhythm AF/Flutter - 70-140 bpm -	
	B.P - 98/70 Spo2 - 94% on 2L O2	temp 37.6 -
	Admitted Abdominal xray, D/W Radiog - they advised for further Cathlab insertion for free flow of urine - This was discussed c pt. and totally refused for Cathlab insertion - Pt. passing urine - mildly haematuric - 10 antibiotics given - pulse 6°	10 Fluids -
	PVC in (L) arm - U/D done (x) -	
	- Further urines will be obtained following Cathlab results.	to mobilise self.
		J. Jenyns (Cardiology)
06[30]	T P 39 BP 115/69 RR 27 - documented manually - Notified Dr. Abbas in A&E	
	for cannulation of IV Fluids that -	
	& P replaced	Emergency
	BC ✓ & Renal bloods ✓ sent.	Dr.

10/12
06:50

Dr Mould GPST1

Moving obs NEWS of (10)

RR27 95% on 2LNC
115/89 148bpm T° 39.. ——— further

looks clammy + shivery.

plan 1) Paracetamol
2) Bloods + cannula
3) Blood cultures
4) STAT IVF + review
5) Give current ABx and discuss with Micro in the day re ABx choice.
↳ nil BC positive so far.
6) No anaesthesia due to bradycardia, attempt fluid resuscitation in first instance.

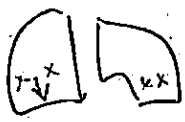
L Mould
GPST1

10/12/22 07:30

NEWS 11 Sats 93% on 2 LTS 9 4 LTS via NC.
T 38.1 took paracetamol. should appear morib
F/2 informed.

O. Ruiz-Ramon Da

10/12 Dr Mould
08:00 HS1+1+0 irreg



RAE @ base
bibasal creps.



soft abdomen
no pain

Calves ↔ SWT no oedema

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

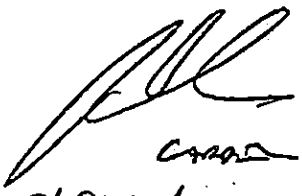
Please tick ✔ appropriate directorate

1812526490
MCCLYMONT
Gavin
M
18/12/1952

Date & Time	D/Mall cont.	Signature, Print Name & Designation
10/12		
08:00	O2 now ↑ to 4L NC sats 95%.	
	Denies any pain or cough.	
	No dysuria, haematuria has stopped.	
	?chest vs ?urine	
	plan 1) Portable CXR	
	2) send further urine sample	
	3) D/w microbiology daytean	
	?escalation of ABx.	
		C Mall
		GPST1.
10/12/12	69♂ Septic T 39	
	Uretic stents	
	Fresh "line"	
	A/flutter ~ 140/min	
	BP 111/61	
	chest clear	
	→ culture urine, blood	
	results for Cons (-ve 7hrs)	
	cont septic + pain	
	bisoprolol 2.5mg od (↓ rate 4-5 / ↑ rate 7-9	
	bisoprolol + digoxin) - both may ↓	may ↓ BP

[illegible]

on [illegible] for AF 10-5 [illegible]



10/12/22 nursing day
12/0 pt had cx nm.
Refused wash as not feeling up to it - will have one later.
Observations as per chart
BP 99/67 HR 131, on 4L O2 and Sp O2 95%. temp 36.5
pt feeling better than earlier
C: Monitor / continue -
Rhythm 120's - 140's.
all medication given as per kepma -
using bottles - passing small volumes of urine.
FB continues. ? for more IV fluids.
renal on site x 2 nil p.o.
plan as above
currently settled + uncomplaining.
no present issue

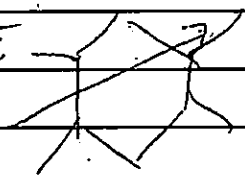
removed on

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time	Dr Mavll (GPST)	Signature, Print Name & Designation
~~11/12~~		
05:15	• Haematuria	
	has PV multiple times overnight each time dark red haematuria	
	No clots	
	PV freely.	
	No dysuria	
	No Abdo pain	
	Note discussion w/ urology 6/12 ↳ not concerning to have same haematuria post stent insertion in context of DOAC.	
	OE  Pain free no masses BS normal.	BP 99/71 HR 53.
	plan 1) continue to monitor each time PV 2) w/H Apixaban for morning ↳ daytean to discuss w/ urology ordeade if to cont DOAC despite dark haematuria. 3) await urine culture	Mavll GPST.

Date & Time	11/12/22	Signature, Print Name & Designation
0630	Settled + slept for long periods overnight	
	Rhythm: SB HR: 48-65 % VDs	
	BP 77/40 - 81/47 last night	
	1/2 in Renal	
	Fluids 250 x 2 bags - stat.	
	Stress 4° - beg BP 97/56	
	change to 6° IV. Block	
	IV - Anti-hist'd qui or chatol	
	Oral intake 3.1 ccs Output 2.8 ccs	
	+ 348 - Inaccurate.	
	Dentition x 2 pulses	
	BP 95/60 - 99/77 T 36.8 Sat 92%	
	on RA. HR - remained 4 ccs O2.	
	via NC. Sat 98%	
	Acute care 2° - Sacral area	
	mostly red - wound	
	Haematuria Frank 1/2 noted	E. Thomson
	for rpt. RSOH & MSSU.	E. Thomson
11/12/22 8[30]	CRF. OSMANSKA	
	(69) AAA (under surveillance, last size 4.2cm) GORD, smoker	
	Admitted on 29/11/2022 to ICU (no organ support required but no HDU beds) with abdo pain → 2 partially obstructing ureteric calculi	
	→ L ureteric stent inserted 30/11/22	
	→ AFlutter with 2:1 conduction → CCU	
	→ commenced on Amio / Bisop.	
	→ bradycardic 8/12	
	D/W vascular surg noted	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

1812526450
MCCLYMONT
Gavin
M
18/12/1952

Date & Time		Signature, Print Name & Designation
	1) sepsis	
	AXR - two ureteric stents displacement	
	pyrexial yesterday	
	on Gentamicin & Co-trimoxazole	
	CRP 67 (54) WCC 6.3	
	BC: 10/12 - pending	
	8/12 - pending	
	8/12 - pending	
	Urine 9/12 - no growth	
	3/12 - no growth	
	CXR 10/12 -	
	2) haematuria - D/W urology noted (6/12) (haematuria can be expected in pt on DOAC post-stents)	
	passing good volumes of urine	
	FB +348 yesterday	
	No flank / abdo pain; no clots	
	3) tachyarrhythmia	
	on Risperdal 2.5 mg OD	
	SR 54 . BP 99/61	
	Feeling better; no complaints	
	°SOB/°CP/°abdo pain	
	Hasn't moved bowels since admission	
	- feels constipated	

Date & Time		Signature, Print Name & Designation
	C/E	
	looks well	
	NJ 1+1+0	
	Nil pain soft	
	Plan: continue ABx	
	chase micro results	
	restart DOAC	
	continue IVF - aim equal balance	
	for TTE in due course	
11/12/22	Nursing Note:	
1330	> Patient's mood appears low today.	
	> Observations are as charted.	
	> On 4L/min O2 therapy via nasal canula.	
	> BP 91 systolic. Monitoring in SB 37 Bpm.	
	> PVC's x 2 remains patent & intact.	
	> To resting all due medications.	
	> Given Bisoprolol 2-5mg. following discussion with Cardiology Reg.	
	> Continues on I.V. fluids 6 hourly.	
	> Cardiology review (see above entry).	
11/12/22	HR 30, BP 85 systolic	
1615	RN of pt - asymptomatic, warm, well perfused, strong radial pulse	
	DW reg - this is expected due to bisoprolol dose this morning, as long as pt asymptomatic no need to worry	
		L. Basha RN2

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
12/12/12	Patient has had a settled night.	
0105	No complaints. Apyrexial	
	HR Remains Aflutter. 130's.	
	Other obs stable. Remains on	
	4L via NC.	
	Pressure areas Intact. 4 AC	
	1x Venflon. VIPO. Meds given	
	as per Hepma. IV fluids	
	Continue. Urine Passed	
	Haematuria continues.	[illegible] RGN
Clyde 12/12 08:30	slow progress	
	Apyrexial, CRP ↓ 411, on antibiotics	
	AF VR 70–80 (on Aprixaban + 1.25mg Bisoprolol	
	Haemodynamically stable	
	Hb stable	
	Chest c/w Pneumonia	
	∴ CXR + echo	
	Cont. current Rx	
12/12/12	Nursing Note:	
1440	> Ambulated on a bedside walk this morning.	
	> Sitting-up in a chair today.	
	> BP 77 systolic. Monitoring in SB noted 95 Bpm since	
	1130 this morning. Patient asymptomatic.	
	> Eating & drinking well.	
	> Reviewed by Cardiology Consultant (see above).	
	> Given Bisoprolol 1.25mgs. orally this	morning [illegible] Acting [illegible]

83949 GGC0072

Date & Time		Signature, Print Name & Designation
12/12/22	comfortable and uncomplaining all medication	
2230	administered as per HEPMA. Last dose of	
	GENT / COTRIMOZOLE ongoing. Observations remains	
	stable monitoring SR on cardiac monitoring.	Nekesa Sonyow (RAS)
13/12/22	Patient reviewed back to AF RVR of 125bpm.	
0400	at 2330hrs. ECG taken BP stable. 119 systolic.	
	asymptomatic. Comfortably sleeping.	
	Medical team informed. Due to tachy/Brady	
	continues monitoring pov any changes.	
	Care continues as per plans.	Nekesa Sonyow (RAS)
	Start off Cont. to improve, feels & looks better	
	12 22 SR, chest clear stable	
13	= Apyxaban CRP 27	
08:45h	Hr ov	
	Chest ex-Pharmch.	
	∴ Cont. Antibiotics Echo Dr's Pv	
	already BD + Apyxaban	
13/12/22	INT 2 AL-HAURANI	
10:22	Noted to be bradycardic rate ~35bpm	
	on telemetry	
	↳ c/v ~ on Cora → nocturnal tachycardia after	
	weaning off β blocker noted	
	↳ currently on 1.25mg bisoprolol OD.	
	↳ rate BP stable thus warning →	
	rate now 50 bpm.	AL-HAURANI
		INT 2

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
13/12/22	Nursing Notes:	
1210	> Patient assisted al dressl at the bedside this am.	
	> BP 87/45 mmHg, HR 32 in sinus Bradycardia.	
	> On a small dose of Bisoprolol 1.25 mgs. OD this am.	
	> Awaiting for ECHO.	
	> Up to toilet & pass urine.	
	> Reviewed by Cardiology Consultant (see clinical notes).	
13/12/22	Nursing Night	
23[00]	HR's 34 BPM; oxygen towards; BP 104/51; SPO2 96% on O2 2L/min nasal cannula (SPO2 95% on 1L); NEWS=6; patient had 23[rd]	
	Tolerating diet & oral fluids; ambulating gently to the toilet	
	self-caring; skin intact as assessed	
	medications given as per MAR; PIVC in situ on left	
	hand; patent; VIP=0	
	awaiting ECHO; transport to Bridge at 23[rd]	
	MRI known cardiac; for daily bloods/flow 2 [illegible] NEWS 3/4	
	last noted 15/12/22	
14/12/22	Nursing Night:	
0100	Observations as documented on News	
	chart, scoring 4 due to being	
	on oxygen and bradycardia. Remain	
	on tilt, rate in 30's at present.	
	Patient independent with all ADL's,	
	remain on 4 hrly active care.	
	Continue to monitor HR.	
	Patient appears settled at	
	time of writing.	Shaw

14/12/22 Rhythm — Sinus c blocked atrial ectopics
Appears — Continue same pharmacotherapy
↳ check c Urology re follow-up.
Already Echo.

14/12/22 Nursing Day 1725
All care as per care plan.
TTX carried — BD - 30 - 49. → AF 95-117 at 3pm
ECHO carried at this pm - mild mixed aortic valve disease, elevated E/e' see report
Lateral flow negative. A Borland/N Donaldson (RSCN)

15/12/22 Nursing (Night)
0055 Telemetry continues - AF. All care as planned overnight. Risk assessments up to date. Nil new concerns to report. CANDESSON CA — SCN

15/12/22 AMCINTOSH (FY2) WARD ROUND
1548. 69 ♂ AAA, GORD, Smoker — Prolonged admission
A/w Partially obstructing ureter calculi, stents inserted 30/11/22. 2:1 conduction on amio/biso
Sepsis 11/12/22 treated w/
In CCU last week d/t to atrial flutter HR 144
↳ On biso 1.25mg OD
Rate on telemetry 98 - 124 bpm AF today - on apixaban
Was brady - 40 yesterday morning

Bloods/ Cr 112 (104) eGFR 57 (59) Hb 8.8 (7.2)
CRP 7 (13) FBC (N)

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time	AMCANTOSIN (FY2) WARD ROUND	Signature, Print Name & Designation
15/12/22	Echo (14/12): Mild mixed aortic valve disease	
	· Mild TR · Mild bi-atrial dilatation	O/E Feels well
	· LV & RV contract well	Frustrated at
	· Elevated E/E' suggesting an elevated	lack of communication
	filling pressure (probable grade 3/4	and still being in
	diastolic dysfunction)	hospital - apologised
	Urology f/u w/ MDT and stent change	
	already in place.	
	Plan/ Monitor renal function → no nephrotoxics	
	? ↑ bisoprolol if rate remains high	
	will need dlw senior as per brady.	
	Remain on telemetry.	
	Phone wife tomorrow w/ update.	
15/12/22	NURSING DS-43B	
1905	Observations as checked Medication	
	per HEIMA. TTx in situ → HR ↓ 33.	
	ECG taken, obs = ⑤ ↓ BP. Escalated	
	to verbally ANP who will request	
	a magnesium & has asked for	
	regular monitoring. Risk assessments	
	up to date Independent with	
	ADLs.	
	Patient asymptomatic.	Nellie Nelson

16/12/22 Nursing (Night)
0130 TTX— Bigeminy, escalated to day shift ANP/medical team — advised continue to monitor. Patient remains asymptomatic despite HR 130s. BP ↓ 93/51. [redacted] Handed over that patient not for escalation to 43C at present. due to being asymptomatic. Continuing to monitor TTX. All care as planned. Risk assessments up to date. CANDESARTAN CH — SN

16/12/22 Chest [illegible] has come now.
reached
Background Sinus bradycardia — Bisoprolol stopped
— will need back-up bench to allow anticholinergic temps
— has also downed AF

16/12/22 Nursing day Shift
Received patient on bed clinic, Conscious & oriented. Vital Signs checked & recorded. All due medicines given as per Hepma. Independent with ADLs. Continue on TTx. Plan is for PPM ? Monday. [redacted] B/SW

16/12/22 ARMENTOSH (EYE)
1430 Spoke to Gavin + his wife. She is frustrated at the fact his pacemaker has not been fitted sooner. Explained we do not put these while people are unwell w/ infections. Explained that his heart is going too fast & too slow at times. A pacemaker would stop it being slow & medication would stop it being too fast. Briefly explained the procedure & recovery. Asking if he needs a card for flying. Explained this would all be explained after the procedure. Happy w/ update and grateful for it. No other questions. Fin.

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
17/12/22 0330	Nursing Observations stable as charted, NEWS = 2. Sats 95% RA, BP = 109/60. Telemetry shows SR/SB rate 48-65 bpm. Medications administered as prescribed, declining laxatives. Independent with pressure care and positional changes. No complaints offered, has been settled overnight. MUST to be updated ☐.	M Reynolds RN REYNOLDS
17/12/22	Nursing Day 11.30am All care as per care plan Must due updated Telemetry continues Sinus bradycardia this pm BPs No complaints offered	A.Borland/A.Borland RGN
18/12/22 0250	Nursing Observations stable as charted, NEWS = 0. Telemetry shows 1° AVB rate 60-85 bpm. Medications administered as prescribed, declining laxatives - states that his bowels are moving. Refusing pressure care checks, independent with positional changes. Written in error.	M Reynolds

83949 CGC0072

Date & Time		Signature, Print Name & Designation
18/12/22 0820	Nursing	
	Observations stable as charted, NEWS = 1. Telemetry shows SB, rate 47-50 bpm. Medications administered as prescribed, declining laxatives. States bowels moving. Independent with personal care and positional changes. Mood appears low, no engagement in conversation. Otherwise settled and unremarkable.	Mugwobi RN REYNOLDS
19/12/22	Nursing Day Very quiet today. Uneventful. Not requiring personal or hoisted - to be discontinued - all care as per care plan, risk assessments updated Telemetry shows sinus bradycardia with PVCs 45-55 Await PPM Monday. Fast after light breakfast	A-GALLANO/Nursing (DSCN)
19/12/22 0930	Nursing night:- TTX monitor SB 50ss' at 23:00, HR ↑ >120bpm, Escalated to Dr Obs remain haemodynamically stable and. Gavin denies any symptoms, continues to monitor, hand in A-flutter. Medications given, refuses laxative stated bowel action. Observations Risk assessments are up to date	J. Chu joy Tan

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
19/12/22	For haemo — To Shot Brachial port Insertion	
19/12/22	NURSING DS - 438	
1625	Medications per THERMA. Observations as charted. Risk assessments up to date - all care as planned. PIV in situ - A/W/ter. Independent with ADLs Seen by Dr Rae on ward round → notes above. Was for PPM ~~by~~ today but this has been cancelled due to staff shortages —	NELLIE/NELLIOTT
1720	Following on from discussion regarding cancellation of PPM → Gavin was very upset re this and advised he wanted to "sign himself at". I told Gavin this would be against medical advice but empathised with him. Gavins wife called who was also very frustrated and was enquiring about discharge. Gavin advised it wouldn't be possible to get medications and that it wouldn't be safe. I escalated this to ANP Veronica Dempsey who has confirmed that Gavin with be on PPM emergency list tomorrow (20/12). Observations are due but not appropriate to carry out due to this —	NELLIE/NELLIOTSON

Date & Time	Nursing Night:-	Signature, Print Name & Designation
20/12/22	Remains on 7lx - A flutter with	
04[40]	Variable rate. clinical observation -	
	is stable fasted from midnight	Cohy.
	for PPM. Risk assessment is up to	Joy Banks
	date. Settled.	
	Self catheterized 400 SR grams	
	02:40.	Shw Joyce
20/12	Dr. Riaz (CF)	
	Atrial flutter	
	Rates:	
	59, 58, 153, 124	
	* For PPM today	
	Start Beta Blockers after procedure	Dr. Riaz (CF)
20/12/22	Nursing Day 11-	
	all care as per care plan.	
	For theatre today for IIR	
	Back in After 1x0 - 1x0 at 9am	
	IV Abx given : Vasc- tunnel when going	A. Berenice / Assistant
	anesthetics : Vasc- removed and rested	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
20/12/12	PERMANENT PACEMAKER INSERTION	
13:00	(THEATRE A.)	
	· ANAESTHETIC IN ATTENDANCE / AFTER RATE 140 - 150.	
	· IV TEICOPLANIN GIVEN ON WARD (800mg) BUT SIGNIFICANT EXTRAVASATION (VENFLON REMOVED)	
	· FURTHER TEICOPLANIN 400mg GIVEN IV IN THEATRE	
	· 2mg IV MIDAZOLAM	
	· CHLORHEXIDINE / XYLOCAINE + ADRENALINE LA.	
	· ⓒ AXILLARY PUNCTURE x 2 VENOGRAM - C-TED.	
	· PATTERN V → RVA - PRE-PECTORAL POCKET	
	· PATTERN A → RAA.	
	· 15mg IV METOPROLOL GIVEN → RATE ↓ TO ↳ 120→130 (UNSTABLE)	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	· V: THRESHOLD CHECKED @ 150 bpm.	
	↳ TH 0.6 V R 6.9 Imp 729	
	· A: P/F WAVE S-T	
	↳ PACING THRESHOLD NOT CHECKED BUT RADIOGRAPHIC GOOD POSITION RAO.	
	· SUTURED TO MUSCLE & SKIN.	
	· GENERATOR ATTACHED	
	· CLOSED IN LAYERS IN DEEP / SUBCUTIC LAYERS.	
	P 1/ P4 / LAT OK1	
	2/ ARMING X1 OK, START BISOPROL 2.5 EVENING.	
	3/ RESTART DOAC 48°.	
	SN 510008692G vitatron QBOA2	Sister SR 7.8.21
	Medtronic 4574-53 cm SN BBE721280V MR Conditional	
	Medtronic 4074-58 cm SN BBD888489G MR Conditional	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
20/12 15:32	Rs D/W Dr Rae, current rate of 156, 160s ⟹ IV Amiodarone	
		Dr. Riaz (CS)
20/12/22	Nursing Day 1530 Returned from theatre post PPM. Initially on 2 Litre O_2 nar on room air. Loading dose IV Amiodarone given for Atrial flutter. then cardioverted at 1700 to good rhythm 60. Amiodarone discontinued. P/V Registrar and for 2.5mg Bisoprolol tonight and 7.5mg Bisoprolol in am - prescribed on kepma	A Williams/A Bard.
	Nursing Night shift.	
21/12/22	4am- settled. Pain free. Observations as Charted. Medication given as per kepma. PPM site intact. Awaiting ppm check + cxr today. PVC insitu VIP score 0. TTx insitu- PE 60. settled and slept well. offering no complaints. For R/N today. after PPM checks. Offering no complaints. Independant with ADLS.	Leigh. MNESW

83949 CGC0072

21/12/22 Dr Smyth

Pacemaker wound

Pacemaker check — [illegible]

Anxiety CXR.

On Bisoprolol 5mg daily.

Aim for sinus rhythm.

21/12/22 Nursing Day 11-30am

all care as per careplan. Risk assessments up today.

pacemaker check satisfactory

CXR carried out - to be reviewed by registrar.

continues on telemetry

Aim sinus tomorrow unless further Atrial flutter then - change to sotalol.

A Dalland / A Dalal (OSCN)

21/12: . Previous venflon are Warm+hot → oral flucocallin 1g 6 hourly

. In A flutter as discussed Dr. Rae → change Betablocker to Sotalol tomorrow

↳ give Amiodarone Now.

22/12/22 Nursing 0445

Observations stable as charted, BP - 97/62. Telemetry continues to show a flutter; rate 118 - 131 bpm. Medications administered as prescribed, continues on IV amiodarone, running at 21mls. PVC x 1 in situ. - NP = 0. Site of phlebitis still warm to the touch but patient denies pain. Settled overnight.

M Reynolds RN

REYNOLDS

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

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

Date & Time		Signature, Print Name & Designation
21/2	Dr. Riaz (CF)	
	↳ currently A flutter → on maintainance dose of Amidarone:	
	. oral 1g flucxacillin 6 hourly → phlebitis? ↳ stop	
	. Plan was to start Sotalol once settled from A. flutter.	
	CXR post PPM → clear	
	CRP = 16,71 Creat = 121,108	
	K⁺ = 4.8 Urea = 9.1,78	
	eGFR = 52 WCC = 10.7	
	BP = 119/75 Pulse = 120	
	Sats = 96 Apyrexial	
	ECG = flutter - Rate of 80s.	
	On Review =	
	Pt looks fine. Chest clear. No ankle oedema. Swelling warm tender. → phlebitis?	
	Plan:	
	. Monitor CRP	
	. Send Blood cultures	
	. D/W Dr. Rae about A flutter Amidarone → stop amidarone start Sotalol 80 BD	Dr. Riaz (CF)

NURSING DS-43B

22/12/22 Medications as HERMA. Observations
1200 as charted. Antidiabetic stopped.
Risk assessments up to date. Independent
with ADLs All cares as planned.
[redacted]/NElliott SN

Nursing Night

23/12/22. Gavin is being settled. Telemetry shows AFlutter with c Pacing rhythm. Had episodes of V. Tach. Ecg taken. Informed to medical staff. Obs are informed. As he is clinically stable and ongoing, advised to continue monitoring. All cares provided as planned & risk assessments are uptodate. ——— V. THOMAS RGN.

23/12/22 Roman c chest pain c ✓ tracky
↳ switch to DDI
— ? attempt. to continue flutter
— if unsuccessful → rate-control
↑ Sotalol — and add digoxin if necessary

[redacted]

NHS GREATER GLASGOW & CLYDE

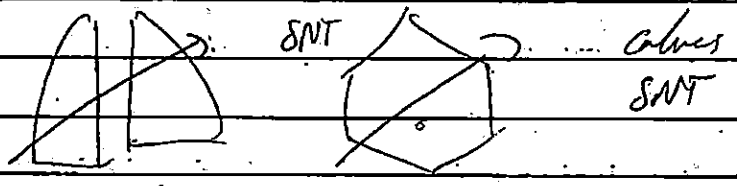
CLINICAL NOTES - MEDICAL ☐ NURSING ☐

Please tick ✔ appropriate directorate

1812526490
MCCLYMONT M
Gavin 13/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Date & Time		Signature, Print Name & Designation
23/12/22	Nursing Day	
1320	Patient independent of ADLs, Mobilising freely. Skin remains intact.	
	Observations charted and meds as per MEPMA. Telemetry shows	
	Aflutter, rate 80 - 136.	
	Awaiting PPM settings to be manipulated	
	and Sotalol ↑. Risk assessments	
	upto date. Settled at present. Awaiting	L Robertson (SN)
	weekend review.	
	Nursing Night.	
24/12/22 01'00	Gavin is being settled throughout the night. Independent c ADL. Telemetry	
	shows intermittent PR c HR - 120 - 129 bmt.	
	All care provided as planned and	
	risk assessments are uptodate. ✔	V. THOMAS
24/12/22	Nursing Day 12.1p	
	All care as per care plan. Keen for home	
	Bed rail assessment done updated ✓	
	Telemetry cont Atrial flutter 71-85.	A Dorans/N Dorans (Dscn)

83949 CGC0072

Date & Time	M. Radcliffe FY2	Signature, Print Name & Designation
24/12/22		
14:45.	(69) Abrial flutter ongoing HR 124. PPM inserted → Switched to DOAC 28/12. On Sotalol 120mg BD.	
	Issues: Duty admission.	
	(1) AFlutter. rate 120-130. ↑ Sotalol to 160mg BD today.	
	(2) ECG requested, unable to calculate. Started 30/11/22 ..... For Urology flow & Stone MDT.	
	(3) ↑ AAA size. 10cm in Mr Aussie Secretary on d/c.	
	O/E: HR 126. BP 110/70 O_2 98% (A).  ... Chest clear.	
	Bloods: WCC 9.7 (10-8) CRP (90)(61). Urea 9.5 otherwise electrolytes NAD.	
	Patient has hot erythematous area of skin on (L) forearm ? cellulitis ? phlebitis.	
	Plan: 1) ↑ Sotalol to 160mg BD d/w Reg Tab. 2) CXR, Urine dip, CEPHID 3) Fluclox for cellulitis.	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate

1812525490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Date & Time		Signature, Print Name & Designation
25/12	Nursing Night	
05[45]	All care as planned.	
	Meds as per MEPMA.	
	Observations charted	
	Risk assesments upto date.	
	Settled and sleeping at present.	L Robertson (SW)
25/12/22	M. Radcliffe FY	
14:00		
	Patient appears well	
	CRP ↓ 60 (70)	
	New AKI → Perlopress suspended	
	Repeated UREs this PM	
	If improved then (H) & GP to	
	follow up	
	If eGFR deteriorating then	
	Stay in & recheck tomorrow	
25/12/22	Nursing 16[00]	
	Independent with personal hygiene this am.	
	Observations stable as charted, monitoring in PR.	
	Medications administered as prescribed.	
	Dressing remains in situ to PPM insertion site.	
	Fairly settled today, awaits results, then	

Date & Time		Signature, Print Name & Designation
	? Home Later.	
		Meynard Sn Reynolds
25/12/22 17:30	M. Rahbijh FY2.	
	Patient well. As pain	
	eGFR 30 (36)	
	Advised patient it is not safe for discharge due to deteriorating Kidney fx	
	Nephrotoxics: Diclofenac suspended ? fluid loss related interstitial nephritis → Stop.	
	Recent Stent insertion ? migrated ? encrusted → will request urgent USI to assess ? hydronephrosis.	
	Plan 1) Nephrotoxics Stopped 2) USS Kidneys 3) Push Oral fluids	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✔ appropriate directorate



Date & Time		Signature, Print Name & Designation
	Nursing Night :-	
26/12/22	settled night. Medications given	
05:20	regular. Laceline, states bowel	
	action. TTX insitu PR rate 60.	
	Independent toilet with for Daily	
	bloods ? USS Kidney.	
	Nursing Day	
26/12/22	He is being settled, Telemetry shows	
10:30	PR. HR - 60/mt. All Care provided as	
	planned & risk assesments updated.	
	No concerns at present	C THOMAS RGN
27/12/22	NURSING NIGHTS :	
03:45	Settled night. All care as planned.	
	Remains hypotensive at 101/53, asymptomatic.	
	Medications given as prescribed.	
	Encouraged to ↑ oral fluids.	
	Independent c elimination needs.	
	TTX insitu - Pacing Rythm 60's bpm.	
	Await Kidney USS. No complaints offered.	— (Gilgeria S/N
27/12/22	Nursing (Day)	
1330	No new issues today. TTX — SR/Pacing	
	60bpm. All care as planned. Risk	CA
	assessments up to date.	CANDERSON SN
1415hrs	Wife updated — states she is unhappy with how long	
	Gavin has been in hospital. Explained why this has been the	CA
	case, although she maintained that she thinks he should go home soon regardless.	CANDERSON SN

83949 CGC0072

Date & Time		Signature, Print Name & Designation
28/12/22	Nursing Night	
05⁰⁰	Patient settled and slept well.	
	Observations charted and meds as	
	per MEPMA. Telemetry remains pacing	
	60. All risk assessments upto date	
	Settled at present.	
	PPM dressing removed as patient	
	complained of itching, site intact	W Robertson
	and healing well.	L Robertson (SIN)
28/12/22	Rhythm check	
—	— in atrial pacing rhythm for most	
	(L) A/C pace ectopy CRT ↓	
	BP 120/80	
	Have an Sotalol 160 mg BD - OFF - hBP	
	- chest pain	
	- See at that time - if still chest	
	pain and no bradycardia then (with	
	can reduce to 120 mg BD).	
	See at Pain clinic	
	Cardiology clinic - ?? for check up	
		Neeraj
28/12/22	Nursing Day 11m - all care as per care pl - TX Plan	
	Nurse finding medication gaps - will refer for IDCL + Pharmacist Interv ✓	N Dorland / RGN

OSW

UNIT NO. 1812526490 **METRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP M 18/12/1952 BED NUMBER 9/6 TRANSMITTER No. Tx 19

NAME _____ DATE 28/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	S/R P/R				60	
09 hrs.	SR				60	
10 hrs.	SR/PR 6				60	
11 hrs.	Discontinued					
12 hrs.						
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.						
18 hrs.						
19 hrs.						
20 hrs.						
21 hrs.						
22 hrs.						
23 hrs.						
24 hrs.						
01 hrs.						
02 hrs.						
03 hrs.						
04 hrs.						
05 hrs.						
06 hrs.						
07 hrs.						

UNIT NO. 1812526490 TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin 18/12/1952 BED NUMBER 9/6 TRANSMITTER No. TTX 19

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire

AGE G21 1XP DATE 27/12/22

DIAGNOSIS DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR/Pacing				60	
09 hrs.	SR/Pacing				60	
10 hrs.	SR/Pacing				60	
11 hrs.	SR/Pacing				60	
12 hrs.	SR/Pacing				60	
13 hrs.	SR/Pacing				60	
14 hrs.	SR/Pacing				60	
15 hrs.	SR/Pacing				60	
16 hrs.	SR/Pacing				60	
17 hrs.	SR/Pacing				60	
18 hrs.	PR				61	
19 hrs.	PR				60	
20 hrs.	PR				60	
21 hrs.	PR				60	
22 hrs.	PR				60	
23 hrs.	PR				60	
24 hrs.	PR				60	
01 hrs.	PR				60	
02 hrs.	PR				60	
03 hrs.	PR				60	
04 hrs.	PR				60	
05 hrs.	PR				60	
06 hrs.						
07 hrs.						

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

NAME

AGE

DIAGNOSIS

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER ____ TRANSMITTER No. 19

DATE 26/12/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	PR				60	
09 hrs.	PR				60	
10 hrs.	PR				60	
11 hrs.	PR				60	
12 hrs.	PR				61	
13 hrs.	PR				60	
14 hrs.	PR				60	
15 hrs.	PR				60	
16 hrs.	PR				60	
17 hrs.	PR				60	
18 hrs.	PR				60	
19 hrs.	PR				60	
20 hrs.						
21 hrs.	PR				60	
22 hrs.	PR				60	
23 hrs.	PR				60	
24 hrs.	PR				60	
01 hrs.	PR				60	
02 hrs.	PR				60	
03 hrs.	PR				60	
04 hrs.						
05 hrs.	PR				60	
06 hrs.	PR				60	
07 hrs.						

UNIT NC 1812526490

MCCLYMONT M
LOCATIO Gavin 18/12/1952
10 EVERARD QUADRANT
NAME Glasgow, Lanarkshire
G21 1XP
AGE
DIAGNOSIS

LEMETRY CHART CORONARY CARE 1dl. 19

NHS Greater Glasgow and Clyde

BED NUMBER 9/b TRANSMITTER No. ~~4x18~~

DATE 25/12/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	Leads off				~~79~~ ERROR ve	
09 hrs.	PR				57	
10 hrs.	PR				60	
11 hrs.	PR				60	
12 hrs.	PR				60	
13 hrs.	PR				60	
14 hrs.	PR				60	
15 hrs.	PR				60	
16 hrs.	PR				60	
17 hrs.	PR				60	
18 hrs.	PR				60	
19 hrs.						
20 hrs.	PR				60	
21 hrs.	PR				60	
22 hrs.	PR				60	
23 hrs.	PR				60	
24 hrs.	PR				60	
01 hrs.	PR				60	
02 hrs.	PR				60	
03 hrs.	PR				60	
04 hrs.	PR				60	
05 hrs.	PR				60	
06 hrs.	PR				60	
07 hrs.						

UNIT N 1812526490 **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCAT MCCLYMONT Gavin M 18/12/1952 BED NUMBER 9/6 TRANSMITTER No. 19

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP DATE 24/12/22

AGE DATE OF ADMIN

DIAGN DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	A flutter				72	
09 hrs.	A flutter				82	
10 hrs.	A flutter				85	
11 hrs.	A flutter				72	
12 hrs.	〃				79	
13 hrs.	〃				79	½ PUC,
14 hrs.	〃				101	
15 hrs.	〃				126	
16 hrs.	〃				129	
17 hrs.	〃				132	
18 hrs.	A flutter				175	
19 hrs.	A flutter				125	
20 hrs.	A flutter				136	
21 hrs.	A flutter				116	
22 hrs.	A flutter				126	
23 hrs.	A flutter				127	
24 hrs.	A flutter				119	
01 hrs.	A flutter/PR				60	
02 hrs.	PR				60	
03 hrs.	PR				60	
04 hrs.	PR				60	
05 hrs.	PR				60	
06 hrs.	PR				60	
07 hrs.						

UNIT NO. 1812526490 TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin M 18/12/1952 BED NUMBER 9/6 TRANSMITTER No. 19

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP DATE TWX 23/12/22

AGE DATE OF ADMIN

DIAGNOSIS DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	A flutter				128	
09 hrs.	A flutter				125	
10 hrs.	A flutter				123	
11 hrs.	A flutter				87	
12 hrs.	A flutter				80	136 HR.
13 hrs.	A flutter				133	
14 hrs.	A flutter				132	
15 hrs.	A flutter				68	
16 hrs.	A flutter				130	
17 hrs.	leads not on properly				~~82~~ 114	
18 hrs.	"				~~82~~ 104	
19 hrs.	"				111	
20 hrs.	A Flutter / PR				83	
21 hrs.	A Flutter / PR				85	
22 hrs.	A Flutter / PR				119	
23 hrs.	A Flutter / PR.				97	
24 hrs.	A Flutter non pacing				101	
01 hrs.	A Flutter not PR				121	
02 hrs.	A flutter intermittent PR				106	
03 hrs.	A Flutter non PR				129	
04 hrs.	A Flutter intermittent PR				125	
05 hrs.	A Flutter				136.	
06 hrs.	A Flutter				101	
07 hrs.	A Flutter				137	

UNIT NO. [redacted] **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATI 1812526490 MCCLYMONT Gavin M BED NUMBER 9/6 TRANSMITTER No. 19

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire 18/12/1952 NT DATE 22/12/22

AGE G21 1XP DATE OF ADMIN

DIAGNC DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	Aflutter				129	Pacer not capture
09 hrs.	Aflutter				136	"
10 hrs.	Aflutter				126	
11 hrs.	Aflutter/Pacing				139	
12 hrs.	"				142	
13 hrs.	"				131	
14 hrs.					125	
15 hrs.					129	
16 hrs.					129	
17 hrs.					130	
18 hrs.						
19 hrs.	AF /PR				131	
20 hrs.	AF /PR				131	VTACH
21 hrs.	AF /PR				130	
22 hrs.	AF / PR				128	
23 hrs.	AF /PR				130	
24 hrs.	AF /PR				130	
01 hrs.	AF /PR				131	
02 hrs.	AF / PR				127	
03 hrs.	AF /PR				126	
04 hrs.	AF/PR				126	
05 hrs.	AF/PR				139	VTACH
06 hrs.						
07 hrs.						

UNIT NO 1812526490

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOC MCCLYMONT Gavin M ____ BED NUMBER ____ TRANSMITTER No. 19

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire 18/12/1952

AGE G21 1XP DATE 21/12/22.

DIA DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	PR				54	
09 hrs.	ant afwall					
10 hrs.	"					
11 hrs.	"					
12 hrs.	PR				66	
13 hrs.	PR				60	
14 hrs.	PR				60	
15 hrs.	A flutter				130	
16 hrs.	A flutter				130	
17 hrs.	A flutter				125	
18 hrs.						
19 hrs.						
20 hrs.	PR				65	
21 hrs.	PR				60	
22 hrs.	A flutter				127	
23 hrs.	A flutter				123	
24 hrs.	A flutter				118	
01 hrs.	A flutter				118	
02 hrs.	A flutter				128	
03 hrs.	A flutter				131	
04 hrs.	A flutter				128	
05 hrs.	A flutter				129	
06 hrs.	A flutter				128	
07 hrs.						

Tachy-Brady Syndrome

UNIT NO 1812526490 M

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

AGE

DIAGNOS

LEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER _____ TRANSMITTER No. 19

DATE 20/12/22

DATE OF ADMIN _____

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				40	
09 hrs.	Aflutter				150	
10 hrs.	Aflutter				130	
11 hrs.	Aflutter				140	
12 hrs.	Intheatre					
13 hrs.	"					
14 hrs.	"					
15 hrs.	"					
16 hrs.	Aflutter				150	IV Amiodarone
17 hrs.	Paced rhythm				60	
18 hrs.	PR				63	
19 hrs.						
20 hrs.	PR				60	
21 hrs.	PR				61	
22 hrs.	PR				60	
23 hrs.	PR				63	
24 hrs.	PR.				62	
01 hrs.						
02 hrs.	PR				63	
03 hrs.	PR				60	
04 hrs.	PR				62	
05 hrs.	PR				61	
06 hrs.	PR				64	
07 hrs.						

UNIT NO 1812526490 MCCLYMONT Gavin M _ TELEMETRY CHART CORONARY CARE

LOCATION 10 EVERARD QUADRANT Glasgow, Lanarkshire 18/12/1952 BED NUMBER _____ TRANSMITTER No. 19

NAME _____ DATE 19/12/17

AGE _____ G21 1XP _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	A flutter				129	
09 hrs.	A flutter				133	
10 hrs.	"				129	
11 hrs.	"				130	
12 hrs.	"				133	
13 hrs.	"				137	
14 hrs.	"				129	
15 hrs.	"				127	
16 hrs.	"				132	
17 hrs.	"				152	
18 hrs.	"				170	
19 hrs.						
20 hrs.						
21 hrs.						
22 hrs.	A. flutter				137	
23 hrs.	"				135	
24 hrs.	"				124	
01 hrs.	A. flutter				132	
02 hrs.	"				125	02:40 self cardioverted to SR
03 hrs.	SR + PVCs				87	
04 hrs.	SR with PVCs				59	
05 hrs.	"				56	
06 hrs.	SB				58	
07 hrs.						

mi • 246930

UNIT 1812526490 MCCLYMONT Gavin M 18/12/1952 **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCA ____ BED NUMBER ____ TRANSMITTER No. 1d.19

NAMI ____ DATE 18/12/22

AGE ____ DATE OF ADMIN ____

DIAGNOSIS ____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB ½ PVC				54	
09 hrs.	SB				48	
10 hrs.	SB ½ PVC				45	
11 hrs.	SB				51	Bigeminy.
12 hrs.	SB				58	
13 hrs.	SB				57	
14 hrs.	SR				60	
15 hrs.	SR ½ PVC				63	
16 hrs.						
17 hrs.						
18 hrs.						
19 hrs.						
20 hrs.	SB				52	
21 hrs.	SB				54	
22 hrs.	SB				54	
23 hrs.	ST				120	HR ↑ escalates & ↓, symptomatic
24 hrs.	A-flutter				145	
01 hrs.	V				139	
02 hrs.	V				133	
03 hrs.	V				128	
04 hrs.	V				127	
05 hrs.	V				110	
06 hrs.	A. flutter				129	
07 hrs.	A. flutter				159	

.mi • 246930

UNIT NO. _____ **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATIC 1812526490 _ BED NUMBER _____ TRANSMITTER No. 19

NAME _ MCCLYMONT Gavin M 18/12/1952 DATE 17/12/22

AGE ___ 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP DATE OF ADMIN _____

DIAGNO. _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				52	caplet
09 hrs.	SB				49	0925 missed beat
10 hrs.	off					
11 hrs.	SB				51	
12 hrs.					58	
13 hrs.	SB & PVCs				47	
14 hrs.	SB & PVCs				49	
15 hrs.	SB & PVCs				50	
16 hrs.					50	
17 hrs.	SB & PVCs				88	
18 hrs.	SB				48	
19 hrs.	SB PVCs				70	
20 hrs.	SB				49	
21 hrs.	SB				47	
22 hrs.	SB				50	
23 hrs.	SB				51	
24 hrs.	SB				51	
01 hrs.	SB				48	
02 hrs.	SB				48	
03 hrs.	SB				51	
04 hrs.	SB				48	
05 hrs.	SB				50	
06 hrs.	SB				49	
07 hrs.	SB PVCs				49	

Printed: 29/11/2022 21:13:41

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 29/11/2022 21:13:28
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: ISLAY RIDDELL0

Patient

ID:	1812526490
Last Name:	**MCCLYMONT**
First Name:	**GAVIN**
Gender/Age:	Male, 69 years
Birth Date:	18/12/1952

Cartridge

Lot No.:	220912B
S/N:	000000000500401311
Exp. Date:	19/12/2022

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	RESUS
S/N:	17030616

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	38.4	nmol/L	--	--	--	--
pCO_2	3.9	kPa	--	--	--	--
pO_2	7.3	kPa	--	--	--	--
Na^+	136	mmol/L	--	133	146	--
K^+	4.0	mmol/L	--	3.5	5.3	--
Cl^-	105	mmol/L	--	95	108	--
Ca^{++}	1.19	mmol/L	--	1.15	1.27	--
Glu	↑ 9.6	mmol/L	--	3.5	6.0	--
Lac	1.8	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	151	g/L	--	--	--	--
O_2Hb	↓ 85.6	%	--	95.0	98.0	--
COHb	↑ 3.5	%	--	0.5	1.5	--
MetHb	0.7	%	--	0.5	1.5	--
HHb	↑ 10.2	%	--	0.0	5.0	--
sO_2	↓ 89.4	%	--	95.0	98.0	--
Derived						
BE(B)	-4.4	mmol/L	--	--	--	--
HCO_3^-(c)	18.8	mmol/L	--	--	--	--
Hct(c)	45	%	--	--	--	--

↑↓ Outside Reference Range

Other Information

Operator Entered

Temp	37.0	°C

Printed: 09/12/2022 09:27:45

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 09/12/2022 09:27:33
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: HAMISH CAMPBELL0

Patient

ID:	1812526490
Last Name:	MCCLYMONT
First Name:	GAVIN
Gender/Age:	Male, 69 years
Birth Date:	18/12/1952

Cartridge

Lot No.:	221012D
S/N:	00000000500420164
Exp. Date:	04/01/2023

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	WD44
S/N:	17030614

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	33.2	nmol/L	--	--	--	--
pCO_2	3.5	kPa	--	--	--	--
pO_2	10.0	kPa	--	--	--	--
Na^+	↓ 131	mmol/L	--	133	146	--
K^+	3.9	mmol/L	--	3.5	5.3	--
Cl^-	104	mmol/L	--	95	108	--
Ca^{++}	↓ 1.14	mmol/L	--	1.15	1.27	--
Glu	↑ 7.1	mmol/L	--	3.5	6.0	--
Lac	1.1	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	134	g/L	--	--	--	--
O_2Hb	↓ 94.9	%	--	95.0	98.0	--
COHb	↑ 1.7	%	--	0.5	1.5	--
MetHb	0.7	%	--	0.5	1.5	--
HHb	2.7	%	--	0.0	5.0	--
sO_2	97.2	%	--	95.0	98.0	--
Derived						
BE(B)	-2.6	mmol/L	--	--	--	--
HCO_3^-(c)	19.4	mmol/L	--	--	--	--
Hct(c)	40	%	--	--	--	--

↑↓ Outside Reference Range

Printed: 09/12/2022 16:08:36

Patient Sample Report

Status: **ACCEPTED**
Analyzed: 09/12/2022 16:08:24
Sample Type: **Venous**
Account Number:
Clinician:
Operator ID: HAMISH CAMPBELL0

Patient

ID:	1812526490
Last Name:	MCCLYMONT
First Name:	GAVIN
Gender/Age:	Male, 69 years
Birth Date:	18/12/1952

Cartridge

Lot No.:	221012D
S/N:	00000000500420164
Exp. Date:	04/01/2023

Analyzer

Model:	GEM® *Premier 5000*
Area:	GRI
Name:	WD44
S/N:	17030614

Results

			Crit. Low	Reference Low	Reference High	Crit. High
Measured (37.0°C)						
cH	46.0	nmol/L	--	--	--	--
pCO_2	5.3	kPa	--	--	--	--
pO_2	5.0	kPa	--	--	--	--
Na^+	↓ 132	mmol/L	--	133	146	--
K^+	4.5	mmol/L	--	3.5	5.3	--
Cl^-	104	mmol/L	--	95	108	--
Ca^{++}	1.16	mmol/L	--	1.15	1.27	--
Glu	5.6	mmol/L	--	3.5	6.0	--
Lac	1.5	mmol/L	--	0.6	2.2	--
CO-Oximetry						
tHb	134	g/L	--	--	--	--
O_2Hb	↓ 59.5	%	--	95.0	98.0	--
COHb	1.5	%	--	0.5	1.5	--
MetHb	0.6	%	--	0.5	1.5	--
HHb	↑ 38.4	%	--	0.0	5.0	--
sO_2	↓ 60.8	%	--	95.0	98.0	--
Derived						
BE(B)	-3.9	mmol/L	--	--	--	--
HCO_3^-(c)	21.6	mmol/L	--	--	--	--
Hct(c)	40	%	--	--	--	--

↑↓ Outside Reference Range

UNIT NO. 1812526490 METRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin M 18/12/1952 ED NUMBER _____ TRANSMITTER No. 7 1 x 19

NAME _____ DATE 16/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				50	
09 hrs.	SB				50	
10 hrs.	SB				51	
11 hrs.	SB				54	
12 hrs.	SB				47	
13 hrs.	SB				51	
14 hrs.	SB ± Bigeminy				51	
15 hrs.						
16 hrs.						
17 hrs.						
18 hrs.						
19 hrs.						
20 hrs.	SR				65	
21 hrs.	SB				48	
22 hrs.	SB				50	
23 hrs.	SB				48	
24 hrs.	SB				46	
01 hrs.	SB				50	
02 hrs.	SB				45	
03 hrs.	SB				46 /	163
04 hrs.					122	
05 hrs.	SB				43	
06 hrs.	SB				46	
07 hrs.						

mi • 246930

UNIT NO. 1812526490 MCCLYMONT Gavin M 18/12/1952

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION _____ BED NUMBER 9/6 TRANSMITTER No. TX19

NAME _____ DATE 15/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AF				115	
09 hrs.	AF				117	
10 hrs.	AF				111	
11 hrs.	AF				99	
12 hrs.	AF				98	~~[illegible]~~ 1406pm
13 hrs.	AF				106	
14 hrs.	AF				124	
15 hrs.	AF				116	
16 hrs.	SB with ventricular bigeminy				47	
17 hrs.	"				48	
18 hrs.	"				33	
19 hrs.	" AF				33	
20 hrs.	Bigeminy.				68	9pm manual.
21 hrs.	Bigeminy				66	
22 hrs.	leads off → reapplied → leads off.					
23 hrs.	Bigeminy.				66	Visible on III only. Leads reapplied.
24 hrs.	Bigeminy				65	
01 hrs.	Bigeminy.				64	leads reapplied.
02 hrs.	SB/Bigeminy.				54	
03 hrs.	SB w/VEs/Aflutter				45-126	0308 → Aflutter
04 hrs.	Aflutter/SVT				131	
05 hrs.	SB + frequent VEs				49	
06 hrs.	SR + VEs				61	
07 hrs.						

UNIT NO. 1812526490 MCCLYMONT Gavin M 18/12/1952 G21 1XP

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION 10 EVERARD QUADRANT Glasgow, Lanarkshire BED NUMBER _____ TRANSMITTER No. 1X19

NAME C[illegible] DATE 14/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SR				38	0849 ↓ 29
09 hrs.	SR				47	
10 hrs.	SR				46	
11 hrs.	SR				32.	
12 hrs.	SR				44	
13 hrs.	SR				49	
14 hrs.	ectopy / SB → AF					
15 hrs.					45	1502 MIL ↓ 29 1506 MRP 72.
16 hrs.	AF				100	
17 hrs.	AF				95	
18 hrs.	AF				117	
19 hrs.						
20 hrs.	AF				113	
21 hrs.	AF				109	
22 hrs.	AF				103	
23 hrs.	AF				92	
24 hrs.	AF				104-119	
01 hrs.	AF				123	
02 hrs.	AF				117	
03 hrs.	AF				98-120	
04 hrs.	AF				87-137	
05 hrs.	AF				102	
06 hrs.	AF				90	
07 hrs.	AF				108	

UNIT 1812526490
MCCLYMONT
Gavin M
LOC 10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
NAME G21 1XP
AGE
DIAGNOSIS AFM/W / Tachy - Brady

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER _____ TRANSMITTER No. 19

DATE 18/12/22

DATE OF ADMIN _____

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				51	
09 hrs.	SB				53	
10 hrs.	SB w/ complet			→	41	
11 hrs.	SB w/ ves		3		28-32	Patient asymptomatic
12 hrs.	SB w/ ves				32	
13 hrs.	SB w/ Bigeminy				54	
14 hrs.	SB w/ ves				49	
15 hrs.	SB w/ ves				64	
16 hrs.	SB w/ Bigeminy				49	
17 hrs.	SB w/ Bigeminy				66	
18 hrs.						
19 hrs.						
20 hrs.	SB				33-34	asymptomatic
21 hrs.	SB				34	
22 hrs.	SB				34	"
23 hrs.	SB				34/53	rising rapid
24 hrs.	SB				36	
01 hrs.	SB.				33	
02 hrs.	SB				36	asymptomatic.
03 hrs.	SB				37	"
04 hrs.	SB				41	"
05 hrs.	SB				44	"
06 hrs.	SB.				44	"
07 hrs.	SB				39	"

mi • 246930

UI 1812526490

LC MCCLYMONT Gavin M 18/12/1952

NI

AGE

DIAGNOSIS Aflutter

TELEMETRY CHART CORONARY CARE

TTX 19

NHS Greater Glasgow and Clyde

BED NUMBER 13/1 TRANSMITTER No. Pack (2)

DATE 12/12/12

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AFwRVR				88	
09 hrs.	AFwRVR				83	2-0 sec. pause
10 hrs.	AFlutter				95	
11 hrs.	AFlutter				88	
12 hrs.	SB				42	
13 hrs.	SB				47	
14 hrs.	SB				48	
15 hrs.	SB				46	
16 hrs.	SB				47	
17 hrs.	SB				47	
18 hrs.	SB				48	
19 hrs.	SB				50	
20 hrs.	SB				53	
21 hrs.	SB				51	
22 hrs.	SR				65	
23 hrs.	~~SVT~~ SB				~~125~~ 52	→ AFl 125 23:30 asymptomatic
24 hrs.	AFl				125	
01 hrs.	AFl				127	
02 hrs.	AFl				129	
03 hrs.	AF				130	
04 hrs.	AF				133	
05 hrs.	AF				134	
06 hrs.	AF				134	
07 hrs.						

1812526490
MCCLYMONT — M
Gavin 18/12/1952

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION _____ BED NUMBER _____ TRANSMITTER No. Mob 2

NAME _____ DATE 11/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS A flutter DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				51	
09 hrs.	SB				54	
10 hrs.	SB				54	
11 hrs.	SB				39	
12 hrs.	SB				56	
13 hrs.	SB				44	
14 hrs.	SB				47	
15 hrs.	SB				39	
16 hrs.	SB				32	
17 hrs.	AFlutter				132	Patient asymptomatic
18 hrs.						
19 hrs.						
20 hrs.	Aflutter				135	
21 hrs.	Aflutter				136	
22 hrs.	Aflutter				136	
23 hrs.	Aflutter				133	
24 hrs.	Aflutter				132	
01 hrs.	Aflutter				130's	
02 hrs.	Aflutter				135	
03 hrs.	Aflutter				148	
04 hrs.	Aflutter				142	
05 hrs.	Aflutter				140	
06 hrs.	Aflutter				143	
07 hrs.						

UNIT NO. 1812526490 **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin M 18/12/1952 BED NUMBER _____ TRANSMITTER No. Mob 2

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire

AGE G21 1XP

DIAGNOSIS _____

DATE 10/12/n

DATE OF ADMIN _____

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	Afutter				149	
09 hrs.	Afutter				146	given 2.5mg bisop
10 hrs.	Afutter				146	
11 hrs.	Afutter				147	
12 hrs.	Afutter				121	
13 hrs.	Afutter				110	
14 hrs.	Afutter				80	
15 hrs.	Afutter				70	
16 hrs.	Afutter				147	
17 hrs.	Afutter				146	
18 hrs.						
19 hrs.						
20 hrs.	Afutter →	SB	↑c VS		54-57	
21 hrs.						
22 hrs.	SR ↑c VS-				64	
23 hrs.	SR " "				68	
24 hrs.	SR "				57	
01 hrs.	SR - ↑c VS.				69	
02 hrs.	SR				66	
03 hrs.	SB				48	
04 hrs.	SB				54	
05 hrs.	SB				51	
06 hrs.	SB				49	
07 hrs.						

mi • 246930

UNIT NO. [redacted] 1812526490 METRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin M ED NUMBER _____ TRANSMITTER No. Mob 2

NAME _____ 18/12/1952 DATE 9/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AF/Flutter				96	
09 hrs.	AF/Flutter				↑136	
10 hrs.	AF/Flutter	→SR			60.	
11 hrs.	SR				68	
12 hrs.	SB				34	
13 hrs.	SB				29.	
14 hrs.	SB				32	
15 hrs.	SB				31	
16 hrs.	SB				32	
17 hrs.	SB				34	
18 hrs.	AFlutter				↑137	
19 hrs.						
20 hrs.	AF				102	
21 hrs.	AF				130	
22 hrs.	AFlutter i 2:1 Cmplx				144	
23 hrs.	AFlutter				134	
24 hrs.	AF/AFlutter				120	
01 hrs.	AFlutter				143	
02 hrs.	AFlutter				136	
03 hrs.	AFlutter				145	
04 hrs.	AFlutter				146	
05 hrs.	AFlutter				137	
06 hrs.	AFlutter				148	
07 hrs.	AFlutter				147	

mi • 246930

UNIT NO. 1812526490 **METRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATION MCCLYMONT Gavin 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP M 18/12/1952 BED NUMBER ____ TRANSMITTER No. 10

NAME ____ DATE 8/12/22

AGE ____ DATE OF ADMIN ____

DIAGNOSIS ____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	A.flutter				130	
09 hrs.	A.flutter				132	
10 hrs.	A.flutter				140	
11 hrs.	A.flutter				135	
12 hrs.	AF				90	
13 hrs.	AF				88	
14 hrs.	SB				55	
15 hrs.	SB				48	
16 hrs.	SB				47	
17 hrs.	SB				63	
18 hrs.	SR				38	
19 hrs.	SR				66	
20 hrs.						
21 hrs.						
22 hrs.						
23 hrs.	SB				38	
24 hrs.	SB				39	
01 hrs.	SB				37	
02 hrs.	023 > AFlutt c 2:1 block				122	
03 hrs.	AFlutt	c 2:1			122	
04 hrs.	AFlutt	c 2:1 | AF			107	
05 hrs.	SR | SVOs				67	
06 hrs.	SR | SB				60 – 91	
07 hrs.	AFlutt				127	

mi • 246930

UNIT NO. _____ **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATIC 1812526490 MCCLYMONT M — BED NUMBER _____ TRANSMITTER No. 10.

NAME _ Gavin 18/12/1952 DATE 7/12/22

10 EVERARD QUADRANT

AGE ___ Glasgow, Lanarkshire G21 1XP DATE OF ADMIN _____

DIAGNO 5 DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	SB				58	
09 hrs.	SR				60	
10 hrs.	SB				53	
11 hrs.	SB				53	
12 hrs.	SB				57	
13 hrs.	SB				53	
14 hrs.	SB				56	
15 hrs.	SB				56	
16 hrs.	SB				50	
17 hrs.	SB				51	
18 hrs.	SB				52	
19 hrs.	SB				52	
20 hrs.	SB				52	
21 hrs.	SB				50	
22 hrs.	SB				52	
23 hrs.	SB – Tri geminy → Afib				50 –	HR + 117
24 hrs.	Afib				110-121	
01 hrs.	Af				124	
02 hrs.	AFlutter / AF				139	
03 hrs.	AFlutter				139	
04 hrs.	AF / AFlutter				131	
05 hrs.	AFlutter				139	
06 hrs.	AFlutter				144	
07 hrs.						

mi • 246930

UNIT NO. 1812526490 **METRY CHART CORONARY CARE**

LOCATION -MCCLYMONT Gavin M 18/12/1952 BED NUMBER _____ TRANSMITTER No. 11x10.

NAME _____ DATE 6/12/22

AGE _____ DATE OF ADMIN _____

DIAGNOSIS _____ DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AF				112	
09 hrs.	AF				114	
10 hrs.	AF				66	
11 hrs.	AF				92	
12 hrs.	AF				108	
13 hrs.	AF				102	
14 hrs.	AF				104	
15 hrs.	AF				98	
16 hrs.						
17 hrs.						
18 hrs.	AF				53	
19 hrs.						
20 hrs.	SB				51.	
21 hrs.	SB.				54	
22 hrs.	SB				54	
23 hrs.	SB				54	
24 hrs.	SB				54	
01 hrs.	SB				54	
02 hrs.	leads off					
03 hrs.	SB				52	
04 hrs.	SB				51	
05 hrs.	SB				55	
06 hrs.	SB				55	
07 hrs.						

UNIT N 1812526490 MCCLYMONT M
LOCATIC Gavin 18/12/1952 **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

BED NUMBER 14 | TRANSMITTER No. 10

NAME

AGE

DIAGNOSIS

DATE 05/12/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AF				88	
09 hrs.	AF				85	
10 hrs.	AF				88	
11 hrs.	AF				82	
12 hrs.	AF				90	
13 hrs.	AF				88	
14 hrs.	AF				85	
15 hrs.	AF				89	
16 hrs.	AF				85	
17 hrs.	AF				88	
18 hrs.	AF				82	
19 hrs.	AF				90	
20 hrs.	AF				117	
21 hrs.	AF				89	
22 hrs.	AF				89	
23 hrs.	AF				84	
24 hrs.	AF				103	
01 hrs.	AF				91	
02 hrs.	AF				95	
03 hrs.	AF				89	
04 hrs.	AF				103	
05 hrs.	AF				95	
06 hrs.	AF					
07 hrs.						

UNIT NO. 43C **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATIO 1812526490 BED NUMBER _____ TRANSMITTER No. 10

NAME MCCLYMONT Gavin M
AGE 10 EVERARD QUADRANT 18/12/1952
DIAGNO: Glasgow, Lanarkshire G21 1XP

DATE 4/12/22
DATE OF ADMIN _____
DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AF				87	
09 hrs.	AF 4c ectopics				113	
10 hrs.	Leads fixed					
11 hrs.	AF.				76	
12 hrs.	AF				86	
13 hrs.	AF				96	
14 hrs.	AF				100	
15 hrs.	Af				109	
16 hrs.	AF				95	
17 hrs.	AF				86	
18 hrs.	Af				111	
19 hrs.	AF				104	
20 hrs.	AF				91	
21 hrs.	Af				72	
22 hrs.	Af				73	
23 hrs.	AF.				82	
24 hrs.	Af.				100	
01 hrs.	Af				101	
02 hrs.	Af				89	
03 hrs.	Af				103	
04 hrs.	AF				88	
05 hrs.	Af				83	
06 hrs.	Af				93	
07 hrs.						

UNIT NO. 1812526490 MCCLYMONT M
Gavin 18/12/1952
LOCATION 10 EVERARD QUADRANT
Glasgow, Lanarkshire
NAME G21 1XP
AGE
DIAGNOSIS

ETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

ED NUMBER TRANSMITTER No. 10

DATE 3/12/22.

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	AFlutter				151	
09 hrs.	AFlutter				80	
10 hrs.	AFlutter				81	
11 hrs.	AFlutter				81	
12 hrs.	AF / flutter	v/c	2.7 sec	prime.	Intermittent 39-62.	Strip ✓
13 hrs.	AF / flutter	Incl VS.			67	
14 hrs.	AF / flutter		2.7 sec	+ 4.5 sec prime	prime 43-76	Strip
15 hrs.	AF / flutter	3.7 sec prime.			32. 60	15.26 Intermittent -38.
16 hrs.	AF	2.7	sec		61.	
17 hrs.	AF				80	
18 hrs.	AF				83	
19 hrs.						
20 hrs.	A Flutter				78	
21 hrs.	AFlutter				75	
22 hrs.	AF				76	
23 hrs.	AF				86	
24 hrs.	AF				83	
01 hrs.	AF				77	
02 hrs.	AF				73	
03 hrs.	AF				85	
04 hrs.	AF				81	
05 hrs.	AF				83	
06 hrs.	AF				76	
07 hrs.	AF				87	

UNIT NO. _____ **TELEMETRY CHART CORONARY CARE**

NHS Greater Glasgow and Clyde

LOCATIC 1812526490 BED NUMBER _____ TRANSMITTER No. 10

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

DATE 2/12/22.
DATE OF ADMIN _____
DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.	Aflutter.				137.	
09 hrs.	Aflutter				135	
10 hrs.	Aflutter				136	
11 hrs.	Aflutter				136	
12 hrs.	Aflutter				137	
13 hrs.	Aflutter				138.	
14 hrs.	Aflutter				141	
15 hrs.	Aflutter				141.	
16 hrs.	Aflutter				141	
17 hrs.	Aflutter				141	
18 hrs.	Aflutter				146.	
19 hrs.						
20 hrs.	flutter				147	
21 hrs.	A. flutter				146	
22 hrs.	A. flutter				142	
23 hrs.	flutter				145	
24 hrs.	A. flutter				147	
01 hrs.	flutter				146	
02 hrs.						
03 hrs.						
04 hrs.						
05 hrs.	A flutter				147.	
06 hrs.	A flutter				148.	
07 hrs.						

UNIT NO 1812526490

LOCATI MCCLYMONT Gavin M

NAME 10 EVERARD QUADRANT Glasgow, Lanarkshire

AGE 18/12/1952

G21 1XP

DIAGN

TELEMETRY CHART CORONARY CARE

NHS Greater Glasgow and Clyde

BED NUMBER 14/1 TRANSMITTER No. 10

DATE 1/12/22

DATE OF ADMIN

DATE OF RECORD 1 2 3 4 5 6 7 8

TIME	RHYTHM	SECONDS		RATE PER MINUTE		TREATMENT GIVEN
		Int PR	Int QRS	ATRIAL	VENTRICULAR	
08 hrs.						
09 hrs.						
10 hrs.						
11 hrs.						
12 hrs.						
13 hrs.						
14 hrs.						
15 hrs.						
16 hrs.						
17 hrs.	Aflutter				70.	
18 hrs.	Aflutter				142	
19 hrs.						
20 hrs.						
21 hrs.						
22 hrs.						
23 hrs.	A. flutter				152	
24 hrs.	A. flutter				136	
01 hrs.	A. flutter				135.	
02 hrs.						
03 hrs.	A flutter				85	
04 hrs.	off ward					
05 hrs.	A flutter				130	
06 hrs.	A flutter				135	
07 hrs.						

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

NHS
Greater Glasgow and Clyde

Visiting Specialist Review

GRI Critical Care Visiting Specialist Review (01-12-2022 17:46)

Visiting Specialist Review

Visiting Specialist 1	Date: 01/12/2022 Speciality: Urology Reviewed By: R Vint, K Clement Clinical Grade: Cons, ST6
Specialist Note 1	Day 1 post stent insertion for obstructing upper ureteric calculi. In ITU for rate monitoring which remains in flutter at 143bpm despite amiodarone. Inflammatory markers, renal function and potassium normal. Likely pain induced AF/unctrolled rate as opposed to sepsis driven. Some flank pain as expected post stenting but urine clear. ITU team will discuss with cardiology re step down to their monitored beds as opposed to Urology given issue now is rate control. From Urology perspective he is stented and we will follow up as outpatient for flexible ureteroscopy. I will add to stone MDT to facilitate this.

If you have any questions about any of the information in this form, please contact the relevant Critical Care Unit:

GRI ICU West 211 (2) 4225
GRI ICU East 211 (2) 1123

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	1812526490
Patient Name	Gavin McClymont
Age (Admission)	69 years

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	1812526490
Patient Name	Gavin McClymont
Age (Admission)	69 years

NHS
Greater Glasgow and Clyde

Relatives Communication Record

GRI Critical Care Relatives Communication Record (01-12-2022 17:46)

Relatives Communication Record

If you have any questions about any of the information in this form, please contact the relevant Critical Care Unit:

GRI HDU East - 0141 201 (6) 5427
GRI ICU West - 0141 201 (6) 5430

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	1812526490
Patient Name	Gavin McClymont
Age (Admission)	69 years

NHS
Greater Glasgow and Clyde

Medical Summary

GRI Critical Care Medical Summary (01-12-2022 17:43)

PATIENT PROFILE

CHI	1812526490
Patient Name	Gavin McClymont
Patient Address	10 EVERARD QUADRANT Glasgow . Lanarkshire G21 1XP
DOB	18/12/1952
Hospital Admit Date & Time	29/11/2022 20:47
Critical Care Admit Date & Time	30/11/2022 01:28
Days in Unit	
Under Care of (Unit Cons)	Cowan, R
Also Under (Hosp Cons)	Vint
Admitting Speciality	Emergency Medicine
Name of Ward Doctor Contacted	Cardiology reg
Date & Time Contacted	01/12/2022 10:44
Discharging Consultant	Cowan, R
Page/Contact Details	
Discharge Specialty Consultant	
Discharging Doctor	Devine

DISCHARGED ALIVE FROM THIS UNIT

Nature of Outcome	1. Improved
Ready For Discharge	Yes
If Ready - Date & Time Ready For Discharge	01/12/2022 12:44
If Ready- Gap Considered	
ACTUAL ICU Discharge Date & Time	01/12/2022 16:15
Discharge To (Name)	Glasgow Royal Infirmary (GGC)
Discharge To (Type)	Ward
Discharge Housed Within	This Hospital Site

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	1812526490
Patient Name	Gavin McClymont
Age (Admission)	69 years

Discharge Reason	Specialist care
Expected Hospital Outcome	Survivor
Incase of Deterioration	Would re-admit

DIED ON THIS UNIT (this section is only to be completed if the patient died)

Date & Time of Death	
Brain Stem Tests Performed	
Brain Stem Tests Confirmed	
Organ Donation Requested	
Organs Donated	

BACKGROUND

Admission Comments	Sudden onset central abdominal pain this morning, radiating to back. Associated with vomiting and haematuria. Note known AAA 4.2cm - ruptured AAA was initial working diagnosis. Pain settled with 5+5mg IV morphine. CT angio aorta: two partially obstructing left proximal ureteric calculi (9mm and 7mm). 5.4cm AAA with no features of acute or impending rupture. R/v by urology - consented for theatre mane. Not wishing to operate overnight as not septic. ATSP in resus due to tachycardia 150bpm. Persistent for the last 4hrs in resus. BP maintained throughout. 2 litres crystalloid and IV metoprolol 5 + 5mg in resus -> no reduction in HR. Patient appears entirely comfortable from the end of the bed. Alert, bright, chatty. Comfortable work of breathing, speaking in full sentences. Patient asymptomatic of tachycardia - no chest pain, palpitations, dizziness/lightheddedness and no SOB. ECG: Atrial flutter 150bpm. CXR - nil focal. Bloods unremarkable, renal function normal. Patient requires a monitored bed for overnight. No beds in surgical HDU. D/W Dr McKie - advised okay to admit ICU for monitored bed overnight. Replace Mg and K if needed

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

	(aim K >4). Continue IV fluids and abx. Otherwise will tolerate HR 150 okay. Fast for theatre.
Past Medical History	**AAA**

PROBLEMS/DIAGNOSES

Problems/Diagnosis 1	Problem/Diagnosis: **ureteric obstruction** Status: **Active**
Problems/Diagnosis 2	Problem/Diagnosis: **atrial flutter** Status: **Active**
Problems/Diagnosis 3	Problem/Diagnosis: **AAA** Status: **Chronic**
Problems/Diagnosis 4	Problem/Diagnosis: Status:
Problems/Diagnosis 5	Problem/Diagnosis: Status:
Problems/Diagnosis 6	Problem/Diagnosis: Status:
Problems/Diagnosis 7	Problem/Diagnosis: Status:
Problems/Diagnosis 8	Problem/Diagnosis: Status:
Problems/Diagnosis 9	Problem/Diagnosis: Status:
Problems/Diagnosis 10	Problem/Diagnosis: Status:
Problems/Diagnosis 11	Problem/Diagnosis: Status:
Problems/Diagnosis 12	Problem/Diagnosis: Status:
Problems/Diagnosis 13	Problem/Diagnosis: Status:
Problems/Diagnosis 14	Problem/Diagnosis: Status:
Problems/Diagnosis 15	Problem/Diagnosis: Status:

OUTSTANDING ISSUES

Cardiovascular	**Atrial fluuter rate 105-150 despite amiodarone loading and maintance**
Respiratory	**Nasal cannula**
Gastrointestinal	**Oral diet**
Renal	**No concerns**
General	**Pain well controlled**

OPERATIONS/PROCEDURES

Operations/Procedures	**Ureteric stent insertion 30/12/22**

SIGNIFICANT PROGNOSTIC INFORMATION

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

Significant Prognostic Information	

SIGNIFICANT INVESTIGATION RESULTS

Significant Investigation Results	

MICROBIOLOGY INFORMATION

Microbiology Results, Advice & Action	**30/11 - No samples/growth yet. Continue peri-op Abx as per surgeons. RC** **01/12 - Urine culture negative. Abx stopped. RC** **30/11 post procedure-no further antibiotics required as per surgical team**

SUMMARY OF CRITICAL CARE PROGRESS

Progress	**Admitted to critical care due to fast atrial flutter with ureter obstruction**
Progress (2 Continued)	
Progress (3 Continued)	

DISCHARGE SUMMARY

Discharge Summary	**Mr McClymont presented with abdominal pain on a background of a known 4.2cm AAA. He was found to have an obstructed left ureter and booked for theatre. In addition to this he was found to be in asymptomatic atrial flutter, unknown time of onset and so the patient was admitted to critical care for monitoring. Ureter stent inserted 30/12/22. A flutter persited despite metoprolol and loading and maintanence of amiodarone. Urology will follow up as an outpatient for flexible ureteroscopy and has be adeded**

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

MEDICATION INFORMATION - also see Medicines Reconciliation Form

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:	
1. Routine drugs that were STOPPED but should be considered for RE-STARTING at a clinically appropriate time and dose.	
1. Drugs to Restart	
Drugs to Restart.	
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appopriate time.	
2. Drugs to Stop	
Drugs to Stop	
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated.	
3.New Drugs to Continue	
New Drugs to Continue	
4. Drugs that have been STOPPED and should NOT be re-started.	
4. Drugs to Remain Stopped	
Drugs to Remain Stopped	

If you have any questions about any of the information in this form, please contact the relevant Critical Care Unit:

GRI HDU East - 0141 201 (6) 5427
GRI ICU West - 0141 201 (6) 5430

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

My Admission Record

NHS Greater Glasgow and Clyde

Hospital: GRI Ward: 70
Date of Admission: 30/7/23 Time:
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name:
Age: 70 Telephone Number:
Consultant: LJ 0141 389-5357

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

Dr. LM Coia
Auchinairn Medical Practice
127/129 Auchinairn Road
Bishopbriggs
Glasgow
G64 1NF

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	Name:
Relationship: Wife	Relationship:
Address: Same	Address:
Telephone: 07900 554548	Telephone:
Is this person aware of your admission? Yes ☑ No ☐	Is this person aware of your admission? Yes ☐ No ☐
Can we share information with this person? Yes ☑ No ☐	Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

(L) FOS 3rd on morning list.

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, HTN, Depression, heart burn.
Gastro-oesophageal reflux disease.
PTSD. From being in hospital previously
eczema

Apixaban Tamsulosin
Omeprazole
Simvastatin Zopiclone
Sotalol

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

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

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** ☐

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

Lifestyle

Smoking

Are you a: smoker ☑ ex- smoker ☐ when did you stop? _____

Never smoked ☐ 10 a day.

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): CHLOE MOORE Signature: [signature]

Designation: SDRN Date: 30/7/23

My Assessment Record

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

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?			

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: _____		/	

Name:
Addres 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
DoB:
CHI: G21 1XP
Affix patient

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?

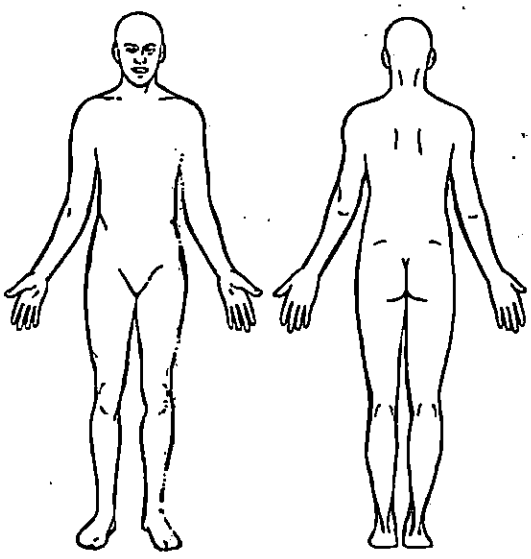
Have you had treatment / intervention for the pain?

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?

Mark current pain on body chart



Name
Addr 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
DoB:
CHI: G21 1XP
Affix patient label

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?

Nil

What do you like to eat and drink?

Juice
Water
Not fussy

What do you not like to eat and drink?

Not fussy

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		

Name: [redacted]
Addre: [redacted]
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
DoB: Glasgow, Lanarkshire
CHI: G21 1XP
Affix [redacted]

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

Stones makes it harder to pass

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

Name: _____
Ac 1812526490
MCCLYMONT M
Gavin 18/12/1952
Dc 10 EVERARD QUADRANT
Cl Glasgow, Lanarkshire G21 1XP
Aff

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? Yesterday.

How often in a day/week do you have a bowel movement? Per day 1 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			
ood 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?		✓	

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

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			Caps
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?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems		✓	
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**		✓

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

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?		✓	Not in use.
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?	✓		Zopiclone
Do you do or use anything to help you sleep?	✓		

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

11. Social Circumstances

Do you:

Live alone	☐	Live with family/ friend/ other	☑ Wife
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?

NO

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 ☐

Nar
Adc 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Do Glasgow, Lanarkshire
CH G21 1XP
Affi...

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.

Getting out

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?

Wife

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 ☐

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

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 ___/___/___

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

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)	✓		✓		[illegible] SCN
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan		✓			
Bristol Stool Chart		✓			
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓		✓		
Adult Wound Assessment and Management Chart					
Moving and Handling Assessment	✓		✓		
Falls Risk Assessment	✓		✓		
Bedrail Risk Assessment	✓		✓		

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
30/7/23	Admitted to ward 70	
1245	For theatre tomorrow (L) Furs	
	to fast from midnight	
	News (1) BP slightly Hypotension	[illegible]
	Independently mobile.	[illegible]
	PMH: PTSD from previous hospital	[illegible] SCN
	Admission, PT appears anxious	Cont →

Nar
Ad 1812525490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
Dc
Cl G21 1XP
Affix patient

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
30/7/23	Continue -	
C Moore	Previous AAA, GORD	
	~~Alert and A+O~~	
	Alert and orientated	
	Trouble sleeping at night	
	takes Zopiclone -	CMCLAN
	3rd on list tomorrow for	CM(SN
	theatre	C Moore
	Skin Intact 4 hourly CRC	SSN C.Moore
30/7/23	Settled night. Obs stable news	
0100	0. careplan and risk assessments	
	updated accordingly. Patient has	
	been checklisted/consented.	
	Fasting for theatre tomorrow -	
	NO other changes.	Pmitchell fm SN
31/7/23	Patient returned from	
1525	(th) after having (L)	
	sided flexible cystoscopy,	
	ROS (encrusted) and laser	
	stone fragmentation with	
	stent insertion, under SA.	
	Catheter insitu draining	
	red volumes, returned to	
	D+F. NEWS=0, post-op plan:	
	- TOV day 1 post op	
	- Home when well	EDonaldson
	- Flexi & ROS in 2-3 weeks	EDONALDSON

Name: [redacted]
Addr: 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
DoB:
CHI: G21 1XP
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation
	cont	
31/7/23	-KUB prior to stent removal.	EDonaldson (SN)
1525	Nil concerns.	EDonaldson
1/8/23 0325	Settled + sleeping.	
	4 CNC - Sun mod moving in bed	
	independently	
	Obs recheck taken	
	Catheter draining clear urine.	
	Clinically stable. BP slightly low @	
	midnight 107/58 but pt had taken	
	own BP tabs. As appropriate:	
	Encouraged to fluid intake for both	
	BP + clear urine.	
	For TWOC tom + restart apixaban	
	in morning.	
	Nil acute overnight	
0600	Catheter removed voiding restrictions	
	given	
01/08/23	Patient had settled day,	
1122	CRC 4hrly, passing urine	
	with good volumes and ↓	
	PVs. Patient states urine	
	clear, to restart apixaban	
	at home. For ROS 2-3	
	weeks as per post-op	
	note. ANN IPL, wife will	EDonald (SN)
	collect.	EDONALDSON

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

Care Plan

NHS Greater Glasgow and Clyde

Care discussed with patient Unable	☑ Yes	☐ No ☐	If unable, give reason:
Care discussed with family Unable	☑ Yes	☐ No ☐	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
[redacted]	AS Per News ~~No ~~				
30/7/23	HTN				
				5. Hydration and Nutrition	
			30/7/23	Normal D+F	
			[redacted]	to Fast From Midnight	31/7 ED
	2, 3. Communication and senses				
[redacted]	PTSD From previous				
30/7/23	hospital admission				
	Is anxious, Communication				
	and Senses Intact				
	Otherwise.			6. Elimination	
[redacted]	4. Cognitive status		30/7/23	Independent up to	
30/7/23	A + O		[redacted]	toilet.	
			31/7 ED	Catheter	1/8 GS
			1/8 GS	TVN	

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

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
30/7/23 CMoore	Independent, No issues		30/7/23 CMoore	Buzzer to hand	
				10. Sleep and Rest	
			30/7/23 CMoore	~~Feeds~~ issues sleeping, on zopiclone	
	8. Mobility				
30/7/23 CMoore	Independently mobile No issues		30/7/23 CMoore	12. Privacy, dignity and sexuality Respect and dignity	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL ☐ NURSING ☑

Please tick ✔ appropriate directorate



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

Date & Time		Signature, Print Name & Designation
1/8/23	Patient d/c, will restart	
1530	apixaban at home, Passed	E Dee (SM)
	TOV, wife collected.	E Donaldson

Care Rounds Checklist

Date: 30/07/23

Att 1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
Wa 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 C Moore Name C. Moore Designation SCN
2. Signed Pmitchell Name Pamela Mitchell 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	1225	16	20 30
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:		Y	I	Y
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		INT	–	INT
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	I	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		CH	–	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
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N	N
		Drink taken?		Y	Y	Y
		Food, snack, or supplement taken?		Y	Y	Y
		Has oral hygiene been carried out as per care plan?		N	I	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
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	N	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA
		Care provider / role		JW	RGN	RGN

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

Care Rounds Checklist

Date: 31/7/23

1812526490 M
MCCLYMONT
Gavin
18/12/1952

Attach

Ward: 70

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 Pmitchell Name Pamela Mitchell Designation SN
2. Signed EDonald Name EDONA DSON Designation SN
3. Signed [illegible] Name [illegible] Designation [illegible]

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

NIL

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

		Times	00 00	04	08	08 00	12 00	16 25	18 00	22
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	0	N	N	N
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N	N	0	N	N	N
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	Y	Y	I	0	Y	I	I
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT	NA	INT	–	0	I	–	–
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	I	0	Y	I	I
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	B	L	–	0	B	–	B
		Chair Assist to walk or stand (W/ST)				–	0	–	–	–
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I	I	0	C	C	C
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	Y	0	N	N	N
		Drink taken?	N	Y	N	N	0	Y	Y	Y
		Food, snack, or supplement taken?	N	N	N	N	0	Y	Y	Y
		Has oral hygiene been carried out as per care plan?	N	N	N	I	0	N	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	0	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	N	0	N	N	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	0	NA	NA	NA
		Care provider / role	SP	SP	SP	[illegible]	[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

mi • 278936 v2.1 • GCC0098

Fluid Balance Chart

1812526490 M
MCCLYMONT 18/12/1952
Gavin

Hospital: GRI
Ward: 70
Date: 31/8/25

Reason for Fluid Balance Chart monitor
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: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00																	
07:00																	
08:00																	
09:00																	
10:00																	
11:00																	
12:00																	
13:00																	
14:00																	
15:00																	
16:00																	
17:00																	
18:00																	
19:00																	
20:00																	
21:00	Tea	100							400								
22:00	Wate	300							700	200							
23:00	Milo	100							800								
								*Total Intake							*Total Output		

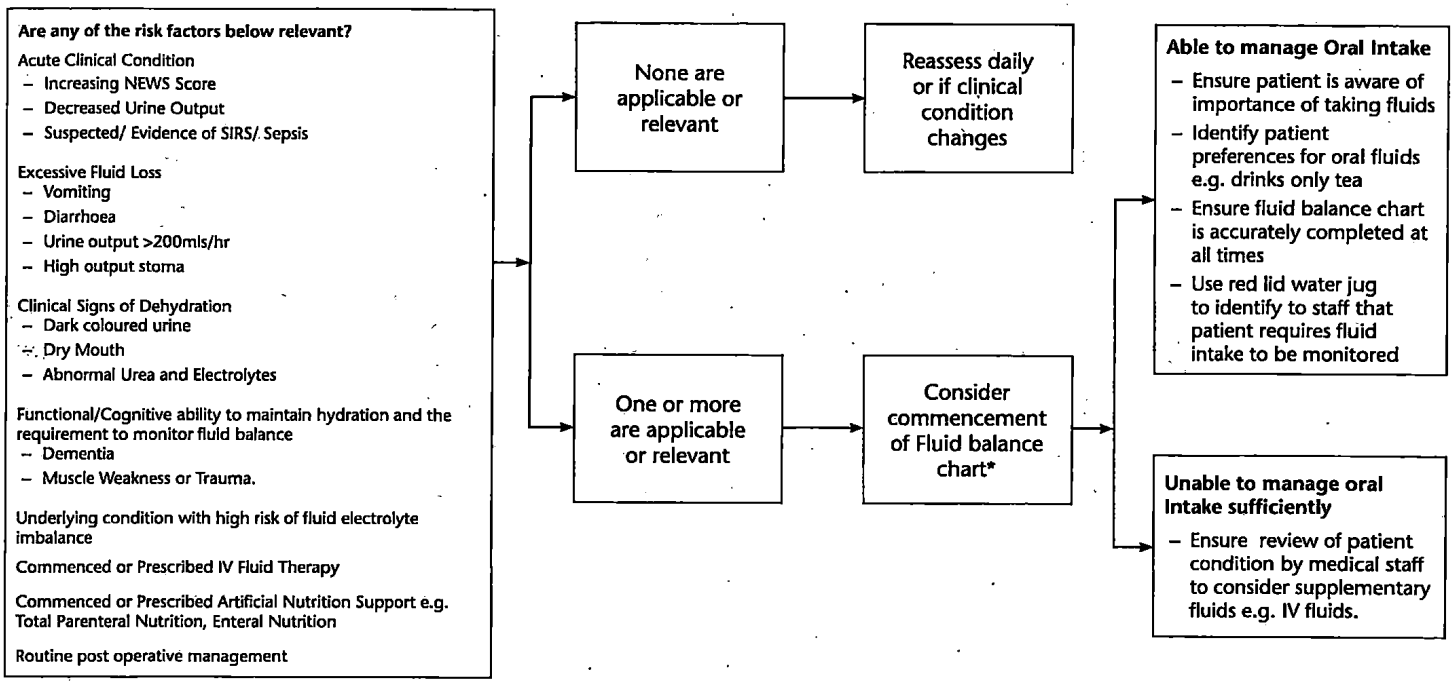
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

(2)

Fluid Balance Chart

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

Hospital: GRI

Ward: 7C

Date: 18/2/23

Reason for Fluid Balance Chart: FOW

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	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT	600						OUTPUT	
00:00																	
01:00																	
02:00																	
03:00																	
04:00																	
05:00																	
06:00	150	472							650	600						300	AL
07:00																	
08:00																	
09:00																	
10:00																	
11:00																	
12:00																	
13:00																	
14:00																	
15:00																	
16:00																	
17:00																	
18:00																	
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
								*Total Intake							*Total Output		

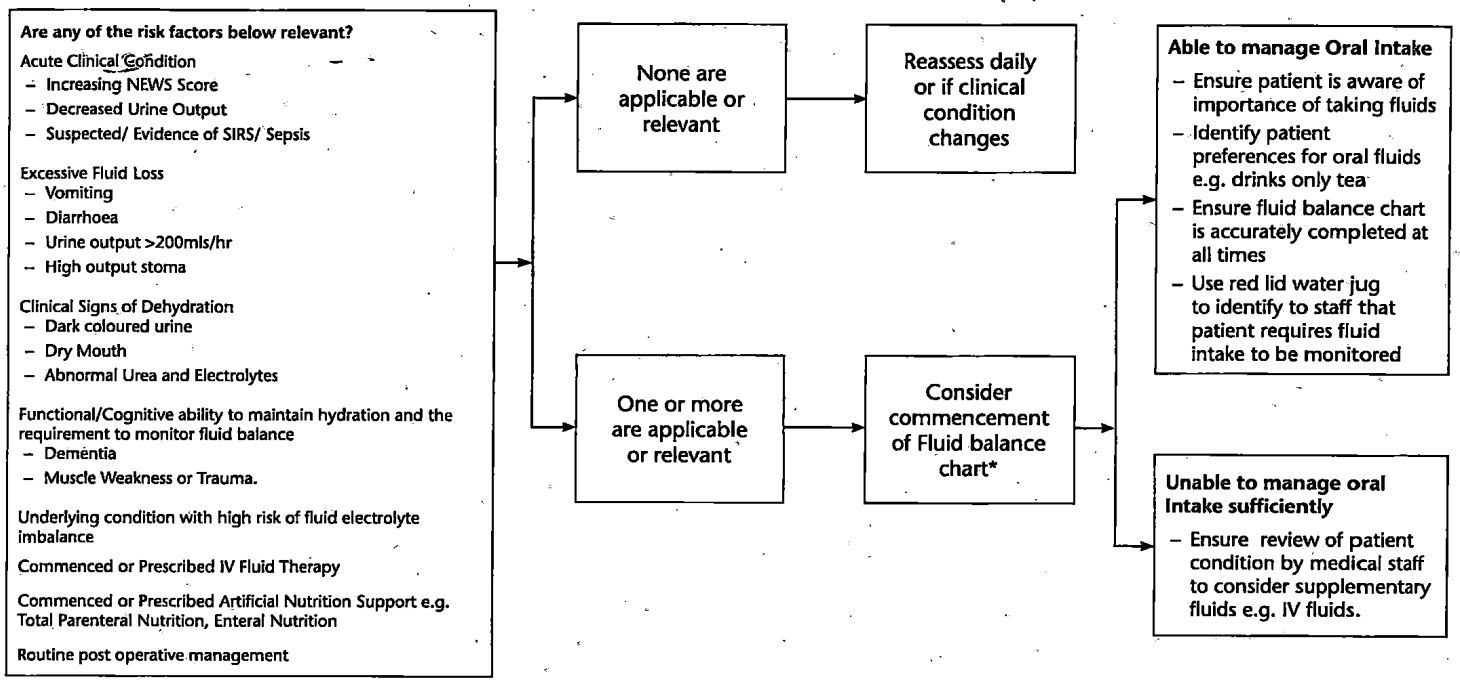
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Care Rounds Checklist

Date: 18/8/23

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 _____ Name _____ Designation SN
3. Signed _____ Name _____ Designation _____

Attach Addre...

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

Ward:

NHS Greater Glasgow and Clyde

'Must dos' fo... 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	00	02	06	08																		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	S	N	N																		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	N	S	N	N																		
S	3	**SKIN INSPECTION** Pressure areas checked:	~~N~~	N	N	N																		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I	I	I	I																		
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	B	-																		
		Chair Assist to walk or stand (W/ST)	I	I	I	N																		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	C	cath	C	A																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N																		
		Drink taken?	N	S	N	Y																		
		Food, snack, or supplement taken?	N	S	N	Y																		
		Has oral hygiene been carried out as per care plan?	N	I	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																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	M	S	M	NT																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	na	N	NA																		
		Care provider / role	N	NO	N	ED																		

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

Person Specific (Inpatient) Moving and Handling Assessment Form

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

Kg
cm
BMI

Risk of Falls: Yes | No ✓

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

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

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

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 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

	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:	30/07/23		
Assessor's signature:	CMoore		
Proposed Review date:	6/8/23		

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 Ateni)			

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:			

NHSGGC Bedrail Risk Assessment

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

NHS Greater Glasgow and Clyde

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrail Guidance (see reverse) and Guidelines for Falls Prevention and Management (Adults).

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	30/07/23						
	TIME	1145						
	WARD	70						
	HOSPITAL	GRI						

	SECTION ONE – GENERAL	Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓						
2	Has the patient requested the use of bedrails?		✓						
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?		✓						
4	Is the patient stressed, delirious or restless?		✓						
5	Is the patient small in stature?		✓						
6	Does the patient have an unusually large or small head that might present an entrapment issue?		✓						
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?		✓						
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?	✓							
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition	✓							
10	Has the use of bedrails been discussed with relatives/carers?		✓						
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?		✓						
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?		✓						
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								

	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?		✓						
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	[illegible]							
16	Bedrails checked by:	[illegible]							
17	Date	30/7/23							

Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

B. If bedrails are to be used, please consider the following:-

Is patient:-

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

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

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 30 Time 1237 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	5.7 feet / cm	☐	☐	
Admission Weight	83.75 Kg	☐	☐	

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

Patients reported normal weight _____ Unable to Recall ☐

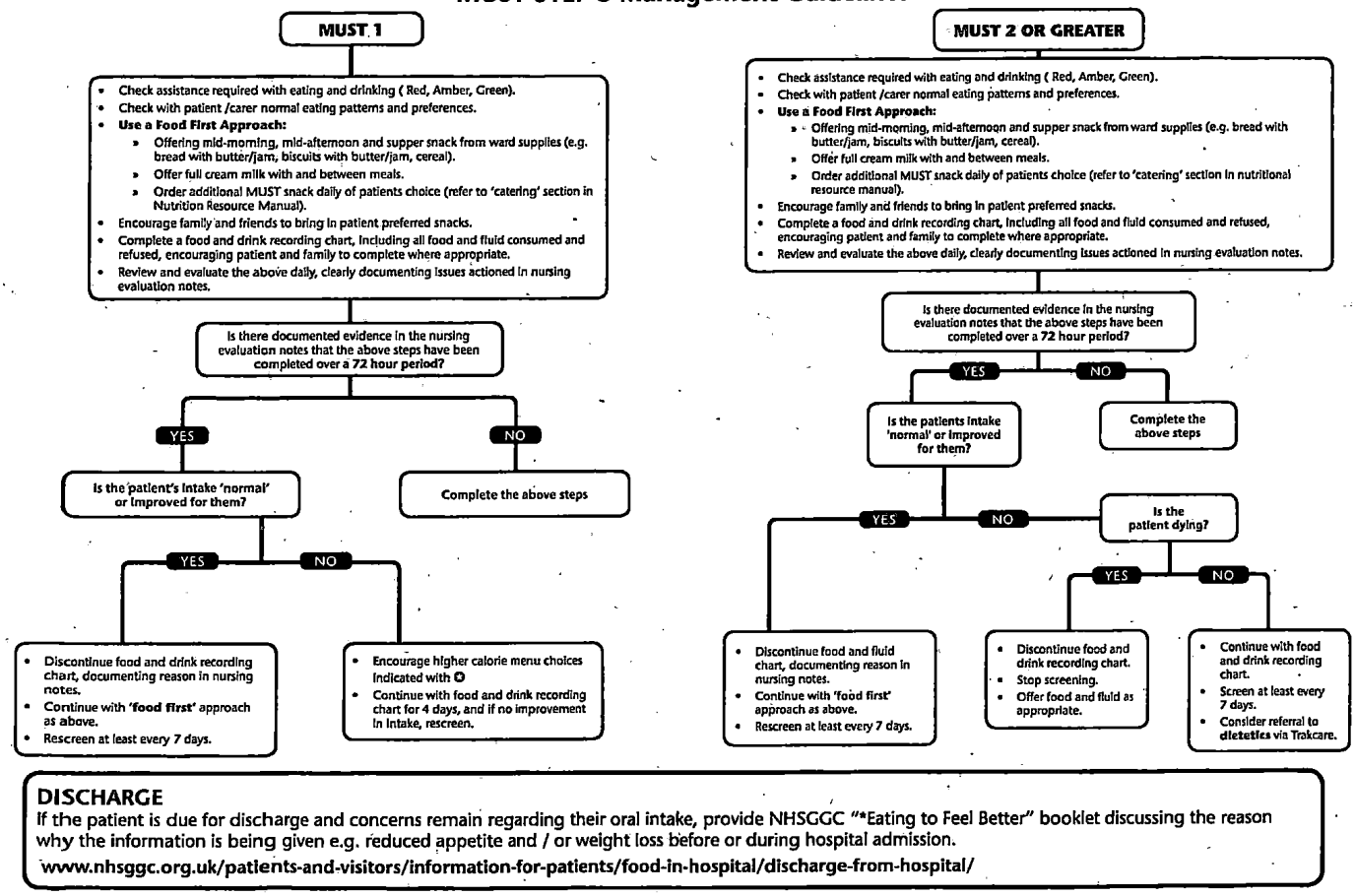
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☐

Date	30/7							
Time	1237							
Ward	70							
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)	83.75							
BMI	28.9							
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	6/8/23							
Signature								

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/

mi • 285884 v3.0 • GGC0250

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

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: 70 Date: 30/7/23 Time: 21:45	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).	Independent				
2. Check walking aid (if required) is in reach and in use.	N/A				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	Buzzer to hand				
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	Yes				
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	Allsopp SEN 7/8/23									

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

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: GRI Ward: 70	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1	Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2	Mobility	Does the person require assistance to mobilise?
3	Continence	Does the person have 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. neurological deficit; surgery; medication; diabetes; co-morbidities?
6	Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
30/7/23	11:40	N	N	N	N	N	N	4 hrly	
31/7/23	02:00	N	N	N	N	N	N	4 hrly	
1/8/23	0038	NO	NO	NO	NO	NO	NO	4 hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	
/ /	:							___hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	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:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: • Pressure areas _____ hourly. • Skin under medical devices _____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition _____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning _____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out _____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write or affix patient label

Name: MCCLYMONT Gavin M

DOB: 18/12/1952

Ward: 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP

1812526490

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: 30/7/23 Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☑ 70 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: Verbal

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 31/7/23	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	ED
Day 1 Check 2 Night 31/7/23	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	KB
Day 2 Check 1 Day 01/8/23	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	ED
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: 1/8/23

*Reason For Removal: Discharge

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

Adult Urethral Urinary Catheter(UUC)

Insertion & Maintenance Care Plan

Cathe
BRILLANT AquaFlate REF A310116
All-Silicone (IPN053454)
Long-Term LOT KME23C1588
(up to 12 weeks use)
Standard, 2-way Foley 2028-02-29
SIZE: Ch. 16 O.D.: 5.3mm / 10ml
Teleflex Medical, IDA Business and Technology Park, Dublin Road, Athlone, Co. Westmeath, Ireland

NHS Greater Glasgow and Clyde

Insertion – Complete all sections

Date and time inserted	Urethral Urinary Catheter inserted	Gauge	10 mls in balloon	Inserted by (Print name & designation [if known])
31/7/23 14-30	Hospital GRI ED ☐ Theatre ☑ ITU/HDU ☐ Ward ____	16		MRJ Registrar

Clinical indication for urethral urinary catheterisation	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 ☐	
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 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 2 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	
Day 3 ___/___/___		Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	

Date removed: 1/8/23 Time removed: 0635 Reason for Urethral Urinary Catheter removal: ETA Removed by: [signature]

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 ___/___/___		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 ☐	

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1612526490 M
MCCLYMONT 18/12/1952
Gavin
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

	Date	Ward	Time
Admitted			
Transferred	31/7/23	7E	
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Patient on home oxygen Y☐ N☐
If yes, add details of oxygen therapy

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: .....

Pupil Reaction (and size)
S = sluggish
+ = reaction
- = no reaction
C = eyes closed
Pupil Size (mm) 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date: (HY)
Time: (LAB)

Eyes closed by swelling = NT	E	Spontaneously	4
	Y	To sound	3
	E	To pressure	2
	S	None	1
		Non testable	NT
Endotracheal tube or tracheostomy = NT	V	Orientated	5
	E	Confused	4
	R	Words	3
	B	Sounds	2
	A	None	1
	L	Non testable	NT
Always record the best response	M	Obeys command	6
	O	Localising pressure	5
	T	Normal flexion	4
	O	Abnormal flexion	3
	R	Extension	2
		None	1
		Not testable	NT
TOTAL			15
Right sizer	P		4
Right reaction:	U		+
Left size:	P		4
Left reaction:	I		+
	L		0
Record right (R) and left (L) separately if there is a difference between the two sides	A	Normal power	0
	R	Mild weakness	
	M	Severe weakness	
	S	Spastic flexion	
		Extension	
		No response	
Record right (R) and left (L) separately if there is a difference between the two sides	L	Normal power	0
	E	Mild weakness	
	G	Severe weakness	
	S	Spastic flexion	
		Extension	
		No response	

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

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**

Affix Patient ID

mi • 316654 v5.1 • GCC0264

NEWS 2 Key | 1 | 2 | 3

| | | |

My Admission Record

NHS Greater Glasgow and Clyde

Nam
Addr 1312526490
MCCLYMONT
Gavin M
10 EVERARD CUADRANT 18/12/1952
DoI Glasgow, Lanarkshire
CH G21 1XP
Affix patient ID label

Hospital: GRI Ward: 43c
Date of Admission: 1/12/22 Time:
Information obtained from: Name:
Patient ☑ Relative ☐ Other ☐ _____
Preferred Name: Gav.
Age: 69 Telephone Number: 0141 389 5357
Consultant: Connelly

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 Relationship: Wife 07900554548 Address: Same address. Telephone: 0141 389 5357 Is this person aware of your admission? ~~07900554548~~ Yes ☑ No ☐ Can we share information with this person? Yes ☑ No ☐	Name: Relationship: NON GIVEN. Address: Telephone: Is this person aware of your admission? Yes ☐ No ☐ Can we share information with this person? Yes ☐ No ☐

Presenting Complaint / Diagnosis

ICU → A. Flutter

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 (4.2cm)
Smoker.
GORD.

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

Nan
Add
1812526490
MCCLYMONT M
Gavin 18/12/1952
DoB 10 EVERARD QUADRANT
Glasgow, Lanarkshire
CHI G21 1XP
Affi

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** ☐

Nam
Addr
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
DoB: Glasgow, Lanarkshire
CHI: G21 1XP
Affix

Lifestyle

Smoking

Are you a: smoker ☑ ex- smoker ☐ when did you stop? _____

Never smoked ☐ 10 CPD.

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: Not bothered

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: Saturday only

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): A R Cleary Signature: A Cleary

Designation: Staff Nurse. Date: 1/12/22

My Assessment Record

Nar
Adc
1812526490
MCCLYMONT M
Gavin 18/12/1952
Dof 10 EVERARD QUADRANT
CHI Glasgow, Lanarkshire
Affi G21 1XP

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?	✓		A: Flutter 2:1 block.

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: _____			

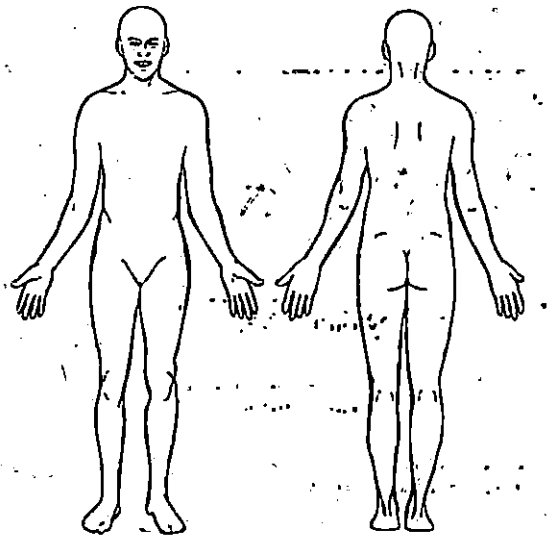
Name: _____
Addres _____
1812526490
MCCLYMONT M
Gavin 18/12/1952
DoB: 10 EVERARD QUADRANT
CHI: Glasgow, Lanarkshire
Affix pa G21 1XP

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?

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

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?

No.

What do you like to eat and drink?

Anything

What do you not like to eat and drink?

Nothing

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		

N: 1812526490
A(
— MCCLYMONT M
— Gavin 18/12/1952
10 EVERARD QUADRANT
D Glasgow, Lanarkshire
C G21 1XP
A:

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?

No.

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

Catheterised @ 21⁰⁰ 1/12/21

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

Na
Ad
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Do Glasgow, Lanarkshire
CH G21 1XP
Aff

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? Tuesday 29th Nov.

How often in a day/week do you have a bowel movement? Per day 1x 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?			

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

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?		✓	Two crowns.
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?			
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems			
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**		✓

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

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?	✓		nytol

Nam
Add 1812526490
MCCLYMONT M
Gavin 18/12/1952
DoB
CHI
Affix patient ID label

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?

No.

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 ☐

Nar
Adc
1812526490
MCCLYMONT
Gavin
M
18/12/1952
DoI
CH
Affi

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.

Alice.

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?

No one.

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?

Keep Alice informed please.

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 ☑

Name:
Addre
1812526490 M
MCCLYMONT 18/12/1952
Gavin
DoB: 10 EVERARD QUADRANT
CHI: Glasgow, Lanarkshire G21 1XP
Affix p

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 ___/___/___

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

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	4AT				
Getting to Know Me – Relatives to complete		✓			
What Matters to Me	✓				
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)		✓			
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan	✓				
Bristol Stool Chart		✓			
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Adult Wound Assessment and Management Chart		✓			
Moving and Handling Assessment	✓				
Falls Risk Assessment	✓				
Bedrail Risk Assessment	✓				

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation
2/12/22 0230	Transferred from ICU for Rate control with atrial flutter. On IV amiodarone maintenance dose - ICU protocol. To remain on this until tomorrow SpR instruction. AMcCoy SN	

Name:
A
1812526490
MCCLYMONT
Gavin
M
18/12/1952
D
Cl
Af

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

Name: _____
Address: _____
_____
_____
DoB: _____
CHI: _____
Affix patient ID label

Clinical Notes (cont.)

Date and Time	Notes	Print Name, Signature and Designation

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: GRI Ward: 43C → 43D	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have 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. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
04/12/22	2300	N	N	N	N	N	N	4 hrly	
05/12/22	0000	N	N	N	N	N	N	4 hrly	
5/12/22	12:00	N	N	N	N	N	N	4 hrly	
7/12/22	15:30	N	N	N	N	N	N	4 hrly	
8/12/22	01:50	N	N	N	N	N	N	4 hrly	
9/12/22	00:45	N	N	Y	N	N	Y	2 hrly	
10/12/22	00:15	N	N	Y	N	N	Y	2 hrly	
11/12/22	11:N	N	N	Y	N	N	Y	2 hrly	
12/12/22	01:00	N	N	N	N	N	N	4 hrly	
13/12/22	00:30	NO	NO	NO	NO	NO	NO	4 hrly	
14/12/22	01:10	N	N	N	N	N	N	4 hrly	
15/12/22	00:10	N	N	N	N	N	N	4 hrly	
16/12/22	00:00	N	N	N	N	N	N	4 hrly	
17/12/22	00:40	N	N	N	N	N	N	4 hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

1812526490
MCCLYMONT Gavin M 18/12/1952

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

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	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: 9/12/22	Check: • Pressure areas 2 hourly. • Skin under medical devices N/A hourly. • Specify medical devices used: Venflon IV · Inis 1 O2 tubing catheter	Specify: • Mattress: Soft • Cushion: — • Detail additional pressure redistributing equipment:	• Reposition 2hrly hourly in bed and chair. • Overnight patient / carer has agreed to repositioning 2Hr hourly • Specify any manual handling equipment used:	• Skin care to be carried out 2hr hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☐ NO ☑ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☑	KMenzies e Dunn BW Date discontinued:
Date Reviewed: 4/12/22	Check: • Pressure areas 4 hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: soft • Cushion: • Detail additional pressure redistributing equipment:	• Reposition 4 hourly in bed and chair. • Overnight patient / carer has agreed to repositioning 4 hourly • Specify any manual handling equipment used:	• Skin care to be carried out 4 hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☑ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☑	A. Sahl A Dallamy Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:

Care Rounds Checklist

Date: 25/12/22

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 [signature] Name Robertson Designation SCA
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach / Ward:

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

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	01 00	AS 08	08 30	12 30	16 30	21 00
	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:	NT	N	N	N	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	I	B				B1
		Chair Assist to walk or stand (W/ST)	I	/	ST I	ST I	ST I	W
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I				I
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N
		Drink taken?	S	S	Y	Y	Y	Y
		Food, snack, or supplement taken?	S	S	Y	Y	N	Y
		Has oral hygiene been carried out as per care plan?	S	S	Y	N	N	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.	S	S	N/A	N/A	N/A	NA
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA
		Care provider / role	NA	NA	[illegible] RN	[illegible] RN	[illegible] RN	[illegible]

Care Rounds Variance Sheet

Attach Address Label

1812526490
MCCLYMONT
Gavin

M
18/12/1952

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

1812526490
MCCLYMONT
Gavin
M
18/12/1952

NHS
reater Glasgow and Clyde

NHSGGC Bedrail Risk Assessment

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrail Guidance (see reverse) and Guidelines for Falls Prevention and Management (Adults).

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

Patient Name:

CHI Number:

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	1/12/22		3/12/22		10/12/22		17/12/22	
	TIME	2030		0915		06.40		0035	
	WARD	43C		43C		43C/GP		43C	
	HOSPITAL	GRI		GRI		GRI		GRI	
SECTION ONE – GENERAL		Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓		✓		–		✓
2	Has the patient requested the use of bedrails?		✓		✓				✓
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?				✓		✓		
4	Is the patient stressed, delirious or restless?				✓		✓		
5	Is the patient small in stature?				✓		✓		
6	Does the patient have an unusually large or small head that might present an entrapment issue?				✓		✓		
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?				✓		✓		
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?			✓		✓			
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition			✓		✓			
10	Has the use of bedrails been discussed with relatives/carers?				✓		✓		
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?				✓		✓		
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?				✓		✓		
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?				✓		✓		✓
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:			LMC a/Q		eG			
16	Bedrails checked by:			L McCABE		eG			
17	Date			3/12/22		10/12/22		24/12/22	

Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

B. If bedralls are to be used, please consider the following:-

Is patient:-

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

1812526490 MCCLYMONT M Gavin 18/12/1952	Hospital: GRI Ward: 43B	**Points to consider:** • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have 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. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
18/12/22	08:00	N	N	N	N	N	N	4 hrly	
19/12/22	00:00	N	N	N	N	N	N	4 hrly	
20/12/22	00:15	N	N	N	N	N	N	4 hrly	
21/12/22	0130	N	N	N	N	N	N	4 hrly	
22/12/22	01:30	N	N	N	N	N	N	4 hrly	
23/12/22	02:00	N	N	N	N	N	N	4 hrly	V. THOMAS
24/12/22	01:00	N	N	N	N	N	N	4 hrly	V. THOMAS
25/12/22	01:15	N	N	N	N	N	N	4 hrly	
26/12/22	01:30	N	N	N	N	N	N	4 hrly	
27/12/22	02:00	N	N	N	N	N	N	4 hrly	
28/12/22	04:50	N	N	N	N	N	N	4 hrly	
/ /	:							hrly	
/ /	:							hrly	
/ /	:							hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan

NHS Greater Glasgow and Clyde

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

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

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan: 19/12/22	Check: • Pressure areas 4 hourly. • Skin under medical devices 4 hourly. • Specify medical devices used: Tubenurse	Specify: • Mattress: soft foam • Cushion: — • Detail additional pressure redistributing equipment:	• Reposition 4 hourly in bed and chair. • Overnight patient / carer has agreed to repositioning 4 hourly • Specify any manual handling equipment used:	• Skin care to be carried out 4 hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree plan with patient / family/ carer YES ☒ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	JM independent Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:
Date Reviewed:	Check: • Pressure areas ____ hourly. • Skin under medical devices ____ hourly. • Specify medical devices used:	Specify: • Mattress: • Cushion: • Detail additional pressure redistributing equipment:	• Reposition ____ hourly in bed and chair. • Overnight patient / carer has agreed to repositioning ____ hourly • Specify any manual handling equipment used:	• Skin care to be carried out ____ hourly. • Specify products required for increased moisture / continence management:	• Optimise nutrition and hydration. • Refer to MUST	• Discuss and agree updated plan with patient / family/ carer YES ☐ NO ☐ • "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued:

1812526490
MCCLYMONT
Gavin
M
18/12/1952

MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)

NHS Greater Glasgow and Clyde

Date 1/12 Time 2030 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	172 cm	☑	☐	
Admission Weight	76 Kg	☑	☐	

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

Patients reported normal weight _____ Unable to Recall ☑

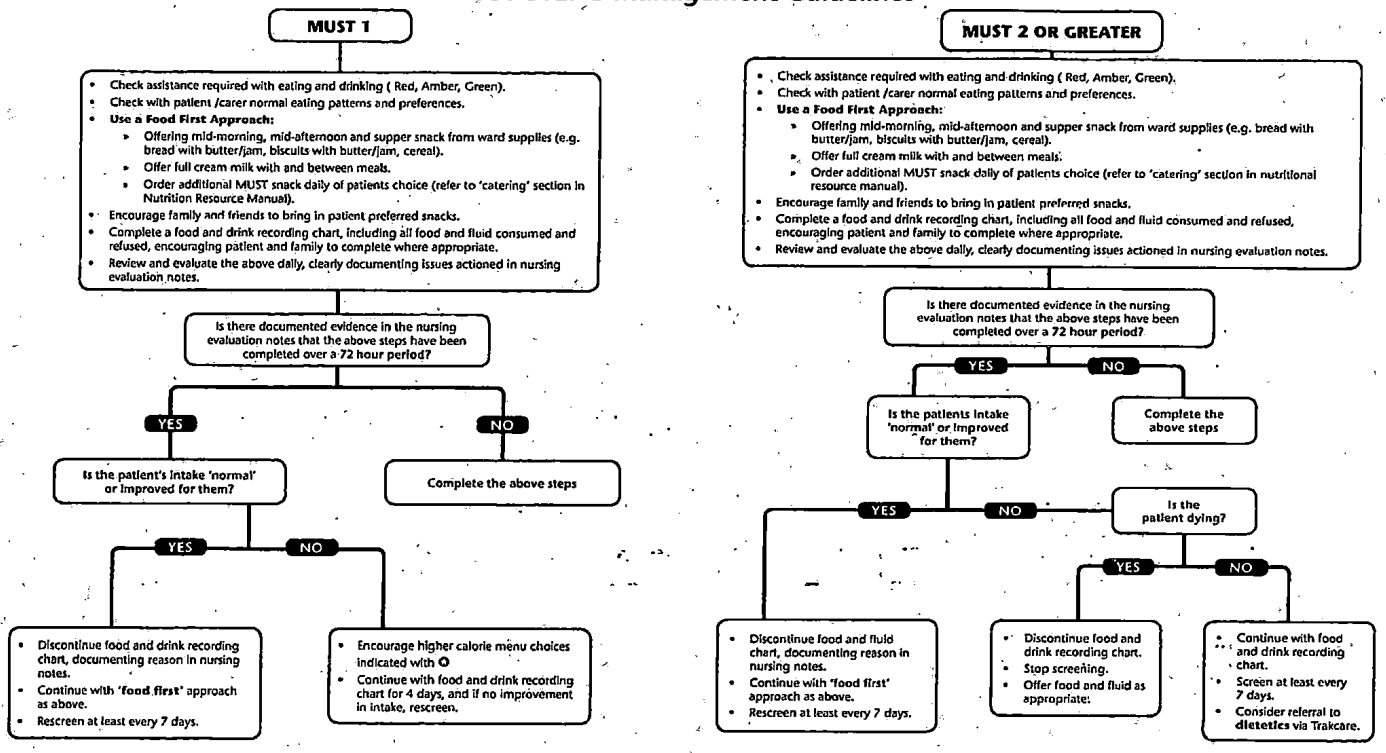
Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☐ Don't Know ☑

Date	1/12	10/12	18/12	26/12				
Time	2030	20.00	0645	10:00				
Ward	43C	43C	43B	43B				
Oedema/ Ascities present Y/N	N	N	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	elx	CH	CH				
Weight (kgs)	76	81	73.35	79.15				
BMI	25	27	25	26.7				
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	0	0	0				
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	0	0	0	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	0	0	0				
Step 4 Overall Risk of Malnutrition TOTAL	0	0	0	0				
Rescreen on	7/12	17/12	25/12	01/01				
Signature	[signature]	[signature]	[signature]	V. Thomas				

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/

mi • 285884 v3.0 • GGC0250

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

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: 43C Date: 1/12/22 Time: 20:30	Ward: 43C GJB Date: 7/12/22 Time: 21:30	Ward: 43B Date: 14/12/22 Time: 20:50	Ward: 23/12/22 GJB Date: 23/12/22 Time: 13:40	Ward: Date: Time: --:--
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	✓	Independent + mobile	INDEP	Independent	
2. Check walking aid (if required) is in reach and in use.	N/A	NA	NA	N/A	
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	within reach. available	within reach + working	IN REACH & WORKING	In reach + working	
4. Check footwear is safe (refer to NHSGGC Footwear guidance).	appropriate ✓	✓	SAFE	Safe.	
5. If glasses are worn, check they are available and in use.	reading glasses	✓	WITH PATIENT	Insitu.	
6. If hearing aid/s are worn, check they are working and in use.	No.	NA	NA	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	A Mulcahy 1/12/22		A Mulcahy 14/12/22		CA 21/12/22		HM 30/12			

Highlight risk of fall at the ward safety brief.

181:526490
MCCLYMONT
Gavin
M
18/12/1952

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

Person Specific (In 1812526490 MCCLYMONT Gavin 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP M 18/12/1952 Handling Assessment Form

Person's Name:		Person is totally independent (tick here and go to data box)	1

1. General Information

Body Build		Problems with comprehension, behaviour, co-operation (specify):
Weight	Height	
76 Kg 25 BMI	172 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 Alerti) ☐			

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

Bed rest at present

	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:	04/12/22	4/12/22	18/12/22
Assessor's signature:			
Proposed Review date:	11/12/22	18/12/22	25/12/22

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 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

	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:	25/12/22		
Assessor's signature:	[signature]		
Proposed Review date:	01/01/22		

NHSGGC Bedrail Risk Assessment

1812526490
MCCLYMONT
Gavin
M
18/12/1952

NHS Greater Glasgow and Clyde

This Risk Assessment Tool is an aide memoire for staff. It should be used in conjunction with the Bedrail Guidance (see reverse) and Guidelines for Falls Prevention and Management (Adults).

Patient Nam

THIS DOCUMENT DOES NOT REPLACE THE NEED FOR CLINICAL JUDGEMENT

CHI Numbe

Use guidance on the reverse of this document when completing this Risk Assessment								
	DATE	24/12/22						
	TIME	12.15						
	WARD	L4D						
	HOSPITAL	GRI						

	SECTION ONE – GENERAL	Y	N	Y	N	Y	N	Y	N
1	Is the patient likely to fall, roll, slip or slide from the bed?		✓						
2	Has the patient requested the use of bedrails?		✓						
	IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED								
	SECTION TWO – COGNITIVE AND PHYSICAL STATUS								
3	Is the patient at risk of climbing out of bed?								
4	Is the patient stressed, delirious or restless?								
5	Is the patient small in stature?								
6	Does the patient have an unusually large or small head that might present an entrapment issue?								
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?								
	IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								
	SECTION THREE – COMMUNICATION								
8	Has the patient been consulted regarding the use of bedrails?								
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition								
10	Has the use of bedrails been discussed with relatives/carers?								
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?								
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?								
	IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE – See Guidance overleaf								

	SECTION FOUR – DECISION MAKING	Y	N	Y	N	Y	N	Y	N
13	Will bedrails be used for this patient at the present time?		✓						
14	Rationale for use of bedrails: (Please insert code in the box on the right)								
	A – Risk of falling from the bed								
	B – Risk of rolling from the bed								
	C – Risk of slipping from the bed								
	D – Risk of sliding from the bed								
	E – Patient request								
15	Bedrail risk assessment completed by:	AD							
16	Bedrails checked by:	AD							
17	Date	24/12/22							

Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here

01/01/23

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

B. If bedrails are to be used, please consider the following:-

Is patient:-

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and-or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

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

GR1
43 C.

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

	Ward GR1 Date & Time 10/12/22 07:30	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time	Ward ____ Date & Time
(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**					
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	GR				

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)

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

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
	Think possible triggers for delirium	Tick box	Tick box	Tick box	Tick box	Tick box
Triggers	**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 CMAWS/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					

mi • 288912
GGC0138

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

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:	not available at present.

Date commenced & signature	1. Breathing and circulation	Date discontinued & signature
2/12/22 AMclay	Monitor RR, O2 Sats, BP every 4 hours as per NEWS.	
	Administer oxygen if Sats < 94%. on RA.	15/12/22 ME
15/12/22 ME	Maintain Sats on room air	
18/12/22 AS	Monitor Rhythm on bloody.	
2/12/22. AMclay	2, 3. Communication and senses Ensure reading glasses are available.	
2/12/22 AMclay	4. Cognitive status 4AT=0 o/A. Reassess if appropriate/as required	

Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature
2/12/22 AMclay	Ask daily - What is important.	
2/12/22. AMclay	5. Hydration and Nutrition Offer regular food and drink - Ensure H2O always available.	
2/12/22 AMclay	6. Elimination 15/12/22 CA - Discuss w/urology if cath required. Urinary retention - Catheter insitu. Monitor output/colour Record Catheter chart daily	7/12/22 AMclay

9/12/22 - Pt refused for re-Catheterisation JK

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

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
2/12/22 AMclay	Independent with hygiene needs. Offer assistance if required.		2/12/22 AMclay	Call bell within reach at all times.	
14/12/22 M	See Prelim		2/12/22 AMclay	10. Sleep and Rest Promote healthy sleep + rest periods.	
2/12/22 AMclay	8. Mobility Restricted currently due to infusions Offer assistance if required. Ensure safe footwear. - has non slip socks	Disc 14/12/22	2/12/22 AMclay	12. Privacy, dignity and sexuality Promote privacy - keep curtain closed while providing personal care. Negotiated care - Please record any planned involvement of patient/family in delivery of care	
14/12/22 M	Independent		2/12/22 AMclay	Record family discussions on separate chart.	

mi • 285668 Version 1.0 • GGC0127

Care Rounds Checklist

Date: 27/12/22

Attach Addressograph Label
1812526490
MCCLYMONT
Gavin
M
18/12/1952
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 GdP Name J. Delapena Designation S/N
2. Signed [illegible] Name [illegible] Designation S/N
3. Signed _____ Name _____ Designation _____

'Must ... if there is anything they want spe...
No thanks

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

			Times	01:30	05:45	09:50	13:20	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:		N	N	N	N	N	N												
		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	Y	Y												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	B	B	B	B	B												
		Chair Assist to walk or stand (W/ST)		/	/	B	B	B	/												
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?		S	S	Y	Y	Y	Y												
		Food, snack, or supplement taken?		S	S	Y	Y	Y	Y												
		Has oral hygiene been carried out as per care plan?		S	S	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	N	Y	Y												
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		S	S	N	N	N	N												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N	N	N	N	N	N												
		Care provider / role		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]												

Care Rounds Variance Sheet

Attach Addre 1812526480 MCCLYMONT Gavin M 18/12/1952

NHS Greater Glasgow and Clyde

Ward:

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
27/	12	(3)	Pt states skin intact.	PC

mi • 278936 v2.1 • CGC0098

Care Rounds Checklist

Date: 26/12/22

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 _____ Name Joy Davis Designation >8hr
2. Signed _____ Name V. THOMAS Designation S/N
3. Signed _____ Name _____ Designation _____

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

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	01:30	05:30	08:30	12:30	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:	N	N	N	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	Y	Y	Y	Y													
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	L			B	B													
		Chair Assist to walk or stand (W/ST)	T	T	ST3 H	ST3 H		✓													
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	N	N													
		Drink taken?	N	N	Y	Y	Y	S													
		Food, snack, or supplement taken?	N	N	Y	Y	Y	S													
		Has oral hygiene been carried out as per care plan?	N	N	Y	N	N	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	Y	Y	Y	Y													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	S	S	N/Y	N/Y	NT	S													
	9	**ESCALATE** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA													
		Care provider / role	JP	AM	BILLY AIN	BILLY AIN	VS SN	[illegible]													

Care Rounds Variance Sheet

Attach A

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
Ward: 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: 28/12/22

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 [signature] Name C Robertson Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

18125264 90
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

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	0/25	05/23	9a																	
	1	THINK DELIRIUM Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N																	
	2	PAIN: assess and address Is the patient distressed or in pain? If YES, inform registered nurse.	N	N	N																	
S	3	SKIN INSPECTION Pressure areas checked:	N	N	NT																	
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/	-	-																	
K	4	KEEP MOVING Has the patient moved or walked?	Y	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	W																	
I	5	ELIMINATION Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	I																	
N	6	FOOD, FLUIDS AND NUTRITION Is the patient nil by mouth?	N	N	N																	
		Drink taken?	S	S	Y																	
		Food, snack, or supplement taken?	S	S	Y																	
		Has oral hygiene been carried out as per care plan?	S	S	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																	
	8	INFORMATION Is there anything else I can help you with? Inform patient of the time of return.	S	S	NT																	
	9	ESCALATION Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA																	
		Care provider / role	[illegible]	N/PN	N	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Care Rounds Variance Sheet

Ati
1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
W 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 • GGC0098

Care Rounds Checklist

Date: 24th/12/2022

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 V THOMAS Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach Addressograph Label

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP 435

NHS Greater Glasgow and Clyde

patient if there is anything they want specifically done today:

Basin

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

		Times	00 50	04 23	8 SUP	12	16 00													
	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	S	N	N	N	N												
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/	/	INT	INT	INT	/												
K	4	**KEEP MOVING** Has the patient moved or walked?	S	S	Y	Y	Y	Y												
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	I	I	L	L	B	B												
		Chair Assist to walk or stand (W/ST)	I	I				/												
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?	S	S	Y	Y	Y	Y												
		Food, snack, or supplement taken?	S	S	Y	Y	Y	Y												
		Has oral hygiene been carried out as per care plan?	S	S	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	S	Y	N	Y	S												
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	N	N	N	NA												
		Care provider / role	SN	SN	SN	SN	SN	SN												

Care Rounds Variance Sheet

Attac
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
Ward 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
24/2			Pt states skin intact -	PC

CMI • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 23/12/22

Attach label

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

Ward: 42b

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 V-THOMAS Designation SW
2. Signed [signature] Name Robertson Designation SIN
3. Signed _____ Name _____ Designation _____

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

No Thanks

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

| | | |

Care Rounds Variance Sheet

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

NHS Greater Glasgow and Clyde

Ward:

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
23/12			Pt [illegible] skin intact.	

Care Rounds Checklist

Date: 22/12/22

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

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

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	20 45	04 45	08 30	12 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													
	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:	NT	NT	N	N	NT													
		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													
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	B			B													
		Chair Assist to walk or stand (W/ST)			ST 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	N	N	N	N													
		Food, snack, or supplement taken?	N	N	N	N	N													
		Has oral hygiene been carried out as per care plan?	N	N	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													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	Y	N/A	N/A	Y													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.			NA	NA														
		Care provider / role	RN	RN	BULLY AIN	BULLY AIN	RN													

Care Rounds Variance Sheet

Attach

1812526490
MCCLYMONT
Gavin
M
18/12/1952

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

Care Rounds Checklist

Date: 21/12/22

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 [signature] Name Leigh Muir Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach [barcode] 1812526490 M MCCLYMONT Gavin 18/12/1952

Ward:

NHS Greater Glasgow and Clyde

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

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

		Times	00	0030	04	08 30	12 30	16 30	20 45
	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					
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B/L	R/L					B
		Chair Assist to walk or stand (W/ST)		/	ST W	ST 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	N
		Drink taken?	N	S	Y	Y	Y	Y	Y
		Food, snack, or supplement taken?	N	S	Y	Y	N	Y	Y
		Has oral hygiene been carried out as per care plan?	N	S	Y	N	N	Y	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	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	S	N/A	N/A	N/A	N/A	Y
	9	**ESCALATE** any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA	
		Care provider / role			Bally RN	Bally RN	Bally RN		

Care Rounds Variance Sheet

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

Care Rounds Checklist

Date: 20/12/22

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 [signature] Name [illegible] Designation DSCN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

Ward: G4

NHS Greater Glasgow and Clyde

'Must dos' for me. Ask the patient if there is anything they want specifically done today:
No thanks

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

			Times	8	11	14	18	21:30																
	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	Y	N																
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		Int	Int	Int	M																	
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	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)					/	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?		Y	Y	Y	Y	Y																
		Food, snack, or supplement taken?		Y	Y	Y	Y	Y																
		Has oral hygiene been carried out as per care plan?		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																
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		Y	N	N	N/ No	N/Y																
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N	N	N	No	NA																
		Care provider / role		[illegible]	[illegible]	[illegible]	[illegible]	SCRUTT RN																

Care Rounds Variance Sheet

Att 1812526450 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
2d12		(3)	Pt feels skin intact.	PC

mi • 278936 v2.1 • GGC0098

Adult Peripheral Vascular Cann

Insertion and Maintenance Care Plan

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

CHI: _____
Address: _____
Hospital: GRI

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: 20/12/22 Hospital: GRI Area: ED ☐ Theatre ☐ ITU/HDU ☐ Ward ☐ 43B 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: Verbal

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 21/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	M
Day 1 Check 2 Night 21/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	MK
Day 2 Check 1 Day 22/12/22	Yes ☑ No ☐ If No, remove PVC and record date and reason*.	VIP: 0	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☑	ME
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: 22/12/22

*Reason For Removal: Not required

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

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde.

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

Ward: 43B

Discharge destination: Home.

Estimated Discharge Date (1) / /

Estimated Discharge Date (2) / /

Final date of discharge : 28 / 12 / 22

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

Time of Discharge: 12 noon

Nurse's signature: A Bonnar Designation: RGN Date: 28 / 12 / 22

NHSGGC NEWS - National Early Warning Score

NHS Greater Glasgow and Clyde

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

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Patient on home oxygen Y ☐ N ☐

If yes, add details of oxygen therapy

Document all actions and interventions

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
In 12 Hourly observations	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
	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

ntinuation of NEWS

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

.....

.....

.....

Pupil Reaction and size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date:
Time: 11/4 11.00

Eyes closed by swelling = NT	E Y E S	Spontaneously	4
		To sound	3
		To pressure	2
		None	1
		Non testable	NT
Endotracheal tube or tracheostomy = NT	V E R B A L	Orientated	5
		Confused	4
		Words	3
		Sounds	2
		None	1
		Non testable	NT
Always record the best response	M O T O R	Obeys command	6
		Localising pressure	5
		Normal flexion	4
		Abnormal flexion	3
		Extension	2
		None	1
		Non testable	NT
TOTAL	15		
Right size:	P U P I L	Normal power	4
Right reaction:		Mild weakness	3
Left size:		Severe weakness	2
Left reaction:		Spastic flexion	1
		Extension	0
Record right (R) and left (L) separately if there is a difference between the two sides	A R M S	No response	•
		Normal power	4
		ADM weakness	3
		Severe weakness	2
Record right (R) and left (L) separately if there is a difference between the two sides	L E G S	Spastic flexion	1
		Extension	0
		No response	•

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

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**

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

ffn • 316654 v5.1 • GCC0264

NEWS 2 Key	1	2	3

Date	1/11	14/11	14/11	14/11	15/11	15/11	15/11	15/11	16/11	16/11	17/11	17/11	18/11	18/11	18/11	19/11	19/11	20/11	20/11	21/11	21/11	22/11	22/11	23/11
Time	11.00	0400	0800	1400	2000	0000	0400	0800	1200	1600	2000	0000	0400	0800	1200	1600	2000	0000	0400	0800	1200	1600	2000	0000

A + B Respirations Breaths/min

≥25	3
21-24	2
12-20	0
9-11	1
≤8	3

A + B SpO2 Scale 1 Oxygen saturation (%)

≥96	0
94-95	1
92-93	2
≤91	3

SpO2 Scale 2 Oxygen saturation (%) Use Scale 2 if target range is 88-92% e.g. in chronic hypercapnic respiratory failure

Only use scale 2 under direction of qualified clinician

≥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

C Blood Pressure mmHg Score uses systolic BP only)

≥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

C Pulse Beats / min

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

A Alert	0
C New Confusion	3
V Verbal	3
P Pressure	3
U Unresponsive	3

E 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

NEWS Total	0	4	5	1	2	3	3	5	5	3	1	0	2	1	1	1	2	2	1	0	3	3	2	1	4	2	1	1	1	2	3	2	3

Blood glucose	7.0																																
Pain / function score	0A	0	0	0	0	0	0	0	0	0	0	0	–	–	/	–	–	0	0	0	0	0	V	N	N	0	0	0	–	–	/	/	
Time Pt last passed urine	10.20	PU	PU	Y	Y	Y	Y	Y	Y	Y	Y	✓	–	Y	–	–	N	✓	✓	✓	PU	V	✓	N	N	PU	PU	PU	–	–	✓	✓	
Fluid balance chart indicated Y/N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	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	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Time NEWS due	23.00	06 00	10 00	20 00	06 00	12 00	16 00	20 00	00 00	04 00	08 00	12 00	16 00	20 00	00 00	04 00	08 00	12 00	16 00	20 00	00 00	04 00	08 00	12 00	16 00	20 00	00 00	04 00	08 00	12 00	16 00	20 00	00 00
Escalation of care Y / N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Initials	AB	RJ	RJ	KL	AB	AB	KL	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ	RJ

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

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

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)

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

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

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1812526480
MCCLYMONT Gavin
M
18/12/1952

	Date	Ward	Time
Admitted	20/12/22	Recovery	1320
Transferred			
Transferred			
Transferred			
Transferred			

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

Document all actions and interventions

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

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

tinuation of NEWS

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

.....

.....

.....

Glasgow Coma Scale

Pupil Reaction and size
S = sluggish, + = reaction, – = no reaction, C = eyes closed
Pupil Size (mm): 1 2 3 4 5 6 7 8

| | | |

NEWS 2 Key 1 2 3

Affix Patient ID

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

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

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP initials ONLY:
Date:

Patient on home oxygen Y☐ N☐

If yes, add details of oxygen therapy

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:.....

Pupil Reaction and Size

s = sluggish
+ = no reaction
c = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

		11/1	11:00
Date:			
Time:			
Eyes closed by swelling = NT	E Y E S	•	
Endotracheal tube or tracheostomy = NT	V E R B A L	•	
Always record the best response	M O T O R	•	
TOTAL		15	
Right size: Right reaction: Left size: Left reaction:	P U P I L	4 + 4 +	
Record right (R) and left (L) separately if there is a difference between the two sides		•	
Record right (R) and left (L) separately if there is a difference between the two sides		•	

Spontaneously 4 | To sound 3 | To pressure 2 | None 1 | Not testable NT

Orientated 5 | Confused 4 | Words 3 | Sounds 2 | None 1 | Not testable NT

Obeys command 6 | Localises pressure 5 | Normal flexion 4 | Abnormal flexion 3 | Extension 2 | None 1 | Not testable NT

Normal power | Mild weakness | Severe weakness | Specific Action | Extension | No response

Normal power | Mild weakness | Severe weakness | Specific Action | 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**

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

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

mi • 316654 v5.1 • GGC0284

NEWS 2 Key | 1 | 2 | 3

| | | |

Emergency Department Nursing Documentation

Presenting Complaint - Abdo Pain

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

Pat

1812526490
MCCLYMONT M
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. Hutchins	

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:

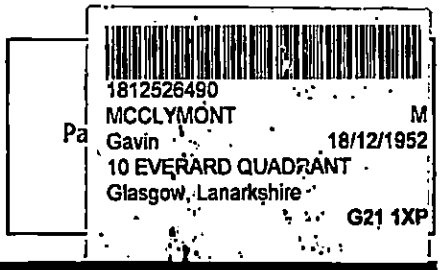
- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

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

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 ~	AT
22:50	Patient D/w Urology and accepted. Wife	
	present in Department and informed.	MH/SN
23.10	Pt comfortable at present, OBS	
	obtained and charted pt NEWS 7	
	at present ~	

Nursing Notes

Date and Time		Print Name and Signature
00·45 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
D Gavin 18/12/1952
V 10 EVERARD QUADRANT
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 BRC

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

W MCCLYMONT M
Na Gavin 18/12/1952
D(10 EVERARD QUADRANT
W: Glasgow, Lanarkshire 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**
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

Adult Peripheral Vascular Cannula

Insertion and Maintenance Care Plan

Write 1812526490
Nam MCCLYMONT
DOB: Gavin 18/12/1952
Ward: 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XF
Address: _____
Hospital: _____

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 ☑ changed	Yes ☐ No ☐ N/A ☑	MC
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: _____
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 ☑	KM
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 ☑	KM
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

Wri 1812526490
Nai MCCLYMONT M
Adi Gavin 18/12/1952
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: 11/12/22 – 2200	Urethral Urinary Catheter inserted Hospital GRI ED ☐ Theatre ☐ ITU/HDU ☐ Ward 43C.	Gauge: 16.	10 mls in balloon	Inserted by: [illegible] ARCHARY S/N. (Print name & designation [if known])
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 ☐	16 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 ☐	[illegible] (SN)
Day 2 3/12/22	43C	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	[illegible]
Day 3 4/12/22	43C	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	[illegible] SN (Band 5)

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 Shn
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	0725	0750																			
	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		GD SHN	GD SHN																			

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 • CGC0098

Care Rounds Checklist

Date: 19/12/22

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 _____ Name Joy Evans Designation Sty
2. Signed _____ Name N Elliott Designation SN
3. Signed _____ Name _____ Designation _____

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

NHS Greater Glasgow and Clyde

'Must dos for the ... int 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	0010	0415	1160	1800	2200															
	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	Y	Y	Y															
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	L	-	B	B															
		Chair Assist to walk or stand (W/ST)			U	T	/															
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	N	N	N	N															
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA															
		Care provider / role	SN	SN	SN	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

mt • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 18-12-22

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

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

NHS Greater Glasgow and Clyde

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

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

			Times	08	10	12	16	20															
	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	B	B	B	B															
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	RN	RN	RN	RN	RN															

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

mi • 278936 v2.1 • GCC0098

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 [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	03 50	07 30	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														
	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	M	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/A	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]	BULLET RN	BULLET RN														

Care Rounds Variance Sheet

Attach Addr
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
[illegible]				
17/12/22	3		PATIENT STATES PRESSURE AREAS OK.	J MOORE.

mi • 278936 v2.1 • CGC0098

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 CANDESON 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: 4R3

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	06	09 30	13 30	16 30	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/T		N/T	N/T	N/T	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		N	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	N/A	N/A	NA	NA											
		Care provider / role	KG						Bailey 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
16/12/22	16^{20}	3	Patient Independently, relieves Pressure Area, Referred Skin checks —	Bgw

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 15-12-22

1812526490
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 CA Name CANDYBOON Designation SN
2. Signed NEL Name NELLIE Designation SN
3. Signed _____ Name _____ Designation _____

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

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

		Times	04 00	08 45	12 30	16 10	18 55	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													
		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													
		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	Y	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	NK	NK	NK	NK	Y													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA														
		Care provider / role	HCSW RMN	NA	RN	RN	RN	CA													

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

278936 v2.1 • GGC0098

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 Leigh Mc 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:

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

		Times	01W	5am	09 30	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	SA	SA	B		B											
		Chair Assist to walk or stand (W/ST)			CH	CH	T	SW												
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	H											
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	CA	CA	JM	JM	JM	BILLY RGN	BILLY RGN											

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 • GGC0098

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 _____ Name _____ Designation SW
3. Signed _____ Name _____ 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 05	05.09 08.00	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)		—	—	M	✓	INT	INT															
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y	Y	Y	I															
		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															
		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.		NT	NT	N	N	NT	N															
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA	NA	NA	NA															
		Care provider / role		RN	RN			NT SW	N SW															

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 • GCC0098

Care Rounds Checklist

Date: 12-12-22

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 _____ Name GONZON Designation NEW
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

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

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	00 40	04 00	08 00	10 45	12 40	14 30	18 30	21 50										
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	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	N										
S	3	**SKIN INSPECTION** Pressure areas checked:	N	N	Y	Y	Y	N	N	I										
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	/	/	R	R	R	–	INT	=										
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y	Y										
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	B	B	chair	chair	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	bath A	bath	bath	bath	I	I										
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N	N										
		Drink taken?	N	Y	Y	Y	Y	Y	Y	Y										
		Food, snack, or supplement taken?	N	Y	Y	N	Y	N	Y	N										
		Has oral hygiene been carried out as per care plan?	I	I	✓	NA	NA	NA	I	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	Y										
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	NT	NT	NT	NT	NT										
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	NA	NA	NA	NA	NA										
		Care provider / role	GG	GG	CH	CH	CH	CH	MK	LS										

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
~~0800~~				
12/11/22	0800	3	applied cream on sacrum, heels, and elbow as all are red wearing boots	Littlewood

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 11/12/22

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 [signature] Name E. Dawson Designation DA
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach Addr

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

Ward: 43C

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	00 45	02 30	04 30	06 10	08 00	10 00	11 35	12 45	14 30	16 20	17 30	19 35	21 35					
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	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	N	N	N	N	N	N					
S	3	**SKIN INSPECTION** Pressure areas checked:	Y	N	N	Y	Y	Y	Y	N	N	N	N	Y	Y					
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	R		I	INT	R	R	R	—	—	R	R	INT	INT					
K	4	**KEEP MOVING** Has the patient moved or walked?	R	R	R	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y					
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	L		B	R	L	B	B	B	B	B	B	B					
		Chair Assist to walk or stand (W/ST)		I			—	—	—	—	—	—	—	I	—					
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		R	R	R	both	both	both	both	both	both	both	I	I					
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N	N	N	N	N	N	N					
		Drink taken?	N	N	N	N	Y	N	Y	Y	Y	Y	Y	Y	Y					
		Food, snack, or supplement taken?	N	N	N	N	Y	N	N	Y	N	N	Y	Y	N					
		Has oral hygiene been carried out as per care plan?	N	N	N	N	NA	NA	NA	NA	NA	NA	NA	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	Y	Y	Y	Y	Y	Y					
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NS	NS	NS	NS	NT	NT	NT	NT	NT	NT	NT	NT	NT					
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N/A	N/A	N/A	N/A	NA	NA	NA	NA	NA	NA	NA	NA	NA					
		Care provider / role	CS RN	CS RN	CS RN	CA	CA	CA	CA	CA	CA	CA	CA	CA	CA					

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

Care Rounds Checklist

Date: 10/12/22

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 K Menzies Name Kim Menzies Designation Student nurse
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach

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

43C
Ward: 43C

NHS Greater Glasgow and Clyde

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

Nothing today

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

		Times	01:00	03:30	06:30	08:30	10:30	12:30	14:30	16:30	20:30	22:40	23:30		
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.	N	N	N	N	N	N	N	N	N	N	N		
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.	Y	N	N	N	N	N	N	N	N	N	N		
-S-	-3-	**SKIN INSPECTION** Pressure areas checked:	N	N	Y	N	N	N	N	Y	Y	N	Y		
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT		R	/	/	/	/	R	PU		R		
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	L	B	L	B	B	B	B	B	B	B	R		
		Chair Assist to walk or stand (W/ST)			R	T	T	T	T	ST	I	I	T		
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	R	AI	I	I	I	I	I	I	R		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N	N	N	N	N	N	N		
		Drink taken?	Y	N	N	Y	Y	Y	Y	Y	Y	Y	N		
		Food, snack, or supplement taken?	N	N	N	Y	Y	Y	Y	Y	Y	N	N		
		Has oral hygiene been carried out as per care plan?	N	N	N	Y	-	NA	NA	NA	-	-	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	Y	Y	Y	Y		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	NT	Y	NT	NT	NT	NT	NT	N	NT	NT		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	-	NA	NA	NA	NA	NA	NA	NA	N	NA	NA		
		Care provider / role													

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
10/12/22	06[30]	3	Seaward area untidy: not -what	
		(8)	Pyrexial T 39. -gw informed & IV-fluids -> r/w fyrz	E Thomson RC
10/12	10[30]	(8)	pt Refused wash at present — not feeling up to it.	removed

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 9/12/22



Attach Ad 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
Ward: 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 KM Name Kim Menzies Designation Student nurse
2. Signed JR Name J Hughes Designation
3. Signed Name Designation

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

Nothing today

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

			Times	20:00	22:00	00:00	02:00	04:00	06:00	08:00	10:00	12:00	14:00	16:00	18:00	20:00
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		N	S	S	S	N	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	S	S	S	N	N	N	N	N	N	N	N	
S	3	**SKIN INSPECTION** Pressure areas checked:		Y	N	N	N	Y	Y	Y	N	N	N	Y	Y	
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		NT	—	—	—	Int	R/I	R/I	—	—	—	R/I	NT	
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	L	B	B	B	R	B	B	B	B	B	L	
		Chair Assist to walk or stand (W/ST)		-	ST	I	I	—	—	—	—	—	—	—	—	
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		A	I	I	I	A	A	A	A	A	A	A	A	
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N	N	N	N	N	N	N	N	N	N	N	
		Drink taken?		Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	
		Food, snack, or supplement taken?		N	N	N	N	Y	N	N	N	N	N	Y	N	
		Has oral hygiene been carried out as per care plan?		NA	N	N	N	Y	NA	NA	NA	NA	NA	NA	N/A	
	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	Y	Y	Y	Y	Y	
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	NT	NT	N	NT	NT	NT	NT	NT	NT	NT	NT	
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA	N	NA	NA	NA	NA	NA	NA	NA	NA	
			Care provider / role	KM	KM	KM	G	CH	CH	CH	CH	CH	CH	CH	CH	

Care Rounds Variance Sheet

Attac

1812526490 M
MCCLYMONT 18/12/1952
Gavin
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 • GGC0098

Care Rounds Checklist

Date: 8/12/22 (142)

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

Ward: 43C

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 CA Name CANDERSON Designation S/N
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	07	09	09/12	16	20	22												
	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:	N	N	N	N	N	N	Y											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	I	I	I	I	I	I	INT											
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	B	CA	B	BRCM	B	B											
		Chair Assist to walk or stand (W/ST)			I	I	I	I	I											
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	IC											
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	Y											
		Food, snack, or supplement taken?	N	N	Y	N	N	Y	Y											
		Has oral hygiene been carried out as per care plan?	N	N	I	N	N	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	Y											
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	Y	Y	NT	NT	NT	NT	NT											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.			NA	NA	NA	NA	NA											
		Care provider / role	CA	CA	DC	DC	CA	CA	CA											

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
8/12		3	Pt states skin intact	
	0900	3	Patient declined skin check states is fine	RB

mi • 278936 v2.1 • CGC0098

Care Rounds Checklist

Date: 7.12.22

Attach Ad [redacted]
1812526490
MCCLYMONT
Gavin M
18/12/1952

Ward: 73C

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 ARCHARY Designation SN.
2. Signed [redacted] Name [redacted] Designation [redacted]
3. Signed [redacted] Name [redacted] Designation [redacted]

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

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

		Times	21:30	23:45	5:10	11:15	20:40													
	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:	NT	N	NT	NT	NT													
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	-	-	NT	NT	-													
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y													
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	I	I	ST	ST	I													
		Chair Assist to walk or stand (W/ST)	I	I	CH	CH	I													
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	I	I	A	A	I													
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N													
		Drink taken?	Y	Y	Y	Y	Y													
		Food, snack, or supplement taken?	N	N	Y	Y	Y													
		Has oral hygiene been carried out as per care plan?	N	N	I	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													
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	N	N	N	N	N													
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	N	N	N	N													
		Care provider / role	SN	SN	SN	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

278936 v2.1 • CGC0098

Care Rounds Checklist

Date: 06-12-22

Attach Addr

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

Ward: 43C

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 ARChary Name ARChary 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:

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

			Times	0200	0600	0830	1000	1200	1600	1820	2210										
	1	**THINK DELIRIUM** Is the patient more confused or drowsy than normal? If YES, inform registered nurse.		S	N	N	N	N	N	N	N										
	2	**PAIN: assess and address** Is the patient distressed or in pain? If YES, inform registered nurse.		S	N	N	N	N	N	N	N										
S	3	**SKIN INSPECTION** Pressure areas checked:		N	Y	Y	Y	N	NT	Y	Y										
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		S	Int	Int	/	/	I	Int	Int										
K	4	**KEEP MOVING** Has the patient moved or walked?		Y/R	Y	Y	Y	Y	Y	Y	Y										
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		R	B	L (Again)	B	B	I	B	B										
		Chair Assist to walk or stand (W/ST)				4	I	I	/	I	I										
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		A	A	A	I	A	I	I	I										
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		S	N	N	N	N	N	N	N										
		Drink taken?		S	Y	Y	I	Y	I	Y	Y										
		Food, snack, or supplement taken?		S	N	Y	I	Y	I	Y	Y										
		Has oral hygiene been carried out as per care plan?		S	I	Y	I	NA	I	NA	/										
	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	Y										
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		S	NT	NT	Y	NT	Y	NT	NT										
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N	N	NA	N	NA	N	NA	NA										
		Care provider / role		AC SN	AC SN	CA HCA	HCA	CA HCA	HCA	CA HCA	CA HCA										

Care Rounds Variance Sheet

Attach Addr
1812526490
MCCLYMONT
Gavin
M
18/12/1952

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
06/12	0200	3.	Gavin asleep during care rounds. Independently mobilising in bed therefore skin not inspected as to promote sleep + rest.	Allay ACHARY

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 05/12/22

Attach 1812526490 MCCLYMONT Gavin M 18/12/1952

NHS Greater Glasgow and Clyde

Ward: 43c

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 Kate Lilley Name KATEY LILLEY Designation S/N
2. Signed _____ Name _____ Designation _____
3. Signed ARChary Name ARChary Designation SN

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

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

		Times	0130	05	0830	12	16	20														
	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	NT	NT	NT	Y														
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	W+	I		NT	NT	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	I	B	CH	CH	B	L														
		Chair Assist to walk or stand (W/ST)	/	/	A	St	→															
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	Cath	Cath	Cath	RU	L	Cath														
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	N	Y	Y	Y	N														
		Has oral hygiene been carried out as per care plan?	I	/	Y	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.	Y	NT	NT	NV	V	NT														
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	NA	NA	NA	V	V	N														
		Care provider / role	KL	KL	KL	V	V	KL 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

14/1

Care Rounds Checklist

Date: 4.12.22

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 [signature] Name MREYNOLDS Designation SCN
2. Signed _____ Name _____ Designation _____
3. Signed _____ Name _____ Designation _____

Attach Addre [barcode] 1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
Ward: 43C Glasgow, Lanarkshire
G21 1XP

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	09	10	14	18	21
	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:	Y	Y	N	N	NT
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)	INT	INT	✓	—	✓
K	4	**KEEP MOVING** Has the patient moved or walked?	Y	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B	B	L	B	B	B
		Chair Assist to walk or stand (W/ST)	—	ST	St	—	✓
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC	C	bath	A	N	bath
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?	N	N	N	N	N
		Drink taken?	Y	Y	Y	N	Y
		Food, snack, or supplement taken?	N	N	N	N	Y
		Has oral hygiene been carried out as per care plan?	N	NT	N	N	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
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.	NT	NT	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.	N	NA	NA	NA	NA
		Care provider / role	HCA	SCN	SCN	HCA	SCN

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

Care Rounds Checklist

Date: 8/12/22

Attach patient label

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

Ward: 43C

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 ALclary Name ARCleary Designation SN.
2. Signed LMcCombe Name L.mccombe Designation SN
3. Signed _____ Name _____ Designation _____

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

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

			Times	06	08	10	12	16	18	22
	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	S	N	N	N	Y
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		INT	INT	S	-	-	-	INT
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	S	Y	Y	Y	Y
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		R	B	S	B	R	B	L
		Chair Assist to walk or stand (W/ST)			-	S	-	-	-	-
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		A	IC	S	C	C	C	IC
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N	S	N	N	N	N
		Drink taken?		Y	Y	S	Y	Y	Y	Y
		Food, snack, or supplement taken?		N	N	S	N	Y	Y	Y
		Has oral hygiene been carried out as per care plan?		N	N	S	-	-	-	T
	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	S	Y	Y	Y	Y
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	NT	S	NT	NT	NT	NT
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		N	NA	S	NA	NA	NA	NA
		Care provider / role		SN	SN	S	SN	SN	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

mi • 278936 v2.1 • GGC0098

Care Rounds Checklist

Date: 2/12/22

Attach Adc

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

43C
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 LMcCreadie Name LEAH MCCOMBE 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:
Pain Relief

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

			Times	01 00	05 00	09 00	13 30	16 10	20 30	23 20											
	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:		N	Y	N	Y	N	Y	Y											
		Red (R) / Discoloured (D) / Pressure Ulcer (PU) / Intact (INT) / Moisture (M)		-	INT	-	INT	-	INT	INT											
K	4	**KEEP MOVING** Has the patient moved or walked?		Y	Y	Y	Y	Y	Y	Y											
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		L/B	B	R	B	B	L	R											
		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		cath	cath	C	C/H	cath	cath	cath											
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	Y											
		Food, snack, or supplement taken?		N	N	Y	Y	N	Y	N											
		Has oral hygiene been carried out as per care plan?		-	NT	NT	NA	NA	NT	-											
	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.		NT	NT	NT	NT	NT	NT	NT											
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	NA	NA	NA	NA	NA	NA											
			Care provider / role	LMcC	LMcC	LS	CH HCA	CH HCA	LMcC	LMcC											

Care Rounds Variance Sheet

Attach

1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
Ward: 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
2/12/22	0200	2	c/o pain from urethral site - instillagel administered to tip of penis and further oramorph given.	A Allan SN.

mi • 278936 v2.1 • GGC0098

Fluid Balance Chart

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

Hospital: GRI
Ward: 43
Date: 13/12/12

Reason for Fluid Balance Chart _____

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: _____

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										320						320ml	
03:00																	
04:00																	
05:00																	
06:00																	
07:00	Bfast	150						150	150								
08:00	Water	80						80	230	UT							AL
09:00																	
10:00	Tea	200							430								
11:00																	
12:00	Lunch	240							670	NPU							PHS
13:00																	
14:00	Water	50							720								
15:00										UT							AL
16:00																	
17:00	Supper	200							920								
18:00	Water	50							970								
19:00																	
20:00	tea	200							1170	477							
21:00	water	150							1230								
22:00					IV Abx	250ml			1480ml								
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

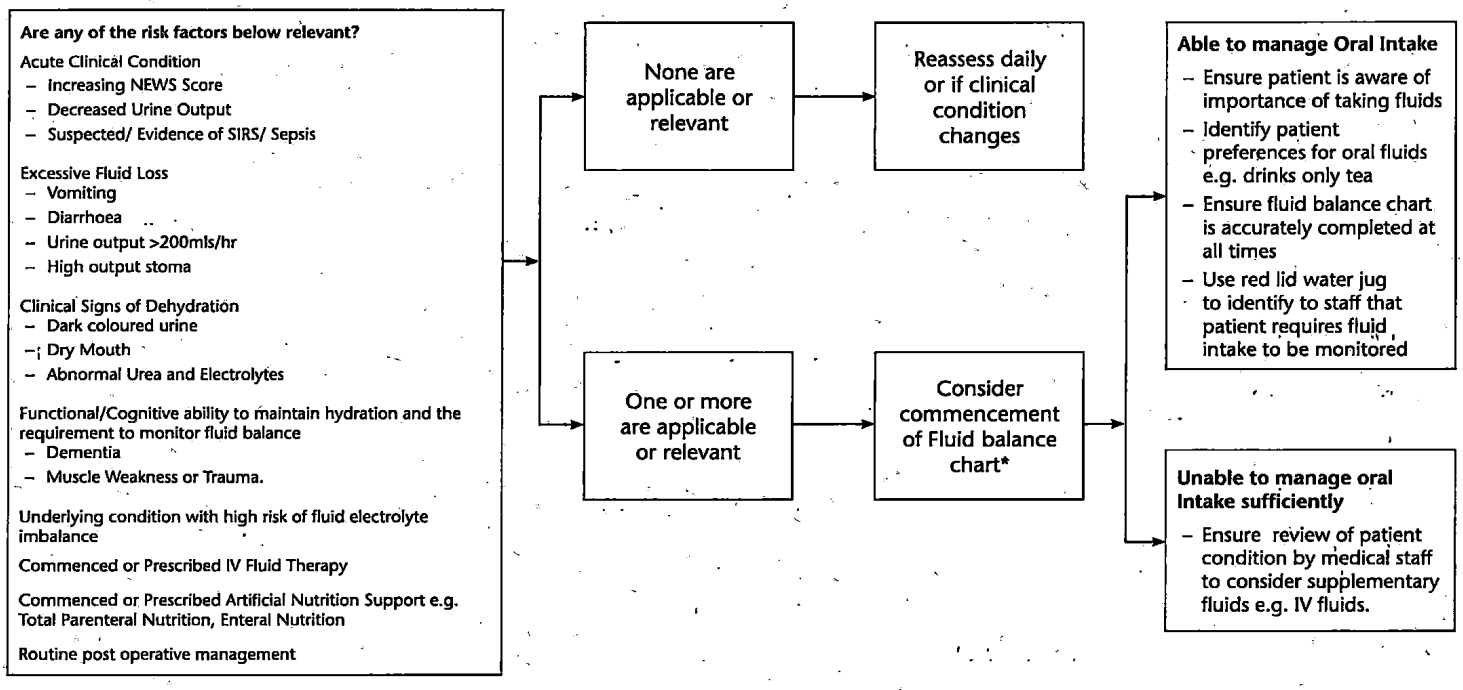
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: GRI
Ward: 43C
Date: 12-12-22

Reason for Fluid Balance Chart: Aflutter
Is patient fluid restricted? Yes ☐ No ☐ IV fluids
If yes how many mls in 24 hours? _____

Fluid balance from previous 24hrs
(+) 291 c.

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: _____

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					83				83	458						458	GD
01:00					83				166	140						598	
02:00					83				249							998	
03:00					83				332	400						J	GD
04:00																	
05:00										380							
06:00										340							
07:00	Toast	200							532	250							
08:00																	
09:00																	
10:00										UTI	(Patient got up to the toilet)						DM
11:00																	
12:00	LUNCH	250							782	UTI							
13:00																	
14:00	Tea	260							1042								
15:00																	
16:00																	
17:00	Supper	200							1242	UTI							DM
18:00																	
19:00																	
20:00	Tea	200							1442	UTI							GD
21:00																	
22:00																	
23:00																	
								*Total Intake							*Total Output		

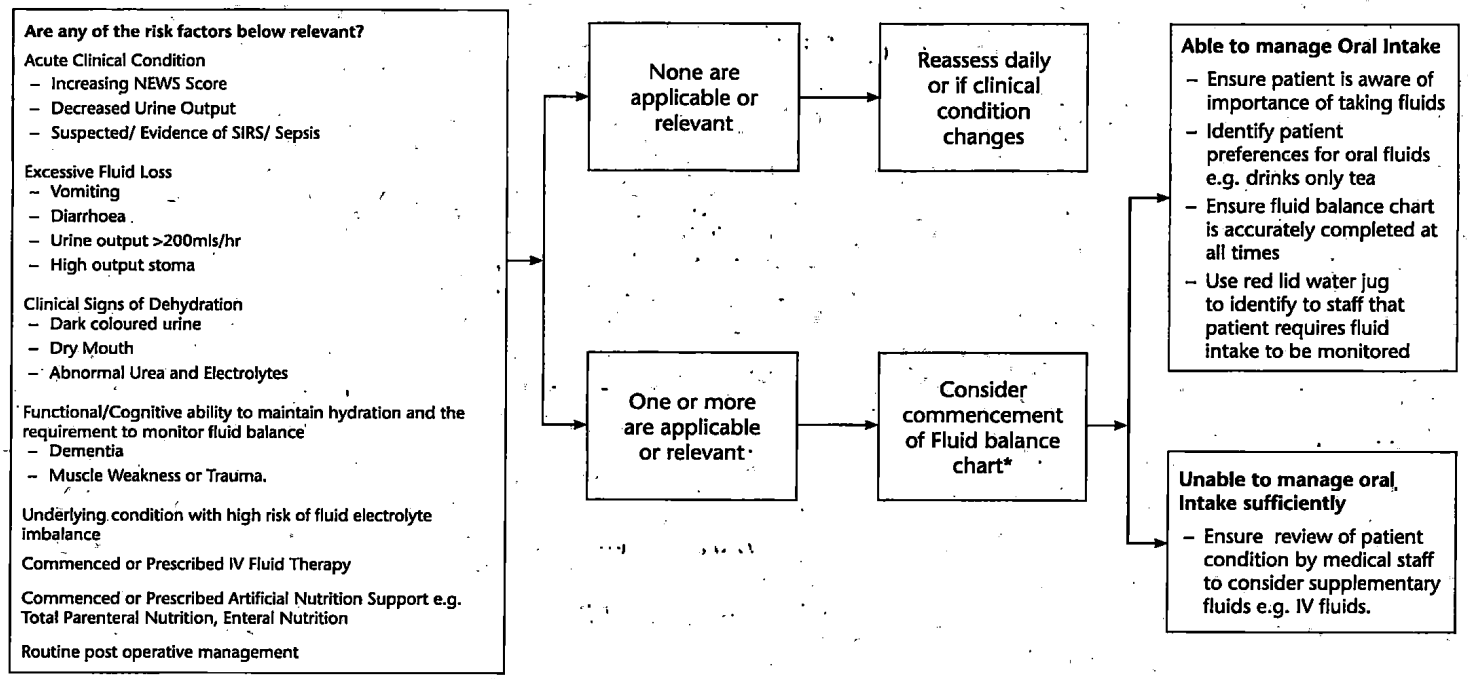
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Fl[illegible] Balance Chart

1812526490
MCCLYMONT Gavin M
16/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

Hospital: Gen P/
Ward: 43 C
Date: 11.12.22

Reason for Fluid Balance Chart _____
Is patient fluid restricted? Yes ☐ No ☐
If yes how many mls in 24 hours? _____
Fluid balance from previous 24hrs +/- + 348

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				125													
02:00				125													
03:00				125													
04:00				125					560	181	Faecal Haemorrhage					181	
05:00				83.3						49	Faecal Haemorrhage					230	as
06:00				83.3	R30	IV-Augmentin		250	916.6								
07:00	1/2 Fruit			83.3													
08:00				83.3				[illegible]									
09:00	Water	60		83.3					976								
10:00				83.3													
11:00				83.3						220						450	CH
12:00	Lunch	250		83.3					1176								
13:00				83.3													
14:00	Suppe	140		83.3					1316								
15:00				83.3						280						730	CH
16:00				83.3													
17:00	Dinner	200		83.3					1516								
18:00	Tea	260							1776								
19:00																	
20:00	Tea	200		83.3					2059.3	580						1310	GD
21:00				83.3					2142.6								
22:00				83.3	IVABX	250			775.9	240						1550	
23:00				83.3					2309.2	468						2018	GD
								*Total Intake	2309.2						*Total Output	2018	

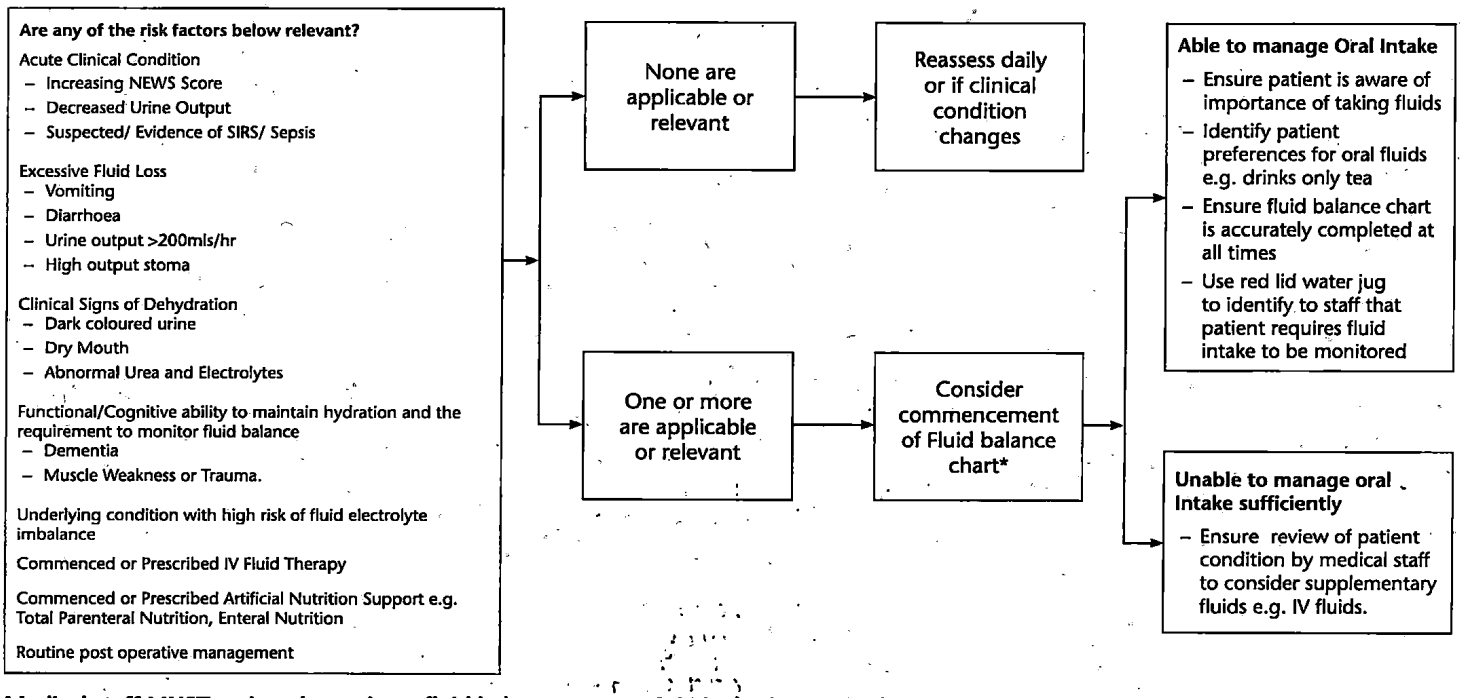
*24 hr Fluid Balance (+/-) 291.2

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

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

Fluid Balance Chart

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

Hospital: ARI
Ward: 43C
Date: 10/12/22

Reason for Fluid Balance Chart _____

Is patient fluid restricted? Yes ☐ No ☐

If yes how many mls in 24 hours? _____

Fluid balance from previous 24hrs
+/- _____ + 695mls.

Does patient require thickened fluids?
Yes ☐ No ☐ Stage _____

NHS Greater Glasgow and Clyde

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: JH Designation: S/J

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					IVF	500			500	500mls.						500mls	VM
02:00																	
03:00																	
04:00																	
05:00	Tea	50															
06:00					IVF	500	IV-Anti-B	250	1200								
07:00					IVF	250			1550	222						722	JH
08:00	Bkft	200							1750								
09:00																	
10:00	Tea	140							1890	729						1451	MS
11:00																	
12:00	Lunch	240							2130	479						1930	MS
13:00																	
14:00	Tea	200							2330								
15:00										267						2197	MS
16:00		9								7							
17:00																	
18:00																	
19:00		0															
20:00	Tea	150						100	2430	0							
21:00					IV-Fluids	250				635	Haemolysed					2832	as
22:00						250	IV-Anti-B		2930								
23:00					IV-Fluids	250			3180								
								*Total Intake	3180						*Total Output	2832	

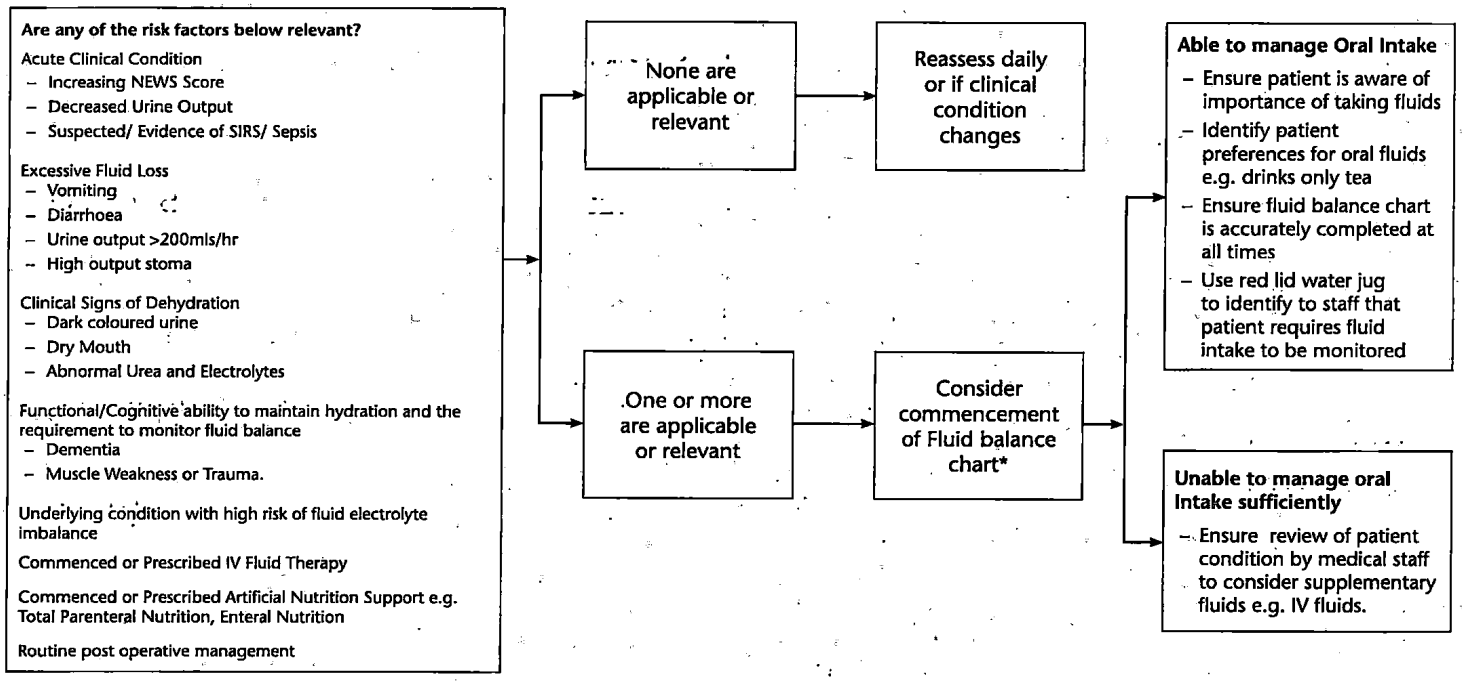
*24 hr Fluid Balance +/- 348

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

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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: GRI
Ward: 43c
Date: 09/12/22

Reason for Fluid Balance Chart _____
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: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input								Running Total	Output						Running Total	Initials
	Oral Fluids		Enteral		IV / Other					Urine	Gastric / Vomit	Bowel	Type	Type	Type		
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00	Water	50mls							50mls								
01:00										75						75	JL
02:00																	
03:00					IVF	500			550								
04:00																	
05:00																	
06:00									~~700~~							775	JL
07:00	water	200							~~750~~ 800							825	JL
08:00									~~850~~ 1000	200						1025	MS
09:00					IV ABX	250			1800								
10:00					N Amio	21				240						1265	CH
11:00						21			1842								
12:00	Water	20							1862								
13:00																	
14:00					IVF	60											
15:00						60			1982								
16:00					IVF	250				160						1425	JL
17:00	water	40			IVF	250			1682	50						1475	JL
18:00	Dinner	100				500			2182								
19:00									2282	220						1695	CH
20:00																	
21:00	Tea	150							2330	300						1995	JL
22:00					Anta	250			2580								
23:00																	
								*Total Intake							*Total Output		

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

*24 hr Fluid Balance +/-

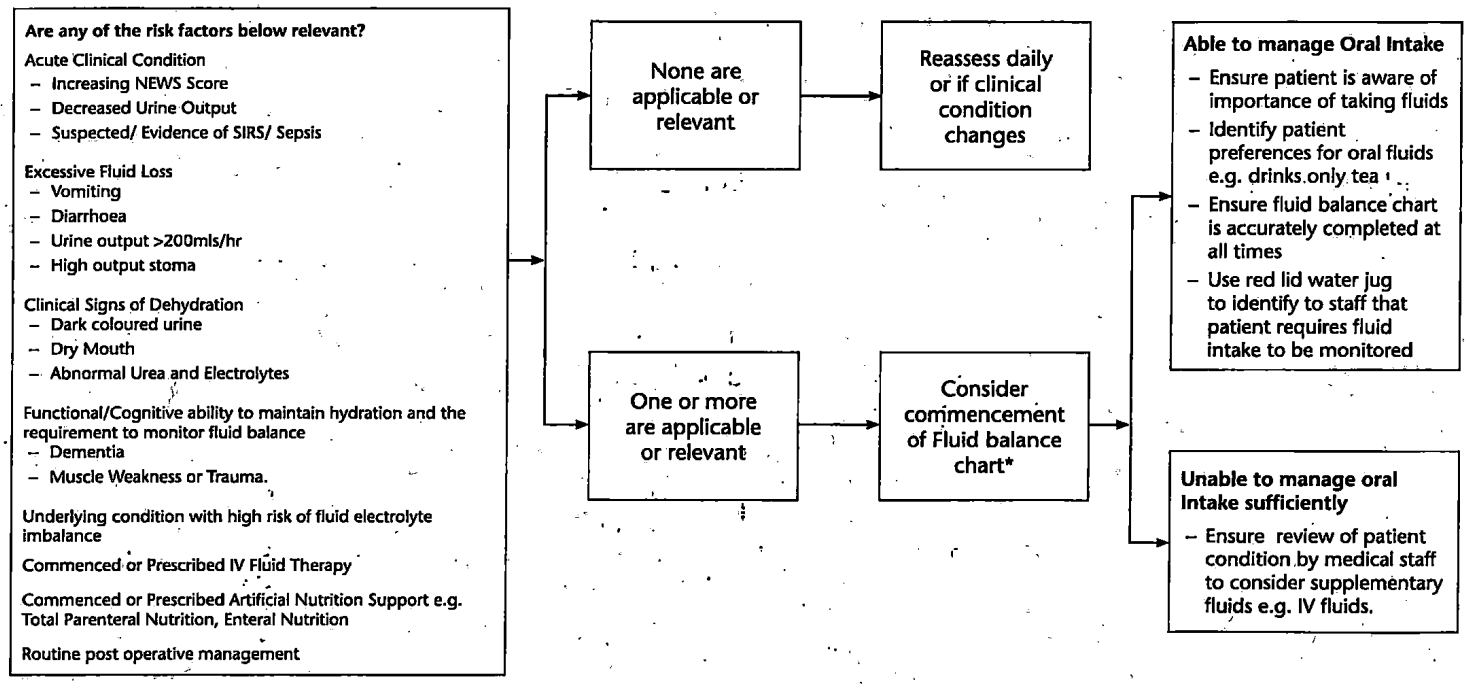
220665

13k2
120
1482

2580
1995
695

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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: GRI
Ward: 43C
Date: 06-12-22

Reason for Fluid Balance Chart _____
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: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input									Output							
	Oral Fluids		Enteral		IV / Other				Running Total	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00	Asleep									tap open							
01:00										20						20	AC
02:00	Asleep																
03:00										170						190	AC
04:00	Asleep											++					
05:00										110						380	AC
06:00	Asleep									120		(Bag emptied)				500	JB
07:00	Juice	200							700	380						880	CH
08:00																	
09:00	Tea	280							460								
10:00										120						1000	CH
11:00										200						1200	CH
12:00	lunch	250							710								
13:00										180		bag emptied				1380	CH
14:00	water	140							850								
15:00																	
16:00																	
17:00	Dinner	200							1050								
18:00	Tea	260							1310								
19:00																	
20:00																	
21:00																	
22:00										DISC							
23:00																	
									*Total Intake [redacted]							*Total Output [redacted]	

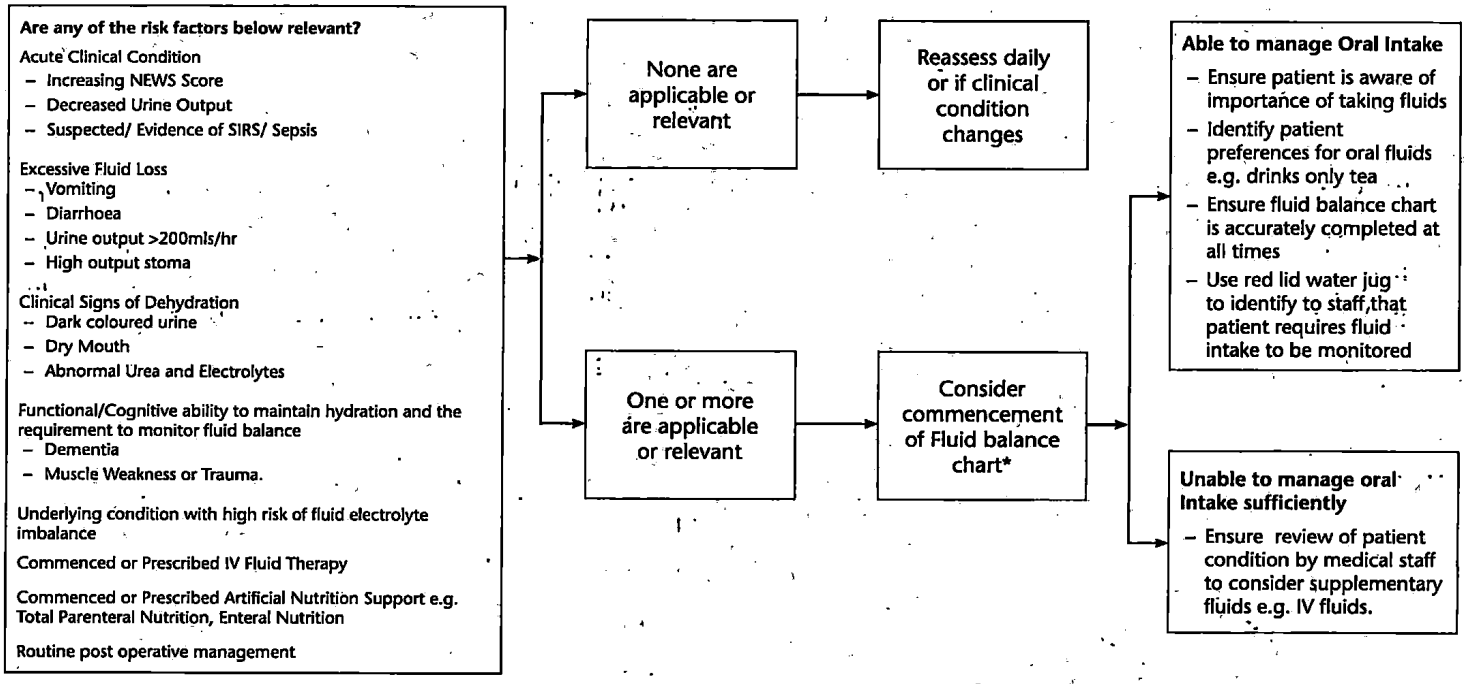
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Fluid Balance Chart

Input/output.

N [redacted]
D 1812526490
MCCLYMONT M
Gavin 18/12/1952
Cl 10 EVERARD QUADRANT
Glasgow, Lanarkshire
Aff. G21 1XP

Hospital: GRI
Ward: 43C
Date: 05/12/22

Reason for Fluid Balance Chart Catheter
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: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input: Oral Fluids Type	Oral Fluids Volume	Enteral Type	Enteral Volume	IV / Other Type	IV / Other Volume	Type	Volume	Running Total INPUT	Output: Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
00:00																	
01:00										50	Urine Very		Haematuric			50	CH
02:00																	
03:00																	
04:00										200						250	FR
05:00																	
06:00	Water	100							100	300	Bag Emptied					550	FR
07:00	DF2	250							350								
08:00																	
09:00	Wat	100							450	210						560	KM
10:00	Tea	200							650								
11:00																	
12:00	Lunch	300							950	180						740	L
13:00	Wat.	200							1150								
14:00	Tea	150							1300	80						820	L
15:00	Water	50							1350	100						920	KM
16:00																	
17:00	Dinn.	150							1500								
18:00	Tea	200							1700	140	Bag emptied					1060	L
19:00																	
20:00																	
21:00																	
22:00																	
23:00																	
									*Total Intake 1700							*Total Output 1060	

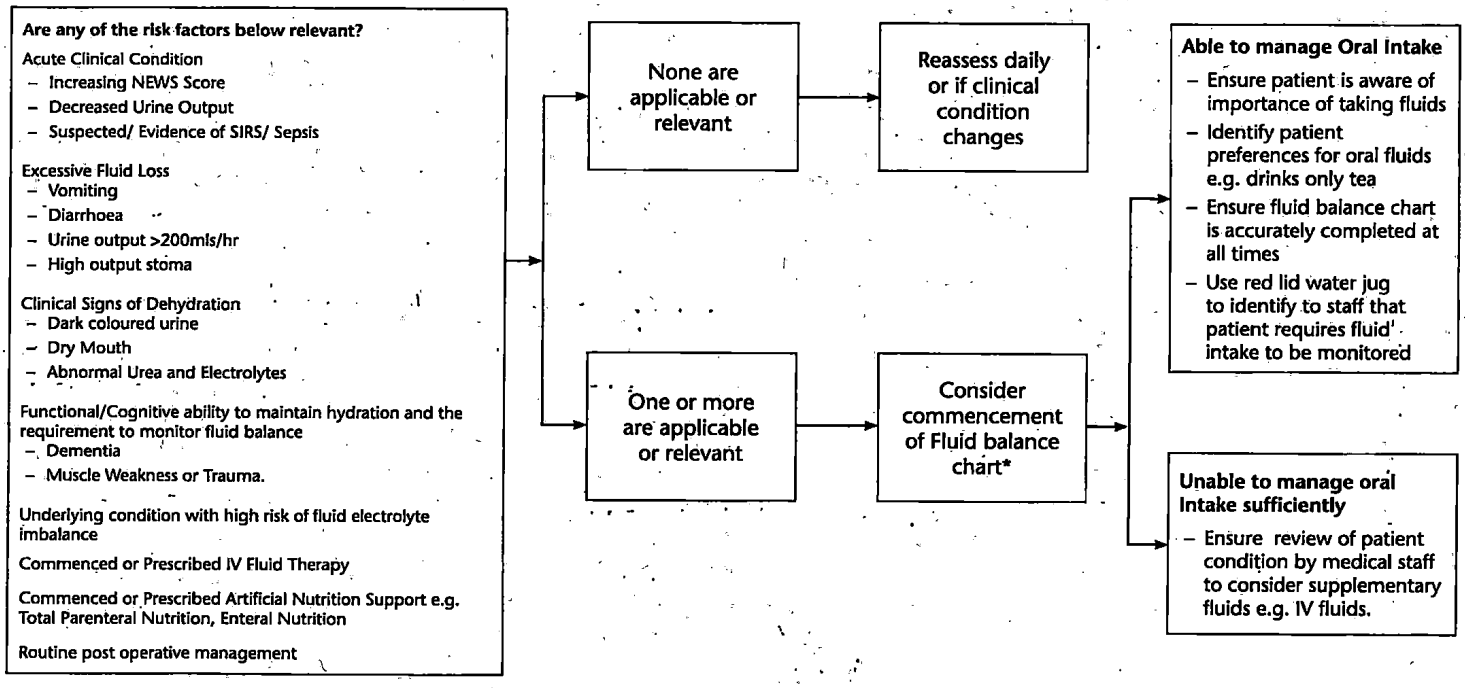
*24 hr Fluid Balance +/-

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

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

MIS • EDU • 237971-2

1411

Fluid Balance Chart

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

Hospital: GRI
Ward: 43C
Date: 4/12/22

Reason for Fluid Balance Chart _____

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: _____

ONLY RECORD INTAKE CONSUMED NOT WHAT IS GIVEN TO PATIENT

Time	Input: Oral Fluids Type	Oral Fluids Volume	Enteral Type	Enteral Volume	IV / Other Type	IV / Other Volume	IV / Other Type	IV / Other Volume	Running Total INPUT	Output: Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total OUTPUT	Initials
00:00										55						55	R
01:00																	
02:00		—						—		95						140	R
03:00																	
04:00																	
05:00										-140	Bag Emptied					280	NO
06:00										220						500	FK
07:00	Diet	200															
08:00									280	-140						640	MC
09:00																	
10:00	water/tea	180							380	150						790	MC
11:00										55						845	
12:00	soup	240							620	35						880	MC
13:00																	
14:00	Diet	200							820	60						940	MC
15:00																	
16:00										70						1010	MC
17:00	Dinner	250							1070								
18:00										50	emptied					1060	MC
19:00	Water	50							1120								
20:00	Supper	200							1320								
21:00																	
22:00	Water	100							1420	270						1280	CO
23:00										90						1370	CO
									*Total Intake						*Total Output		

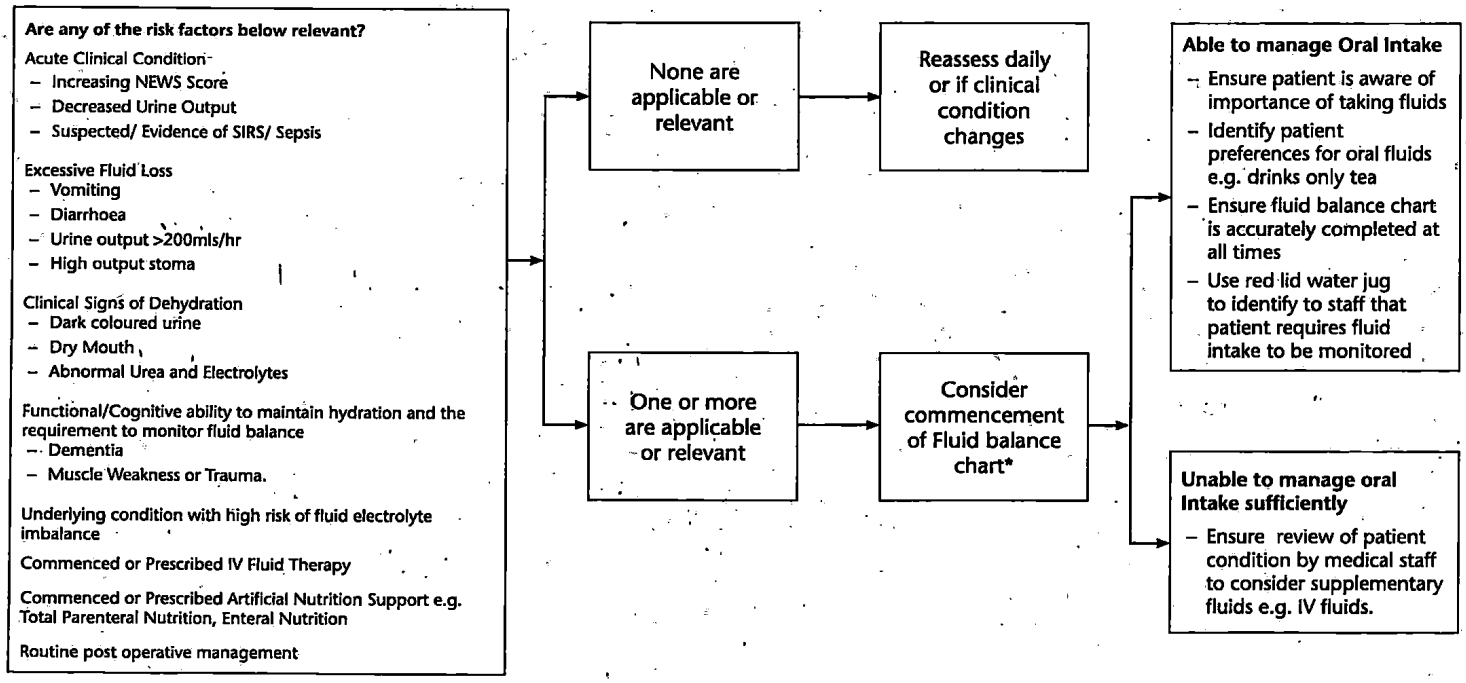
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: GRI
Ward: 43C
Date: 3/12/22

Reason for Fluid Balance Chart: Retention
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: dMccombe Designation: SN

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	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00																	
01:00	100							1	100								
02:00										120.						120	AC
03:00																	
04:00			OUTPUT							235	Bag Emptied					355	AK
05:00																	
06:00																	
07:00			ONLY														
08:00										400						755	LS
09:00																	
10:00										100 50						855 905	GC LM
11:00																	
12:00																	
13:00																	
14:00										150 120						1055 1175	LM LS
15:00																	
16:00																	
17:00																	
18:00										140						1315	LS
19:00																	
20:00										40						1355	e
21:00																	
22:00										120						1475	FK
23:00																	
								*Total Intake	[redacted]						*Total Output	[redacted]	

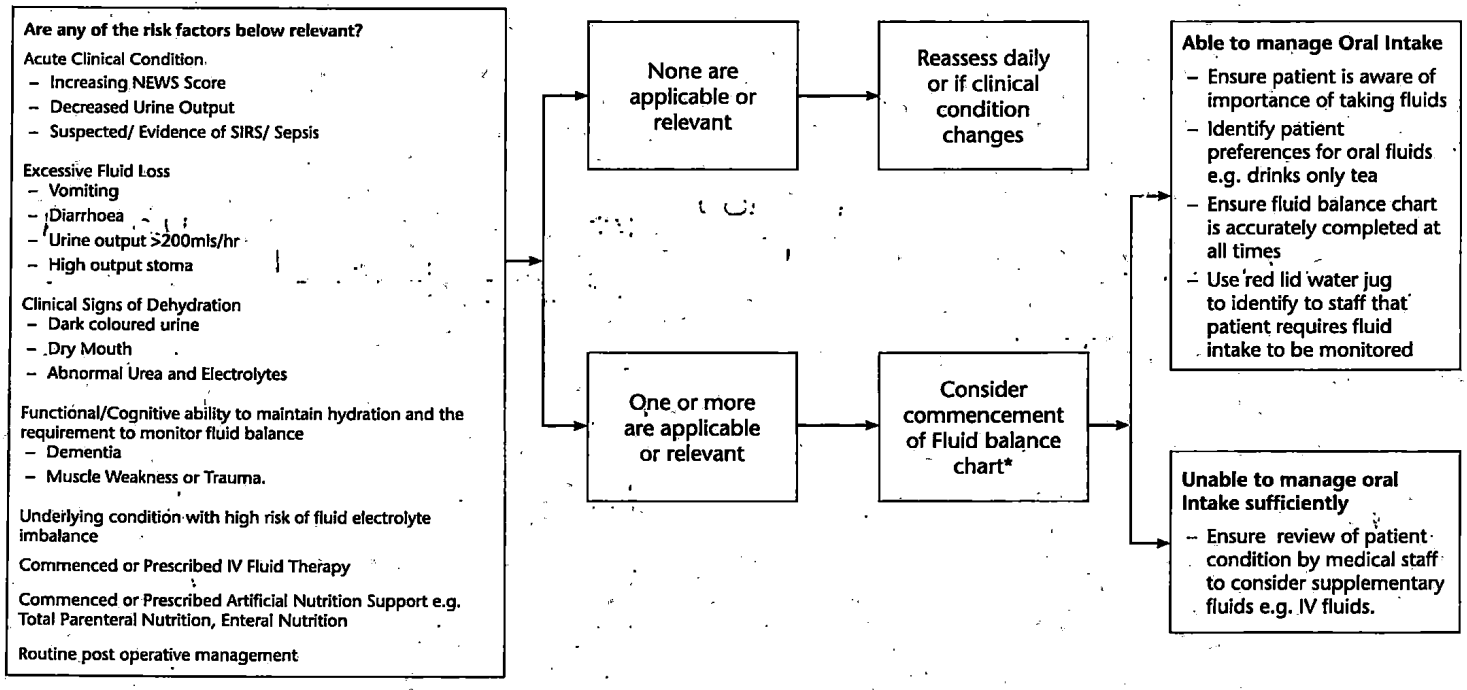
*Transfer Total Intake/Total Output/24hr Fluid Balance to Cumulative Fluid Balance on back of Food, Fluid and Nutrition Profile.

*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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: GRI
Ward: 43C
Date: 2/12/22

Reason for Fluid Balance Chart: urinary retention
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: LMcCall Designation: SN

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	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00					amino	21			21	100						100	
01:00						21			42	40						140	FK
02:00						21			63	80		bag emptied				220	AC
03:00																	
04:00																	
05:00	Ref	drinks								100		b				320	FK
06:00																	
07:00	Tea	260							323								
08:00																	
09:00	Water	100							423	90		bag emptied				410	LM
10:00																	
11:00	Water	50							473	80						490	LM
12:00	Lunch	250							723								
13:00																	
14:00	Tea	260							983	20						510	CH
15:00										80						590	CH
16:00	water	60							1043	100						690	CH
17:00																	
18:00																	
19:00																	
20:00	TEA	200							1243	100						790	FK
21:00																	
22:00	Water	100							1343	80						870	FK
23:00																	
								*Total Intake							*Total Output		

*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.

Are any of the risk factors below relevant?

Acute Clinical Condition
- Increasing NEWS Score
- Decreased Urine Output
- Suspected/ Evidence of SIRS/ Sepsis

Excessive Fluid Loss
- Vomiting
- Diarrhoea
- Urine output >200mls/hr
- High output stoma

Clinical Signs of Dehydration
- Dark coloured urine
- Dry Mouth
- Abnormal Urea and Electrolytes

Functional/Cognitive ability to maintain hydration and the requirement to monitor fluid balance
- Dementia
- Muscle Weakness or Trauma.

Underlying condition with high risk of fluid electrolyte imbalance

Commenced or Prescribed IV Fluid Therapy

Commenced or Prescribed Artificial Nutrition Support e.g. Total Parenteral Nutrition, Enteral Nutrition

Routine post operative management

None are applicable or relevant → Reassess daily or if clinical condition changes

One or more are applicable or relevant → Consider commencement of Fluid balance chart*

Able to manage Oral Intake
- Ensure patient is aware of importance of taking fluids
- Identify patient preferences for oral fluids e.g. drinks only tea
- Ensure fluid balance chart is accurately completed at all times
- Use red lid water jug to identify to staff that patient requires fluid intake to be monitored

Unable to manage oral Intake sufficiently
- Ensure review of patient condition by medical staff to consider supplementary fluids e.g. IV 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

MIS • EDU • 237971-2

Fluid Balance Chart

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

Hospital: _____
Ward: _____
Date: _____

Reason for Fluid Balance Chart _____
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	Urine	Gastric / Vomit	Bowel	Type	Type	Type	Running Total	Initials
	Type	Volume	Type	Volume	Type	Volume	Type	Volume	INPUT							OUTPUT	
00:00	water	50			21				50								
01:00					21												
02:00					21												
03:00					21												
04:00					21												
05:00					21												
06:00					21												
07:00					21												
08:00	Bfast	300			21				350	200						200	
09:00					21												
10:00	Tea	180			21				530								
11:00					21					250						450	
12:00	Lunch	300			21				830								
13:00					21												
14:00					21					200						650	
15:00	Juice	150			21				980								
16:00	Juice	150			21				1130								
17:00	Dinner	200							1330								
18:00							X357		1687	130						780	CH
19:00																	
20:00	TEA	Ref									catheter inserted						
21:00										180						880	A
22:00	water	50							1737								
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.

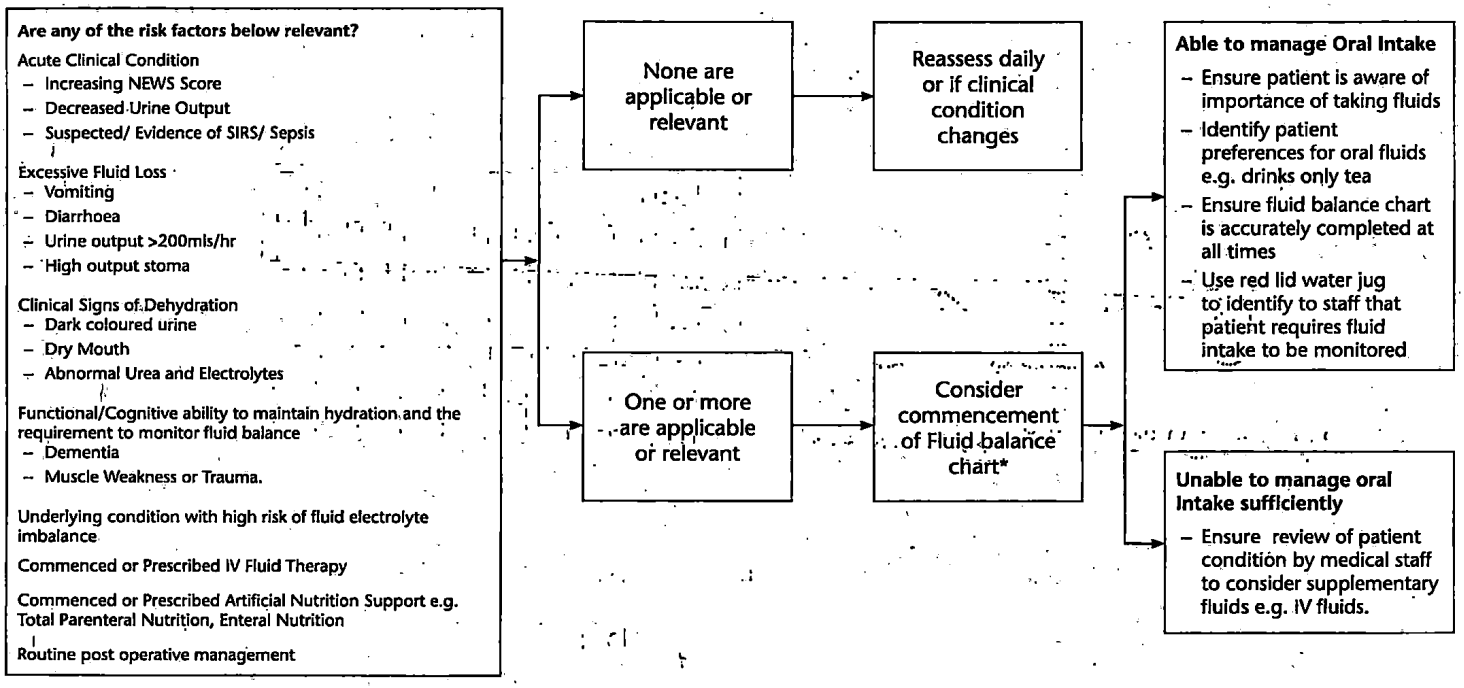
*24 hr Fluid Balance +/-

220665

357

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

MIS • EDU • 237971-2

Care Rounds Checklist

Date: 1/12/22

Attach Addressograph label

1812526490
MCCLYMONT
Gavin M
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 A'CHARY 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:

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

			Times	16 00	21 00																		
	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	Y																		
S	3	**SKIN INSPECTION** Pressure areas checked:		N	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																		
		Bed Right side (30° tilt) – R Left side (30° tilt) – L Back – B		B	B																		
		Chair Assist to walk or stand (W/ST)		ST.																			
I	5	**ELIMINATION** Does the patient need the toilet? Independent = I Assistance given = A Incontinent of urine or faeces = IC		bottle	A																		
N	6	**FOOD, FLUIDS AND NUTRITION** Is the patient nil by mouth?		N	N																		
		Drink taken?		Y	Y																		
		Food, snack, or supplement taken?		Y	N																		
		Has oral hygiene been carried out as per care plan?		NA	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																		
	8	**INFORMATION** Is there anything else I can help you with? Inform patient of the time of return.		NT	Y.																		
	9	**ESCALATION** Escalate any issues to the registered nurse and document overleaf.		NA	Y																		
			Care provider / role	SN																			

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1812526490
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
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: .....

Pupil Reaction and size: s = sluggish, + = reaction, - = no reaction, C = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

		1/1	11/1
Date:			
Time:			
Eyes Opened	Spontaneously	4	
	To sound	3	
	To pain	2	
	None	1	
	Not testable	NT	
Verbal	Oriented	5	
	Confused	4	
	Words	3	
	Sounds	2	
	None	1	
	Not testable	NT	
Motor	Obeys command	6	
	Localising pressure	5	
	Normal flexion	4	
	Abnormal flexion	3	
	Extension	2	
	None	1	
	Not testable	NT	
TOTAL		15	
Pupil size: Right		4	
Pupil size: Left		4	
Pupil reaction: Right		+	
Pupil reaction: Left		+	
Limb power	Normal power		
	Mild weakness		
	Severe weakness		
	Spastic flexion		
	Extension		
	No response		
	Not testable	•	

Endotracheal tube or tracheostomy = NT

Always record the best response

Record right (R) and left (L) separately if there is a difference between the two sides

Record right (R) and left (L) separately if there is a difference between the two sides

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

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**

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

mi • 316654 v5.1 • GGC0264

GAVIN McCLYMONT

NEWS 2 Key | 1 | 2 | 3

Date	10/12/22	11/12					11/12							9/12	10/12	11/12	11/12	12/12	13/12	14/12	15/12	16/12	17/12	18/12	19/12	19/12	19/12
Time	11.00	21 05	01	05 80		23	00	01	02	03	04 00	05	06	08	12	10	17	18	20 30	00 40	03 50	06 30		20	22	07 15			23	30	

A + B Respirations Breaths/min																																
		20		18		19						16								18	14											
	•	•		•		•																										

A + B SpO2 Scale 1 Oxygen saturation (%)																																
	97	96		96								98			99	97																
														95																		
											92																					

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

Air or oxygen?	A	A		A		R						R	4L	4L	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	A	NC	NC	NC	2L
													4L	4L	4L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L	3L		1L	2L	2L	1.5L

C Blood Pressure mmHg (Score uses systolic BP only)																																
		Army	Army	Army	Army																											
		77																														

C Pulse Beats / min																																
	•	85																														

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

E Temperature																																
		36.5		36.6		37.1						37																				
	•	•										•																				

NEWS Total	0	3		3									5	5	8	6			5	7	6	6	8	5	6	4	4	4	5	8	4	6	4	7

Blood glucose	7.0																																
Pain / function score	DA			D																													
Time Pt last passed urine	10.20																			20 00	00 40	03 30	03 00									N	N
Fluid balance chart indicated Y/N	N			Y									Y	Y	Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
GCS indicated Y/N	N												N	N	N	N			N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Time NEWS due	23.00															20			20	00 30	03 00	00 00	00 00										
Escalation of care Y/N	N												N	N	N	N			N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Initials	AB																																

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.

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)

1812326490
MCCLYMONT
Gavin
M
18/12/1952

Affix Patient ID

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1812526490
MCCLYMONT
Gavin
M
18/12/1952

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

Sp02 Scale 1 Target >96%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Sp02 Scale 2 Target 88-92%
Signature:
Print Name:
Dr/ANP Initials ONLY:
Date:

Patient on home oxygen Y☐ N☐

If yes, add details of oxygen therapy

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: .....

Pupil Reaction and size

S = sluggish
+ = reaction
- = no reaction
C = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

Date:
Time:

	1101	1120
Eyes closed by swelling = NT		
Endotracheal tube or tracheostomy = NT		
Always record this best response		
TOTAL	15	
Right size:	4	
Right reaction:	+	
Left size:	4	
Left reaction:	+	
Record right (R) and left (L) separately if there is a difference between the two sides		
Record right (R) and left (L) separately if there is a difference between the two sides		

EYES: Spontaneously 4; To sound 3; To pressure 2; None 1; Eyes closed by swelling = NT

VERBAL: Endotracheal tube or tracheostomy = NT; Orientated 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

A: Normal power; Mild weakness; Severe weakness; Spastic flexion; Extension; No response

R: Normal power; Mild weakness; Severe weakness; Spastic flexion; Extension; No response

M: Normal power; Mild weakness; Severe weakness; Spastic flexion; Extension; No response

S: Normal power; Mild weakness; Severe weakness; Spastic flexion; Extension; No response

Affix Patient ID

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, 0 is the best and 10 is worst possible. 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

mi • 316654 v5.1 • GGC0264

NEWS 2 Key | 1 | 2 | 3

| | | |

NHSGGC NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

1812526480
MCCLYMONT
Gavin M
10 EVERARD QUADRANT 18/12/1952
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 24671

Medical: 13016

Date: .....

Pupil Reaction and Size

$ = sluggish
+ = reaction
– = no reaction
C = eyes closed

Pupil Size (mm): 1 2 3 4 5 6 7 8

Glasgow Coma Scale

	11/1	11:00
Date:		
Time:		
Eyes Opened (Eyes)	0	
Endotracheal tube or tracheostomy = NT (Verbal)	0	
Always record the best response (Motor)	6	
TOTAL	15	
Right size:	4	
Right reaction:	+	
Left size:	4	
Left reaction:	+	
Record right (R) and left (L) separately if there is a difference between the two sides (Arms)	0	
Record right (R) and left (L) separately if there is a difference between the two sides (Legs)	0	

Spontaneously 4 · To sound 3 · To pressure 2 · None 1 · Non testable NT

Orientated 5 · Confused 4 · Words 3 · Sounds 2 · None 1 · Non testable NT

Glasgow commands 6 · Localising pain 5 · Normal flexion 4 · Abnormal flexion 3 · Extension 2 · None 1 · Non testable NT

Normal power 4 · Mild weakness 3 · Severe weakness 2 · Spastic flexion 1 · Extension · No response

Normal power 4 · Mild weakness 3 · Severe weakness 2 · Spastic flexion 1 · Extension · No response

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

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**

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

nn • 316654 v5.1 • CCC0264

NEWS 2 Key	1	2	3

| | | |

NHSGGC NEWS – National Early Warning Score

1812526490 MCCLYMONT Gavin M 18/12/1952 Glasgow

1812526490
MCCLYMONT
Gavin M
18/12/1952
10 EVERARD QUADRANT
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
Min 12 Hourly Observations	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
	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; - = no reaction; c = eyes closed. Pupil Size (mm): · 1 • 2 • 3 ● 4 ● 5 ● 6 ● 7 ● 8

Date:
Time:

| | | |

Gavin McClymont Resus

NEWS 2 Key | 1 | 2 | 3

| | | |

Anaesthetic Record

NHS Greater Glasgow and Clyde

N. 1812526490
Hc MCCLYMONT Gavin M 18/12/1952
CH
DoE

Pre-op

Procedure(s) Underscopy.

Anaesthetist(s) GAPCR / JPRD — C ☑ SAS ☐ ST ☑ CT ☐ PA ☐

Surgeon(s) STANDARD. — ☑ ☐ ☐ ☐

Elective ☑ Urgent ☐ Immediate ☐

Date 31/7/23

Discussed with supervising consultant _____

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.

ASSESSMENT

Airway / Dentition C | C

RS
Nml
10-12 cpd Mnt Otrm, stoic ✓

CVS
AFib
PPM. DDI. Atrial Pacing. Check May 23 ✓
Echo - Mild mixed AV disease Ventricles ✓

GI / Renal / CNS / Other
- Anxiety. - Discuss Cardiology
- Depression - Leave as it is
- GORD. - No need for check post-op unless problem

Previous anaesthesia / Family history
Gas - NS. A further post-op

Assessor Sign / Print / Date GAPCR

Ht
Wt 84 kg
BMI

BP ___ / ___
ECG Paced.

Hb 144 Na
WCC 9.1 K
Plts 188 U (N)
XMatch Cr
Clotting Gluc

LFT (N).

Allergies / Reactions
NKDA

Current therapy
Apixaban (Friday)
Folate
Iron
Sertraline
Statin
Solifenacin
Tamsulosin
Zopiclone.

OK with ~~NSAIDs~~ ☐

Risks discussed
(P) GA vs Spinal → Fail / ↓BP / PDPH / infect / Bleed / N. Damage / Major Neuro

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
Hocain 0.5% Another Surg.
L4/5. 3ml 1% Lignocaine
24G Sprotte.
1st pass. Clear CSF. No paraesthesia.
No pain on injection.
2.8ml 0.5% Heavy Marcaine.
No OPIATE. T7 (T8 to 10) - Dense bilateral motor block

AR ✓

Time 1300 1400 1500

Position

Left Lateral

ECG SpO_2 ☑
NIBP
Fluid warmer ☐
Patient warmer ☑

200 180 160 140 120 100 80 60 40 20

Supine

IV Fluids ①

Events

FiO_2 N_2O ☐		RA						
SpO_2		96	98	98				
$ETCO_2$								
ETAA								

Eye care ☐

Pressure point care ☑

Events
Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids
① CR 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

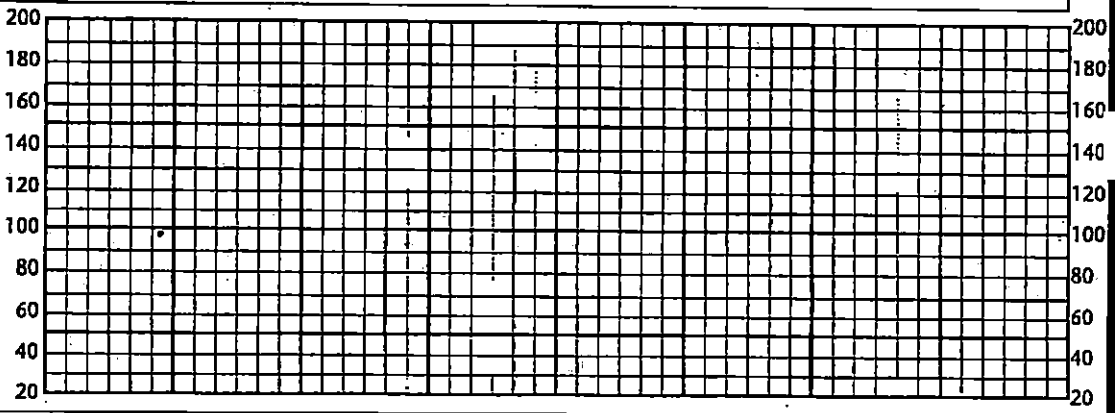
Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Time								



IV Fluids								
Events								
FiO_2 N_2O☐								
SpO_2								
$ETCO_2$								
ETAA								

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
Date 30 / 11 / 22

Pre-op
Procedure(s) (L) ureteric ~~ureteroscopy~~ + stent
Anaesthetist(s) Simanikaram / Quasim
Surgeon(s)

Elective ☐ Urgent ☑ Immediate ☐

	C	SAS	ST	CT3	PA
Anaesthetist(s)	☑	☐	☐	☑	☐
Surgeon(s)	☐	☐	☐	☐	

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. SITHAMBARAM.

690↑

ASSESSMENT

*ICU East *.

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. SITHAMBARAM (CT3).

Ht 172 cm.
Wt 76. kg
BMI

HR 150 (A flutter)
BP 108/85 (MAP 94)
SpO_2 98 NC 2L.

BP ___ / ___

IVF 100 ml/hr
UO ✓ (no cath).

ECG
~~30/11/22~~

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) Arch. 18G. & (R) ACF 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								
METHANOL CO-SYRUP (ml)	↓	↓							
Time	1000.	1030							

Position

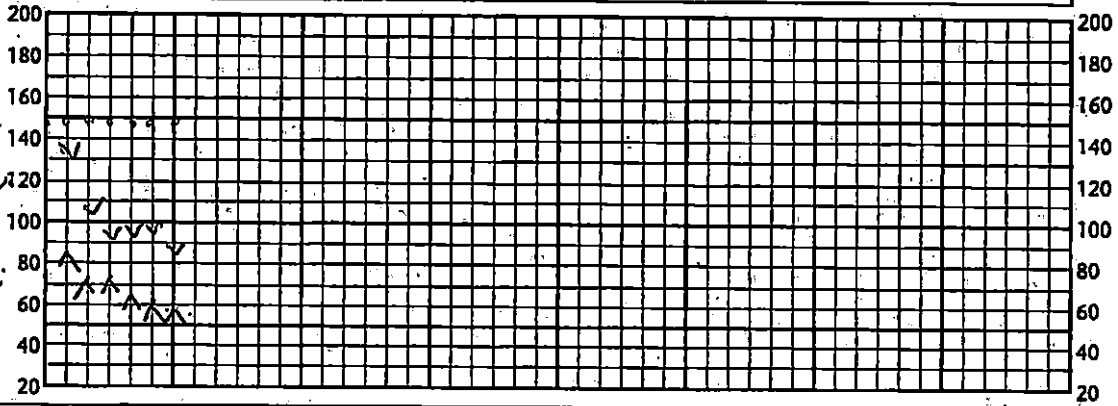
Lithotomy.

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 ml.
②
③
④
⑤
⑥
⑦
⑧

⑨
⑩
⑪
⑫
⑬
⑭
⑮
⑯

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 : 1

300

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 4 (10 added sounds - Good TV & $ET CO_2$.) ~500 5-6. on spont.

B - Reduced AE left lung.

C - as above.

Plan: CXR.

Consultant LS

Gavin McClymont
CHI 0506526453

31/07/2023

Surgeon L.Seaward Assistant

flexible ureteroscopy side Left

Anaesthetist Spinal Dr A Capak ASA3
Cystoscopy Normal.

Antibiotic prophylaxis		Gent
Guidewire	Type	sensor
	Ease of insertion	easy
	Ureteric catheter	other
Ureteroscope		combination
	Model	flex x 2

Procedure

Cystoscopy: Very encrusted left j-stent. Sensor GW to kidney. ROS with paddle forceps. Rigid ureteroscopy and one stone in mid-ureter laser to <2mm fragments. Second ureteric stone migrated back into mid-pole of kidney. RGP and the kidney is hydronephrotic. Coloplast 35 cm access sheath inserted. Flexible ureteroscopy and laser stone fragmetation to <2mm. No other stones in kidney 6F x 24 cm Percuflex stent inserted and 16F catheter.

Fragmentation laser

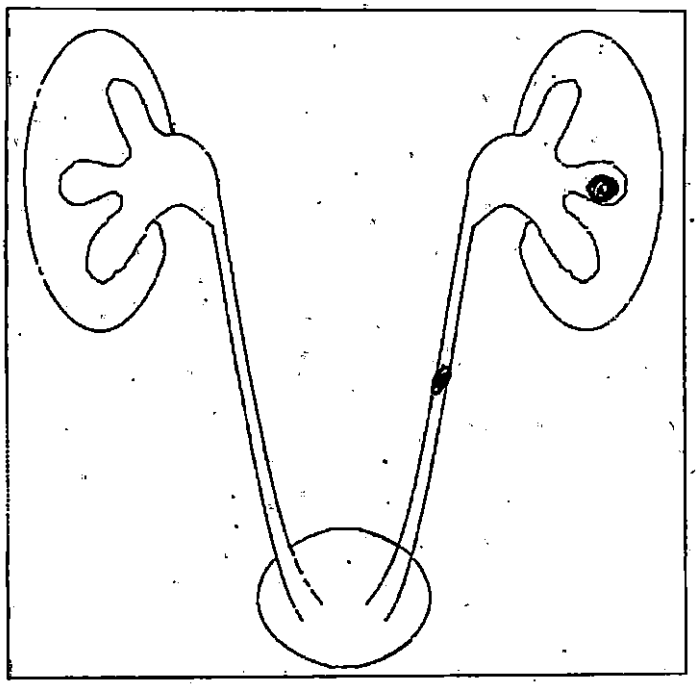
Basket nil

Stone status stone free

Drainage stent 6

Stent length 24

Post op instructions
1. TOV D1 post-op
2. Home when well
3. Flexi and ROS 2-3 weeks
4. KUB prior to stent removal



Lab tests arranged
Nil
Nil

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 31/07/23

ADD [redacted]
NAM 1812526490
MCCLYMONT M
Gavin 18/12/1952
DOB 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP
HOSI [redacted]
ARD [redacted]
PITAL GRI
RE F

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	D Caminada	D McMillan
PRE - OP INSTRUMENT COUNT	D Caminada	D McMillan
FINAL SWAB COUNT	D Caminada	
FINAL INSTRUMENT COUNT	D Caminada	
FINAL DISPATCH COUNT	D Caminada	

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - .....

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

ATION : Left rigid + flex urethroscopy + fragmentation + change of stent + CATHETER

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)	10	Tapes				
Abdominal packs	✓	Sloops/Slings				
Sutures	✓	Bulldogs				
Blades	✓	Shods				
IV needles		Ports				
Syringes	1	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)

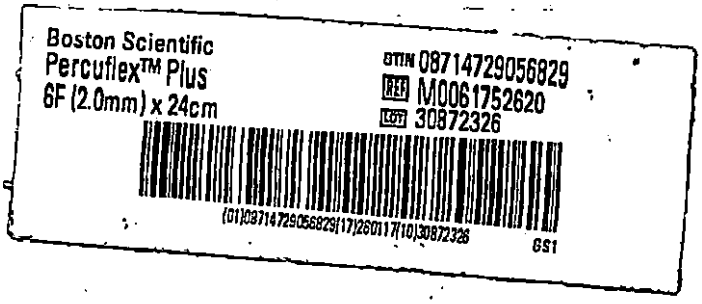
Scrub Practitioner Signature if count still incorrect .....

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.


Boston Scientific
Percuflex™ Plus
6F (2.0mm) x 24cm
GTIN 08714729056829
REF M0061752620
LOT 30872326
(01)08714729056829(17)260117(10)30872326
GS1

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

QUANTUM LASER
PATIENT LASER SAFETY CHART

DATE 31/7/23

PULL TAB Precision Fiber 272 µm
REF OAF702711 LOT A223107 2027-07-24

	YES	NO
AUTHORISED KEY HOLDER AND LASER OPERATOR PRESENT	☑	☐
ROOM SAFETY CHECKS CARRIED OUT:		
LASER WARNING LIGHT ON	☑	☐
LASER WARNING SIGNS AT DOORS	☑	☐
WINDOWS COVERED	☑	☐
LASER CHECKS CARRIED OUT	☑	☐
PATIENT PROTECTIVE EYEWEAR	☑	☐

PROCEDURE BEING CARRIED OUT

Left URS, Lazer Stone fragmentation

	Yellow Pedal	Blue Pedal
LASER ENERGY	0.2 J	1.5 J
LASER RATE	70 HZ	10 HZ
TOTAL ENERGY:	14 W 10.66J	15 W LASING TIME :- 000922

LASER OPERATOR: SBaxter

SURGEON : Ms Seaward

Acute Services Division

NHS Greater Glasgow and Clyde

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

Perioperative Care Plan

Hospital: GRI	Consultant: Seaward
Ward: 70	Date: 31/7/23

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: 5.7 Weight: 83.75kg

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:	

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

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 Nepma.	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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 ☑ 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:	NKDA	NKDA -	None
Fasted from – specify time (24 hr clock) N/A ☐	Food: 2100 30/7. Fluid: 0700 31/7	Food: 2100 30/7 Fluid: Sips to send.	Food: 2-00 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 ☐
	Pacemaker. Urinary stent	Pacemaker checked May.	
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 ☑

1812526490
MCCLYMONT Gavin - M 18/12/1952

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 ☑	Yes ☐ No ☐ N/A ☑
Loose teeth, caps and crowns and veneers State site and type	Yes ☑ No ☐ 2 crowns.	Yes ☑ No ☐ 2 crowns @ front	Yes ☐ No ☐
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☐ If 'Yes' state where stored	Yes ☐ No ☑ In ward	Yes ☑ No ☐ In ward	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☐
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 ☐
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: NO	
Inhalers/ sprays with patient N/A ☑	Yes ☐ No ☐	Type: MA	
Anti-embolic Prophylaxis prescribed N/A ☐	Yes ☑ No ☐	Type: TEDS INSITU.	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☑	State reason: NO	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☐ No ☐	Comment if required: PU. PU.	
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: Pamela Mitchell Sign: Time: 31/7.	Print: [illegible] Sign: Time: 1210	Print: VNixon Sign: Time:: 31/7 1.45

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

Surgical Brief

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations	Pulse:	BP:	Temp:	SpO_2:	Resps:
* See Anesthetist Chart *					

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:

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify:	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: blanket.	Yes ☑ No ☐ N/A ☐

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☐

Anaesthetic Practitioner Comments

1812526490
MCCLYMONT
Gavin M
18/12/1952

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:**	Head ring ☐	Lateral supports ☐	Gel pads ☑	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☑ / At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☑ / J-board ☑
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☑ / Gel/ Foam pads ☐
Position 2 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐ / At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☑		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☐ / J-board ☐
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☐ / Gel/ Foam pads ☐
Position 3 **Time:**	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position** / **L Arm Position**
Supine ☐ Prone ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐ / At side ☐
Left Lateral ☐ Right lateral ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐ / On boards ☐
Lloyd Davis ☐ Jack-knife ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐ / Across chest ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐ / Hand table ☐
Lower limb traction ☐ Deckchair ☐	Oxford pillow ☐	Other ☐		Hand traction ☐ / Hand traction ☐
Other ☐ Lithotomy ☐	Bean bag ☐			**Secured with:** / **Secured with:**
	Head Pad ☐			J-board ☐ / J-board ☐
				Straps ☐ / Straps ☐
				Pressure care: / **Pressure care:**
				Gel/ Foam pads ☐ / Gel/ Foam pads ☐

Pressure Area care Chart

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

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
1340	*	On	Table			*		left finger			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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 ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

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: 0·05 % ☑ 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

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

2023/06/28 | 2025/06/27 | ⊗
Wt 0 Kg | STERILE

G.R.I. THEATRE F UROLOGY

YELLOW MEMBRANE 89.101

I-104634-1-278

ID:50554764300124701
Central Decontamination Unit

01412322800

2023/06/27 | 2025/06/26
Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

12 DEG 4MM OLYMPUS TELESCOPE & ADAPTORS

T-00857-019

ID:50554764300037969
Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

2023/07/11 | 2025/07/10
Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

WOLF 6/7.5FR COMPACT URETERO - RENOSCOPE

T-00288-014

ID:50554764300036816
Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

2023/07/11 | 2025/07/10
Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

R WOLF FIBRE OPTIC LIGHT CABLE

T-00287-008

ID:50554764300036592
Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

2023/07/27 | 2025/07/26
Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

GGC UROLOGY CYSTOSCOPY SET (OLYMPUS)

T-00216-016

ID:50554764300035987
Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

2023/07/18 | 2025/07/17
Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

PADDLE FORCEPS A20714A

S1918-009

ID:50554764300017713
Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

PULL TAB

Precision Fiber **272** µm ⊗

REF OAF702711 LOT A223107 2027-07-24

Boston Scientific
Percuflex™ Plus
6F (2.0mm) x 24cm
GTIN 08714729056829
REF M0061752620
LOT 30872326

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

31/07/2023 | 2023/07/31

Production Id: 107845 | DISINFECTED AER

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

GRI - Theatres

NHS Greater Glasgow and Clyde

OLY-URF-P7-1

ID: 50554764200000693

URETERO-RENO FIBRESCOPE URF-P7 OLYMPUS

Sn: 2901658

EXPIRES: 31/07/2023 16:11

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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		Type: Absorbable ☐ Non Absorbable ☐ Other.....		
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

Left Eidgin + Zeus66 ureterodogy + fragmentation +/- Stent ± Catheter +/- Proceo-

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

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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)

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

N

Post-operative Observations

Time	1635	1650	1700
210			
200			
190			
180			
170			
160			
150			
140	A	A	
130			
120			
110			
100			
90			
80			
70			
60			
50			
40			
30			
Airway type			
O_2 Therapy			
SpO_2			
Resp. Rate	13	13	14
CVP			
Temp. EAR	36.3°C		
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			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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
5	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			

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Discharge

NEWS 2 Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Recovery**	**Other**
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS 2 Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

Consultant LS

Gavin McClymont
CHI 0506526453

31/07/2023

Surgeon	L.Seaward	Assistant	□□□□□
	flexible ureteroscopy	side	Left

Anaesthetist Spinal Dr A Capak ASA3
Cystoscopy Normal.

Antibiotic prophylaxis		Gent
Guidewire	Type	sensor
	Ease of insertion	easy
	Ureteric catheter	other
Ureteroscope		combination
	Model	flex x 2

Procedure

Cystoscopy: Very encrusted left j-stent. Sensor GW to kidney. ROS with paddle forceps. Rigid ureteroscopy and one stone in mid-ureter laser to <2mm fragments. Second ureteric stone migrated back into mid-pole of kidney. RGP and the kidney is hydronephrotic. Coloplast 35 cm access sheath inserted. Flexible ureteroscopy and laser stone fragmetation to <2mm. No other stones in kidney. 6F x 24 cm Percuflex stent inserted and 16F catheter.

Fragmentation laser

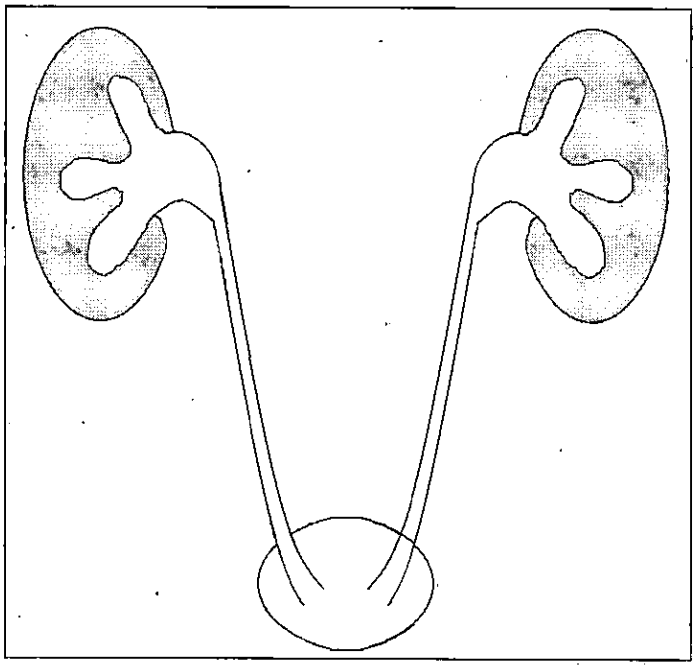
Basket nil

Stone status stone free

Drainage stent 6

Stent length 24

Post op instructions
1. TOV D1 post-op
2. Home when well
3. Flexi and ROS 2-3 weeks
4. KUB prior to stent removal



□□□□
□□□□
□□□□□
Lab tests arranged
Nil
Nil

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 20/12/22

ADDRESSOGRAPH LABEL

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

WARD 43

HOSPITAL GRI

THEATRE A

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	K McBURNIE	CJGvan / LJGRANT
PRE - OP INSTRUMENT COUNT	K McBURNIE	CJGvan / LJGRANT
FINAL SWAB COUNT	K McBURNIE	CJGvan / LJGRANT
FINAL INSTRUMENT COUNT	K McBURNIE	CJGvan / LJGRANT
FINAL DISPATCH COUNT	K McBURNIE	CJGvan / LJGRANT

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - K McBurnie

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☐

OPERATION :

INSERTION OF DUAL CHAMBER PACEMAKER

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)	0	Pledgelets	0	Caesarean Roll	0	ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes	0			
Abdominal packs	0	Sloops/Slings	0			
Sutures	6	Bulldogs	0			
Blades	1	Shods	0			
IV needles	3	Ports	0			
Syringes	2	Tibbs Cannula	0			
Discard-a-pad	1	Staple Gun Inserts	0			
Diathermy pencil	1	Spears	0			
Diathermy tips	1	Retrieval Bag (Bert)	0			
Scratch pad	1	Digital Tourniquets	0	Throat Pack IN	☐	
Reels	0	Pen & Ruler	0	Throat pack OUT	☐☐☐☐	
Patties	0	Bi-Polar	0	Total Number	0	

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.

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

Theatre: A

Date: 20/12/22

Patient Safety Checklists
North Sector Theatre Suite

NHS Greater Glasgow and Clyde

Anaesthetic Pause (Sign in)
Before any form of sedation or anaesthesia

Patient, Anaesthetist, Assistant/ODP to participate in the anaesthetic pause and cease their tasks:

Silence for pause.

Ask the patient their name and DoB. Check this matches name band and CHI is correct? (Y)/N

Does the patient have any Allergies? Y/(N)
Or metalwork? Y/N

Ask the patient what operation they are having?
Is there a signed consent form for the expected procedure? (Y)/N

Laterality – has the patient been marked? Y/N/(NA)
If lateral block planned attach **STOP BEFORE YOU BLOCK** sticker. Y/(N)
If neuraxial block, check last dose LMWH >12h Y/(N)

Pregnancy: confirm that the pregnancy status question has been asked. Y/N/(NA)
(n/a in males, females >55, previous hysterectomy/BSO, post menopausal, surgery for ERPOC)

Anaesthetic equipment available and checked ready to use? (Y)/N/NA

Name/Signed Dempsey

Surgical Pause - Pre Skin Incision
Before start of surgical intervention

All the theatre team to participate in the surgical pause and cease their tasks:

Silent theatre for pause.

Scrub Team to Confirm:
Patient Name, DoB, CHI on Name Band and Consent Form? (Y)/N
Operation and Laterality on Consent Form (and check mark if laterality)? (Y)/N

Anaesthetic Team to Confirm:
Patient Allergies? (Y)/N
Antibiotics given in correct dose? Y/N/NA
A.S.A. N/A
Warming required ? Y/(N)
Any concerns ? Y/(N)

Anaesthetic Assistant to Confirm:
Position of any metalwork/ pacemaker? (Y)/N

Surgeon to Confirm:
Does imaging need to be displayed? (Y)/N
Any concerns? Y/N
Intra-op DVT prophylaxis? ~ Y/N
If yes circle TEDS/Flowtrons/LMWH ~/x Y/N

Circulating Team to Transfer Information above to the Theatre Whiteboard? (YES)

Emergency cases: CEPOD category agreed? (Y)/N
ELLSA data completed ? Y/N/(NA)

Name/Signed Dempsey

Sign Out
Towards the end of procedure

All the theatre team to participate in the surgical sign out and cease their tasks:

Silent theatre for sign out.

Lead surgeon at table (start of skin closure) (Y)/N

Has the correct procedure been recorded? (Y)/N
Is the swab, needle and instrument count correct? (Y)/N

Is there a specimen? Y/(N)
Confirm - labelled and recorded correctly? Y/(N)

Are there any packs or drains in the patient? Y/(N)
What are the post-op instructions for these?

What is the estimated blood loss (EBL)? .....ml

Are more antibiotics required? Y/(N)
Has post-op VTE prophylaxis been prescribed? Y/(NA)

Can the patient eat and drink immediately post-op? (Y)/N
Any concerns for the recovery and management of this patient? Y/(N)

Is the post-op destination still appropriate? (Y)/N

Name/Signed Dempsey

Review Date: June 2024

Peri-Operative Care Plan

NHS Greater Glasgow and Clyde

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

Date: ~~19~~ 20/12/22
Ward: 43B
Consultant: Dr MARSHALL
Proposed operation: INSERTION OF PPM

Baseline Observations

Water Low Score:	Pulse: 54 150 after	BP: ~~[illegible]~~ 104 ~~[illegible]~~	Temp: 37-3	SPO2: 95%	Resp. 15	Height: 172cm Weight: 73.35kg	BMI: 25

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

Pre-operative checks comments:	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward	✓	✓
Consent signed and dated	✓	✓
Fasted from: ~~AFTER BREAKFAST~~ now	Food: ✓ Fluid: ✓	2130 Water AM
Correct site surgery marked and prepared		MA
Allergies/sensitivities and reaction	NKDA	NIL
Medical conditions, i.e. other relevant information:	GORD, smoker depression	←
Inhalers/Sprays	n/a	NA
Blood Glucose (if relevant)	n/a	NA
Antiembolitic Treatment e.g. TEDs	n/a	NA
Implants insitu e.g. pacemaker, joint replacements	none	none
Dentures / loose teeth, Caps, (Crowns)	x2 crown at front	top front x2
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	none	NG
Are you or could you be pregnant? Yes / No If "Yes", pregnancy test should be performed with patient's consent Pregnancy test results +ve / -ve SD7 Yes / No	n/a	NA
Group and Save Yes / No Date Antibodies +ve / -ve		
Make up/nail polish removed	n/a	NA
Jewellery/body piercing taped/removed	n/a	NA
Underwear removed/disposable pants	Yes	NA
Voided urine/catheter insitu	Yes	✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	Yes	yes
Premedication given: Antibiotic given - ~~verbal~~ - ~~[illegible]~~ - repeated		

Please sign once check completed:

Ward Nurse:	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
[signature]	[signature]	[signature]

Time into Reception: _____

Operational Data	Time into Anaesthetic Room 1 4 5 5 Time into Theatre 1 1 5 5 Time out of Theatre	Scrub Practitioner K. Mc Burnie Circulating Practitioner D. Anderson / K. Mc Burnie Anaesthetic Assistant Jumoke Joseph

ANAESTHETIC ROOM

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

THEATRE

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

DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITONING PATIENT

	Position(s) 1- Supine	Torrence Score Key
Skin Integrity e.g. Intact, Red, Broken, Bruise — **Pre- operative** Skin Check + Torrence Score	Visible skin appears intact	
Risk Assessment Toll - Name and Score — **Post operative** Skin Check + Torrence Score		
Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc. — Positioning Devices (type, position)	Supine	
Padding e.g. Heel, Pads, Headrest, Gel Pads etc. — Padding (type, position)	Pillow & Head. Heel pads.	
Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, J Board — Arm Position and Security (type, position)	Both hands are by side Secured by J. Boards.	

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

Measures to reduce the risks of Compartment Syndrome

N/A

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

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

DVT Prophylaxis

N/A

Elastic Compression Stockings ☐ Sequential Compression device _____ mmhg

Flowtron Boots ☐ _____ mmhg

Safe use and application of Intraoperative equipment to prevent injury

N/A

Diathermy - Monopolar Bi polar

Monopolar return eletrode - Site _____

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

Tourniquet - Checked ☐ Padding applied ☐

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

Skin Preparation to reduce the risk of infection

Correct site(s) to be checked with Surgeon ☑

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

Aseptic Technique to reduce risk of infection

N/A

Drain(s) Inserted ☐

	Type	Site	Size	Secured with
Drain 1				
Drain 2				
Drain 3				

N/A

Urinary Catheter ☐

Type	Site	Size	Ballooned Inflated with	Pepping Solution
			mls	

Wound Closure/Dressings

	Site	Wound Closure	Dresssing	Other
1	Lt. clavicle	2·0 polysorb	Island dressing	
2				

Wound Bath - Sterile Saline 0.9% ☑ Other ☐ _____

N/A

Pack left in situ

Site	Type	Size	Number

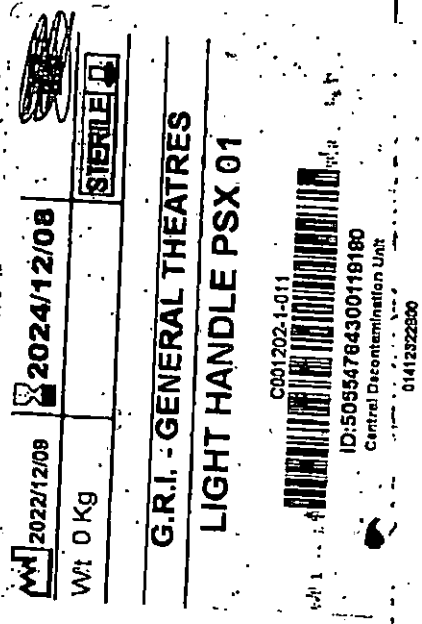
OPERATION PERFORMED

Implantation of dual chamber Pacemaker.

COMMENTS / NOTES

PROTHESIS STICKERS





TRACEABILITY STICKERS

Post Operative Instructions

Oxygen:

Fluids:

Other:

Anaesthetist's Signature:

Surgeons Notes

Signature of Surgeon:

Nursing Notes

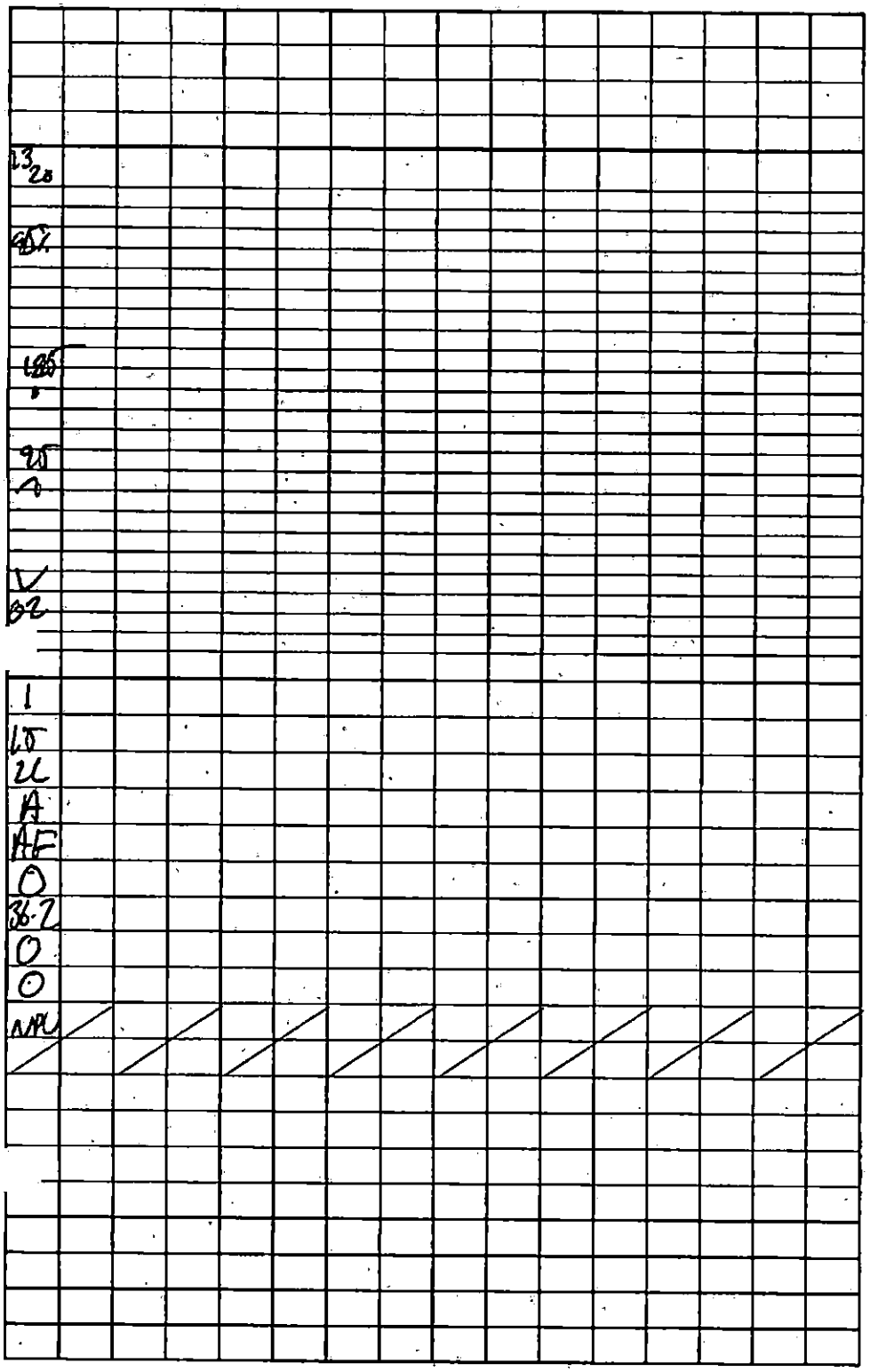
4g Lidocaine 1% with adrenaline 25 ml + Levobuvicaine 14 ml
Mixture → 36 ml used.

Drugs & Route	Time 1239
inj midazolam	2mg
inj. Betaloc @ 1230	10mg Stat

Time	11 ^{45}	12 ^{00}	12 ^{20}	12 ^{30}	12 ^{40}	12 ^{50}	13 ^{00}
SPO_2	95%	92%	95%	95%	95%	98%	95%
Airway Type	1	1	1	1	1	1	1
Resp. Rate							
O_2 Therapy	air	2L	2L	2L	2L	2L	2L
Sedation score	0	0	0	0	S	S	S
E.C.G	AF	AF	AF	AF			
Wound score							
Core Temp:							
Pain score							
P.O.N.V.							
½ Hrs Urine Volume							
Total Volume							

I.V. Fluids from Theatre

	Time	Type of Fluid	Volume	Batch No.	Signature
1					
2					
3					
4					
5					



KEYS

AIRWAY TYPE

1 Spontaneous
2 Guedel
3 NASO - pharangeal
4 L.M.A.
5 E.T.T.
6 Double lumen ET.T.
7 Tracheostomy

WOUND SCORE

0 Dry and intact
1 Slight staining
2 Moderate staining
3 Saturation/Pad req.

PAIN SCORE

0 No pain at rest, no pain on movement
1 No pain at rest, slight pain on movement
2 Intermittent pain at rest, moderate pain on movement
3 Continuous pain at rest, severe pain on movement

SEDATION SCORE

0 Awake
S Normal sleep
1 Drowsy, easy to rouse: eyes open to speech or light shake
2 Sedated, difficult to rouse: eyes open only to vigorous shaking
3 Unconscious, unrousable

PONV ASSESSMENT

0 None
1 Mild nausea
2 Moderate Nausea
3 Severe Nausea
4 Patient Vomiting

MEWS	
Pulse	
Resp. Rate	
Temp	
Avpu	
Urine Output	
Systolic BP	
$Sp0_2$%	
Total	

Waterlow Score
See Chart

NEWS 6
however known hypotension & tachycardia.
Patient otherwise settled. No issues
or complaints

Discharge Criteria Achieved Yes / ~~No - see Nursing Notes~~

Recovery Practitioner Signature: A Medlin

20/12/22 Review.

1300

ASKED TO DOCUMENT: HMM

HM 126 – 140

SI 84/ | Ken.

TF TO CONTACT AS PLANNED.

Bolus
SIL.

GLASGOW ROYAL INFIRMARY

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

DATE 30/11/22

OPERATION

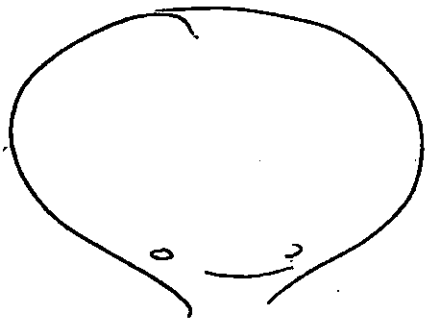
SURGEON Young (AN)

(L) URETERIC STENT

PUJ # prox ureteric stones 2 8/9mm
c/ HN # pain
No fever / AKI GOT in atrial flutter
c/ HR 70s
Elected to stent invite
3P o/c intra-op

2 - Stone MDT +
definitive treatment Cardio
pin Cardio 6 FUKS,
- CMWH, E # D, no further AOR
- ICU Cont, needs Rx of flutter #
treatments by appropriate teem

MATERIAL SENT FOR EXAMINATION





No. 05230 GGC0025

Acute Services Division

NHS Greater Glasgow and Clyde

1812526490
MCCLYMONT N
Gavin 18/12/195
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XF

Perioperative Care Plan

Hospital: GRI	Consultant:
Ward: ICU E	Date: 30/11/2022

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 ☐
	Yes ☐ No ☐	Yes ☐ No ☐

THEATRE STAFF – For Baseline Observations refer to NEWS chart.

WARD Other information

Document any other relevant information e.g. needle phobia, request for female practitioner, preferred name, interpreter arranged.

Please provide e.g. theatre buddy, 'Getting to know me' document if available.

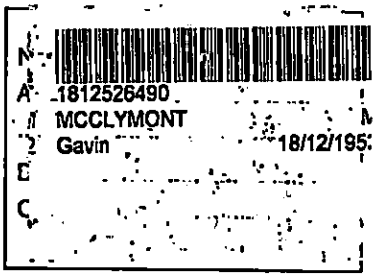
WARD Safety Checklist

Up-to-date Blood Results available on Clinical Portal Blood Cross Matched confirmed by labs Blood Grouped and Saved confirmed by labs Antibodies +ve ☐ -ve ☐	Yes ☐ No ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐	Comments if required: G&S taken at 2am 30/11/22
Date of Last Menstrual Period (LMP) N/A ☒	Date __/__/__	
Is there any chance you are pregnant? N/A ☒	Yes ☐ No ☐	
Pregnancy test carried out with the patient's consent Pregnancy test result	Yes ☐ Refused ☐ Postive ☐ Negative ☐	
Tampon removed N/A ☐	Yes ☐	
MRSA Positive ☐ Negative ☐ Results pending ☒ N/A ☐ CPE Positive ☐ Negative ☐ Results pending ☐ N/A ☒		
Topical Local Anaesthetic applied Specify site and time applied	Yes ☐ No ☐ N/A ☐ Site 1: Time: Site 2: Time:	

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

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 ☐
X-Ray and Scans – Hardcopy	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
Prescription Chart	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☑
PUDRA	Yes ☐ N/A ☐	Yes ☐ N/A ☑	Yes ☐ N/A ☑
Alert Sticker – specify:	Yes ☐ No ☐	Yes ☐ No ☑	Yes ☐ No ☑
PVC Care Plan in place	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☑ N/A ☐	Yes ☐ No ☑ N/A ☐
CONSENT FORM checks AWI ☐			
Correct patient information	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
Procedure 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	Yes ☑ No ☐	Yes ☑ No ☐	Yes ☑ No ☐
ADULTS WITH INCAPACITY (AWI) N/A ☑ Check;			
2 page Certificate of Incapacity for Single Procedure;	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
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:			
Fasted from – specify time (24 hr clock) N/A ☐	Food: 17:30 29/11/22	Food: 1530 29/11/22	Food: 29·11
	Fluid: 22:00 29/11/22	Fluid: 2200 29/11/22	Fluid: 29·11·
Blood Glucose Score – if relevant	Time: 730 Score: 5·8 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 ☑
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 ☐



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 ☑	Yes ☐ No ☐ N/A ☑
Loose teeth, caps and crowns and veneers State site and type	Yes ☑ No ☐ not loose Front	Yes ☑ No ☐	Yes ☐ No ☐
Hearing aid(s) N/A ☑ If removed state where stored	R ☐ L ☐ Insitu ☐ Removed ☐	R ☐ L ☐ N/K Insitu ☐ Removed ☐	R ☐ L ☐ Insitu ☐ Removed ☐
Spectacles/Contact lenses removed N/A ☑ If 'Yes' state where stored	Yes ☐ No ☐	Yes ☐ No ☐ N/K	Yes ☐ No ☐
Make-up/ Nail polish removed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑ N/K	Yes ☐ No ☐
False nails in situ – Anaesthetist informed N/A ☑	Yes ☐ No ☐	Yes ☐ No ☑ N/K	Yes ☐ No ☐
Jewellery/Body piercing removed N/A ☐ If 'yes' state where stored If unable to remove, please tape and state location	Yes ☑ No ☐	Yes ☑ No ☐ N	Yes ☐ No ☐
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	Yes ☐ No ☐ Not Known ☐	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: N/K	
Anti-embolic Prophylaxis – N/A ☐	Yes ☑ No ☐	Type: compression stockings	
Paper pants in situ – If 'No' specify reason:	Yes ☐ No ☐	State reason:	
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	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 ☐	Bed ☑ Trolley ☐ Operating chair ☐ Yes ☐ No ☐
PLEASE PRINT NAME AND SIGN ONCE CHECKLIST IS COMPLETE	Print: BW Sign: Time: 0900	Print: L. JUSTICE Sign: Time: 0950	Print: HUTCHISON Sign: Sian Time:: Hutchison 0955

1812526490
1 MCCLYMONT M
2 Gavin 18/12/1952

Surgical Brief & Surgical Pause

Surgical Brief carried out:	Yes ☑ No ☐	If 'No' specify reason:
Surgical Pause carried out:	Yes ☑ No ☐	If 'No' specify reason:

Anaesthetics

Baseline Observations As per chart	Pulse:	BP:	Temp:	SpO_2:	Resps:
Anaesthetic practitioner has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been Grouped and Saved: Yes ☐ No ☐		

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

PVC site _____ Skin Prep specify: Batch no. _____
time inserted _____ Expiry date _____

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:	Skin prep Batch no. _____ Expiry Date _____	
REGIONAL BLOCK	Yes ☐ N/A ☐	Specify prep:	Skin prep Batch no. _____ Expiry Date _____	

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: Both taped

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Anaesthetics continued

Maintenance of Normothermia

This section NOT applicable ☐

Actions taken to maintain the patient's temperature	Yes ☑ No ☐	Warm air blanket device – specify:	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 ☐
		Other – specify:	Yes ☐ No ☐ N/A ☐
Temperature documented by Anaesthetist	Yes ☐ No ☐		

Record of Anaesthetic Pump Infusion Device Numbers

This section NOT applicable ☑

Anaesthetic Comments

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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: 1 2 3 4 Ungradable Suspected Deep tissue

Area of concern identified (include area of body)	Actions taken
none -	

Position	Positioning Devices		Pressure redistribution	Arm Position	
Position 1	Head ring ☐	Lateral supports ☑	Gel pads ☑	**R Arm Position**	**L Arm Position**
Time:	Pillows ☑	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☑	At side ☑
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☑	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☑	Head Pad ☐			J-board ☑	J-board ☑
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☑	Gel/ Foam pads ☑
Position 2	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐
Position 3	Head ring ☐	Lateral supports ☐	Gel pads ☐	**R Arm Position**	**L Arm Position**
Time:	Pillows ☐	Hydraulic leg supports ☐	Heel gel pads ☐	At side ☐	At side ☐
Supine ☐ Prone ☐	Straps ☐	Limb traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Left Lateral ☐ Right lateral ☐	Wedge ☐	Side supports ☐	Gel wedge ☐	Across chest ☐	Across chest ☐
Lloyd Davis ☐ Jack-knife ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand-table ☐	Hand table ☐
Tren-delenburg ☐ Reverse Tren-delenburg ☐	Oxford pillow ☐	Other ☐		Hand traction ☐	Hand traction ☐
Lower limb traction ☐ Deckchair ☐	Bean bag ☐			**Secured with:**	**Secured with:**
Other ☐ Lithotomy ☐	Head Pad ☐			J-board ☐	J-board ☐
				Straps ☐	Straps ☐
				Pressure care:	**Pressure care:**
				Gel/ Foam pads ☐	Gel/ Foam pads ☐

Pressure Area care Chart

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Insert KEY to identify pressure re-distribution:-
E – Elevation U- unable to access
R - Reposition

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

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
10.15	Lithotomy	10.35			

Lithotomy

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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:
Post-op skin check(s) is satisfactory	Yes ☐ No ☐	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 deflated

Digit Tourniquet

This section NOT applicable ☐

Site and side applied	Time applied	Time removed

DVT Prophylaxis

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

Batch no./Expiry Date

This section NOT applicable ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Theatre continued

Skin Preparation

This section NOT applicable ☐

Site – specify: N/A ☐	Clipped	Preparation solution used		
Ureter.	Yes ☐ No ☐ N/A ☑	Aqueous iodine based solution ☐ Alcohol iodine based solution ☐ Aqueous iodine and sodium chloride 50/50 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: 0·05 % ☑ 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 ☐	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 ☐	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 ☐	Chlorhexidine gluconate solution: ___ % ☐ Chlorhexidine acetate solution: _____ % ☐ Other – Specify: _____ % ☐ Batch no: _____ Expiry date: _____	

Local Anaesthetic Infiltration to Wound

This section NOT applicable ☑

Site	Drug	Quantity

Drains

This section NOT applicable ☑

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					
4					

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Boston Scientific
Percuflex™ Plus
6F (2.0mm) x 24cm
STIN 08714729056829
REF M0061752620
LOT 29801417



Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Traceability Stickers

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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	Wound Closure	Dressings	Packing
1				
2				
3				
4				

Operation / Procedure Performed

Pressure Area Care (MUST BE COMPLETED)

Post-operative skin inspection scores (please circle)	Excoriation Level: mild / moderate / severe	Pressure Ulcer Grade: 1 2 3 4 Ungradeable Suspected deep tissue

Actions taken if required:

Notes / Comments

Note / Comment	Time	PRINT and Sign

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Immediate Post-Operative Recovery

Surgical Instructions

Verbal Handover from Theatre to Recovery

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Other**
Patient's name	Anaesthetic type	Drains	RSI
Theatre	CVP/Arterial Line	Wounds/Dressings	Awake Fibre Optic Intubation
Procedure	Local anaesthetic Infiltration	Urinary catheter	
Allergies		Skin inspection results	
	IV Fluids	Intra-operative events	
	PVC	Surgical Instructions	
	PVC Documentation		
	Airway type		

Recovery

This section NOT applicable ☐

Safe Positioning

This section NOT applicable ☐

Moving aids used to move patient: Yes ☐ No ☐
If 'Yes' please specify (right)

Pat Slide ☐ Sliding Sheet ☐ Roll Board ☐
Hover Mattress ☐ Other ☐ Specify: –

Pressure Area Care (MUST BE COMPLETED)

See post operative skin inspection score from theatre on previous page

Skin inspection required a minimum 2 hourly

Time	Position	Excoriation Level	Pressure Ulcer Grade (if applicable)	Evaluation	Action

Area of concern identified (include area of body)	**Actions taken**

1812526490
1 MCCLYMONT
2 Gavin
18/12/195:

Post-operative Observations

Time	10 55	11 00	11 05	10 10	10 15
210					
200					
190					
180					
170					
160					
150					
140					
130		124	120	120	119
120	108 ^	^	^	^	^
110	^				
100					
90					
80		v	v	79 v	84 v
70	v	84	84		
60	64				
50					
40					
30					
Airway type	1	1	1	1	1
O_2 Therapy	95	97	97	97	97
SpO_2	5l	5l	5l	5l	5l
Resp. Rate	18	17	16	17	18
AF	150	150	150	150	150
Temp.	36.0	=	=	=	=
Pain Score	0	0	0	0	0
P.O.N.V.	0	0	0	0	0
Sedation Score	1	0	0	0	0
BM Score	—	—	—	—	—
PV staining	—	—	—	—	—
Hourly Urine Vol. NP Total Urine Vol.	4				
Wound Score	0	0	1	1	1
Circulation +ve/-ve					
Sensation +ve/-ve					
Movement +ve/-ve					
Pedal Pulse – R / L					
Drain 1					
Staff initials	NE	NE	NE	NE	NE

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

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			

1110 IR HARTMANNS ↓
500ml HARTMANNS
LOT 221247HF EXP ↑12↑ UE

1120 CXR REPORTED
BP STABLE 120 SYST.
HR AF 150

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address:.....
.....
DoB: .....
CHI number:.....
Affix patient data label

Events

Event	Action	Outcome

Name: .....
Address:.....
.....
DoB: .....
CHI number:.....
Affix patient data label

Discharge

NEWS Score:	Time:	Local Discharge Criteria met: Yes ☐ No ☐

Discharge Comments

Verbal Handover from Recovery to Ward

Verbal Handover given by: To:

Handover should include the following

Patient	**Anaesthetic**	**Theatre**	**Recovery**	**Other**
Patient's name	Anaesthetic type	Drains	Skin Inspection results	
Theatre	CVP/Arterial Line	Wounds/Dressings	Surgical Instructions	
Procedure	Local anaesthetic Infiltration	Urinary catheter	NEWS Score	
Allergies		Intra-operative events		
	IV Fluids			
	PVC			
	PVC Documentation			

Blood Tag Dispatch

This section NOT applicable ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐

Name: .....
Address: .....
.....
DoB: .....
CHI number: .....
Affix patient data label

Use this page to document further patient information if required.

2022/11/29 | 2024/11/28

Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

GGC UROLOGY CYSTOSCOPY SET
(OLYMPUS)

T-00216-003

ID:50554764300035974

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

2022/11/30 | 2024/11/29

Wt 0 Kg | STERILE

Store in clean dry conditions. DO NOT USE if wrap damaged.
ONLY for use by trained personnel - for its intended purpose.

G.R.I. THEATRE F UROLOGY

12 DEG 4MM OLYMPUS TELESCOPE &
ADAPTORS

T-00857-016

ID:50554764300037866

Central Decontamination Unit

01412322800
Cowlairs Industrial Estate
24 Finlas Street, Springburn Glasgow G22 5DT

1812526490
MCCLYMONT
Gavin
18/12/195

Theatre: A

Date: 30/11/22

Patient Safety Checklists
North Sector Theatre Suite

NHS Greater Glasgow and Clyde

Anaesthetic Pause (Sign in)
Before any form of sedation or anaesthesia

Patient, Anaesthetist, Assistant/ODP to participate in the anaesthetic pause and cease their tasks:

Silence for pause.

Ask the patient their name and DoB. Check this matches name band and CHI is correct? Y/ N

Does the patient have any Allergies? Y/N
Or metalwork? Y/N

Ask the patient what operation they are having?
Is there a signed consent form for the expected procedure? Y/ N

Laterality – has the patient been marked? Y/ N/ NA
If lateral block planned attach **STOP BEFORE YOU BLOCK** sticker. Y/N
If neuraxial block, check last dose LMWH >12h Y/ N

Pregnancy: confirm that the pregnancy status question has been asked. Y/ N/NA
(n/a in males, females >55, previous hysterectomy/BSO, post menopausal, surgery for ERPOC)

Anaesthetic equipment available and checked ready to use? Y/N/ NA

Name/Signed

Surgical Pause - Pre Skin Incision
Before start of surgical intervention

All the theatre team to participate in the surgical pause and cease their tasks:

Silent theatre for pause.

Scrub Team to Confirm:
Patient Name, DoB, CHI on Name Band and Consent Form? Y/N
Operation and Laterality on Consent Form (and check mark if laterality)? Y/N

Anaesthetic Team to Confirm:
Patient Allergies? Y/N
Antibiotics given in correct dose? Y/ N/ NA
A.S.A. 2
Warming required ? Y/N
Any concerns ? Y/N

Anaesthetic Assistant to Confirm:
Position of any metalwork/ pacemaker? Y/ N

Surgeon to Confirm:
Does imaging need to be displayed? Y/N
Any concerns? infection Y/N
Intra-op DVT prophylaxis? Y/N
If yes circle TEDS/Flowtrons/LMWH Y/N

Circulating Team to Transfer Information above to the Theatre Whiteboard? YES

Emergency cases: CEPOD category agreed? Y/N
ELLSA data completed ? Y/ N/NA

Name/Signed

Sign Out
Towards the end of procedure

All the theatre team to participate in the surgical sign out and cease their tasks:

Silent theatre for sign out.

Lead surgeon at table (start of skin closure) Y/N

Has the correct procedure been recorded? Y/N
Is the swab, needle and instrument count correct? Y/ N

Is there a specimen? Y/N
Confirm - labelled and recorded correctly? Y/ N

Are there any packs or drains in the patient? Y/N
What are the post-op instructions for these?

What is the estimated blood loss (EBL)? nil ml

Are more antibiotics required? Y/N
Has post-op VTE prophylaxis been prescribed? Y/ NA

Can the patient eat and drink immediately post-op? Y/N
Any concerns for the recovery and management of this patient? Y/N
AF -> ICU east.
Is the post-op destination still appropriate? Y/N

Name/Signed Sian Hutchison

Review Date: June 2024

mi • 319298 v1.1

Intraoperative Accountable Items Count Record

Date 30-11-22

A[redacted]
N. 1812526490
MCCLYMONT M
Gavin 18/12/1952
D 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP
HI

WARD 67

HOSPITAL GRI

THEATRE A

COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
PRE - OP SWAB COUNT	S. RAHMEN	R clark L. clark
PRE - OP INSTRUMENT COUNT	S. RAHMEN	R clark L. clark
FINAL SWAB COUNT	S. RAHMEN	
FINAL INSTRUMENT COUNT	S. RAHMEN	
FINAL DISPATCH COUNT	S. RAHMEN	

SCRUB PRACTITIONER VERIFICATION

I have reviewed this count and can verify my count is correct

SCRUB PRACTITIONER 1 (Sign) - S. Rah

SCRUB PRACTITIONER 2 (Sign) - ..... N/A ☑

OPERATION : CYSTOSCOPY, LEFT URETEROSCOPY, LEFT RETROGRADE + LEFT URETERIC STENT INSERTION

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)	0	Pledgelets	0	Caesarean Roll	0	ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes	0			
Abdominal packs	0	Sloops/Slings	0			
Sutures	0	Bulldogs	0			
Blades	0	Shods	0			
IV needles	0	Ports	0			
Syringes	2	Tibbs Cannula	0			
Disc i-pad	0	Staple Gun Inserts	0			
Diathermy pencil	0	Spears	0			
Diathermy tips	0	Retrieval Bag (Bert)	0			
Scratch pad	0	Digital Tourniquets	0	Throat Pack IN	☐	
Reels	0	Pen & Ruler	0	Throat pack OUT	☐	
Patties	0	Bi-Polar	0	Total Number	0	

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.

NHS
Greater Glasgow and Clyde

Device Implant Report

Gavin McClymont
1812526490

Procedure

Date	20/12/22 00:00	Fluro Time/Dose	
Location	Glasgow Royal Infirmary	Requested By	Dr Aadil Shaukat
Duration		Closure	Unknown
Anaesthesia	Local Anaesthesia		
Procedure	New pacemaker/ICD system - FIRST IMPLANT		

Staff

Operator 1	Dr Simon Beggs	Operator 2	
Scrub Nurse		Floor Nurse	
Physiologist	Mr Scott Quinn	Radiographer	
Supervising Consultant	Dr Aadil Shaukat	Follow Up Consultant	Dr Aadil Shaukat

Indication

ECG Indication	E5 SSS - Brady/tachycardia	NYHA Stage	NYHA 1
Aetiology	B1 Unknown	QRS Duration	
Symptoms	A1 Unspecified	QRS Morphology	Narrow QRS

Device

Type	DDD(R)	Model	Q80A2 DR Q80A2 DR
Implant Site	Left pre-pectoral	Serial Number	510008692G
Manufacturer	Vitatron	Implant Date	20/12/2022

Leads

Port	Sense	Threshold	Impedance	Position	Access	Manufacturer	Model	Serial	Implanted
RA						Medtronic	CapSure sense - 4574 53cm	BBE721280V	20/12/22
RV						Medtronic	CapSure Sense 4074 - 58cm	BBD888489G	20/12/22

Report

Procedure note	
Programming note	
Post Op Instruction	
Follow Up	Stobhill Hospital | 1 Day (Dec 2022) | In Person

Signed	Mrs Dianne Frew	Authorised	Mrs Dianne Frew

Patient n: 1812526490
Date of bi: MCCLYMONT Gavin M 18/12/1952
CHI No: ... 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP

⚠ **ALERT: HI[illegible] RISK INFUSION DRUG [USE IN TELEME[illegible] AREA ONLY]** ⚠

NHS Greater Glasgow and Clyde

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

1. Prescribe Amiodarone LOADING infusion (#1) (SIGN chart and Kardex)
2. Review need for Amiodarone MAINTENANCE infusion (#2 and #3) (SIGN chart and Kardex).
3. TELEMETRY (or cardiac monitor) must be utilised.
4. HIGH PHLEBITIS RISK: use largest feasible venous cannula / central line.

INFUSION #1: AMIODARONE (LOADING) One hour only

PRESCRIBER'S SIGNATURE, [signature]
PRINTED NAME and DESIGNATION: Dr Riaz CCF

Date	Time	Amiodarone (mg)	Diluent	Concentration (mg/ml)	Syringe volume (ml)	Route	Flow rate (ml/hour)	Prepared by / checked by	Date / start time	Set by / checked by
20/12/22	15:35	300 mg	5% Dextrose	1.2 mg/ml	250 ml	IV	250 ml / hr	A-Borland		

INFUSION #2: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Administration details INFUSION #2 (cont'd) (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

INFUSION #3: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

PREPARATION & ADMINISTRATION: AMIODARONE

NOTE: This protocol **does not apply to cardiac arrest / peri-arrest scenarios** where more rapid amiodarone loading doses may be required (eg over 3-20 minutes). *Use senior clinical discretion.*

- Ampoules containing amiodarone: i) 50 mg in 1 mL or ii) 150 mg in 3 mL.
- **Add 5% Dextrose** to required volume. **Must NOT** be mixed with 0.9% sodium chloride.
- Repeated or continuous infusion can cause **peripheral vein phlebitis** (use **central venous catheter** where reasonable)

INFUSION 1: Amiodarone Loading Dose (300 mg)

1 hour loading dose

- **Total volume: 250 ml w/ 5% dextrose**
- If arrhythmia persists then decide on the need for Infusion 2 + 3.
- **Document this decision in the medical notes.**
- Loading dose can be repeated under exceptional circumstances

INFUSION 2 & 3: Amiodarone Maintenance Dose (each infusion: 450 mg)

2 x 12 hour maintenance doses

- **Each infusion total volume: 250 ml w/ 5% dextrose**
- If the arrhythmia remains uncontrolled both maintenance infusions can be repeated over a further 24 hours (15 mg / kg) ± dose adjustment under cardiology guidance
- Oral switch usually involves: Amiodarone 200mg TDS (7 days) ⇒ 200mg BD (7 days) ⇒ 200 mg OD thereafter *(guide only: tailor to patient)*

! Ensure Thyroid Function Test (TFT) and Liver Function Test (LFT) samples are obtained prior to administration

Indications:	Amiodarone injection is indicated for: 1. Atrial arrhythmias; including atrial fibrillation and atrial flutter 2. Atrioventricular (AV) nodal arrhythmias and AV nodal re-enterant tachycardia (AVNRT). 3. Life threatening ventricular arrhythmias (including persistent monomorphic VT).
Contraindications:	• **Torsade de Points (secondary to prolonged QT interval)** – consider iv. magnesium infusion instead. • Sinus node disease (sinus bradycardia, sino-atrial heart block, sick sinus syndrome) or advanced conduction disorder (high grade AV block) without pacemaker implantation • Pre-existing thyroid disorder **(obtain thyroid function tests prior to commencement)** • Severe respiratory failure, circulatory collapse or hypotension (rapid bolus injection is contra-indicated) • **Avoid co-administration with moxifloxacin.** • **Pregnancy**
Warnings:	Amiodarone has a low pro-arrhythmic effect but these effects generally occur in the context of QT prolongation factors (drug interactions / electrolytic disorders) (correct significant hypokaelamia where possible) Severe hepatocellular toxicity (within 24 hours of initiation) has been reported with iv amiodarone (monitor serum liver transaminases daily)
Interactions:	Pro-arrhythmogenic effects of amiodarone may be increased by combination with other anti-arrhythmic drugs (eg. digoxin) and hypokalaemia. Caution with concomitant use with beta-blocker, verapamil /diltiazem. **QTc prolongation** can occur with various fluoroquinolones (e.g. ciprofloxacin), antifungals (e.g. fluconazole), macrolides (e.g. clarithromycin), anti-psychotics (e.g. haloperidol), antidepressants (e.g. amitriptyline, citalopram, quetiapine, venlafaxine), anti-malarials (e.g. quinine sulphate), antiemetics (e.g. ondansetron)
Adverse Effects:	Rapid administration may case hypotension, bradycardia and circulatory collapse. Hot flushes, sweating and nausea have been reported. Wheeze, bronchospasm, apnoea and respiratory failure has been rarely described.
Monitoring:	**Continuous heart rate and cardiac rhythm monitoring mandatory. Monitor QTc and LFT daily . Obtain TFT sample before use.** **Observe for thrombophlebitis** with prolonged maintenance infusions through peripheral cannulae. **Stop if HR < 60, significant hypotension or phlebitis.**
Mode of Action:	Amiodarone is predominantly a class III anti-arrhythmic agent but also has class Ia, II and IV activity. It prolongs the action potential and refractory period of atrial, ventricular and nodal tissues, slows intra-cardiac conduction via Na-channel blocking effects (Class Ia) and slows the SA and AV conduction rate (Beta-blocker and calcium channel (Class II, IV) effects) Time of onset = 5 mins. Duration of onset 30 mins. Half life 14-120 days (with chronic dosing)

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Patient nam
1812526490
Date of birt MCCLYMONT M
Gavin 18/12/1952
CHI No: ..... 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

⚠ ALERT: HIGH RISK INFUSION DRUG [USE IN TELEMETRY AREA ONLY] ⚠

NHS Greater Glasgow and Clyde

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

1. Prescribe Amiodarone LOADING infusion (#1) (SIGN chart and Kardex)
2. Review need for Amiodarone MAINTENANCE infusion (#2 and #3) (SIGN chart and Kardex).
3. TELEMETRY (or cardiac monitor) must be utilised.
4. HIGH PHLEBITIS RISK: use largest feasible venous cannula / central line.

INFUSION #1: AMIODARONE (LOADING) One hour only

PRESCRIBER'S SIGNATURE, [signature]
PRINTED NAME and DESIGNATION: Dr. Riaz (CCF)

Date	Time	Amiodarone (mg)	Diluent	Concentration (mg/ml)	Syringe volume (ml)	Route	Flow rate (ml/hour)	Prepared by / checked by	Date / start time	Set by / checked by
21/12	15:36	300 mg	5% Dextrose	1.2 mg/ml	250 ml	IV	250 ml / hr	A Dark	21/12/22 1600	[signature]

INFUSION #2: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv	[signature]	

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate	21/12/22 1730		37.5 mg/hr	21 ml/hr		[signature]

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep	21/12/22	1730	AB	250ml	[signature]

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments
21/12/22	1730	250	0	21ml	[signature]	[signature]	22/12/22	0140	81.5	168	21ml/h	[signature]	
21/12/22	2045	184	66	21ml/h	[signature]		22/12/22	0300	57	193	21ml/h		
21/12/22	2345	142	108	21ml/h	[signature]		22/12/22	0500	14.8	235	21ml/h	[signature]	

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

mi • 298932 v2.4

Administration details INFUSION #2 (cont'd) (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

INFUSION #3: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv	G. Abdel CPST1	

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate	21/12/22	05 00	37.5 mg/hr	21 ml/hr		G. Abdel CPST1

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep	22/12/22	0500	[signature]	250mls	TC

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments
22/12	0535	250	0	21mls°	[signature]	New infusion							
22/12	0640	229	21.4	21mls°	[signature]								
22/12	0915	174	76.3	21ml/hr	[signature]	check ✓							

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

PREPARATION & ADMINISTRATION: AMIODARONE

NOTE: This protocol **does not apply to cardiac arrest / peri-arrest scenarios** where more rapid amiodarone loading doses may be required (eg over 3-20 minutes). *Use senior clinical discretion.*

- Ampoules containing amiodarone: i) 50 mg in 1 mL or ii) 150 mg in 3 mL
- **Add 5% Dextrose** to required volume. **Must NOT** be mixed with 0.9% sodium chloride.
- Repeated or continuous infusion can cause **peripheral vein phlebitis** (use **central venous catheter** where reasonable)

INFUSION 1: Amiodarone Loading Dose (300 mg)

1 hour loading dose

- **Total volume: 250 ml w/ 5% dextrose**
- If arrhythmia persists then decide on the need for Infusion 2 + 3.
- **Document this decision in the medical notes.**
- Loading dose can be repeated under exceptional circumstances

INFUSION 2 & 3: Amiodarone Maintenance Dose (each infusion: 450 mg)

2 x 12 hour maintenance doses

- **Each infusion total volume: 250 ml w/ 5% dextrose**
- If the arrhythmia remains uncontrolled both maintenance infusions can be repeated over a further 24 hours (15 mg / kg) ± dose adjustment under cardiology guidance
- Oral switch usually involves: Amiodarone 200mg TDS (7 days) ⇒ 200mg BD (7 days) ⇒ 200 mg OD thereafter *(guide only: tailor to patient)*

! Ensure Thyroid Function Test (TFT) and Liver Function Test (LFT) samples are obtained prior to administration

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Indications:	Amiodarone injection is indicated for: 1. Atrial arrhythmias; including atrial fibrillation and atrial flutter 2. Atrioventricular (AV) nodal arrhythmias and AV nodal re-enterant tachycardia (AVNRT). 3. Life threatening ventricular arrhythmias (including persistent monomorphic VT).
Contraindications:	• **Torsade de Points (secondary to prolonged QT interval)** – consider iv. magnesium infusion instead. • Sinus node disease (sinus bradycardia, sino-atrial heart block, sick sinus syndrome) or advanced conduction disorder (high grade AV block) without pacemaker implantation • Pre-existing thyroid disorder (**obtain thyroid function tests prior to commencement**) • Severe respiratory failure, circulatory collapse or hypotension (rapid bolus injection is contra-indicated) • **Avoid co-administration with moxifloxacin.** • **Pregnancy**
Warnings:	Amiodarone has a low pro-arrhythmic effect but these effects generally occur in the context of QT prolongation factors (drug interactions / electrolytic disorders) (correct significant hypokaelamia where possible) Severe hepatocellular toxicity (within 24 hours of initiation) has been reported with iv amiodarone (monitor serum liver transaminases daily)
Interactions:	Pro-arrhythmogenic effects of amiodarone may be increased by combination with other anti-arrhythmic drugs (eg. digoxin) and hypokalaemia. Caution with concomitant use with beta-blocker, verapamil /diltiazem. **QTc prolongation** can occur with various fluoroquinolones (e.g. ciprofloxacin), antifungals (e.g. fluconazole), macrolides (e.g. clarithromycin), anti-psychotics (e.g. haloperidol), antidepressants (e.g. amitriptyline, citalopram, quetiapine, venlafaxine), anti-malarials (e.g. quinine sulphate), antiemetics (e.g. ondansetron)
Adverse Effects:	Rapid administration may case hypotension, bradycardia and circulatory collapse. Hot flushes, sweating and nausea have been reported. Wheeze, bronchospasm, apnoea and respiratory failure has been rarely described.
Monitoring:	**Continuous heart rate and cardiac rhythm monitoring mandatory. Monitor QTc and LFT daily . Obtain TFT sample before use.** **Observe for thrombophlebitis** with prolonged maintenance infusions through peripheral cannulae. **Stop if HR < 60, significant hypotension or phlebitis.**
Mode of Action:	Amiodarone is predominantly a class III anti-arrhythmic agent but also has class Ia, II and IV activity. It prolongs the action potential and refractory period of atrial, ventricular and nodal tissues, slows intra-cardiac conduction via Na-channel blocking effects (Class Ia) and slows the SA and AV conduction rate (Beta-blocker and calcium channel (Class II, IV) effects) Time of onset = 5 mins. Duration of onset 30 mins. Half life 14-120 days (with chronic dosing)

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

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:
Date of Admission: / / G21 1XP
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/MJ	00:40
29/11/22	Diclofenac	50mg	PR	2330			
29/11/22	Metoprolol	2mg	IV	0005		MJ	0044
29/11/22	Metoprolol	3mg	IV	0010		MJ	0044
30/11/22	Co-Amoxiclav	1.2gm	IV	0010		MH/MJ	00:20
	Gentamycin	APL		0010		MH/MJ	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):_____

	DATE → / MONTH →
	RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N • REASSESS NEED AT LEAST EVERY 48 HRS)
IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N	
ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N	
SIGNATURE OF ASSESSOR	
ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N	

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A — DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800					
2200-2400					
Other time					

B — DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800					
2200-2400					
Other time					

C — DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time					
0700-0900					
1200-1400					
1600-1800					
2200-2400					
Other time					

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

D DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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 Prescription

DATE / MONTH

Patient's Own Medicine

| | | |

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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 Prescription

DATE →
MONTH →

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

---

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 Prescription

DATE
MONTH

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

DD DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

EE DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

FF DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

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

Oral and Other Drugs: Regular Prescription

DATE →
MONTH →

Patient's Own Medicine

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

GG DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

PRESCRIBER (PRINT & SIGN) | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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.

All Routes: As Required Prescriptions

BEFORE ADMISSION ☐	LL	DRUG	STOPPED DATE:	DATE																						Patient's Own Medicine For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	STOPPED INITIALS:	TIME																					Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	MM	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	STOPPED INITIALS:	TIME																					Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	NN	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	STOPPED INITIALS:	TIME																					Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.
BEFORE ADMISSION ☐	PP	DRUG	STOPPED DATE:	DATE																						For Use Y/N
NEW DOSE ☐	DOSE	ROUTE	INDICATION	STOPPED INITIALS:	TIME																					Qty:
NEW MEDICATION ☐	PRESCRIBER (PRINT & SIGN)		MAX.FREQ.	DATE:	DOSE																					Date:
	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY				GIVEN BY																					Assessed by:
																										Ordered from Pharm.

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

| | | |

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

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

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

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

5 When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.

6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

7. The following metric unit abbreviations must be used –

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

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

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

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

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

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4 If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patien 1812526490 .....
MCCLYMONT M
Date o Gavin 18/12/1952 .....
10 EVERARD QUADRANT
CHI N Glasgow, Lanarkshire
G21 1XP .....
tient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
12/12		Hartmans	500	IV	60	CB	CBlake		11/12	2000	GD	AM	22E1474 04/24.
2/12		Hartmans	500	IV	60		CBlake		RIV Fluids at ward Rarid.				

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Pati 1812526490
Dat ..... MCCLYMONT M
Gavin 18/12/1952
CH ..... 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP *patient label*

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid Name of additive	Volume (ml) Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient 1812526490
MCCLYMONT M
Date o Gavin 18/12/1952
10 EVERARD QUADRANT
CHI N Glasgow, Lanarkshire
G21 1XP
tient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
9/12		Hartmanns	500	IV	6°				9/12	1745	[illegible]		22G 14T 4A 04/24
09/12		Hartmans	500	IV	6° last 250mls STAT			0630-STAT	10/12	0345	JM	[illegible]	22G 14T 4A 04-24
09/12		Hartmans	500	IV	2°				10/12	0710	JM	[illegible]	22G 14T 4A 04-24
10/12		Hartmans	250	IV	STAT				10/12	2130	es	M	22G 14T 4A 4/24
10/12		Hartmans	250	IV	STAT					2315			
10/12		Hartmans	500	IV	4°				11/12	0030	es	M	22G 14T 4A 8/24
10/12		Hartmans	500	IV	6°				11/12	0500	es	M	22G 14T 4A 4/24
10/12		Dextrose 5%	500	IV	6°				11/11/22	1315	[illegible]	[illegible]	22G 14T 4A exp. 09/2024

*Prescriber should sign this box if the fluid/additive is no longer required.

Patient nam 1812526490
MCCLYMONT
Gavin M
Date of birt 10 EVERARD QUADRANT 18/12/1952
Glasgow, Lanarkshire
CHI No:..... G21 1XP
label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details

Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional Instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)
09/12		Hartmann's	500	IV	1°			
9/12		HARTMANN'S	500	IV	8°			
9/12		HARTMANN'S	500	IV	8°			
9/12		N-ACETYLCYSTEINE / NaCl 0.9%	250ml		SMAT			
9/12		[illegible] / NaCl 0.9%.	250ml		SMAT			

Administration details

Date	Time	Given by	Checked by	Comments
9/12	01 25	JH	[illegible]	22 P 24 T 4 4-03/24
9/12	13 30	TD	[illegible]	22 E 14 T 4 END 04/2024
9/12	16 20	TD		22 E 14 T 4 D 04/2024
9/12	15 50	TD	TD	ERP: 01/2023

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

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

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Patient's weight and height

Weight (kg) ..... Height (cm) .....

Prescription details									Administration details				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments
29/11/22		Hartmanns	500	IV	8hrs.				29/11/22	22[10]	MH		
29/11/22	2250	HARTMANNS	500ml	IV	stat.		ANDERSON		29/11/22	2250			
29/11/22		HARTMANNS	1000ml	IV	stat		ANDERSON		30/11/22	00[25]	MH		
30/11/22		hartmans	1L	IV	1°								

*Prescriber should sign this box if the fluid/additive is no longer required.

Nursing staff guidance on using a drops/min flow rate (if administered by gravity flow)

Calculation:

Rate of flow (drops/min) = Volume of fluid (ml) x 20 / Duration of admin (min)

NB: 1ml = 20 drops (for a standard giving set)

Example:

500ml over 1 hour	167 drops/min
500ml over 4 hours	42 drops/min
500ml over 6 hours	28 drops/min
500ml over 8 hours	21 drops/min

Patient name:.....

Date of birth:.....

CHI No:.....

Affix patient label

ADULT FLUID AND ADDITIVE PRESCRIPTION AND ADMINISTRATION CHART

NHS Greater Glasgow and Clyde

Prescription details - continued									Administration details - continued				
Date	Time	Name of fluid / Name of additive	Volume (ml) / Dose	Route	Duration(hr) Or Flow rate (ml/hr)	Additional instructions	Prescriber's signature, PRINTED name and designation	*Discontinued by (initial, date and time)	Date	Time	Given by	Checked by	Comments

*Prescriber should sign this box if the fluid/additive is no longer required.

Gent level 5pm m1sm

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

NHS Greater Glasgow and Clyde

Use for all patients prescribed intravenous gentamicin unless prophylactic indication or synergistic doses (usually in endocarditis) are being used

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

Affix patient label

Age: 69 Sex: (M) / F

Weight: 76kg Height: 172

Creatinine: 120 on: 8 /12 /22

Initial Gentamicin Dose*: 300mg

Predicted Frequency*: 24°

*this is not a prescription and may change. Doses must be prescribed individually below.

Source of first dose: Online calculator (preferred method) ☑ Manual calculation ☐ Weight based, creatinine not known ☐

PROMPT ADMINISTRATION
within 1 hour of recognition of sepsis reduces mortality

SIGNS OF GENTAMICIN TOXICITY

RENAL: ↓ urine output/oliguria or ↑ creatinine

OTO/ VESTIBULAR: NEW tinnitus, dizziness, poor balance, hearing loss, oscillating vision

Toxicities may occur irrespective of gentamicin concentration

Step 1: Calculate and prescribe the first dose of gentamicin (see overleaf for more details)
- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Prescribe gentamicin 'as per chart' on the medication chart (kardex). AVOID specifying dose or administration time on the kardex.
- Prescribe individual doses in the prescription record section below, specifying the date and time the dose should be given.

Step 2: Monitor creatinine and gentamicin concentration and reassess the dosage regimen
- Check gentamicin concentration after the first dose and then at least every 2 days (see overleaf for more details).
- Monitor creatinine daily. Seek advice if renal function is unstable (e.g. a change in creatinine of >15-20%).

Step 3: Assess daily: the ongoing need for gentamicin; signs of toxicity
- Consider an alternative agent if creatinine is increasing or the patient becomes oliguric.
- If gentamicin continues for >7 days, suggest referral to audiology for assessment.
- Refer to guidelines or clinical pharmacist for further advice on prescribing, monitoring and administration.

Pre-prescribing checks	Gentamicin Prescription Record				Administration Record			Monitoring Record			
	Complete each time a dose is given (ensuring gentamicin is prescribed 'as per chart' on the kardex)				Complete each time gentamicin is administered (in addition to the kardex)			Record ALL sample dates/times accurately below. See overleaf for monitoring advice.			
Toxicity assessments	Date to be given	Time to be given 24 h clock	Gentamicin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	*Infuse over 30 mins* Date given	*Infuse over 30 mins* Time started 24 h clock	Given by	Date of sample	Time of sample 24 h clock	Gent level (mg/L)	Action/ Comments (please initial action to be taken)
Before prescribing: Check renal and oto/vestibular function	9/12	10:00	300mg	L. HOWDOON	9/12/22	10:20	[illegible]	9/12	16:00	5.7	24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
	10/12	10:20	300mg	LOUISA MAIR GPST1	10/12/22	22:00	RS, M.	10/12	~~22:00~~	2.4	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
*Discuss with an infection specialist and document in the notes if treatment continues beyond 3 to 4 days * Risks of prolonged treatment must be considered and treatment options discussed with microbiology or infection specialist											
Before prescribing: Check renal and oto/vestibular function	~~11/12~~ 12/12	~~22:20~~ 10:00	300MG	[illegible]	11/12/22	22:25	M, 160	12/12	? 10:00	1.7	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
	12/12	22:20	300mg	RODNEY	12/12/22	22:30	NS, [illegible]	13/12			24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other :
Discuss with an infection specialist before continuing onto a second sheet											

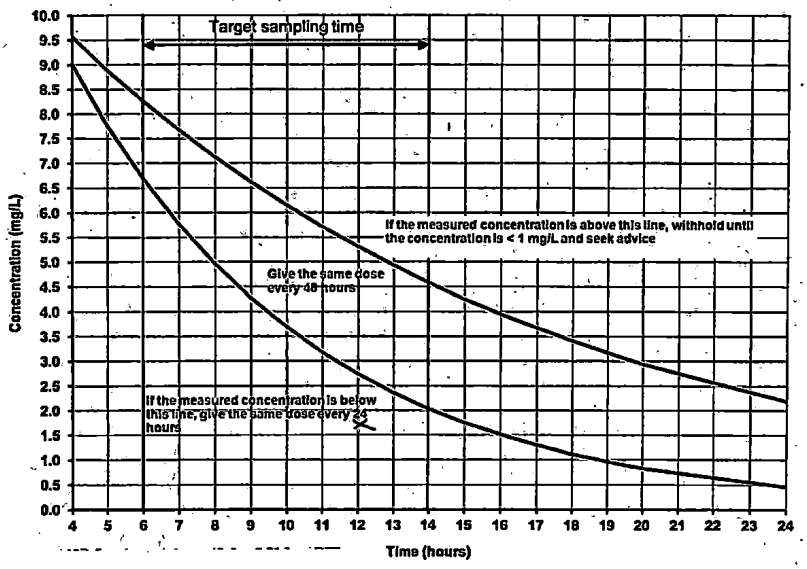
97807

Patient name: ..... CHI no .....

NHS Greater Glasgow and Clyde

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

Prescribing, monitoring, interpreting and re-prescribing advice



If the measured concentration is unexpectedly HIGH or LOW

- Were dose and sample times recorded accurately?
- Was the correct dose administered?
- Was the sample taken from the line used to administer the drug?
- Was the sample taken during drug administration?
- Has renal function declined or improved?
- Does the patient have oedema or ascites?

If in doubt, take another sample before re-prescribing and/or contact pharmacy for advice.

Calculating the first dose of gentamicin

- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Calculate the dosage regimen once creatinine is available.
- If the online calculator is not available, manually calculate the dose referring to the GGC Therapeutics Handbook.

Checking the patient's gentamicin concentration

- Take a blood sample 6-14 hours after the start of the first gentamicin infusion (or after 24 hours if CrCl <21 ml/min).
- Thereafter, sample at least every 2 days.
- Record the exact time of all gentamicin samples overleaf AND on the sample request form.

Interpreting gentamicin results and re-prescribing

- Record the measured concentration overleaf.
- If creatinine clearance is <21 ml/min and therapy is to continue, give a further dose once the measured concentration is <1 mg/L.
- If creatinine clearance is ≥21 ml/min and therapy is to continue, plot the gentamicin concentration on the graph opposite & reassess the dose/dosing interval as indicated.
- Document the action taken in the medical notes and overleaf. Prescribe the next dose overleaf as appropriate.
- Contact pharmacy for further advice as necessary (e.g. if renal function is changing, the gentamicin concentration is unexpectedly high or low or the concentration is on the line between dosage intervals).
- Consider narrow spectrum alternatives and refer to IV to Oral switch policy.

CEDAR ORDER CODE 97907

Approved by: NHSGGC Antimicrobial Utilisation Committee, June 2012.
Date of Review: August 2013.

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

NHS Greater Glasgow and Clyde

Use for patients prescribed intravenous gentamicin unless prophylactic indication or where synergistic doses (usually in endocarditis) are used. Refer to full GGC guidance for EXCLUSIONS & Cautions / Contra-indications

Patient name: ... 1812526490
Date of birth: ... MCCLYMONT Gavin M 18/12/1952
CHI no.: ... 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP

Age: 69 Sex: (M) / F
Weight: 80 Height: 165
Creatinine: 83 on: 30 / 11 / 22
Source of first dose: Online calculator (preferred method) ☑ Manual calculation ☐ Weight based, creatinine not known ☐

Initial Gentamicin Dose*: 360 mg *this is not a prescription and may change. Doses must be prescribed individually below.
Predicted Frequency*: 24hrs

Gentamicin Patient Information Leaflet issued to: Patient ☐ Other ..... on ...../...../..... Issued by .....
The gentamicin patient information leaflet should be issued to the patient/their carer as soon as possible (unless the prescriber considers this to be inappropriate). It is MANDATORY to issue the leaflet for courses >4 days.

PROMPT ADMINISTRATION
within 1 hour of recognition of sepsis reduces mortality

SIGNS OF GENTAMICIN TOXICITY
RENAL: ↓ urine output/oliguria or ↑ creatinine
OTO-VESTIBULAR: NEW tinnitus, dizziness, poor balance, hearing loss, oscillating vision

Toxicities may occur irrespective of gentamicin concentration

Step 1: Calculate and prescribe the first dose of gentamicin (see overleaf for more details)
- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Prescribe gentamicin 'as per chart' on the medication chart (kardex). AVOID specifying dose or administration time on the kardex.
- Prescribe individual doses in the prescription record section below, specifying the date and time the dose should be given.
- DO NOT prescribe doses in advance of the day they are due. For 48hly dosing write 'no dose required' on the days where gentamicin does not need to be dosed.

Step 2: Monitor creatinine and gentamicin concentration and reassess the dosage regimen
- Check gentamicin concentration after the first dose and then at least every 2 days (see overleaf for more details).
- Monitor creatinine daily. Seek advice if renal function is unstable (e.g. a change in creatinine of >15-20%).

Step 3: Assess daily: the ongoing need for gentamicin; signs of toxicity
- Consider an alternative agent if creatinine is increasing or the patient becomes oliguric.
- If gentamicin continues for >7 days, suggest referral to audiology for assessment.
- Refer to guidelines or clinical pharmacist for further advice on prescribing, monitoring and administration.

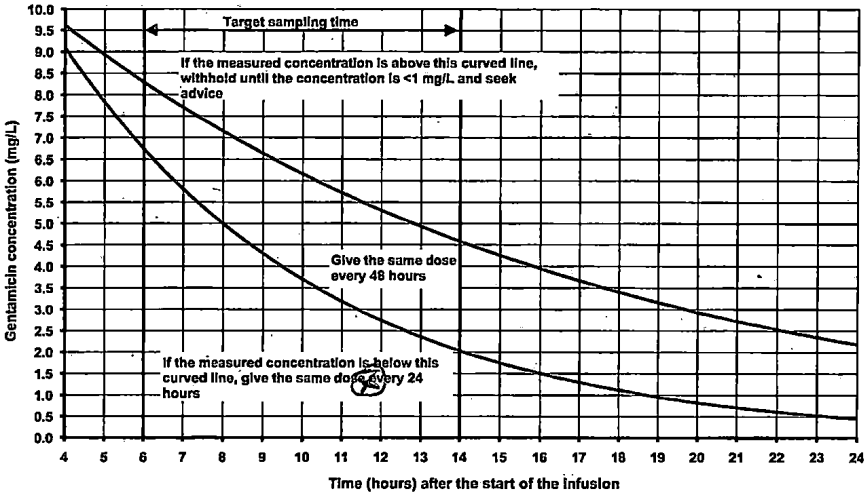
TOXICITY Before prescribing each dose check: Renal & Oto-vestibular function	Gentamicin Prescription Record: Complete each time a dose is to be given (ensuring gentamicin is prescribed 'as per chart' on the kardex)				Administration Record: Complete each time gentamicin is administered (in addition to the kardex)			Monitoring Record: Record ALL sample dates/times accurately below. See overleaf for monitoring advice.			
	Date to be given	Time to be given 24 h clock	Gentamicin Dose (mg)	Prescriber's signature, PRINTED name and STATUS	*Infuse over 30 mins* Date given	*Infuse over 30 mins* Time started 24 h clock	Given by	Date of sample	Time of sample 24 h clock	Gent level (mg/L)	Action/ Comments (please initial action to be taken)
Cr = 85 micromol /L	30/11	0010	360 mg	DH LW SPR	30/11/22	00:20	MH / NC	30-11-22	12:00	1.4	24 hourly ☑ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other: DOSE EARLIER → 23:00 KR
Cr = 70 micromol /L	30-11-22	23:00	360 mg	R KISHORE (IPP)	1/12/22	00:50	KR / [illegible]				24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
*Discuss with an infectious diseases or microbiology specialist and document in the notes if treatment continues beyond 4 days * Risks of prolonged treatment must be considered and treatment options discussed with an infection specialist											
Cr = micromol /L											24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
Cr = micromol /L											24 hourly ☐ 48 hourly ☐ Withhold ☐ Stop ☐ Details/other:
Discuss with an infection specialist before continuing onto a second sheet											

Patient name: ..... CHI no.: .....

NHS Greater Glasgow and Clyde

ADULT PARENTERAL GENTAMICIN (GGC): PRESCRIBING, ADMINISTRATION & MONITORING CHART

Prescribing, monitoring, interpreting and re-prescribing advice



If the measured concentration is unexpectedly HIGH or LOW

- Were dose and sample times recorded accurately?
- Was the correct dose administered?
- Was the sample taken from the line used to administer the drug?
- Was the sample taken during drug administration?
- Has renal function declined or improved?
- Does the patient have oedema or ascites?

If in doubt, take another sample before re-prescribing and/or contact pharmacy for advice.

Calculating the first dose of gentamicin

- If creatinine is known - use the online gentamicin dose calculator.
- If creatinine is not known - give 5 mg/kg gentamicin (maximum 400 mg) or, if CKD 5, give 2.5 mg/kg (maximum 180 mg) on advice of senior medical staff.
- Calculate the dosage regimen once creatinine is available.
- If the online calculator is not available, manually calculate the dose referring to the GGC Therapeutics Handbook.

Checking the patient's gentamicin concentration

- Take a blood sample 6-14 hours after the start of the first gentamicin infusion (or after 24 hours if CrCl <21 ml/min).
- Thereafter, sample at least every 2 days.
- Record the exact time of all gentamicin samples overleaf and ensure that the TrakCare sample request form is printed at the time of sample collection (to ensure that the time on TrakCare is accurate).

Interpreting gentamicin results and re-prescribing

- Record the measured concentration overleaf.
- If creatinine clearance is ≥21 ml/min and therapy is to continue, plot the gentamicin concentration on the graph opposite & reassess the dose/ dosing interval as indicated.
- If creatinine clearance is <21 ml/min and therapy is to continue, give a further dose once the measured concentration is <1 mg/L.
- Document the action taken in the medical notes and overleaf. Prescribe the next dose overleaf as appropriate.
- Contact pharmacy for further advice as necessary (e.g. if renal function is changing, the gentamicin concentration is unexpectedly high or low or the concentration is on the line between dosage intervals)
- Check microbiology sensitivities and refer to IV to Oral switch policy.

Approved by: NHSGGC Antimicrobial Utilisation Committee,August 2019
Date of Review: August 2022

mi • 290376 Version 1.0 • GGC0088

Intravenous Gentamicin (Patient Information)

NHS Greater Glasgow and Clyde

Why have you been given this leaflet?

This leaflet gives you some important information on a medicine called gentamicin. This is to help you to:

- be more involved in your treatment
- understand why we take blood samples
- be aware of the important potential side-effects of gentamicin
- understand the importance of letting the doctor, nurse or pharmacist know if you have any side effects
- feel able to ask questions about your treatment.

What is gentamicin and what is it used for?

Gentamicin is a powerful antibiotic that we use to treat certain types of serious bacterial infections. You have been prescribed gentamicin because it is the appropriate antibiotic for your infection.

When serious infection is suspected doctors aim to give gentamicin as soon as possible. Therefore if you are very unwell we sometimes start treatment before you or your family have had a chance to read this leaflet.

If you answer 'Yes' to any of these questions, please tell your doctor, nurse or pharmacist immediately:

- Are you allergic to gentamicin or any other antibiotics?
- Are you pregnant or breast feeding?
- Do you have reduced kidney function?
- Do you have myasthenia gravis ?
- Are you taking any other medicines: including 'water tablets' such as furosemide; over the counter medications; or herbal remedies?
- Do you have any hearing or balance problems?
- Have you taken gentamicin before?

How is gentamicin given?

The nurses in hospital will give you gentamicin as an injection into a vein or via a drip. We may change the dose and how often you take it during the course of treatment.

How will I be monitored?

We will measure the amount of gentamicin in your blood to make sure you are on the right dose by taking a blood test. This will also tell us how your kidneys are working. You may also need a hearing and balance test (see possible side effects).

How long will I take gentamicin?

Usually you will take gentamicin for up to 4 days. If you need gentamicin for more than 7 days, your doctor will arrange for you to have hearing and balance tests (see possible side effects).

What are the possible side effects?

Like all medicines, gentamicin may cause side effects. However, most are rare and not all patients will experience them. It is extremely important that you tell your doctor, nurse or pharmacist if you experience any of these side effects at any time as they could be serious or long-term.

- **Reduced kidney function:** you might not have any symptoms but may notice you are passing less urine.
- **Allergic reactions:** including rash, itch, fever, shortness of breath, a tight chest or wheezing, chills or shivers, swelling or redness of the skin.
- **Hearing or balance problems:** these may include:

  Hearing impairment – you might experience a ringing in your ears (tinnitus) or hearing loss

  Disturbances in balance – you may feel dizzy or have difficulty in keeping your balance

  Visual disturbances – you may experience jerky or bouncing vision.

If you have any questions while in hospital, please ask a member of staff.

When you go home, you should contact your GP, Practice Nurse or Community Pharmacist for any further advice if required. **If you are ill on a day or at a time when your GP surgery is closed, you can call NHS 24 on 111.**

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

⚠ **ALERT: HI RISK INFUSION DRUG [USE IN TELEMET ...EA ONLY]** ⚠

NHS Greater Glasgow and Clyde

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

1. **Prescribe Amiodarone LOADING infusion (#1) (SIGN chart and Kardex)**
2. **Review need for Amiodarone MAINTENANCE infusion (#2 and #3) (SIGN chart and Kardex).**
3. **TELEMETRY (or cardiac monitor) must be utilised.**
4. **HIGH PHLEBITIS RISK: use largest feasible venous cannula / central line.**

INFUSION #1: AMIODARONE (LOADING) One hour only

PRESCRIBER'S SIGNATURE, PRINTED NAME and DESIGNATION:

Date	Time	Amiodarone (mg)	Diluent	Concentration (mg/ml)	Syringe volume (ml)	Route	Flow rate (ml/hour)	Prepared by / checked by	Date / start time	Set by / checked by
		300 mg	5% Dextrose	1.2 mg/ml	250 ml	IV	250 ml / hr			

INFUSION #2: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep	9/12/22	10[20]		250ml	

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments
9/12/22	10[20]	250	0	21 ml/hr	TS	NEW INFUSION							
	11[45]	—	STOPPED		DUE TO ↓ HR								

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Administration details INFUSION #2 (cont'd) (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

INFUSION #3: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

PREPARATION & ADMINISTRATION: AMIODARONE

NOTE: This protocol **does not apply to cardiac arrest / peri-arrest scenarios** where more rapid amiodarone loading doses may be required (eg over 3-20 minutes). *Use senior clinical discretion.*

- Ampoules containing amiodarone: i) 50 mg in 1 mL or ii) 150 mg in 3 mL
- **Add 5% Dextrose** to required volume. **Must NOT** be mixed with 0.9% sodium chloride.
- Repeated or continuous infusion can cause **peripheral vein phlebitis** (use **central venous catheter** where reasonable)

INFUSION 1: Amiodarone Loading Dose (300 mg)

1 hour loading dose

- **Total volume: 250 ml w/ 5% dextrose**
- If arrhythmia persists then decide on the need for Infusion 2 + 3.
- **Document this decision in the medical notes.**
- Loading dose can be repeated under exceptional circumstances

INFUSION 2 & 3: Amiodarone Maintenance Dose (each infusion: 450 mg)

2 x 12 hour maintenance doses

- **Each infusion total volume: 250 ml w/ 5% dextrose**
- If the arrhythmia remains uncontrolled both maintenance infusions can be repeated over a further 24 hours (15 mg / kg) ± dose adjustment under cardiology guidance
- Oral switch usually involves: Amiodarone 200mg TDS (7 days) ⇒ 200mg BD (7 days) ⇒ 200 mg OD thereafter *(guide only: tailor to patient)*

! Ensure Thyroid Function Test (TFT) and Liver Function Test (LFT) samples are obtained prior to administration

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Indications:	Amiodarone injection is indicated for: 1. Atrial arrhythmias; including atrial fibrillation and atrial flutter 2. Atrioventricular (AV) nodal arrhythmias and AV nodal re-enterant tachycardia (AVNRT). 3. Life threatening ventricular arrhythmias (including persistent monomorphic VT).
Contraindications:	• **Torsade de Points (secondary to prolonged QT interval)** – consider iv. magnesium infusion instead. • Sinus node disease (sinus bradycardia, sino-atrial heart block, sick sinus syndrome) or advanced conduction disorder (high grade AV block) without pacemaker implantation • Pre-existing thyroid disorder **(obtain thyroid function tests prior to commencement)** • Severe respiratory failure, circulatory collapse or hypotension (rapid bolus injection is contra-indicated) • **Avoid co-administration with moxifloxacin.** • **Pregnancy**
Warnings:	Amiodarone has a low pro-arrhythmic effect but these effects generally occur in the context of QT prolongation factors (drug interactions / electrolytic disorders) (correct significant hypokaelamia where possible) Severe hepatocellular toxicity (within 24 hours of initiation) has been reported with iv amiodarone (monitor serum liver transaminases daily)
Interactions:	Pro-arrhythmogenic effects of amiodarone may be increased by combination with other anti-arrhythmic drugs (eg. digoxin) and hypokalaemia. Caution with concomitant use with beta-blocker, verapamil /diltiazem. **QTc prolongation** can occur with various fluoroquinolones (e.g. ciprofloxacin), antifungals (e.g. fluconazole), macrolides (e.g. clarithromycin), anti-psychotics (e.g. haloperidol), antidepressants (e.g. amitriptyline, citalopram, quetiapine, venlafaxine), anti-malarials (e.g. quinine sulphate), antiemetics (e.g. ondansetron)
Adverse Effects:	Rapid administration may case hypotension, bradycardia and circulatory collapse. Hot flushes, sweating and nausea have been reported. Wheeze, bronchospasm, apnoea and respiratory failure has been rarely described.
Monitoring:	**Continuous heart rate and cardiac rhythm monitoring mandatory. Monitor QTc and LFT daily . Obtain TFT sample before use.** **Observe for thrombophlebitis** with prolonged maintenance infusions through peripheral cannulae. **Stop if HR < 60, significant hypotension or phlebitis.**
Mode of Action:	Amiodarone is predominantly a class III anti-arrhythmic agent but also has class Ia, II and IV activity. It prolongs the action potential and refractory period of atrial, ventricular and nodal tissues, slows intra-cardiac conduction via Na-channel blocking effects (Class Ia) and slows the SA and AV conduction rate (Beta-blocker and calcium channel (Class II, IV) effects) Time of onset = 5 mins. Duration of onset 30 mins. Half life 14-120 days (with chronic dosing)

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Patient n: 1812526490
Date of b: MCCLYMONT Gavin M 18/12/1952
CHI No: 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP

⚠ ALERT: H_ _ J RISK INFUSION DRUG [USE IN TELEMETRY AR** ONLY] ⚠

NHS Greater Glasgow and Clyde

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

1. Prescribe Amiodarone LOADING infusion (#1) (SIGN chart and Kardex)
2. Review need for Amiodarone MAINTENANCE infusion (#2 and #3) (SIGN chart and Kardex).
3. TELEMETRY (or cardiac monitor) must be utilised.
4. HIGH PHLEBITIS RISK: use largest feasible venous cannula / central line.

INFUSION #1: AMIODARONE (LOADING) One hour only

PRESCRIBER'S SIGNATURE,
PRINTED NAME and DESIGNATION: KEIRA MAKKATO FY2.

Date	Time	Amiodarone (mg)	Diluent	Concentration (mg/ml)	Syringe volume (ml)	Route	Flow rate (ml/hour)	Prepared by / checked by	Date / start time	Set by / checked by
8/12/22	11:00	300 mg	5% Dextrose	1.2 mg/ml	250 ml	IV	250 ml / hr	[illegible]	8/12/22 11:55	[illegible]

INFUSION #2: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv	KEIRA MAKKATO FY2.	

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional Instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate	8/12/22	1330	37.5 mg/hr	21 ml/hr		[illegible] GMRI.

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep	8/12/22	1325	[illegible]	250ml	[illegible]

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments
8/12/22	1530	250	0.	21ml/hr	[illegible]	[illegible]							
	1606	Stopped → Bolus in SR			[illegible]								

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

mi • 298932 v2.4

Administration details INFUSION #2 (cont'd) (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

INFUSION #3: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

PREPARATION & ADMINISTRATION: AMIODARONE

NOTE: This protocol **does not apply to cardiac arrest / peri-arrest scenarios** where more rapid amiodarone loading doses may be required (eg over 3-20 minutes). *Use senior clinical discretion.*

- Ampoules containing amiodarone: i) 50 mg in 1 mL or ii) 150 mg in 3 mL
- **Add 5% Dextrose** to required volume. **Must NOT** be mixed with 0.9% sodium chloride.
- Repeated or continuous infusion can cause **peripheral vein phlebitis** (use **central venous catheter** where reasonable)

INFUSION 1: Amiodarone Loading Dose (300 mg)

1 hour loading dose

- **Total volume: 250 ml w/ 5% dextrose**
- If arrhythmia persists then decide on the need for Infusion 2 + 3.
- **Document this decision in the medical notes.**
- Loading dose can be repeated under exceptional circumstances

INFUSION 2 & 3: Amiodarone Maintenance Dose (each infusion: 450 mg)

2 x 12 hour maintenance doses

- **Each infusion total volume: 250 ml w/ 5% dextrose**
- If the arrhythmia remains uncontrolled both maintenance infusions can be repeated over a further 24 hours (15 mg / kg) ± dose adjustment under cardiology guidance
- Oral switch usually involves: Amiodarone 200mg TDS (7 days) ⇒ 200mg BD (7 days) ⇒ 200 mg OD thereafter *(guide only: tailor to patient)*

! Ensure Thyroid Function Test (TFT) and Liver Function Test (LFT) samples are obtained prior to administration

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Indications:	Amiodarone injection is indicated for: 1. Atrial arrhythmias; including atrial fibrillation and atrial flutter 2. Atrioventricular (AV) nodal arrhythmias and AV nodal re-enterant tachycardia (AVNRT). 3. Life threatening ventricular arrhythmias (including persistent monomorphic VT).
Contraindications:	• **Torsade de Points (secondary to prolonged QT interval)** – consider iv. magnesium infusion instead. • Sinus node disease (sinus bradycardia, sino-atrial heart block, sick sinus syndrome) or advanced conduction disorder (high grade AV block) without pacemaker implantation • Pre-existing thyroid disorder **(obtain thyroid function tests prior to commencement)** • Severe respiratory failure, circulatory collapse or hypotension (rapid bolus injection is contra-indicated) • **Avoid co-administration with moxifloxacin.** • **Pregnancy**
Warnings:	Amiodarone has a low pro-arrhythmic effect but these effects generally occur in the context of QT prolongation factors (drug interactions / electrolytic disorders) (correct significant hypokaelamia where possible) Severe hepatocellular toxicity (within 24 hours of initiation) has been reported with iv amiodarone (monitor serum liver transaminases daily)
Interactions:	Pro-arrhythmogenic effects of amiodarone may be increased by combination with other anti-arrhythmic drugs (eg. digoxin) and hypokalaemia. Caution with concomitant use with beta-blocker, verapamil /diltiazem. **QTc prolongation** can occur with various fluoroquinolones (e.g. ciprofloxacin), antifungals (e.g. fluconazole), macrolides (e.g. clarithromycin), anti-psychotics (e.g. haloperidol), antidepressants (e.g. amitriptyline, citalopram, quetiapine, venlafaxine), anti-malarials (e.g. quinine sulphate), antiemetics (e.g. ondansetron)
Adverse Effects:	Rapid administration may case hypotension, bradycardia and circulatory collapse. Hot flushes, sweating and nausea have been reported. Wheeze, bronchospasm, apnoea and respiratory failure has been rarely described.
Monitoring:	**Continuous heart rate and cardiac rhythm monitoring mandatory. Monitor QTc and LFT daily . Obtain TFT sample before use.** **Observe for thrombophlebitis** with prolonged maintenance infusions through peripheral cannulae. **Stop if HR < 60, significant hypotension or phlebitis.**
Mode of Action:	Amiodarone is predominantly a class III anti-arrhythmic agent but also has class Ia, II and IV activity. It prolongs the action potential and refractory period of atrial, ventricular and nodal tissues, slows intra-cardiac conduction via Na-channel blocking effects (Class Ia) and slows the SA and AV conduction rate (Beta-blocker and calcium channel (Class II, IV) effects) Time of onset = 5 mins. Duration of onset 30 mins. Half life 14-120 days (with chronic dosing)

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Pa 1812526490
Da MCCLYMONT M
Gavin 18/12/1952
CH 10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP
patient label

⚠ **ALERT: H H RISK INFUSION DRUG [USE IN TELEME... AREA ONLY]** ⚠

NHS Greater Glasgow and Clyde

ADULT PRESCRIPTION AND ADMINISTRATION CHART: FOR MEDICINES GIVEN BY SYRINGE OR INFUSION PUMP

1. **Prescribe Amiodarone LOADING infusion (#1) (SIGN chart and Kardex)**
2. **Review need for Amiodarone MAINTENANCE infusion (#2 and #3) (SIGN chart and Kardex).**
3. **TELEMETRY (or cardiac monitor) must be utilised.**
4. **HIGH PHLEBITIS RISK: use largest feasible venous cannula / central line.**

INFUSION #1: AMIODARONE (LOADING) One hour only

PRESCRIBER'S SIGNATURE, PRINTED NAME and DESIGNATION:

Date	Time	Amiodarone (mg)	Diluent	Concentration (mg/ml)	Syringe volume (ml)	Route	Flow rate (ml/hour)	Prepared by / checked by	Date / start time	Set by / checked by
1/12/22	19-50	300 mg	5% Dextrose	1.2 mg/ml	250 ml	IV	250 ml / hr			

INFUSION #2: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	~~450mg~~ 900mg	5% Dextrose	~~250ml~~ 500	1.8 mg /ml	iv	J. Ramsay STY	

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate	1/12/22	19-50	37.5 mg/hr	21 ml/hr		J. Ramsay STY

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments
1/12/22	1	449		21ml/hr	KL	Trolley	2/12/22	0830	Discontinued			KMcCall	
1/12/22	2130	344	105	21mls	AE	checked.							
2/12/22	0130	266	183	21mls	AE	checked.							

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC—QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Administration details INFUSION #2 (cont'd) (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

INFUSION #3: AMIODARONE (MAINTENANCE) 12 hours only

Nursing staff to complete

Medicine	Total amount of medicine in bag –specify units (e.g. mg)	Name of diluent (if applicable)	Total volume in bag (ml)	Drug concentration (e.g. mg/ml)	Route	Prescriber's signature, PRINTED name and designation	Syringe or infusion pump model and medical physics number
AMIODARONE	450 mg	5% Dextrose	250 ml	1.8 mg /ml	iv		

Flow rate details

	Date	Start time	Drug dose (mg/hr)	Flow rate (ml / hr)	Additional instructions	PRESCRIBER'S SIGNATURE, PRINTED NAME AND DESIGNATION
Initial rate			37.5 mg/hr	21 ml/hr		

Preparation and pump set up details

	Date	Time	Preparation and pump set up by	Volume in bag (Post-priming)	Check by
Initial prep					

Administration details (complete HOURLY)

Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments	Date	Time	Volume remaining	Total volume infused	Rate setting (ml/hour)	Checked by	Comments

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

PREPARATION & ADMINISTRATION: AMIODARONE

NOTE: This protocol **does not apply to cardiac arrest / peri-arrest scenarios** where more rapid amiodarone loading doses may be required (eg over 3-20 minutes). *Use senior clinical discretion.*

- Ampoules containing amiodarone: i) 50 mg in 1 mL or ii) 150 mg in 3 mL
- **Add 5% Dextrose** to required volume. **Must NOT** be mixed with 0.9% sodium chloride.
- Repeated or continuous infusion can cause **peripheral vein phlebitis** (use **central venous catheter** where reasonable)

INFUSION 1: Amiodarone Loading Dose (300 mg)

1 hour loading dose

- **Total volume: 250 ml w/ 5% dextrose**
- If arrhythmia persists then decide on the need for Infusion 2 + 3.
- **Document this decision in the medical notes.**
- Loading dose can be repeated under exceptional circumstances

INFUSION 2 & 3: Amiodarone Maintenance Dose (each infusion: 450 mg)

2 x 12 hour maintenance doses

- **Each infusion total volume: 250 ml w/ 5% dextrose**
- If the arrhythmia remains uncontrolled both maintenance infusions can be repeated over a further 24 hours (15 mg / kg) ± dose adjustment under cardiology guidance
- Oral switch usually involves: Amiodarone 200mg TDS (7 days) ⇒ 200mg BD (7 days) ⇒ 200 mg OD thereafter *(guide only: tailor to patient)*

! Ensure Thyroid Function Test (TFT) and Liver Function Test (LFT) samples are obtained prior to administration

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Indications:	Amiodarone injection is indicated for: 1. Atrial arrhythmias; including atrial fibrillation and atrial flutter 2. Atrioventricular (AV) nodal arrhythmias and AV nodal re-enterant tachycardia (AVNRT). 3. Life threatening ventricular arrhythmias (including persistent monomorphic VT).
Contraindications:	• **Torsade de Points (secondary to prolonged QT interval)** – consider iv. magnesium infusion instead. • Sinus node disease (sinus bradycardia, sino-atrial heart block, sick sinus syndrome) or advanced conduction disorder (high grade AV block) without pacemaker implantation • Pre-existing thyroid disorder **(obtain thyroid function tests prior to commencement)** • Severe respiratory failure, circulatory collapse or hypotension (rapid bolus injection is contra-indicated) • **Avoid co-administration with moxifloxacin.** • **Pregnancy**
Warnings:	Amiodarone has a low pro-arrhythmic effect but these effects generally occur in the context of QT prolongation factors (drug interactions / electrolytic disorders) (correct significant hypokaelamia where possible) Severe hepatocellular toxicity (within 24 hours of initiation) has been reported with iv amiodarone (monitor serum liver transaminases daily)
Interactions:	Pro-arrhythmogenic effects of amiodarone may be increased by combination with other anti-arrhythmic drugs (eg. digoxin) and hypokalaemia. Caution with concomitant use with beta-blocker, verapamil /diltiazem. **QTc prolongation** can occur with various fluoroquinolones (e.g. ciprofloxacin), antifungals (e.g. fluconazole), macrolides (e.g. clarithromycin), anti-psychotics (e.g. haloperidol), antidepressants (e.g. amitriptyline, citalopram, quetiapine, venlafaxine), anti-malarials (e.g. quinine sulphate), antiemetics (e.g. ondansetron)
Adverse Effects:	Rapid administration may case hypotension, bradycardia and circulatory collapse. Hot flushes, sweating and nausea have been reported. Wheeze, bronchospasm, apnoea and respiratory failure has been rarely described.
Monitoring:	**Continuous heart rate and cardiac rhythm monitoring mandatory. Monitor QTc and LFT daily . Obtain TFT sample before use.** **Observe for thrombophlebitis** with prolonged maintenance infusions through peripheral cannulae. **Stop if HR < 60, significant hypotension or phlebitis.**
Mode of Action:	Amiodarone is predominantly a class III anti-arrhythmic agent but also has class Ia, II and IV activity. It prolongs the action potential and refractory period of atrial, ventricular and nodal tissues, slows intra-cardiac conduction via Na-channel blocking effects (Class Ia) and slows the SA and AV conduction rate (Beta-blocker and calcium channel (Class II, IV) effects) Time of onset = 5 mins. Duration of onset 30 mins. Half life 14-120 days (with chronic dosing)

Adapted by: F Ahmad (MRCP) & P Sorensen (MScPharmIP)
NHS GGC – QEUH CCU (v2.4 / June 17)
Review: Jan 2022 (DO NOT Photocopy)

Inpatient prescription & administration record for Gavin McClymont (1812526490)
Admission: 30/07/2023 => 01/08/2023

01:00
03/08/23

Patient Demographics

MCCLYMONT Gavin (1812526490)
DOB: 18/12/1952
10 Everard Quadrant, Glasgow, Lanarksh, G21 1XP

Admitted: 30/07/2023 09:00
Discharged: 01/08/2023 12:54

Transfer history

Admission 2023-07-30 09:00:00 R70 GRI WARD 70

Responsible Consultant history

Lizette Seaward 30/07/23 09:00

Allergy

Admission Allergy Check performed by:
Current recorded allergy (reaction): No Known Drug Allergies

APIXABAN 5 mg Tablets

☒ 30/07/23 22:00 5 mg TWICE daily at 7am and 10pm (Oral) — Elizabeth Evans

30/07/23	22:00	Suspended			
31/07/23	07:00	Suspended			
31/07/23	22:00	Suspended			
01/08/23	07:00	Suspended			

Enoxaparin (Inhixa) 40 mg in 0.4mL Pre-Filled Syringe

☒ 30/07/23 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) — Elizabeth Evans

30/07/23	17:00	30/07/2023	17:26	Rachel Dick	
31/07/23	17:00	Suspended			

☒ 31/07/23 19:00 40 mg (Subcutaneous Bolus Injection) — Adam Capek

31/07/23	19:00	Eleanor McBride	Other - see patient nursing notes	

GENTAMICIN PROPHYLAXIS / CATHETER STAT DOSE

☒ 31/07/23 13:37 320 mg (Intravenous Intermittent Infusion) — Adam Capek

31/07/23	13:37	31/07/2023	13:37	Adam Capek	

OMEPRAZOLE 20 mg Capsules

☒ 31/07/23 07:00 20 mg ONCE DAILY MORNING 7am (Oral) — Elizabeth Evans

31/07/23	07:00	Pamela Mitchell	Self Administers
01/08/23	07:00	Lorna McAuley	Self Administers

PARACETAMOL 500 mg Tablets

☒ 31/07/23 13:47 1,000 mg (Oral) *prescribed as part of either/or protocol:Grianaesthesia Minor Surgery Generic.* — Adam Capek

31/07/23	13:47	Ramesh Krishnan	Drug discontinued

Discontinued on: 31/07/2023 17:14 by: Ramesh Krishnan . Reason: Discontinued due to conflict

PARACETAMOL - IN RECOVERY ONLY 1000 mg in 100mL IV Infusion

☒ 31/07/23 13:47 1,000 mg (Intravenous Intermittent Infusion) *prescribed as part of either/or protocol:Grianaesthesia Minor Surgery Generic.* — Adam Capek

31/07/23	13:47	Ramesh Krishnan	Drug discontinued

Discontinued on: 31/07/2023 17:14 by: Ramesh Krishnan . Reason: Discontinued due to conflict

SERTRALINE 100 mg Tablets

☒ 31/07/23 07:00 100 mg ONCE daily at 7am (Oral) — Elizabeth Evans

31/07/23	07:00	Pamela Mitchell	Self Administers
01/08/23	07:00	Lorna McAuley	Self Administers

SIMVASTATIN 40 mg Tablets

☒ 30/07/23 22:00 40 mg ONCE daily at 10pm (Oral) — Elizabeth Evans

30/07/23	22:00	Pamela Mitchell	Self Administers
31/07/23	22:00	Eleanor McBride	Self Administers

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

SOTALOL 80 mg Tablets

☒ 30/07/23 22:00 160 mg TWICE DAILY 7am:10pm (Oral) — Elizabeth Evans

30/07/23	22:00	Pamela Mitchell	Self Administers
31/07/23	07:00	Pamela Mitchell	Self Administers
31/07/23	22:00	Eleanor McBride	Self Administers
01/08/23	07:00	Lorna McAuley	Self Administers

TAMSULOSIN 400 micrograms Modified Release Capsules

☒ 31/07/23 07:00 400 microgram ONCE daily at 7am (Oral) — Elizabeth Evans

31/07/23	07:00	Pamela Mitchell	Other - see patient nursing notes
01/08/23	07:00	Lorna McAuley	Self Administers

ZOPICLONE 7.5 mg Tablets

☒ 30/07/23 22:00 7.5 mg ONCE daily at 10pm (Oral) — Elizabeth Evans

30/07/23	22:00	Pamela Mitchell	Self Administers
31/07/23	22:00	Eleanor McBride	Self Administers

CO-CODAMOL 8/500 Tablets as required

☒ 31/07/23 17:12 2 Tablet FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN — Ramesh Krishnan

2.00 Tablet 31/07/2023 17:20 Emma Donaldson

CYCLIZINE 50 mg in 1 mL Injection as required

☒ 31/07/23 13:47 50 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA — Adam Capek

DIHYDROCODEINE 30 mg Tablets as required

☒ 31/07/23 13:47 30 mg every 4 HOURS (Oral) FOR PAIN — Adam Capek

Discontinued on: 31/07/2023 17:14 by: Ramesh Krishnan . Reason: Discontinued due to conflict

FENTANYL 100 micrograms in 2mL Injection (Recovery Only) as required

☒ 31/07/23 13:47 25 microgram every 5 MINUTES (Intravenous (Recovery) Bolus Inj) RECOVERY ONLY, FOR PAIN UP TO 25MCG IN 5MINUTES for 1 day(s) — Adam Capek

MORPHINE SULFATE 10 mg in 1 mL Injection (Recovery only) as required

☒ 31/07/23 13:47 5 mg (Intravenous (Recovery) Bolus Inj) RECOVERY PAIN PROTOCOL SCN/BAND6 AND ABOVE ONLY for 2 dose(s) — Adam Capek

ONDANSETRON 4 mg in 2mL Injection as required

☒ 31/07/23 13:47 4 mg every 8 HOURS (Intravenous Slow Bolus Injection) FOR NAUSEA — Adam Capek

PROCHLORPERAZINE 3 mg Buccal Tablets as required

☒ 31/07/23 13:47 3 mg every 12 hours (Buccal) FOR NAUSEA — Adam Capek

Patient level notes

Protocol Information Unseen added by **Francis Quinn** on 31/07/2023 at 13:48

Title: GRI Anaesthesia Major Surgery Generic

GRI Anaesthesia Major Surgery Generic

PO/IV Paracetamol STAT dose - If you have given a STAT dose of paracetamol please select **'Retrospective STAT order'** in the **'Order Entry'** tab and enter the time administered.

PO Paracetamol - Please adjust start time in the **'Order Entry'** tab to at least 4hours from PO/IV STAT dose if necessary.

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

Inpatient prescription & administration record for Gavin McClymont (1812526490)

Admission: 30/11/2022 => 28/12/2022

01:00
30/12/22

Patient Demographics

MCCLYMONT Gavin (1812526490)
DOB: 18/12/1952
10 Everard Quadrant, Glasgow,
Lanarksh,
G21 1XP

Admitted: 30/11/2022 01:34
Discharged: 28/12/2022 17:15

Transfer history

Admission	2022-11-29 20:49:00	RAE GRI ED
Transfer	2022-11-30 01:34:00	RICE GRI CC EAS
Transfer	2022-12-01 17:30:00	R43C GRI WD 43C
Transfer	2022-12-08 01:20:00	R43B GRI WD 43B
Transfer	2022-12-09 00:15:00	R43C GRI WD 43C
Transfer	2022-12-13 22:16:00	R43B GRI WD 43B

Responsible Consultant history

Assigned No Consultant	29/11/22	20:49
Ross Vint	30/11/22	01:34
Assigned No Consultant	30/11/22	09:30
Alan Rae	14/12/22	13:23

Allergy

Admission Allergy Check performed by: Anne Devine
Current recorded allergy (reaction): No Known Drug Allergies

APIXABAN 5 mg Tablets

☒ 02/12/22 22:00 5 mg TWICE daily at 7am and 10pm (Oral) — Sean Morrison

02/12/22	22:00	02/12/2022	21:17	Alexandra Chary
03/12/22	07:00	03/12/2022	08:25	Leah Mccombe
03/12/22	22:00	03/12/2022	21:42	Retty George
04/12/22	07:00	04/12/2022	08:14	Margaret Reynolds
04/12/22	22:00	04/12/2022	21:36	KATEY LILLEY
05/12/22	07:00	05/12/2022	08:16	Victoria Graham
05/12/22	22:00	05/12/2022	22:07	Alexandra Chary
06/12/22	07:00	06/12/2022	07:58	Hepma Nurse4
06/12/22	22:00	06/12/2022	21:30	Alexandra Chary
07/12/22	07:00	07/12/2022	08:26	Itohan Emeka
07/12/22	22:00	07/12/2022	21:26	Hilder Agallo
08/12/22	07:00	08/12/2022	09:22	Agnes Ndunda
08/12/22	22:00	08/12/2022	22:41	Craig Anderson
09/12/22	07:00	09/12/2022	08:08	Nissi Raji
09/12/22	22:00	09/12/2022	21:36	Jolly George
10/12/22	07:00	10/12/2022	08:39	Rosie McNeil
10/12/22	22:00	10/12/2022	22:20	Carol Thomson
11/12/22	07:00	Suspended		
11/12/22	22:00	11/12/2022	21:54	Gemma Dalzell
12/12/22	07:00	12/12/2022	08:06	Alma Fernández
12/12/22	22:00	12/12/2022	21:45	Nekesa Songoro
13/12/22	07:00	13/12/2022	08:01	Alma Fernandez
13/12/22	22:00	13/12/2022	21:19	Marie Claire Pabros
14/12/22	07:00	14/12/2022	08:43	Alison Borland
14/12/22	22:00	14/12/2022	21:43	Craig Anderson
15/12/22	07:00	15/12/2022	08:57	Natalie Elliott
15/12/22	22:00	15/12/2022	21:49	Craig Anderson
16/12/22	07:00	16/12/2022	09:04	Nissi Raji
16/12/22	22:00	16/12/2022	22:02	Margaret Reynolds
17/12/22	07:00	17/12/2022	09:30	Alison Borland
17/12/22	22:00	17/12/2022	21:56	Margaret Reynolds
18/12/22	07:00	Suspended		
18/12/22	22:00	Suspended		
19/12/22	07:00	Suspended		
19/12/22	22:00	Suspended		
20/12/22	07:00	Suspended		
20/12/22	22:00	Suspended		
21/12/22	07:00	Suspended		
21/12/22	22:00	Suspended		
22/12/22	07:00	Suspended		
22/12/22	22:00	Suspended		
23/12/22	07:00	Suspended		

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

APIXABAN 5 mg Tablets *(Continued)*

23/12/22	22:00	23/12/2022	22:07	Vinitha Thomas	
24/12/22	07:00	24/12/2022	09:05	Alison Borland	
24/12/22	22:00	24/12/2022	21:34	Lesley-Ann Robertson	
25/12/22	07:00	25/12/2022	08:47	Margaret Reynolds	
25/12/22	22:00	25/12/2022	21:54	Joy Ogbodo	
26/12/22	07:00	26/12/2022	08:53	Vinitha Thomas	
26/12/22	22:00	26/12/2022	21:35	Johanna Dela Pena	
27/12/22	07:00	27/12/2022	08:50	Craig Anderson	
27/12/22	22:00	27/12/2022	21:17	Lesley-Ann Robertson	
28/12/22	07:00	28/12/2022	08:59	Nissi Raji	

BISOPROLOL 1.25 mg Tablets

☒ 12/12/22 07:00 1.25 mg ONCE daily at 7am (Oral) — Lena Basha

12/12/22	07:00	12/12/2022	08:05	Alma Fernandez	
13/12/22	07:00	13/12/2022	08:00	Alma Fernandez	
14/12/22	07:00	14/12/2022	08:44	Alison Borland	
15/12/22	07:00	15/12/2022	08:58	Natalie Elliott	
16/12/22	07:00	Suspended		Praisey Mathew	Drug discontinued
17/12/22	07:00	Suspended		Praisey Mathew	Drug discontinued
18/12/22	07:00	Suspended		Praisey Mathew	Drug discontinued
19/12/22	07:00	Suspended		Praisey Mathew	Drug discontinued
20/12/22	07:00	Suspended		Praisey Mathew	Drug discontinued

Discontinued on: 20/12/2022 17:29 by: Praisey Mathew . Reason: Discontinued due to conflict

ISOPROLOL 2.5 mg Tablets

☒ 02/12/22 07:00 2.5 mg ONCE daily at 7am (Oral) — Anne Devine

02/12/22	07:00			Simon Beggs	Drug discontinued

Discontinued on: 02/12/2022 08:11 by: Simon Beggs . Reason: Discontinued due to conflict

☒ 03/12/22 10:09 2.5 mg (Oral) — Peter Lynn

03/12/22	10:09	03/12/2022	10:10	Alma Fernandez	

☒ 08/12/22 00:57 2.5 mg (Oral) — Connor McKee

08/12/22	00:57	08/12/2022	01:15	Craig Anderson	

☒ 11/12/22 07:00 2.5 mg ONCE daily at 7am (Oral) — Lucy Stocks

11/12/22	07:00	11/12/2022	10:14	Alma Fernandez	

Discontinued on: 11/12/2022 12:40 by: Lena Basha . Reason: Discontinued due to conflict

☒ 10/12/22 09:07 2.5 mg (Oral) — Lucy Stocks

10/12/22	09:07	10/12/2022	09:24	Rosie McNeil	

☒ 20/12/22 20:00 2.5 mg (Oral) — Praisey Mathew

20/12/22	20:00	20/12/2022	20:59	Leigh McCune	

BISOPROLOL 5 mg Tablets

☒ 03/12/22 07:00 5 mg ONCE daily at 7am (Oral) — Simon Beggs

03/12/22	07:00	03/12/2022	08:25	Leah Mccombe	

Discontinued on: 03/12/2022 10:08 by: Peter Lynn . Reason: Dose Titration

☒ 02/12/22 08:11 5 mg (Oral) — Simon Beggs

02/12/22	08:11	02/12/2022	08:17	Leah Mccombe	

☒ 05/12/22 07:00 5 mg ONCE daily at 7am (Oral) — Daniel Ang

05/12/22	07:00	05/12/2022	08:18	Victoria Graham	
06/12/22	07:00	06/12/2022	07:59	Hepma Nurse4	
07/12/22	07:00	07/12/2022	08:26	Itohan Emeka	
08/12/22	07:00	08/12/2022	09:25	Agnes Ndunda	
09/12/22	07:00	09/12/2022	06:08	Nissi Raji	
10/12/22	07:00	Suspended		Lucy Stocks	Drug discontinued

Discontinued on: 10/12/2022 09:08 by: Lucy Stocks . Reason: Discontinued due to conflict

☒ 22/12/22 07:00 5 mg ONCE daily at 7am (Oral) — Muhammad Hamza Riaz

22/12/22	07:00	Suspended		Muhammad Hamza Riaz	Drug discontinued

Discontinued on: 22/12/2022 10:31 by: Muhammad Hamza Riaz . Reason: Course Complete

BISOPROLOL 7.5mg TABLETS

☒ 04/12/22 08:00 7.5 mg ONCE daily at 8am (Oral) — Peter Lynn

04/12/22	08:00	Suspended		Daniel Ang	Drug discontinued

Discontinued on: 04/12/2022 08:23 by: Daniel Ang . Reason: Discontinued due to conflict

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

HEPMA MAP v1.0

BISOPROLOL 7.5mg TABLETS *(Continued)*

☒ 21/12/22 07:00 7.5 mg ONCE DAILY MORNING 7am (Oral) Praisey Mathew

21/12/22	07:00	21/12/2022	08:44	Alison Borland

Discontinued on: 21/12/2022 11:24 by: Muhammad Hamza Riaz . Reason: Course Complete

CO-TRIMOXAZOLE _480 mg in 5mL Injection for Infusion

☒ 09/12/22 22:00 960 mg TWICE daily at 7am and 10pm (Intravenous Intermittent Infusion) for 5 day(s) Iona Gordon

09/12/22	22:00	09/12/2022	22:00	Carol Thomson/ Hilder Agallo
10/12/22	07:00	10/12/2022	06:36	Carol Thomson/ Jolly George
10/12/22	22:00	10/12/2022	22:24	Carol Thomson/ Arlene Davidson
11/12/22	07:00			Alma Fernandez Other - see patient nursing notes
11/12/22	22:00	11/12/2022	22:26	Gemma Dalzell/ Arlene Davidson
12/12/22	07:00	12/12/2022	06:49	Gemma Dalzell/ Arlene Davidson
12/12/22	22:00	12/12/2022	23:28	Craig Anderson/ Nekesa Songoro
13/12/22	07:00			Alma Fernandez Other - see patient nursing notes
13/12/22	22:00	13/12/2022	22:32	Leigh McCune/ Victoria Graham
14/12/22	07:00	14/12/2022	06:06	Leigh McCune/ Nicolle Boyer

☒ 09/12/22 08:55 960 mg (Intravenous Intermittent Infusion) Iona Gordon

09/12/22	08:55	09/12/2022	09:13	Nissi Raji/ Tracey Smith

DICLOFENAC 50 mg Enteric Coated Tablets

☒ 02/12/22 07:00 50 mg THREE times daily at 7am, 12 noon, and 5pm (Oral) David Twohig-Bennett

02/12/22	07:00			Alexandra Chary Other - see patient nursing notes
02/12/22	12:00	02/12/2022	12:22	Leah Mccombe
02/12/22	17:00	02/12/2022	17:34	Leah Mccombe
03/12/22	07:00	03/12/2022	08:24	Leah Mccombe
03/12/22	12:00	03/12/2022	12:22	Leah Mccombe
03/12/22	17:00	03/12/2022	17:37	Leah Mccombe
04/12/22	07:00	04/12/2022	08:14	Margaret Reynolds
04/12/22	12:00	04/12/2022	12:56	Margaret Reynolds
04/12/22	17:00	04/12/2022	17:44	Margaret Reynolds
05/12/22	07:00	05/12/2022	08:16	Victoria Graham

☒ 05/12/22 12:00 50 mg THREE times daily at 7am, 12 noon, and 5pm (Oral) Iona Gordon

05/12/22	12:00	05/12/2022	12:41	Victoria Graham
05/12/22	17:00	05/12/2022	17:11	Victoria Graham
06/12/22	07:00	06/12/2022	07:58	Hepma Nurse4

Discontinued on: 06/12/2022 09:15 by: Iona Gordon . Reason: Course Complete

☒ 02/12/22 04:01 50 mg (Oral) David Twohig-Bennett

02/12/22	04:01	02/12/2022	06:28	Alexandra Chary

☒ 22/12/22 17:00 50 mg THREE times daily at 7am, 12 noon, and 5pm (Oral) Muhammad Hamza Riaz

22/12/22	17:00	22/12/2022	17:36	Lesley-Ann Robertson
23/12/22	07:00	23/12/2022	09:19	Lesley-Ann Robertson
23/12/22	12:00	23/12/2022	12:25	Lesley-Ann Robertson
23/12/22	17:00	23/12/2022	17:56	Natalie Elliott
24/12/22	07:00	24/12/2022	09:06	Alison Borland
24/12/22	12:00	24/12/2022	13:14	Alison Borland
24/12/22	17:00	24/12/2022	17:04	Alison Borland
25/12/22	07:00	25/12/2022	08:49	Margaret Reynolds
25/12/22	12:00	25/12/2022	13:16	Margaret Reynolds
25/12/22	17:00	Suspended		
26/12/22	07:00	Suspended		
26/12/22	12:00	Suspended		
26/12/22	17:00	Suspended		
27/12/22	07:00	Suspended		
27/12/22	12:00	Suspended		
27/12/22	17:00	Suspended		
28/12/22	07:00	Suspended		
28/12/22	12:00	Suspended		
28/12/22	17:00	Suspended		

DIGOXIN 125 micrograms Tablets

☒ 03/12/22 10:00 125 microgram ONCE daily at 10am (Oral) Sean Morrison

03/12/22	10:00	03/12/2022	09:36	Leah Mccombe

Discontinued on: 03/12/2022 15:46 by: Peter Lynn . Reason: Diagnosis Changed

DIGOXIN 250 micrograms Tablets

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

DIGOXIN 250 micrograms Tablets *(Continued)*

☒ 02/12/22 17:41 500 microgram (Oral) Sean Morrison

02/12/22	17:41	02/12/2022	18:30	Leah Mccombe	

☒ 03/12/22 00:00 500 microgram (Oral) Sean Morrison

03/12/22	00:00	03/12/2022	01:55	Alexandra Chary	

DOXYCYCLINE 100 mg Capsules

☒ 09/12/22 07:00 200 mg ONCE DAILY MORNING 7am (Oral) Connor McKee

09/12/22	07:00	09/12/2022	08:14	Nissi Raji	

Discontinued on: 09/12/2022 08:51 by: Iona Gordon . Reason: Course Complete

☒ 09/12/22 01:28 100 mg (Oral) Connor McKee

09/12/22	01:28	09/12/2022	01:57	Jolly George	

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

☒ 01/12/22 17:00 40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection) Anne Devine

01/12/22	17:00			Alexandra Chary	Other - see patient nursing notes

Discontinued on: 02/12/2022 15:11 by: Sean Morrison . Reason: Discontinued due to conflict

FLUCLOXACILLIN 500 mg Capsules

☒ 03/12/22 22:00 500 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) for 5 day(s) Nadia Capaldi

03/12/22	22:00	03/12/2022	21:42	Retty George	
04/12/22	07:00	04/12/2022	08:15	Margaret Reynolds	
04/12/22	12:00	04/12/2022	12:56	Margaret Reynolds	
04/12/22	17:00	04/12/2022	17:44	Margaret Reynolds	
04/12/22	22:00	04/12/2022	21:34	KATEY LILLEY	
05/12/22	07:00	05/12/2022	08:17	Victoria Graham	
05/12/22	12:00	05/12/2022	12:42	Victoria Graham	
05/12/22	17:00	05/12/2022	17:11	Victoria Graham	
05/12/22	22:00	05/12/2022	22:07	Alexandra Chary	
06/12/22	07:00	06/12/2022	07:59	Hepma Nurse4	
06/12/22	12:00	06/12/2022	13:08	Hepma Nurse4	
06/12/22	17:00	06/12/2022	16:47	Hepma Nurse4	
06/12/22	22:00	06/12/2022	21:30	Alexandra Chary	
07/12/22	07:00	07/12/2022	08:26	Itohan Emeka	
07/12/22	12:00	07/12/2022	12:54	Itohan Emeka	
07/12/22	17:00	07/12/2022	17:37	Itohan Emeka	
07/12/22	22:00	07/12/2022	21:27	Hilder Agallo	
08/12/22	07:00	08/12/2022	10:14	Agnes Ndunda	
08/12/22	12:00	08/12/2022	13:31	Agnes Ndunda	
08/12/22	17:00	08/12/2022	17:21	Agnes Ndunda	

☒ 21/12/22 17:00 1,000 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Muhammad Hamza Riaz

21/12/22	17:00	21/12/2022	16:53	Alison Borland	
21/12/22	22:00	21/12/2022	22:11	Vinitha Thomas	
22/12/22	07:00	22/12/2022	08:08	Natalie Elliott	

Discontinued on: 22/12/2022 10:30 by: Muhammad Hamza Riaz . Reason: Course Complete

24/12/22 17:00 500 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) for 7 day(s) Michael Ratcliffe

24/12/22	17:00	24/12/2022	17:08	Alison Borland	
24/12/22	22:00	24/12/2022	21:35	Lesley-Ann Robertson	
25/12/22	07:00	25/12/2022	08:49	Margaret Reynolds	
25/12/22	12:00	25/12/2022	13:16	Margaret Reynolds	
25/12/22	17:00			Michael Ratcliffe	Drug discontinued

Discontinued on: 25/12/2022 17:33 by: Michael Ratcliffe . Reason: Contra-Indicated

FOLIC ACID 5 mg Tablets

☒ 02/12/22 07:00 5 mg ONCE DAILY MORNING 7am (Oral) Jennifer Ramsay

02/12/22	07:00	02/12/2022	08:17	Leah Mccombe
03/12/22	07:00	03/12/2022	08:24	Leah Mccombe
04/12/22	07:00	04/12/2022	08:14	Margaret Reynolds
05/12/22	07:00	05/12/2022	08:16	Victoria Graham
06/12/22	07:00	06/12/2022	07:57	Hepma Nurse4
07/12/22	07:00	07/12/2022	08:25	Itohan Emeka
08/12/22	07:00	08/12/2022	09:18	Agnes Ndunda
09/12/22	07:00	09/12/2022	08:07	Nissi Raji
10/12/22	07:00	10/12/2022	08:39	Rosie McNeil

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

FOLIC ACID 5 mg Tablets *(Continued)*

11/12/22	07:00	11/12/2022	10:16	Alma Fernandez
12/12/22	07:00	12/12/2022	08:06	Alma Fernandez
13/12/22	07:00	13/12/2022	08:02	Alma Fernandez
14/12/22	07:00	14/12/2022	08:43	Alison Borland
15/12/22	07:00	15/12/2022	08:57	Natalie Elliott
16/12/22	07:00	16/12/2022	09:04	Nissi Raji
17/12/22	07:00	17/12/2022	09:30	Alison Borland
18/12/22	07:00	18/12/2022	08:20	Alison Borland
19/12/22	07:00	19/12/2022	08:45	Natalie Elliott
20/12/22	07:00	20/12/2022	08:25	Alison Borland
21/12/22	07:00	21/12/2022	08:41	Alison Borland
22/12/22	07:00	22/12/2022	08:07	Natalie Elliott
23/12/22	07:00	23/12/2022	09:20	Lesley-Ann Robertson
24/12/22	07:00	24/12/2022	09:05	Alison Borland
25/12/22	07:00	25/12/2022	08:47	Margaret Reynolds
26/12/22	07:00	26/12/2022	08:52	Vinitha Thomas
27/12/22	07:00	27/12/2022	08:49	Craig Anderson
28/12/22	07:00	28/12/2022	08:59	Nissi Raji

LAXIDO Sachets

☒ 10/12/22 22:00 1 Sachet TWICE DAILY 7am:10pm (Oral) Lucy Stocks

10/12/22	22:00	10/12/2022	22:20	Carol Thomson	
11/12/22	07:00	11/12/2022	10:15	Alma Fernandez	
11/12/22	22:00	11/12/2022	21:54	Gemma Dalzell	
12/12/22	07:00	12/12/2022	08:05	Alma Fernandez	
12/12/22	22:00	12/12/2022	21:45	Nekesa Songoro	
13/12/22	07:00	13/12/2022	08:00	Alma Fernandez	
13/12/22	22:00			Marie Claire Pabros	Refused by Patient
14/12/22	07:00			Alison Borland	Refused by Patient
14/12/22	22:00			Craig Anderson	Refused by Patient
15/12/22	07:00			Natalie Elliott	Refused by Patient
15/12/22	22:00			Craig Anderson	Prescription Clarification Required
16/12/22	07:00			Nissi Raji	Refused by Patient
16/12/22	22:00			Margaret Reynolds	Refused by Patient
17/12/22	07:00			Alison Borland	Refused by Patient
17/12/22	22:00			Margaret Reynolds	Refused by Patient
18/12/22	07:00			Alison Borland	Refused by Patient

Discontinued on: 18/12/2022 13:01 by: Samuel Stapley

☒ 10/12/22 09:04 1 Sachet (Oral) Lucy Stocks

10/12/22	09:04	10/12/2022	09:24	Rosie McNeil

OMEPRAZOLE 20 mg Capsules

☒ 02/12/22 07:00 20 mg ONCE DAILY MORNING 7am (Oral) Anne Devine

02/12/22	07:00	02/12/2022	08:14	Leah Mccombe
03/12/22	07:00	03/12/2022	08:23	Leah Mccombe
04/12/22	07:00	04/12/2022	08:12	Margaret Reynolds
05/12/22	07:00	05/12/2022	08:14	Victoria Graham
06/12/22	07:00	06/12/2022	07:56	Hepma Nurse4
07/12/22	07:00	07/12/2022	08:24	Itohan Emeka
08/12/22	07:00	08/12/2022	09:22	Agnes Ndunda
09/12/22	07:00	09/12/2022	08:06	Nissi Raji
10/12/22	07:00	10/12/2022	08:38	Rosie McNeil
11/12/22	07:00	11/12/2022	10:16	Alma Fernandez
12/12/22	07:00	12/12/2022	08:06	Alma Fernandez
13/12/22	07:00	13/12/2022	08:02	Alma Fernandez
14/12/22	07:00	14/12/2022	08:44	Alison Borland
15/12/22	07:00	15/12/2022	08:56	Natalie Elliott
16/12/22	07:00	16/12/2022	09:03	Nissi Raji
17/12/22	07:00	17/12/2022	09:29	Alison Borland
18/12/22	07:00	18/12/2022	08:20	Alison Borland
19/12/22	07:00	19/12/2022	08:44	Natalie Elliott
20/12/22	07:00	20/12/2022	08:25	Alison Borland
21/12/22	07:00	21/12/2022	08:41	Alison Borland
22/12/22	07:00	22/12/2022	08:06	Natalie Elliott
23/12/22	07:00	23/12/2022	09:20	Lesley-Ann Robertson
24/12/22	07:00	24/12/2022	09:05	Alison Borland
25/12/22	07:00	25/12/2022	08:47	Margaret Reynolds
26/12/22	07:00	26/12/2022	08:52	Vinitha Thomas
27/12/22	07:00	27/12/2022	08:49	Craig Anderson
28/12/22	07:00	28/12/2022	08:58	Nissi Raji

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

OMEPRAZOLE 20 mg Capsules *(Continued)*

PARACETAMOL 500 mg Tablets

☒ 01/12/22 17:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) Anne Devine

01/12/22	17:00	01/12/2022	21:25	Alexandra Chary	
01/12/22	22:00			Alexandra Chary	Other - see patient nursing notes
02/12/22	07:00	02/12/2022	08:15	Leah Mccombe	
02/12/22	12:00	02/12/2022	12:19	Leah Mccombe	
02/12/22	17:00	02/12/2022	17:34	Leah Mccombe	
02/12/22	22:00	02/12/2022	21:17	Alexandra Chary	
03/12/22	07:00	03/12/2022	08:24	Leah Mccombe	
03/12/22	12:00	03/12/2022	12:22	Leah Mccombe	
03/12/22	17:00	03/12/2022	17:37	Leah Mccombe	
03/12/22	22:00	03/12/2022	21:42	Retty George	
04/12/22	07:00	04/12/2022	08:12	Margaret Reynolds	
04/12/22	12:00	04/12/2022	12:56	Margaret Reynolds	
04/12/22	17:00	04/12/2022	17:44	Margaret Reynolds	
04/12/22	22:00	04/12/2022	21:37	KATEY LILLEY	
05/12/22	07:00	05/12/2022	08:15	Victoria Graham	
05/12/22	12:00	05/12/2022	12:41	Victoria Graham	
05/12/22	17:00	05/12/2022	17:11	Victoria Graham	
05/12/22	22:00	05/12/2022	22:07	Alexandra Chary	
06/12/22	07:00	06/12/2022	07:57	Hepma Nurse4	
06/12/22	12:00	06/12/2022	13:08	Hepma Nurse4	
06/12/22	17:00	06/12/2022	16:47	Hepma Nurse4	
06/12/22	22:00			Alexandra Chary	Refused by Patient
07/12/22	07:00	07/12/2022	08:25	Itohan Emeka	
07/12/22	12:00	07/12/2022	12:54	Itohan Emeka	
07/12/22	17:00	07/12/2022	17:37	Itohan Emeka	
07/12/22	22:00	07/12/2022	21:26	Hilder Agallo	
08/12/22	07:00			Agnes Ndunda	Refused by Patient
08/12/22	12:00	08/12/2022	12:48	Agnes Ndunda	
08/12/22	17:00			Agnes Ndunda	Refused by Patient
08/12/22	22:00	08/12/2022	21:00	Craig Anderson	
09/12/22	07:00	09/12/2022	06:58	Jolly George	
09/12/22	12:00	09/12/2022	12:41	Nissi Raji	
09/12/22	17:00	09/12/2022	16:54	Tracey Smith	
09/12/22	22:00	09/12/2022	21:34	Jolly George	
10/12/22	07:00	10/12/2022	06:46	Carol Thomson	
10/12/22	12:00	10/12/2022	12:55	Rosie McNeil	
10/12/22	17:00	10/12/2022	18:12	Rosie McNeil	
10/12/22	22:00	10/12/2022	22:20	Carol Thomson	
11/12/22	07:00	11/12/2022	10:16	Alma Fernandez	
11/12/22	12:00	11/12/2022	12:46	Alma Fernandez	
11/12/22	17:00	11/12/2022	17:44	Alma Fernandez	
11/12/22	22:00	11/12/2022	21:54	Gemma Dalzell	
12/12/22	07:00	12/12/2022	08:07	Alma Fernandez	
12/12/22	12:00	12/12/2022	12:16	Alma Fernandez	
12/12/22	17:00	12/12/2022	18:33	Alma Fernandez	
12/12/22	22:00	12/12/2022	21:44	Nekesa Songoro	
13/12/22	07:00	13/12/2022	08:02	Alma Fernandez	
13/12/22	12:00	13/12/2022	12:35	Alma Fernandez	
13/12/22	17:00	13/12/2022	16:13	Alma Fernandez	
13/12/22	22:00	13/12/2022	21:19	Marie Claire Pabros	
14/12/22	07:00	14/12/2022	08:43	Alison Borland	
14/12/22	12:00			Alison Borland	Refused by Patient
14/12/22	17:00	14/12/2022	18:01	Alison Borland	
14/12/22	22:00	14/12/2022	21:43	Craig Anderson	
15/12/22	07:00	15/12/2022	08:57	Natalie Elliott	
15/12/22	12:00			Natalie Elliott	Refused by Patient
15/12/22	17:00			Natalie Elliott	Refused by Patient
15/12/22	22:00	15/12/2022	21:48	Craig Anderson	
16/12/22	07:00	16/12/2022	09:04	Nissi Raji	
16/12/22	12:00			Nissi Raji	Refused by Patient
16/12/22	17:00			Nissi Raji	Refused by Patient
16/12/22	22:00	16/12/2022	22:01	Margaret Reynolds	
17/12/22	07:00			Alison Borland	Refused by Patient
17/12/22	12:00			Alison Borland	Refused by Patient
17/12/22	17:00			Alison Borland	Refused by Patient
17/12/22	22:00	17/12/2022	21:56	Margaret Reynolds	
18/12/22	07:00			Alison Borland	Other - see patient nursing notes
18/12/22	12:00			Alison Borland	Refused by Patient

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

PARACETAMOL 500 mg Tablets *(Continued)*

Discontinued on: 18/12/2022 13:01 by: Samuel Stapley

SENNOSIDES (SENNA) 7.5 mg Tablets

10/12/22 22:00 15 mg ONCE daily at 10pm (Oral) Lucy Stocks

10/12/22	22:00	10/12/2022	22:20	Carol Thomson	
11/12/22	22:00	11/12/2022	21:55	Gemma Dalzell	
12/12/22	22:00	12/12/2022	21:45	Nekesa Songoro	
13/12/22	22:00			Marie Claire Pabros	Refused by Patient
14/12/22	22:00			Craig Anderson	Refused by Patient
15/12/22	22:00			Craig Anderson	Prescription Clarification Required
16/12/22	22:00			Margaret Reynolds	Refused by Patient
17/12/22	22:00			Margaret Reynolds	Refused by Patient
18/12/22	22:00			Joy Ogbodo	Refused by Patient
19/12/22	22:00			Joy Ogbodo	Refused by Patient
20/12/22	22:00			Leigh McCune	Refused by Patient
21/12/22	22:00	21/12/2022	22:11	Vinitha Thomas	
22/12/22	22:00	22/12/2022	21:52	Vinitha Thomas	
23/12/22	22:00	23/12/2022	22:07	Vinitha Thomas	
24/12/22	22:00	24/12/2022	21:34	Lesley-Ann Robertson	
25/12/22	22:00			Joy Ogbodo	Refused by Patient
26/12/22	22:00	26/12/2022	21:35	Johanna Dela Pena	
27/12/22	22:00	27/12/2022	21:16	Lesley-Ann Robertson	

SERTRALINE 50 mg Tablets

02/12/22 07:00 50 mg ONCE daily at 7am (Oral) Anne Devine

02/12/22	07:00	02/12/2022	08:15	Leah Mccombe	
03/12/22	07:00	03/12/2022	08:24	Leah Mccombe	
04/12/22	07:00	04/12/2022	08:12	Margaret Reynolds	
05/12/22	07:00	05/12/2022	08:15	Victoria Graham	
06/12/22	07:00	06/12/2022	07:57	Hepma Nurse4	
07/12/22	07:00	07/12/2022	08:24	Itohan Emeka	
08/12/22	07:00			Agnes Ndunda	Drug unavailable
09/12/22	07:00	09/12/2022	08:07	Nissi Raji	
10/12/22	07:00	10/12/2022	08:39	Rosie McNeil	
11/12/22	07:00	11/12/2022	10:16	Alma Fernandez	
12/12/22	07:00	12/12/2022	08:07	Alma Fernandez	
13/12/22	07:00	13/12/2022	08:02	Alma Fernandez	
14/12/22	07:00	14/12/2022	08:43	Alison Borland	
15/12/22	07:00	15/12/2022	08:56	Natalie Elliott	
16/12/22	07:00	16/12/2022	09:03	Nissi Raji	
17/12/22	07:00	17/12/2022	09:29	Alison Borland	
18/12/22	07:00	18/12/2022	08:20	Alison Borland	
19/12/22	07:00	19/12/2022	08:44	Natalie Elliott	
20/12/22	07:00	20/12/2022	08:25	Alison Borland	
21/12/22	07:00	21/12/2022	08:41	Alison Borland	
22/12/22	07:00	22/12/2022	08:07	Natalie Elliott	
23/12/22	07:00	23/12/2022	09:20	Lesley-Ann Robertson	
24/12/22	07:00	24/12/2022	09:05	Alison Borland	
25/12/22	07:00	25/12/2022	08:47	Margaret Reynolds	
26/12/22	07:00	26/12/2022	08:52	Vinitha Thomas	
27/12/22	07:00	27/12/2022	08:49	Craig Anderson	
28/12/22	07:00	28/12/2022	08:58	Nissi Raji	

SIMVASTATIN 40 mg Tablets

01/12/22 22:00 40 mg ONCE daily at 10pm (Oral) Anne Devine

01/12/22	22:00	01/12/2022	21:25	Alexandra Chary
02/12/22	22:00	02/12/2022	21:17	Alexandra Chary
03/12/22	22:00	03/12/2022	21:42	Retty George
04/12/22	22:00	04/12/2022	21:38	KATEY LILLEY
05/12/22	22:00	05/12/2022	22:07	Alexandra Chary
06/12/22	22:00	06/12/2022	21:30	Alexandra Chary
07/12/22	22:00	07/12/2022	21:25	Hilder Agallo
08/12/22	22:00	08/12/2022	22:41	Craig Anderson
09/12/22	22:00	09/12/2022	21:34	Jolly George
10/12/22	22:00	10/12/2022	22:20	Carol Thomson
11/12/22	22:00	11/12/2022	21:54	Gemma Dalzell
12/12/22	22:00	12/12/2022	21:44	Nekesa Songoro
13/12/22	22:00	13/12/2022	21:18	Marie Claire Pabros
14/12/22	22:00	14/12/2022	21:43	Craig Anderson
15/12/22	22:00	15/12/2022	21:48	Craig Anderson

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

SIMVASTATIN 40 mg Tablets *(Continued)*

16/12/22	22:00	16/12/2022	22:01	Margaret Reynolds
17/12/22	22:00	17/12/2022	21:56	Margaret Reynolds
18/12/22	22:00	18/12/2022	21:34	Joy Ogbodo
19/12/22	22:00	19/12/2022	21:26	Joy Ogbodo
20/12/22	22:00	20/12/2022	21:32	Leigh McCune
21/12/22	22:00	21/12/2022	22:11	Vinitha Thomas
22/12/22	22:00	22/12/2022	21:52	Vinitha Thomas
23/12/22	22:00	23/12/2022	22:07	Vinitha Thomas
24/12/22	22:00	24/12/2022	21:34	Lesley-Ann Robertson
25/12/22	22:00	25/12/2022	21:54	Joy Ogbodo
26/12/22	22:00	26/12/2022	21:34	Johanna Dela Pena
27/12/22	22:00	27/12/2022	21:17	Lesley-Ann Robertson

SOTALOL 40 mg Tablets

☒ 23/12/22 10:16 40 mg (Oral) Muhammad Hamza Riaz

23/12/22	10:16	23/12/2022	12:25	Lesley-Ann Robertson

SOTALOL 80 mg Tablets

☒ 22/12/22 22:00 80 mg TWICE DAILY 7am:10pm (Oral) Muhammad Hamza Riaz

22/12/22	22:00	22/12/2022	21:52	Vinitha Thomas
23/12/22	07:00	23/12/2022	09:19	Lesley-Ann Robertson

Discontinued on: 23/12/2022 10:15 by: Muhammad Hamza Riaz . Reason: Course Complete

☐ 22/12/22 12:49 80 mg (Oral) Muhammad Hamza Riaz

22/12/22	12:49	22/12/2022	13:15	Natalie Elliott

☒ 23/12/22 22:00 120 mg TWICE DAILY 7am:10pm (Oral) Muhammad Hamza Riaz

23/12/22	22:00	23/12/2022	22:08	Vinitha Thomas
24/12/22	07:00	24/12/2022	09:13	Alison Borland

Discontinued on: 24/12/2022 15:35 by: Michael Ratcliffe . Reason: Discontinued due to conflict

☒ 24/12/22 22:00 160 mg TWICE DAILY 7am:10pm (Oral) Michael Ratcliffe

24/12/22	22:00	24/12/2022	21:35	Lesley-Ann Robertson
25/12/22	07:00	25/12/2022	08:49	Margaret Reynolds
25/12/22	22:00	25/12/2022	21:55	Joy Ogbodo
26/12/22	07:00	26/12/2022	08:53	Vinitha Thomas
26/12/22	22:00	26/12/2022	21:36	Johanna Dela Pena
27/12/22	07:00	27/12/2022	08:50	Craig Anderson
27/12/22	22:00	27/12/2022	21:16	Lesley-Ann Robertson
28/12/22	07:00	28/12/2022	09:00	Nissi Raji

☒ 24/12/22 15:35 40 mg (Oral) Michael Ratcliffe

24/12/22	15:35	24/12/2022	17:08	Alison Borland

TAMSULOSIN 400 micrograms Modified Release Capsules

☒ 06/12/22 07:00 400 microgram ONCE daily at 7am (Oral) Iona Gordon

06/12/22	07:00	06/12/2022	07:59	Hepma Nurse4
07/12/22	07:00	07/12/2022	08:27	Itohan Emeka
08/12/22	07:00	08/12/2022	09:26	Agnes Ndunda
09/12/22	07:00	09/12/2022	08:09	Nissi Raji
10/12/22	07:00	10/12/2022	08:40	Rosie McNeil
11/12/22	07:00	11/12/2022	10:15	Alma Fernandez
12/12/22	07:00	12/12/2022	08:06	Alma Fernandez
13/12/22	07:00	13/12/2022	08:01	Alma Fernandez
14/12/22	07:00	14/12/2022	08:45	Alison Borland
15/12/22	07:00	15/12/2022	08:57	Natalie Elliott
16/12/22	07:00	16/12/2022	09:04	Nissi Raji
17/12/22	07:00	17/12/2022	09:30	Alison Borland
18/12/22	07:00	18/12/2022	08:20	Alison Borland
19/12/22	07:00	19/12/2022	08:45	Natalie Elliott
20/12/22	07:00	20/12/2022	08:28	Alison Borland
21/12/22	07:00	21/12/2022	08:42	Alison Borland
22/12/22	07:00	22/12/2022	08:07	Natalie Elliott
23/12/22	07:00	23/12/2022	09:19	Lesley-Ann Robertson
24/12/22	07:00	24/12/2022	09:05	Alison Borland
25/12/22	07:00	25/12/2022	08:48	Margaret Reynolds
26/12/22	07:00	26/12/2022	08:53	Vinitha Thomas
27/12/22	07:00	27/12/2022	08:50	Craig Anderson
28/12/22	07:00	28/12/2022	08:59	Nissi Raji

Amiodarone Intravenous Infusion AS CHARTED as required

Key: Prescription details | Recorded as "Admitted On" | Prescribed as "Self Administer" | Discontinuation details | HEPMA Prescription additional notes | HEPMA Patient admission notes (admission specific) | HEPMA Patient retained notes (not specific to admission)

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

Amiodarone Intravenous Infusion AS CHARTED as required *(Continued)*

☒ 01/12/22 12:42 1 Dose (Intravenous Continuous Infusion) SEE PAPER CHART — Anne Devine

⓪ Discontinued on: 02/12/2022 10:07 by: Sean Morrison . Reason: Course Complete

☒ 08/12/22 11:01 1 Dose (Intravenous Continuous Infusion) SEE PAPER CHART — Keira Nakazato

1.00 Dose	08/12/2022	13:48	Victoria Graham/ Leah Mccombe

⓪ Discontinued on: 11/12/2022 08:42 by: Joanna Osmanska . Reason: Course Complete

☒ 20/12/22 15:37 1 Dose (Intravenous Continuous Infusion) SEE PAPER CHART — Muhammad Hamza Riaz

1.00 Dose	20/12/2022	16:00	Alison Borland/ Samantha Findlay

⓪ Discontinued on: 21/12/2022 11:24 by: Muhammad Hamza Riaz . Reason: Course Complete

☒ 21/12/22 15:41 1 Dose (Intravenous Continuous Infusion) SEE PAPER CHART — Muhammad Hamza Riaz

1.00 Dose	21/12/2022	16:44	Alison Borland/ Nissi Raji
1.00 Dose	21/12/2022	17:31	Leanne Baird/ Alison Borland

⓪ Discontinued on: 22/12/2022 10:29 by: Muhammad Hamza Riaz . Reason: Course Complete

GENTAMICIN AS PER PAPER CHART Intravenous Infusion as required

☒ 09/12/22 09:59 1 Dose (Intravenous Intermittent Infusion) SEE PAPER CHART — Iona Gordon

1.00 Dose	10/12/2022	22:00	Carol Thomson/ Arlene Davidson
1.00 Dose	11/12/2022	22:26	Gemma Dalzell/ Arlene Davidson
1.00 Dose	12/12/2022	22:00	Craig Anderson/ Nekesa Songoro

⓪ Discontinued on: 13/12/2022 12:24 by: Kinda Al-Hourani . Reason: Course Complete

LYCEROL 4 g Suppositories (Glycerin Adult) as required

☒ 10/12/22 09:05 4 g (Rectal) FOR CONSTIPATION — Lucy Stocks

LAXIDO Sachets as required

☒ 18/12/22 13:02 1 Sachet TWICE DAILY 7am:10pm (Oral) FOR CONSTIPATION — Samuel Stapley

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

☒ 01/12/22 12:42 10 mg every TWO HOURS (Oral) FOR PAIN — Anne Devine

10.00 mg	01/12/2022	22:16	Alexandra Chary
10.00 mg	02/12/2022	01:41	Alexandra Chary

ONDANSETRON 4 mg Tablets as required

☒ 01/12/22 12:41 4 mg every 8 HOURS (Oral) nausea — Anne Devine

4.00 mg	01/12/2022	22:15	Alexandra Chary

⓪ Discontinued on: 08/12/2022 11:01 by: Keira Nakazato . Reason: Discontinued due to conflict

PARACETAMOL 500 mg Tablets as required

☒ 18/12/22 13:02 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral) FOR PAIN — Samuel Stapley

1,000.00 mg	21/12/2022	08:42	Alison Borland
1,000.00 mg	21/12/2022	16:53	Alison Borland
1,000.00 mg	24/12/2022	21:35	Lesley-Ann Robertson
1,000.00 mg	27/12/2022	21:17	Lesley-Ann Robertson

PEPTAC Oral Sugar Free Suspension as required

☒ 06/12/22 16:24 10 mL THREE TIMES DAILY 7am:12pm:10pm (Oral) FOR INDIGESTION — Iona Gordon

10.00 mL	06/12/2022	16:39	Hepma Nurse4

SOTALOL 80 mg Tablets as required

☒ 22/12/22 10:31 80 mg (Oral) . — Muhammad Hamza Riaz

⓪ Discontinued on: 22/12/2022 12:49 by: Muhammad Hamza Riaz . Reason: Course Complete

TEICOPLANIN 400 mg Injection as required

☒ 19/12/22 09:09 800 mg (Intravenous Slow Bolus Injection) pre PPM — Alan Rae

800.00 mg	20/12/2022	11:18	Nissi Raji/ Alison Borland

⓪ Discontinued on: 22/12/2022 16:48 by: Muhammad Hamza Riaz . Reason: Course Complete

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.
Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

The information contained in this document is privileged and confidential. This document must not be copied or distributed without prior authorisation. Any unauthorised disclosure of the information contained in this document is prohibited and may be unlawful. The information contained within this document is only valid at the time of its creation - the HEPMA team cannot be held responsible for changes subsequent to this document's creation.

Please ensure this document is destroyed after use.

Report developed by HEPMA teams NHS Lanarkshire, NHS Dumfries & Galloway, NHS Ayrshire & Arran and NHS Greater Glasgow & Clyde

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

Drug History and Reconciliation Plan

NHS Greater Glasgow and Clyde

GRI Critical Care Drug History and Reconciliation Plan (01-12-2022 17:47)

Allergies & Sensitivities

No known allergies

General Information	
Drug History Sources	**Emergency Care Summary; Patient**
Initially Completed By	**CF**
Reviewed By	**R Kishore**

Home Medications	
Home Medication 1, Plan & Comments	Medication: **Omeprazole 20mg mane** Plan: **Continue** Comments:
Home Medication 2, Plan & Comments	Medication: **Simvastatin 40mg nocte** Plan: **Continue** Comments:
Home Medication 3, Plan & Comments	Medication: **Sertraline 50mg mane** Plan: **Continue** Comments:
Home Medication 4, Plan & Comments	Medication: Plan: Comments:
Home Medication 5, Plan & Comments	Medication: Plan: Comments:
Home Medication 6, Plan & Comments	Medication: Plan: Comments:
Home Medication 7, Plan & Comments	Medication: Plan: Comments:
Home Medication 8, Plan & Comments	Medication: Plan: Comments:
Home Medication 9, Plan & Comments	Medication: Plan: Comments:
Home Medication 10, Plan & Comments	Medication: Plan: Comments:
Home Medication 11, Plan & Comments	Medication: Plan: Comments:
Home Medication 12, Plan & Comments	Medication: Plan: Comments:
Home Medication 13, Plan & Comments	Medication: Plan: Comments:
Home Medication 14, Plan & Comments	Medication: Plan: Comments:
Home Medication 15, Plan & Comments	Medication: Plan: Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

Home Medication 16, Plan & Comments	Medication: Plan: Comments:
Home Medication 17, Plan & Comments	Medication: Plan: C omments:
Home Medication 18, Plan & Comments	Medication: Plan: Comments:
Home Medication 19, Plan & Comments	Medication: Plan: Comments:
Home Medication 20, Plan & Comments	Medication: Plan: Comments:
Home Medication 21, Plan & Comments	Medication: Plan: Comments:
Home Medication 22, Plan & Comments	Medication: Plan: Comments:
Home Medication 23, Plan & Comments	Medication: Plan: Comments:
Home Medication 24, Plan & Comments	Medication: Plan: Comments:
Home Medication 25 Plan & Comments	Medication: Plan: Comments:

Community Pharmacy Details	
Community Pharmacy	

Hospital Medications Before Critical Care	
Hospital Medication 1, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 2, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 3, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 4, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 5, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 6, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 7, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 8, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 9, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 10, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 11, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 12, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 13, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 14, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 15, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 16, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 17, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 18, Plan & Comments	Medication: Indication: Plan/Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

Hospital Medication 19, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 20, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 21, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 22, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 23, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 24, Plan & Comments	Medication: Indication: Plan/Comments:
Hospital Medication 25, Plan & Comments	Medication: Indication: Plan/Comments:

New Significant Critical Care Medications	
Critical Care Medication 1, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 2, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 3, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 4, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 5, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 6, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 7, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 8, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 9, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 10, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 11, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 12, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 13, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 14, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 15, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 16, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 17, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 18, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 19, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 20, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 21, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 22, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 23, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 24, Plan & Comments	Medication: Indication: Plan/Comments:
Critical Care Medication 25, Plan & Comments	Medication: Indication: Plan/Comments:

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

CHI	**1812526490**
Patient Name	**Gavin McClymont**
Age (Admission)	**69 years**

WHILST YOUR PATIENT WAS IN THE CRITICAL CARE UNIT, SOME CHANGES WERE MADE TO HIS/HER MEDICATIONS. THESE ARE LISTED BELOW:	
1. Routine drugs that were STOPPED but should be considered for RE-STARTING at a clinically appropriate time and dose.	
1. Drugs to Restart	
Drugs to Restart	
2. Drugs that were STARTED and should be considered for STOPPING at a clinically appopriate time.	
2. Drugs to Stop	
Drugs to Stop	
3. Drugs that were STARTED and should be CONTINUED until otherwise clinically indicated.	
3.New Drugs to Continue	
New Drugs to Continue	
4. Drugs that have been STOPPED and should NOT be re-started.	
4. Drugs to Remain Stopped	
Drugs to Remain Stopped	

If you have any questions about any of the information in this form, please contact the relevant Critical Care Unit:

GRI HDU East - 0141 201 (6) 5427
GRI ICU West - 0141 201 (6) 5430

THIS DOCUMENT IS ONLY A SECTION OF CRITICAL CARE DOCUMENTATION, TO ACCESS FULL CRITICAL CARE DOCUMENTATION PLEASE CONTACT CAREVUE PROJECT:carevueproject@ggc.scot.nhs.uk

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice.	1812526490 MCCLYMONT M Gavin 18/12/1952 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP Dr. LM Coia Auchinairn Medical Practice 127/129 Auchinairn Road Bishopbriggs Glasgow G64 1NF
Patient's surname / family name	
Patient's first name	
Date of birth	Gender Male [✓] Female [ ]
CHI number	
Special requirements (e.g. other language / communication method)	

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

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

LEFT URETEROSCOPY + FRAGMENTATION
+/- STENT +/- CATHETER +/- REDUCED.

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

PAIN, HAEMATURIA, REINTERVENTION, AKI, KIDNEY FAILURE, BLEEDING, RISK OF ANAESTHETIC, CVA/DVT/PE/MI/DEATH, INFECTION, DAMAGE TO ADJACENT STRUCTURES, PERFORATION, SCARRING, NEPHROSTOMY, STENT ISSUES: BLOCK/MOVE/INFECTED STENOSIS, RESIDUAL STONES, FAILED ACCESS
CHRONIC PAIN
RECURRANCE

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

Signature of practitioner	[signature]
Name / Designation (print)	AL EVANS CT2
Date	30/07/23

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

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

I understand

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

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

I agree

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

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

Patient / parent agreement to treatment

Signature * G. McClymont	Date 30/09/23
Name (print) * G. McCLYMONT	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

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

eSTA

Last updated by Jean DALZIEL (Jean Dalziel) 3.5 years ago (v. 1) Show History

Setting	Hospital
Hospital	Stobhill Hospital
Ward	Seen as Outpatient
Consultant	MS SEAWARD

Form Initiation

STA Type	Surplus Tissue Authorisation

To Record patients wishes regarding the use of their Surplus Tissues

Is this a Pre-Op Assessment Clinic Visit?	Yes
Patient Type	Outpatient

Questions For Patient

Did you receive the patient leaflet "The use of Surplus Tissue for Medical Research and Education"?
No

Do you agree that surplus tissue, not essential for your diagnosis or future treatment, may be used for medical, education and ethically approved medical research?
No

Comments
FORM GIVEN TODAY

Patient Agreement to Investigation or Treatment
Consent Form

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / family	1812526490 MCCLYMONT M Gavin 18/12/1952 10 EVERARD QUADRANT Glasgow, Lanarkshire G21 1XP
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

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

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

INSERTION PERMANENT PACEMAKER

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

RISKS INCLUDE - BLEEDING / BRUISING
INFECTION
PNEUMOTHORAX
TAMPONADE
LEAD DISPLACEMENT

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

Signature of practitioner	
Name / Designation (print)	GRAHAM
Date	19/12/22

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

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

I understand

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

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

I agree

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

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

Patient / parent agreement to treatment

Signature G.McClymont	Date 14-12-22
Name (print) GAVIN MCCLYMONT	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results

Name	Gavin McClymont	**Follow Up Centre**	Stobhill
		Implant Date	20/12/2022
CHI	1812526490	**Date of Follow Up**	31/12/2024
		Manufacturer	VIT
Address	10 EVERARD QUADRANT Glasgow Lanarkshire G21 1XP	**Model**	Q80A2
		Dependent	No

Presenting Rhythm: AP/VS

Percentage pacing: AP: 89% VP: 0.1%

Percentage Mode Switch: <0.1% **Mode Switch episodes: 321**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	0.5V@0.4ms	0.75V@0.4ms	
Intrinsic Amplitude	4mV	11.2mV	
Impedance	671ohms	544ohms.	
Battery Voltage	2.78V	**Battery impedance**	134ohms
Estimated Longevity	13 years	**EOL Magnet rate**	

PARAMETERS			
Mode	DDI		
Base rate	60ppm	**Magnet rate**	100ppm
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	2V	2V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

Checked at Dr Raes clinic
Patient well and implant site ok
321 MS episodes lonfest 1m 57s with no particualry high V rates (Marked improvement on previous check of arounf 3400 MS)
HR histogram ok for patient
Normal device function

Physiologist: AP

Review: 1 year at Stobhill

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results.

Name	Gavin McClymont	**Follow Up Centre**	GRI
		Implant Date	20/12/2022
CHI	1812526490	**Date of Follow Up**	30/04/2024
		Manufacturer	Medtronic Vitatron
Address	10 EVERARD QUADRANT Glasgow Lanarkshire G21 1XP	**Model**	Q80A2
		Dependent	N

Presenting Rhythm: AP/VS

Percentage pacing: AP 83% VP 0.4%

Percentage Mode Switch: Programmed DDI **Mode Switch episodes:**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	0.5V@0.4ms	0.75V @ 0.4ms	
Intrinsic Amplitude	5.6mV	11.2-15.68mV	
Impedance	659Ω	504Ω	
Battery Voltage	2.78V	**Battery impedance**	100Ω
Estimated Longevity	12-15.5 years (13.5 years)	**EOL Magnet rate**	

PARAMETERS			
Mode	DDI		
Base rate	60/min	**Magnet rate**	85/min
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	2.0V	2.0V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

Patient well
Implant site satisfactory

3923 high A rates since 02/05/2023 – longest 18 minutes 11 seconds with maximum V rate of 167bpm – available egrams show A>V
13high V rate – longest 33 seconds - available egrams show high V rates in context of A>V episodes

Physiologist: LH

Review: 12 months

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results.

Name	Gavin McClymont	**Follow Up Centre**	Stobhill
		Implant Date	20/12/2022
CHI	1812526490	**Date of Follow Up**	02/05/2023
		Manufacturer	VIT
Address		**Model**	G20
		Dependent	

Presenting Rhythm: AP/VS

Percentage pacing: AP 83% VP 0.4%

Percentage Mode Switch: **Mode Switch episodes:**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	0.75V @ 0.4ms	0.75V @ 0.4ms	
Intrinsic Amplitude	>5.6mV	8.0-16mV	
Impedance	671	539	
Battery Voltage	2.80V	**Battery impedance**	
Estimated Longevity	Minimum 12 years	**EOL Magnet rate**	

PARAMETERS			
Mode	DDI		
Base rate	60bpm	**Magnet rate**	85/min
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	2.0V	2.0V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

Patient well
Generator site healed well
HR histogram ok
1390 AHR – longest 18 mins, AT/AF 0.3%. Availabe egrams limited, markers only but A>V and irregular.
No HVRs. Patient on Apixaban.
Normal function and electrical values.

Physiologist: RM

Review: 12 months

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results.

Name	Gavin McClymont	**Follow Up Centre**	Stobhill
		Implant Date	20/12/22
CHI	1812526490	**Date of Follow Up**	01/02/23
		Manufacturer	VIT
Address		**Model**	Q80 A2
		Dependent	

Presenting Rhythm: AP / VS

Percentage pacing: AP – 72% VP - 0.2%

Percentage Mode Switch: **Mode Switch episodes:**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	0.75V @ 0.4ms	0.75V @ 0.4ms	
Intrinsic Amplitude	>5.60ms	11.2 – 15.68mV	
Impedance	681Ω	560Ω	
Battery Voltage	2.79V	**Battery impedance**	100Ω
Estimated Longevity	8.5 – 11 years	**EOL Magnet rate**	-

PARAMETERS			
Mode	DDI		
Base rate	60/min	**Magnet rate**	
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	4.5V	4.5V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

6 week check
Patient well
Wound site healed well
HR histogram reasonable
Several AHR, longest lasting 1:21:56. Available EGMS show genuine AF/flutter - pt on Apixaban
A and V outputs reprogrammed to 2V
Normal electrical values and function

*ID card given to patient

Physiologist: JL / DF

Review: 3/12

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results.

Name	Gavin McClymont	**Follow Up Centre**	GRI
		Implant Date	21/12/2022
CHI	1812526490	**Date of Follow Up**	23/12/2022
		Manufacturer	Vit
Address		**Model**	Q80A2
		Dependent	N

Presenting Rhythm: AF VP

Percentage pacing: AP 5.0% VP 5.0%

Percentage Mode Switch **Mode Switch episodes:**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	In AF	0.75V @ 0.4ms	
Intrinsic Amplitude	2-2.8mV	11.2-15.6mV	
Impedance	630Ω	795Ω	
Battery Voltage	2.79V	**Battery impedance**	100Ω
Estimated Longevity	9.5 years	**EOL Magnet rate**	

PARAMETERS			
Mode	DDD		
Base rate	60/min	**Magnet rate**	85/min
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	4.5V	4.5V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

Patient in ward – now in atrial flutter
Device site still covered
HR histograms show high V rate – AF/flutter with FVR
At Dr Rae's request reprogrammed to DDI due to AF/Flutter
Normal function and electrical values.

Physiologist: AB

Review: 6 weeks @ Stobhill - arranged

GG&C PACEMAKER FOLLOW UP

Pacemaker Clinic Results.

Name	Gavin McClymont	**Follow Up Centre**	GRI today however Stob moving forward
		Implant Date	20/12/2022
CHI	1812526490	**Date of Follow Up**	21/12/2022
		Manufacturer	Vit
Address		**Model**	Q80A2
		Dependent	

Presenting Rhythm: AP VS (Underlying SR)

Percentage pacing: AP 47% VP 0.1%

Percentage Mode Switch: 6.5% **Mode Switch episodes:**

MEASURED DATA			
	ATRIUM	**VENTRICLE**	
Threshold	0.5V @ 0.4ms	0.5V @ 0.4ms	
Intrinsic Amplitude	>5.6mV	8-11mV	
Impedance	681Ω	1089Ω	
Battery Voltage	2.79V	**Battery impedance**	100Ω
Estimated Longevity	8 years (MIN 6.5 years)	**EOL Magnet rate**	

PARAMETERS			
Mode	DDI		
Base rate	60/min	**Magnet rate**	85/min
Hysteresis			

	ATRIUM	**VENTRICLE**
Voltage	4.5V	4.5V
Pulse Width	0.4ms	0.4ms

Comments/ Reprogramming

Post op check.
Patient well, dressing in situ. Wound care sheet given today.
HR histograms show high A rates and subsequent high V rates (AF/flutter with RVR).
Several high A rates logged since implant yesterday. 4 EGMs show A flutter, longest duration 9 mins.
Underlying sinus rhythm this morning – device reprogrammed to DDD @ 60/min
(was programmed DDI in theatre).

Nomral function and electrical values.

Physiologist: AB

Review: 6 weeks @ Stob

DATE: 20/12/22

GG&C PACEMAKER DEVICE DETAILS

Affix label

1812526490
MCCLYMONT
Gavin
10 EVERARD QUADR.
Glasgow, Lanarkshire

Implant Centre: GRI

Consultant: D. SHAUKAT

Implanting Physician: D. BEGGS

Implant Physiologist: SQ

Indication for Pacing: S. BRADY/A. FLUTTER/FF **Presenting Rhythm:** A. TACHY ~/SO

Mode: DDD **Vein:** (L) **Position:** (L) PRE. PEC.

Implant: New System ✓
~~Generator Change~~
~~Lead Remanipulation~~

IMPLANT	DATE	MAKE, MODEL & SERIAL NO.
GENERATOR	20/12/22	SN 510008692G vitatron Q80A2
VENTRICULAR LEAD	20/12/22	Medtronic 4074 - 58 cm SN BBD888489G MR Conditional
ATRIAL LEAD	20/12/22	Medtronic 4574 - 53 cm SN BBE721280V MR Conditional

THRESHOLDS	ATRIAL	Programmer	RV	Programmer
Voltage (V)	FLUTTER	FLUTTER	0.6	0.5
Current (mA)	—	0.39	0.8	3.48
Pulse Width (ms)	0.4	0.4	0.4	0.4
Impedance (Ω)	525	740	729	1407
P/R Amplitude (mV)	5.5	2 - 2.8	~ 6.9	5.6 - 8.0
Stability & 10Vchecks	—	—	YES	—
Polarity	BI	BI	BI	BI

Follow up Hospital: GRI

COMMENTS: SR THIS MORNING, AF ~/ RVR IN THEATRE, / FLUTTER. IV METOPROLOL SHOWING LITTLE CHANGE, RV THRESHOLD DONE QUICKLY ~ 150BPM. D/W D. SHAUKAT. PROGRAMMED DOI CURRENTLY

Physiology Signature:

Print Name: SCOTT QUINN

McClymont, Gavin ID:1812526490 31-DEC-2024 11:58:29 GREATER GLASGOW SITE-GRCLCD ROUTINE RECORD

18-DEC-1952 (72 yr)
Male Unknown

Room:
Loc:237

Vent. rate	60	BPM
PR interval	208	ms
QRS duration	92	ms
QT/QTc	474/474	ms
P-R-T axes	-8 -4	-2

Atrial-paced rhythm
Abnormal ECG

Technician: 260
Test ind: .

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 243 CID: 1512

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 31-DEC-2024 11:57:53 GREATER GLASGOW SITE-GRCLCD ROUTINE RECORD

18-DEC-1952 (72 yr)
Male Unknown

Room:
Loc:237

Vent. rate	60	BPM
PR interval	208	ms
QRS duration	94	ms
QT/QTc	474/474	ms
P-R-T axes	5 -5	-2

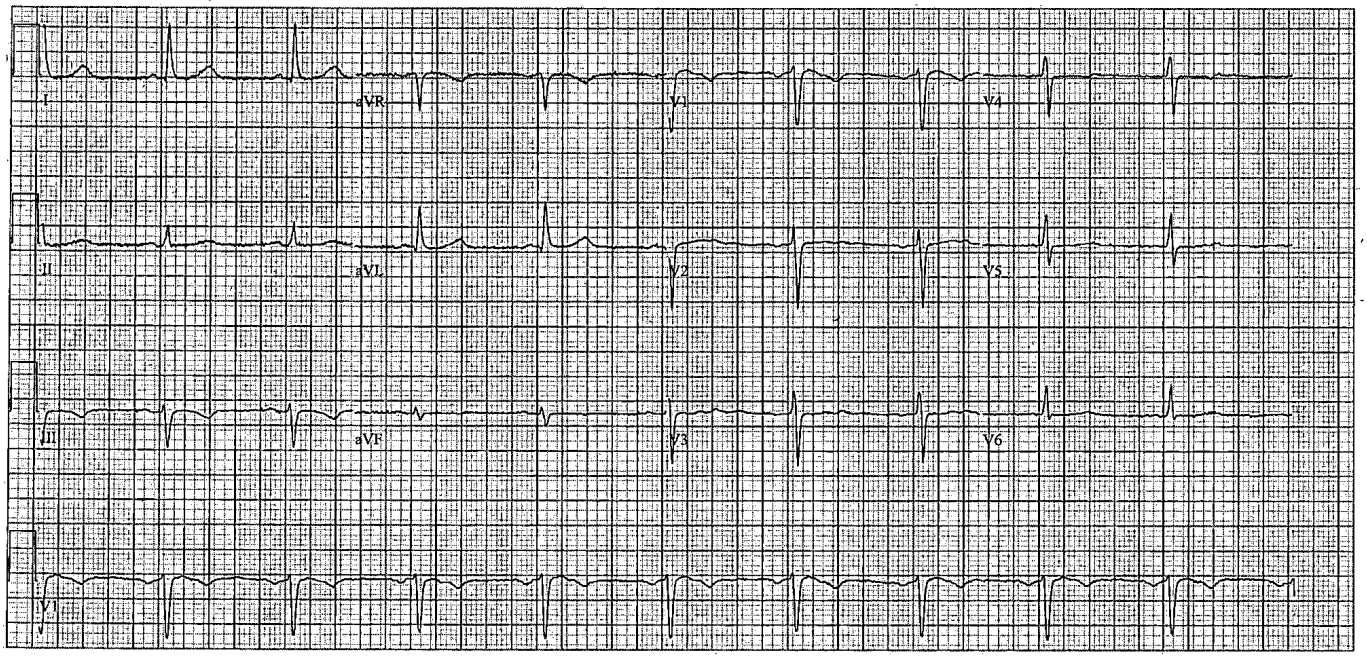
Atrial-paced rhythm
Nonspecific ST abnormality
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

Location:

Comments:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 243 CID: 1512

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 26-JUL-2023 16:07:02 GREATER GLASGOW SITE-STSAGS ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

Room:
Loc:412

Vent. rate	60	BPM
PR interval	192	ms
QRS duration	88	ms
QT/QTc	470/470	ms
P-R-T axes	2 4	3

Atrial-paced rhythm
Abnormal ECG

Technician: 260
Test ind:

Comments:

Comments:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 243 CID: 1402

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 26-JUL-2023 16:07:02 GREATER GLASGOW SITE-STSAGS ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

Room:
Loc:412

Vent. rate	60	BPM
PR interval	192	ms
QRS duration	88	ms
QT/QTc	470/470	ms
P-R-T axes	2 4	3

Atrial-paced rhythm
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

Comments:

Comments:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 243 CID: 1402

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 17-FEB-2023 13:48:15 GREATER GLASGOW SITE-STSAGS ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

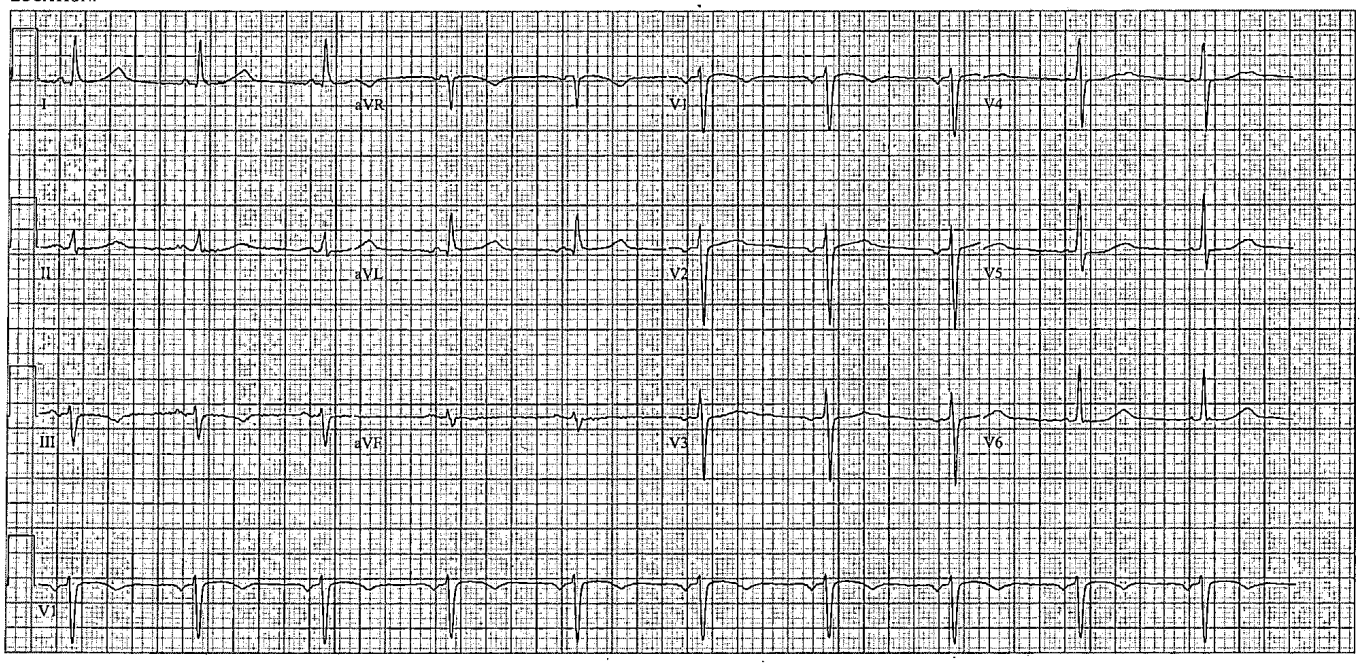
Room:
Loc:412

Vent. rate	60	BPM	Normal sinus rhythm
PR interval	128	ms	Possible Left atrial enlargement
QRS duration	86	ms	Prolonged QT
QT/QTc	486/486	ms	Abnormal ECG
P-R-T axes	0 -4	3	

Technician: 262
Test ind:

LOCATION:

Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 CID: 0

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 28-DEC-2022 11:04:03 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

Room:
Loc:203

Vent. rate	60	BPM
PR interval	194	ms
QRS duration	84	ms
QT/QTc	468/468	ms
P-R-T axes	13 -3	5

Atrial-paced rhythm
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 22-DEC-2022 20:59:23 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

18-DEC-1952 (70 yr)	Vent. rate	133	BPM	Atrial flutter with variable AV block with frequent ventricular-paced complexes
Male Unknown	PR interval	*	ms	ST & T wave abnormality, consider inferior ischemia
	QRS duration	80	ms	Abnormal ECG
Room:	QT/QTc	384/571	ms	
Loc:93	P-R-T axes	89 6	-19	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 20-DEC-2022 09:32:03 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

Room:
Loc:203

Vent. rate	153	BPM
PR interval	*	ms
QRS duration	106	ms
QT/QTc	256/408	ms
P-R-T axes	258 -20	205

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 134 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 20-DEC-2022 09:31:39 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (70 yr)
Male Unknown

Room:
Loc:203

Vent. rate	153	BPM
PR interval	*	ms
QRS duration	106	ms
QT/QTc	252/402	ms
P-R-T axes	265 -20 164	

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 134 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 16-DEC-2022 09:00:36 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

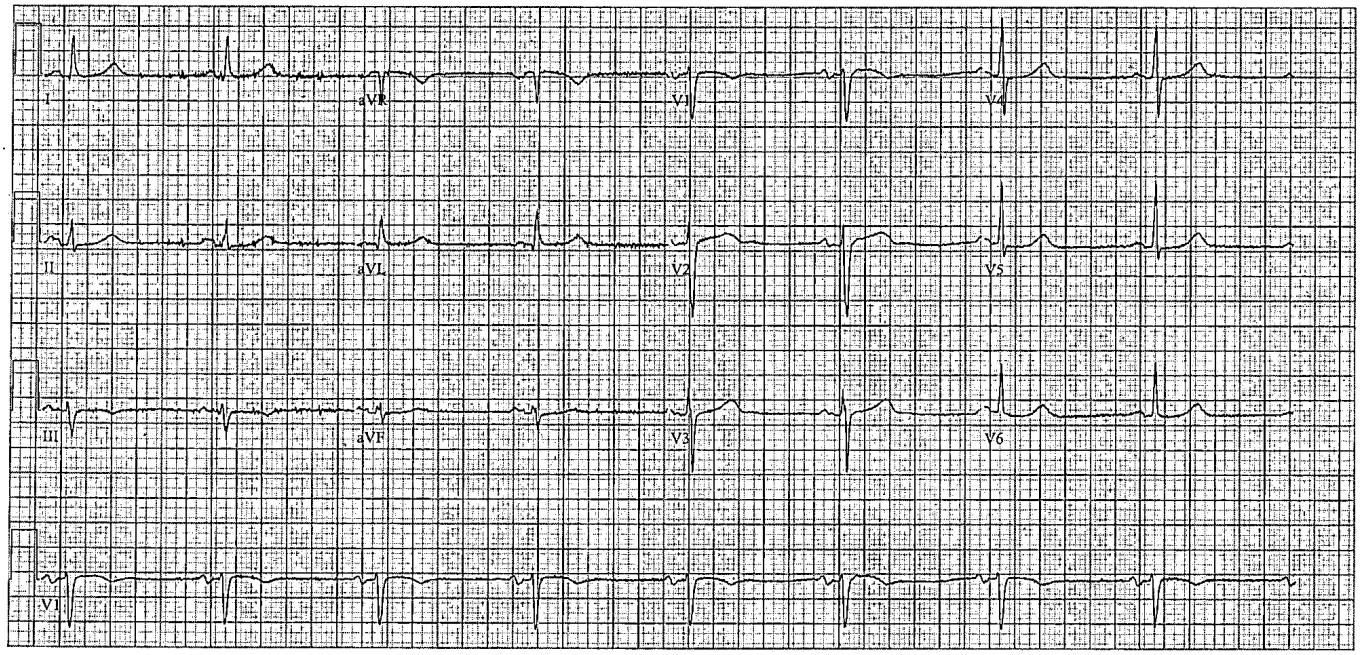
Room:
Loc:203

Vent. rate	49	BPM
PR interval	170	ms
QRS duration	88	ms
QT/QTc	474/428	ms
P-R-T axes	51 4	27

Sinus bradycardia
Otherwise normal ECG

Technician:GRI 215
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1005

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 16-DEC-2022 08:52:29 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:93

Vent. rate	69	BPM
PR interval	218	ms
QRS duration	86	ms
QT/QTc	436/467	ms
P-R-T axes	64 21	92

Sinus rhythm with 1st degree AV block
Anteroseptal infarct , age undetermined
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 16-DEC-2022 05:31:40 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:93

Vent. rate	138	BPM
PR interval	*	ms
QRS duration	78	ms
QT/QTc	256/387	ms
P-R-T axes	249 47	39

Atrial flutter with 2:1 AV conduction
Marked ST abnormality, possible lateral subendocardial injury
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 15-DEC-2022 09:09:22 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	116	BPM
PR interval	*	ms
QRS duration	90	ms
QT/QTc	348/483	ms
P-R-T axes	* 17	19

Atrial fibrillation with rapid ventricular response
Abnormal ECG

Technician: 414
Test ind:

Unconfirmed

COMMENTS:WD43B



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 134

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 14-DEC-2022 09:18:51 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

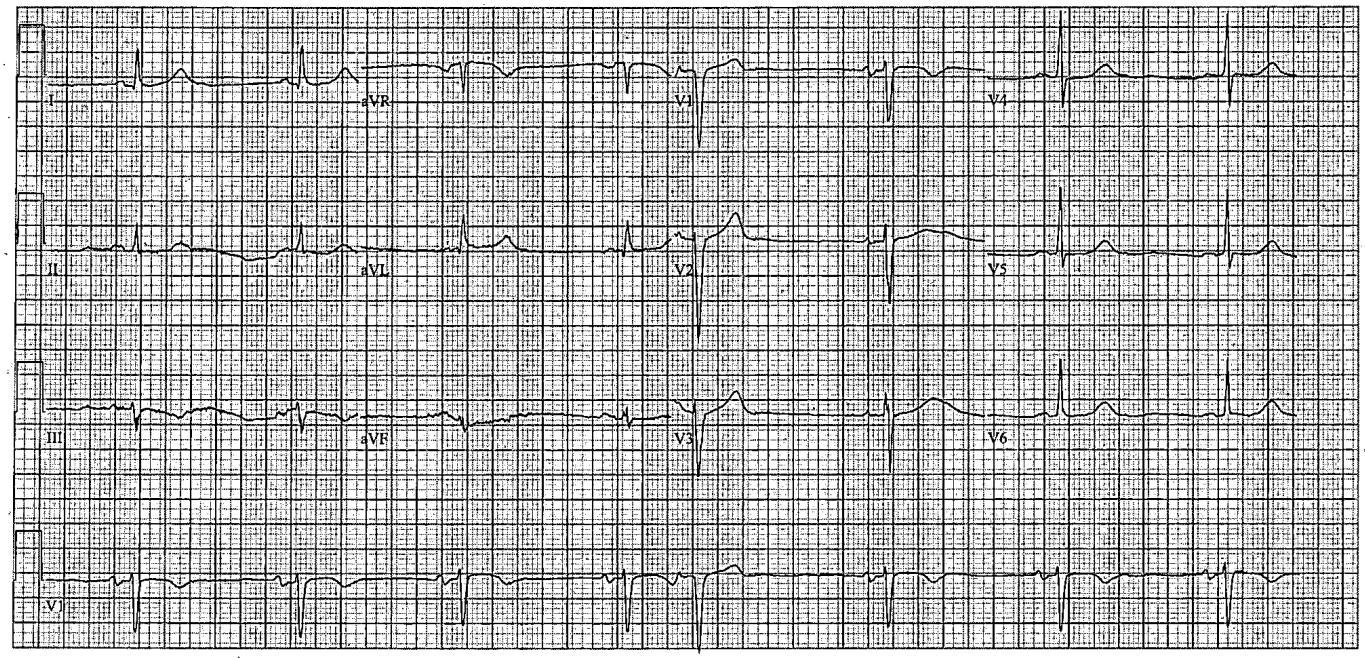
Vent. rate	48	BPM
PR interval	168	ms
QRS duration	92	ms
QT/QTc	526/469	ms
P-R-T axes	53 4	7

Sinus bradycardia with premature atrial complexes
Otherwise normal ECG

Technician: 260
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 134

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 13-DEC-2022 09:38:41 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

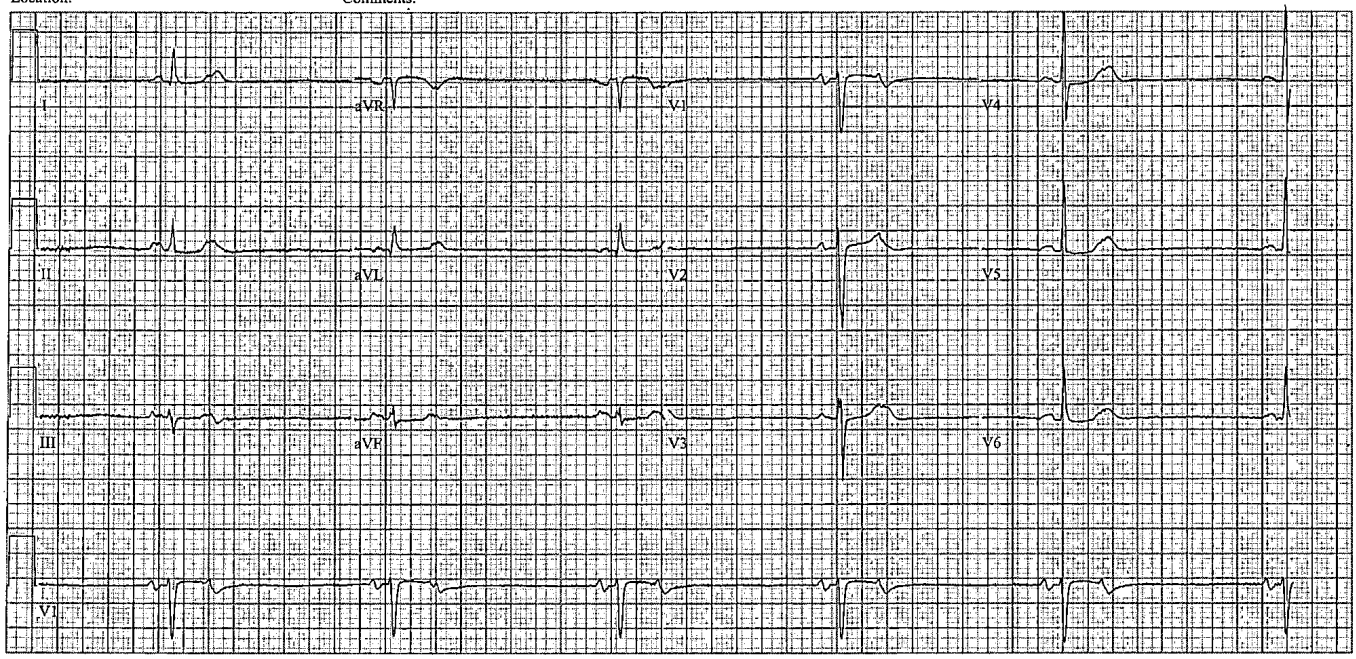
Room:
Loc:203

Vent. rate	34	BPM
PR interval	158	ms
QRS duration	84	ms
QT/QTc	490/368	ms
P-R-T axes	60 13	9

Marked sinus bradycardia
Abnormal ECG

Technician:GRI 215
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1005 SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 13-DEC-2022 03:36:08 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	128	BPM
PR interval	*	ms
QRS duration	84	ms
QT/QTc	260/379	ms
P-R-T axes	-84 -16	-30

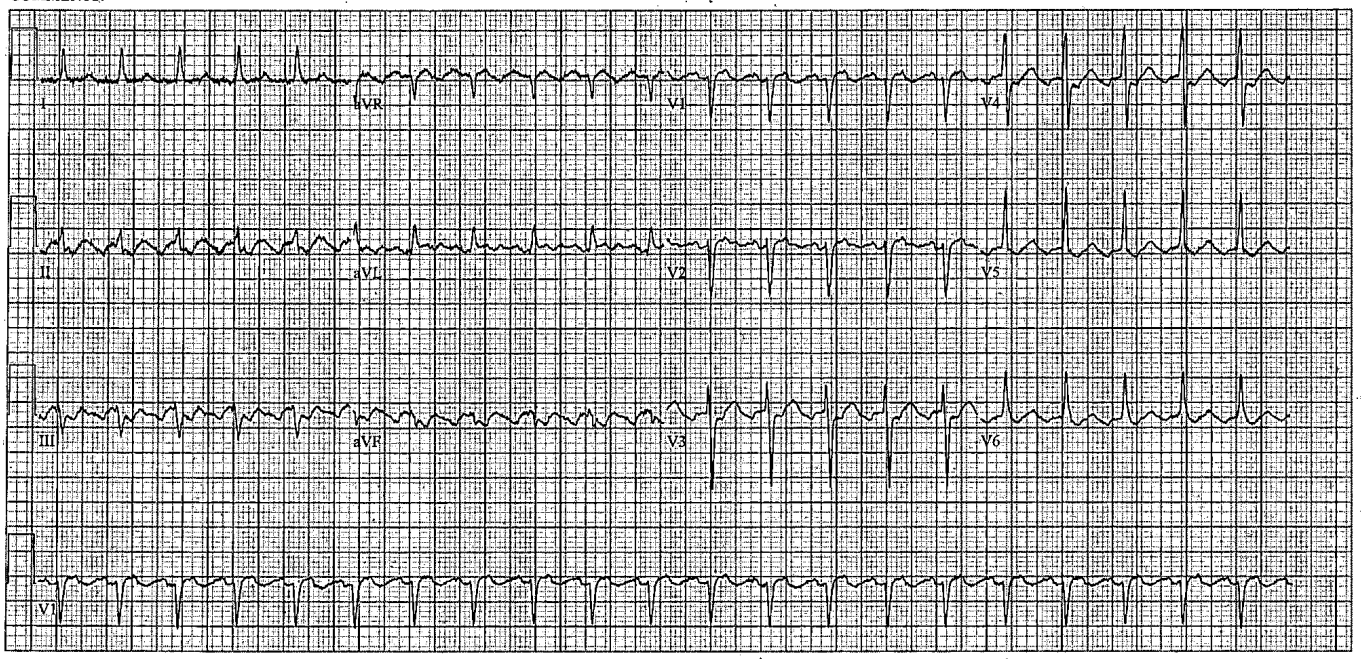
Atrial flutter with 2:1 AV conduction
Marked ST abnormality, possible inferior subendocardial injury
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 12-DEC-2022 08:40:15. GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	88	BPM
PR interval	*	ms
QRS duration	88	ms
QT/QTc	386/467	ms
P-R-T axes	* 13	3

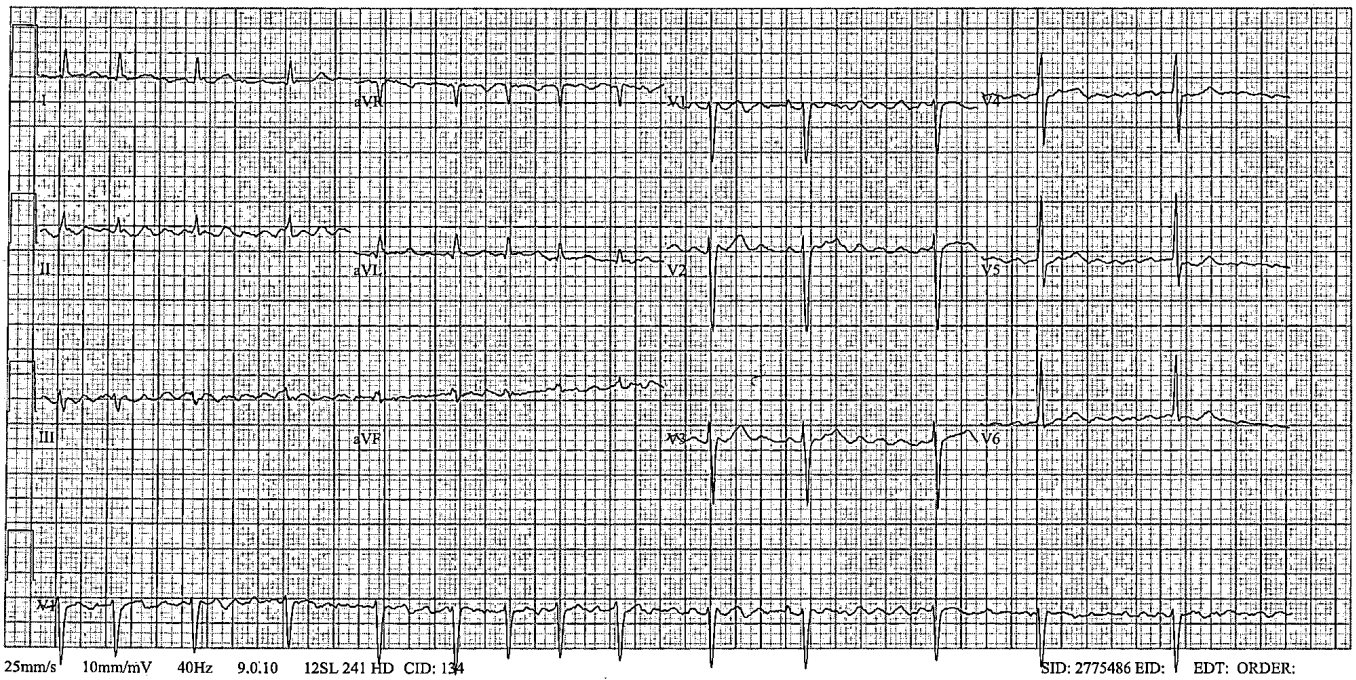
Atrial flutter with variable AV block
Abnormal ECG

Technician: 417
Test ind:

Referred by: DR ROC

Unconfirmed

COMMENTS:GRI WD43



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 134

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 17:59:35 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

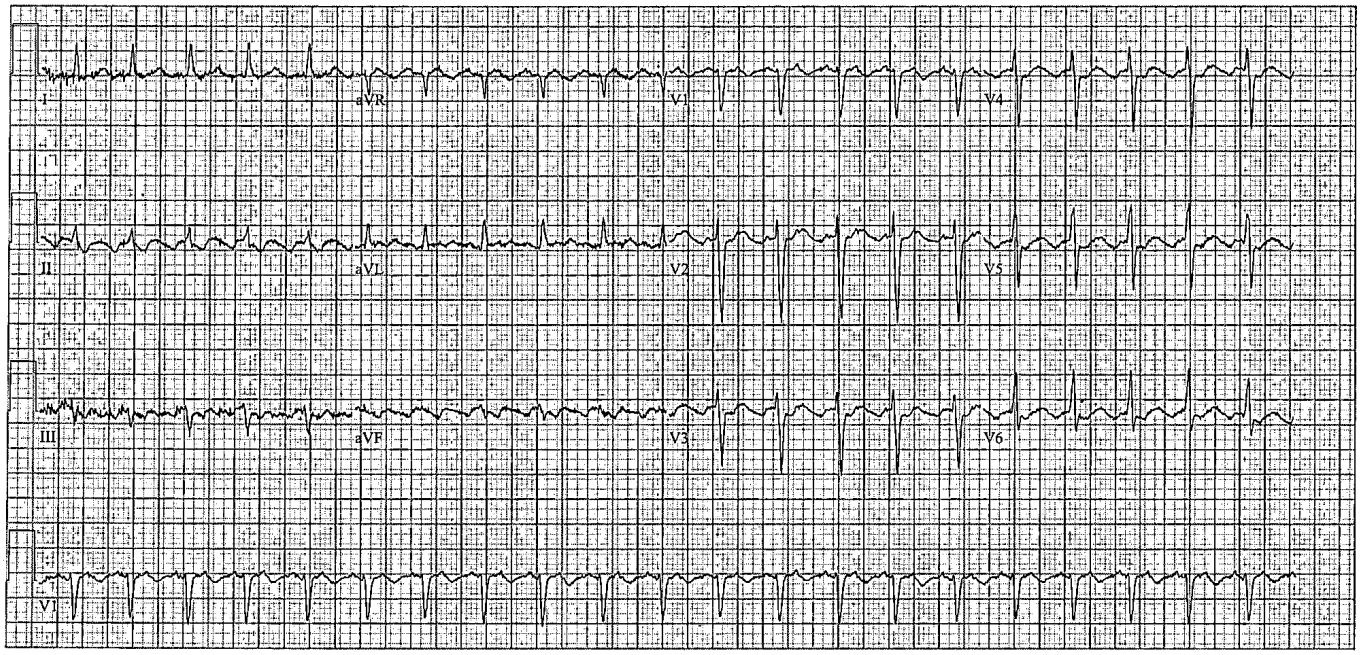
18-DEC-1952 (69 yr)	Vent. rate	128	BPM	Atrial flutter with 2:1 AV conduction
Male Unknown	PR interval	*	ms	ST & T wave abnormality, consider lateral ischemia
	QRS duration	84	ms	Abnormal ECG
Room:	QT/QTc	192/280	ms	
Loc:203	P-R-T axes	259 -3	-69	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 17:59:35 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	128	BPM
PR interval	*	ms
QRS duration	84	ms
QT/QTc	192/280	ms
P-R-T axes	259 -3	-69

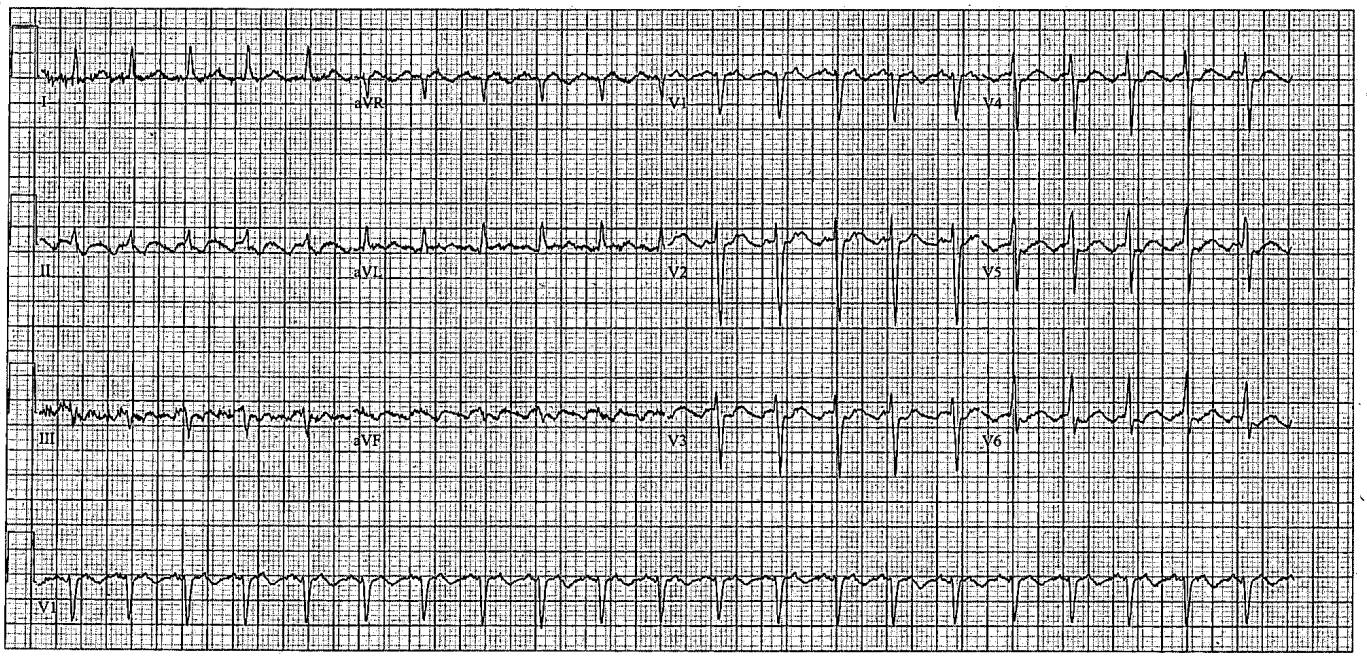
Atrial flutter with 2:1 AV conduction
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 16:51:28 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	31	BPM
PR interval	162	ms
QRS duration	76	ms
QT/QTc	586/420	ms
P-R-T axes	61 10 4	

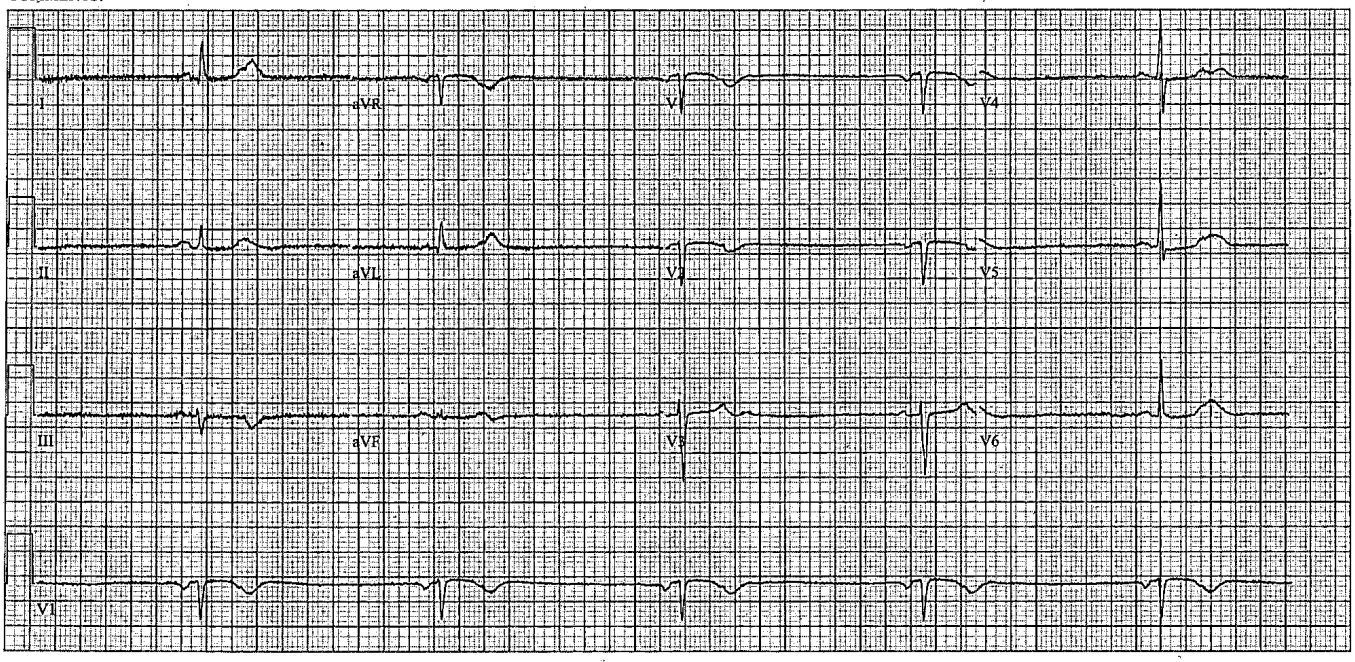
Marked sinus bradycardia
Possible Left atrial enlargement
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 16:51:05 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	31	BPM
PR interval	166	ms
QRS duration	76	ms
QT/QTc	600/431	ms
P-R-T axes	60 14	9

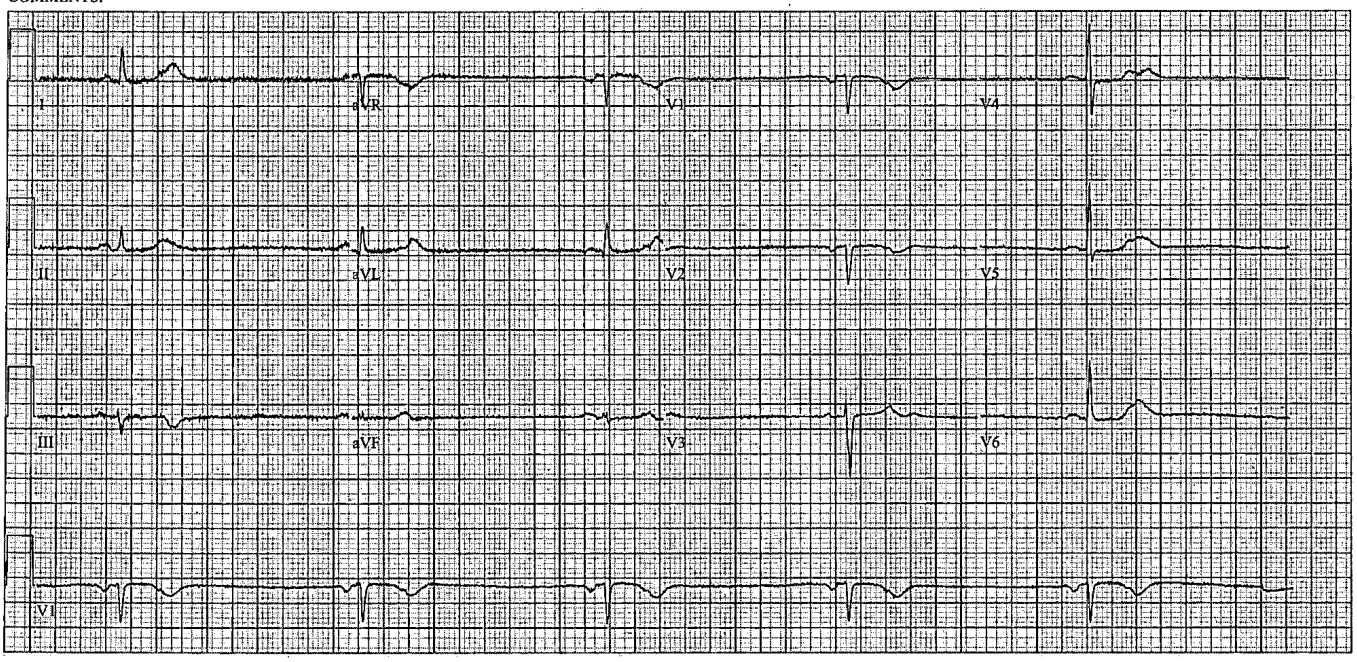
Marked sinus bradycardia
Possible Left atrial enlargement
Junctional ST depression, probably normal
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 06:22:01 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)		Vent. rate	53	BPM	Sinus bradycardia
Male	Unknown	PR interval	160	ms	Otherwise normal ECG
		QRS duration	84	ms	
Room:		QT/QTc	486/456	ms	
Loc:203		P-R-T axes	61 9	10	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 11-DEC-2022 06:21:40 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	53	BPM
PR interval	152	ms
QRS duration	80	ms
QT/QTc	488/457	ms
P-R-T axes	49 7	9

Sinus bradycardia
Possible Left atrial enlargement
Borderline ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 10-DEC-2022 07:18:19 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	149	BPM
PR interval	*	ms
QRS duration	86	ms
QT/QTc	240/378	ms
P-R-T axes	84 6	31

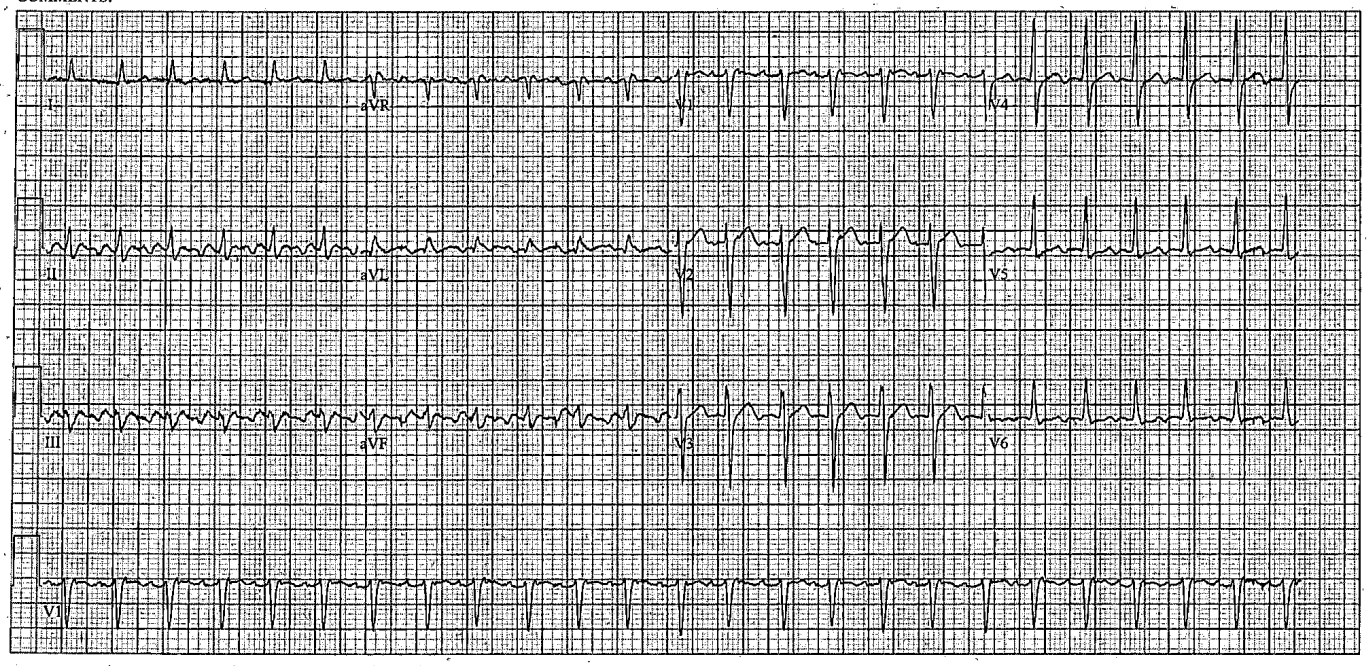
Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 10-DEC-2022 07:17:55 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	148	BPM
PR interval	120	ms
QRS duration	90	ms
QT/QTc	316/496	ms
P-R-T axes	90 4	-21

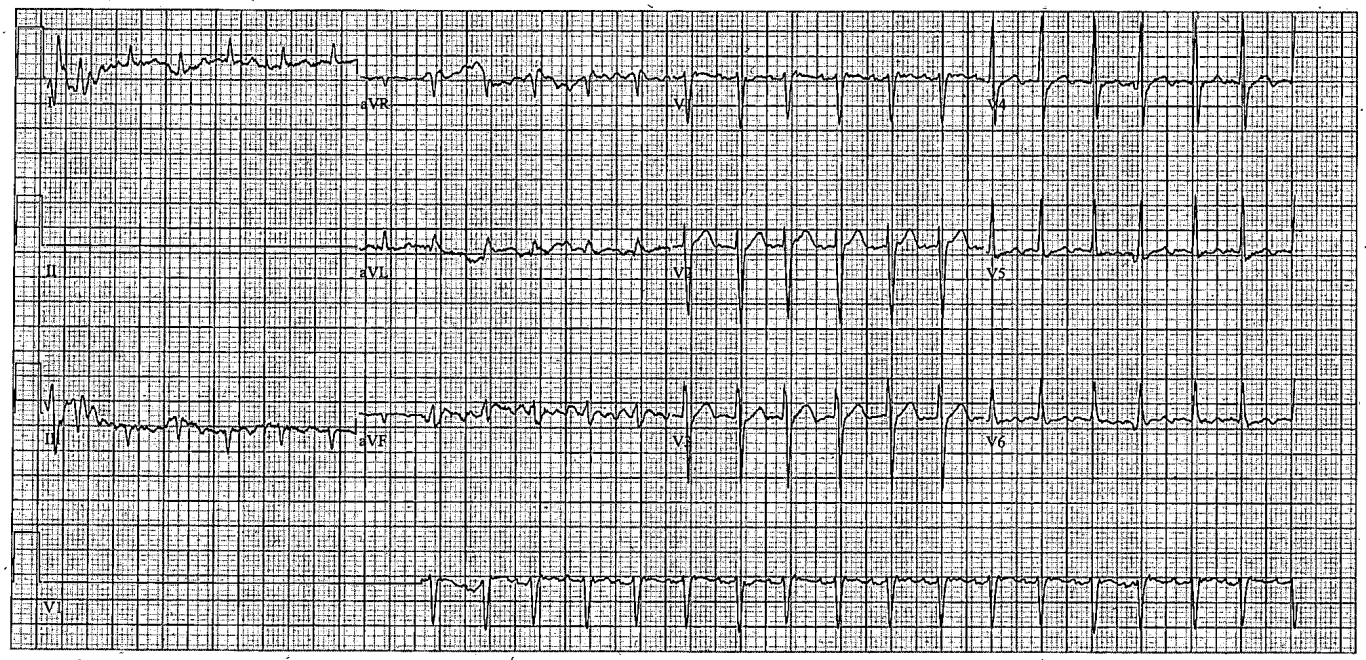
*** Poor data quality, interpretation may be adversely affected
Sinus tachycardia
T wave abnormality, consider inferior ischemia
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 16:36:18 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	33	BPM
PR interval	170	ms
QRS duration	82	ms
QT/QTc	548/405	ms
P-R-T axes	53 18	-9

Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider inferior ischemia
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 16:35:50 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male , Unknown

Room:
Loc:203

Vent. rate	33	BPM
PR interval	160	ms
QRS duration	82	ms
QT/QTc	556/411	ms
P-R-T axes	62 15	1

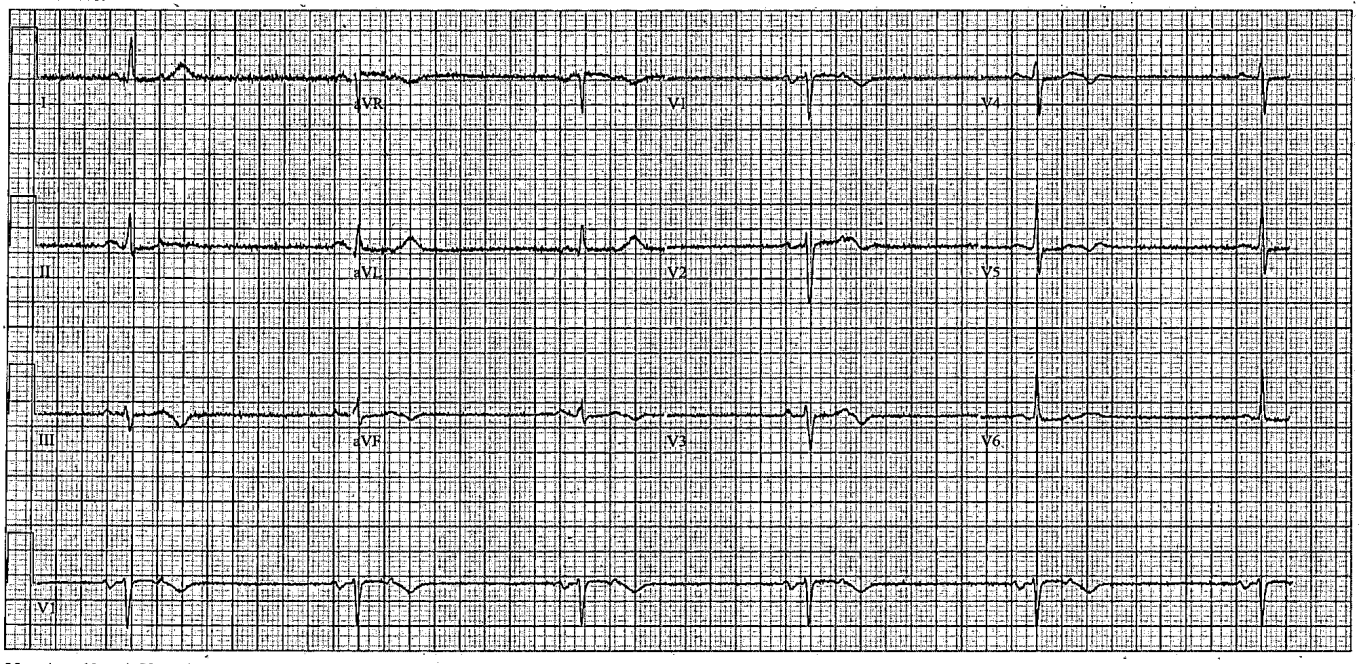
Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 09:26:36 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

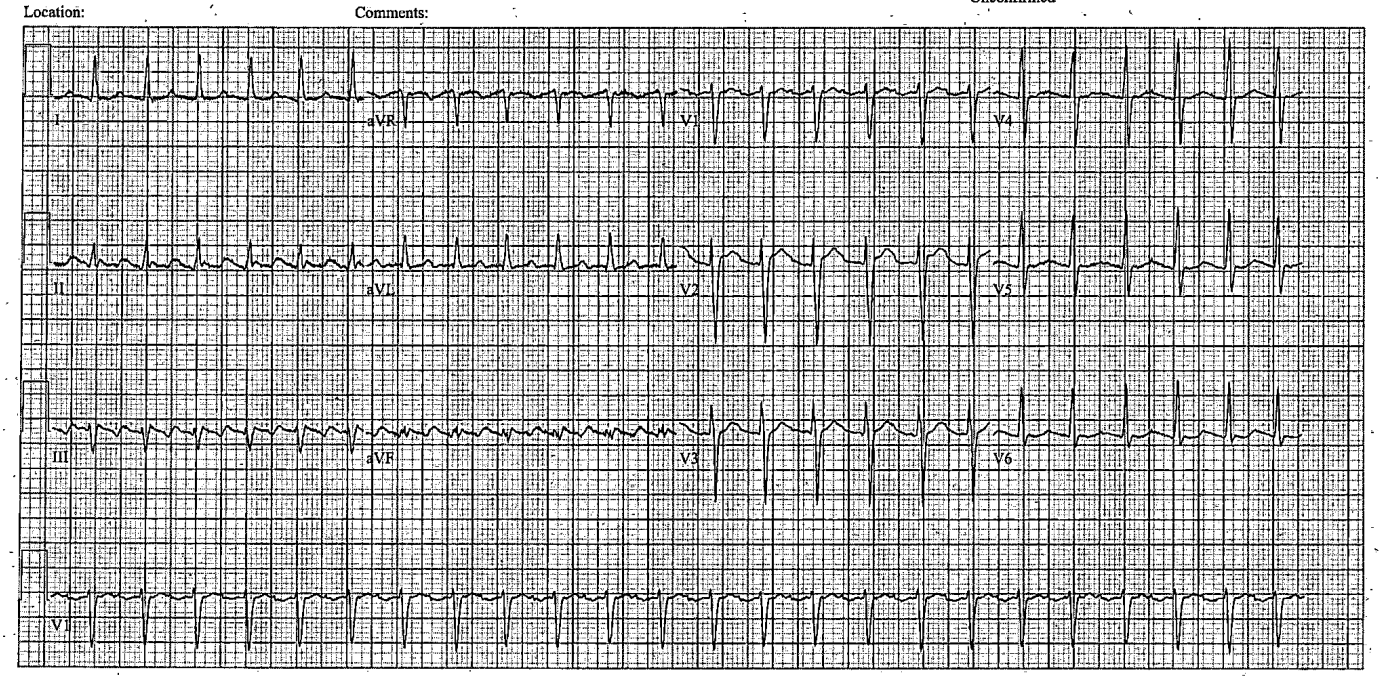
Vent. rate	146	BPM
PR interval	*	ms
QRS duration	86	ms
QT/QTc	342/532	ms
P-R-T axes	* 11	50

Atrial flutter with 2:1 AV conduction
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1005

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 00:05:26 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	38	BPM
PR interval	164	ms
QRS duration	82	ms
QT/QTc	552/438	ms
P-R-T axes	68 14	9

Marked sinus bradycardia
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 00:04:56 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)	Vent. rate	38	BPM	Marked sinus bradycardia
Male Unknown	PR interval	162	ms	T wave abnormality, consider anterior ischemia
	QRS duration	82	ms	Abnormal ECG
Room:	QT/QTc	558/443	ms	
Loc:203	P-R-T axes	66 24	1	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 09-DEC-2022 00:04:35 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	38	BPM
PR interval	166	ms
QRS duration	82	ms
QT/QTc	492/391	ms
P-R-T axes	64 14	8

Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 08-DEC-2022 23:58:24 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	76	BPM
PR interval	160	ms
QRS duration	84	ms
QT/QTc	494/555	ms
P-R-T axes	89 15	6

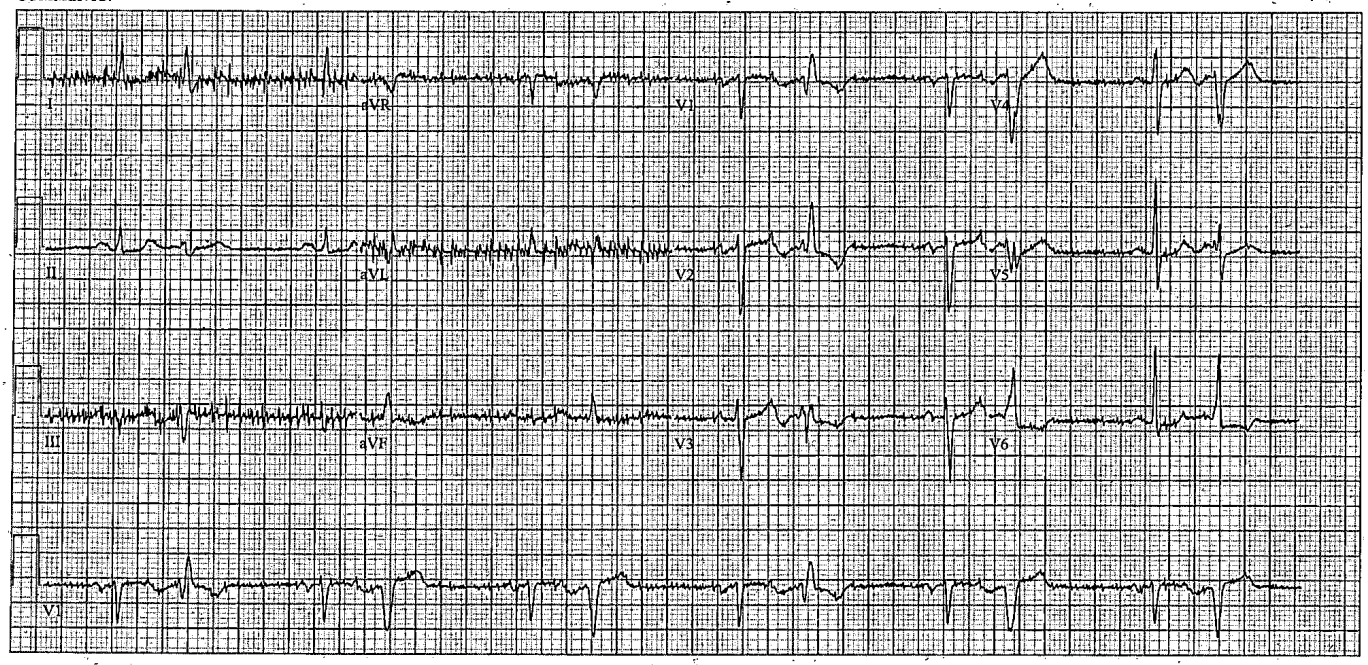
Sinus rhythm with frequent premature ventricular complexes in a pattern of bigeminy
T wave abnormality, consider anterior ischemia
Prolonged QT
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 08-DEC-2022 23:20:00 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:93

Vent. rate	38	BPM
PR interval	156	ms
QRS duration	84	ms
QT/QTc	494/392	ms
P-R-T axes	47 -15 -17	

Marked sinus bradycardia
Anterior infarct , age undetermined
T wave abnormality, consider inferolateral ischemia
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 08-DEC-2022 08:50:01 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	76	BPM
PR interval	*	ms
QRS duration	112	ms
QT/QTc	386/434	ms
P-R-T axes	-89 8	-13

Atrial flutter with 4:1 AV conduction
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG

Technician: 417
Test ind:

Referred by: DR ROC

Unconfirmed

COMMENTS:GRI WD43B



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 134

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 08-DEC-2022 01:30:36 GREATER GLASGOW SITE-GRW43B ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:93

Vent. rate	119	BPM
PR interval	*	ms
QRS duration	86	ms
QT/QTc	326/458	ms
P-R-T axes	* -17	-21

Atrial fibrillation with rapid ventricular response
Low voltage QRS
Nonspecific T wave abnormality
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 106

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 07-DEC-2022 08:07:57 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	55	BPM
PR interval	166	ms
QRS duration	86	ms
QT/QTc	458/438	ms
P-R-T axes	51 7	8

Sinus bradycardia
Otherwise normal ECG

Technician: 254
Test ind:

Location: Comments: Unconfirmed



25mm/s 10mm/mV 40Hz 9.0.10 12SL 243 CID: 1005

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 05-DEC-2022 08:24:37 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	102	BPM
PR interval	*	ms
QRS duration	90	ms
QT/QTc	348/453	ms
P-R-T axes	* -3	0

Atrial fibrillation with rapid ventricular response
Nonspecific ST abnormality
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

Location: Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1005

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 05-DEC-2022 08:23:58 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	111	BPM
PR interval	*	ms
QRS duration	88	ms
QT/QTc	340/462	ms
P-R-T axes	* -2	9

Atrial fibrillation with rapid ventricular response
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician: 260
Test ind:

Unconfirmed

Location:

Comments:



25mm/s 10mm/mV 150Hz 9.0.10 12SL 243 CID: 1005

SID: 2775486 EID:13 EDT: ORDER:

McClymont, Gavin ID:1812526490 04-DEC-2022 06:24:58 GREATER GLASGOW SITE-GRW43A, ROUTINE RECORD

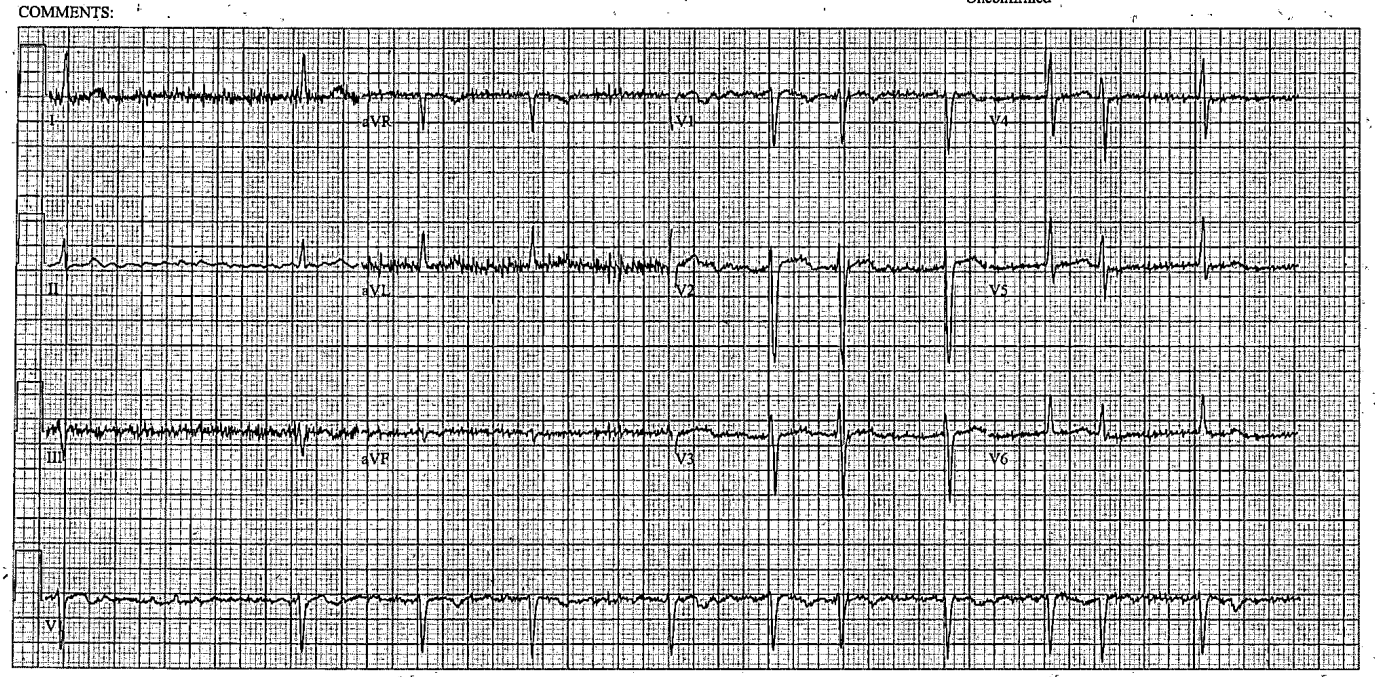
18-DEC-1952 (69 yr)		Vent. rate	66	BPM	Atrial fibrillation
Male	Unknown	PR interval	*	ms	Abnormal ECG
		QRS duration	88	ms	
Room:		QT/QTc	386/404	ms	
Loc:203		P-R-T axes	* -3	5	

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113 SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 04-DEC-2022 06:24:11 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	74	BPM
PR interval	*	ms
QRS duration	86	ms
QT/QTc	378/419	ms
P-R-T axes	* -2	I

Atrial fibrillation
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 02-DEC-2022 08:37:30 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	137	BPM
PR interval	*	ms
QRS duration	88	ms
QT/QTc	264/398	ms
P-R-T axes	245 12	14

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:GRI 215
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 40Hz 9.0.10 12SL 241 HD CID: 134

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 01-DEC-2022 22:39:36 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:203

Vent. rate	137	BPM
PR interval	*	ms
QRS duration	88	ms
QT/QTc	266/401	ms
P-R-T axes	166 26 4	

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Test ind:

Med:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 01-DEC-2022 17:36:54 GREATER GLASGOW SITE-GRW43A ROUTINE RECORD

18-DEC-1952 (69 yr)	Vent. rate	70	BPM	Atrial flutter
Male Unknown	PR interval	*	ms	ST & T wave abnormality, consider inferior ischemia
	QRS duration	90	ms	Abnormal ECG
Room:	QT/QTc	408/440	ms	
Loc:203	P-R-T axes	* 12	-34	

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 113

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 30-NOV-2022 01:37:42 GREATER GLASGOW SITE-GRWD60 ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:218

Vent. rate	146	BPM
PR interval	*	ms
QRS duration	78	ms
QT/QTc	256/398	ms
P-R-T axes	220 44	24

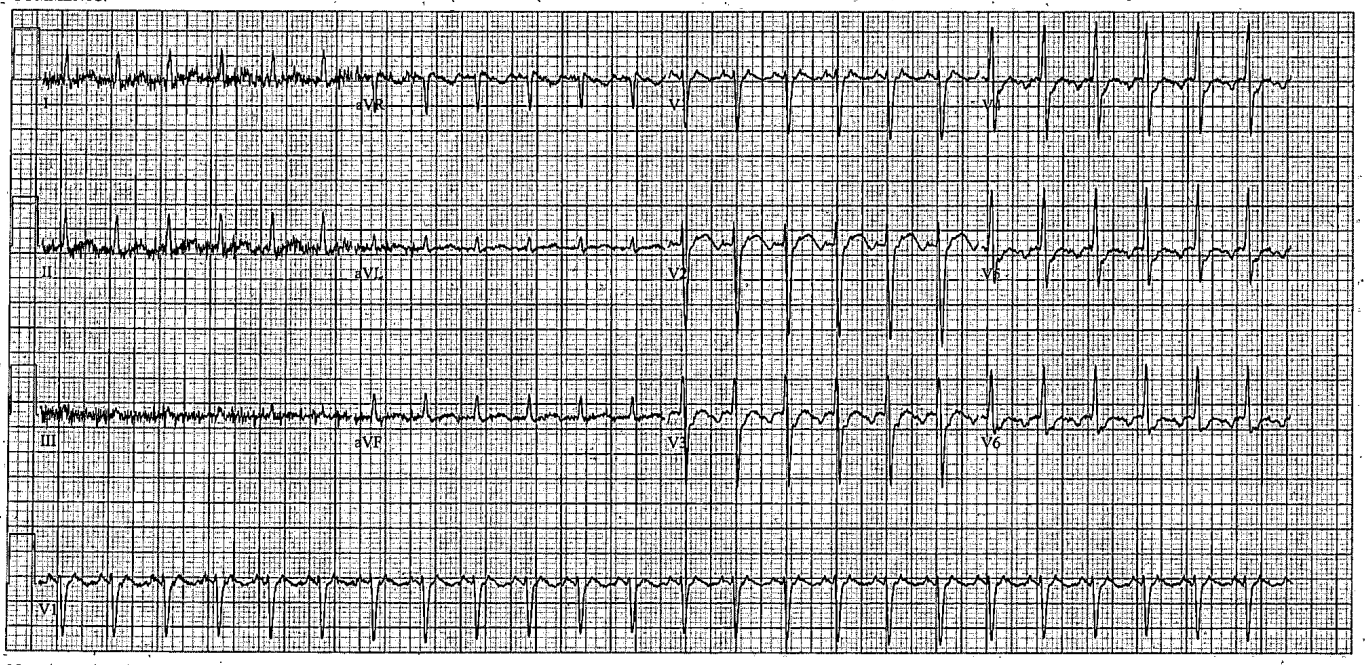
Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 108

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin ID:1812526490 30-NOV-2022 01:36:59 GREATER GLASGOW SITE-GRWD60 ROUTINE RECORD

18-DEC-1952 (69 yr)
Male Unknown

Room:
Loc:218

Vent. rate	146	BPM
PR interval	*	ms
QRS duration	78	ms
QT/QTc	160/249	ms
P-R-T axes	228 45	-29

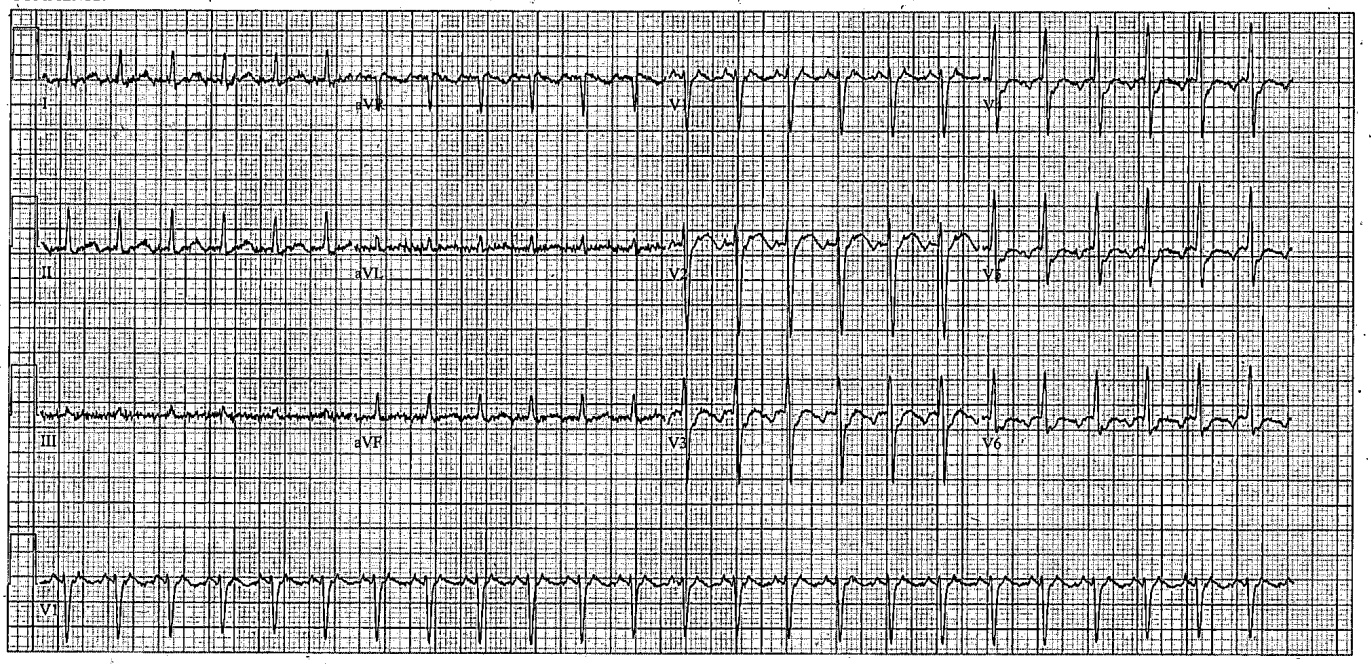
Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

Technician:
Test ind:

Med:

COMMENTS:

Unconfirmed



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 108

SID: 2775486 EID: EDT: ORDER:

McClymont, Gavin 43222
ID: 1812526490

18/12/1952
70Years

Male

28/ /22 1 03
Ward:43A

Location: 2B3
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

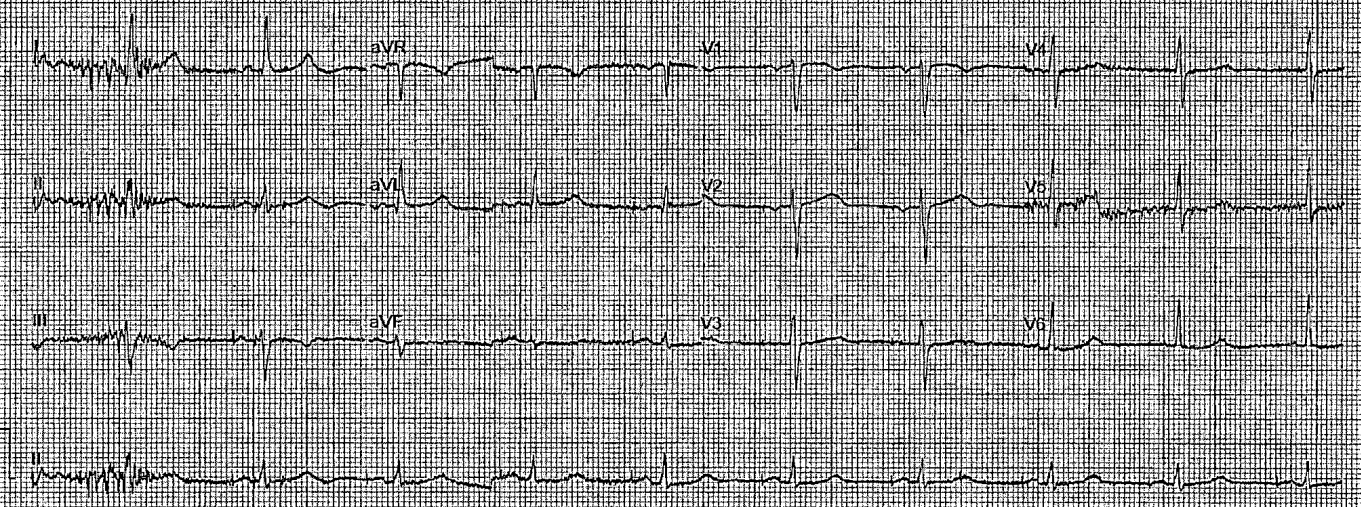
60 bpm
--/-- mmHg

QRS	94 ms
QT / QTcBaz	468 / 468 ms
PR	194 ms
P	94 ms
RR / PP	1000 / 1000 ms
P / QRS / T	13 / -37 5 degrees

Atrial-paced rhythm
Abnormal ECG

COMMENTS

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



Unconfirmed

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/

226 166 05

McClymont, Gavin, 43222
ID: 1812526490

18.12.1952
70 Years

Male

22 hz
Ward 4

2: 2(23

Education: 93
Ordi nber:
Indication
Medication 1
Medication 2
Medication 3

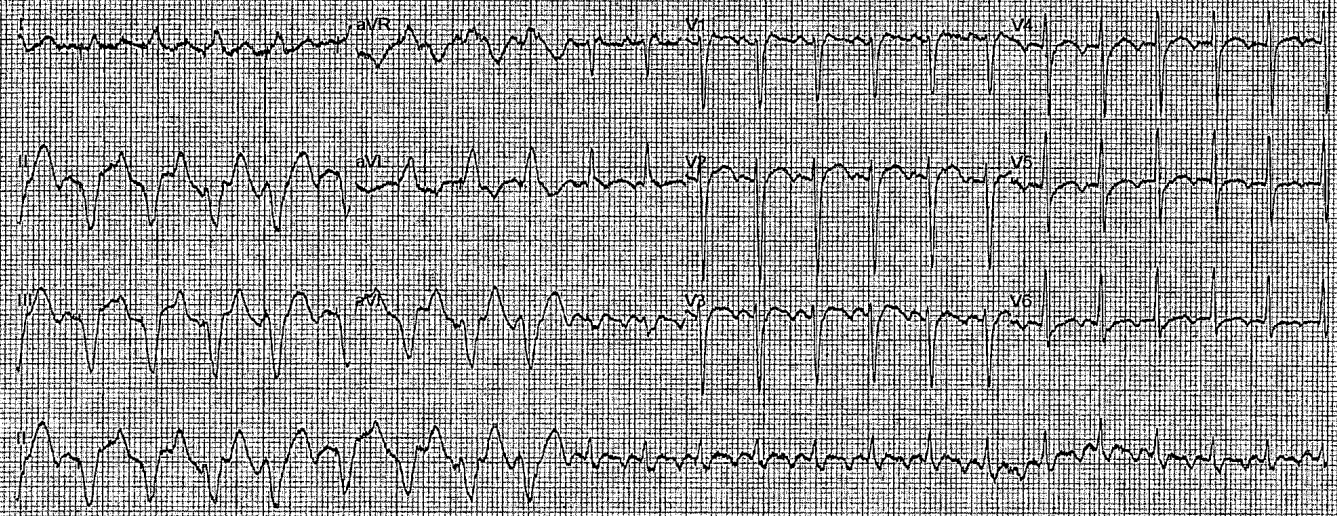
133 bpm
/ mmHg

1812526490
MCCLYMONT
Gavin
M
18/12/1952

QRS	80 ms
QT / QTcBaz	384 / 571 ms
PR	ms
P	106 ms
RR / PP	450 / 215 ms
P / QRS / T	89 / 6 / 19 degrees

Atrial flutter with variable AV block with frequent ventricular paced complexes
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG

COMMENTS



Unconfirmed

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3_25 R1 1/1

226 166 05

McClymont, Gavin ID: 1812526490 20-Dec-2022 9:32:0 GLASGOW ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Vent. rate 153 bpm
PR interval * ms
QRS duration 106 ms
QT/QTc 256/408 ms
P-R-T axes 258 20 205

? flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

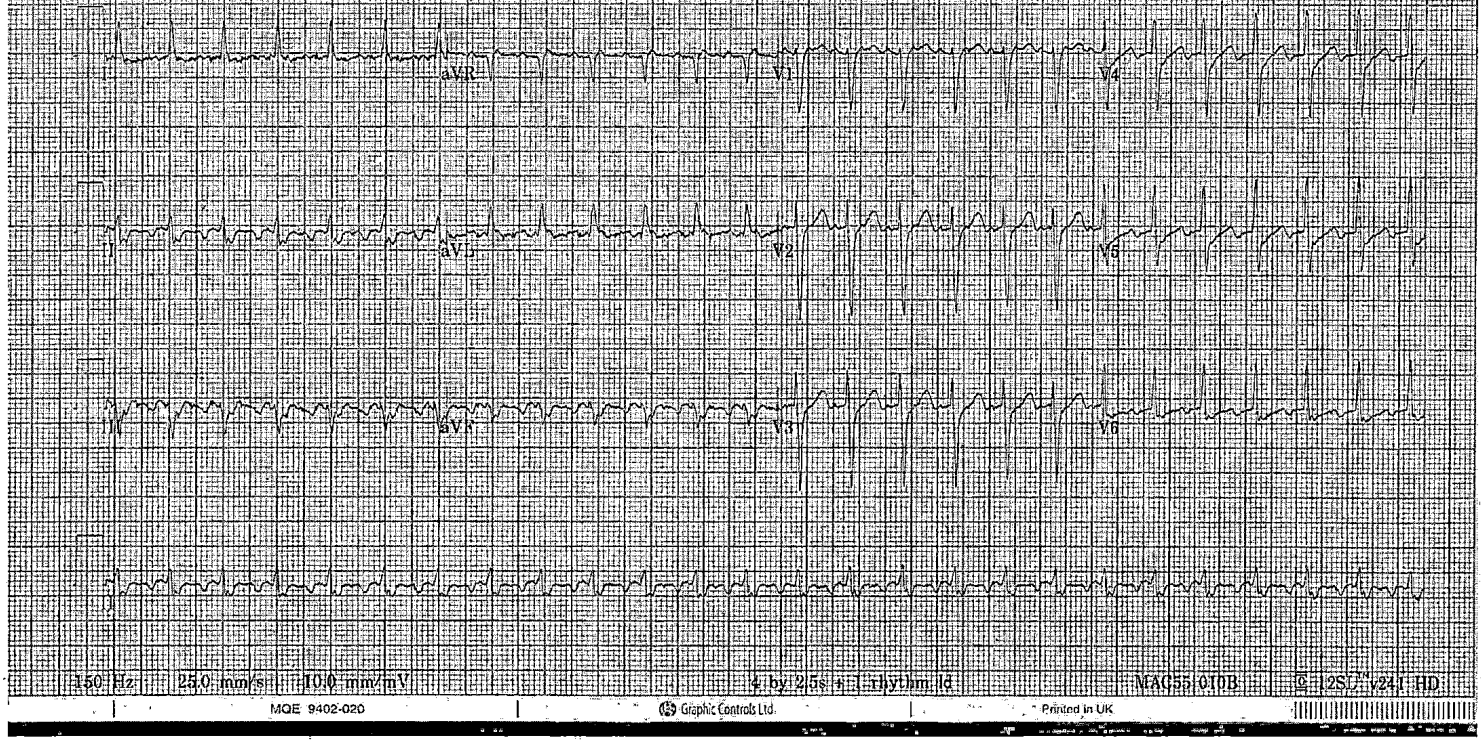
1812526490
MCCLYMONT Gavin M
18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP

6c. 203

Technician: 260

Referred by: Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + rhythm ld MAC55 0108 © 12SL™ v241 HD

MQE 9402-020 Graphic Controls Ltd. Printed in UK

McClymont, Gavin 1812526490 20-Dec-2022 9:31:39 GLASGOW ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Loc: 203

[redacted] Technician: 260

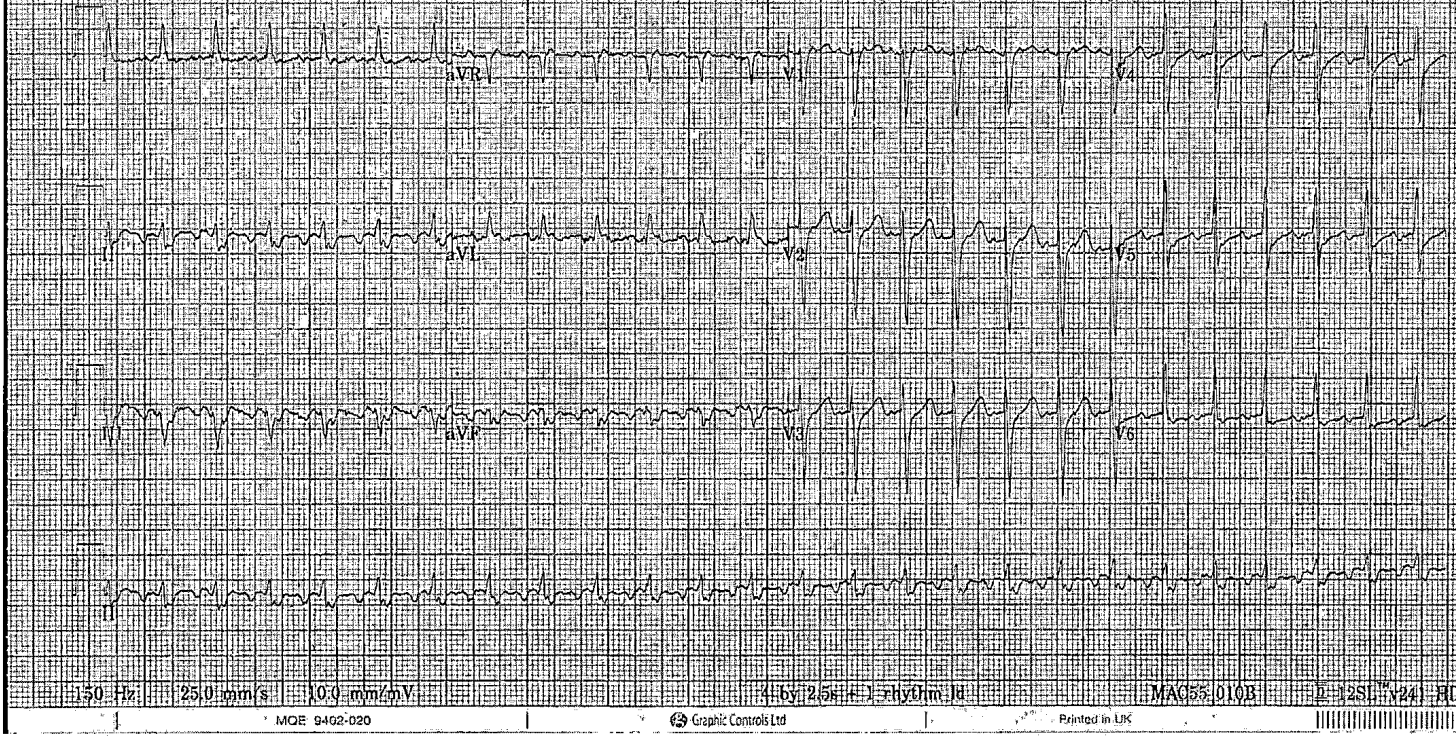
Vent. rate 153 bpm
PR interval * ms
QRS duration 106 ms
QT/QTc 252/402 ms
P-R-T axes 265 20 164

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

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

Referred by: Unconfirmed

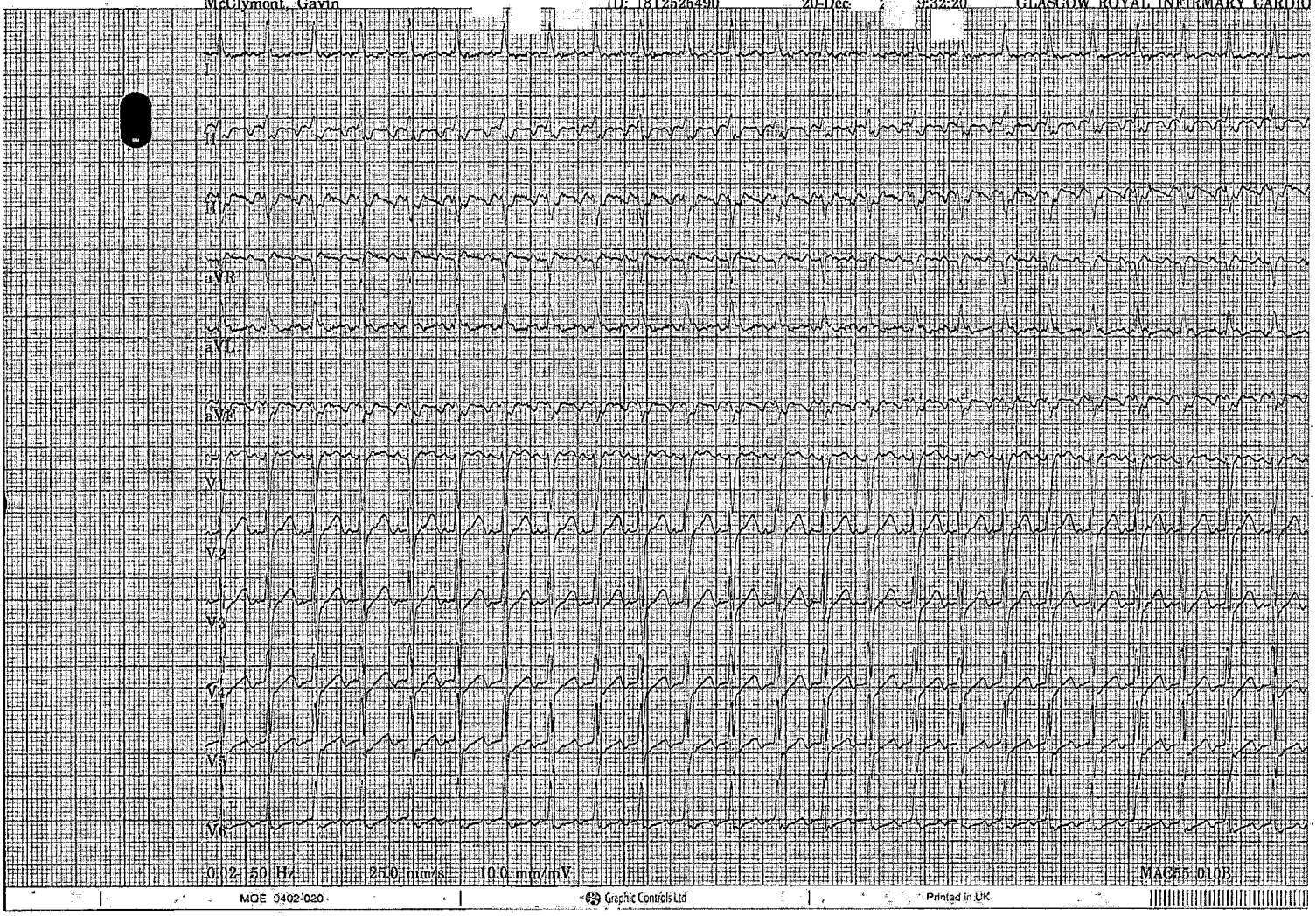
COMMENTS:

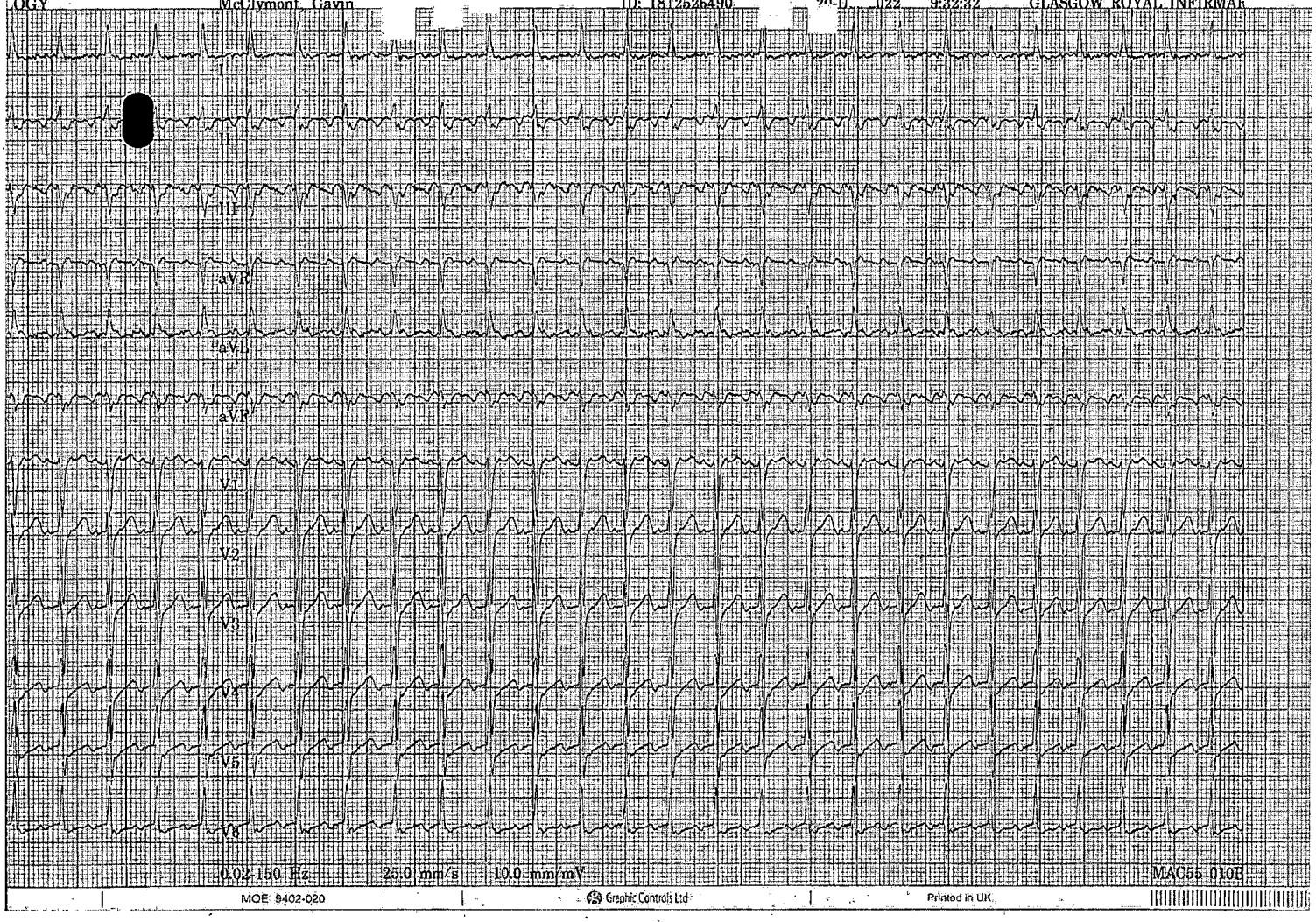


50 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B I 12SL™ v24 RD

MQE 9402-020 Graphic Controls Ltd Printed in UK

McClymont, Gavin ID: 1812526490 20-Dec-2 9:32:20 GLASGOW ROYAL INFIRMARY CARDIO




II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

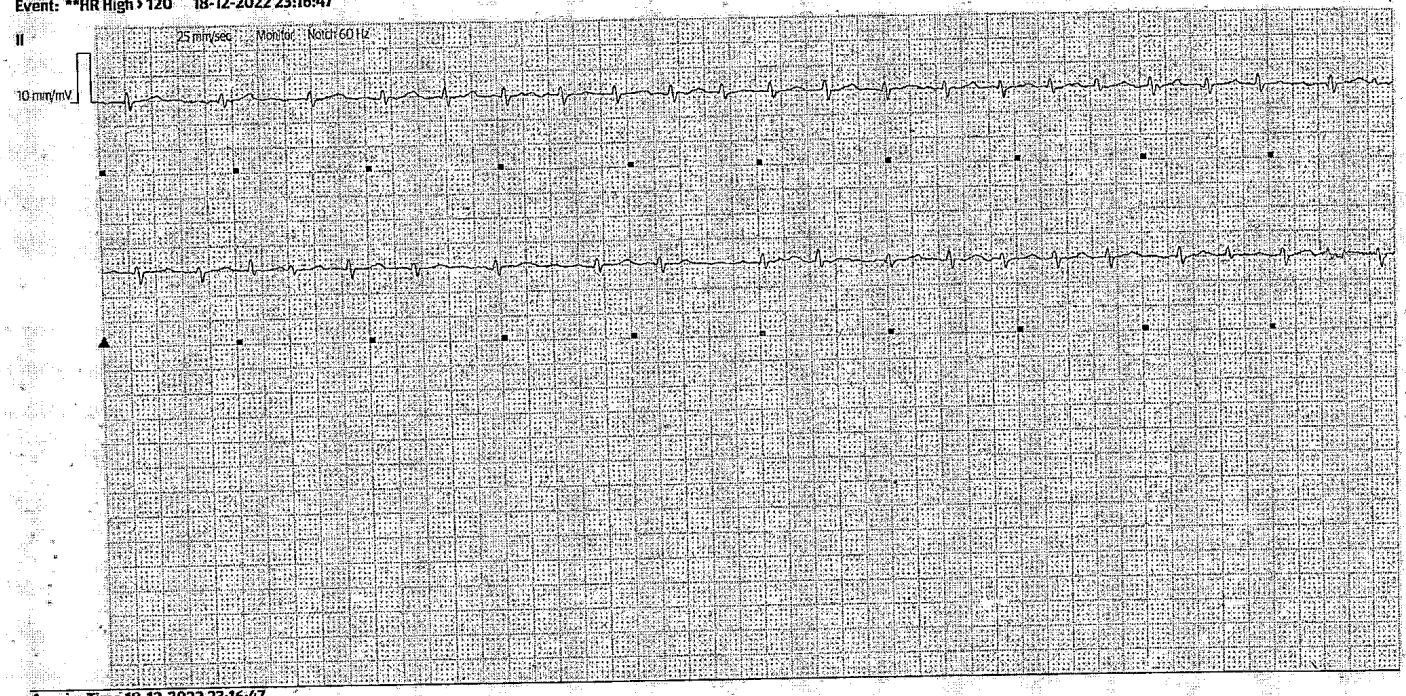
Event Report

Print Time:18-12-2022 23:17:43

Patient Name: 438 MCCLYMONT, GAVIN | Patient ID: 1812526490 | Patient Category: Adult | Paced: No

Gender: Unspecified | Bed No.: TTX 19 | DOB: | Height/Weight: /

Event: **HR High > 120 18-12-2022 23:16:47



Acquire Time:18-12-2022 23:16:47

HR	137 bpm
PVCs	0 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 30 Extreme Brady : 30 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

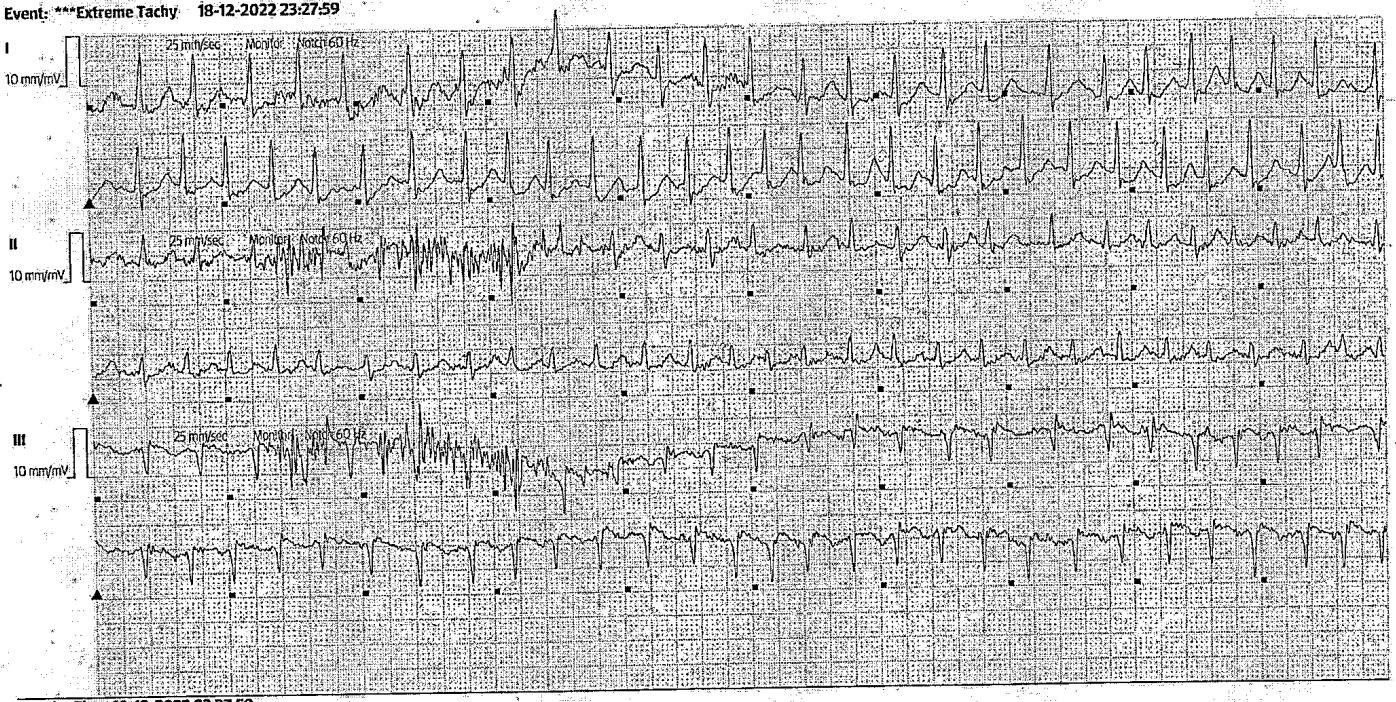
Event Report

Print Time:18-12-2022 23:29:25

Patient Name: 43B MCCLYMONT, GAVIN | Patient ID: 1812526490 | Patient Category: Adult | Paced: No

Gender: Unspecified | Bed No: TTX 19 | DOB: | Height/Weight: /

Event: ***Extreme Tachy 18-12-2022 23:27:59



Acquire Time:18-12-2022 23:27:59

HR	166 bpm
PVCs	0 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 30 Extreme Brady : 30 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

Event Report

Print Time:18-12-2022 23:29:25

Patient Name: 43B MCCLYMONT, GAVIN
Patient ID: 1812526490
Patient Category: Adult
Paced: No

Gender: Unspecified
Bed No: TTX 19
DOB:
Height/Weight: /



mindray

Vital Signs™ 226 166 05

McClymont, Gavin
Male
18.12.1952 (69 Years)

Location: 203

Technician ID: 215

Vent. rate	49	bpm
PR interval	170	ms
QRS duration	88	ms
QT/QTc-Baz	474/428	ms
P-R-T axes	51 4 27	

Patient ID: 1812526490

Sinus bradycardia
Otherwise normal ECG

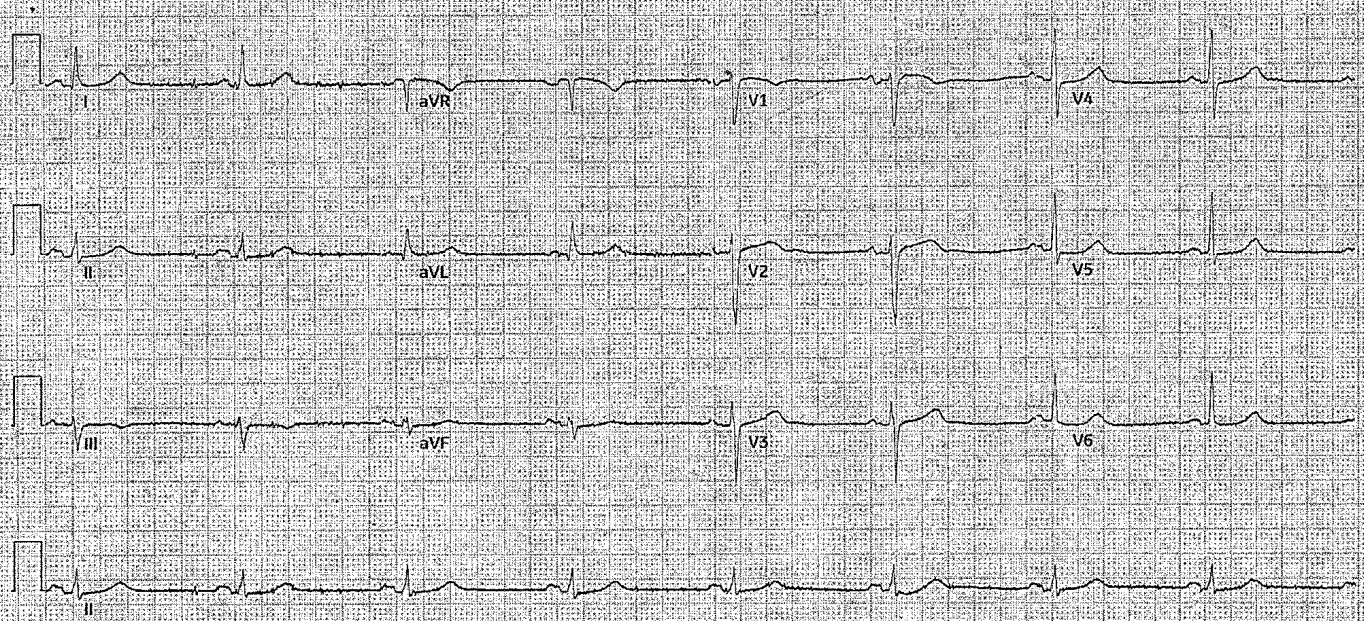
16.12.2022 09:00:36

Glasgow Royal Infirmary

1812526490 M
MCCLYMONT 18/12/1952
Gavin

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP02 12SL v23.1 4 by 2.5s + 1 rhythm Id

McClymont, Gavin 43222
ID: 1812526490

16.12.20 5:31:40
Ward 48 Brom

Lo 93

Order N.
Indication
Medication
Medication 2
Medication 3

138 bpm
/ mmHg

18.12.1952
69 Years

Male

QRS	78 ms
QT / QTcBaz	256 / 387 ms
PR	- ms
P	124 ms
RR / PP	434 / 217 ms
P / QRS / T	249 / 47 / 39 degrees

Atrial flutter with 2:1 AV conduction
Marked ST abnormality, possible lateral subendocardial injury
Abnormal ECG

COMMENTS

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

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV AOS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

Unconfirmed

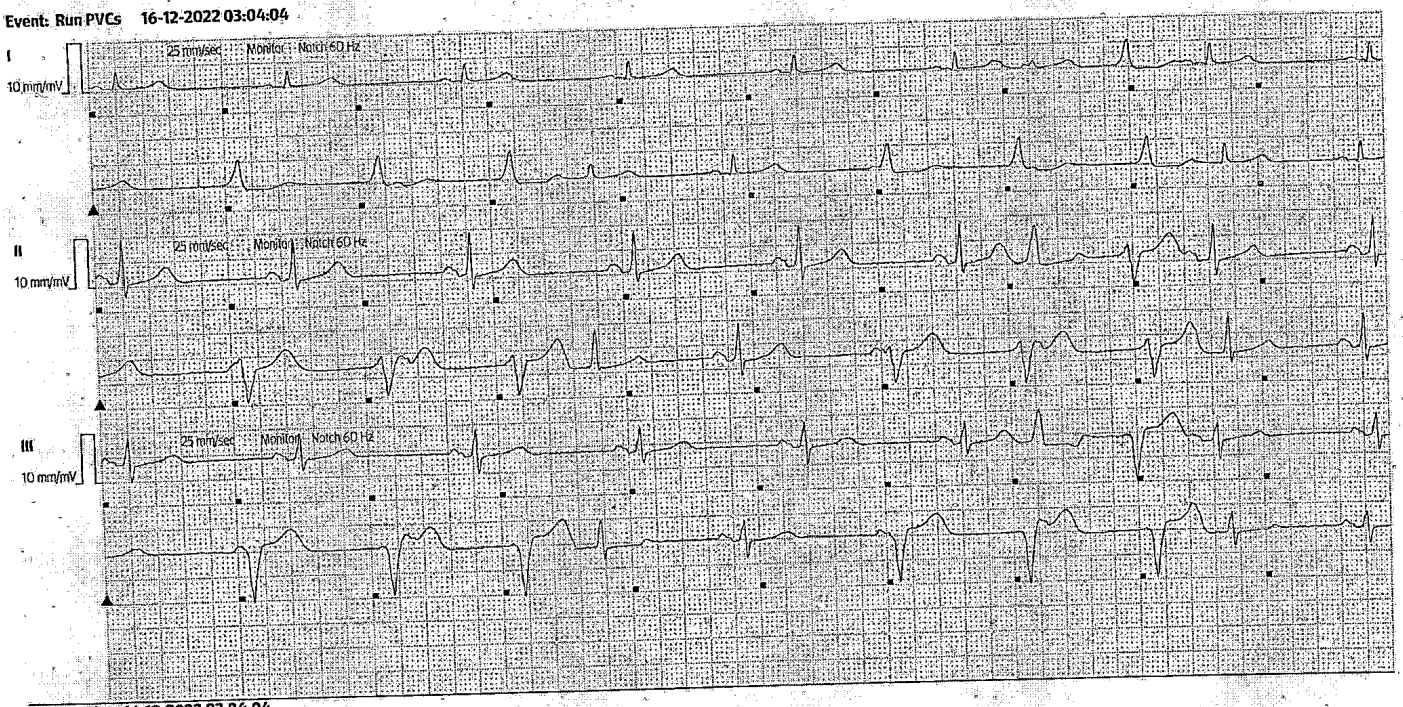
226 166 05

Event Report

Print Time:16-12-2022 04:17:48

Patient Name: 43B MCCLYMONT, GAVIN
Patient ID: 1812526490
Patient Category: Adult
Paced: Unspecified
Gender: Unspecified
Bed No: TTX19
DOB:
Height/Weight: /

Event: Run PVCs 16-12-2022 03:04:04



Acquire Time:16-12-2022 03:04:04

HR	53 bpm
PVCs	9 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 30 Extreme Brady : 30 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

Print Time:16-12-2022 04:17:48

Event Report

Patient Name: 43B MCCLYMONT, GAVIN
Patient ID: 1812526490
Patient Category: Adult
Paced: Unspecified

Gender: Unspecified
Bed No: TTX 19
DOB:
Height/Weight: /



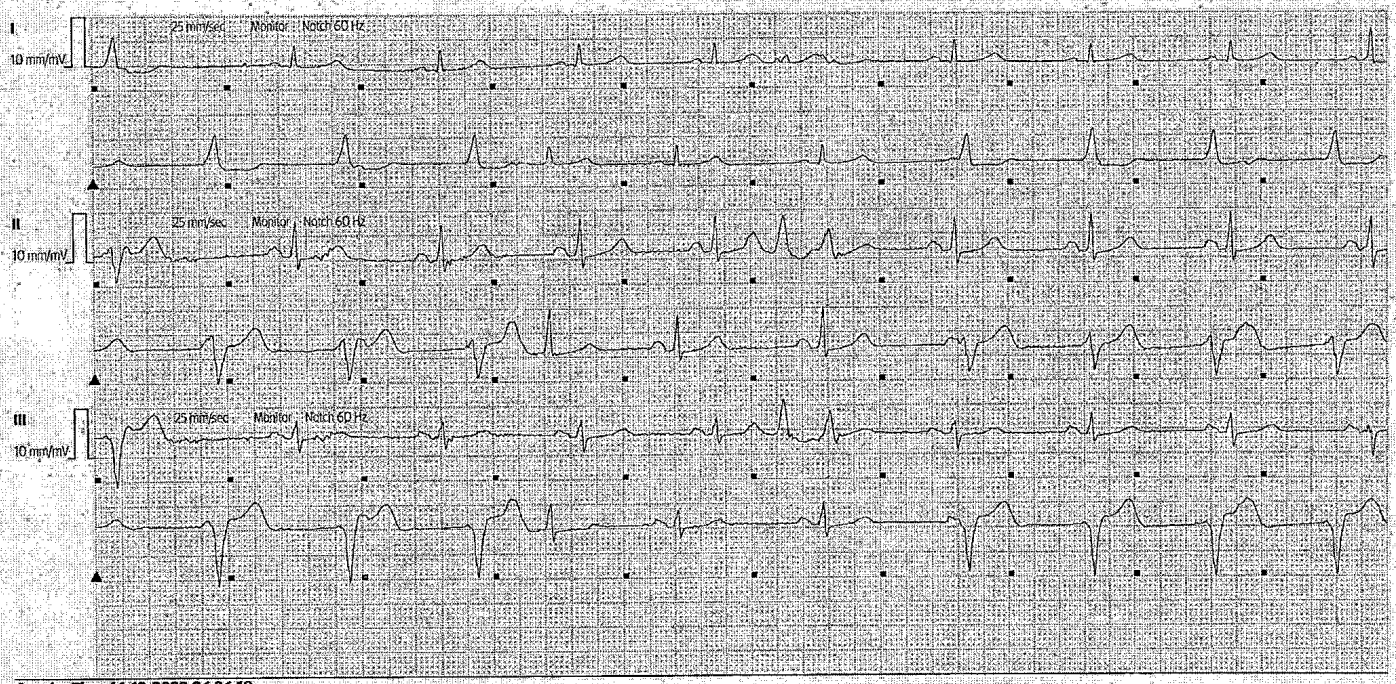
mindray

Event Report

Print Time:16-12-2022 06:33:54

Patient Name: 43B MCCLYMONT, GAVIN	Patient ID: 1812526490	Patient Category: Adult	Paced: Unspecified
Gender: Unspecified	Bed No: TTX 19	DOB:	Height/Weight: /

Event: Run PVCs 16-12-2022 06:26:18



Acquire Time:16-12-2022 06:26:18

HR	60 bpm
PVCs	10 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 30 Extreme Brady : 30 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

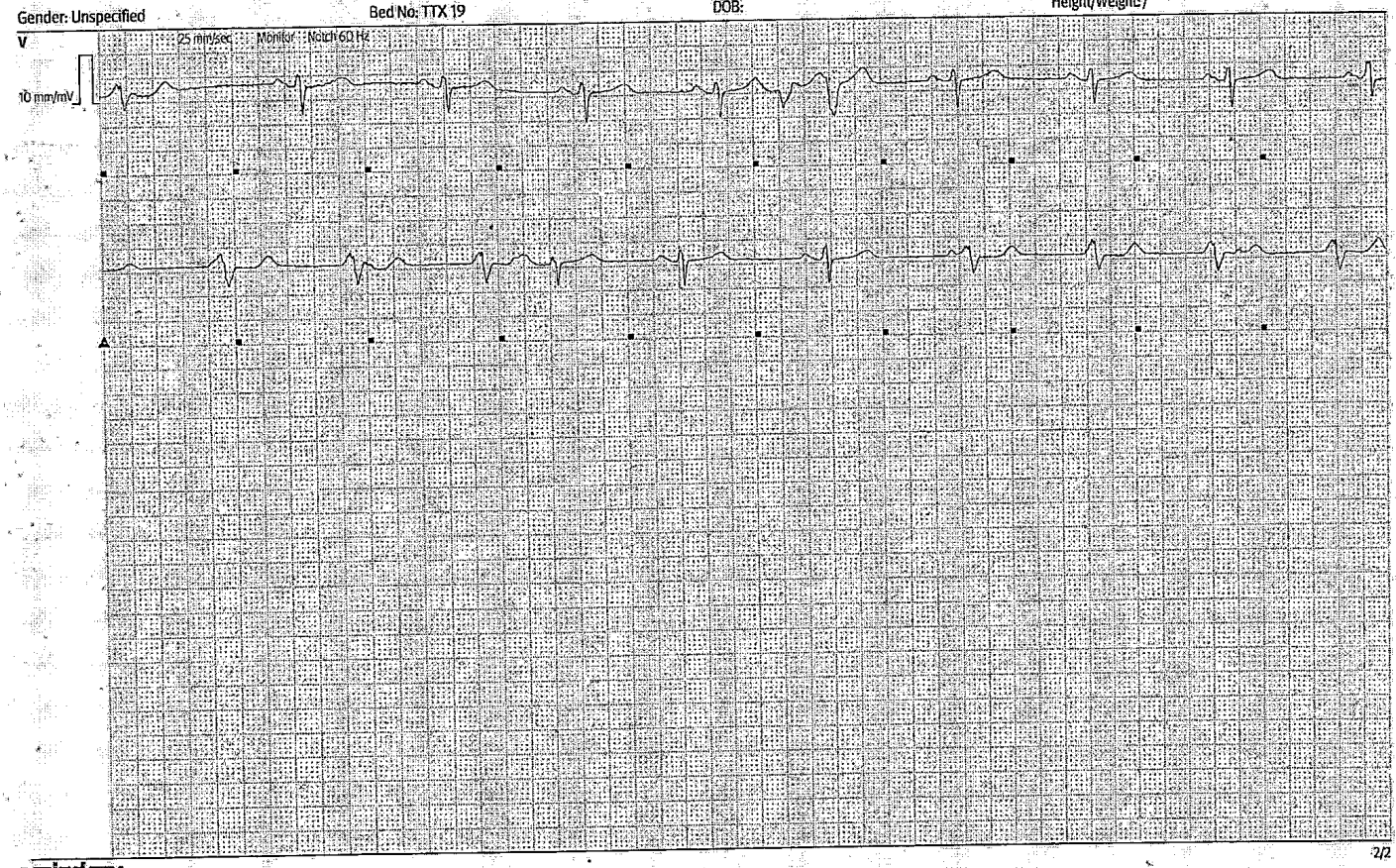
mindray

Event Report

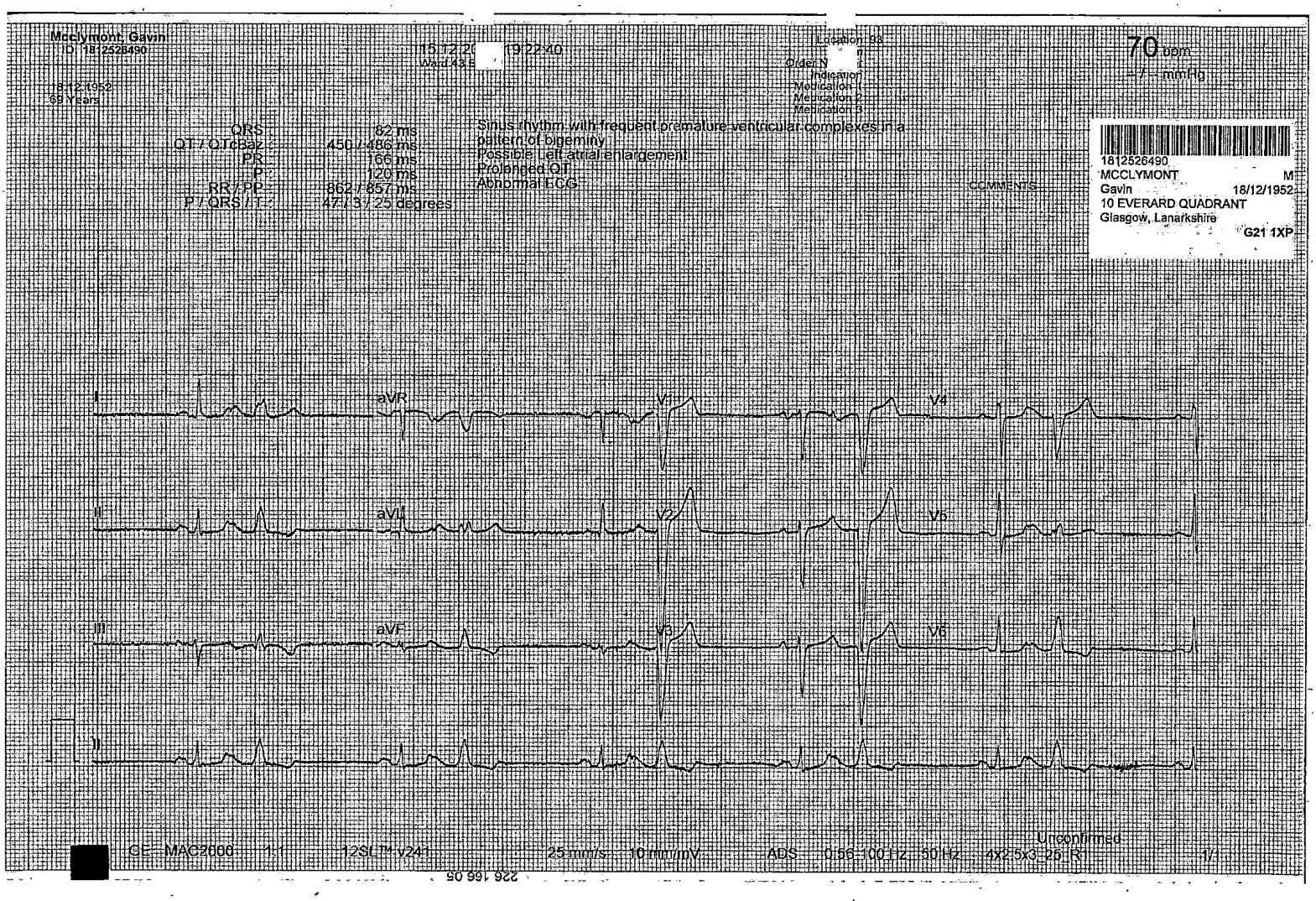
Print Time:16-12-2022 06:33:54

Patient Name: 43B MCCLYMONT, GAVIN | Patient ID: 1812526490 | Patient Category: Adult | Paced: Unspecified

Gender: Unspecified | Bed No: TTX 19 | DOB: | Height/Weight: /



mindray


Mcclymont, Gavin
ID: 1812526490
18-12-1952
69 Years
Ward:43 E
19:22:40
Location: 93
Order:N
Indication:
Medication 1:
Medication 2:
Medication 3:
70 bpm
-/- mm Hg
QRS 82 ms
QT / QTcBaz 450 / 486 ms
PR 166 ms
P 120 ms
RR / PP 862 / 857 ms
P / QRS / T 47 / 31 / 25 degrees
Sinus rhythm with frequent premature ventricular complexes in a pattern of bigeminy
Possible Left atrial enlargement
Prolonged QT
Abnormal ECG
COMMENTS
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow, Lanarkshire
G21 1XP
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE MAC2000 1:1 12SL™ v24r 25 mm/s 10 mm/mV ADS 0.56-300 Hz 50 Hz 4x2.5x3+2.5+R Unconfirmed
226 166 05

McClymont, Gavin ID: 1812526490 15-Dec-2022 9:09:zz GLASGOW ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Vent. rate 116 bpm
PR interval * ms
QRS duration 90 ms
QT/QTc 348/483 ms
P-R-T axes * 17 19

Atrial fibrillation with rapid ventricular res
Abnormal ECG

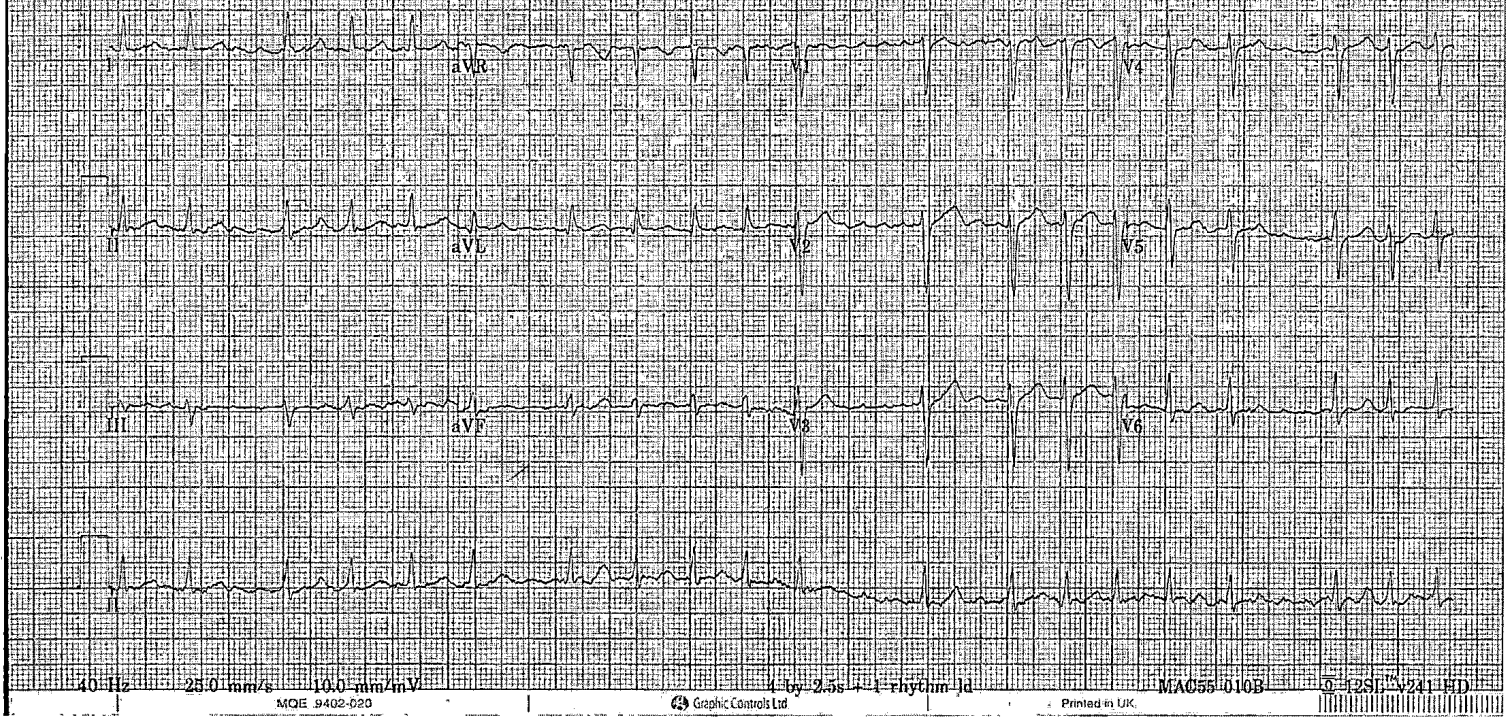
1812526490
MCCLYMONT M
Gavin 18/12/1952
10 EVERARD QUADRANT
Glasgow; Lanarkshire
G21 1XP

Loc: 203

Technician: 414

Referred by: Unconfirmed

COMMENTS: WD43B



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 0 12SL™ v241 FD

MQE 9402-020 Graphic Controls Ltd Printed in UK

McClymont, Gavin | 1812526490 | 14-Dec-2022 9:18:51 | GLASGOW ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Loc: 203

Technician: 260

Vent. rate	48	bpm
PR interval	168	ms
QRS duration	92	ms
QT/QTc	526/469	ms
P-R-T axes	53 4 7	

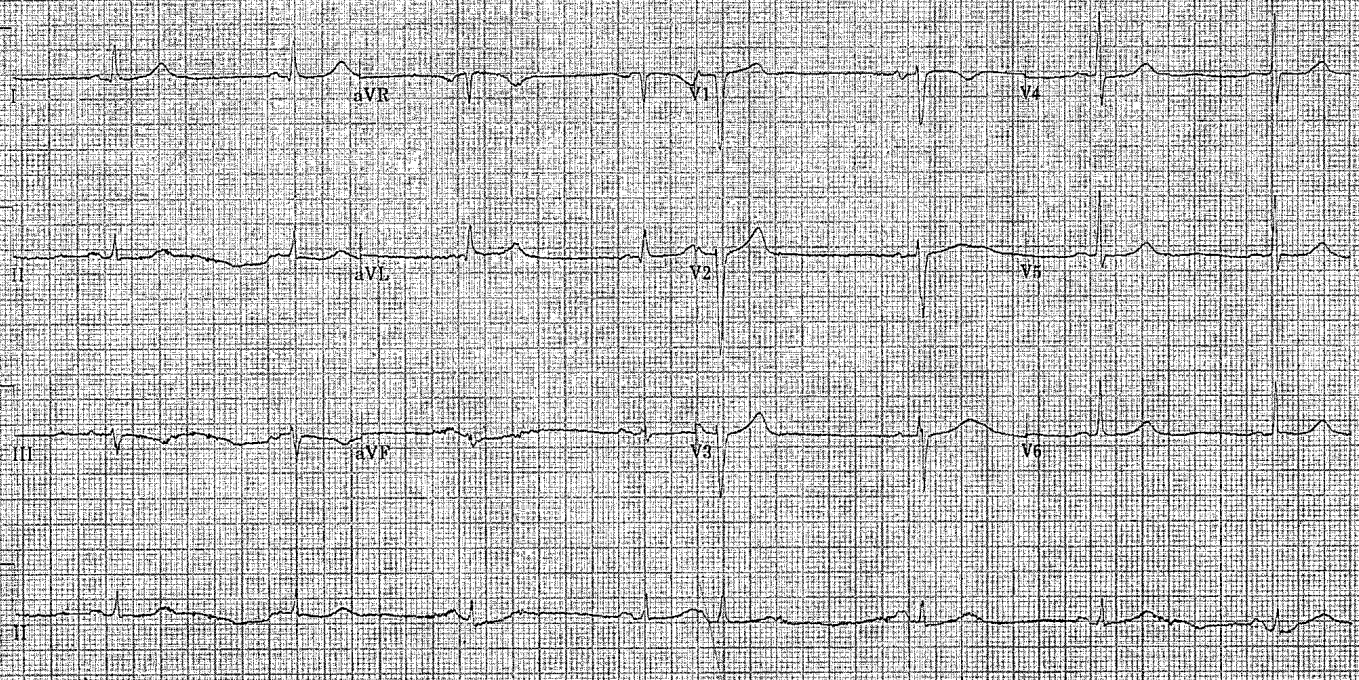
Sinus bradycardia with premature atrial com s
Otherwise normal ECG

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

Referred by:

Unconfirmed

COMMENTS:



150 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm Id MAC55 010B 12SL™ v241 HD

Full Disclosure Detail Report

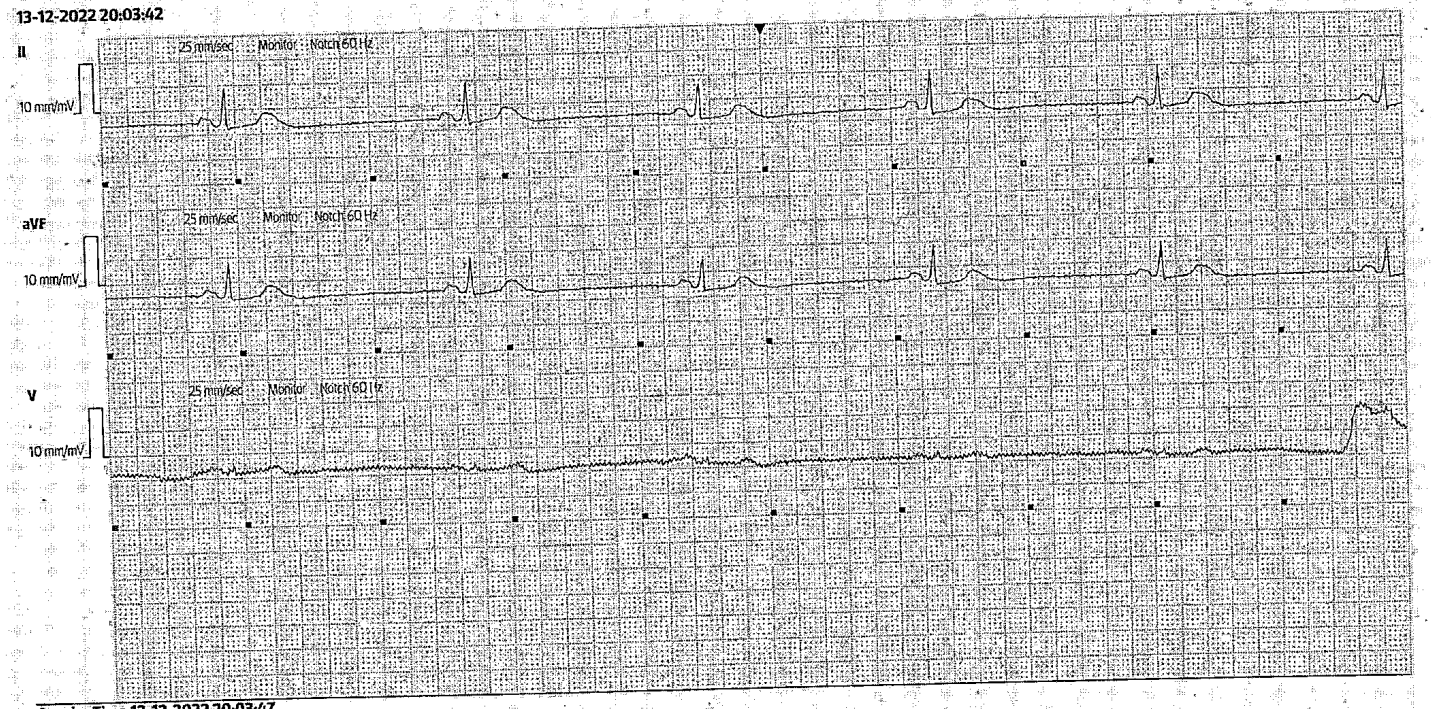
[redacted] [redacted] Print Time:13-12-2022 20:11:59

Patient Name: 43C MCCLYMONT, GAVIN | Patient ID: 1812526490 | Patient Category: Adult | Paced: Unspecified

Gender: Unspecified | Bed No: TTX 19 | DOB: | Height/Weight: /

20:03:52

13-12-2022 20:03:42



Acquire Time:13-12-2022 20:03:47

HR	55 bpm
PVCs	0 /min
Pauses	0 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 120 Brady(HR Low) : 30 Extreme Brady : 30 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

McClymont, Gavin 43222
ID: 1812526490

18/12/1952
69 Years

Male

13-12-2022
Ward 43A

08

Loc:
Room:
Order Nr.
Ward
Medication 1
Medication 2
Medication 3

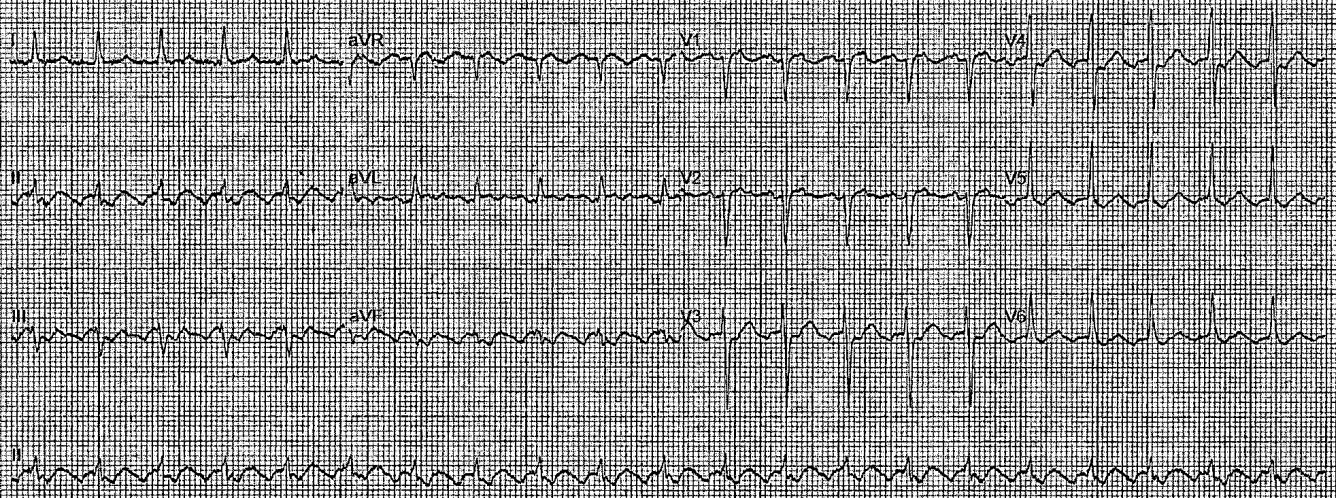
128 bpm
/ mmHg

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

QRS	84 ms
QT / QTcBaz	260 / 379 ms
PR	ms
P	118 ms
RR / PP	470 / 234 ms
P / QRS / T	84 / 167 / 30 degrees

Atrial flutter with 2:1 AV conduction
Marked ST abnormality, possible inferior subendocardial injury
Abnormal ECG

COMMENTS



GE MAC2000 1.1 12SLIT v241 25 mm/s 10 mm/mV ADS 100 Hz 50 Hz 4x2.5x3.25 R1 Unconfirmed 1/1

226 166 05

Vital Signs™ 226 166 05

McClymont, Gavin
Male
18.12.1952 (69 Years)

Location: 203

Technician ID: 215

Vent. rate		bpm
PR interval	1	ms
QRS duration	84	ms
QT/QTc-Baz	490/368	ms
P-R-T axes	60 13 9	

Marked sinus bradycardia
Abnormal ECG

Patient ID: 1812526490

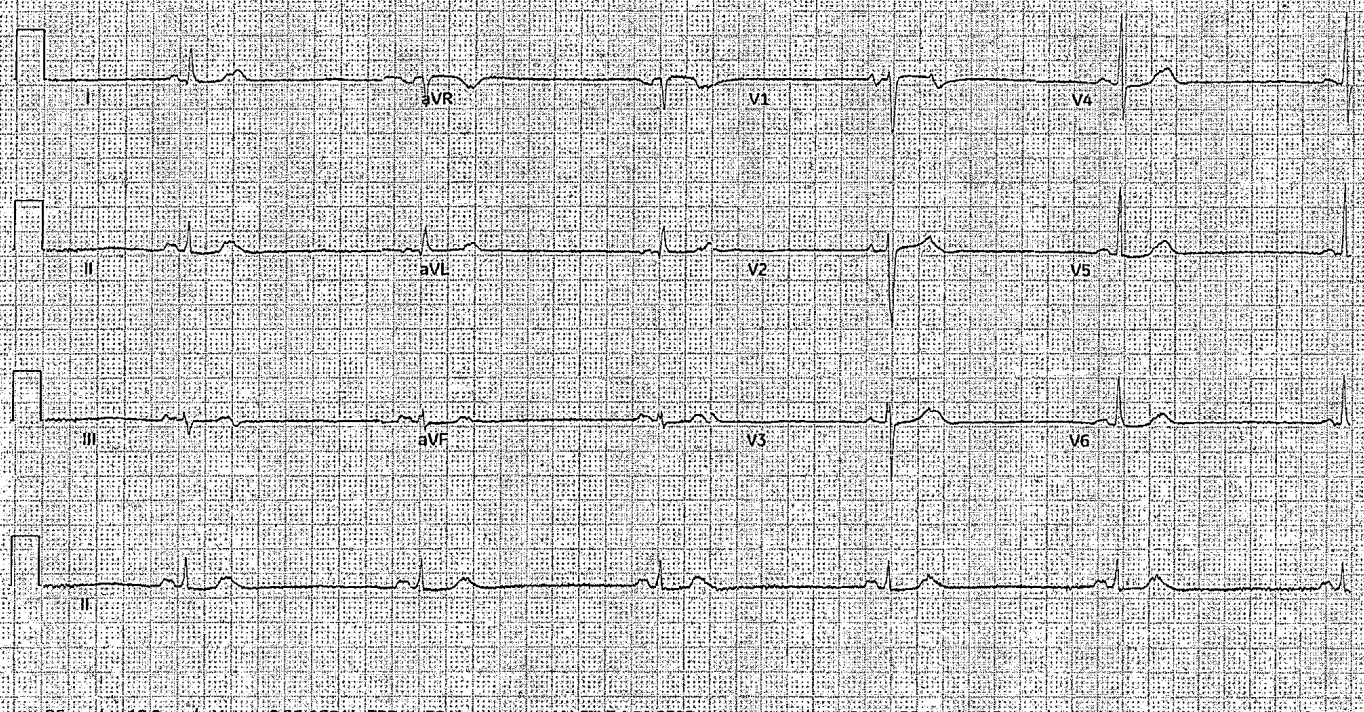
13.12.2022 09:38:41

Glasgow Royal Infirmary

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

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP02 12SL v23.1 4 by 2.5s + 1 rhythm ld

McClymont, Gavin 1812526490 12-Dec-2022 8:40:15 SGOW ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Loc: 203 [redacted]

Technician: 417

Vent. rate	88	bpm
PR interval	*	ms
QRS duration	88	ms
QT/QTc	386/467	ms
P-R-T axes	* 13 3	

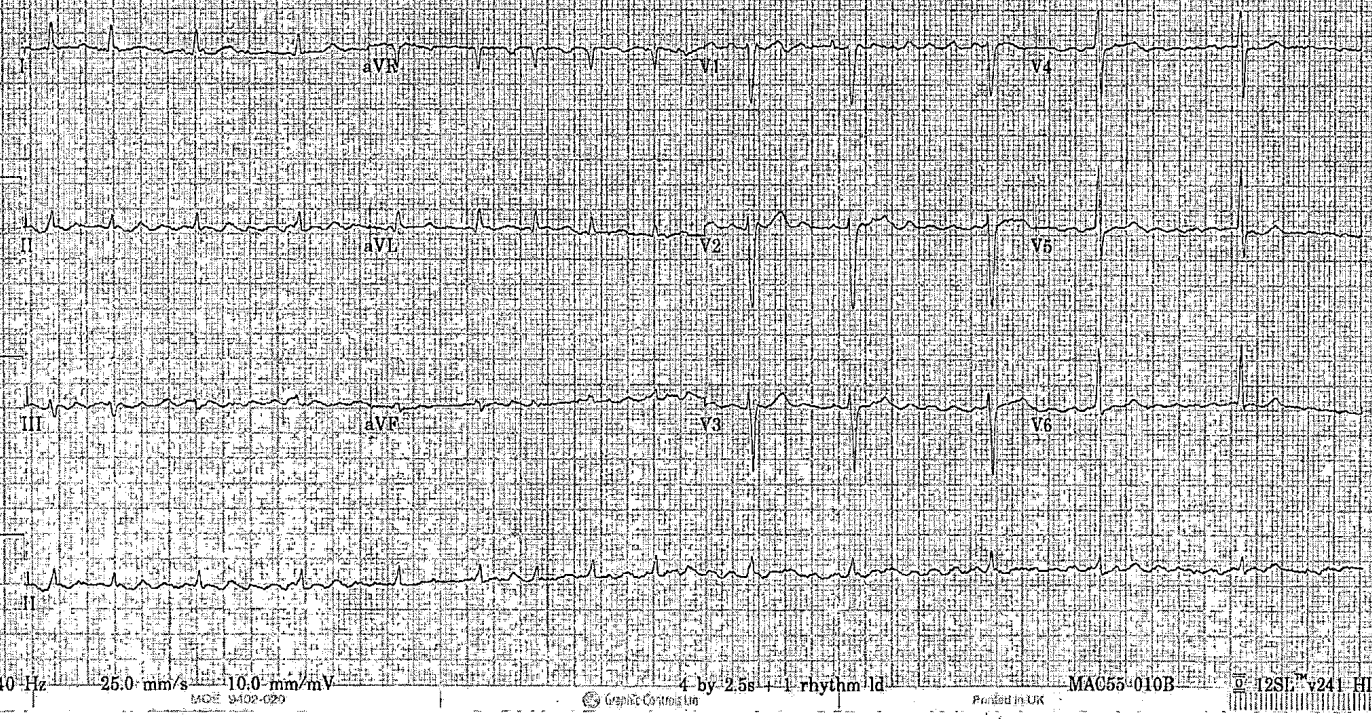
Atr.... flutter with variable AV block
Abnormal ECG

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

Referred by: DR ROC

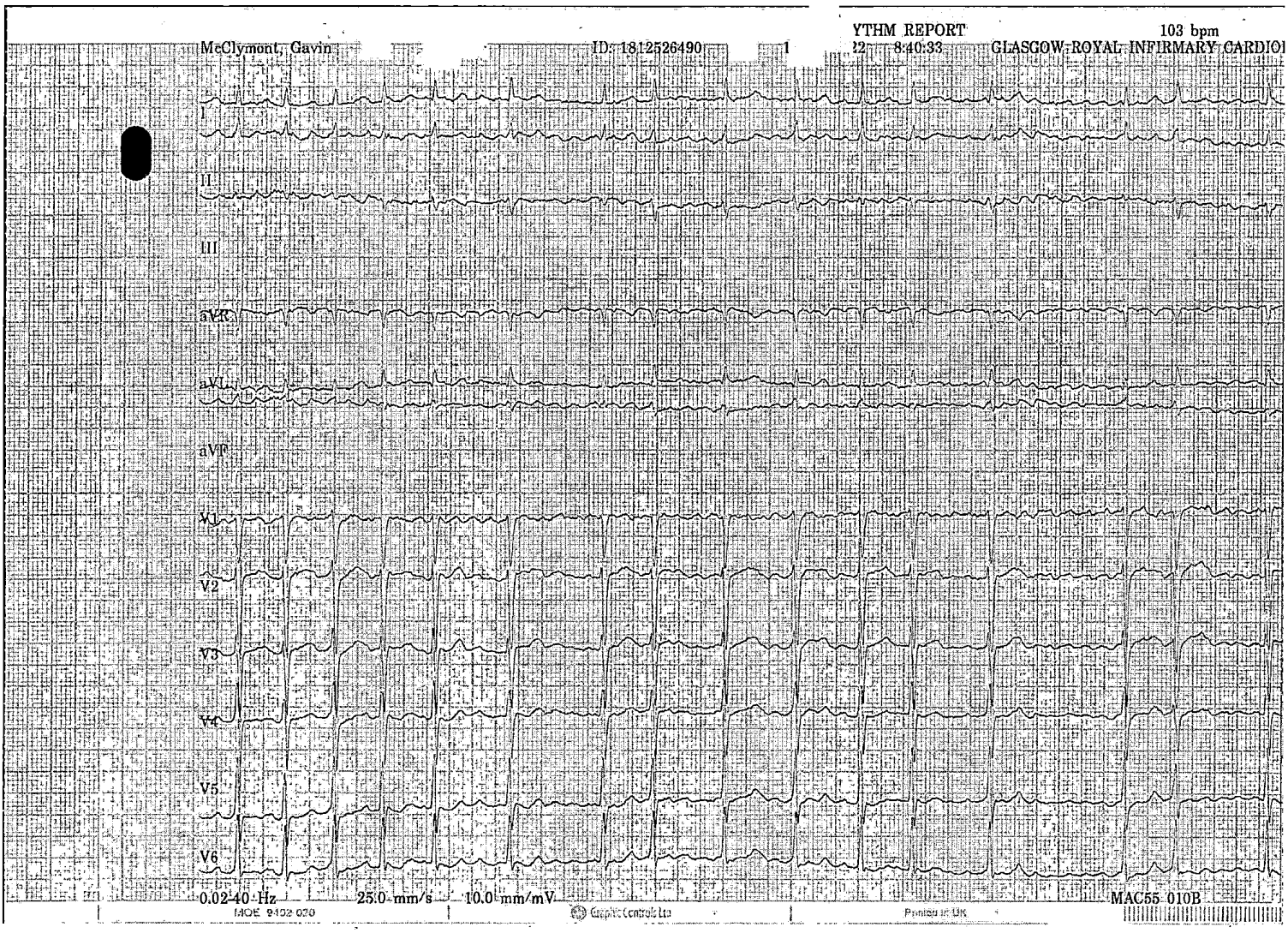
Unconfirmed

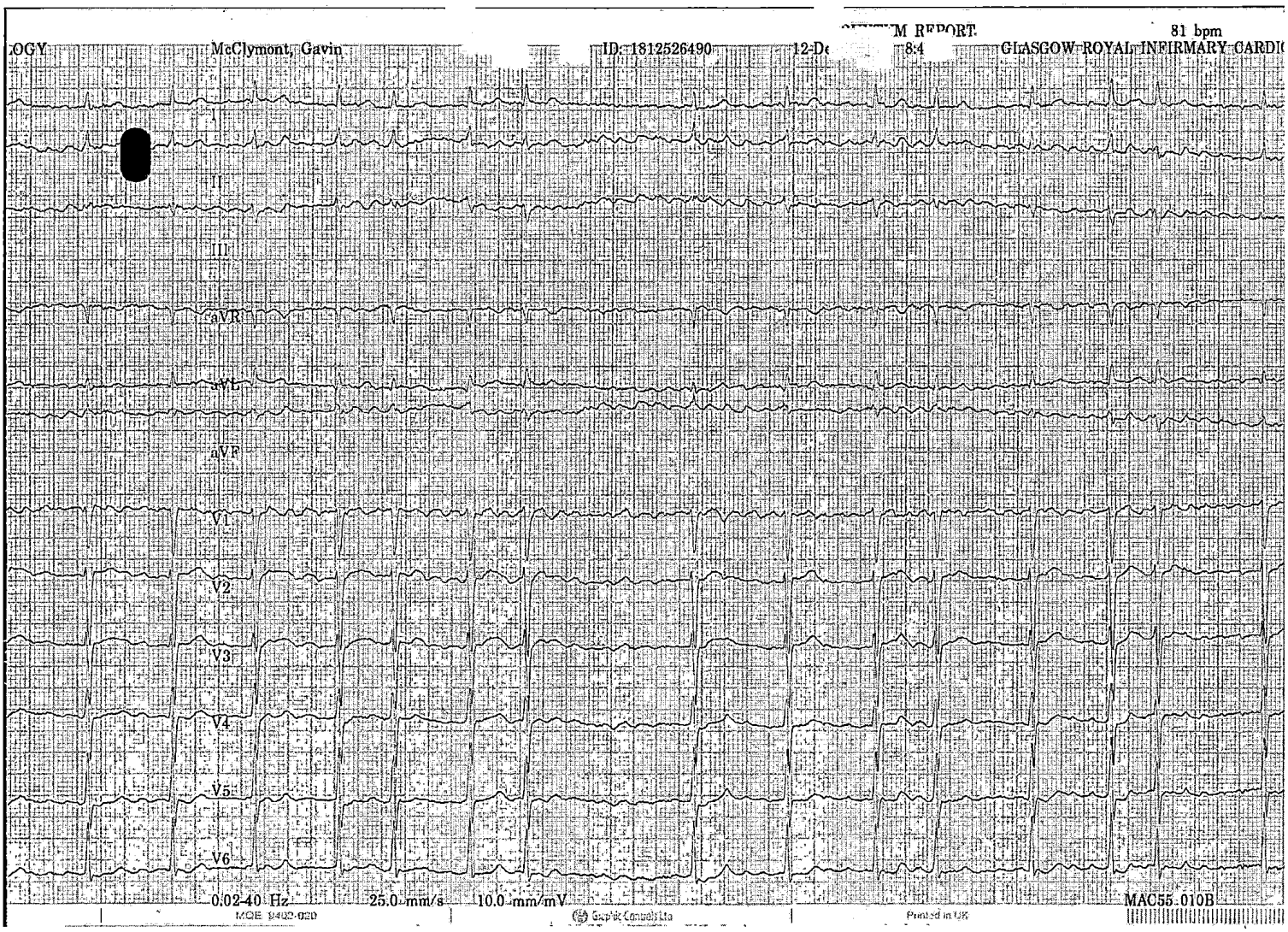
COMMENTS: GRL WD43



40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL™ v241 HD

MDE 9402-029 Graphic Controls Ltd Printed in UK


YTHM REPORT
103 bpm
McClyment, Gavin
ID: 1812526490
1
22 8:40:33
GLASGOW ROYAL INFIRMARY CARDIOL
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.02-40 Hz
25.0 mm/s
10.0 mm/mV
MAC55 010B
MDE 9452 020
Graphic Controls Ltd
Printed in UK


OGY
McClymont, Gavin
ID: 1812526490
M REPORT
81 bpm
GLASGOW ROYAL INFIRMARY CARDI
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.02-40 Hz
25.0 mm/s
10.0 mm/mV
MAC55 010B
MDE 9402-020
Graphic Controls Ltd
Printed in UK

McClymont, Gavin 43222
ID: 1812526490

18.12.1952
69 Years

Male

11:1
Ward 43A: [redacted]

[redacted] on 203

Order N[redacted]
Indication:
Medication 1:
Medication 2:
Medication 3:

128 bpm
-/- mmHg

QRS	84 ms
QT / QTcBaz	192 / 280 ms
PR	ms
P	116 ms
RR / PP	466 / 234 ms
P / QRS / T	259 / -3 / -69 degrees

Atrial flutter with 2:1 AV conduction
ST & T wave abnormality, consider lateral ischemia
Abnormal ECG

COMMENTS

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

I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3 25 Rt Unconfirmed 1/1

226 166 05

McClymont, Gavin 43222
ID: 1812526490
Ward: I3A
Order N
Req
Medication 1
Medication 2
Medication 3
18.12.1952
69 Years
Male

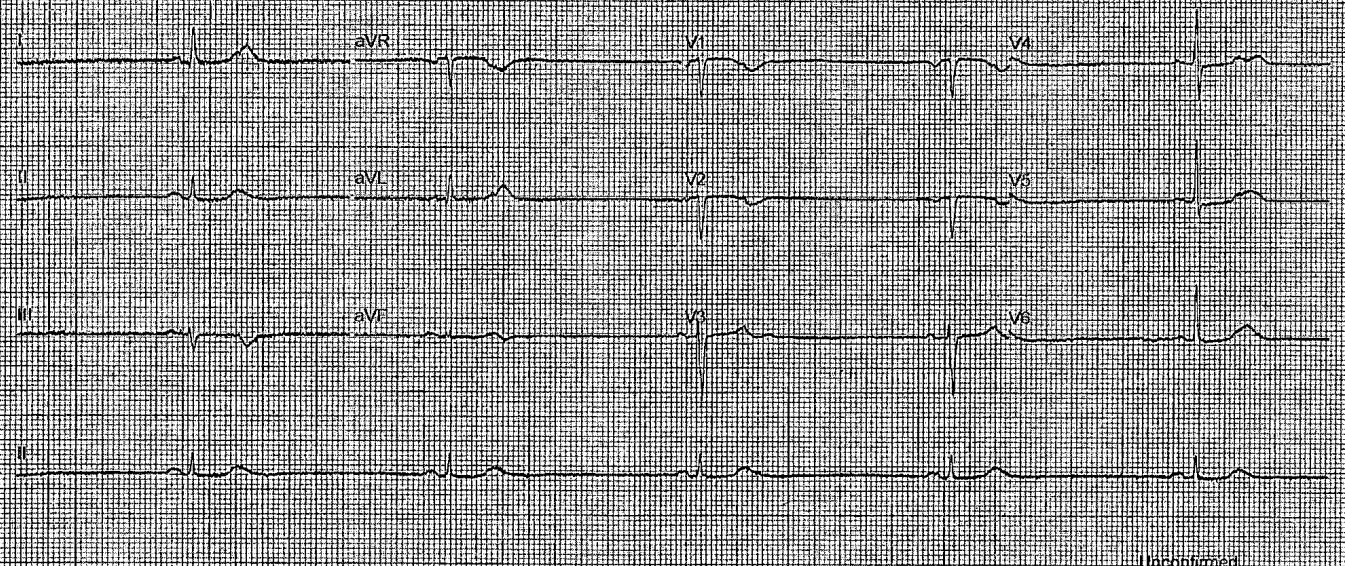
31 bpm
/ mmHg

QRS	76 ms
QT / QTcBaz	586 / 420 ms
PR	162 ms
P	118 ms
RR / PP	1912 / 1935 ms
P / QRS / T	61 / 107 4 degrees

Marked sinus bradycardia
Possible Left atrial enlargement
Abnormal ECG

COMMENTS

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



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3 25 R1 1/1
Unconfirmed

McClymont, Gavin 43222
ID: 1812526490

11.12 16:51
Ward 43A [redacted]

Order No [redacted]
Indication
Medication 1:
Medication 2:
Medication 3:

31 bpm
-/- mmHg

18.12.1952
69 Years

Male

QRS	76 ms
QT / QTcBaz	600 / 431 ms
PR	166 ms
P	122 ms
RR / PP	1926 / 1935 ms
P / QRS / T	60 / 14 / 9 degrees

Marked sinus bradycardia
Possible Left atrial enlargement
Junctional ST depression, probably normal
Abnormal ECG

COMMENTS

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

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Unconfirmed

GE MAC2000 1.1 12SL™ v241 25mm/s 10mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

[redacted]

90 99 922

McClymont, Gavin 43222
ID: 1912526490

18.12.1952
69 Years
Male

Ward 43A

21:40

Location 203

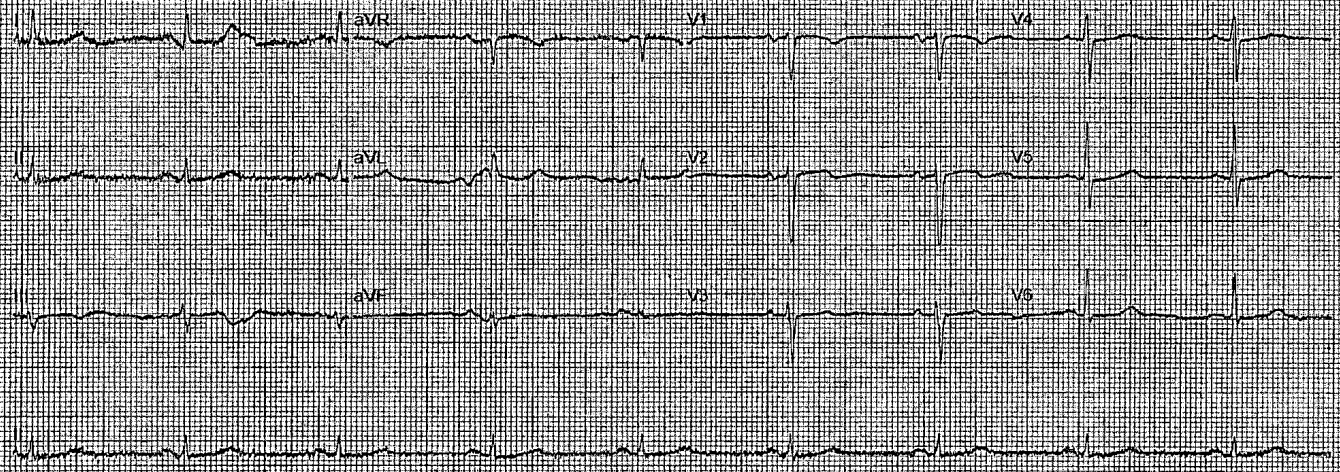
Medication 1:
Medication 2:
Medication 3:

53 bpm
/ mmHg

QRS	80 ms
QT / QTcBaz	488 / 457 ms
PR	152 ms
P	110 ms
RR / PP	1136 / 1132 ms
P / QRS / T	49 / 7 / 9 degrees

Sinus bradycardia
Possible Left atrial enlargement
Borderline ECG

COMMENTS



Unconfirmed

GE MAC2000 I 1 12SL™ v24 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25_R1 1/1

McClymont, Gavin 43222
ID: 1812526490

18.12.1952
69 Years

Male

11:12:2u
Ward 49A

22:

Lo r:203

Order Nr.
Indi.
Medication 1:
Medication 2:
Medication 3:

53 bpm
_/_ mmHg

QRS	84 ms
QT / QTcBaz	486 / 456 ms
PR	160 ms
P	120 ms
RR / PP	1134 / 1132 ms
P / QRS / T	61 / 9 / 10 degrees

Sinus bradycardia
Otherwise normal ECG

COMMENTS

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

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

[redacted]

226 166 05

McClymont, Gavin 43222
ID: 1812526490

10:12:
Ward 43

7:1

Order:
Indication:
Medication 1:
Medication 2:
Medication 3:

149 bpm
/ mmHg

18-12-1952
69 Years

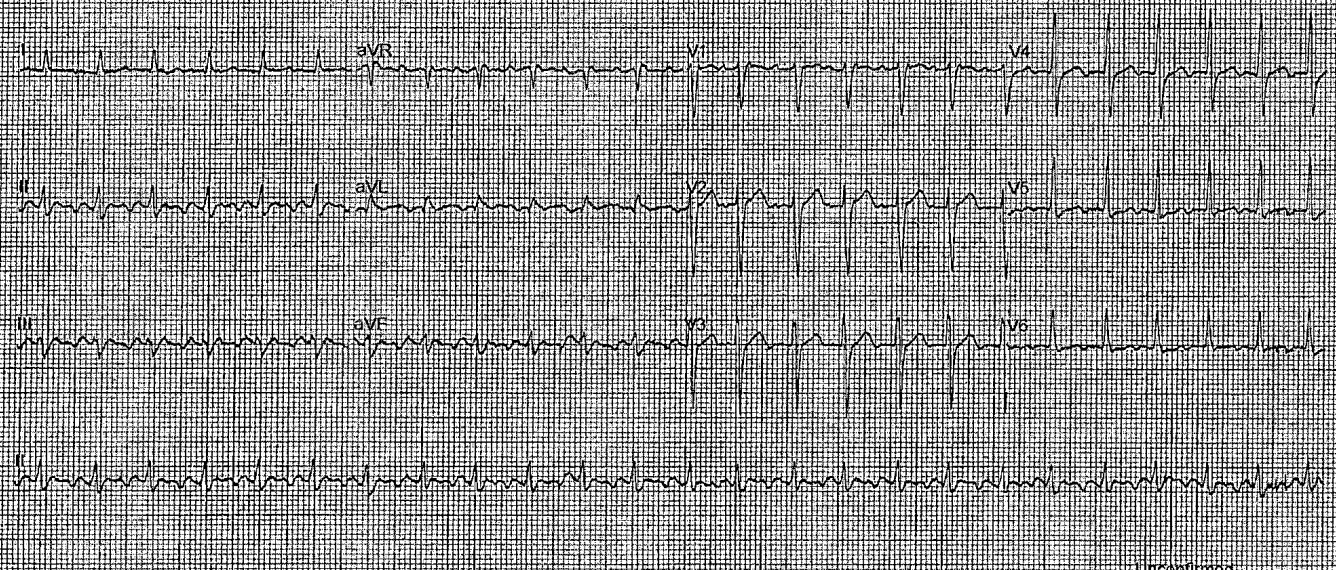
Male

QRS:	86 ms
QT / QTcBaz:	240 / 378 ms
PR:	ms
P:	102 ms
RR / PP:	402 / 201 ms
P / QRS / T:	84 / 6 / 31 degrees

Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG

COMMENTS:

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



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 Unconfirmed 1/1

226 166 05

McClymont, Gavin 43222
ID: 1812526490

09.12.2[illegible] 3:3[illegible]
Ward 43A

ER [illegible]1203

Order N[illegible]
Medication 1:
Medication 2:
Medication 3:

33 bpm
/ mmHg

18/12/1952
59 Years

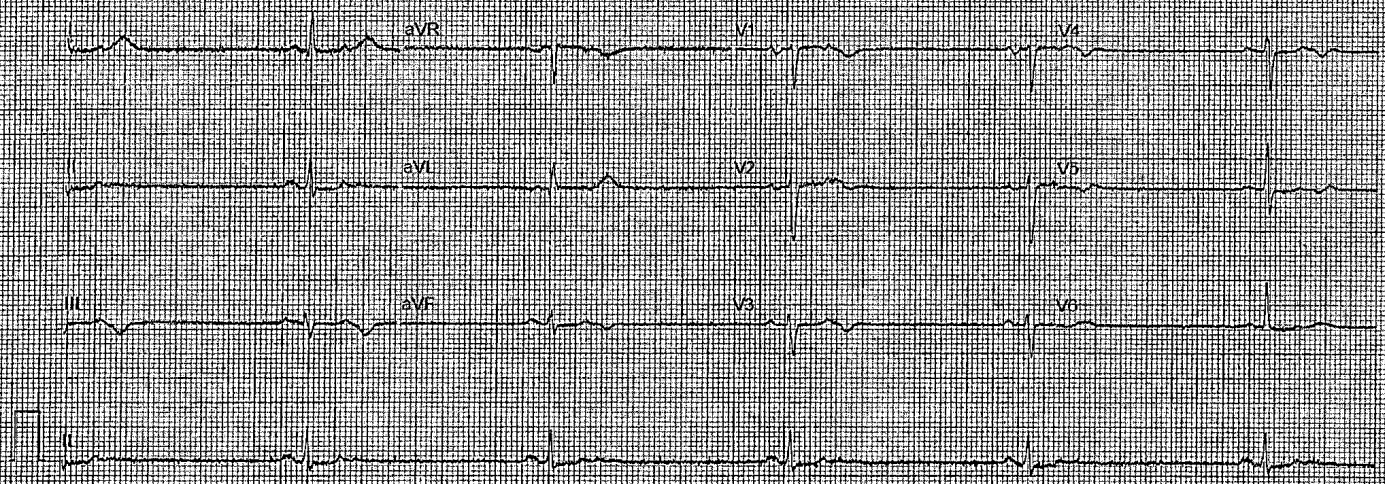
Male

QRS	82 ms	
QT / QTcBaz	548 / 405 ms	
PR	170 ms	
P	118 ms	
RR / PP	1828 / 1818 ms	
P / QRS / T	53 / 18 / 9 degrees	

Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider inferior ischemia
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

COMMENTS

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



Unconfirmed

GE MAC2000 1:1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25+R1 1/1

226 166 05

McClymont, Gavin 43222
ID 1812428490

18.12.1952
68 Years

Male

20y 3m

35:50

Location: 203

33 bpm

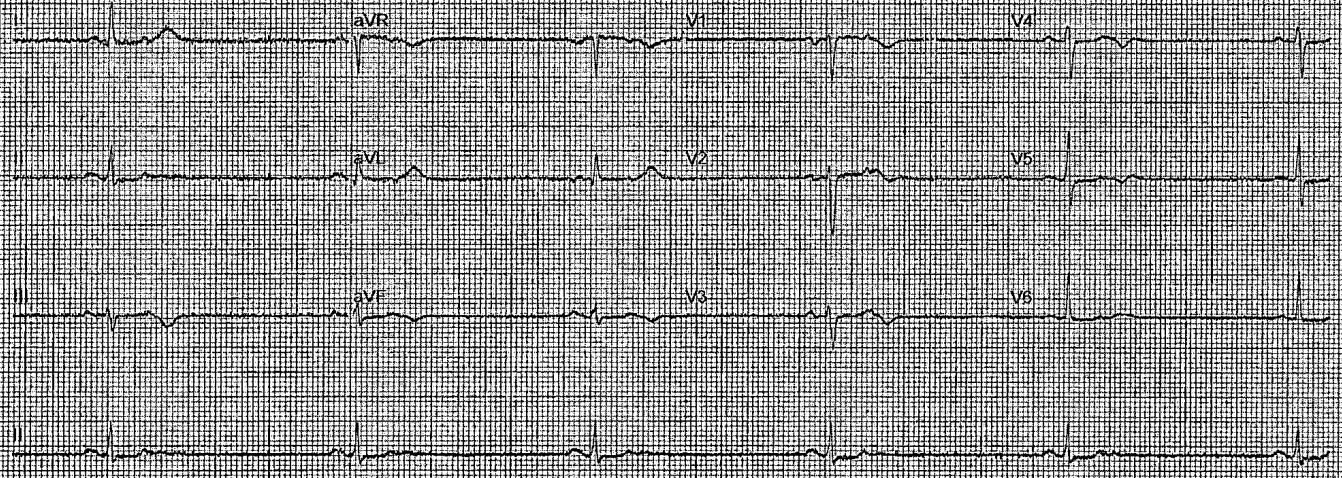
--- / --- mmHg

Medication 1:
Medication 2:
Medication 3:

QRS	82 ms
QT / QTcBaz	556 / 411 ms
PR	160 ms
P	116 ms
RR / PP	1808 / 1818 ms
P / QRS / T	62 / 15 / 1 degrees

Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

COMMENTS:



Unconfirmed

GE MAC2000 12I 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

226 166 05

Vital Signs™ 226 166 05

McClymont, Gavin | Patient ID: 1812526490 | 09-12-2022 09:26:36 | Glasgow Royal Infirm

Male
18.12.1952 (69 Years)

Location: 203

Technician ID: 260

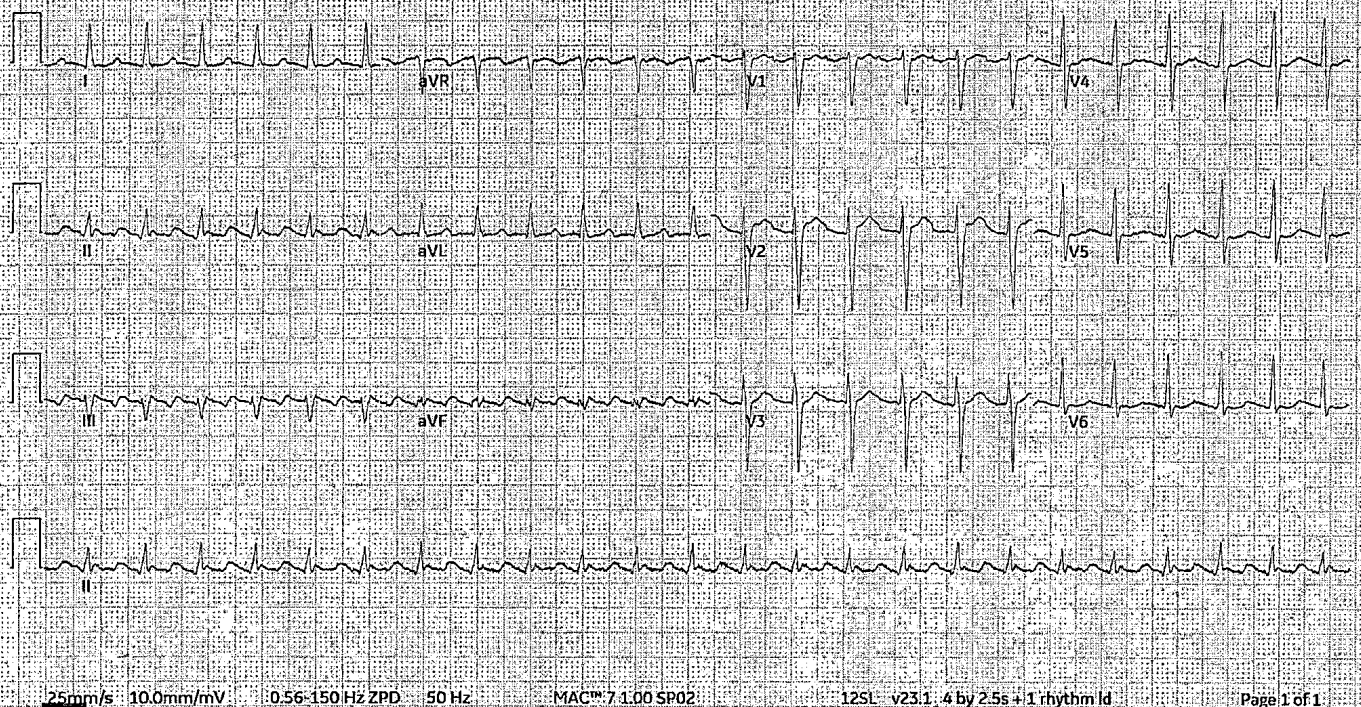
Vent. rate	146	
PR interval	*	
QRS duration	86	ms
QT/QTc-Baz	342/532	ms
P-R-T axes	* 11 50	

Atrial flutter with 2:1 AV conduction
Abnormal ECG

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

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-150 Hz ZPD 50 Hz MAC™ 7 1.00 SP02 12SL v23.1 . 4 by 2.5s + 1 rhythm Id

McClymont, Gavin 43222
ID: 1812526490

18.12.1952
69 Years

Male

08.12.2(
Ward 43 F

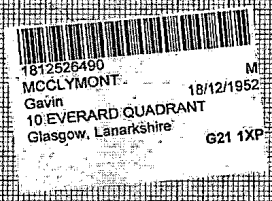
[redacted]

Ordered by [redacted]
Indication:
Medication 1:
Medication 2:
Medication 3:

38 bpm
-/- mmHg

QRS	84 ms
QT / QTcBaz	494 / 392 ms
PR	156 ms
P	124 ms
RR / PP	1590 / 1578 ms
P / QRS / T	47 / -15 / 17 degrees

Marked sinus bradycardia
Anterior infarct - age undetermined
T wave abnormality, consider inferolateral ischemia
Abnormal ECG



COMMENTS

I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

Unconfirmed

[redacted] GE MAC2000 (1) 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.125 R1 1/1

90 991 922

McClymont, Gavin 43222
ID: 1812526490

09:12:2
Ward: 43A

18.12.1952
69 Years

Male

Order N
Ind
Medication 1:
Medication 2:
Medication 3:

38 bpm
-/- mmHg

QRS	82 ms
QT / QTcBaz	492 / 391 ms
PR	166 ms
P	134 ms
RR / PP	1568 / 1578 ms
P / QRS / T	64 / 14 / 8 degrees

Marked sinus bradycardia
Possible Left atrial enlargement
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

COMMENTS

1812526490
MCCLYMONT
Gavin
M
18/12/1952

I aVR V1 V4

II aVL V2 V5

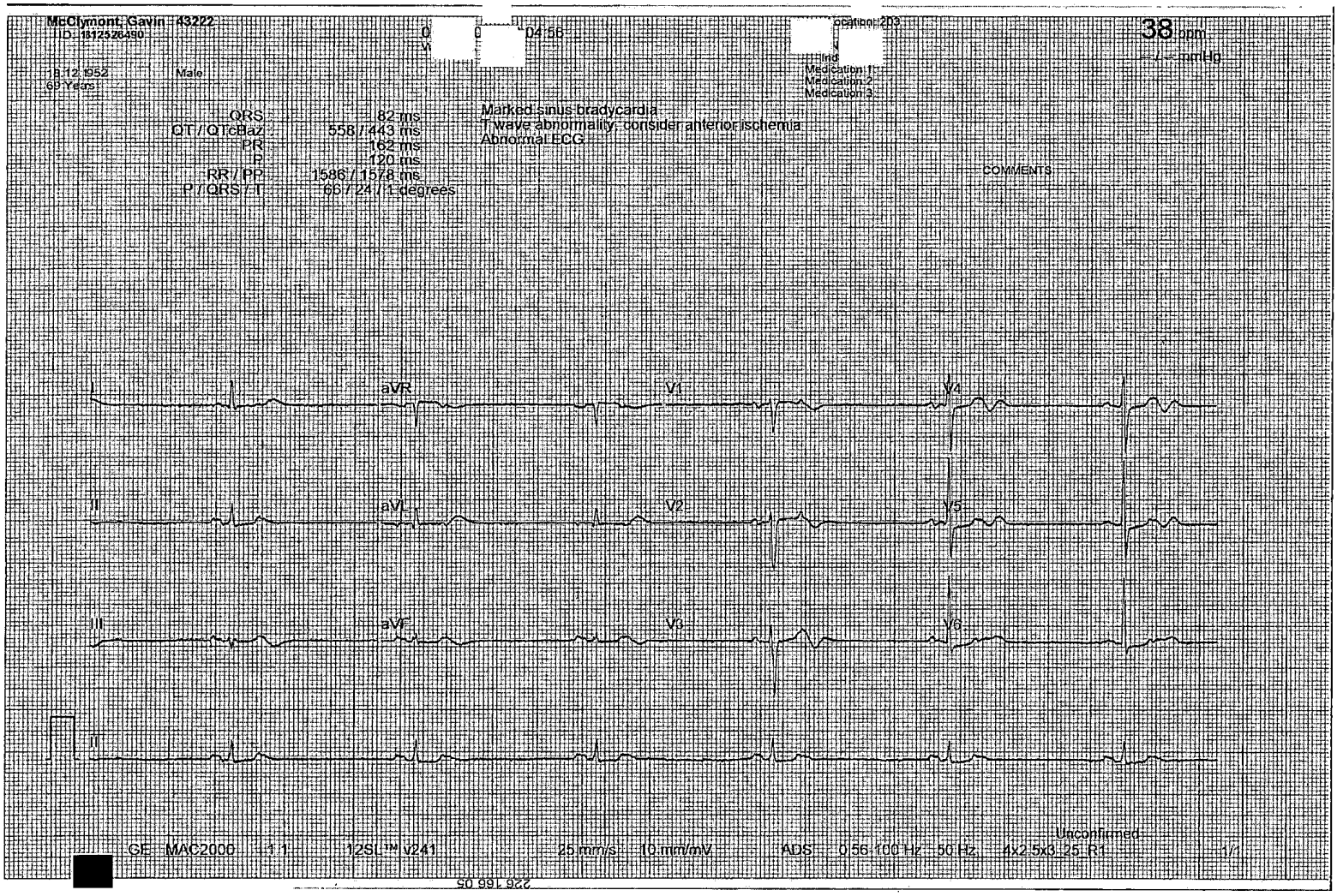
III aVF V3 V6

II

Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/1

226 166 05


McClymont, Gavin 43222
ID: 1812526490
9.12.1952
69 Years
Male
04:56
38 bpm
--/-- mmHg
Ind
Medication 1:
Medication 2:
Medication 3:
QRS 82 ms
QT / QTcBaz 558 / 443 ms
PR 162 ms
P 120 ms
RR / PP 1586 / 1578 ms
P / QRS / T 66 / 24 / 1 degrees
Marked sinus bradycardia
T wave abnormality, consider anterior ischemia
Abnormal ECG
COMMENTS
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
Unconfirmed
GE MAC2000 1 1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 R1 1/

McClymont, Gavin 43222
ID: 1812526490

18/12/1952
59 Years

Male

08.12.2(
Ward 43-F

Order I
Information
Medication 1:
Medication 2:
Medication 3:

119 bpm
/ mmHg

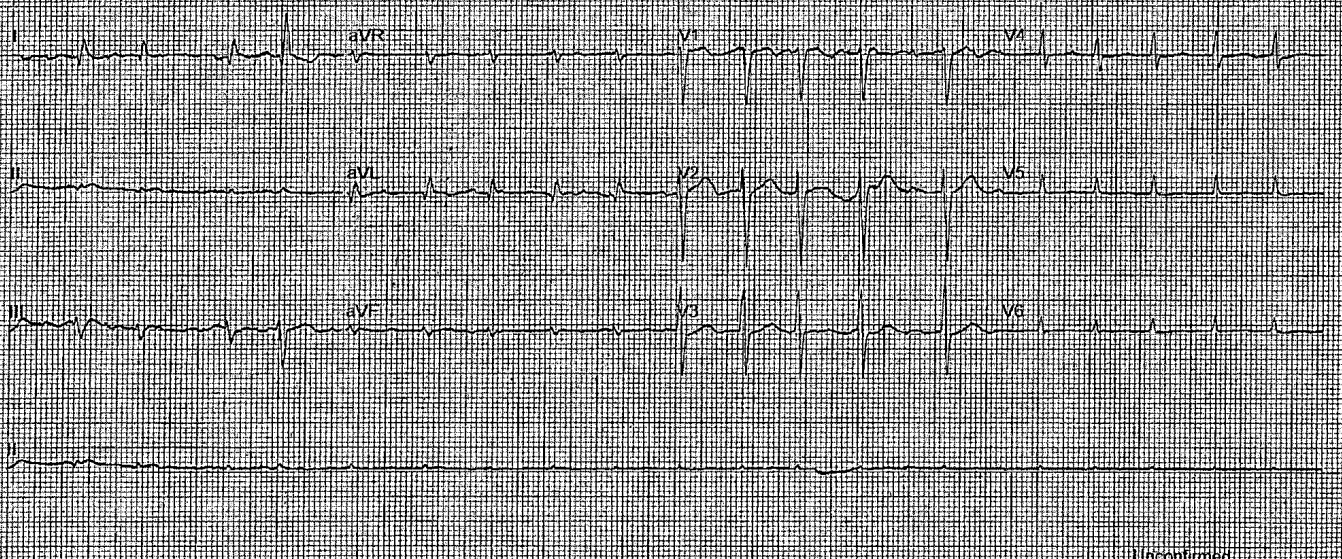
\2 67
3
Sept 3
9.18 A - R2 L7

QRS	86 ms	
QT / QTcBaz	326 / 458 ms	
PR	ms	
P	ms	
RR / PP	504 / 451 ms	
P / QRS / T	-7 / 17 / -21 degrees	

Atrial fibrillation with rapid ventricular response
Low voltage QRS
Nonspecific T wave abnormality
Abnormal ECG

COMMENTS

1812526490
MCCLYMONT M
Gavin 18/12/1952



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3 25 R1 1/1

226 166 05

McClymont, Gavin 43222
ID: 1812526490

18.12.1952
69 Years

Male

0 20 1:05:26

Ward 43A

38 bpm
-/- mmHg

Medication 1:
Medication 2:
Medication 3:

QRS	82 ms
QT / QTcBaz	552 / 438 ms
PR	164 ms
P	122 ms
RR / PP	1574 / 1578 ms
P / QRS / T	68 / 14 79 degrees

Marked sinus bradycardia
T wave abnormality, consider anterolateral ischemia
Abnormal ECG

COMMENTS

1812526490
MCCLYMONT M
Gavin 18/12/1952

I aVR V1 V4
II aVL V2 V5
III aVF V3 V6
II

Unconfirmed

GE MAC2000 1:1 12SL™ v24 r 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4X2.5X3.25 R1 1/1

McClymont, Gavin [redacted] 8-Dec-2022 8:50:01 [redacted] ROYAL INFIRMARY CARDIOLOGY

18-Dec-1952
Male

Vent. rate 76 bpm
PR interval * ms
QRS duration 112 ms
QT/QTc 386/434 ms
P-R-T axes -89 8 -13

atrial flutter with 4:1 AV conduction
ST & T wave abnormality, consider inferior ischaemia
Abnormal ECG

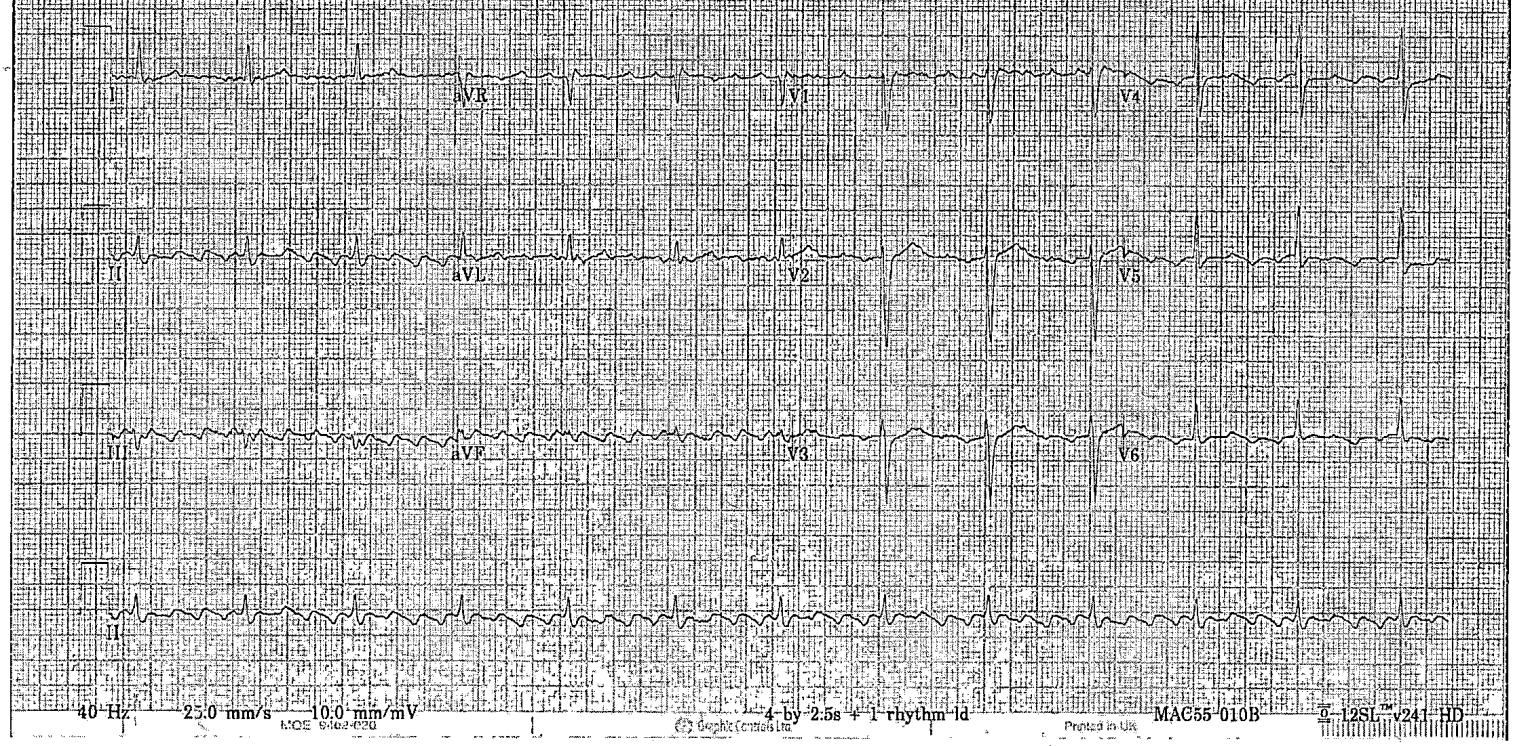
1812526490
MCCLYMONT M
Gavin 18/12/1952

Loc: 203[redacted]

Technician: 417

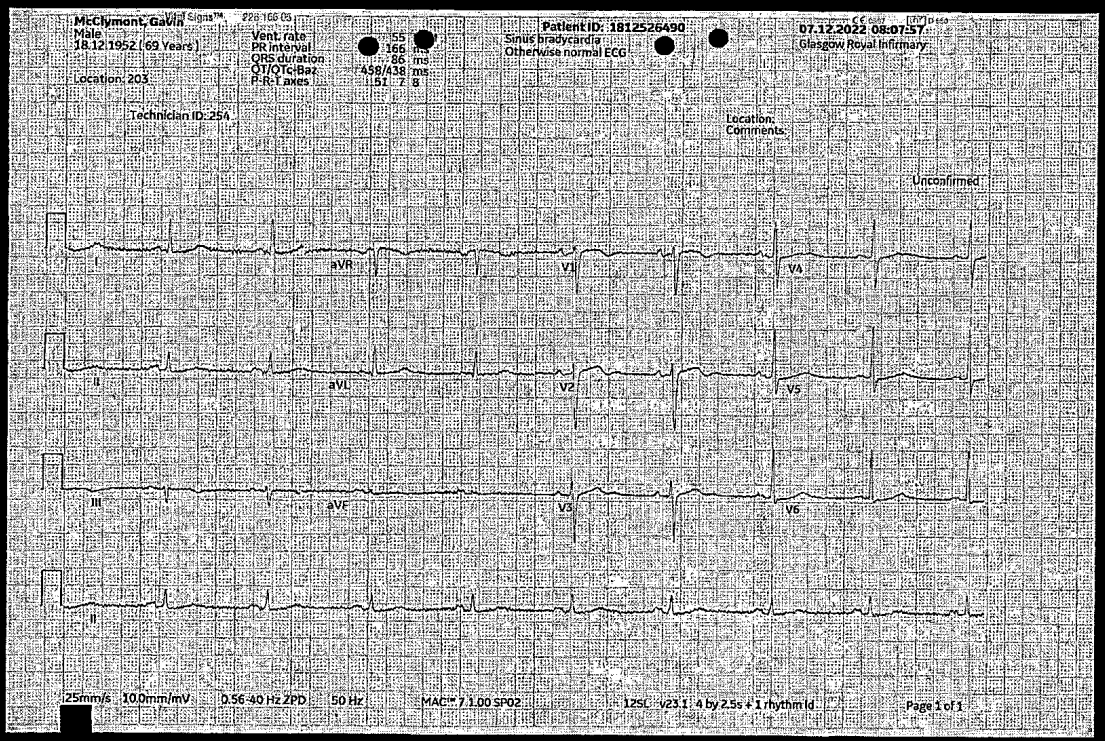
Referred by: DR ROC Unconfirmed

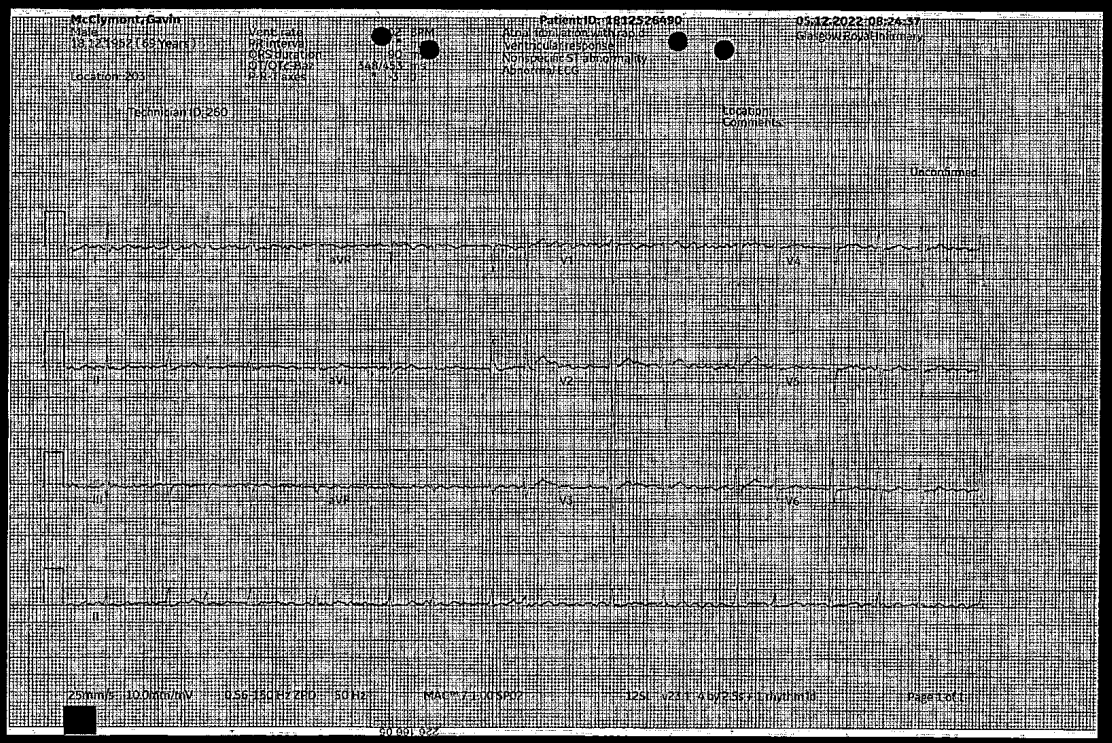
COMMENTS: GRI WD43B

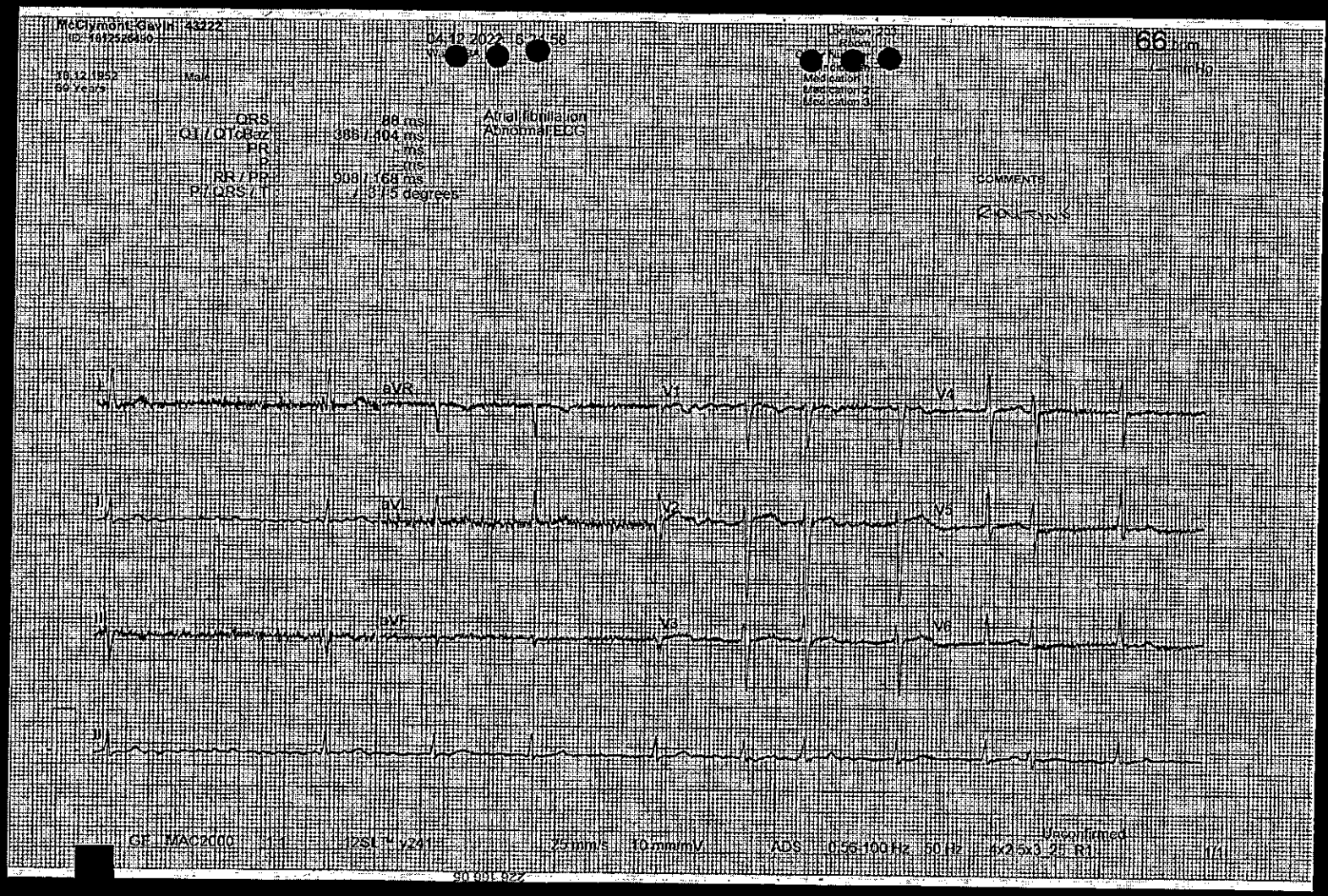


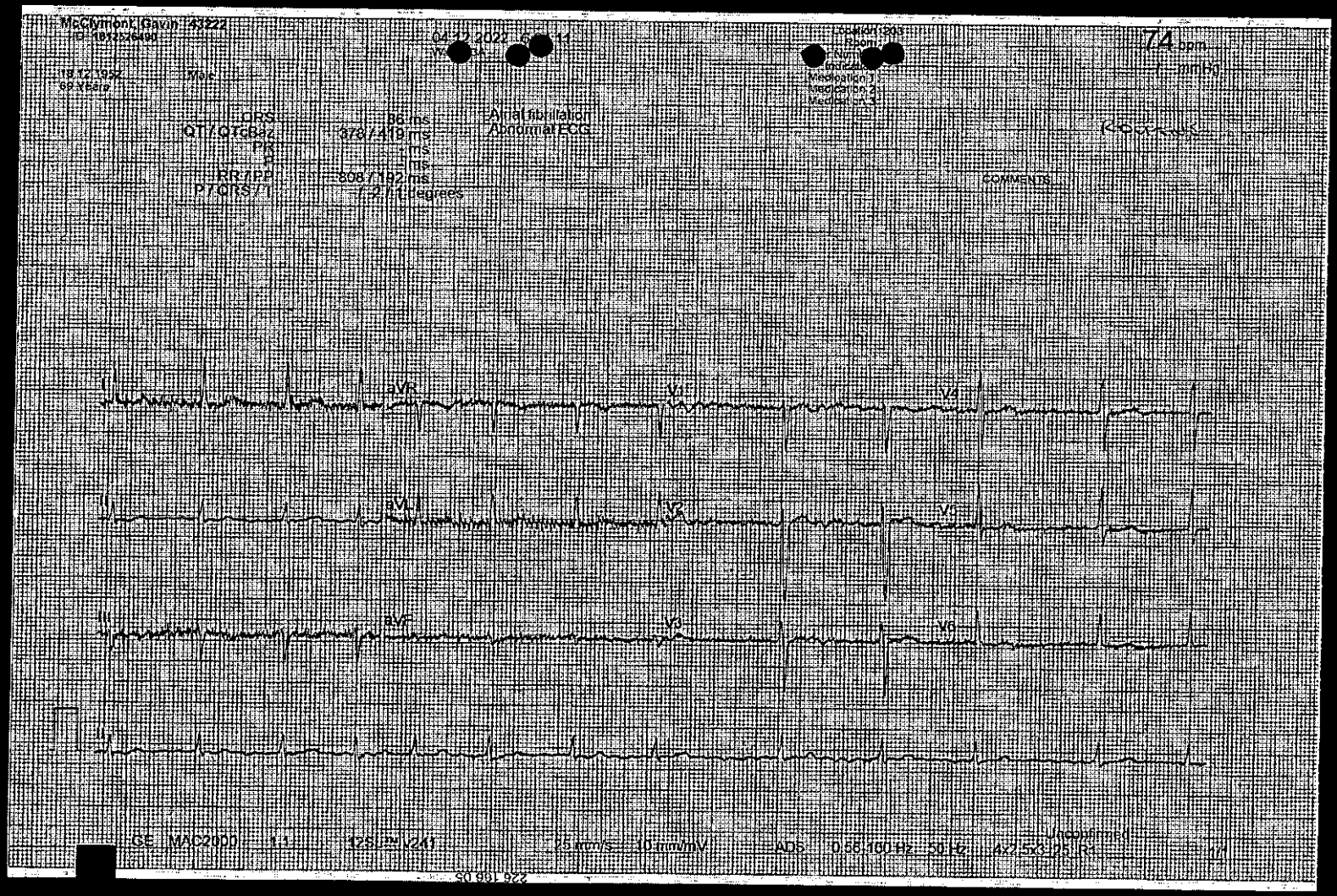
40 Hz 25.0 mm/s 10.0 mm/mV 4 by 2.5s + 1 rhythm ld MAC55 010B 12SL™ v241 HD

MDE 9462-020 © Deptht Centres Ltd Printed in UK


McClymont, Gavin
Male
18.12.1952 (69 Years)
Location: 203
Technician ID: 254
Vent. rate 55
PR interval 166 ms
QRS duration 86 ms
QT/QTc-Baz 458/438 ms
P-R-T axes 51 7 8
Patient ID: 1812526490
Sinus bradycardia
Otherwise normal ECG
07.12.2022 08:07:57
Glasgow Royal Infirmary
Location:
Comments:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
25mm/s 10.0mm/mV 0.56-40 Hz ZPD 50 Hz MAC™ 7 1.00 SP02 12SL v23 1 4 by 2.5s + 1 rhythm Id
Page 1 of 1


McClymont, Gavin
Male
19-12-1952 (69 Years)
Location: XG
Technician ID:260
Patient ID: 1832526480
05-12-2022 08:24:37
Galeowzowa Inhimely
Unconfirmed
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/s 10.0mm/mV 0.56-150Hz ZRO 50Hz
Page 1 of 1


McClymont,Gavin 43222
ID: 1612526450
04.12.2022 6:14:58
66 bpm
mmHg
78.12.1952
69 Years
Male
Medication 1
Medication 2
Medication 3
QRS 88 ms
QT / QTcBaz 388 / 404 ms
FRS ms
P ms
RR / PP 908 / 668 ms
P / QRS / T -75 / 75 degrees
Atrial fibrillation
Abnormal ECG
COMMENTS
Routine
aVR
V1
V4
aVL
V2
V5
aVF
V3
V6
II
CE MAC2000 1:1 12SL™ v241 25mm/s 10 mm/mV ADS 0.5-100 Hz 50 Hz 6x2.5x3.25 R1 Unconfirmed
1/1
50 001 927


McClymont, Gavin 43522
04-12-2022 6:11
74 bpm
Male
86 ms
378/419 ms
Atrial fibrillation
Abnormal ECG
808/192 ms
-27/11 degrees
COMMENTS
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
GE MAC2000 1.1 12SL™ V241
25 mm/s 10 mm/mV AD5 0.56-160 Hz 50 Hz 4x2.5x3.25 R4

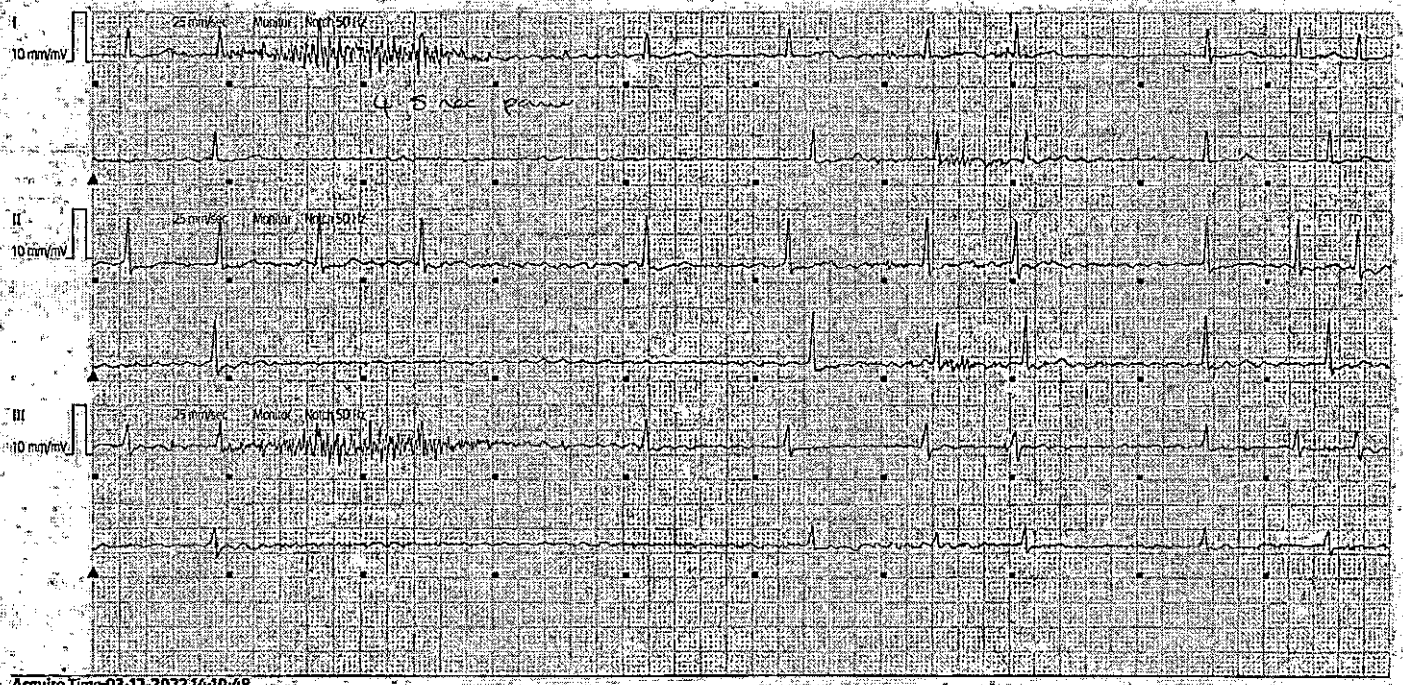
Event Report

Print Time:03-12-2022 16:56:20

Patient Name: 43C McCLYMONT, Gavin Patient ID: Patient Category: Adult Paced: Unspecified

Gender: Unspecified Bed No: TTX 10 DOB: Height/Weight: /

Event: Pause 03-12-2022 14:10:48



Acquire Time:03-12-2022 14:10:48

HR	57 bpm
PVCs	0 /min
Pauses	1 /min

Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 160 Tachy(HR High) : 140 Brady(HR Low) : 50 Extreme Brady : 35 Multif PVCs Window : 15 PVCs/min : 10 Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5

mindray

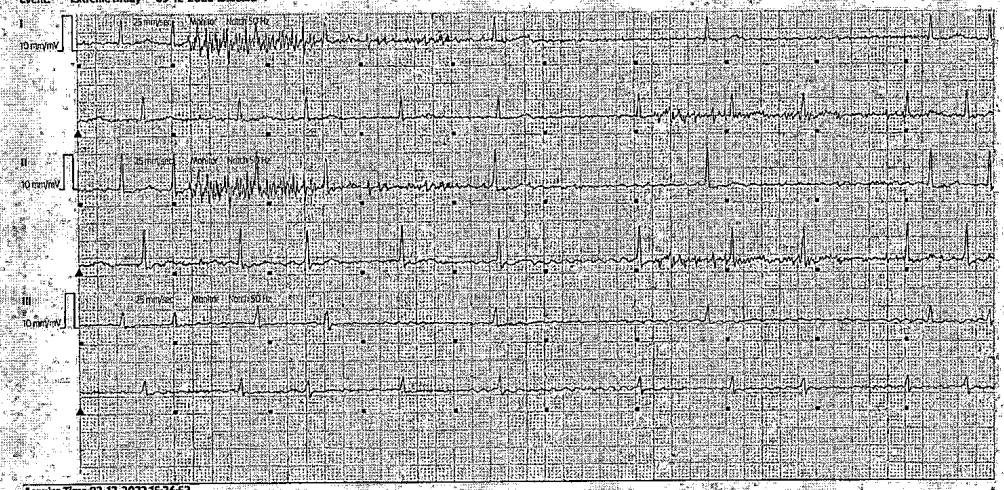
Event Report

Print Time:03-12-2022 16:53:40

Patient Name: 43C McCLYMONT, Gavin | Patient ID: [redacted] | Patient Category: Adult | Paced: Unspecified

Gender: Unspecified | Bed No: TTX 10 | DOB: | Height/Weight: /

Event: ***Extreme Brady 03-12-2022 15:26:52



Acquire Time:03-12-2022 15:26:52

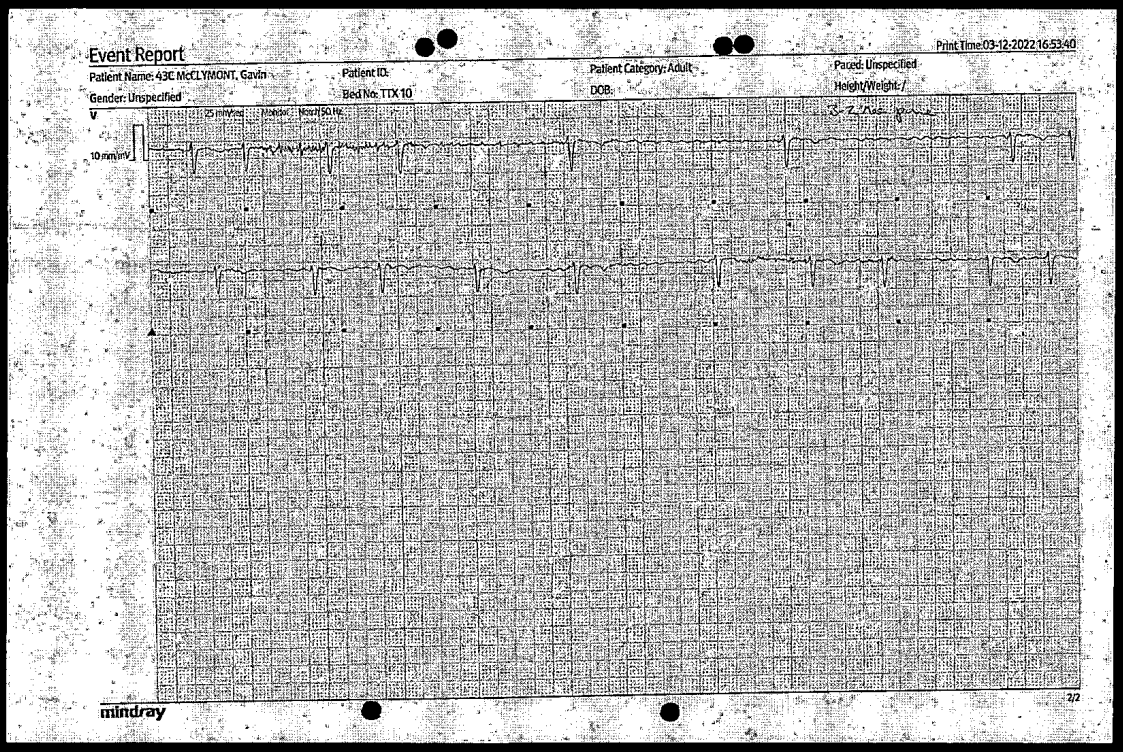
HR 58 bpm

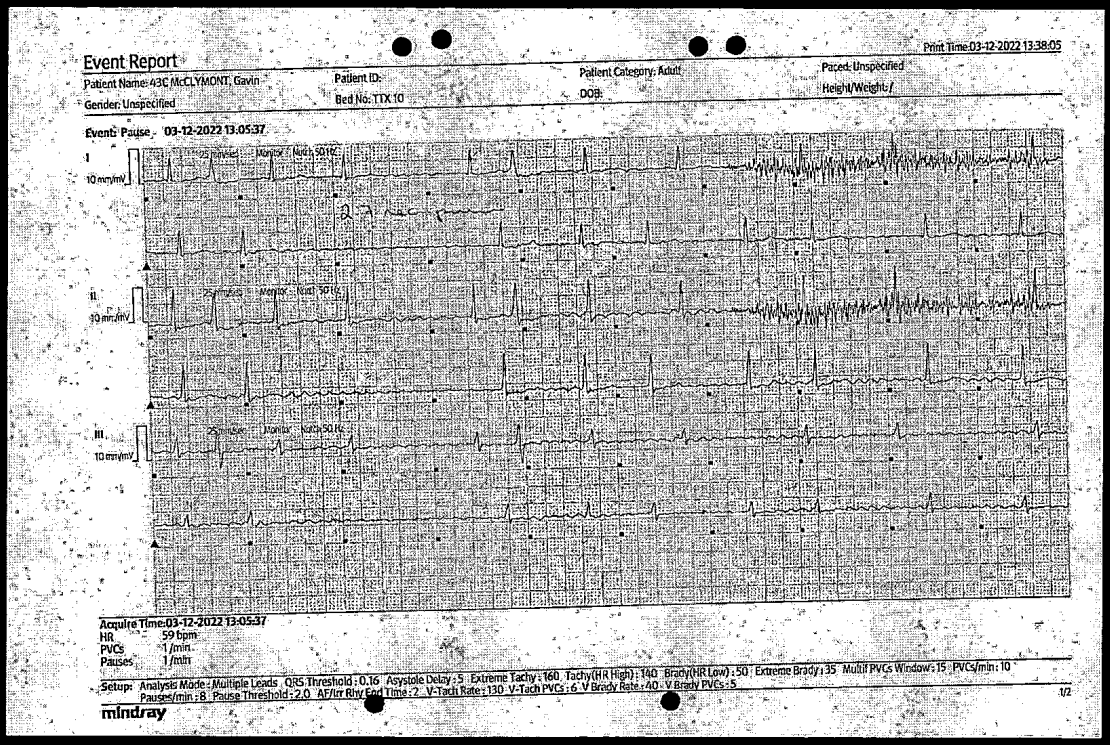
PVCs 1 /min

Pauses 2 /min

Setup: Analysis Mode : Multiple Leads ; QRS Threshold : 0.16 ; Asystole Delay : 5 ; Extreme Tachy : 160 ; Tachy(HR High) : 140 ; Brady(HR Low) : 50 ; Extreme Brady : 35 ; Multif PVCs Window : 15 ; PVCs/min : 10 ; Pauses/min : 8 ; Pause Threshold : 2.0 ; AF/Irr Rhy End Time : 2 ; V-Tach Rate : 130 ; V-Tach PVCs : 6 ; V Brady Rate : 40 ; V Brady PVCs : 5

mindray


Event Report
Print Time:03-12-2022 16:53:40
Patient Name: 43C McCLYMONT, Gavin
Patient ID:
Patient Category: Adult
Paced: Unspecified
Gender: Unspecified
Bed No: TTX 10
DOB:
Height/Weight: /
V
25 mm/sec
Monitor
Hum 50 Hz
10 mm/mV
mindray
2/2



Event Report

Print Time:03-12-2022 13:38:05

Patient Name: 43C McCLYMONT, Gavin
Patient ID:
Patient Category: Adult
Paced: Unspecified
Gender: Unspecified
Bed No.: TTX 10
DOB:
Height/Weight: /

Event: Pause 03-12-2022 13:05:37

I 10 mm/mV
II 10 mm/mV
III 10 mm/mV

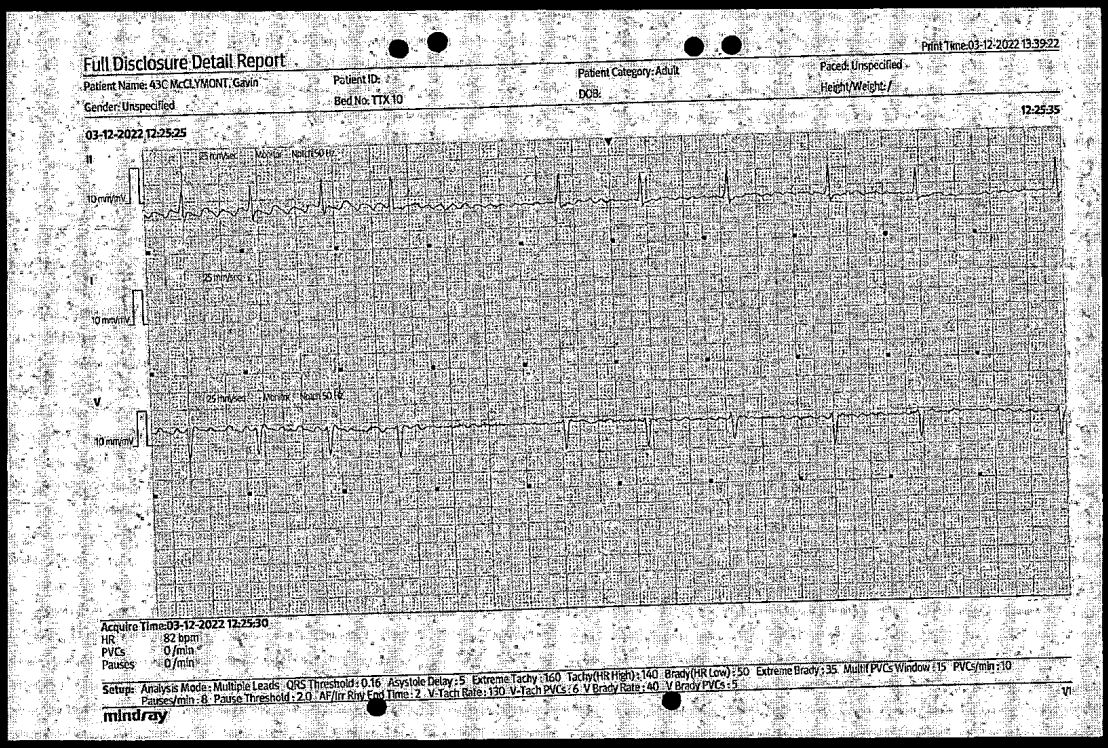
25 mm/s Monitor Notch 50 Hz

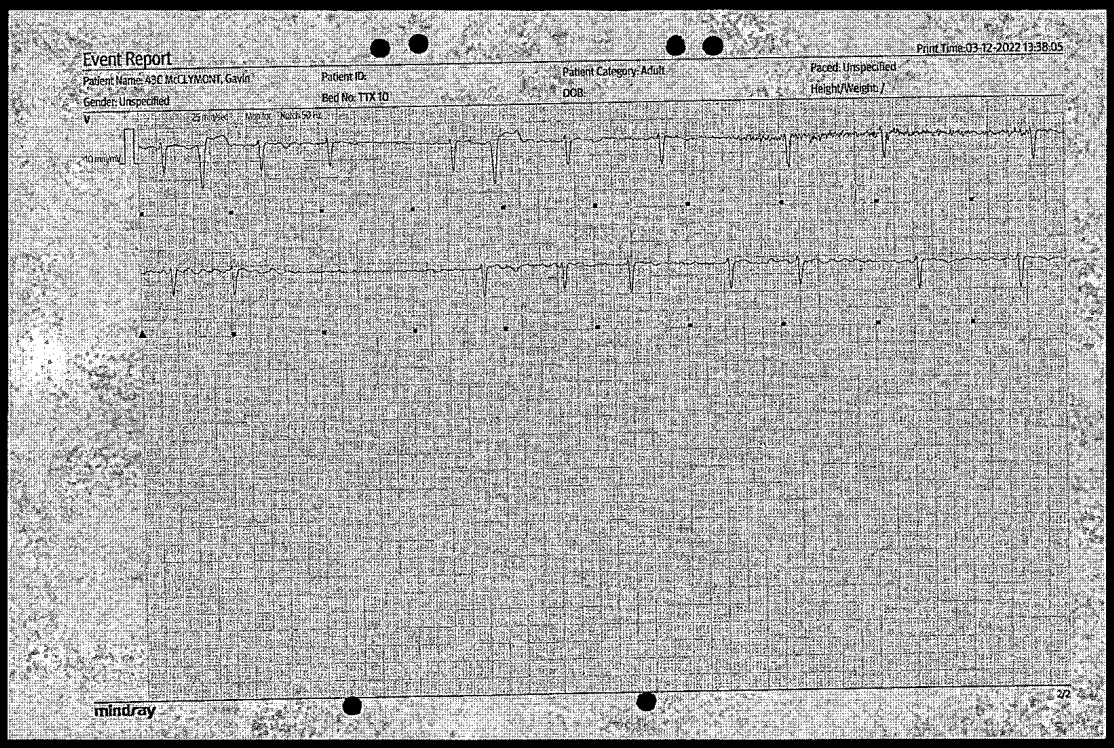
Acquire Time:03-12-2022 13:05:37
HR 59 bpm
PVCs 1 /min
Pauses 1 /min

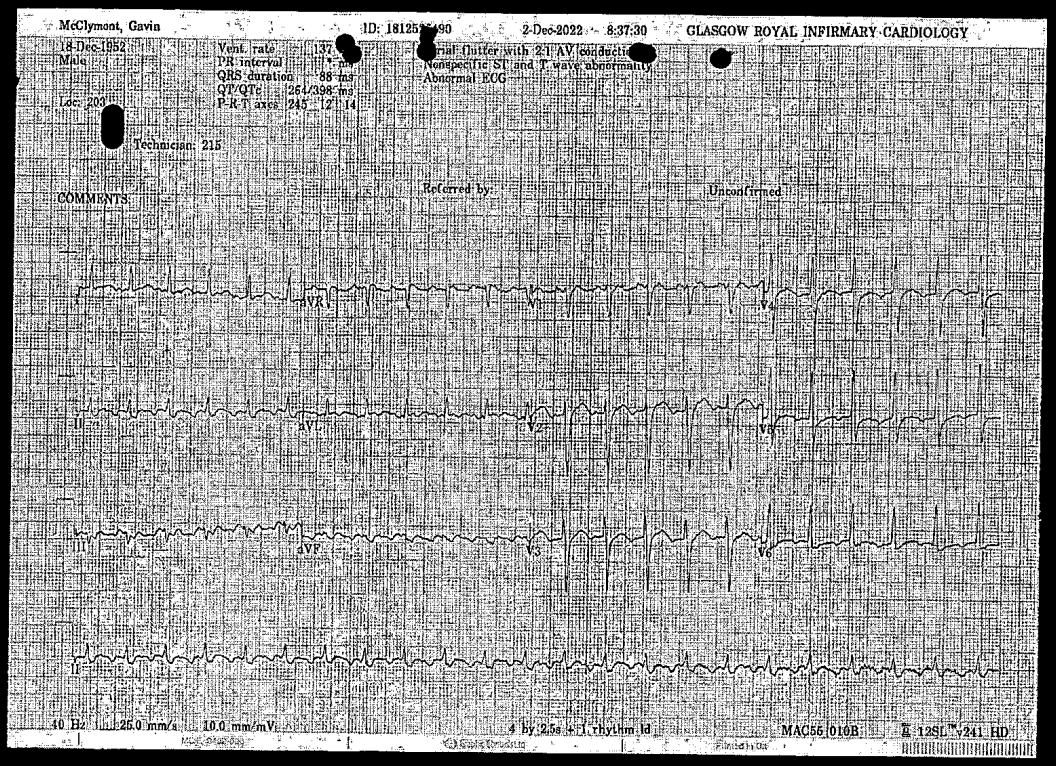
Setup: Analysis Mode : Multiple Leads ; QRS Threshold : 0.16 ; Asystole Delay : 5 ; Extreme Tachy : 160 ; Tachy(HR High) : 140 ; Brady(HR Low) : 50 ; Extreme Brady : 35 ; Multif PVCs Window : 15 ; PVCs/min : 10
Pauses/min : 8 ; Pause Threshold : 2.0 ; AF/Irr Rhy End Time : 2 ; V-Tach Rate : 130 ; V-Tach PVCs : 6 ; V Brady Rate : 40 ; V Brady PVCs : 5

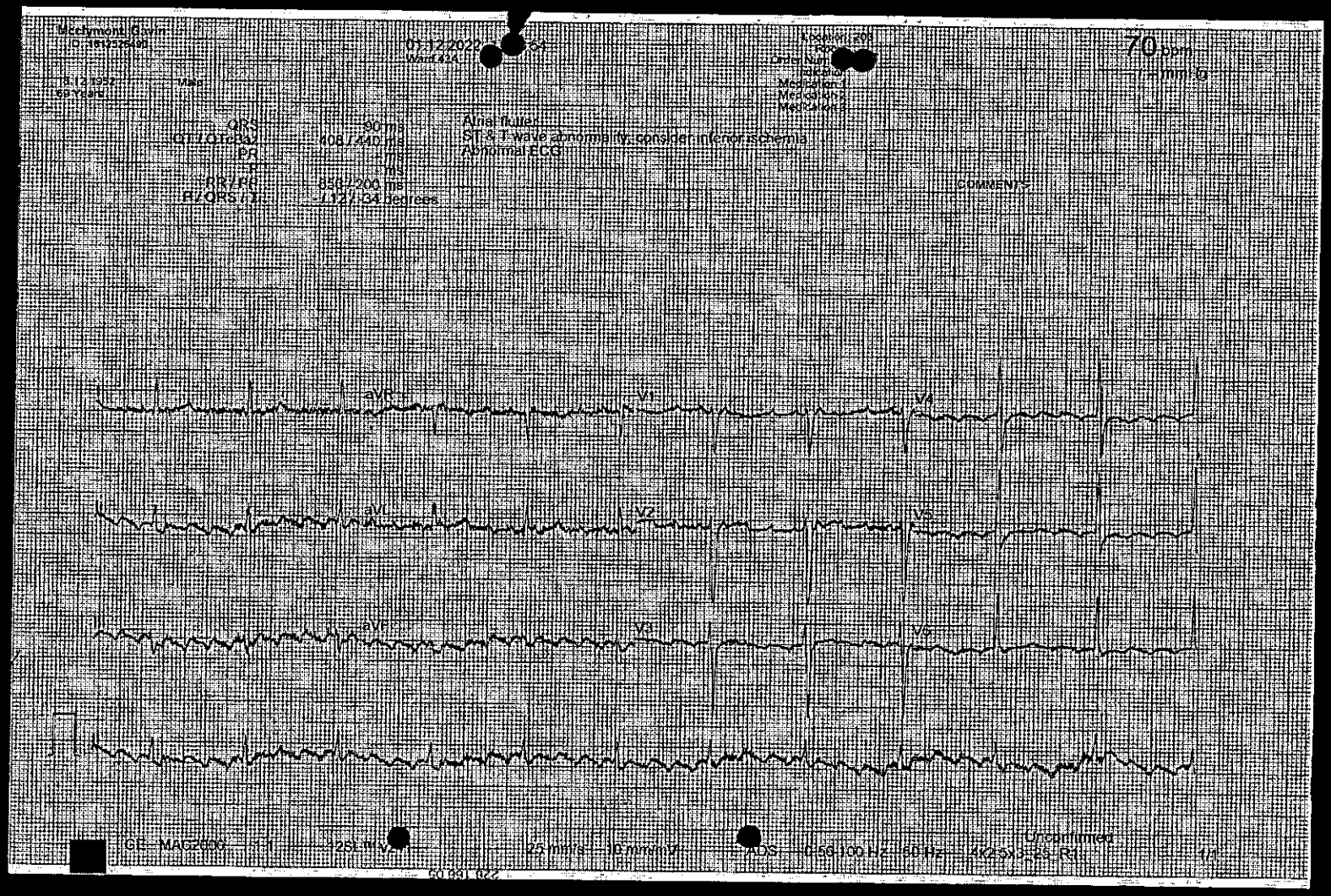
1/2

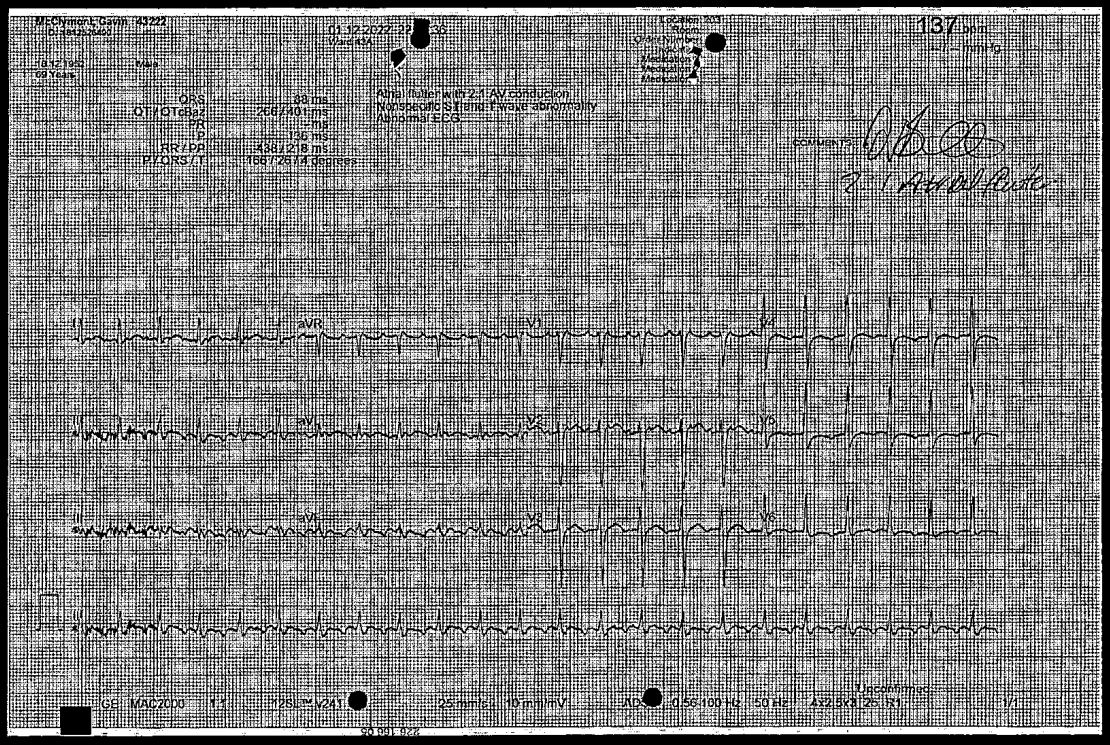
mindray

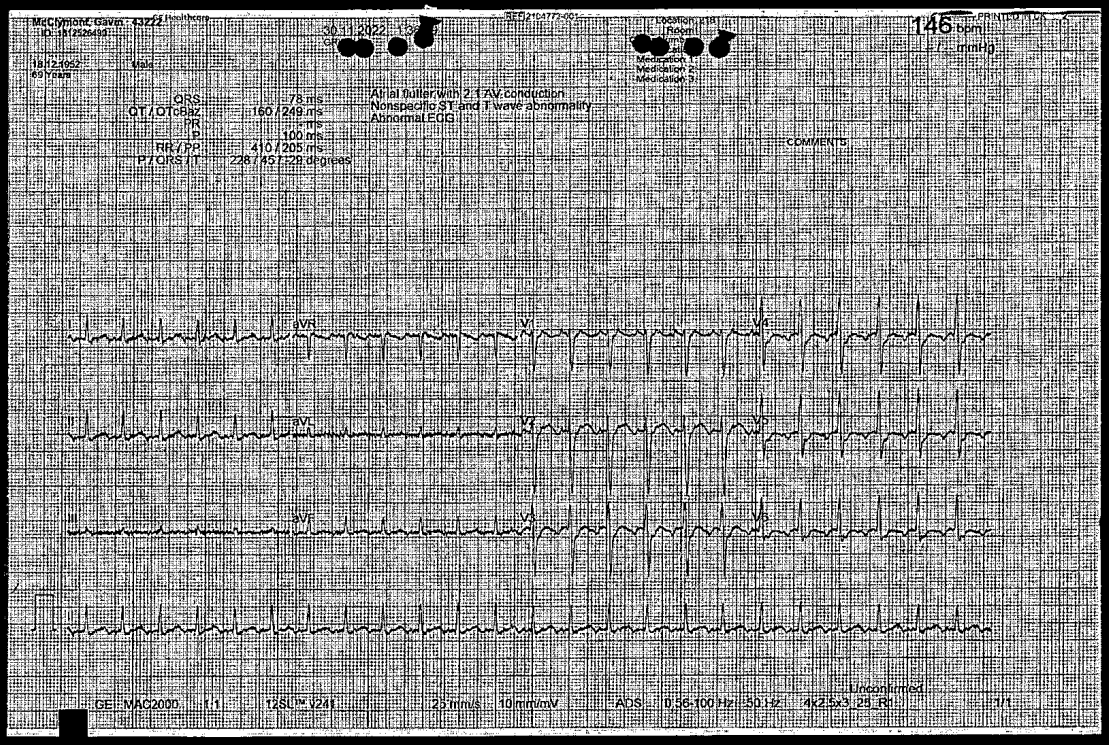

Full Disclosure Detail Report
Print Time:03-12-2022 13:39:22
Patient Name: 43C McCLYMONT, Gavin
Patient ID:
Patient Category: Adult
Paced: Unspecified
Gender: Unspecified
Bed No: TTX 10
DOB:
Height/Weight: /
12:25:35
03-12-2022 12:25:25
II
25 mm/sec
Monitor
Num:50 Hz
10 mm/mV
I
25 mm/sec
10 mm/mV
V
25 mm/sec
Monitor
Num:50 Hz
10 mm/mV
Acquire Time:03-12-2022 12:25:30
HR 82 bpm
PVCs 0/min
Pauses 0/min
Setup: Analysis Mode : Multiple Leads QRS Threshold : 0.16 Asystole Delay : 5 Extreme Tachy : 360 Tachy(HR High) : 140 Brady(HR Low) : 50 Extreme Brady : 35 Multif PVCs Window : 15 PVCs/min : 10
Pauses/min : 8 Pause Threshold : 2.0 AF/Irr Rhy End Time : 2 V-Tach Rate : 130 V-Tach PVCs : 6 V Brady Rate : 40 V Brady PVCs : 5
V1
mindray

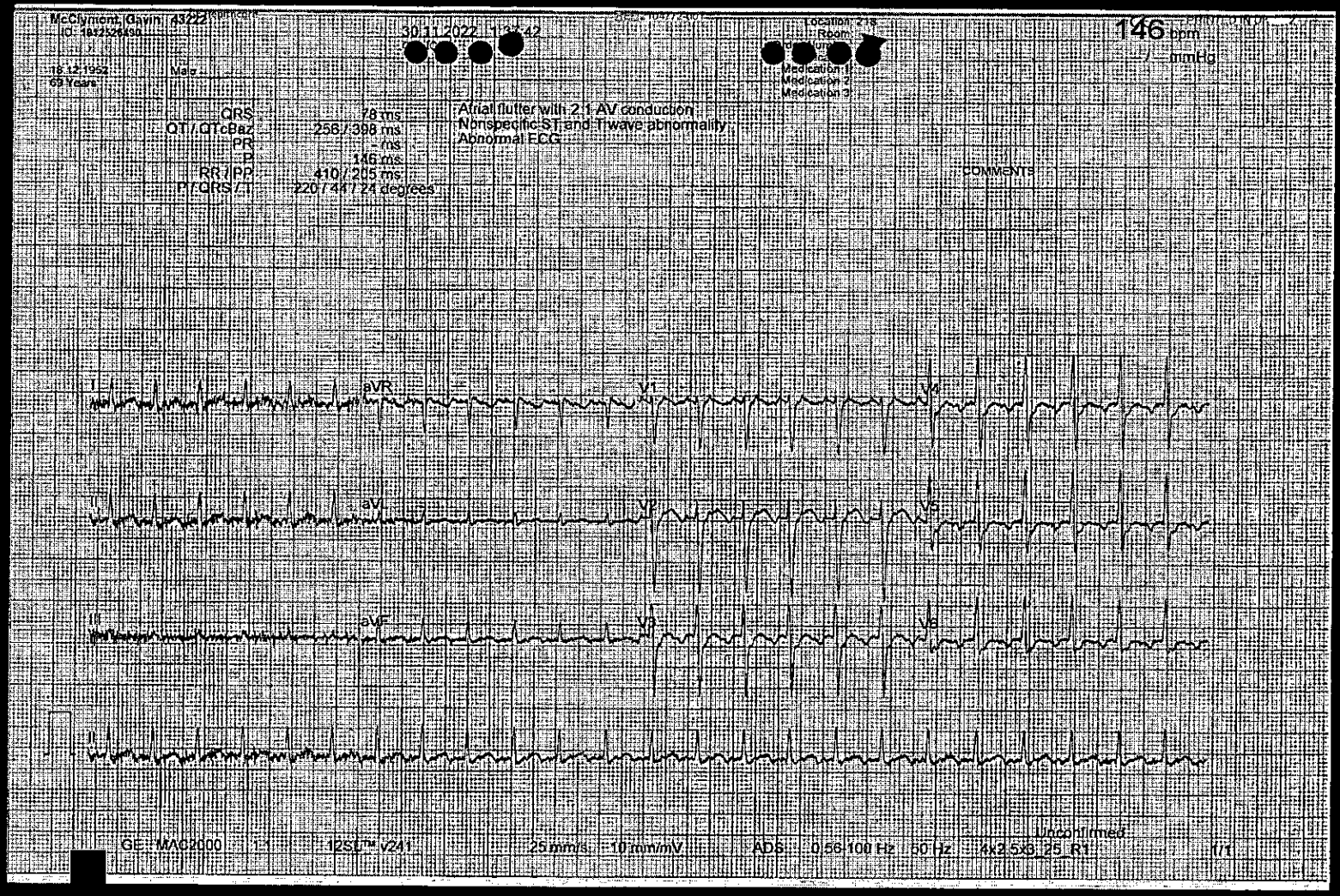

Event Report
Print Time:03-12-2022 13:38:05
Patient Name: ASC MCLYMONT, Gavin
Patient ID:
Patient Category: Adult
Paced: Unspecified
Gender: Unspecified
Bed No: TTX 10
DOB:
Height/Weight: /
V
25 mm/s
Notch
Notch 50 Hz
10 mm/mV
mindray
2/2

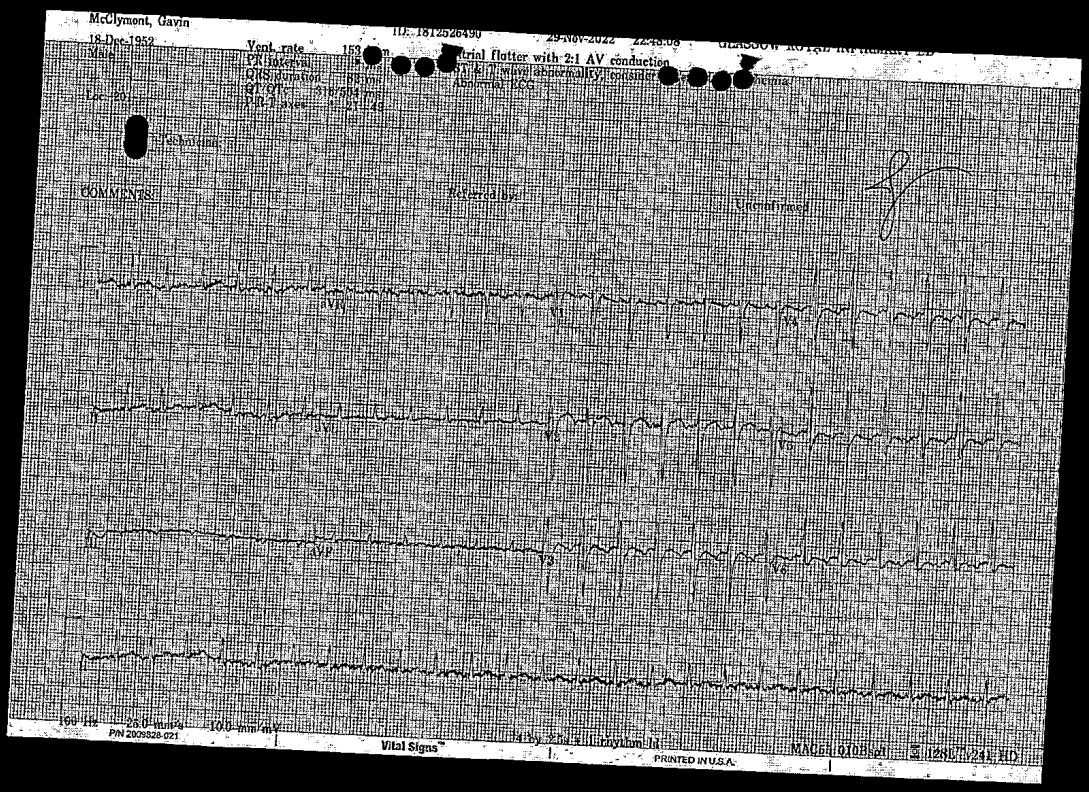

McClymont, Gavin
ID: 18125[redacted]490
2-Dec-2022 8:37:30
GLASGOW ROYAL INFIRMARY CARDIOLOGY
18-Dec-1952
Male
Loc: 209
Technician: 215
Vent. rate 137 bpm
PR interval * ms
QRS duration 88 ms
QT/QTc 264/398 ms
P-R-T axes 245 12 14
[redacted]rial flutter with 2:1 AV conductio
Nonspecific ST and T wave abnormality
Abnormal ECG
COMMENTS
Referred by:
Unconfirmed
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
10 Hz 25.0 mm/s 10.0 mm/mV
4 by 2.5s + 1 rhythm ld
MAC55 010B
12SL™ v241 HD


Birchmount Queen
ID: 19132698
07.12.2022
Ward 4A
Male
65 Years
70 bpm
QRS 90 ms
QT / QTc 342 / 440 ms
PR ms
P ms
RR / PP 856 / 200 ms
P / QRS / T -127 / 34 degrees
Atrial flutter
ST & T wave abnormality, consider inferior ischemia
Abnormal ECG
COMMENTS
aVR
V1
V4
aVL
V2
V5
aVF
V3
V6
II
CE-MAC2000
25 mm/s
10 mm/mV
ADS
0.56-100 Hz
50 Hz
4K/4.5/X/3-2S-R1
Unconfirmed
1/1


McClymont, Gavin 43222
01-12-2022
Male
69 Years
137 bpm
QRS 88 ms
QT/QTcBaz 268/401 ms
PR ms
P 156 ms
RR/PP 438/218 ms
P/QRS/T 166/261/4 degrees
Atrial fibrillation with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG
aVR
V1
V4
aVL
V2
V5
aVF
V3
V6
GE MAC2000
Unconfirmed
25 mm/s
10 mm/mV
0.56-100 Hz
50 Hz
A32.5x3 25 R1
1/1


McClymont, Gavin 43Z22
ID: M1926449
19/12/1952
69 Years
Male
30-11-2022 12:
GE Healthcare
SEE 2104773-001
DASH Room
Medication 1:
Medication 2:
Medication 3:
146 bpm
/ mmHg
QRS 78 ms
QT / QTcBaz 160 / 249 ms
PR ms
P 100 ms
RR / PP 410 / 205 ms
P / QRS / T 236 / 40 / 29 degrees
Atrial flutter with 2:1 AV conduction
Nonspecific ST and T wave abnormality
Abnormal ECG
COMMENTS
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
Unconfirmed
GE MAC2000 1/1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x3.25 Rhythm 1/1


McClymont, Gavin
ID: 18125269...
18.12.1952
69 Years
Male
30.11.2022 11:36:42
Location: 218
Room
Medication 1
Medication 2
Medication 3
146 bpm
mmHg
QRS 78 ms
QT / QTcBaz 256 / 398 ms
PR ms
P 146 ms
RR / PP 410 / 285 ms
P / QRS / T 220 / 44 / 24 degrees
Atrial flutter with 2:1 AV conduction
Nonspecific ST and Twave abnormality
Abnormal ECG
COMMENTS
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
GE MAC2000 1-1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-100 Hz 50 Hz 4x2.5x6.25 R1
Unconfirmed
1/1


McClyment, Gavin
ID: 1812526490
29-NOV-2022 22:48:06
18-Dec-1952
Male
Vent. rate 153 bpm
Atrial flutter with 2:1 AV conduction
PR interval
QRS duration 88 ms
QT/QTc 316/504 ms
P-R-T axes 71 74 -6
Abnormal ECG
COMMENTS
Referred By:
Overread by:
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25.0 mm/s
10.0 mm/mV
Vital Signs™
PRINTED IN U.S.A.
MAC5i Q10S.ecl
128L 24L HD

Glasgow Royal Infirmary
Echocardiogram Report

NHS Greater Glasgow and Clyde

Patient Name **McClymont, Gavin**	Date of Exam **14/12/2022**
Date of Birth **18/12/1952**	Sonographer **Skedd, Denise**
Patient Id **1812526490**	Ref. Doc
Sex **Male**	Ward/Dept. **Prof Eteiba - Ward 43B**
Referred from	**Indication:** Long admission , previously in flutter ? LV

2D		M-Mode		Doppler	
IVSd	0.8 cm	Ao Diam	3.0 cm	LVOT Vmax	1.1 m/s
LVIDd	5.3 cm	LA Diam	4.8 cm	LVOT Vmean	0.6 m/s
LVIDd Index	2.8 cm/m²	AV Cusp	2.1 cm	LVOT maxPG	4 mmHg
EDV(Teich)	137 ml	LA/Ao	1.6	LVOT meanPG	2 mmHg
LVPWd	0.9 cm	Ao/LA	1	LVOT Env.Ti	367.9 ms
LVOT Diam	2.5 cm	IVC	2.05 cm	LVOT VTI	23.1 cm
LA Area	28.6 cm²	TAPSE	2.07 cm	HR	49 BPM
RA Area	24.0 cm²			LVSV Dopp	111 ml
				LVSI Dopp	57.3 ml/m²
				LVCO Dopp	5.4 l/min
				LVCI Dopp	2.8 l/minm²
				AV Vmax	2.3 m/s
				AV Vmean	1.6 m/s
				AV maxPG	22 mmHg
				AV meanPG	11 mmHg
				AV Env.Ti	357.6 ms
				AV VTI	56.7 cm
				HR	49 BPM
				AVA Vmax	2.18 cm²
				AVA (VTI)	1.95 cm²
				AVAI (VTI)	1.011 cm²/m²
				AVAI Vmax	1.131 cm²/m²
				AR Vmax	3.5 m/s
				AR maxPG	50 mmHg
				AR PHT	691 ms
				AR Dec Time	2383 ms
				AR Dec Slope	1.5 m/s²
				MV E Vel	1.2 m/s
				MV DecT	176 ms
				MV Dec Slope	7.0 m/s²
				MV A Vel	0.5 m/s
				MV E/A Ratio	2.7
				MV PHT	51 ms
				MVA By PHT	4.3 cm²
				E' Sept	6.9 cm/s

Print Date: 14/12/2022

E' Lat	9.5 cm/s
E/E' Sept	17.72
E/E' Lat	12.90
E' Avg	8.2 cm/s
E/E' Avg	14.9
PV Vmax	1.0 m/s
PV maxPG	4 mmHg
TR Vmax	2.5 m/s
TR maxPG	25 mmHg
Continuity Ratio	2.46

Echo Summary

Sinus bradycardia 50 bpm

Normal LV cavity size and wall thickness with all regions contracting well
Estimated EF 55-60%
Elevated E/E' suggesting an elevated LV filling pressure (probable Grade 3/4 diastolic dysfunction - E/A2.7, dilated LA and E/E' >13)
Mild bi-atrial dilatation. IAS appears intact
Minor thickening of the mitral valve with reasonable leaflet mobility. Elevated E velocity @ 1.2m/s. Mild-moderate MR at most
Trileaflet aortic valve. All three cusps appear thickened and mildly calcified with mildly reduced cusp separation. Peak gradient 22mmHG (apically), mean gradient 11mmHg, AVA(VTI) 1.95cm2, CR 2.46 - suggestive of mild aortic stenosis with mild AR
Normal pulmonary valve appearance with trace PR
Normal tricuspid valve appearance with mild TR suggesting an indirect PASP @ 25mmHg + RAp
Normal RV dimensions with good systolic contraction
Normal IVC dimensions with normal respiratory variation

Conclusion

Mild mixed aortic valve disease
Mild TR
Mild bi-atrial dilatation
LV & RV contract well
Elevated E/E' suggesting an elevated LV filling pressure (probable Grade 3/4 diastolic dysfunction)

Reported By: D. Skedd

CT Planning endovascular aneurysm repair

Performed	24-Jul-2025 13:05	Received	30-Jul-2025 10:50
Reported	30-Jul-2025 10:48	Order Number	G107H42431567
Status	Final	Source System	MiSys

CT Planning endovascular aneurysm repair Final
Gavin McClymont
Clinical History :

Screened AAA 5.5cm ?suitable for EVAR / open repair. Pacemaker. For AAA work up clinic on 24th July please

CT Planning endovascular aneurysm repair :
Reference made to prior imaging.

Coeliac, SMA and both renal arteries are patent.
Infrarenal aortic aneurysm measuring 58 mm maximum AP diameter.
Patent iliac systems. Patent common femorals.
Proximal landing zone is satisfactory and overall there is no contraindication to EVAR.

Pacemaker in situ.
No size significant mediastinal nodes.
No concerning pulmonary lesion.
No concerning hepatic or renal parenchymal lesion.
Relative atrophy of the left kidney.
Sigmoid diverticular disease. No obstructive colonic lesion.
Gallstones but no biliary tree dilatation.
No bone destructive lesion.

Comment: Suitable for conventional endovascular repair if clinically appropriate.

Reported by: Dr Menelaos Philippou
Verified by: Dr Menelaos Philippou

XR Abdomen

Performed	25-Aug-2023 10:23	Received	04-Sep-2023 11:22
Reported	04-Sep-2023 11:20	Order Number	G107H40019870
Status	Final	Source System	MiSys

XR Abdomen Final
Gavin McClymont
Clinical History :

Pre-stent removal XR ? stone fragments, uro OP

XR Abdomen :
Nonspecific bowel gas pattern. Left-sided ureteric stent in situ with no concerning features. Calcified abdominal aortic aneurysm visualised. Size cannot be assessed.

Reported by: Dr Alexander Nath
Verified by: Dr Alexander Nath

Ureteric stent retrograde Both

Performed	31-Jul-2023 12:56	Received	31-Jul-2023 14:57
Reported	31-Jul-2023 14:55	Order Number	G107H39930025
Status	Final	Source System	MiSys

Ureteric stent retrograde Both Final
Gavin McClymont
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Chest

Performed	26-Dec-2022 09:11	Received	17-Jan-2023 10:50
Reported	17-Jan-2023 10:48	Order Number	G107H39191374
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
Clinical History :
70M generally unwell, borderline temp and SOB. CXR ?consolidation

X-Ray Chest:
The heart and lungs appear normal. Pacemaker in situ with satisfactory position. No evidence of a pneumothorax.

Reporting Consultant: Dr Tony Davies, Consultant Radiologist, GMC: 3278020
If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Dr Anthony Davies
Verified by: Dr Anthony Davies

XR Chest

Performed	21-Dec-2022 10:23	Received	21-Dec-2022 12:57
Reported	21-Dec-2022 12:55	Order Number	G107H39177548
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
Clinical History :

Post PPM today. Need to see CXR before starting BB

XR Chest :
Comparison made with previous chest radiographs, most recent of 10/12/2022 and Cardiac permanent pacemaker insertion study of 20/12/2022.

Satisfactory position of cardiac leads.
Normal cardiomediastinal contours. Small left side pleural effusion. Prominent intrapulmonary vessels, but no alveolar oedema. No pneumothorax. No acute bony abnormality identified.

Reported by: Dr Paulina Kosk (SpR) and Dr Colin Noble
Verified by: Dr Colin Noble

Cardiac permanent pacemaker insertion

Performed	20-Dec-2022 12:02	Received	20-Dec-2022 13:53
Reported	20-Dec-2022 13:51	Order Number	G107H39174948
Status	Final	Source System	MiSys

Cardiac permanent pacemaker insertion Final
Gavin McClymont
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Chest

Performed	10-Dec-2022 08:12	Received	15-Dec-2022 16:24
Reported	15-Dec-2022 16:22	Order Number	G107H39142736
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
Clinical History :

69yr male, sepsis, likely from obstructing renal calculi, left ureteric stent placed 30/11/22, pyrexial again this morning, NEWS 11, new 4l O2 requirement and in fast atrial flutter. For CXR on the ward please ?evidence of consolidation ?fluid overload

XR Chest :
Comparison is made to the previous chest x-ray dated 08/12/2022.

Cardiac size and mediastinal contours cannot be accurately assessed on this underinspired AP projection.
Possible patchy air space opacity in the medial right lower zone could reflect a focus of developing infection. In addition, there is increased density projected through the cardiac silhouette with an indistinct left hemidiaphragm which raises the possibility of left lower lobe consolidation. There is a suspected shallow left basal effusion. Central pulmonary vascular congestion with upper lobe venous diversion but no definite alveolar oedema.

The bony thorax is unremarkable.

Reported by: Dr Lucy Dewar (SpR) and Dr Gemma McGivern
Verified by: Dr Gemma McGivern

XR Abdomen

Performed	09-Dec-2022 19:15	Received	19-Dec-2022 12:13
Reported	19-Dec-2022 12:11	Order Number	G107H39140610
Status	Final	Source System	MiSys

XR Abdomen Final
Gavin McClymont
Clinical History :

69M AW Abdominal pain. L uretic stent inserted 30.11.22. Patient now septic, pyrexial. DW urology for AXR to assess stent and position

XR Abdomen :
Nonspecific bowel gas pattern. No evidence of perforation or obstruction.
Left-sided ureteric stent in situ in an appropriate position.

Reported by: Dr Alexander Nath
Verified by: Dr Alexander Nath

XR Chest

Performed	08-Dec-2022 21:57	Received	23-Dec-2022 19:22
Reported	23-Dec-2022 19:18	Order Number	G107H39138583
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
THIS REPORT WAS COMPLETED AS PART OF THE SCOTTISH NATIONAL REPORTING SERVICE (SNRRS)

Clinical Indications
69yo new atrial flutter + raised crp; crackles both bases; new cough + fever - ?HAP; portable please

(Information via Order Comms)

–

XR Chest

AP portable film. No pulmonary consolidation seen.

–

Reported by
Dr Munir Ahmad
GMC: 6145215
Consultant Radiologist
NHS Lanarkshire
Email: snrrs@gjnh.scot.nhs.uk

Reported by: External Radiologist and External Radiologist
Verified by: External Radiologist

XR Abdomen

Performed	02-Dec-2022 04:33	Received	15-Dec-2022 08:53
Reported	15-Dec-2022 08:51	Order Number	G107H39115019
Status	Final	Source System	MiSys

XR Abdomen Final
Gavin McClymont
Clinical History :

patient with L ureteric stent fitted 30/11/22 complaining of increasing loin to groin to back pain. Haematuria. ?stent shifted as per urology SpR

XR Abdomen :
Left ureteric stent lies in a satisfactory position.

Reported by: Dr Thomas Eriksen (SpR)
Verified by: Dr Thomas Eriksen (SpR)

XR Chest

Performed	30-Nov-2022 11:12	Received	30-Nov-2022 14:10
Reported	30-Nov-2022 14:08	Order Number	G107H39107612
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

Ureteroscopy Left

Performed	30-Nov-2022 10:07	Received	30-Nov-2022 15:27
Reported	30-Nov-2022 15:25	Order Number	G107H39107040
Status	Final	Source System	MiSys

Ureteroscopy Left Final
Gavin McClymont
Auto reported

For autosign off in TrakCare
A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting
Verified by: Auto Reporting

XR Chest

Performed	29-Nov-2022 21:49	Received	04-Dec-2022 08:01
Reported	04-Dec-2022 07:59	Order Number	G107H39105999
Status	Final	Source System	MiSys

XR Chest Final
Gavin McClymont
Clinical History :

Severe abdominal pain radiating into back/chest. Tachy ++ ?consolidation ?perf

XR Chest :
No previous for comparison. AP portable projection. There is a little pulmonary venous congestion but no overt pulmonary oedema. No lobar collapse or consolidation.

Reported by: Dr Ross MacDuff
Verified by: Dr Ross MacDuff

XR Orthopantomogram full

Performed	26-Jan-2011 14:24	Received	03-Feb-2011 09:32
Reported	03-Feb-2011 09:11	Order Number	G107H25581606
Status	Final	Source System	MiSys

XR Orthopantomogram full Final
Gavin McClymont
Clinical History : PT with symptoms, obstructive sialo-adenopathy.

XR Orthopantomogram full :

There is evidence of severe dental decay. Numerous calcifications are projected over the ramus of the left mandible and a few are seen lateral to the ramus of the right mandible. These are presumably within soft tissue but their exact location is not certain.

Reported by: Dr Leighton Walker
Verified by: Dr Leighton Walker