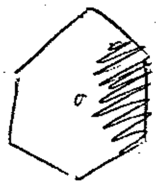
Date	CLINICAL NOTES

o/E. Alert, still slightly intoxicated. GCS 15/15 ~~Obs stable~~.

HS pnc
HR 92bpm reg
CRT <2sec
JVP ⇔

Chest clear
Abdo tender in (L) upper & lower quadrant
Soft. BS (+ve)



CNS grossly intact.

Large (R) periorbital haematoma & (R) sided facial swelling.
2cm horizontal wound on (R) eyelid. Tender to open jaw.

No evidence of injury to cranium otherwise.

~~Able~~ Unable to open (R) eye due to swelling. W/ assistance able to open eye ~0.5cm. Able to read name on ID card, eye movements (N), pupils equal and reactive to light.

8.30
CT head verbal report
No bleed
medial wall (R) orbit
going in to ethmoid sinus
moving of medial rectus

MAX-FAX Dr Marc Ker[illegible]
outpatient oral Maxillo Facial clinic at neurological [illegible] center on 6 Jan 2016 at 15.30.

Imp. soft tissue injuries ± facial # ± subdural

(P) XR Opt, facial views
CT head

Advice: not to blow nose
if any ↑ orbital pain / double vision, ↓ VA to come back
discharge home with advice
[signature] [illegible] 21.12.15

Discharge Codes (Please CIRCLE)
1. Admission (2. Discharge) 3. Refer to GP 4. Transfer to Other (see below)
5. Died 6. Refer to OP Clinic (see below) 7. Irregular Discharge 8. D.O.A.

Discharge date: [illegible] Jan + H/P.
Discharge time: 08.55

Ward number (if admitted):	Transfer to hospital: ~~STH~~	Consultant If admitted):
	Specialty Emergency Doctor	

(Follow up)	(Arranged)	Not arranged	To be arranged

Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify): MAX-FAX

Discharge Prescription Packs

Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Frequency	Signature	Given By

Designed by Medical Illustration Services ref 243836

G15 7NZ

20/12/1974 M

CHI: 2012746039

Western Infirmary left-

Total Att: **6**

12 Mth Att: **2**

Title: **MR**

HUGHES **Scott**

DOB: **20/12/1974** Age: **40y** Sex: **Male**

4 TALLANT TERRACE
FLAT 0/2
Glasgow
Lanarkshire
G15 7NZ
0141 944 3853

Next of kin: **SAME?, MICHELLE**
Relationship: **Partner**
944 2097

GP: **A Martin**
0141 211 6100

Attendance Date: **11/02/2015** Arrival Time: **22:15**

Registration Time: **22:15** Date of Incident: **11/02/2015**

Major Incident Desc:

Reason for Attendance: **assault**

Nursing Assessment

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

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **11/02/2015 22:17** Nurse name: **Nurse Elaine Smyth**

Temp	**35.5**	C
HR	**88**	bpm
BP	**158/98**	mmHg
MAP	**118.00**	mmHg
RR	**18**	bpm
SpO2	**98**	%
Oxygen		%

BM	**4.9**	mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm

Visual Acuity	
Left	
Right	
Corrected?	

GCS	
Eyes	**4**
Motor	**6**
Verbal	**5**
Total	**15**

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

Nursing Notes: **"assaulted tonight, unsure exactly what happened probable loc, wounds to face and head . "**

2012746039 20/12/1974 HUGHES Scott

2012746039 20/12/1974 HUGHES Scott
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2012746039 20/12/1974 HUGHES Scott

E-Pacer PATIENT REPORT

Time	21:59	Date	11/02/2015

PATIENT AND INCIDENT DETAILS

Incident number	CR001918720 001
Name	SCOTT HUGHES
Address	4 TALANT TERRACE,DRUMCHAPEL
Patient postcode	G15 7NZ
Age	40
Date of birth	20/12/1974
Gender	Male
Incident location	BESIDE CLYDEDALE BANK AT CHARRING CROSS SAUCHIEHALL STREET CITY CENTRE GLASGOW
Incident post code	G2 3AD
Incident type	EMG
Call received	11/02/2015, 21:19
Call passed	11/02/2015, 21:19
Crew mobile	11/02/2015, 21:19
Crew at scene	11/02/2015, 21:32
Crew left scene	11/02/2015, 21:58
Receiving hospital and department	[illegible] Western Infirmary Glasgow

PRIMARY SURVEY

RESPONSE

AVPU	Alert

AIRWAY

Airway assessment	Clear

BREATHING

Breathing rate	Normal
Respiratory rate	

CIRCULATION

Pulse rate	Fast
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry
Blood loss	External

HAEMORRHAGE

Estimated total blood loss	<15%

AMPDS

Dispatch code	04B01A	Assault with Possibly Dangerous Area Injuries
Final code	04B01	Assault Possibly dangerous body area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
21:38	97	Reg	16	155 / 92	<2 secs		[illegible].4	0/10	36.2	100	15	1	7.6	-	1
21:48	99	Reg	16	159 / 90	-		-	-	-	99	15	-	7.6	-	1
:	-	-	-	- / -	-		-	-	-	-	-	-	-	-	0

SEPSIS

Sepsis: Pneumonia	
Sepsis: UTI	
Sepsis: Other infection	
Sepsis: Abdo pain	
Sepsis: Diarrhoea	
Sepsis: Abdo distension	
Sepsis: Meningitis	
Sepsis: Cellulitis	
Sepsis: Septic arthritis	
Sepsis: Wound infection	
Sepsis: Infected indwelling device	

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	None
Other allergies	
Medication	RIVATROL,NAPROXEN,
Past history	EPILEPSY
Last eaten	>5 hrs
Events prior	ASSAULTED

DYNAMIC RISK ASSESSMENT

Approach with care	Warning of possible risk
Risk assessment	Low or minimal risk to patient's life
Special hazards	Fighting involved

EMERGENCY SERVICES ON SCENE

Police	

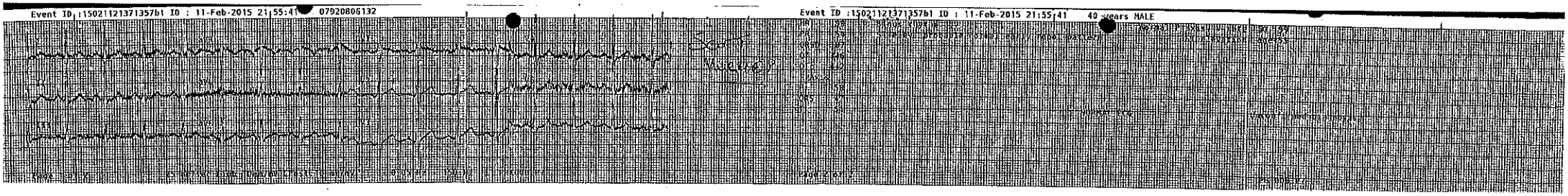
SUBSTANCES AFFECTING CONDITION

Alcohol	

FINAL OBSERVATION AND COMMENTS

999 FOR 40 YOM WHO HAS BEEN ASSAULTED TONIGHT, ? PUNCHED TO FACE SUSTAINING LACERATION AND SWELLING TO NOSE,SWELLING AND ABRASIONS TO FOREHEAD, SWELLING AND ABRASION TO SIDE OF LEFT EYE WAS ABLE TO LEAVE SCENE BUT THEN COLLAPSED ? SEIZURE FURTHER UP THE STREET ? LOC NOSE PREVIOUSLY BROKEN NO CHEST PAIN NOT POST ICTAL WITH CREW BRIGHT AND ALERT 12 LEAD ECG SHOW SINUS TACH

Report ID	9077485-203b-4a60-9e08-3bbf91aab950


Event ID :150211213713576b1 ID : 11-Feb-2015 21:55:41 07920806132
Event ID :150211213713576b1 ID : 11-Feb-2015 21:55:41 40 years MALE

CHI: 2012746039

14

Western Infirmary

Total Att: **4**

12 Mth Att: **0**

Title: **MR**

HUGHES **Scott**

DOB: **20/12/1974** Age: **39y** Sex: **Male**

4 TALLANT TERRACE
FLAT 0/2
Glasgow
Lanarkshire
G15 7NZ
0141 944 3853

Next of kin: **SAME?, MICHELLE**
Relationship: **Partner**
944 2097

GP: **JC Nugent**
0141 211 6100

3
75
70
00
585

Attendance Date: **14/04/2014** Arrival Time: **22:04**

Registration Time: **22:04** Date of Incident: **14/04/2014**

Major Incident Desc:

Reason for Attendance: **accidental overdose of paracetamol**

Nursing Assessment

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

Triage Category: **2** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **14/04/2014 22:57** Nurse name: **Nurse Andrew Wilson**

Temp	**35.9**	C
HR	**80**	bpm
BP	**161/105**	mmHg
MAP	**123.67**	mmHg
RR	**16**	bpm
SpO2	**100**	%
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: **headache behind left eye since yesterday nowthinks may have overdosed on paracetamol**

2012746039 20/12/1974 HUGHES Scott
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2012746039 20/12/1974 HUGHES Scott

Raymond Rueben F42

14/4/14

(39)

PC/ Staggered paracetamol OD

HPC/ Woke up yesterday morning with a headache behind the left eye. This persisted through the day. headache is about 6-7/10. Describes it as a sharp pain. No photophobia; no pain on eye movement. States that when it is quite painful, there is some watering from the eye.

Took paracetamol for the pain. Had taken a total of 10 tablets over a 20hr period. Last dose of paracetamol at 1630.

~~NH~~ / Nil

Drugs / N/KDA

O/E Obs stable / apyrexial

HS: 1+11+0 ~~AA~~ clear.

- PEARL (N) eye movements
(N) visual acuity. (N) colour vision

NAD on funduscopy.

Normal Tone, power, coordination

Plan/ 1) ~~Mor~~ Bloods
2) Reassure re: headache.

- Bloods normal
- Reassured patient about headache. To see GP if ~~co~~ headache continues to persist

NHS 24 FAX REPORT

CHI: 2012746039

NHS 24 ID:	Call ID: 14431349	**Site:**	Cardonald
CHI #:	2012746039	**Caller Name:**	
Surname:	HUGHES	**Date/Time Call Received:**	14/04/2014 21:09
Forename:	SCOTT		
DOB:	20/12/1974	**Date Call Completed:**	
Gender:	Male	**Time Call Completed:**	
Address:	0/2 4 Tallant Terrace DRUMCHAPEL Glasgow G15 7NZ	**Call Priority:**	CS1
		Call Reason:	PAIN BEHIND EYE, 36HRS, SEE A/V
		Current Location:	0/2 4 Tallant Terrace DRUMCHAPEL Glasgow G15 7NZ
PH NO:	01419443853 (Return)	**Special Directions:**	Intercom/Buzzer Entry
		Current PH NO:	01419443853 (Return)
Care Provider:	NUGENT, JOHN	**Care Provider Details:**	DRUMCHAPEL HEALTH CENTRE 80/90 KINFAUNS DR GLASGOW G15 7TS Scotland
Temporary Resident:	No		

Referred To: Glasgow and Clyde Western **Recommended Action:** Pt advised to go to A&E - For Information Only

CLINICAL SUMMARY

OVERDOSE OF PARACETAMOL FOR 24-36HRS AND PT INGESTED 122 MG/KG OF PARACETAMOL FOR PAIN BEHIND EYE. RE TOXBASE PT OVER THE RECOMMENDED DOSE OF 75MG/KG ADVISED ATTEND A/E WESTERN ASAP

PAST MEDICAL HISTORY

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: **Signature:**

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital

CHI: 2012746039

Total Att: 8

12 Mth Att: 0

Title: **MR**

HUGHES **Scott Sean**

DOB: **20/12/1974** Age: **42y** Sex: **Male**

12 Shafton Road

Glasgow
G13 2NE
0141 463 2816

Next of kin: **HUGHES, Kyle**
Relationship: **Son**

GP: **D Taylor**
0141 954 8860

Attendance Date: **23/03/2017** Arrival Time: **18:59**

Registration Time: **18:59** Date of Incident: **23/03/2017**

Major Incident Desc:

Reason for Attendance: **worsening epilepsy worsening jaundice alcohol liver disease own transport**

Nursing Assessment

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

Triage Category: **3** Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: **23/03/2017 19:09** Nurse name: **Nurse Allison Carrick**

Temp	**35.9**	C
HR	**114**	bpm
BP	**119/88**	mmHg
MAP	**98.33**	mmHg
RR	**17**	bpm
SpO2	**97**	%
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: **worsening epilepsy worsening jaundice alcohol liver disease own transport**

Patient ID label

Date	Emergency Department Notes	
	Ambulance Proforma reviewed Yes / No Seen by (Doctor)	Time seen

Patient ID label

Date	Emergency Department Notes	
	Seen by (Doctor)	Time seen

Differential Diagnosis/Problem List

NEWS ☐ 0-7

RED FLAG ☐ (Tick)

SEPSIS ☐

CURB 65 ☐

Done/ completed	Immediate Managment Plan

Signature: Designation: Page No:

PLEASE DO NOT WRITE HERE

In-Patient Admission Notes

2012746039
HUGHES
Scott, S
12 Shafton Road
Glasgow
G13 2NE
M
20/12/1974

Seen By: EMMA LUDON Print: Emma Ludon 24/3/17 Time Seen: 00:30 Pg. No: 16170

PRF Reviewed Yes / No

Presenting Complaint(s)	
Presenting complaint	Jaundice
History of presenting complaint	42 yellow eyes + skin first noticed 2 weeks ago + getting worse. Saw GP 2 days ago + was called to come in after blood tests showed deranged LFTs. Also treated for a chest infection with oral amoxicillin + clarithromycin. Patient has history of alcohol excess drinking ~0.5L of vodka per day (← shakes when not had). He has not travelled recently, has had the same sexual partner for ~14 year + no history of hepatitis. Cough present for 6 weeks. Non-productive. No haemoptysis. No ↑ Shortness of breath. No fever. Has been vomiting daily for ~1 month. Tested positive for H. pylori. A couple of times has vomited small amounts of blood when vomiting repeatedly. Has lost ~1 stone in weight over same time. Urine a dark orange colour. Stool not pale.

Past Medical History / Review of portal	
Epilepsy 2016	Accidental paracetamol overdose 2014 (10 tabs over 20 hours)
Sciatica 2016	
Acute pancreatitis 1996	
Positive H. pylori serology 2017	
Alcohol excess	

Systemic Enquiry

2012746039
HUGHES
Scott, S
M
20/12/1974

MEDICINES RECONCILIATION – Acceptable to staple fully completed Emed Rec

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

Other (please specify)

Admission Medicines			Plan for Medicines (Dr complete)				Comments Reason for alteration
Name	Dose	Freq	Continue	Amend	Withhold	Stop	
KETOCONAZOLE 2% SHAMPOO	1APD	twice weekly				✓	Uses in summer.
LEVETIRACETAM	500mg	BD				✓	Not taking = not working
OMEPRAZOLE	40mg	OD	✓				
AMOXICILLIN	1gram	BD				✓	Started 21/3/17 7 day course
CLARITHROMYCIN	500mg	BD				✓	Started 21/3/17 7 day course

Allergies

No known drug allergies

List any over-the-counter or alternative medicines

Do medicines need further clarification ? ☐ Yes ☐ No

List collected by : EMMA LEIDON

Designation : PCU Date : 21/3/17

Plan approved by :

Designation : Date :

Pharmacy review	Comments

Compliance aid : ☐ Yes ☐ No

Community pharmacist Phone

Reviewed by : Designation : Date :

Social History \ Family History

Smoking History

Ex-smoker/Smoker 15 cpd 18 yrs ☐ Never smoked

Alcohol History

_____ Units/week FAST score if excess _____

0.5L vodka/ day Last drink 7hours ago.

Recreational Drugs **Driving Status** Not driving.

occasional cannabis - self medicating
previous cocaine

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

lives with partner + 9 year old partners son. Used to work for BT doing sales.
No recent travel abroad.

General Examination

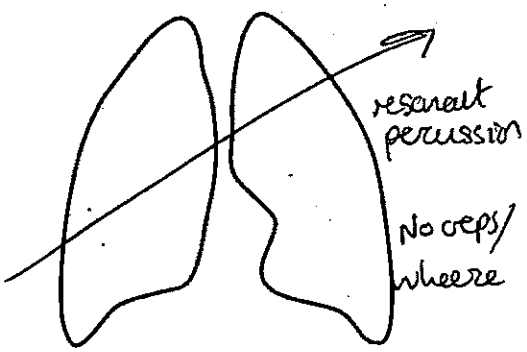
Temp: 35.9°C	RR: 17
Pulse: 114	CBG:
SpO_2: 97% on air	Weight:
BP: 119/68	Urinalysis:

NEWS = 3

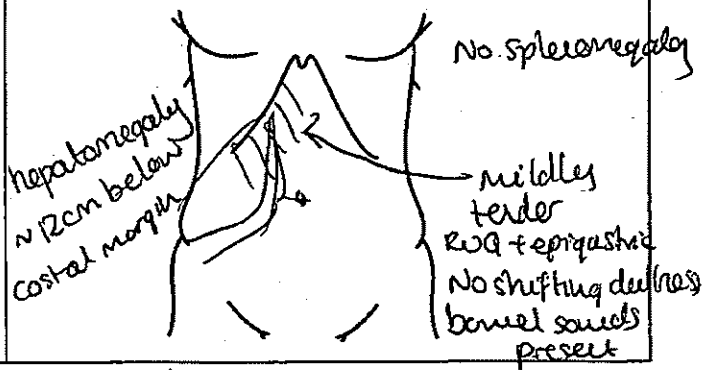
General Appearance:

Appears comfortable.
Jaundiced.

Respiratory



Gastrointestinal System



Cardiovascular

HS1+HS2+0
pulse regular
Calves soft non-tender
No oedema.

Locomotor

2012746039
HUGHES
Scott, S
M
20/12/1974

Neurological system

GCS: 13/15 E: 4/4 M: 6/6 V: 5/5

AMT 4 = age, DOB, place, year

AMT score 4 /4

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

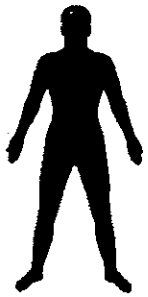
Pupils/fundoscopy:

Cerebellar and extrapyramidal: Grossly intact.

Cranial Nerves:

Neck:

Reflexes:



	RUL	LUL	RLL	LLL
Tone				
Power				
Co-ordination				
Sensation				

Plantars: R L

Skin/Other

2012746039
HUGHES
Scott, S
M
20/12/1974

Key Results

CXR Awaited.
Clear

ECG Sinus tachycardia 114bpm.
No ischaemic changes.

MRI brain 15/3/17 - no structural causes for focal epilepsy.

(Differential) diagnosis

Jaundice - Alcoholic hepatitis
- Malignancy. (weight loss)
abdo tenderness - ?pancreatitis
Tachycardia - biliary tree infection? → not likely, no fever or overt abdo pain
chest? → x ray clear.

NEWS ☐
Red Flag ☐
Sepsis ☐
CURB 65 ☐

Management Plan - discussed with FY2 Ralston.

chest x ray → clear
liver ultrasound
liver screen bloods
acid or amylase → normal
~~FAST~~ +GMAWS
hold off antibiotics until CXR.
discuss with neurology about antiepileptics in day.

☑ Thromboprophylaxis assessed
☐ Antimicrobial
☑ Medicine Reconciliation
☐ 4AT/TIME

Signature: Emmalyden
PRINT NAME Emma Lydon
PRINT GRADE FY1
Page: 16/76

2012746039
HUGHES M
Scott, S 20/12/1974
12 Shafton Road
Glasgow
G13 2NE

Resuscitation Decision

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

If DNA CPR → Complete appropriate form

Senior Medical review

RALSTON (FY2 - HAN ONE)

Thanks Emma - cover D/W me throughout.

On R/V of bloods from GP on Patrol from 21/3/17, actually a sig. improvement today:

	~~7/3~~	21/3	23/3
B:l:	71	160	72
AST	NA	302	153
ALT	187	132	101
ALP	367	735	590

CGT 3581 - corroborates alcohol ~~xs~~ Hx, but adds little else

↑transaminase pattern fits alcohol excess, especially prior to today. Lack of fever / RUQ pain in Hx suggests alcoholic hepatitis maybe less likely, and ALP also quite high for that?

↑↑ bili. + ALP more suggestive of obstruction. Again lack of fevers/ acute illness of any kind seems to make Cholangitis less likely.

Amylase (N)

Agree Hx + exam findings concerning for malignancy; though LFTs have been v. fluctuant over the past month

Agree ± Dr Lydon's plan above, nil else to add at present.

88630

☐ Thromboprophylaxis assessed ☐ Medicine Reconciliation ☐ 4AT/TIME
☐ Antimicrobial ☐ DNACPR ☐ AWI if appropriate

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

Patient ID label

Medical patient thromboprophylaxis decision aid – ENSURE BLACK BOX COMPLETED

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

☐ Yes

☑ No

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

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

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

☐ Yes

☐ No

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

Active bleeding		Untreated inherited bleeding disorder	
Acquired bleeding disorder		Thrombocytopaenia <75 x109/l	
Thyroid, spinal, posterior eye or neurosurgery		Other procedure with high bleeding risk (discuss with senior)	
Concurrent use of anticoagulants e.g. warfarin with INR>2		Uncontrolled hypertension (>230/120)	
Acute stroke		Varicose veins	
Recent (<4 hours) or expected (within 12 hours) lumbar puncture, epidural or spinal anaesthetic			
Other - Document			

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

☐ No

☐ Yes

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

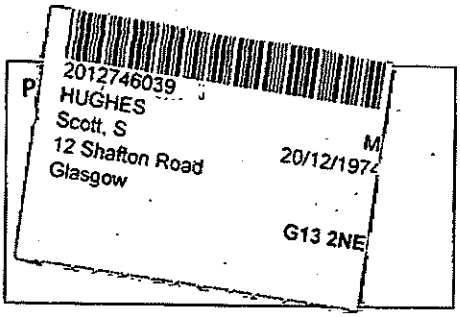
- Reassess every 72 hours minimum
- Ensure patient informed (see information leaflet)

Patient informed ☐ Yes ☐ N/A
(only n/a if due to cognitive impairment or similar)
If N/A why? _____
Assessed by _____
Date _____

Patient

Results

Date / Time		23/3/17 21.30
Parameter	Ref Range	
Hb	Male: 130-180 Female: 110-165	123
WCC	4.0 - 11.0	11.4
Plts	150 - 450	218
MCV	80 - 100	103.7
Neut	2.0 - 7.5	7.5
PT	9.0 - 13.0	12
APTT	27.0 - 38.0	29
Fibrinogen	1.7 - 4.0	
INR	( )	
Thromb T	11-15 secs	
D-Dimer	0 - 250	
Na+	133 - 146	134
K+	3.5 - 5.3	3.7
Cl-	95 - 108	100
HCO3-	22 - 29	
Urea	2.5 - 7.8	3.6
Creat	40 - 130	77
eGFR		>60
Glucose	3.5 - 6.0	6.6
Protein	60 - 80	
Albumin	35 - 50	26
AlkP	30 - 130	590
Bil	<20	72
ALT	<50	101
AST	<40	153
GGT	Male: <70 Female: <40	
ESR	Male: 1 -10 Female: 1 - 12	
CRP	<10	28
Troponin hs I	Male: 0 - 34 Female 0 - 16	
CK	Male: 40 - 230 Female: 25 - 200	
Corr Ca++	2.20 - 2.60	2.34
PO4-	0.8 - 1.5	0.8
Mg++	0.70 - 1.00	
Alcohol		
Paracetamol	<100 @4 hr	
Salicylate		
AST	<40	
Amylase	<100	
LDH	170 - 380	
Folate		
B12	200 - 900	
Ferritin	Male: 20 - 300 Female: 15 - 200	
TSH	0.35 - 5.00	
Free T4	9.0 - 21.0	
Digoxin	0.5 – 2.0	



Post Take Ward Round IAU/ARU

Consultant: MACLeod -- IAU Date: 24/3/17 Time: 1115

Summary

(42)

- Alcohol excess.
- Epilepsy.
- Jaundice
- ↑↑ CFTs. pruritic rash

- Pt admits drinks on daily basis but wants to stop.

Temp:
Pulse:
BP:
SpO_2:
FiO2:
RR:

Diagnosis:

- ACD

Plan:

- GAMAWS + Pabrinex
- U&Es Liver.

Gastro - Bed

Recommended Destination: _____
Suitable to board if required ☐ Yes ☐ No
Expected Date of Discharge: _____

Signature: _____
Designation: _____
Bleep Number: _____

Patient ID label

Continuation Sheet

Date: Time	
ARU3 1620	H. [illegible] OT7 42 year old ♂
	In ARU3 Background Epilepsy
	- Alcohol XS for 6 months since stopped working due to seizure frequency
	- ½ bottle vodka most days. Morning drinking and withdrawal symptoms
	- Noticed jaundice 2 weeks ago
	LFTs in keeping with mild alc. hep but improving.
	Alb / PT / Plt all (N).
	USS → fatty liver Not cirrhotic.
	- not currently showing signs of AWS - mildly anxious but nil else
	- however still only ~24h since last drink
	→ keep for ½ AWS - symptom triggered [illegible]
	Aim home Sunday / Monday
	Needs ACN review
	Rpt LFTs tomorrow
	~~[illegible]~~
	Copy IDL to Prof Brodie team re his epilepsy.
	NB I have advised complete abstinence from alcohol.

Patient ID label

Continuation Sheet

Date: Time	
27/3/17 0945	WR 110 Cons
	Δ - mild alcoholic hepatitis
	- (N) Coag
	- US - fatty liver no cirrhosis
	↳ suggest of ? bilateral staghorn calculus
	or nephrocalcinosis
	eGFR > 60
	Agitated this AM scoring on CIWA's 1 - for agitation but settled now edu today
	LFT 25/3 - Bili 54 ALT 75 AST 121 ALP 449 - alb 23
	- no seizures or ward - not taking lorazepam → to start
	settled now → not scoring
	- for (H) today
	let GP know of US finding re kidney in case any future clinical issue
	- add on γGT to last LFT
	- or IOL → ref Brodie for gastro plan
	[illegible] Cons

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Continuation Sheet

Date: Time	

Patient ID label

Nursing Documentation

Done/ Time	

Once only prescriptions (inlcuding tetanus prophylaxis)

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

Discharge prescription packs

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

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

NHS GREATER GLASGOW & CLYDE

CLINICAL NOTES - MEDICAL

2012746039
HUGHES M
Scott 20/12/1974
4 TALLANT TERRACE
FLAT 0/2
Glasgow, Lanarkshire
G15 7NZ

Date & Time		Signature, Print Name & Designation
6/1/16	Ref by A&E	
	h/o alleged assault	
	3/4 men attacked pt. in his home	
	MH - epilepsy (2° to boxing) (last seizure early Dec) DHx - 0	
	allergies - NKDA	
	SH - smoker / alcohol - 7 pints / day	
	O/E resolving bruising (R) eye - tiny area of subconjunctival haemorrhage (R) sclera	steri-strip (R) upper lid - healing lac
	° deformity ZMC	
	occlusion (N)	
	no numbness	
	eyes - (N) movement ✓ ° diplopia V/A (N)	
	min. displaced # (R) IOL + small (R) medial orbital wall #	
	(D) ... (?D)	
	no Rx reqd (BOI?) cons	
	— conservative —	

83949

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel: 0141 452 2338 (82338)
Fax: Patient Attended
Email: QEUH Assessment Unit

Date Completed: 12/05/2026

Consultant: Dr Aamna Dar

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
FLAT 7-6
Glasgow G15 7EP

Attended on: **11/05/2026 at 17:14 hrs.** Departed on: **11/05/2026 at 22:54 hrs.**
Discharge Type: **01ap - Discharge with patient to action** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
IAU - OWN TRANSPORT.CHRONIC CHEST PAIN WORSENING, EPISODES AT REST HX EPILPESY PT REPORTS INCREASE IN SEIZURES + HEADACHES THIS WEEK. ALCOHOL DEPENDENCE LAST DRINK 2PM. OBS STABLE

Nursing Assessment:
WORSENING CHEST PAIN. REPORTS PAIN AT REST. STATES 6/10 AT PRESENT. KNOWN ALC XS. DRINKING TODAY. LAST DRINK APPROX 2PM.

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. XR Chest**
10. CT Head	**11. Bone Profile**	**12. Magnesium**

Diagnosis:

Diagnosis	Side	Site
Mental and Behavioural Disorders due to Alcohol Dependence Syndrome		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Scott Hughes is a 51 year old man who attended IAU on 11/05/26 due to cough, chest pain, and increased seizure frequency. BG: mild/mod coronary artery calcification, mod emphysema, epilepsy (missing doses of AED) ECG: normal sinus rhythm, no ischaemic changes CT head: nil acute CXR: nil acute Bloods: acceptable Scott was not keen for hospital admission. Smoking cessation advice was given. This was discussed with neurology - they agreed increased seizure frequency was likely due to poor compliance with AED and alcohol excess, so these reversible factors should be addressed rather than changing medication. Scot will be seen at the neurology clinic on 02/06/26. Many thanks, IAU

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Saman Durrani
Doctor

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/03/2025

Consultant: Dr John McFeely

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
FLAT 7-6
Glasgow G15 7EP

Attended on: **07/03/2025 at 09:56 hrs.** Departed on: **07/03/2025 at 17:59 hrs.**
Discharge Type: **01ap - Discharge with patient to action** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
Hot Clinic - for LFTS

Nursing Assessment:

Investigations in ED:
1. Full Blood Count
2. Coagulation screen
3. Urea and Electrolytes
4. Glucose
5. LFT
6. Bone Profile
7. CRP

Diagnosis:

Diagnosis	Side	Site
Abnormal Results of Liver Function Studies		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

HOT clinic 50 y.o. was recently referred to SDUCC with chest pain , TnI <4, CXR - nil acute. Was found to have deranged LFTs - BG of alcohol XS. LFTs repeated today and have improved significantly AST 44 0 does from 150), ALT 51 (down from 134), Alc Phosph 123 (down form 139). Mr Hughes is gradually reducing his alcohol intake. Advised to RPT LFTS in about 8-10 weeks and continue with life style changes.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Veronica McDougall
Doctor

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 28/02/2025

Consultant: Dr Christopher Brown

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
FLAT 7-6
Glasgow G15 7EP

Attended on: **28/02/2025 at 13:15 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
SDUCC OWN - R/O ACS/PE. 4/7 SHARP LEFT SIDED CP WORSE ON INSPIRATION.

Nursing Assessment:
pleuritic chest pain worse on inspiration

Investigations in ED:

1. Coagulation screen	**2. Urea and Electrolytes**	**3. Glucose**
4. LFT	**5. CRP**	**6. Full Blood Count**
7. Troponin I hs	**8. Chol / Triglyceride**	**9. D - Dimer**
10. XR Chest	**11. Full Blood Count**	**12. Ferritin**
13. Coagulation screen	**14. Urea and Electrolytes**	**15. LFT**
16. Iron / Transferrin	**17. Immunoglobulins (without electrophoresis)**	**18. Alpha - 1 - Antitrypsin**
19. AFP	**20. Glucose**	**21. Thyroid function tests**

22. ANA (anti - nuclear and centromere abs)

23. Liver abs (mitochondrial

24. Hep B screen - HBsAg - current infection

25. Hep C antibody screen

26. TTG (IgA) - Diagnosis of coeliac disease

Diagnosis:

Diagnosis	Side	Site
Other Chest Pain		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Mr Hughes was referred to the on call medical team today with concerns of left sided pleuritic chest pain and ? PTE. No PMH of VTE no recent periods of immobility. Smokes 10-15 a day. known COPD and alcohol excess. The pain started on Tuesday whilst walking to football initially central but now located left breast area. pain been present since but only on dep inspiration coughing, sneezing and certain movements. denies any increase in baseline exertional shortness of breath and no added cough. denies any injury. On examination H/S 1+11+0, Chest clear, nil change on chest x ray. ecg NSR. his abdo was soft and non tender. he had a negative troponin and D- dimer ACS and PTE unlikely impression was of MSK pain and given reasurance. Please note on routine bloods ALT 142, AST 178 and ALP 143 which is an increase from bloods taken last week denies any increase in his normal baseline of Alcohol consumption. Plan we have done a full liver screen prior to discharge today and he will return to SDUCC in 1 week for rpt LFT and HOT clinic review. Mr Hughes fully aware of the plan. Yours Sincerely Cheryl Hamilton ANP

Followup : **RPT LFT 07/03/25 via SDUCC**

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Cheryl Hamilton
Nurse

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/08/2022

Consultant: Dr Katy McCarthy

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
FLAT 7-6
Glasgow G15 7EP

Attended on: **06/08/2022 at 17:16 hrs.** Departed on: **at hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
MIU virtual cons. R shoulder injury. Attend 17.30

Nursing Assessment:

Investigations in ED:
1. XR Shoulder Rt
2. XR Acromioclavicular joint Rt

Diagnosis:

Diagnosis	Side	Site
Sprain and Strain of Acromioclavicular Joint		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Fall while intoxicated last night from standing. Remembers events, impact (R) shoulder. Swollen and tender +++ ACJ. X-RAY shoulder and ACJ views. IMP: grade 2 AC disruption. Polysling applied and will be followed up by VFC. D/C with advice.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Cara Loomes
Charge Nurse

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

Emergency Department
New Victoria Hospital
Grange Road
Glasgow
Lanarkshire
G42 9LF

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 06/08/2022

Consultant: South MIU Virtual Consultant

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
FLAT 7-6
Glasgow G15 7EP

Attended on: **06/08/2022 at 16:39 hrs.** Departed on: **06/08/2022 at 16:39 hrs.**
Discharge Type: **01c - Discharge with referral** Destination: **Admission to ED/MIU following a Virtual Consultation**

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

Presenting complaint
Virtual MIU from NHS 24 COLLAR BONE/SHOULDER INJURY - 1 DAY

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

Patient presented for virtual consultation. .Presenting complaint: Fall onto shoulder. MIU from review. .History Presenting Complaint: .Past Medical History: .Drug History: .Allergies: .Social History: .Other Relevant Information: .Plan:

Followup :

Highly sensitive: N Consent for sharing withheld: N

Yours sincerely,
Kirsty Allan
Nurse

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

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

Date Completed: 28/03/2018

Consultant: Dr Katy McCarthy

D Taylor
Anniesland Medical Practice
46 Munro Place
Glasgow
Glasgow
G13 2UP

Dear D Taylor

Re: **Hughes Scott Sean** DOB: **20/12/1974** CHI: **2012746039**
12 Shafton Road
Glasgow G13 2NE

Attended on: **27/03/2018 at 23:08 hrs.** Departed on: **28/03/2018 at 03:07 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
fall down stairs - multiple injuries

Nursing Assessment:
multiple injuries. fallen down 13 stairs lastnight- unable to recall events ? ETOH at time. insure if LOC. bump to head. lac to bridge of nose. c/o back pain, neck pain. swelling to left ankle. no c-spine tenderness.

Investigations in ED:
1. XR Foot Lt
2. XR Ankle Lt
3. CT Head
4. CT Spine cervical
5. XR Knee Lt

Diagnosis:

Diagnosis	Side	Site
Fracture of foot - metatarsal bone, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Fall down 15 stairs. Presented with ongoing headache and pain left foot ++. CT head and neck NAD. # of 3rd metatarsal. Discharged with supply of co-codamol 30/500 for pain and mobilising in walking boot.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Katherine Fair
Doctor

Copies to:

1. D Taylor (GP)

School Address:

Emergency Attendance Letter

NHS
Greater Glasgow and Clyde

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

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

Date Completed: 13/01/2016

Consultant: Dr Scott Hepburn

A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear A Martin

Re: **Hughes Scott** DOB: **20/12/1974** CHI: **2012746039**
4 TALLANT TERRACE
Glasgow G15 7NZ

Attended on: **31/12/2015 at 06:35 hrs.** Departed on: **31/12/2015 at 09:33 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **1**

Presenting complaint
assault

Nursing Assessment:
999, alleged assault, HI, punched and kicked about the head, ?assault happened 2-3hrs prior to ambulance being called. hx epilepsy.

Investigations in ED:
1. XR Facial bones **2. XR Orthopantomogram Rt** **3. CT Head**

Diagnosis:

Diagnosis	Side	Site
Unknown and unspecified causes of morbidity		
Fracture of orbital floor, closed		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

Assaulted, gross right sided facial swelling. CT head demonstrated right medial orbital wall #. Maxfax OP f/u arranged.

Followup : **Maxfax OPA**

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Peter Shepherd
Doctor

Copies to:

1. A Martin (GP)

School Address:

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

Emergency Department
Western Infirmary
Dumbarton Road
Glasgow
Lanarkshire
G11 6NT

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 15/04/2014

Consultant: Dr Sile MacGlone

JC Nugent
Dr Nugent & Partners
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
Glasgow
G15 7TS

Dear JC Nugent

Re: **Hughes Scott** DOB: **20/12/1974** CHI: **2012746039**
4 TALLANT TERRACE
Glasgow G15 7NZ

Attended on: **14/04/2014 at 22:04 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
accidental overdose of paracetamol

Nursing Assessment:
headache behind left eye since yesterday nowthinks may have overdosed on paracetamol

Investigations in ED:

1. Bone Profile	**2. Coagulation screen**	**3. CRP**
4. Full Blood Count	**5. Gamma GT**	**6. Glucose**
7. Urea and Electrolytes	**8. Paracetamol**	**9. LFT**

Diagnosis:

Diagnosis	Side	Site
Accidental poisoning by nonopioid analgesics, antipyretics and antirheumatics		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **None**

Clinician Notes:

This gentleman presented to the ED following accidental over consumption of paracetamol. He had been troubled with a headache and had taken about 10 paracetamol tablets in a 20 hour period. His paracetamol levels were normal. The rest of his bloods were unremarkable. He describes his headache as a sharp pain behind the left eye. No focal neurology was found on examination. Visual acuity, colour vision, eye movements and pupillary reflexes were all normal. Examination of his fundus revealed no abnormalities. I have advised him to consult with yourself if his headache continues to persist.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Raymond Reuben
Doctor

Copies to:

1. JC Nugent (GP)

School Address:

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Respiratory
0141 451-6161
Miranda Connor

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 26/08/2024
Reference: MT/MC
Dictated Date: 19/08/2024
Transcribed Date: 23/08/2024

Dear Dr Martin ,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Diagnosis
1. Apical emphysema on CT
2. Epilepsy
3. Previous pancreatitis
4. Previous alcohol excess
5. Current smoker

I spoke to Scott over the phone today in chest clinic. He has been doing fairly well since we last spoke to him at the end of last year and he has not noticed any particular change in his symptoms. He is limited by breathlessness but he is out and about on a regular basis. He has no specific changes in weight. He does still cough but his secretions are not generally purulent. He has not required any antibiotics or steroids for his chest in the last 6 months. He is established on Trelegy and finds this helpful although he feels it could be stronger. I explained that he is unlikely to get dramatic symptomatic benefit immediately after using his Trelegy but I would encourage him to continue with this as it will limit his exacerbation frequency and improve his symptoms on the longer term.

Scott is still smoking and we discussed smoking cessation with him today. In particular I have reiterated that his lung function will deteriorate with the continue of tobacco use and that if more advanced interventions for his emphysema were indicated in future (ie lung volume reduction) then these would not be possible if he was a current smoker. I will leave this with him. If he did stop smoking it would be useful to repeat his lung function with static lung volumes to look at the degree of hyper expansion although his chest X ray did not suggest this. I will touch base with him in a year to see how he is doing.

Yours Sincerely

Dr Matthew Tate

Locum Consultant Respiratory Physician

Queen Elizabeth University Hospital

Electronically Signed: Dr Matthew Tate, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Respiratory
0141 451-6161
Miranda Connor

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 10/05/2023
Reference: ER/MC
Dictated Date: 04/05/2023
Transcribed Date: 10/05/2023

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

This young man had COPD but with normal spirometry. He has terrible emphysema on a CT scan and I have tried to encourage him to cut out cigarettes completely.

It is possible there wont be a response but I wonder if you would consider trying him on a LABA/ LAMA/ICS.

I said I would keep in touch for the time being and I have arranged a 6 month follow up appointment.

Yours Sincerely

Dr Ewen Ross

Consultant Physician

Electronically Signed: Dr Ewen Ross, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100
Respiratory
0141 451 6099
Dr Stephen Thomson Secretary

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 07/02/2023
Reference: ST/SS
Dictated Date: 01/02/2023
Transcribed Date: 02/02/2023

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

As per the enclosed letter to Mr Hughes, a CT scan was carried out for further investigation of his symptoms. It has shown coronary artery calcification. Our recommendation would be that he be started on Atorvastatin 80mg Nocte if not otherwise contraindicated and managed in line with GGC secondary prevention guidelines. Thank you for your assistance with this.

I will refer him to the renal physicians regarding the incidental finding of nephrocalcinosis and will also arrange a respiratory clinic appointment with him following his lung function tests.

Yours sincerely,

Stephen Thomson

Consultant Physician .

Electronically Signed: Dr Stephen Thomson, Consultant

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

West Glasgow ACH - Yorkhill
Dalnair Street
Glasgow
G3 8SJ
0141 211 2000
Neurology
0141-201-0511
Deirdre Nolan

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date: 09/12/2022
Reference: LS/DN
Dictated Date: 07/12/2022
Transcribed Date: 08/12/2022

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Many thanks for re-referring Scott to the Epilepsy Clinic. I spoke with him on the telephone today.

I am sorry to hear he continues to have more seizures. He tried to increase his Topiramate dose but became very nauseated so discontinued the medication several months ago.

Scott is willing to try a new antiseizure medication and I would be grateful if you could prescribe Brivaracetam for him. **I have asked him to start with a dose of 25 mg at night for 4 weeks, increasing to 50 mg at night thereafter.**

He is also prescribed thiamine, Naproxen, Di-hydrocodeine and paracetamol.

I will arrange for Scott to be sent an appointment for the epilepsy specialist nurse clinic.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
0141 211 3000
Drumchapel Physio Dept
0141 211 6147
Jack Gillman
16/11/2021

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date: 16/11/2021
Transcribed Date: 16/11/2021

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

GP Action Required: Nil

Presenting Condition: Neck and left arm pain

Physiotherapy Comments:

Onset of symptoms - March 2021

Mechanism of onset - ? related to sustained sitting positions

Diagnosis - Mechanical neck pain

Treatment - Home exercise programme

Further Info - There were no red flags. Unfortunately Scott failed to attend his most recent appointment and did not rebook. He has therefore been discharged

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Improved.

The patient has an exercise programme to continue with self management.

The patient failed to attend or cancelled review appointment(s) with no further contact.

This patient has now been discharged from our care.

Yours sincerely

Jack Gillman

Band 5 Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP: Discharge Letter

NHS
Greater Glasgow and Clyde

Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN
Main Switchboard: 0141 211 3000
Department: Drumchapel Physio Dept
Contact Tel: 0141 211 6147
Enquiries to: Jack Gillman

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Letter Date: 19/08/2021
Reference:
Dictated Date: 19/08/2021
Transcribed Date: 19/08/2021

Dear Dr Martin ,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

GP Action Required: Nil

Presenting Condition: Neck and left shoulder pain

Physiotherapy Comments:

Onset of symptoms - March 2021

Mechanism of onset - Unknown

Diagnosis - Mechanical neck and shoulder pain

Treatment - Home exercise programme and pain management advice

Further Info - Scott presented with left sided neck pain and over his left scapula with some pain down into his left forearm. ? if this began around the time he entered Rehabilitation for Alcohol excess. He states he spends long periods in the same position watching television.

On assessment, Scott was restricted in his neck and upper back movements, dermatones, myotomes and reflexes were all normal. Despite a period of exercise, Scott feels this is not improving and today we felt it was the wrong time for Physio input. Scott does not see the link between his inactivity and mental health to his symptoms

Discharge Outcome:

The patient completed a course of treatment and symptoms are now:

- Unchanged.

The patient has an exercise programme to continue with self management.

This patient has now been discharged from our care.

Yours sincerely

Jack Gillman

Band 5 Physiotherapist

Electronically Signed: ,

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141-201-0511
Enquiries to: Deirdre Nolan
Letter Date: 03/03/2021
Reference: LS/DN
Dictated Date: 02/03/2021
Transcribed Date: 02/03/2021

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

I was contacted by one of the medical staff at Stobhill Hospital about Scott. He is an in-patient there just now, and has been admitted electively for alcohol detoxification. He told the staff that he stopped Brivaracetam as he was unable to tolerate this. He said it made him "feel horrible".

I have asked for him to be started on Topiramate. He will take a dose of 25 mg at night for 2 weeks and increase to 25 mg morning and night thereafter.

He has an appointment at my Epilepsy Clinic on 23 March and if tolerates Topiramate I may increase his dose further at that time.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141-201-0511
Enquiries to: Deirdre Nolan
Letter Date: 12/01/2021
Reference: LS/DN
Dictated Date: 05/01/2021
Transcribed Date: 11/01/2021

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Dear Dr Martin,

Scott Sean Hughes; D.O.B: 20/12/1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

I am writing to let you know this man's MRI of brain is normal. There was a mucosal sinus cyst within the left maxillary sinus as well as mucosal thickening within the paranasal air sinuses.

I will review him as arranged at the clinic in March.

Yours sincerely

Dr Linda Stephen

Associate Specialist

Honorary Clinical Senior Lecturer

Electronically Signed: Dr Linda Stephen, Associate Specialist

cc.

Clinic Letter

NHS Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
0141 201 1100

Dr. A Martin
Garscadden Burn Medical Practice
Drumchapel Health Centre
80/90 Kinfauns Drive
Glasgow
G15 7TS

Main Switchboard:	
Department:	Neurology
Contact Tel:	
Enquiries to:	
Letter Date:	21/03/2024
Reference:	EA/KF
Dictated Date:	21/03/2024
Transcribed Date:	28/03/2024

Dear Dr. A Martin,

Scott Sean Hughes; D.O.B: 20 Dec 1974; CHI: 2012746039
FLAT 7-6, 39 LINKWOOD CRES, Glasgow, Lanarkshire, G15 7EP

Attendance: Specialty - Neurology; Clinic - SUEANE8-NURSE E ARTHUR EPILEPSY THURSDAY PM
Date and Time of Appointment - 21/03/2024 14:30

Clinical Comments:
Diagnosis:

Epilepsy ?aetiology.

Alcohol dependence.

MRI Head, 2020 – no acute findings.

Current Anti-Seizure Medication:

Brivaracetam 75mg at night only

Previous Anti-Seizure Medication:

Sodium Valproate, Lamotrigine, Carbamazepine, Zonisamide, Topiramate, Levetiracetam

Recommendation:

Please continue current anti-seizure medication in an unchanged manner.

Patient advised to improve compliance and discuss strategies for this.

Scott Hughes had a telephone appointment at Epilepsy Nurse Clinic today. I spoke with him for the first time. He is known to Dr Stephen, Associate Specialist in Epilepsy, and has previously been reviewed by my colleague, Susan Sanders, Epilepsy Nurse Specialist (retired).

Mr Hughes had forgotten about today's appointment but was able to speak with me. He reports he had one "big" seizure a few months ago and has also had some what he calls "minors" where he feels funny and is told he looks vacant for about a minute.

He often forgets his medication. We discussed strategies to aid his compliance. I discussed with him medication, compliance, strategies to improve compliance, seizure triggers, risks of seizures including the risk of accident, injury, fracture, small risk of SUDEP and small risk of loss of life which he was already aware of.

He has a bus pass in place.

I have not arranged further review at Epilepsy Nurse Clinic meantime. I have copied this letter to Dr Stephen, Associate Specialist in Epilepsy, so that she can arrange further review at her clinic if required as he does not have a further appointment in place with Dr Stephen.

Yours sincerely

Eleanor Arthur

Epilepsy Nurse Specialist

Electronically Signed: Nurse Eleanor Arthur, Nurse Practitioner

cc. Dr L Stephen
Associate Specialist in Epilepsy
Department of Neurology
INS
QEUH