

Maternity Notes

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
620047703X	2110871105	Lizanne	Hariz	21/10/1987

Reason for Referral

Reason for Referral	previous preterm delivery at 34/40 - pre eclampsia
Create User/Date/Time	Lesley Burgess - 09/10/2013 - 13:27
Last Update User/Date/Time	Lesley Burgess - 09/10/2013 - 13:27

Special Features Plan

Special Features Plan	Whooping cough vaccination discussed at booking. Pre eclampsia and preterm delivery in 2005. SVD and delivery at term in 2010 Social Care Direct contacted 7/8/13
Create User/Date/Time	Joan A MacDonald - 06/08/2013 - 13:18
Last Update User/Date/Time	Joan A MacDonald - 07/08/2013 - 11:56

Obstetric Management Plan

Risk categories	
Obstetric Management Plan	p2 1st preterm del at 34 week - preeclampsia from 32 weeks - not on treatment - went in spontaneous labour baby 5.11 pounds 2nd del - at 38weeks - had high BP at the end of pregnancy - not on treatment - spontaneous labour baby 7.11 pounds new partner this pregnancy plan watch BP from 28 weeks growth scan at 28 and 32 weeks ? SRM at 32+ weeks -see progress notes. Being treated as preterm SRM but AFI 20 -we may need to reconsider this diagnosis. Twice weekly DAU monitoring meantime
Create User/Date/Time	Sapna Maheshwari - 15/11/2013 - 11:24
Last Update User/Date/Time	Rhona G Hughes - 10/02/2014 - 17:01

AN Booking Part 1

Height (in metres)	1.53
Weight (in Kgs)	85
BMI	36.3
Blood Group	A
Rhesus status	Rh Positive
Occupation	F/t mum
Have you been taking Folic acid?	No
Folic acid dose	
Have you been taking vitamin D	N
Have you been taking Healthy Start vitamins	Y
Have you been taken any other pregnancy vitamins/supplements	
What do you know about healthy eating during pregnancy?	RSB
Do you have any special dietary needs?	
Dietetic referral made	
Dietetic details	
What do you know about the benefits of physical activity in pregnancy?	
Advice given	
Do you go to the Dentist regularly	Yes
Are there any health and safety issues related to your work?	No

AN Booking Part 1

Previous history	
Age >35	
BMI >30	
Parity >4	
Medical history	
Other	
Thrombosis Risk	Low
Have you ever had a general anaesthetic	No
Previous difficult intubation	
Sensitivity to anaesthetic drugs	
Abnormal spinal, neck or facial anatomy	
Family/personal history of Suxamethonium apnoea or malignant hyperpyrexia	
weight> 120kg	
Anaesthetic referral sent?	
Have you ever had a cervical smear?	No
Date of smear	
Comments (inc colposcopy referral/treatment)	Never had
Next smear due?	Postnatally
What do you know about drinking alcohol in pregnancy?	Abstain
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an average week	0

AN Booking Part 1

average week	
If drinking, are you drinking at home, in clubs/ pubs	0
Offer patient a brief intervention if pregnant and drinking alcohol	
Offer patient a brief intervention if prior to pregnancy alcohol consumption above recommended limits	
Referral for advice on reducing drinking	
Consent for follow up	
What do you know about smoking in pregnancy?	Abstain
Have you smoked in the 12 months prior to pregnancy?	Stopped (former smoker)
Date stopped	05/08/2012
Number per day	
CO level	
CO Date	
Do you or anyone in the household currently smoke?	Y
Are you interested in getting help to stop?	
Referral made to smoking cessation service	
Smoking Brief Intervention offered	
Risks on exposure to cigarette smoke whilst pregnant explained	
Have you used any street drugs, gas or glue in the last year?	No
If yes - are you currently using any street drugs, gas or glue?	No

AN Booking Part 1

Substances used	None
Have you ever injected drugs?	No
Are there signs of Problem Drug Use	No
Referral for advice on substance abuse	
Referred to Substance Misuse Midwife	
Outcome of referrals	
Do you currently or have you ever attended an addiction service (inc smoking and alcohol)	
Addiction Service Details	
Self harm	No
Self Harm Details	
Overdose	No
Overdose Details	
Are you taking any prescribed medication - currently or recently stopped?	
Are you taking any over the counter preparations or medications not prescribed?	
During the past month, have you often been bothered by feeling down, depressed or hopeless?	N
During the past month, have you often been bothered by having little interest or pleasure in doing things?	N
If yes to either question – is this something you feel you need or want help with?	
Are any of the problems on-going at the moment?	N
Are you getting any help with the problems at the moment?	

AN Booking Part 1

Details of any agency providing mental health support	
Are they aware of current pregnancy?	
MH referral needed	
MH referral details	
MW Countersigning StM signature	
Create User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:12
Last Update User/Date/Time	Angela Menzies - 13/08/2013 - 10:04
**** Archive Data ****	
Cervical smear	
Pattern of alcohol use	
Oral drug misuse(inc. Dispensing)	
Other Intravenous drug use	
How many units of alcohol were you drinking prior to pregnancy being confirmed	
Referred to CDPS	
Risks explained	Yes
Are you exposed to cigarette smoke at home?	
How many units of alcohol did you drink each week before you became pregnant	
What was the maximum units of alcohol you would drink per day before you became pregnant	
Have the risks of drinking alcohol in pregnancy been explained to you	

AN Booking Part 2

Do you have Support Needs	No
Are you still in school	No
Are you living in or leaving looked after care services	No
Do you feel you have someone to support you through the pregnancy	
Are you in temporary housing	
Do you need further advice on finances benefits or housing issues	
Qualifies for Healthy Start Vouchers	
Referral to income maximisation services	
Money and debt advice services	
Financial capability support	
If you have other children do they live with you	
Who looks after them	
Have you ever needed social work assistance	
Have you ever been involved in the Criminal Justice System?	
Do you have difficulty reading	
Do you have difficulty filling in forms or writing letters	
Do you consider yourself to have a physical disability	
Do you consider yourself to have a mental disability or learning difficulties	
Do you get support or have you ever had support with independent living?	
Support referral needed	

AN Booking Part 2

Support referral details	
Social work	Was in foster care from the age of 5. Lived in 3 foster homes. Moved
Social work - Job Title	
Health Visitor/Public Health Nurse	No
Health Visitor/Public Health Nurse - Job Title	
Other involved workers	No
Other involved workers - Job Title	
Religious & Cultural Comments	
Is Blood Transfusion acceptable to you	Yes
Blood Transfusion Comments	
Was the patient asked about female genital cuttings or piercings?	
If no, why was the question not asked?	
Other reason	
Did the patient disclose having cuttings or piercings done?	
Further details	
Was the patient referred to a Alnisa Midwife?	
Refugee or asylum seeker	
Have you had a full medical examination since arriving in the UK?	
Referred to GP	
Family member with TB in last 5 years	
Has either parent or any grandparent been born in a high prevalence area	
Is family member likely to live for > 3 months in a high prevalence area	
Baby requires BCG	

AN Booking Part 2

State country if Family from country with high prevalence TB	
TB Risk	No
TB Comments	
Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes	
Parent Education class - Interested?	Yes
Leaflets given	No
Antenatal education sessions discussed	Y
Date	
Booked to attend (AN education sessions)	N
Your guide to screening tests during pregnancy	Y
FW8 Maternity exemption form	Y
Mat B1	
Parent's Guide to Money	
Guide to maternity benefits	
Pregnancy and work	
Ready Steady Baby	Y
information on wearing a car seat belt	
Reduce the risk of cot death	
Off to a good start all you need to know about B/F	
Breast feeding and returning to work	
Your guide to newborn screening tests	
Your baby's hearing screen	
BCG and your baby	

AN Booking Part 2

Talking about postnatal depression	
How to stop smoking & stay stopped	
Any other information leaflets given	
Importance of skin to skin contact	
Baby led feeding	
Rooming in / Keeping baby near	
Benefits of B/F to the baby	
Benefits of B/F to mother	
Effective positioning & attachment	
Effect of teats, dummies & nipple shields	
No other food or drink needed for 6 months	
DVD - From Bump to Breastfeeding	Yes
DVD discussed - date	
If mother declines any part of feeding discussion - please detail	
Comments	Happy for CUB screening and FA scan. Wishes hospital birth
MW Countersigning StM signature	
Create User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:17
Last Update User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:17
**** Archive Data ****	
Attended Infertility clinic	
RS	
Breasts	
CNS	

Antenatal check

Gestation (in weeks)	8
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	n/p
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	60
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Plans to register at local GP surgery and will inform us of which one. Well in this pregnancy. New partner. Routine bloods taken with consent, last ate < 2 hours ago. Consents to CMW contacting SW for more information. Routine information given
Plans for care	16 weeks
MW Countersigning StM signature	
Create User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:22
Last Update User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:41

Antenatal check

Gestation (in weeks)	16.1
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	120
Diastolic blood pressure	72
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Antenatal check feels well generally but c/o pain in right side on occassion and has gone off meat at present. has been aware of flutters booking results returned
Plans for care	return to MW 22/40
MW Countersigning StM signature	
Create User/Date/Time	Lesley Burgess - 09/10/2013 - 13:45
Last Update User/Date/Time	Lesley Burgess - 09/10/2013 - 13:45

Antenatal check

Gestation (in weeks)	23
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	20
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	125
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	98
Diastolic blood pressure	60
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	
Comments	Feeling stressed but otherwise well. FMF. Trace of protein- no urinary symptoms. FA scan NAD. Has appt for 28/40 scan. MAt B 1 form given
Plans for care	28 weeks
MW Countersigning StM signature	
Create User/Date/Time	Joan A MacDonald - 29/11/2013 - 10:33
Last Update User/Date/Time	Joan A MacDonald - 29/11/2013 - 10:35

Antenatal check

Gestation (in weeks)	28.3
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	30
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	136
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	110
Diastolic blood pressure	62
Oedema	No
Oedema present	
Urinalysis	
Urinalysis abnormalities	
Comments	antenatal check feels well but c/o some backache - to see physio plenty FM routine bloods taken with consent ate <2hrs discussed flu and pertussis vaccine
Plans for care	return to MW 33/40
MW Countersigning StM signature	
Create User/Date/Time	Lesley Burgess - 03/01/2014 - 14:55
Last Update User/Date/Time	Lesley Burgess - 03/01/2014 - 14:55

Antenatal check

Gestation (in weeks)	34.1
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	36
Lie	Longitudinal
Back on	Right
Presentation	Cephalic
Presentation /5ths palpable	3/5ths
Position	
Fetal heart rate	140
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	116
Diastolic blood pressure	56
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	still trickling clear fluid backache note last Hb 99 on iron since last week needs VIT B12 and folate but says getting blood tests tomorrow in DAU will askthem to do
Plans for care	see 4w
MW Countersigning StM signature	
Create User/Date/Time	Clare E Glen - 12/02/2014 - 14:29
Last Update User/Date/Time	Clare E Glen - 12/02/2014 - 14:29

Antenatal Inpatient

Current Gestation (in weeks)	32
Reason for Admission	Preterm Labour
Systolic Blood Pressure	110
Diastolic Blood Pressure	60
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	36.8
Pulse rate	90
Urinalysis	NAD
Urinalysis Abnormalities	
Oedema	No
Oedema Present	
Fundal height	36
Lie	Longitudinal
Back	Posterior
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	
Fetal movement felt	Yes
PV Loss	No
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	

Antenatal Inpatient

Liquor meconium stained - heavy	
Fetal heart baseline	120
3 accelerations	Yes
Unreactive	
Variability	>5
Decelerations	
Difficult to interpret	
Acceptable	Yes
No of Contractions in 10 mins	0
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	Yes
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	Tightenings now settled Nil PV For review on ward round
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Alison Anderson - 28/01/2014 - 10:25
Last Update User/Date/Time	Alison Anderson - 28/01/2014 - 10:25

Antenatal Inpatient

Current Gestation (in weeks)	32.6
Reason for Admission	Preterm SRM
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic Blood Pressure - Electronic	120
Diastolic Blood Pressure - Electronic	76
Temperature	36.5
Pulse rate	80
Urinalysis	
Urinalysis Abnormalities	
Oedema	No
Oedema Present	
Fundal height	33
Lie	Longitudinal
Back	
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	
Fetal movement felt	
PV Loss	Yes
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	Yes
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	135
3 accelerations	Yes

Antenatal Inpatient

3 accelerations	Yes
Unreactive	
Variability	good
Decelerations	
Difficult to interpret	No
Acceptable	Yes
No of Contractions in 10 mins	
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Tracey A Howat - 03/02/2014 - 09:37
Last Update User/Date/Time	Tracey A Howat - 03/02/2014 - 09:37

Antenatal Inpatient

Current Gestation (in weeks)	33
Reason for Admission	Other
Systolic Blood Pressure	98
Diastolic Blood Pressure	69
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	36.7
Pulse rate	69
Urinalysis	
Urinalysis Abnormalities	
Oedema	
Oedema Present	
Fundal height	not measured
Lie	
Back	
Presentation	
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	
Fetal movement felt	
PV Loss	No
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	130
3 accelerations	

Antenatal Inpatient

3 accelerations	
Unreactive	
Variability	present.
Decelerations	
Difficult to interpret	No
Acceptable	Yes
No of Contractions in 10 mins	none
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	Yes
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	See progress notes.
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Margaret McMahon - 04/02/2014 - 18:09
Last Update User/Date/Time	Margaret McMahon - 04/02/2014 - 18:09

Antenatal Inpatient

Current Gestation (in weeks)	33+1
Reason for Admission	Preterm SRM
Systolic Blood Pressure	108
Diastolic Blood Pressure	67
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	37
Pulse rate	75
Urinalysis	
Urinalysis Abnormalities	
Oedema	No
Oedema Present	
Fundal height	dates
Lie	
Back	
Presentation	
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	
Fetal movement felt	
PV Loss	Yes
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	Yes
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	145
3 accelerations	Yes

Antenatal Inpatient

3 accelerations	Yes
Unreactive	
Variability	5-30
Decelerations	
Difficult to interpret	
Acceptable	Yes
No of Contractions in 10 mins	
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	Yes
Antenatal Steroids 2nd dose given today	Yes
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	4 hrly obs, antibiotics.
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Christine Smith - 05/02/2014 - 14:07
Last Update User/Date/Time	Christine Smith - 05/02/2014 - 14:07

Antenatal Inpatient

Current Gestation (in weeks)	33.2
Reason for Admission	Preterm SRM
Systolic Blood Pressure	112
Diastolic Blood Pressure	62
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	36.9
Pulse rate	82
Urinalysis	
Urinalysis Abnormalities	
Oedema	No
Oedema Present	
Fundal height	34
Lie	Longitudinal
Back	Back on left
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	145
Fetal movement felt	Yes
PV Loss	Yes
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	Yes
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	145
3 accelerations	Yes

Antenatal Inpatient

3 accelerations	Yes
Unreactive	
Variability	>5
Decelerations	
Difficult to interpret	
Acceptable	Yes
No of Contractions in 10 mins	
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	For repeat FBc and CRP. Observe pads. TED stockings
Comments	
MW Countersigning StM signature	
Create User/Date/Time	M/W Jennifer E Fleming - 06/02/2014 - 11:05
Last Update User/Date/Time	M/W Jennifer E Fleming - 06/02/2014 - 11:05

Antenatal Inpatient

Current Gestation (in weeks)	33+3
Reason for Admission	Preterm SRM
Systolic Blood Pressure	102
Diastolic Blood Pressure	64
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	37.1
Pulse rate	72
Urinalysis	
Urinalysis Abnormalities	
Oedema	Yes
Oedema Present	Hands,Ankles,Feet
Fundal height	34
Lie	Longitudinal
Back	Back on left
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	LOP
Presentation 5ths palpable	5/5 palpable
Fetal heart rate	140
Fetal movement felt	Yes
PV Loss	No
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	140
3 accelerations	Yes

Antenatal Inpatient

3 accelerations	Yes
Unreactive	
Variability	good
Decelerations	
Difficult to interpret	No
Acceptable	Yes
No of Contractions in 10 mins	0
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	Review on ward round.
Comments	Feels well, not aware of uterine activity. Normal PV discharge only this morning. Reports no FM this morning however reports this is normal for her, reports baby was active++ overnight.
MW Countersigning StM signature	
Create User/Date/Time	Kirstie Jones - 07/02/2014 - 11:30
Last Update User/Date/Time	Kirstie Jones - 07/02/2014 - 11:30

Antenatal Inpatient

Current Gestation (in weeks)	35+3
Reason for Admission	Preterm Labour
Systolic Blood Pressure	116
Diastolic Blood Pressure	62
Systolic Blood Pressure - Electronic	
Diastolic Blood Pressure - Electronic	
Temperature	36.5
Pulse rate	81
Urinalysis	NAD
Urinalysis Abnormalities	
Oedema	No
Oedema Present	
Fundal height	36
Lie	Longitudinal
Back	
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV accepted	
Position	
Presentation 5ths palpable	
Fetal heart rate	
Fetal movement felt	
PV Loss	Yes
Bleeding - spotting	
Bleeding - moderate	
Bleeding - heavy	
Liquor clear	
Liquor odourless	
Liquor blood stained	
Liquor Meconium stained - light	
Liquor Meconium stained - moderate	
Liquor Meconium stained - heavy	
Fetal heart baseline	130
3 accelerations	Yes

Antenatal Inpatient

3 accelerations	Yes
Unreactive	
Variability	>5
Decelerations	
Difficult to interpret	
Acceptable	Yes
No of Contractions in 10 mins	
Baseline - FH2	
3 accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Difficult to interpret - FH2	
Acceptable - FH2	
IV Cannula	
IV Fluids Prescribed	
IV Cannula site check	
IV Cannula Flush	
IV Cannula change (48hrs)	
Antenatal Steroids 1st dose given today	
Antenatal Steroids 2nd dose given today	
Medicines required?	
Medicines prescribed	
Prescribed medicine review	
Plan of care	PV loss - creamy white discharge, no liquor seen Note history of ?SRM 2/2 Seen on ward round - for follow up in DAU
Comments	
MW Countersigning StM signature	
Create User/Date/Time	Alison Anderson - 21/02/2014 - 13:37
Last Update User/Date/Time	Alison Anderson - 21/02/2014 - 13:40

Antenatal tests - planning

Booking bloods & MSU - Offered	Y
Booking bloods & MSU - Accepted	Y
Booking bloods & MSU - Date taken	
Repeat BI Group & Antibody check - Offered	
Repeat BI Group & Antibody check - Accepted	
Repeat BI Group & Antibody check - Date taken	
Repeat FBC - Offered	
Repeat FBC - Accepted	
Repeat FBC - Date taken	
Have you received info on Pertussis vaccine ?	
Have you received the Pertussis vaccine?	
Pertussis Vaccine Date	
Repeat RBG - Offered	
Repeat RBG - Accepted	
Repeat RBG - Date taken	
Prophylactic Anti D - Req'd /discussed	
Prophylactic Anti D - Offered	
Prophylactic Anti D - Accepted	
Prophylactic Anti D - Date taken	
Prophylactic Anti D - Gestation	
Prophylactic Anti D - Batch	
Prophylactic Anti D - Dose	
Has the Anti D info leaflet been given?	
Chlamydia - opportunistic testing for < 20 yr olds - Offered	
Chlamydia - opportunistic testing for < 20 yr olds - Accepted	
Chlamydia - opportunistic testing for < 20 yr olds - Date taken	
Which tests declined - inc reason	
HIV - Discussed & offered	Y
HIV - Date discussed & offered	05/08/2013

Antenatal tests - planning

HIV - Accepted	Yes
HIV recounselled	
HIV - Date taken	05/08/2013
HIV - Comments	
HIV - Result returned	
HIV - Actioned if abnormal	
Hepatitis B - Discussed & offered	Y
Hepatitis B - Date discussed & offered	05/08/2013
Hepatitis B - Accepted	Yes
Hepatitis B recounselled	
Hepatitis B - Date taken	05/08/2013
Hepatitis B - Comments	
Hepatitis B - Result returned	
Hepatitis B - Actioned if abnormal	
Hepatitis C - Discussed & offered	N
Hepatitis C - Date discussed & offered	
Hepatitis C - Accepted	
Hepatitis C recounselled	
Hepatitis C - Date taken	
Hepatitis C - Comments	
Hepatitis C - Result returned	
Hepatitis C - Actioned if abnormal	
Syphilis - Discussed & offered	Y
Syphilis - Date discussed & offered	05/08/2013
Syphilis - Accepted	Yes
Syphilis recounselled	
Syphilis - Date taken	05/08/2013
Syphilis - Comments	
Syphilis - Result returned	
Syphilis - Actioned if abnormal	
Rubella - Discussed & offered	Y
Rubella - Date discussed & offered	05/08/2013
Rubella - Accepted	Y
Rubella - Date taken	05/08/2013
Rubella - Comments	
Rubella - Result returned	
Rubella - Actioned if abnormal	

Antenatal tests - planning

Haemoglobinopathy - Have you been screened for Haemoglobinopathy before?	N
Haemoglobinopathy - Date	
Haemoglobinopathy - Status	
Haemoglobinopathy - Has baby's father been offered screening?	
Haemoglobinopathy - Date father offered screening	
Thalassaemia - Discussed & offered	Y
Thalassaemia - Date discussed & offered	05/08/2013
Thalassaemia - Accepted	Y
Thalassaemia - Date taken	05/08/2013
Thalassaemia - Comments	
Thalassaemia - Result returned	
Thalassaemia - Actioned if abnormal	
Sickle Cell - Discussed & offered	Y
Sickle Cell - Date discussed & offered	05/08/2013
Sickle Cell - Accepted	Y
Sickle Cell - Date taken	05/08/2013
Sickle Cell - Comments	
Sickle Cell - Result returned	
Sickle Cell - Actioned if abnormal	
Written information given and discussed (FTS)	
Date discussed and offered (FTS)	
Accepted and consented (FTS)	Y
Accepted and consented to (FTS)	
Comments (FTS)	
Result returned (FTS)	
Actioned if abnormal (FTS)	
Date consented (FTS)	05/08/2013
Date sample taken (FTS)	
Written information given and discussed (STS)	
Date discussed and offered (STS)	
Accepted and consented (STS)	
Accepted and consented to (STS)	

Antenatal tests - planning

Comments (STS)	
Result returned (STS)	
Actioned if abnormal (STS)	
Date consented (STS)	
Date sample taken (STS)	
Written information given and discussed (NIPT)	
Date discussed and offered (NIPT)	
Accepted and consented to (NIPT)	
Reason for NIPT (old)	
Directed to electronic information (old)	
Women's choice	
Test result	
Date sample taken (NIPT)	
Date of test result	
Repeat sample result	
Date of repeat sample result	
Abnormal Results - Action taken	
Dating scan - Discussed & offered	Y
Dating scan - Accepted	Y
Nuchal Translucency scan 11-13 wks - Discussed & offered	Y
Nuchal Translucency scan 11-13 wks - Accepted	Y
Fetal Anomaly scan - Discussed & offered	Y
Fetal Anomaly scan - Accepted	Y
Detailed scan - Discussed & offered	
Detailed scan - Accepted	
Detailed scan - Weeks	
Detailed scan - Card given to woman	Yes
Growth Scan 1 - Arranged	
Growth Scan 1 - Date arranged for	
Growth Scan 1 - Comments	
Growth Scan 2 - Arranged	
Growth Scan 2 - Date arranged for	
Growth Scan 2 - Comments	
Growth Scan 3 - Arranged	

Antenatal tests - planning

Growth Scan 3 - Date arranged for	
Growth Scan 3 - Comments	
Other Scans	
MW Countersigning StM signature	
Create User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:35
Last Update User/Date/Time	Joan A MacDonald - 05/08/2013 - 11:35
**** Archive Data ****	
Screening for Spina Bifida due	
Repeat FBC - Due	
Screening for Down's syndrome - due	
Repeat BI group and Antibody check - due	
Screening for Haemaglobinopathy - due	
Screening for Edwards Syndrome - Due	
Repeat Random Blood Glucose - due	
Screening for Haemaglobinopathy - done	
Screening for Haemoglobinopathy required	
Repeat Random Blood Glucose required	
Repeat FBC required	
Repeat Blood group and Antibody check Required	
Screening for Spina Bifida - Done	
Screening for Edwards Syndrome - Done	
Chlamydia (if under 25) required	
Woman has information for vaccination programme	
Have you been vaccinated recently for swine flu?	
Swine flu vacc date	
Down's Syndrome offered	Y
Down's Syndrome offered date	05/08/2013
Down's -2- offered	
Down's -2- offered date	

Day Assessment Unit

Referred by	Leith 0131 536 6450
Referred by - Other	
Reason for referral	Preterm SRM
Gestation (in weeks)	33.6
Maternal Temperature	37
Pulse	84
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	123
Diastolic BP - Electronic	68
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	Well
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	None
Oedema present	
Blood Pressure Profile performed	
Fundal height	35
Lie	Longitudinal
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	

Day Assessment Unit

Fetal movements felt (by mother)	Yes
CTG required	Yes
Fetal heart baseline	140
3 accelerations	Yes
Unreactive	
Variability	> 10 bpm
Decelerations	None
Acceptable	Yes
Difficult to interpret	No
No of Contractions in 10 mins	0
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	20.6 cms
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	

Day Assessment Unit

Comments	Premature rupture of membranes 8 days ago. Left ward on Friday. Seen DAU for fetal monitoring. CTG commenced. Currently taking BD ferrous sulphate. FBC on 06/02/14 and not repeated today. Continues to drain clear fluid. Jackie Urquahrt (mw) Long lie, ceph pres, generous liquor volume C/O backache which she says is getting worse and tightenings which she feels are getting stronger. Inview of previous rapid delivery and previous preterm delivery for medical review. Rhona Hughes review History noted. Being treated as preterm SRM but AFI 20. Abdomen soft on palpation -no contractions felt. Non-tender. Ceph 3/5. Spec with chaperone Jessie-cervix long and closed. Muroid discharge. No liquor seen on coughing. Impression -not in labour. Reassured. Home today -review DAU on 13th Feb. Consider possibility that this is not SRM.
	Follow up
	Diagnosis
	M/W countersigning STM
	Create User/Date/Time
	Last Update User/Date/Time
	Return appointment DAU
	Preterm SRM
	Jessie Hadden - 10/02/2014 - 15:03
	Rhona G Hughes - 10/02/2014 - 16:59

Day Assessment Unit

Referred by	Leith 0131 536 6450
Referred by - Other	
Reason for referral	Preterm SRM
Gestation (in weeks)	34
Maternal Temperature	
Pulse	
Systolic Blood Pressure	114
Diastolic Blood Pressure	59
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	No
Headaches	No
Epigastric Pain	No
How are you feeling	
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	38
Lie	
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	4/5ths palpable
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	140
3 accelerations	Yes
Unreactive	
Variability	
Decelerations	
Acceptable	Yes
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	attended prom on Sunday 2nd still draining small amounts clear fluid since srmno show or tighteninas

Day Assessment Unit

	noted completed a course of antibiotics ctg applied reactive fmf lots of movements noted baby less active last 24 hours tmep 3640c 85 pulse fbc crp vit b12 and folate hb 9.9 on iron no scanner today for lv check on Monday knows to self refer between now monday any concerns re movements
Comments	
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Sharon R Fraser - 13/02/2014 - 17:28
Last Update User/Date/Time	Sharon R Fraser - 13/02/2014 - 17:32

Day Assessment Unit

Referred by	Leith 0131 536 6450
Referred by - Other	DAU
Reason for referral	Preterm SRM
Gestation (in weeks)	35.2
Maternal Temperature	36.5
Pulse	85
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	98
Diastolic BP - Electronic	59
Visual disturbance	No
Headaches	No
Epigastric Pain	No
How are you feeling	Well
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	None
Oedema present	
Blood Pressure Profile performed	
Fundal height	37
Lie	Longitudinal
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	LOA
Presenting part /5ths palpable	3/5ths palpable
Membranes	Ruptured
Membrane rupture date	02/02/2014
Membrane rupture time	02:15
Liquor	Clear
Fetal Heart	120
Fetal movements felt (by mother)	Yes

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	Hollie Cumming (MW)

Day Assessment Unit

	15.20 lizanne and partner attended DAU for CTG and Bloods(CRP FBC) Introductions made to couple. Taken to room 10 door bed. Commenced on CTG bloods taken by st mw Jo Swingler (FBC +CRP) and sent. Lizannes observations remain in normal limits. Trase of proteinuria.Explains she has had very loose stools for the past few days.Feels fetal movements have reduced however whilst on trace has fwlt several, movement also felt by myself per abdomen.Continues to drain clear inoffensive fluid. experiencing some uterine tightenings which feel mild on palpation. Lizanne describes tightening as irregular and short lasting 3-4 tightenings per day.Feels well in herself. Has had liquor volume 18/2/14. Notes in medical review tray due to uterine activity, PROM, and previous precipite labour 30 minutes in total (at 34 weeks) Hollie Cumming (MW) NNU contacted, charge nurse aware of potential 35+2 week fetus requiring cot. 16.50, Labour ward Reg bleeped. Will come down to DAU shortly to review patient. SBAR completed. Handover to MW C.Robertson as shift ended. 17.00 Med r/v St6 26yrs P2 (SVDs at 34 and 38 weeks previously - precipitate labours) Currently 35+2wks gestation. Prev PET but BP normal this pregnancy. Thought to have SRM'd on 2/2/14 (though has still had generous LV on recent scans). Attending today c/o reduction in FM at home and uterine tightenings. Apyrexial. O/E: abdo SNT, mild tightenings 2:10. Ceph, 3/5 Speculum with consent and MW chaperone: cervix looks long and closed. Copious white discharge but no obvious liquor. HVS taken. CTG: inc risk preterm. C 2:10 BRa 140bpm V >5bpm A present D nil O normal Plan: as NNU here happy for her to stay, admit to Wd 119 for observation. Hollie Cumming (MW) Lizanne handed over to maternity triage, as awaiting bed in 119. SBAR complete.
Comments	
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Hollie M Cumming - 20/02/2014 - 16:05
Last Update User/Date/Time	Hollie M Cumming - 20/02/2014 - 17:38

Day Assessment Unit

Referred by	Pennywell 0131 286 5030
Referred by - Other	DAU
Reason for referral	Preterm SRM
Gestation (in weeks)	35.6
Maternal Temperature	36.5
Pulse	82
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	108
Diastolic BP - Electronic	69
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	Abnormalities
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	np
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	
3 accelerations	Yes
Unreactive	
Variability	good
Decelerations	None
Acceptable	Yes
Difficult to interpret	No
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	21.4 cms
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
tr protein in urine only. h/o prom since 02/02/14. attending dau for monitorina. Started havina contractions this mornina at 7am and is	

Day Assessment Unit

	getting more sore and uncomfortable and feeling them in her back. ctg applied with consent Had d and v yesterday all day now all settled down had a show yesterday. will need medical review. appears to be contracting 2 :10 and Lizanne feels they are getting stronger. I have sat with her and I can feel them. hb 104 is on iron tabletsTriage very busy today. i have put Lizanne up to top of the queue. Medical Review - V Barber-Fleming (GPST2) 35.6 weeks gestation, para 2+0. Prev preterm labour at 34 weeks - SVD. +Prev term SVD Admitted to obs with threatened preterm labour SRM 2/2/14. Having weekly liqor vol checks. Today feels tightenings... 2 in 10.. Plan - CTG normal Scan - Cephalic presentation, Large LV Bloods including FBC/UE/CRP HVS - sent mssu - requested Rhesus status - positive Jackie Urquhart (mw) On scan - long lie, ceph pres, slightly increased liquor volume Exam - abdo soft inbetween contractions. Cervix closed, mucus seen around cervix. Plan - d/w Dr Tierne - Admit. Not for further abx (has completed 10 day course).
Comments	
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	M/W Alleson E McNeill - 24/02/2014 - 13:56
Last Update User/Date/Time	Victoria A Barber-Fleming - 24/02/2014 - 15:19

Day Assessment Unit

Referred by	Leith 0131 536 6450
Referred by - Other	
Reason for referral	Preterm SRM
Gestation (in weeks)	36
Maternal Temperature	36.4
Pulse	75
Systolic Blood Pressure	106
Diastolic Blood Pressure	69
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	37
Lie	
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	130
3 accelerations	Yes
Unreactive	
Variability	5-10
Decelerations	None
Acceptable	Yes
Difficult to interpret	No
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	returned with prom attending twice weekly admitted on monday to ward 119f with painful tightninias

Day Assessment Unit

	still has tightenings but not painful overall feels baby is not moving as much generally feels baby is big now ctg applied fmc and crp done on Monday pv clear fluid draining still
	ctg discontinued, normal trace with reassuring features. lizanne aware of some irregular uterine tightenings but feels that these are more like braxton hicks, not uncomfortable with same.
	knows to contact triage asap if feels that tightenings are increasing in length, strength or frequency.
	to return to DAU on mon 03/03/14 at 12.30pm for CTG, bloods and USS.
Comments	sue shade sr
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Sharon R Fraser - 27/02/2014 - 14:49
Last Update User/Date/Time	Susanne Shade - 27/02/2014 - 15:14

Day Assessment Unit

Referred by	Leith 0131 536 6450
Referred by - Other	
Reason for referral	Preterm SRM
Gestation (in weeks)	36.6
Maternal Temperature	36.4
Pulse	78
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	112
Diastolic BP - Electronic	73
Visual disturbance	No
Headaches	No
Epigastric Pain	No
How are you feeling	Well
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	None
Oedema present	
Blood Pressure Profile performed	
Fundal height	38
Lie	Longitudinal
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	142
Fetal movements felt (by mother)	Yes

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	140
3 accelerations	Yes
Unreactive	
Variability	>5
Decelerations	None
Acceptable	Yes
Difficult to interpret	No
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^Blank value for variable "Fetal Tone Score"
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	Seen by MW P Lamont and SMW H Wallace Attending dau 2x weekly for ?preterm labour/srm since feb

Day Assessment Unit

	Completed course of antibiotics and antenatal steroids CTG applied with consent Feels well, clear liquor, FMF
	Aware of mild regular tightenings for a few weeks and feels these have increased in strength over the last few days, mainly in back and groin.
	FBC and CRP taken with consent and sent
	For LV scans and Medical R/V Seen by C Robertson for liquor volume u/s scan, AFI = 16.5cm; cephalic presentation on scan.
	CTG discontinued at 1510
	Reviewed PAra2- 1 pr PTL at 34 weeks gestation 36.6 weeks gestation Having regular uterine activity with backpain Feels damp - pad shows yellowish discharge. PS- No liquor seen- yellowish discharge - not smelly Ve- Cervix 2X2 cms dil. Head high membranes felt.
	Imp - Possible early labour Not confirmed SRM Can go home Continue twice weekly monitoring - Not for IOL unless confirmed SRM / any other concerns Advised Lizanne to come back in if contractions more frequent / painful.
Comments	
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Hayley Wallace - 03/03/2014 - 14:57
Last Update User/Date/Time	Dr Y Nirmala Mary - 03/03/2014 - 16:04

Telephone Triage and Assessment

Return phone number	07925204940
Time of Call	16:50
Has this woman called before?	0
Caller	patient
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	18.1
Past Obstetric History	
Additional Info	
Call Reason	Reduced Fetal movements
Call Reason other	
Contractions	N
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	Unsure
Bleeding	N
PV Discharge	N
Are you Rhesus Negative?	
Headache	
Visual disturbance	
Oedema	
Abdominal pain	N
Urinary symptoms	
Anxiety or distress	Y
Additional Information	
Delivery Date	

Telephone Triage and Assessment

Type of delivery	
PN Problem	
Days postnatal	
Clinical Summary	Feeling flutters for past 2 weeks - nto felt anything for a few days. Concerned
Advice given	Advised cold drink, sweet to eat and lie on left later - call back in 1hr Recalled @ 1800 - no fetal movements felt -
Assessment as per Triage Pathway	
Request to attend unit	Y
Transport	
Hospital on divert?	
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Sophie CE Nicholson-Lailey - 23/10/2013 - 16:56
Last Update User/Date/Time	Sophie CE Nicholson-Lailey - 23/10/2013 - 17:58
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	0
Time of Call	22:49
Has this woman called before?	1
Caller	self
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	30.3
Past Obstetric History	
Additional Info	
Call Reason	Show
Call Reason other	
Contractions	N
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	Unsure
Bleeding	N
PV Discharge	Y
Are you Rhesus Negative?	
Headache	N
Visual disturbance	
Oedema	
Abdominal pain	N
Urinary symptoms	
Anxiety or distress	
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	reports some thick "jelly like discharge" tonight unsure re movements no abdo pain or bleeding
Advice given	advised wear pad could just be increased discharge or show advised monitor movements before bed call back if any concerns
Assessment as per Triage Pathway	Y
Request to attend unit	N
Transport	
Hospital on divert?	Y
Diverted to	
Follow up	Woman to phone back
MW Countersigning StM signature	
Create User/Date/Time	Janet S MacDonald - 17/01/2014 - 22:54
Last Update User/Date/Time	Janet S MacDonald - 17/01/2014 - 22:54
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	0759204940
Time of Call	14:45
Has this woman called before?	0
Caller	self
Relationship to Woman	
Current location	
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	31+5
Past Obstetric History	
Additional Info	
Call Reason	Advice
Call Reason other	
Contractions	N
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	Y
Bleeding	N
PV Discharge	Y
Are you Rhesus Negative?	
Headache	N
Visual disturbance	N
Oedema	
Abdominal pain	N
Urinary symptoms	N
Anxiety or distress	N
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	back pain and abdominal cramps since last night also ? show PV, yellowy/green discharge
Advice given	to see GP tomorrow call back if further concerns
Assessment as per Triage Pathway	Y
Request to attend unit	N
Transport	
Hospital on divert?	N
Diverted to	
Follow up	General practitioner
MW Countersigning StM signature	
Create User/Date/Time	M/W Sara Louise Cuthbert - 26/01/2014 - 14:52
Last Update User/Date/Time	M/W Sara Louise Cuthbert - 26/01/2014 - 14:52
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	00
Time of Call	19:56
Has this woman called before?	0
Caller	self
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	31.6
Past Obstetric History	
Additional Info	
Call Reason	Early Labour
Call Reason other	
Contractions	N
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	N
Bleeding	N
PV Discharge	Y
Are you Rhesus Negative?	
Headache	N
Visual disturbance	
Oedema	
Abdominal pain	N
Urinary symptoms	
Anxiety or distress	Y
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
	2+0 31+6 tightenings on and off not sure of frequency maybe 1:10, lasting 1-2 mins show yesterday ++ tightening last night backache+ feels lots of pressure down below in her vagina show ++ pv today which is a pinky colour first baby at 34/40 due to preeclampsia next baby 38/40, no pih has been wearing a pad for last few days and pad has been damp, unsure of her waters have broken reduced fetal
Clinical Summary	
Advice given	tci
Assessment as per Triage Pathway	Y
Request to attend unit	Y
Transport	
Hospital on divert?	N
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Morag C Dalton - 27/01/2014 - 20:02
Last Update User/Date/Time	Morag C Dalton - 27/01/2014 - 20:02
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	0
Time of Call	02:17
Has this woman called before?	1
Caller	self
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	32.5
Past Obstetric History	
Additional Info	
Call Reason	SRM or ? SRM
Call Reason other	
Contractions	
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	
Liquor - colour	
Are you having normal fetal movements?	
Bleeding	
PV Discharge	
Are you Rhesus Negative?	
Headache	
Visual disturbance	
Oedema	
Abdominal pain	
Urinary symptoms	
Anxiety or distress	
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	thinks srm 0215 clear large gush 32/40
Advice given	tci nnu informed
Assessment as per Triage Pathway	Y
Request to attend unit	Y
Transport	
Hospital on divert?	N
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Janet S MacDonald - 02/02/2014 - 02:20
Last Update User/Date/Time	Janet S MacDonald - 02/02/2014 - 02:20
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	077952204940
Time of Call	02:02
Has this woman called before?	1
Caller	self
Relationship to Woman	
Current location	Home
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	34.6
Past Obstetric History	
Additional Info	
Call Reason	Early Labour
Call Reason other	
Contractions	Y
Frequency - 1 in	10
Strength	
Duration (seconds)	
Show	
Comments	
SROM	Y
Liquor - colour	
Are you having normal fetal movements?	N
Bleeding	N
PV Discharge	Y
Are you Rhesus Negative?	N
Headache	N
Visual disturbance	N
Oedema	N
Abdominal pain	N
Urinary symptoms	N
Anxiety or distress	N
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	SRMd 020214 tightening 1:10 lasting <30secs unsure if felt fm
Advice given	tci
Assessment as per Triage Pathway	Y
Request to attend unit	Y
Transport	
Hospital on divert?	N
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Lisa B Sutherland - 17/02/2014 - 02:05
Last Update User/Date/Time	Lisa B Sutherland - 17/02/2014 - 02:05
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	0131
Time of Call	11:50
Has this woman called before?	0
Caller	self
Relationship to Woman	
Current location	
Travel time to hospital	
Type of Call	Antenatal
Gestation (in weeks)	35+5
Past Obstetric History	
Additional Info	
Call Reason	Advice
Call Reason other	
Contractions	N
Frequency - 1 in	
Strength	
Duration (seconds)	
Show	
Comments	
SROM	N
Liquor - colour	
Are you having normal fetal movements?	Y
Bleeding	N
PV Discharge	N
Are you Rhesus Negative?	
Headache	N
Visual disturbance	N
Oedema	
Abdominal pain	N
Urinary symptoms	N
Anxiety or distress	N
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	D+V since last night ? reduced movements
Advice given	to stay hydrated, rest call back if wordens observe movements, call back if concerned
Assessment as per Triage Pathway	Y
Request to attend unit	N
Transport	
Hospital on divert?	N
Diverted to	
Follow up	Woman to phone back
MW Countersigning StM signature	
Create User/Date/Time	M/W Sara Louise Cuthbert - 23/02/2014 - 11:55
Last Update User/Date/Time	M/W Sara Louise Cuthbert - 23/02/2014 - 11:55
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SR0M (old)	
Final outcome if Woman attends	

Telephone Triage and Assessment

Return phone number	07795204940
Time of Call	06:17
Has this woman called before?	0
Caller	self
Relationship to Woman	
Current location	
Travel time to hospital	
Type of Call	Intrapartum
Gestation (in weeks)	37.0
Past Obstetric History	
Additional Info	
Call Reason	Early Labour
Call Reason other	
Contractions	Y
Frequency - 1 in	5
Strength	
Duration (seconds)	
Show	
Comments	
SROM	Y
Liquor - colour	Pink-stained
Are you having normal fetal movements?	Unsure
Bleeding	
PV Discharge	
Are you Rhesus Negative?	
Headache	
Visual disturbance	
Oedema	
Abdominal pain	
Urinary symptoms	
Anxiety or distress	
Additional Information	
Delivery Date	
Type of delivery	

Telephone Triage and Assessment

PN Problem	
Days postnatal	
Clinical Summary	SRM at 35.6. Seen regularly in DAU. Having contractions now every 5 minutes. Saw in DAU yesterday and unsure if Felt FM since. Sounds sore on the phone. Also aware of some bleeding mainly on wiping and no active ongoing bleeding.
Advice given	TCI
Assessment as per Triage Pathway	Y
Request to attend unit	
Transport	
Hospital on divert?	
Diverted to	
Follow up	To come in
MW Countersigning StM signature	
Create User/Date/Time	Marie E McGarrity - 04/03/2014 - 06:24
Last Update User/Date/Time	Marie E McGarrity - 04/03/2014 - 06:27
**** Archive Data ****	
Plan	
Request to attend Unit (old)	
Call outcome	
Call taken by Birth Centre?	
Has this woman called before? (old)	
SROM (old)	
Final outcome if Woman attends	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	19:00
Referred by	Self
Booked (within Lothian)	Yes
Location seen	Hospital
Hospital on Divert?	N
Diverted to	
Gestation (in weeks)	18.1
Reason for referral	Reduced Fetal Movements
Other Reason for ref	
Maternal Temperature	
Maternal Pulse	72
Systolic Blood pressure	
Diastolic blood pressure	
Resps	
Sats	
Mews score	
Oedema	
Oedema - present	
Urinalysis	NAD
Urinalysis abnormalities	
Membranes	
Membranes rupture Date	
Membranes ruptured time	
Liquor	
Any other PV loss	
History of contractions	
Frequency	
Strength	
Duration (secs)	
Fundal Height	not measured
Lie	
Back on	
Presentation	
Presenting part /5ths palp	
Fetal position	
Fetal movements felt (by mother)	
Type of Fetal monitoring req'd	Intermittent
Indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

Other indication for continuous fetal monitoring	
F1 - FH baseline	
F1 - Are accelerations present?	
F1 - Variability	
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variability	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	
Time of VE	
Verbal consent obtained	
Chaperone present?	
Chaperone name	
Cervical position	
Cervical consistency	
Cervical effacement/Length	
Cervical Dilation - cm	
Presenting Part	
Other presenting part	
Relation to Ischial spines	
Position	
caput	
Moulding	
Fetal Heart after exam	
Labour and delivery discussed?	
Labour & Delivery preferences discussed	
	self ref for reduced movements para 2 18/40 has felt movement in lasr 2 weeks but none today fh ascultated heard clear reg approx 140-150bpm accel heard no decel heard
Comments	reassured home knows to call if any concerns
Transfer/Followup details	
What type of care is this woman suitable for?	Obstetrician led
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	

Triage and Assessment (AN & PN)

PN Chaperone name	
VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	
PN Lochia	
PN Perineum	
PN Wound	
PN Any signs of DVT?	
PN Symptoms	
PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Janet S MacDonald - 23/10/2013 - 19:18
Last Update User/Date/Time	Janet S MacDonald - 23/10/2013 - 19:18
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	
CTG Required	
F1 - 3 accelerations?	
Unreactive	0
F1 - Acceptable	
F1 - Decelerations	
F1 - Reassuring trace	
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	23:52
Referred by	Self
Booked (within Lothian)	Yes
Location seen	Hospital
Hospital on Divert?	Y
Diverted to	
Gestation (in weeks)	31+6
Reason for referral	Preterm Labour
Other Reason for ref	
Maternal Temperature	36.3
Maternal Pulse	75
Systolic Blood pressure	123
Diastolic blood pressure	77
Resps	
Sats	
Mews score	
Oedema	
Oedema - present	
Urinalysis	
Urinalysis abnormalities	
Membranes	Intact
Membranes rupture Date	
Membranes ruptured time	
Liquor	
Any other PV loss	Show
History of contractions	Yes
Frequency	
Strength	
Duration (secs)	
Fundal Height	31
Lie	Longitudinal
Back on	
Presentation	Cephalic
Presenting part /5ths palp	3/5 Palpable
Fetal position	
Fetal movements felt (by mother)	Yes
Type of Fetal monitoring req'd	Continuous
Indication for continuous fetal monitoring	Prematurity
Other indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

F1 - FH baseline	130
F1 - Are accelerations present?	
F1 - Variability	>5
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variability	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	
Time of VE	
Verbal consent obtained	
Chaperone present?	
Chaperone name	
Cervical position	
Cervical consistency	
Cervical effacement/Length	
Cervical Dilation - cm	
Presenting Part	
Other presenting part	
Relation to Ischial spines	
Position	
caput	
Moulding	
Fetal Heart after exam	
Labour and delivery discussed?	
Labour & Delivery preferences discussed	
	P2+0 (2 x SVD) 31+6 A POS PMH - Previous 34/40 delivery - Pre-eclampsia not on any treatment - spontaneous labour 38/40 delivery - also raised BP but no treatment - spontaneous labour Self referral with history of regular uterine activity over last few hours. Feels it reduced in frequency on admission to OT&A. Now approx 1:20. Has had several instances of show over last week. No SRM or bleeding. FMF as normal. Obs - satisfactory CTG commenced with consent to assess fetal wellbeing. For medical review. 00:20 CTG discontinued. Reactive trace. ST1 Symonds 26 year old 32+0 P2+0 previous SVD 34 weeks and 38 weeks pre-eclampsia in first pregnancy, high BP second pregnancy no treatment for either

Triage and Assessment (AN & PN)

	new partner had a show around 1 week ago, this morning 1 episode mucous with a streak of blood on wiping, feels heavy down below had D&V a few days ago, on going vomiting but no diarrhoea 3 days tightening increasing in strength, 1:20, feels like when into labour last time no urinary symptoms feels very tired good fetal movements PMH: nil Meds: nil Allergies: nil o/e looks uncomfortable abdomen soft, none-tender, cephalic 4/5 speculum chaperone and consent - cervix long and closed, normal discharge seen, no bleeding BP 123/77 urine not done yet CTG normal US - cephalic Imp: TPTL, cervix long and closed, infrequent tightenings Plan: admit for observation, d/w senior ?steroids d/w reg PG for steroids
Comments	02:55 First dose of steroids given as Dexamethasone.
Transfer/Followup details	
What type of care is this woman suitable for?	Obstetrician led
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	
PN Chaperone name	
VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	
PN Lochia	
PN Perineum	
PN Wound	
PN Any signs of DVT?	
PN Symptoms	

Triage and Assessment (AN & PN)

PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Shirley M Thomson - 27/01/2014 - 23:58
Last Update User/Date/Time	Shirley M Thomson - 28/01/2014 - 02:58
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	
CTG Required	
F1 - 3 accelerations?	Yes
Unreactive	0
F1 - Acceptable	
F1 - Decelerations	
F1 - Reassuring trace	Yes
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	
F2 - Decelerations	
F2 - Reassuring trace	
F2 - Non reassuring trace	
Fetal heart rate	
Procedure explained	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	04:10
Referred by	Self
Booked (within Lothian)	Yes
Location seen	Hospital
Hospital on Divert?	N
Diverted to	
Gestation (in weeks)	32.5
Reason for referral	SRM?
Other Reason for ref	
Maternal Temperature	36.4
Maternal Pulse	94
Systolic Blood pressure	110
Diastolic blood pressure	68
Resps	
Sats	
Mews score	
Oedema	None
Oedema - present	
Urinalysis	Abnormalities
Urinalysis abnormalities	Leucocytes,Trace Protein
Membranes	Unsure if Ruptured
Membranes rupture Date	
Membranes ruptured time	
Liquor	
Any other PV loss	
History of contractions	
Frequency	
Strength	
Duration (secs)	
Fundal Height	not measured at this time
Lie	
Back on	
Presentation	
Presenting part /5ths palp	
Fetal position	
Fetal movements felt (by mother)	
Type of Fetal monitoring req'd	Continuous
Indication for continuous fetal monitoring	Prematurity
Other indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

F1 - FH baseline	
F1 - Are accelerations present?	
F1 - Variability	
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variability	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	
Time of VE	
Verbal consent obtained	
Chaperone present?	
Chaperone name	
Cervical position	
Cervical consistency	
Cervical effacement/Length	
Cervical Dilation - cm	
Presenting Part	
Other presenting part	
Relation to Ischial spines	
Position	
caput	
Moulding	
Fetal Heart after exam	
Labour and delivery discussed?	
Labour & Delivery preferences discussed	
	self ref for ? pre term srm at approx 0215 para 2 now 32.5/40 prev preterm delivery and one at term recent discharge from 119 for TPTL reports no uterine activity onn arrival obs as above nad SEWS =0 sats 98% RR16 urine tr prot ++ leuc fh auscultated 130-150bpm prior to spec will commenced ctg post spec med staff in to review 0415 ST1 Austin Review at 04.15 26yr old Para 2+0 (SVD at 34/40 and at 38/40) Currently at 32+5 weeks Discharged from 119 29/01/14 - threatened preterm labour. Given Steroids This evening was sleeping and then felt like she was going to "burst". Sat up and large gush of clear fluid, soaking down her legs at 02.15. Has continued to leak clear fluid. Does not smell like urine. Now getting some abdominal tightenings, getting stronger. Feeling fetal movements although slightly less than usual No pv bleeding. Feeling otherwise well.

Triage and Assessment (AN & PN)

	O/E Looks well Abdo - soft, non tender. Feels cephalic Speculum with consent, chaperone CSW Lisa - cervix long, parous os. No liquor seen but pads and sheets soaked with clear liquor. imp: SRM at 32+5 weeks Plan: Presentation scan SpR Review Erythromycin ?Admit to 119 or labour ward Discussed with SpR Asma - analgesia - CTG - start erythromycin - if contracting - to labour ward CTg: Contractions/tightening 3 in 10, pt not aware of them Plan: Admit to 119 If contractions worse, will reassess Erythromycin Analgesia Hydration
Comments	
Transfer/Followup details	
What type of care is this woman suitable for?	Obstetrician led
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	
PN Chaperone name	
VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	
PN Lochia	
PN Perineum	
PN Wound	

Triage and Assessment (AN & PN)

PN Any signs of DVT?	
PN Symptoms	
PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Janet S MacDonald - 02/02/2014 - 04:27
Last Update User/Date/Time	Asma Gharaibeh - 02/02/2014 - 05:25
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	
CTG Required	
F1 - 3 accelerations?	
Unreactive	0
F1 - Acceptable	
F1 - Decelerations	
F1 - Reassuring trace	
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	
F2 - Decelerations	
F2 - Reassuring trace	
F2 - Non reassuring trace	
Fetal heart rate	
Procedure explained	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	03:05
Referred by	Self
Booked (within Lothian)	Yes
Location seen	Hospital
Hospital on Divert?	N
Diverted to	
Gestation (in weeks)	34.6
Reason for referral	In labour
Other Reason for ref	
Maternal Temperature	36.5
Maternal Pulse	87
Systolic Blood pressure	105
Diastolic blood pressure	69
Resps	
Sats	
Mews score	
Oedema	None
Oedema - present	
Urinalysis	NAD
Urinalysis abnormalities	
Membranes	Unsure if Ruptured
Membranes rupture Date	
Membranes ruptured time	
Liquor	
Any other PV loss	nil
History of contractions	Yes
Frequency	2:10
Strength	<30secs
Duration (secs)	<30secs
Fundal Height	37
Lie	Longitudinal
Back on	Left
Presentation	Cephalic
Presenting part /5ths palp	3/5 Palpable
Fetal position	
Fetal movements felt (by mother)	Yes
Type of Fetal monitoring req'd	Continuous
Indication for continuous fetal monitoring	Prematurity
Other indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

F1 - FH baseline	127-138
F1 - Are accelerations present?	
F1 - Variability	>5
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variability	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	
Time of VE	
Verbal consent obtained	
Chaperone present?	
Chaperone name	
Cervical position	
Cervical consistency	
Cervical effacement/Length	
Cervical Dilation - cm	
Presenting Part	
Other presenting part	
Relation to Ischial spines	
Position	
caput	
Moulding	
Fetal Heart after exam	
Labour and delivery discussed?	
Labour & Delivery preferences discussed	para 2 2x SVD 1x preterm delivery refer to special features patient presents to triage with contractions, patient says she has been having contractions every ten mins for the past few hours. Patient ? SRMd on the 020214, however last DAU scan showed LV of 20. On palpation patient contracting 1:4-6 lasting 40secs. Patient states that she feels baby has had reduced fm over last 12 hours. CTG commenced with consent to monitor fetal wellbeing and uterine activity, fetal movement marker given to the patient to document movements on the CTG. plan for medical r/v oral analgesia given to the patient as per drug kardex. 0440 FY2 Healy 26 year old Para 2 (2x SVDs) - spont labour at 34/40, PET from 32/40 not requiring treatment - spont labour at 38/40, raised BP in later pregnancy not requiring

Triage and Assessment (AN & PN)

	treatment Now 34+6 Treating as SRM on 02/02/14 - had steroids x2 and completed course of erythromycin, however last DAU appt LV 20 Has been tightening 1:10 since 11pm last night, now 2:10. Less painful since had Paracetamol+DHC Has continued to leak clear fluid, no PV blood/discharge Feels FM less in last 12 hours but now more aware of fetal movement in OT Otherwise well PMHx: Nil DHx: Ferrous sulphate O/E: Abdo soft, cephalic presentation Large for dates bump - measuring 37 CTG in progress Speculum with consent and chaperone (MW Lisa) cervix long and closed, no liquor seen on speculum D/W NNU - no capacity for baby if labours D/W Jane Telford (LW CMW) - cannot transfer out at present as no MW available, she will liaise with NNU. Phoned back - to stay in OT at present 0520 FY2 Healy Patient reviewed by Dr Bano (reg) - will require transfer from RIE D/W NNU at SJH, have capacity for the baby should she deliver D/W Janice Saunders (CMW LW at SJH) - has discussed with paed and happy for transfer to LW J Telford organising ambulance etc
Comments	Patient informed of plan
Transfer/Followup details	
What type of care is this woman suitable for?	Obstetrician led
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	
PN Chaperone name	
VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	

Triage and Assessment (AN & PN)

PN Lochia	
PN Perineum	
PN Wound	
PN Any signs of DVT?	
PN Symptoms	
PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Lisa B Sutherland - 17/02/2014 - 03:58
Last Update User/Date/Time	Lisa B Sutherland - 17/02/2014 - 06:14
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	
CTG Required	
F1 - 3 accelerations?	Yes
Unreactive	0
F1 - Acceptable	
F1 - Decelerations	None
F1 - Reassuring trace	Yes
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	
F2 - Decelerations	
F2 - Reassuring trace	
F2 - Non reassuring trace	
Fetal heart rate	135
Procedure explained	

Triage and Assessment (AN & PN)

Time triaged by a Midwife	07:20
Referred by	Self
Booked (within Lothian)	Yes
Location seen	Hospital
Hospital on Divert?	Y
Diverted to	St John's
Gestation (in weeks)	37
Reason for referral	Reduced Fetal Movements
Other Reason for ref	
Maternal Temperature	36.3
Maternal Pulse	66
Systolic Blood pressure	131
Diastolic blood pressure	82
Resps	
Sats	
Mews score	
Oedema	None
Oedema - present	
Urinalysis	NAD
Urinalysis abnormalities	
Membranes	Ruptured
Membranes rupture Date	
Membranes ruptured time	
Liquor	Clear
Any other PV loss	SHOW
History of contractions	Yes
Frequency	1:5
Strength	MODERATE
Duration (secs)	60
Fundal Height	37
Lie	Longitudinal
Back on	Right
Presentation	Cephalic
Presenting part /5ths palp	2/5th Palpable
Fetal position	ROL
Fetal movements felt (by mother)	Yes
Type of Fetal monitoring req'd	Continuous
Indication for continuous fetal monitoring	Maternal medical indication
Other indication for continuous fetal monitoring	

Triage and Assessment (AN & PN)

F1 - FH baseline	145
F1 - Are accelerations present?	
F1 - Variability	5-10
F1 - Decelerations?	
F1 - Overall CTG	
F2 - FH baseline	
F2 - Are accelerations present?	
F2 - Variability	
F2 - Decelerations?	
F2 - Overall CTG	
VE indication	Assess if in Labour
Time of VE	
Verbal consent obtained	Yes
Chaperone present?	
Chaperone name	
Cervical position	Anterior
Cervical consistency	Soft
Cervical effacement/Length	Fully effaced
Cervical Dilation - cm	3
Presenting Part	Vertex
Other presenting part	
Relation to Ischial spines	Spines -1
Position	
caput	No Caput
Moulding	No Moulding
Fetal Heart after exam	140
Labour and delivery discussed?	
Labour & Delivery preferences discussed	
	0720 - Seen in triage at 37/40 2+0 with history of reduced fetal movements and early labour. Since 0600 this morning began feeling contractions 1:5 regular. Has been seen in Day care with SRM since 35+6. Maternal observations - see above. SEWS score - 0. RR 16, SATS 99%. Urinalysis - NAD Medications - Ferrous sulphate BD - not taken any in last 2 days Medical hx - X2 svd 2005/2010. Preclampsia in first pregnancy. Allergies - NKDA 0730 - CTG commenced to assess fetal wellbeing with consent. 0735 - Vaginal examination performed with consent to assess if in labour as appears very distressed. See above. Bulging membranes felt on examination Findings discussed with Lizanne. Labour ward contacted as very busy - no beds available at present. Will update on situation as soon as possible. 0800 - CTG continues due to loss of contact. Handover to day staff given. 0845 - Transferred to labour ward Room 14. Observations satisfactory

Triage and Assessment (AN & PN)

Comments	and CTG normal.
Transfer/Followup details	
What type of care is this woman suitable for?	Obstetrician led
PN Reason for referral	
Other Reason	
No. of days Postnatal	
PN Consent for VE	
PN Chaperone present?	
PN Chaperone name	
VE / speculum indications	
VE findings	
Speculum findings	
PN Temperature	
PN Pulse	
PN Systolic BP	
PN Diastolic BP	
PN Resps	
PN Sats	
PN Mews score	
PN Breasts	
PN Fundus involuting	
PN Fundal position	
PN Fundus - other	
PN Lochia	
PN Perineum	
PN Wound	
PN Any signs of DVT?	
PN Symptoms	
PN Outcome of visit	
Review details and management plan	
Is DATIX required and completed?	
MW Countersigning StM signature	
Create User/Date/Time	Emma J Leslie - 04/03/2014 - 07:49
Last Update User/Date/Time	Nicola X Smith - 04/03/2014 - 08:46
**** Archive Data ****	
Cervical Dilation - cm (AD)	
Difficult to interpret	
Difficult to interpret - FH2	
Number of Contractions in 10 minute	
CTG Required	
F1 - 3 accelerations?	Yes

Triage and Assessment (AN & PN)

Unreactive	0
F1 - Acceptable	
F1 - Decelerations	None
F1 - Reassuring trace	Yes
F1 - Non reassuring trace	
F2 - 3 accelerations?	
Unreactive Trace - FH2	0
F2 - Acceptable	
F2 - Decelerations	
F2 - Reassuring trace	
F2 - Non reassuring trace	
Fetal heart rate	140
Procedure explained	Yes

Daily P/N Maternal Checks

No. of days postnatal	2
Temperature check	36.8
Respirations	
Pulse	62
Systolic BP	110
Diastolic BP	70
Lochia	Pink minimal odourless
Fundus - involuting	1 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Mixed Feeding
Breasts	Comfortable
Management	requires help with latch, has exp good volumes EBM.
Perineum	
Wound	
General wellbeing & pain assessment	Feels p/n well at time of daily check, not required any analgesia
Adequate analgesia	Yes
Sutures to be removed	No
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	No
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	No
Pelvic floor problems?	No
FBC test	Yes
Postnatal HB last taken	03/03/2014
Summary of Assessment & Care	EBL 200mls HB 117 Lizanne appears postnatally well at time of daily check, mobilising well when caring for baby. Lizanne keen for home advised to stay o/n as baby not yet b/f effectively, baby on pre-feed obs for PROM. Paed, check to be complete before d/c.

Daily P/N Maternal Checks

MW Countersigning StM signature	
Create User/Date/Time	Valerie Weston - 05/03/2014 - 10:41
Last Update User/Date/Time	Patricia S Wills - 05/03/2014 - 11:29
**** Archive Data ****	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	3
Temperature check	36.5
Respirations	
Pulse	62
Systolic BP	100
Diastolic BP	72
Lochia	Pink minimal odourless
Fundus - involuting	2 cm below umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Mixed Feeding
Breasts	Comfortable
Management	B/F exp EBM & A/F top-up when required.
Perineum	Not visualised
Wound	
General wellbeing & pain assessment	Feels p/n well at time of daily check, mobilising well when caring for baby Not required any analgesia
Adequate analgesia	No
Sutures to be removed	No
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	Yes
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	No
Pelvic floor problems?	No
FBC test	Yes
Postnatal HB last taken	03/03/2014
Summary of Assessment & Care	EBL 200mls HB 117 Lizanne well at time of check, Feeding plan for baby : continue b/f with ebm & a/f top-up when needed, keen for home today.
MW Countersigning StM signature	
Create User/Date/Time	Valerie Weston - 06/03/2014 - 10:49

Daily P/N Maternal Checks

Last Update User/Date/Time	Patricia S Wills - 06/03/2014 - 11:54
**** Archive Data ****	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	10
Temperature check	
Respirations	
Pulse	
Systolic BP	
Diastolic BP	
Lochia	Pink/brown odourless
Fundus - involuting	1 cm above Symphysis pubes
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Artificial Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	Not visualised
Wound	
General wellbeing & pain assessment	
Adequate analgesia	
Sutures to be removed	
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	Yes
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	Yes
Pelvic floor problems?	No
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	
MW Countersigning StM signature	
Create User/Date/Time	Lesley Burgess - 17/03/2014 - 14:00
Last Update User/Date/Time	Lesley Burgess - 17/03/2014 - 14:00
**** Archive Data ****	

Postnatal Discharge checks

Thromboembolic prophylaxis	No
Irregular maternal antibodies	No
Details for irregular antibodies	
Anti D Needed	No
Anti D given	
Anti D batch number	
Rubella vaccine needed	No
Rubella vaccine given	
Is cervical smear due?	Yes
When is cervical smear due?	postnatally
Risk of passive smoking to baby explained	Yes
Current smoker (no. per day)	
Smoker during pregnancy	No/Stopped
Date if stopped smoking	
Importance of healthy eating and maintaining a healthy weight discussed	Yes
Discussion details	
Is there an increased risk of P/N depression?	No
Contact made with Perinatal Health Team?	No
6 week P/N check required?	Yes
Postnatal check arrangements	with gp
Discharge medication	No
Discharge from community care	Yes
Date of discharge from community care	13/03/2014
Handover to HV complete	Yes
Handover to HV details	phoned 13/3/14
GIRFEC Lead professional (if relevant)	
Did the woman attend Antenatal classes?	No
Contraception/Sexual Health discussed?	Yes
Details	undecided, leaflet re option given
Contraceptive method chosen	
Other method chosen	
Contraception method given	
Other contraception given	
Reason not given	Undecided
Follow-up appt details	
Follow-up appt - other details	

Postnatal Discharge checks

CE discussed	Yes
CE discussion	
CE given	No
Reversible contraception discussed	Yes
P/N Blood transfusion given?	No
Repeat Hb required?	No
Hb date due	
Last Hb date taken	05/03/2014
Last Hb result	117
Renal tract dilatation	No
Details for Renal tract dilatation	
Mother Infection	No
Details for Mother infection	
Underwent routine AN screening	Yes
Details for AN screening	
Pelvic Floor	No
Pelvic Floor details	
Passing Urine	No
Passing Urine details	
Bowel Function	No
Bowel Function details	
Breasts	No
Breasts details	
Perineum/Abdomen	No
Perineum/Abdomen details	
Were any signs of a wound infection detected?	
Date infection identified	
Involves only skin and subcutaneous tissue of the incision	
Please select all of the symptoms applicable	
Lochia/Menstruation	No
Lochia/Menstruation details	
Further contraception discussion required	
Contraceptive method given.	
Other contraception	
Reason not given.	
Follow-up appt details.	
Follow-up appt - other details.	
Sterilisation After Delivery	None

Postnatal Discharge checks

Diabetes- SMR02	No
Additional info for Mother & Baby	well postnatally
M/W countersigning STM	
Create User/Date/Time	Patricia S Wills - 06/03/2014 - 12:10
Last Update User/Date/Time	Lesley Burgess - 17/03/2014 - 13:58
**** Archive Data ****	
Postnatal infection	
Oral contraceptives discussed	
Barrier contraceptives discussed	
Feeding at discharge from Hospital	
Baby-1 Discharged To	
Health Visitor Base baby is transferred to	
Baby-2 Discharged To	
Baby-3 Discharged To	
BCG vaccination given	
Feeding at discharge from Community Care	
Baby discharge medication (please list medications)	
Baby first medical check	
Hepatitis B vaccination needed?	
Hepatitis B vaccination given	
Reason for Hep B vaccine	
Was HBIG given to baby?	
Date HBIG given	
Vitamin K 2nd oral dose arranged	
Vitamin K 2nd oral dose date	
Discharge medication details (please list medications)	

Hariz, Lizanne **CHI - 2110871105**

Date	Time	User	Occupation	Notes
22/11/2013	09:36	Maureen A Scott	Midwife	DNA 22 week appt. Phoned and new appt given .
28/01/2014	03:25	Norma A Forson	Midwife	Admitted to Ward 119 for observation. Orientated to ward. Call bell and water given. Still aware of occasional tightenings but not requiring analgesia. Aware to let staff know if pains get more frequent.
28/01/2014	06:15	M/W Aileen M Warner	Midwife	"transferred into bed space 11 at 0440 as single room needed for another patient, Lizanne understand. Lizanne feels well no concerns this monring. FMF, no further abdo pain. "
28/01/2014	11:28	Dr Katharine E Rankin	Doctor	WR FD Tightenings mcuh more settled Due second dose of steroids overnight Plan: To stay today Home tomorrow
28/01/2014	13:42	Alison Anderson		1330hrs Lizanne reporting some abdo pain/tightenings, baby less active ctg commenced to assess fetal wellbeing FH 130-145bpm

Hariz, Lizanne

CHI - 2110871105

Date	Time	User	Occupation	Notes
28/01/2014	13:42	Alison Anderson		Care assumed on day shift by mw A Anderson P2+0 previous deliveries at 34/40 and 38/40 H/o pre eclampsia in both pregnancies 32/40 Rh pos Admitted overnight with tightenings 1:20, ? preterm labour Nil PV Os long and closed on speculum "28/1 0255hrs First dose of Dexamthasone " AN examination completed as documented Abdominal palpation SFH 35cm urinalysis NAD BP 11/60 P90 T 36.8 Aware of normal fetal movements c/o headache - 1g paracetamol as prescribed and charted, encouraged to increase oral fluids ctg commenced to assess fetal wellbeing DR high - preterm C nil BRA 120 V >5 A present D none O active baby ++, difficult to obtain good tracing, however overall normal and reassuring Plan: Second dose of Dex 29/1 at 0255hrs Review on ward round

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
28/01/2014	18:53	Alison Anderson		Written in retrospect due to level of activity on ward CTG discontinued at 1355hrs DR high preterm C mild 1:10 BRA 125bpm V >5 A present D none O normal, active baby ++, needing to hold transducer in place to obtain continuous recording 1g paracetamol as prescribed and charted for pain 1800hrs Has been chatting on phone, this afternoon, appears comfortable and undistressed, reports tightenings settled at present
29/01/2014	01:53	Christine Smith	Midwife	Typed in retrospect Busy with other clients Observations taken and documented. Lizanne says she has not felt baby move much this afternoon. No tightenings experienced, listened into fetal heart for 5 minutes 120-148bpm, fetal movement felt.
29/01/2014	04:10	Christine Smith	Midwife	Dexamethasone given as prescribed. Checked with another midwife. Observations taken and charted. Lizanne has felt occasional tightening. 1g paracetamol given as sore from injection.
29/01/2014	12:02	Dr Joanne Healy	Doctor	WR Dr Campbell Para 2 - preterm delivery at 34/40 SVD and 38/40 SVD Admitted with TPTL Speculum on admission - cervix long and closed Tightenings have settled down Plan: CTG now - if normal can go home Advice given re coming back if tightenings more regular/painful or if ?SRM

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
29/01/2014	13:39	Kerry Longstaff		"in retrospect " "care taken over at change of shift " handover recd, intros made "CTG " DR ?PTL C nil BRA 110bpm V >5bpm "A present " D nil "O normal " CTG discontinued SEWS = 0 "for home this afternoon "
29/01/2014	14:08	Kerry Longstaff		"D/C home aware to contact traige if has any concerns "
02/02/2014	07:39	Margaret McMahon	Midwife	Written in retrospect admitted to ward 119 at 0600 this morning. Settled into ward. Iced water given. Observations done in triage before transfer and normal as charted on sews chart. Settled into ward and has buzzer to use for any assistance required.
02/02/2014	09:15	Dr Y Nirmala Mary	Consultant	WR Nirmala MArY "Para2-32.5 weeks gestation " "Tightening 1 in 10 " "CTG commenced " "PS- PArrous os draining clear liquor " (HAd steroids) "On Eryhthromycin " "Stay in "

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
02/02/2014	10:18	Claire A Sword	Midwife	Care continued by Claire Sword mw - Lizanne reports contractions approx 10 mins apart and feeling 'a bit uncomfortable' with contractions. Maternal observations satisfactory, however, Temp 37.1 Paracetamol 1g and 2nd dose of dihydrocodeine 30mg po given as requested by Lizanne. Had speculum approx 1 hour ago by DrMary Nirmala (cons) - parous os noted. Despite this and owing to Lizanne's obstetric hx (prev 34/40) and SRM this am at 0230 - d/w charge K Mclean, for transfer to labour ward for closer monitoring of labour. CTG for 50 mins. Baseline rate - 140bpm. Good variability with accelerations accompanied by fetal movements. No decelerations. Imp Normal CTG. "PLAN " Transfer to l/w room 2 at 1030 Recheck temp at 1100 "oral abx due at 1200. "
02/02/2014	12:30	Juliet M Martin	Midwife	"care taken over in lw room 2 " "inotrs made " para 2+0 (x2 svds 34/40 and 38/40). "prev hx preeclampsia no treatment " "new partner " prev admission this pregnancy with hx threatened preterm labour had dexamethasone 12mgs on 28/1/14 & 29/1/14 . readmitted 2/2/14 with srom @ 02.30hrs . on oral erythromycin 250mgs qid. o/a to lw a/p with maternal consent longitudinal lie, cephalic presentation presenting part free. ctg applied with consent to assess fetal wellbeing. maternal obs stable sews score=0 . has spoken to paedrs . mild irregular palpable tightenings.
02/02/2014	12:34	Juliet M Martin	Midwife	ctg risk high preterm rom , threatened preterm labour "tightening 1-2:10 " baseline 130bpm accels present no decels variability good 5-15bpm normal ctg .

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
02/02/2014	13:28	Juliet M Martin	Midwife	"written in retrospect " 12.00hrs offered further analgesia - declined . "12.45hrs ctg continues " "risk unchanged " "tightenings settling " baseline 130bpm accels present no decels variability good 5-15bpm normal ctg . 13.20hrs ctg risk as prev no uterine activity baseline 130bpm accels present no decels variability good 5-15bpm normal ctg - discontinued . lizanne comfortable has had lunch and further tea and toast given .
02/02/2014	14:13	Juliet M Martin	Midwife	asleep not disturbed .
02/02/2014	15:26	Juliet M Martin	Midwife	"lizanne remains asleep not disturbed " partner returned . d/w cons dr.mary if remains settled can be transferred back to ward .
02/02/2014	16:00	Juliet M Martin	Midwife	fbc,u+e's ,crp taken and sent .
02/02/2014	16:38	Juliet M Martin	Midwife	d/w dr.tierney cons can transfer back to ward119.
02/02/2014	16:39	Juliet M Martin	Midwife	no antenatal beds available at present . mw smith will let me know when bed available .
02/02/2014	16:57	Juliet M Martin	Midwife	remains comfortable . fmf by mum. nil pv @ present . awaiting bed in ward 119.
02/02/2014	18:19	Juliet M Martin	Midwife	still awaiting bed in postnatal ward . lizanne remanins comfortable . fmf by mum. po erythromycin 20mgs given as charted .

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
02/02/2014	18:40	Juliet M Martin	Midwife	"lizanne comfortable bed available in ward 119 " "transferred to postanatal ward 119 " care handed over to mw sword
02/02/2014	21:48	Carole A Foran	Midwife	Lizanne comfortable. FMF. Clear liquir with creamy discharge. Erythromycin given. Apyrexial. CTG commenced to assess fetal wellbeing as requested at handover.
03/02/2014	01:32	Julie AM Tierney	Midwife	Lizanne transferred to 4 bedded bay bed 16. This was at lizanne's request- prefers to be with other patients rather than on her own.
03/02/2014	04:34	Julie AM Tierney	Midwife	into check on lizanne appears in a very deep sleep. left undisturbed.
03/02/2014	08:17	Julie AM Tierney	Midwife	0630- observations taken and stable. oral antibiotics given as per drug kardex. Lizanne well. Remains apyrexial. no discomfort. clear fluid PV.
03/02/2014	09:34	Tracey A Howat	Midwife	Care by T Howat MW on day shift CTG discontinued, had been commenced by night shift CTG Baseline 140bpm,good variability, accelerations present, no decelarataions, no uterine activity Lizanne feeling well this morning, continues to drain clear liquor, no tightenings overnight On Erythromycin and has had dose this morning going off ward for a walk with her husband
03/02/2014	13:53	M/W Melanie Coull	Midwife	Called by Lizanne - feeling sore Abdo palpation - difficult due to maternal habitus Long lie Ceph pres Head free CTG commenced with consent to ensure fetal wellbeing Ayrexial & HR normal as per SEWS chart Lizanne vomiting - had a very big lunch - anti-emetic offered - declines at present To observe ?needs medical review.
03/02/2014	14:17	M/W Melanie Coull	Midwife	Lizanne feeling better now she has vomited ?eaten too much CTG continues & is normal, no tightenings recorded & nil palpable.

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
03/02/2014	14:28	M/W Melanie Coull	Midwife	CTG discontinued at 1422hs FH baseline = 140bpm Variability >5bpm Accelerations up to 165bpm No decelerations No UA Overall normal trace Lizanne settled "To inform me of any further concerns. "
03/02/2014	14:32	Rhona G Hughes	Consultant	"Retrospective note. " "Seen on WR at 11am approx. Confirmed SRM 36 hours ago. Prev 34 week delivery. " Has had steroids. Tightening irregularly. CTG reactive To stay in .Needs presentation scan to confirm cephalic. I will try to return to do this later -if not should go to DAU for this.
03/02/2014	15:50	Rhona G Hughes	Consultant	Reviewed to check presentation. Cephalic on scan .FHS. Fetal movements seen. AFI not formally assessed but looks like 5-8 approximately
03/02/2014	18:45	M/W Melanie Coull	Midwife	Lizanne has remained settled over the course of the afternoon Remains apyrexial & HR normal PO abx given as charted.
04/02/2014	02:16	Lucy Bain		"Written in retrospect due to ward activity, " "20.30 care taken over by myself, " "introductions made, " "srm on the 02/02/14 @02.30, " "2200 apyrexial this evening, " "pads seen, ?urine, yellow in colour, " "antibiotic given as prescribed, " "fh auscultated over 2 mins, " "135-150bpm, acels present, no decels, " "02.00 Apyrexial, Lizanne still wide awake, encouraged to get some sleep. "

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
04/02/2014	07:53	Lucy Bain		"Antibiotic given orally this morning as prescribed, " "Lizanne states she has been having loose stools and upset stomach throughout the night, advised to monitor closely and inform daystaff if does not stop. "
04/02/2014	11:59	Hannah Reedie	Doctor	Wr Edgar SRm 48 hours ago. "Feelin pressure in abdomen and rectum. " Sick yesterday. Obs stable/ no signs infection. Plan: Fo CTG Keep in until atleast tomorrow. For for VE currently
04/02/2014	18:12	Margaret McMahon	Midwife	Writtenn in retrospect care given on dayshift by myself. Antenatal check done as charted. Lizanne has had braxton hick contractions over the day, she has been in and out of ward mobilising well today At 1102 ctg commenced to assess fetal wellbeing. AT 1130 ctg discontinued, some braxton hicks tightenings on ctg, baseline 130bpm, variability present, accelerations present, no decelerations, normal ctg with fetal movements felt and recorded on ctg.
04/02/2014	20:30	Margaret McMahon	Midwife	Lizanne has had a very settled day, she has not buzzed for anything. She has had braxton hicks contractions over the day, she has not required any pain relief.
04/02/2014	22:10	Lucy Bain		"Care taken over by myself this evening, " "Introductions made, " "Lizanne been experiencing braxton hicks throughout the day, " "paracetamol 1g given orally as prescribed, hoping to get some sleep as did not sleep much last night, " "obs stable, apyrexial, " "antibiotic given orally as prescribed, wishing to have anti-emetic as feels it makes her sick, cyclizine given orally as prescribed, " "fetal movement felt,had ctg earlier today. "

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
05/02/2014	11:04	Naomi Griffiths	Doctor	W/R Dr Palapiappan 33.1 P2+0 (IOLat 34wks for pre-eclampsia) SRM sunday am Steroids complete. Feeeling 'generally grotty' On 10/7 erythromicin (day 4) USS confirms cephalic CTG normal Abdomen soft "Plan: " FBC, U&ES, CRP today Home tomorrow with DAU twice weekly (Mon/Fri) for follow up. IOL at 36-37 wks if no PTL before Worsening advice given: to avoid intercourse until delivery, re-present if febrile/smelly discharge
05/02/2014	12:31	Christine Smith	Midwife	Typed in retrospect as heavy workload. Lizanne's observations taken and recorded temp 37, pulse 75, b/p 108/67.
05/02/2014	14:05	Christine Smith	Midwife	Lizanne not feeling too well this morning, observations normal. Had been vomiting this morning though nothing since, still feels nauseated, cyclizine given earlier. Feels Hot. CTG applied earlier with conesnt to assess fetal well-being. CTG baseline 140bpm with good varibility 5-30bpm accelerations,no decelerations, fetal movment felt, occasional uterine activity not aware. Bloods taken and sent this morning. Had managed to get some sleep earlier.
05/02/2014	17:01	Christine Smith	Midwife	Lizanne feeling slightly better though still slightly nauseated, -tired. Observations taken and documented.
05/02/2014	17:28	Christine Smith	Midwife	Blood results HB 102 urea 1.5 creat 53 alk phos 131 crp12 urate.25
05/02/2014	18:43	Christine Smith	Midwife	Ferrous sulphate given as prescribed. Antibiotics given as prescribed, Lizanne feeling much better now, hopes to go home tomorrow.
05/02/2014	20:17	Christine Smith	Midwife	Lizanne still feeling better, feels baby move, has been on phone all day to family..

Obstetric Notes - 620047703X

As at 11/05/2026 09:25

Hariz, Lizanne **CHI - 2110871105**

Date	Time	User	Occupation	Notes
05/02/2014	23:51	Lucy Bain		"Written in retrospect, " "care taken over by myself at 20.30, " "obs stable, " "2200 Antibiotic given orally as prescribed, " "23.40 Lizanne buzzed to say that feeling crampy brazxton hicks, " "paracetamol 1g given orally as prescribed, will buzz if does not help. "
06/02/2014	10:35	Nicholas Allen	Doctor	WR Dr Dundas 1030 Para 2, 33+2 More PV fluid today, looks creamy green Feeling a pressure down below Complaining of more lower back pain On erythromycin, iron Had steroids last week OE Normal obs Normal CTG with baseline 135, good variability, freq accels, no decells VE - paras os MSU normal Imp Not in labour Plan Rpt bloods today Carefullyeye on pads

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
06/02/2014	11:11	M/W Jennifer E Fleming	Midwife	Care taken over at start of shift by MW Scott. Lizanne aware of braxton hicks and lower back pain. Discharge on pad yellow/?green - observe closely. BP 112/62, P 82, T 36.9 CTG applied with consent - Baserate 145bpm, accelerations present, no decels, variability >5bpm, overall reassuring. Seen on ward round this morning - For repeat CRP, FBC and TEDS.
06/02/2014	11:11	M/W Jennifer E Fleming	Midwife	Lizanne gone off ward at present
06/02/2014	13:54	M/W Jennifer E Fleming	Midwife	"FBC and CRP taken and sent to lab. " small amount of blood spotting on wiping at the toilet. Advised this is probably due to her VE this morning. She is aware if it continues to let me know.
06/02/2014	15:29	M/W Jennifer E Fleming	Midwife	Lizanne buzzed to say her cramps/pain were getting worse and more frequent. Analgesia given as per kardex and CTG commenced with consent.
06/02/2014	16:32	M/W Jennifer E Fleming	Midwife	Written in retrospect - CTG discontinued at 15:40. Baserate 135-140bpm, accelerations present, no decels, variability>5bpm, no tightenings noted. In view of previous very short labour at 34 weeks, asked for medical review.
06/02/2014	16:45	Nicholas Allen	Doctor	Asked to rv by midwife Went down stairs with family Developed some lower abdo and bilateral flank pain Required analgesia on return Now seems comfortable in the bed Abdo - some mild flank tenderness as before Examines almost identically to earlier Now settled CTG - good variability, no deccels, looks reassuring, no contractions seen Plan Regular paracetamol rather than PRN
06/02/2014	20:08	M/W Jennifer E Fleming	Midwife	In to do Temp but Lizanne off ward at present

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Date	Time	User	Occupation	Notes
06/02/2014	21:44	Jacqueline L Arnott		care taken over this evening by jackie Arnott m/w maternal obs - temp 36.7, BP 113/71, pulse 80 " due oral antibiotics at 22.00 and 08.00am" clear liquor pv FH auscultated over two minutes- FH 144-153bpm, clear and regular - no decels heard. " aware to let me know overnight if liquor changes colour, if any pv bleeding, if aware of tightenings, if reduced fetal movements or any other concerns." " TEDS on"
07/02/2014	02:31	Jacqueline L Arnott		in to check on lizanne- fast asleep- let undisturbed
07/02/2014	07:18	Jacqueline L Arnott		06.30- in retrospect- oral antibiotics, ferrous sulphate given as prescribed. " maternal obs- temp 36.7, BP110/71, pulse 84" " FH auscultated over two minutes- FH 135-149bpm, clear and regular - no decels heard."
07/02/2014	10:21	Kirstie Jones	Midwife	Care taken over at start of dayshift by myself RM K.Rae. Lizanne has not been at bedside since start of shift.
07/02/2014	11:26	Kirstie Jones	Midwife	Lizanne reports feeling well, was aware of some mild backache on wakening this morning however reports this resolved on mobilising. Not aware of any uterine activity. Pad seen by myself, small amount of normal PV discharge only. CTG with consent, removed now as satisfactory. Baseline 140bpm, good variability, accelerations present, no decelerations, irregular uterine activity shown on toco however Lizanne not aware of these. Obs stable. For review on ward round.
07/02/2014	14:34	Dr Shona Cowan	Consultant	WR Dr Cowan "PPROM " No contractions Clear/pinky liquor FMF ++ Imp- Can be monitored as OP Keen for home DAU x2/week Aware to return if any sign labour For augmentation 36wks
07/02/2014	15:33	Kirstie Jones	Midwife	Lizanne discharged home. DAU appointment made for 2pm on Monday, Lizanne aware. Aware to call triage if any concerns, advised to look out for changes in liquor, fetal movements or feeling unwell. Advised to come in immediately if any signs of labour.

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
17/02/2014	12:04	Emma Owens	Midwife	11:15 Received on to LW SJH with m/w transfer, thank you. Note hx in triage and assessment. On admission states tightenings may have increased in ambulance, aware of some pressure towards symphysis pubis. Not distressed. CTG commenced with consent. Observations as per chart SEWS score = 0. Apyrexial. "Registrar aware of arrival. Will review following theatre. "
17/02/2014	13:05	Emma Owens	Midwife	"12:55 CTG baseline 135bpm, variability 5 - 15bpm, accelerations up to 170bpm, no decelerations. Some LOC with FM ++ " CTG discontinued meantime to allow for maternal comfort. Awaiting review by medical staff. 12:30 Up to toilet. 400mls urine passed - Urinalysis NAD. "12:00 CTG sleep trace at present, previously reactive, left to continue meantime. Tightenings approx 2:10. "
17/02/2014	13:38	Emma Owens	Midwife	13:30 Lizanne offered oral analgesia happy to try same. PARACETAMOL 1g and DIHYDROCODEINE 60mg given P.O. as prescribed.
17/02/2014	17:17	Margaret Anne Sterrick	Midwife	lizanne having some mild tightenings . not requiring analgesia . happy with fm
17/02/2014	17:54	Pauline McLean	Doctor	McLean ST4Written retrospectively26 yrsP2 (SVD 34/40, SVD 38/40. Recalls quick delivery previously
17/02/2014	18:20	Margaret Anne Sterrick	Midwife	"ctg irreg u/a baseline 140 bpm , good variability , 2 x accels on ctg . not actively draining fluid "
17/02/2014	21:04	Karen A Jones	Midwife	Lizanne managed a sleep at visiting time well, knows to buzz if needing anything
18/02/2014	01:10	Karen A Jones	Midwife	Appears to be asleep, left undisturbed
18/02/2014	04:29	Karen A Jones	Midwife	Appears to be asleep, left undisturbed
18/02/2014	06:48	Karen A Jones	Midwife	appears to be sleeping, left undisturbed
18/02/2014	10:19	Dr Shiona Coutts	Consultant	WR Dr Coutts Tightenings settled. No PV loss Keen for home. Plan - D/C home today and F/U at RIE as planned
18/02/2014	13:21	Margaret Anne Sterrick	Midwife	"afi 20.9, cephalic presentation . cannula removed discussed weith dr shafik home . feso4 px given . for further f/ up at nrie "

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Date	Time	User	Occupation	Notes
18/02/2014	17:41	Margaret Anne Sterrick	Midwife	"has uss for lv at 12`15, same " "advised " sews score 0, no u/a fh on ctg baseline 135 lots of fm at start of ctg , first 10 mins mw present . normal ctg, t 36.9
20/02/2014	18:45	Christine Smith	Midwife	Lizanne admitted to ward earlier. She is a para 2+0 at 35+2 days. She came in with regular tightenings earlier in the day with ? SRM Cervix was long and closed. She has had 2 precipitate births and had a pre-term delivery at 34 weeks with pre-eclampsia. crp, fbc and hvs have been taken. She has had a course of steriods. Lizanne has been admitted to ward 119 previously. CTG before bedtime.
20/02/2014	19:19	Clara Thomson		"Introductions made. " "Observations within normal limits and documented on SEWS chart. Lizanne appears well , although slightly uncomfortable with tightenings. Fetal movement felt. " FHH using sonicaid for 2 minutes, 116-138, no decelrations hard
20/02/2014	22:05	M/W Melanie Coull	Midwife	Lizanne reports to be feeling uncomfortable today ?irregular tightenings CTG commenced with consent to ensure fetal wellbeing Asked to show me next pad ??SRM HR & temp N.
20/02/2014	22:31	M/W Melanie Coull	Midwife	CTG continues as LOC Lizanne also up to PU - CTG re-commenced.
20/02/2014	23:03	M/W Melanie Coull	Midwife	CTG discontinued at 2253hrs FH baseline = 135bpm Variability >5bpm Accelerations up to 165bpm No decelerations UA - picking up 2 in 10 initailly then settled, not palpable CTG normal Lizanne is very comfortable - has been on her mobile chatting for most of the CTG Paracetamol 1g PO given I will discuss with obs team - ?observe for now.

Obstetric Notes - 620047703X

As at 11/05/2026 09:25

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Date	Time	User	Occupation	Notes
20/02/2014	23:25	M/W Melanie Coull	Midwife	Discussed with Obs Reg Dr Pearson - happy to observe for now Lizanne reports her pad to be dry before getting into bed To call me anytime.
21/02/2014	03:42	M/W Melanie Coull	Midwife	I have been in & out of Lizanne's room all night with another woman - Lizanne snoring - not disturbed.
21/02/2014	11:55	Amy J Manning	Doctor	Wr Dr hughes admitted yesterday TPTL ??SRM no evidence currently LV 20/9 CTG normal occassional tightenings good fetal movements advised unlikely SRM but continue twiceweekly DAu mon/thurs home

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Date	Time	User	Occupation	Notes
21/02/2014	12:21	Alison Anderson		Written in retrospect Care assumed on day shift by mw A Anderson P2+0 h/o previous preterm SVDs and PIH new partner this pregnancy multiple admissions with ?SRM and ?PTL ?srm 2/2 - treating as SRM 2xsteroids on previous admission Obs within normal limits apyrexial Creamy discharge seen on pad, no evidence of liquor at present Reports tightenings but undistressed, on phone constantly ctg discontinued at 1055hrs DR preterm C not palpable BRA 130 V >5 A present D none O normal Pln: for discharge home, with review in DAU
21/02/2014	14:24	Alison Anderson		Discharge letter and medication supplied Follow up in DAU Appt made monday 24/2 1230hrs - Lizanne aware Aware to contact triage meantime with any concerns, PV loss, tightenings, reduced fetal movement
24/02/2014	19:56	Lorraine MS Watt	Midwife	"itten in retrospect, Lizanne admitted to ward 119 from triage, On admsission orientated to ward, call bell shown, ice water given, still aware of irregular tightenings, no pv loss noted, FMF. Ferrous sulpahte given as prescribed, does not wish analgesia at this time, appears comfortable. Aware to buzz if any concerns. "
24/02/2014	19:59	Lorraine MS Watt	Midwife	Written in retrospect. Admitted to ward 119 from triage with history of irregular tightenings for last few days, previous pre term delivery at 35 weeks, On admission orientated to ward, call bell shown, ice water given, still aware of irregular tightenings but not wishing analgesia, no pv loss noted, for observation overnight, and CTG before bed. Aware to buzz if any concerns.

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Date	Time	User	Occupation	Notes
24/02/2014	22:56	Betty McKeown	Midwife	care taken over by myself and (st mw) s leith, introductions made, no uterine activity at this time, no pv loss, fmf by lizanne. fhrh via sonicaid 135-155 bpm over 3 minutes, good vairability, no decels noted clear and regular. advised to buzz if any conserns over night.
25/02/2014	02:52	Betty McKeown	Midwife	haematology results hb 112, wcc 9.7, plat 262, CRP 13, for review on WR in am.
25/02/2014	08:52	Betty McKeown	Midwife	overnight settled and slept on/off. plan for review on WR.
25/02/2014	10:21	M/W Melanie Coull	Midwife	Lizanne has vomited x2 this am For PO cyclizine on the ward round BP = 112/62 MP = 76bpm T = 36.8 degrees CTG commenced at 0935hrs Discontinued at 1013hrs FH baseline = 140bpm Variability >5bm Accelerations up to 180bpm No decelerations Occassional UA only Overall normal trace Pad observed - normal vaginal discharge only For review on the ward round.
25/02/2014	11:13	Naomi Griffiths	Doctor	W/R Prof Norman 36.0 today. Contractions settled, feeling nauseated. Plan: Oral cyclizine Case MSU Aim home later today

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
25/02/2014	12:23	M/W Melanie Coull	Midwife	Lizanne has had PO cyclizine & is asleep - left undisturbed ?home later.
25/02/2014	15:30	M/W Melanie Coull	Midwife	Lizanne feeling much better - keen to go home Has ANC 05/03/14 To call Triage meantime with any further concerns.
04/03/2014	09:00	Nadia A Cardwell	Midwife	Lizanne and birthing partner Wissasm (awaiting husbands arrival) admitted to labour ward in active labour P2 2 svds pre eclampsia with first baby delivered at 34 weeks delivered at 38 weeks with second baby "This pregnancy srm at 32+5 " Rhesus positive bmi 36 no allergies small amounts of clear fluid draining since srm at 32 weeks Started contracting this am at 06.00 07.30 examination in triage bulging forewaters felt 3cm fully effaced On arrival to labour ward palpation long lie feels op on palpation pp 1 - 2/5ths palpable "ctg commenced with consent "
04/03/2014	09:25	Nadia A Cardwell	Midwife	"bp 109/77 p 70 temp " ctg - psm "baseline 135 - 140 bpm " acceleration no deceleration "variability > 5 bpm " contracting 4 - 5 in 10 moderate on palpation "normal ctg " "observe contractions " Lizanne using entonox through contractions coping well but feeling they are more intense. "Bloods taken yesterday hb 117 wcc 10.7 crp down from 13 to 7 " temp 36.6
04/03/2014	09:30	Nadia A Cardwell	Midwife	active 3rd stage plans to breastfeed Partner has just arrived

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Date	Time	User	Occupation	Notes
04/03/2014	09:52	M/W Rebecca A Graham	Midwife	CTG Buddy Review DR - PROM C 5:10 BRA - 140bpm V 5 A present D nil O normal Continue to monitor closely
04/03/2014	09:59	Nadia A Cardwell	Midwife	ctg prom baseline 135 - 140 bpm 1 x accel "no decelerations " variability currently 5bpm contracting 4 - 5 in 10 resting tone 55 - 60 seconds pv show Lizanne coping really well using entonox mp 72
04/03/2014	10:01	Nadia A Cardwell	Midwife	contractions coupling
04/03/2014	10:36	Rhona G Hughes	Consultant	WR review. I have met Lizanne antenatally and don't think this was a confirmed SRM .Now in established labour,contracting 4-5 in 10. Keen to use pool. I am happy with this. Should have telemetry.
04/03/2014	11:47	Nadia A Cardwell	Midwife	Summary 10.25 srm clear liquor "Fetal bradycardia onto back fh 90 - called for assistance mp 70. " Fh up to 120bpm S Wright into room Lizanne feeling expulsive vertex visible and advancing beautifully 10.37 head delivered - svd live boy stimulated and then cried 10.40 placenta and membranes delivered by cct perineum inspected intact ebl 200mls "Baby check completed vitamin k given " lochia minimal bp 104/74 p 62 temp 36.6 - assistance given into the bath Baby wrapped with dad

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
04/03/2014	13:44	Nadia A Cardwell	Midwife	Temp recheck at 12.00 36.9 resps 46 hr 130 baby nice and pink and alert. Both mum and baby are now asleep. Birthings partner in room. Baby will need to be woken for a feed before 15.00.
04/03/2014	14:28	Nadia A Cardwell	Midwife	Birthing partner aware that baby should feed by 15.15
04/03/2014	20:26	M/W Rebecca A Graham	Midwife	Care taken over by myself postnatally, intros made and congratulations offered. Lizanne comfortable, obs stable. Fundus firm and central, lochia average. Baby has been sleepy, help given by CSW to express, 3mls obtained and given via a syringe. I went in to assist with feeding a few hours later, baby still sleepy, Lizanne expressed further 1ml then baby attached to the breast, details in baby notes. Baby requires obs when finished feed. Lizanne has requested aptamil and will topup baby if doesn't feed effectively.
04/03/2014	22:24	Angela P Bleasdale	Midwife	Admitted to ward 119 for post natal care care by myself MW Bleasdale orientated to ward, buzzer system shown Lizanne postnatally well - baby Bf but has had a top up at mums request baby on pre feed Obs for PROM - lizanne aware to buzz prior to feed
05/03/2014	07:04	Angela P Bleasdale	Midwife	"Baby has been out with staff overnight - top up at mums request - PFO remain stable "
05/03/2014	10:49	Valerie Weston		Entry by MCA V,Weston Introductions made congratulations given. Lizanne appears postnatally well at time of daily check, mobilising well when caring for baby. Maternal obs stable 110/70 Pulse 62 Temp 36.8 Fundus, lochia and perinium to be checked by m/w. Lizanne keen for home today, advised to stay today & o/n for breastfeeding support as baby not yet fed at breast effectively EBM given and A/F at maternal request via syringe feed. Baby on pre-feed obs for PROM obs stable. Paed, check to be completed before d/c home. Lizanne aware to buzz for baby's obs to be checked before each feed.
05/03/2014	11:30	Patricia S Wills	Midwife	1110 baby reluctant to feed at the breast, mum keen to continue to breast feed, expressed 4 mls ebm and given to him. plan to try again in 3 hours. prefeed obs. satisfactory
05/03/2014	18:20	Valerie Weston		Entry by MCA Weston Lizanne buzzed for help with b/f, baby not interested at breast. Consent gained to hand express 5mls collected and given via syringe, assistance with latching baby to L breast 10mins intermitant sucking, not settled after feed, at maternal request baby given 20mls Aptamil via syringe. With consent a further 3.5mls EBM expressed kept in fridge for next feed. Lizanne comfortable aware to buzz if any concerns.

Hariz, Lizanne CHI - 2110871105

Date	Time	User	Occupation	Notes
06/03/2014	00:17	Angela P Bleasdale	Midwife	In reterospect care resumed by myself MW Bleasdale Lizanne well this evening - baby BF well, no concerns Aware to buzz if any concerns
06/03/2014	10:53	Valerie Weston		Care taken over by M/W P, Willis & MCA V, Weston Lizanne postnatally well at time of daily check, maternal obs stable BP 110/72 Pulse 62 Temp 36.5 Lizanne has managed well to b/f baby this morning, plans to continue b/f with ebm & a/f top-up when needed, depending on baby's feeding demands. Keen for home today.
06/03/2014	11:55	Patricia S Wills	Midwife	1100 hb 117 pre delivery, ebl 200mls therefore fbc not taken. advised re iron rich foods
06/03/2014	14:42	Patricia S Wills	Midwife	1400 discharge paperwork discussed and explained no medications required. has contact nos for community midwives, registrar card and home with partner
08/04/2022	16:23	Lauren E Molloy		query infection ?

Case Notes

TODD, ELIZABETH 21/10/1987 F 700085266W
 RIE 211 Postnatal Ward BASE C 22118 CNG C 20/02/2005 R 20/02/2005
 Phone: Time: u/k 11:35
 Specimen No : HR102325M (Haematology) <PgUp> for earlier samples

HR102325M	20/02/2005	u/k	Blood			
Haemoglobin	103		g/l	(115 to 165)	Auth	
Red cell count	3.74		x10 ¹² /l	(3.8 to 5.8)	Auth	
Haematocrit	0.313		ratio	(0.370 to 0.470)	Auth	
Mean cell volume	84		fl	(78 to 98)	Auth	
Mean cell Hb.	27.5		pg	(27.0 to 32.0)	Auth	
Mean cell Hb conc.	32.9		g/dl	(31.0 to 35.0)	Auth	
White cell count	<u>10.3</u>		x10 ⁹ /l	(4.0 to 11.0)	Auth	
Neutrophil Count	<u>9.54</u>		x10 ⁹ /l	(2.0 to 7.5)	Auth	
Lymphocyte Count	1.84		x10 ⁹ /l	(1.5 to 4.0)	Auth	
Monocyte Count	0.89		x10 ⁹ /l	(0.2 to 0.8)	Auth	
Eosinophil Count	1.00		x10 ⁹ /l	(0.04 to 0.4)	Auth	
Basophil Count					Auth	
Platelet count	339		x10 ⁹ /l	(150 to 350)	Auth	

1 Date 2 Earlst 3 Latst 4 rep seQ 5 Spec 6 DFT 7 Matches 8 Options 9 eXit X
 Cursor Down for more

EAST LoTHIAN COMMUNITY MIDWIVES.

How to contact us

For general enquiries call 0131 535 8304 during office hours. There is an answering machine if you wish to leave a message. Messages are checked each morning.

If you think you are in labour or need to speak to a midwife call 0131 242 2657. This is the Triage department at the New Royal Infirmary. Calls can be made to this number any time of the day or night.

In an emergency call '0131 535 8300' and ask for the on call midwife for East Lothian.

Parentcraft classes

You will be sent an invite to join us for classes in your area when you are around 7 months pregnant. If you have not received an invite please contact your local midwife. There are Aquanatal classes at various locations in East Lothian, please ask your midwife for details.

Ante Natal Appointments

Please bring these notes and a sample of urine to each appointment.

CASE REFERENCE NO(S)

B0765/05
MOTHER

BABY(1) 074105

BABY (2)

HOSPITAL CASE NOTES

HOSPITAL

WARD 1

CONSULTANT CWM

LOTHIAN AND BORDERS AREAS

MATERNITY SERVICES POSTNATAL CARD

G.P. NAME S SMR GLENDINNING
ADDRESS
NEWTON POPP SURGERY NEWTON POPP
HADDINGTON

AGE: 16

PARITY:

NO. OF LIVING
CHILDREN

MARITAL STATE:

Single

SURNAME TODD

FIRST NAME(S) IZABETH

ADDRESS

39/2 SLEIGH DRIVE
EDINBURGH
EH7 6EB

TEL No. 0162 082 5497

TEL No. 031 467 2516

DISCHARGE DATE

DAYS P/N

RETURN TO

Hosp.: G.P.: FPC

DATE

TEMPORARY ADDRESS

MOTHER:

20.2.05

4

BABY (1):

"

4

(2):

NOTIFICATION:

DATE

PHONE

NOTIFIED BY WHOM

MESSAGE
RECEIVED BY

SIGNATURE

TO COMMUNITY MIDWIFE

20.2.05

Fax

A. Marshall

A. Marshall

TO G.P.

letter to GP with w...

MOTHER

DELIVERY

DATE 20.2.05

TIME:

2149

WEEKS:

35.6

METHOD:

SVD

COMPLICATIONS AND
INTERVENTION: None
REASONS: None

CONTRACEPTION:

STERILISATION:

AT DEL.

WARD

DATE

FOR PPS

ADM

ARRANGED

INVESTIGATIONS

LABOUR

ONSET: SPONT/IND. ARM/RG/OXY AUGMENTED: YES/NO

DURATION:

1st Stage

2nd Stage

3rd Stage

Rupt Memb

to Del.

Hb

Required

Date

Result/Comments

Given/Taken/Booked

20.2.05

103.

(Hrs/Mins)

0830 0019

0006

0011

0855

ANTI-D

NR 4 Pos.

Rubella Vacc.

Yes.

CVX SMEAR

NOT DONE REQUIRED P/A.

EPIDURAL: YES/NO

GENERAL ANAESTHETIC: YES/NO

DIFFICULTY (Specify):

PLACENTA Complete

BLOOD LOSS: 250ml.

Complete

N

MEMBRANES:

TRANSFUSION(S):

CURRENT TREATMENT:

POSTNATAL PROBLEM(S):

STATE OF PERINEUM: EPISIOTOMY/TEAR

(1)

(2)

BABY

Area Unique Number

074105

Name

ANY SPECIAL
PROBLEM(S)Transferred - MINOLTA 172.
no treatment required.

Sex

Boy

Birthweight

2550

Follow-Up Examination:

HOSP.: ☐ Date:Comm. ☐

O.F.C.

32

INVESTIGATION
(PKU/TSH)

DATE

RESULT/COMMENTS

Length

114

Cord

x3 vessels

Snger 1 Min

9

Snger 5 Min

9

on Discharge

2.480L

LETTER WITH PATIENT: YES/NO

LETTER TO FOLLOW: YES/NO

ting

Breast

SIGNATURE:

A. Marshall (MW/OR)

PATIENT DISCHARGE INFORMATION

Royal Infirmary of Edinburgh, 51 Little France Crescent, Edinburgh, E 700085266W F 21/10/87 0W*

GP/Address:		Affix Patient's Photo	
Tel No:		Patient: ELIZABETH	
Admitting Ward: 11		DOB: 39/2 Sleigh Drive	
Date Admitted: 1/1/15		Unit No: EDINBURGH EH7 6EB	
Treatment/Comments: 118103.		Tel No: CHI-	
Date Discharged:		Ward Discharged from:	
Future Investigations:		*Tel No: 0131 242	
To see GP within: Days		Consultant:	
Named Nurse:		Details of Special Instructions/Additional Information: (Community Services, leaflets, factsheets, etc)	
Follow Up: OPD Clinic: Yes/No		Type of Clinic:	
Location:		Tel No:	
Date:		Time:	
Transport Booked:		Yes/No	
Medication on Discharge	Form	Dose	Administration Times
1	11	15	1
2	11	15	1
3	11	200mg	1
4	11	15	1
5	11	15	1
6	11	15	1
7	11	15	1
8	11	15	1
9	11	15	1
10	11	15	1
Drug Sensitivity		N/A	

Prescribed by: Julie Date: 20/2/15 Print Name: J. A. MORRELL

Dispensed by: A. Morrell Date: 20/2/15 Print Name: A. MORRELL

Pharmacist Check: Date: Print Name:

Final Check: S. Skelton Date: 20/2/15 Print Name: S. SKELTON

Information contained in this form has been discussed with the patient.

Staff Signature: A. Morrell Patient Signature: E. A. TODD

Print Name: A. MORRELL Date: 20.2.05 Time: 14.00

Designation: MW

PRESCRIPTION AND ADMINISTRATION CARD

Hospital/Ward:	Consultant:	N700085266W-FE 21/10/87 Patent: TODD MELIZABETH 39/2" Sleigh Drive D.O.B. EDINBURGH EH7 6EB CHI- (Attach printed label here)
Weight:	Height:	
DISCHARGE PRESCRIPTION Date completed:- Completed by:-		

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as follows:

Patient Refuses	1	Vomiting/nausea	8
Patient not present on ward.....	2	Time varied on Dr's instructions	9
Medicines not available.....	3	Once only/prn medication given	10
Instructions not clear or legal	4	Dose withheld on Dr's instructions	11
Nil by mouth	5	Possible drug reaction/side effect	12
Asleep/drowsy	6	Self administered by patient.....	13
Unable to swallow/Route not available	7	Other reasons	14

ONCE ONLY

Date	Time	Drug (Approved Name)	Dose	Method of Administration	Doctor's Signature	Time Given	Given By
16/10/85	18 ⁰⁰	Morphine	10mg	IM	P. Durgan		
16/10/85	18 ⁰⁰	Cyclizine	5mg	IM			

OTHER MEDICINE CHARTS IN USE

Date	Type of Chart

DRUG SENSITIVITIES

* NKA.

REGULAR THERAPY

[illegible]

D.O.B. :

REGULAR THERAPY

[illegible]

D.O.B.:

AS REQUIRED THERAPY

[illegible]

D.O.B. :

REGULAR THERAPY

[illegible]

Name: _____ D.O.B.: _____

AS REQUIRED THERAPY

Drug (Approved Name)		Date
Dihydrocodeine		Time
Dose & Frequency	Route	Dose
30mg 4-6°	PO	Initials
Signature	Start Date	Date
[Signature]	18.2.05	Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials
Drug (Approved Name)		Date
		Time
Dose & Frequency	Route	Dose
		Initials
Signature	Start Date	Date
		Time
Indication/Notes	Pharmacy	Dose
		Initials

Name: ELIZABETH TODD

CRN : 8279Q

AUN : SM074105

LABOUR & DELIVERY

Outcome - Alive

INFANT SUMMARY

Date - 16/02/05

Mode of Delivery : SVD
Presentation/del : Occ. ante

Time 2149
Sex Boy
Weight (g) 2590

STAGE	Date	Time	Length
First	16/02/05	1300	0830
Second	16/02/05	2130	0019
Third	16/02/05	2149	0006
End/Total	16/02/05	2155	0855
Membs.Rupt	16/02/05	2130	0019

APGAR (1) 9
(5) 9
(10)
Time 1st Resp At birth
Time Sust Resp At birth

FETAL DISTRESS	(1) Stages	(2)
Meconium	No	No
Bradycardia	None	None
Deceleration	Earl	Earl
Tachycardia	None	None
Fetal Blood	0	0

RESUSCITATION

Nil

Transferred to ward 211

PLACENTA	WEIGHT g
Delivery	CCT
Condition	Complete
Abnormalities	None
Membranes	Complete
Cord length	No.vessels 3
Insertion Type	Lateral
Abnormality	None

Remarks on Resusc/Delivery

Konakion given - IM/Y
Cord Blood Taken - No
Specify Reason - Not req
Senior person present :

BLOOD LOSS 250 mls
Episiotomy : N
Laceration : 2
Suture material : Not sutured
Sutured by :
Skin Closure :

Midwife : S LAURENCE
Delivered by : S LAURENCE

Resuscitated by : LEDREDCH

Oxytocic drugs at delivery
Syntocinon

Ident. by : S LAURENCE

70008526W/F 21/10/87
TODD
ELIZABETH
39/2 Steigh Drive
Randy
EDINBURGH EH7 6ER
CHI-

Ag. Hys. Gasl. 35+6
Midwife Care
Midwife + Obstetric
Obstetric Care

Date Time
Special features
(i.e. previous deliveries)

1700	1800	1900	2000	2100	2200	2300	2400	2500	2600	2700	2800	2900	3000

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Time

Station

Cervix (cm) (x)

Ve Number

Abdo Palp 1/6

Position of Vx

Liquor (Colour/Amount)

Fetal pH

Fetal Heart Rate

Time

Signature

Reference Number

Action

Time

Post Vx (✓ x)

Labour Progress

Maternal Condition (✓ x)

Fetal Condition (✓ x)

IV Fluids

IV Drugs

Drugs

Epidural

Glucose

Ketones

Protein

Urine Volume

Blood Pressure

Pulse

Temperature

Synclonon

Contractions / 10 mins

Weak

Fair

Moderate

Strong

HOSPITAL

LOTHIAN AND BORDERS AREAS

ANTENATAL No.

MATERNITY SERVICES ANTENATAL CARD

Case Ref. No.

Date of Birth 21.10.87

Surname TODD

Consultant

CWM

Age 16

First Name(s) ELIZABETH

GP's Name

Address

Post Code

Tel No

Deputy's Name

M (S) DIV / SEP / WID

Maiden Name

Date of Marriage

Religion

Occupation

Data of Leaving

Address

Post Code

Tel No

Husband

Data of 1st Appt. (G.P.)

Tal No.

Fold
Here

OBSTETRIC HISTORY

DATE	Wks	Place	Method	Wt	Sex	Complications	Feeding	Outcome

BOOKING EXAMINATION

Date

LMP

Certain
Uncertain

Bleeding since LMP

USS = 17-3.05
EDD 2Cycle
Regular
Irregular

> 31 days

Contraceptive:
Date Stopped:
IUCD in Situ:

MEDICAL HISTORY

Relevant Details:

FAMILY HISTORY

Relevant Details:

Twins No/Yes
TB No/Yes
Diabetes No/Yes
Hypertension No/Yes
Hereditary Disease No/Yes
Hearing Disorders No/Yes
Other

Operations

G.A. - Side Effects

Blood Transfusions

Significant Illnesses

Medication

Allergies

Infertility Clinic

Accidents/Fractures

Rubella Status: Immune/Not Known

No/Yes

No/Yes

No/Yes

No/Yes

No/Yes

No/Yes

No/Yes

No/Yes

No/Yes

Eye Op

SOCIAL HISTORY

lives with foster family -
Hopefully long term

Smoking — /day

Alcohol —

Drugs ex 1 x Cannabis

CLINICAL EXAMINATION

Relevant Details:

AS ☐
Teeth ☐
RS ☐
Breasts ☐
CVS ☐
VV's ☐
CNS ☐
Haemorrhoids ☐
Pelvic Exam. ☐

INVESTIGATIONS

TEST	DATE	RESULT
Hb		133
Blood Group		A
Rhesus		POS
TPHA	4.10.04	NEG
Rubella Abs		POS
Uricult/MSU		NEG
Smear		
Other		

Patient Care Proposed by G.P.: Consultant Shared Full G.P.

G.P. Post-Natal

Early Discharge

G.P./F.P. Advice

Signed G.P.

Agreed Cons.

Parentcraft:

Hospital / Community

Social Referral:

Home Help

Dietician

TEST	RESULT
HIV	NEG
HEP B	NEG

N.B. If there is anything on this card which you do not understand do not hesitate to ask your Doctor or Midwife.

700085266W F 21410/87

L.M.P. E.D.D. 1. 2. F.M.F.F.	Age	Pregnancy Test: Date Result 1. 2.	Ultrasound Scans			Surname	TODD
	Parity		Date	BPD	Weeks	First Name(s)	ELIZABETH
	Height 153cm		1.	14.9.04	24	13	53 Seggarsdean Park
	Blood Group Rh		2.				
			3.				
			Address			HADDINGTON EH41 4NB CHI-	

[illegible]

Special Features

For Office Use

PATIENT HELD CASE NOTES

These case notes are the full records of your pregnancy

In order to maintain a consistent approach to your care and improve communication, it is important that you always carry your notes with you wherever you are receiving antenatal care or when you are admitted to hospital.

It is important that you do not leave your notes where other people can read them and obtain personal details.

These notes contain information, which is private to you, and it is your responsibility and not that of the Trust to ensure their confidentiality

HOSPITAL

LOTHIAN AND BORDERS AREAS

ANTENATAL No.

MATERNITY SERVICES ANTENATAL CARD

Case Ref. No.

Date of Birth 21.10.87

Surname TODD

Consultant

Age 16

First Name(s) LIZANNE

GP's Name

M/S/DIV/SEP/WID

Address

53 Seagrove
Haddington PK.

Address

Maiden Name

Date of
Marriage

Post Code EH41 4NB Tel No.

Post Code

Religion

CHI Number 01620-825925

Tel No

Occupation

Husbands Name & Occupation

Age

Practice No.

P/T Shop Asst.

Date of Leaving

Date of 1st Appt. (G.P.)

OBSTETRIC HISTORY

DATE	Wks	Place	Method	Wt	Sex	Complications	Feeding	Outcome

BOOKING EXAMINATION

Date

LMP

Certain
Uncertain
Bleeding since LMPEDD
2Cycle
Regular
Irregular

> 31 days

Contraceptive:
Date Stopped:
IUCD in Situ:

MEDICAL HISTORY

Relevant Details:

Operations

No/Yes

Eye Op.

G.A. - Side Effects

No/Yes

Blood Transfusions

No/Yes

Significant Illnesses

No/Yes

Medication

No/Yes

Allergies

No/Yes

Infertility Clinic

No/Yes

Accidents/Fractures

No/Yes

Rubella Status Immune/Not Known

FAMILY HISTORY

Relevant Details:

Twins

No/Yes

TB

No/Yes

Diabetes

No/Yes

Hypertension

No/Yes

Hereditary Disease

No/Yes

Hearing Disorders

No/Yes

Other

SOCIAL HISTORY

lives with Foster Family.
Hoping to remain there.

Smoking NO /day

Alcohol NO

Drugs Cannabis only

CLINICAL EXAMINATION

Relevant Details:

AS ☐

Teeth ☐

RS ☐

Breasts ☐

CVS ☐

VV's ☐

CNS ☐

Haemorrhoids ☐

Pelvic Exam. ☐

INVESTIGATIONS

TEST	DATE	RESULT
Hb		
Blood Group		
Rhesus		
TPHA		
Rubella Abs		
Uricult/MSU		
Smear		
Other		

Patient Care Proposed by G.P.: Consultant Shared Full G.P.

G.P. Post-Natal Early Discharge G.P./F.P. Advice

Signed G.P.

Agreed Cons.

LHB 1377

Parentcraft: Hospital / Community

Social Referral: Home Help
Dietician

ANTENATAL

ELIZABETH
39/2 Sleigh Drive

-EDINBURGH
CHI-

EH7 GER

Recommendations

LIANE

Name

Age

Height

Parity

Blood Group

Ultrasound

Date _____

~~ERT/BPD~~

Final EDD

Date	Wks	Weight (Kg)	Urine		BP	Fundus (cm)	Girth	Pres.	Level	FHH	Hb		Oed
			P	S							Rhesus		
4.10.04	16 ⁺	67.7	Neg		120/60								
17.11.04	22 ⁺		Neg		100/60	25							
18/1/05	31 ⁺		Neg	Neg	120/70	32		C	Free	yes			Hand
8/2/05	34 ⁺		Neg	Neg	130/90	35		C	4/5	positive yes			Hand feet Back pass
9/2/05	34 ⁺					35		C	4/5				Hand/feet ankle

1(a)

[illegible]

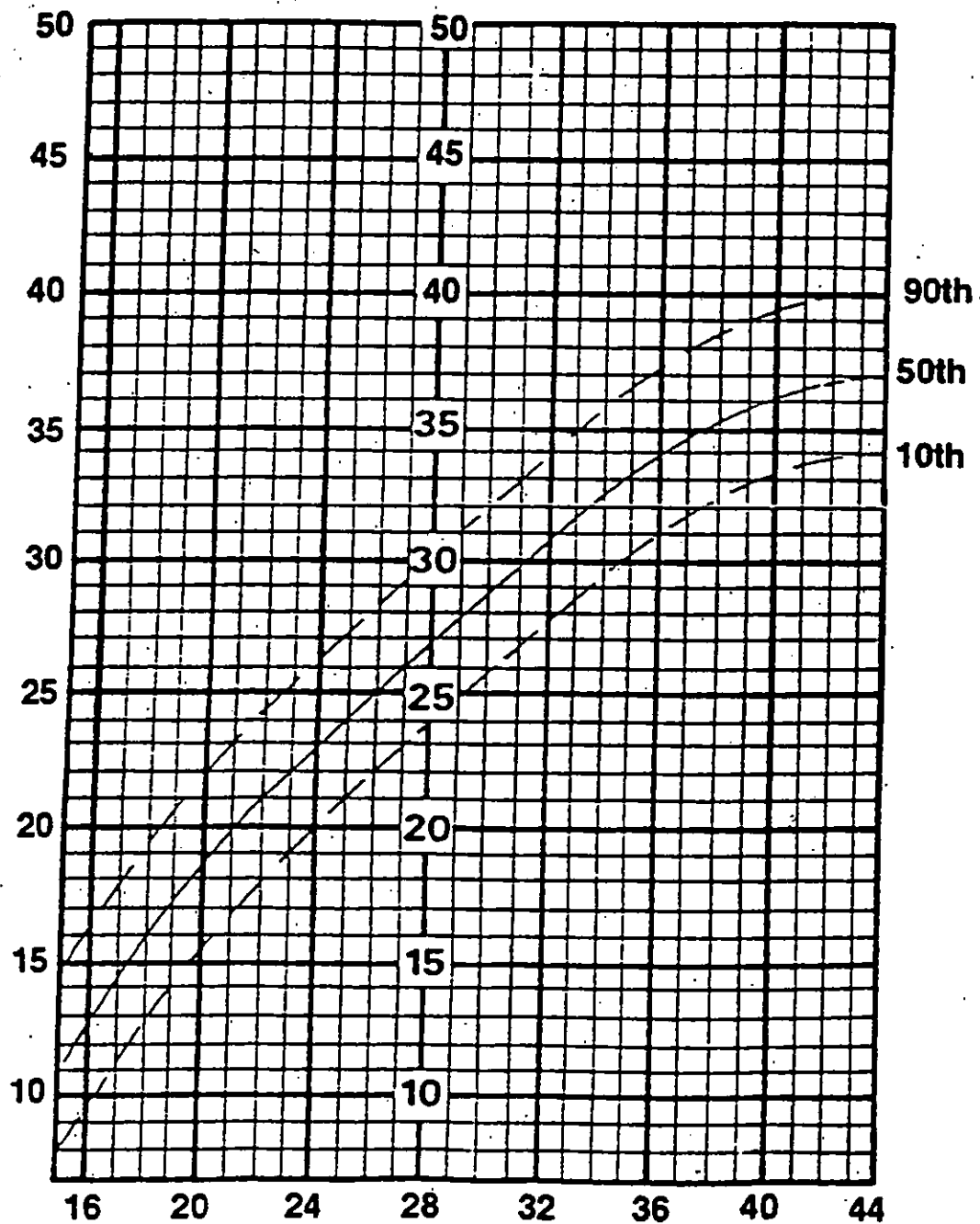
Comments	Weeks/Place to return	Signature and Designation
Bloods 9/2/05 Urate 0.34 Urea 2.3 Plat 302 HB 11.1	}	
CTG Reactive run ++		Straser
lightenings		
9/2/05 @ 1500		
- 2110 LNV 16 yr old Para 0 34+6 weeks pregnant		
- 510 Midwife yesterday - T DP. W intakes, swelling ankle		
- on today for BP profile. healthy pregnancy - on fennel sulphate.		
- Denies headache, epigastric pain, visual disturbances, nausea, vomiting		
- C/O. swelling of hands feet.		
- No previous hx of BP problems		
- Today BP (1) 146/88 (2) 145/91 (3) 136/81 (4) 141/106 (5) 141/86 Booking BP		
- No intermissions. Lots movements		
- Bloods - urate (N)		
- HB 11.1, Pl 302	} 9/2/05	
- Ur 2.3, Cr 71.		
- LFT's (N).		
- CTG - reactive trace		
- Baseline rate 125-135.		
- Accelerations		
- no decelerations. Lots movements		

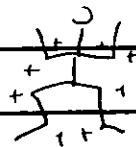
Comments	Weeks/Place to return	Signature and Designation
Discussed diet tests, B/E,		
AFP 16 wks	☒ Yes ☐ No	☒ GP ☐ Hospital
	Date 4-10-04	
aquanatal	(6) MW SM-Gonigal	M/W
FME MATBI	(5) GP SM-Gonigal	
In hospital 2 days ago, with dizziness + fainting episodes. FBL VRE'S VRE's Anemic, commenced in BD (3) @ 2:00 PM Visited at home today - had planned to see Lizanne now. Lizanne spoke to me earlier today approx 1600 hrs Lizanne c/o sore puffy feet, puffy hands and face. On observation feet very swollen, also face + hands in view of anemia + n BP plan PIM bloods + D/W DAV.		
For BP profile [at 13.30 hrs] manic		
Bloods withheld until now as the now 1630		
DAV aware. Lizanne advised to contact Piller		
hospital if headache or visual disturbance.		
Duty FME. PIM Bloods take 0930 9/2/05 G. Red		
Referral Day		
① 146/88 ② 145/91 ③ 136/81 ④ 141/106 ⑤ 141/96.		

⑥ headaches ⑦ ankle difficulty walking & swell

Fundal Height Chart

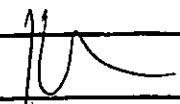
S.F. Height
cms



CONTINUATION SHEET			
Date and Time	Name	No.	Signature and Designation
	016	Abdo soft, cephalic presentation	longitudinal,
		- fundal ht 35cm.	Unstable adequate head,
		- Reflexes	
			10 clonus
		- No palpating.	
		- Ankles + hands visible	high (w/10)
			no
		imp. R/L	
		11am BP. n/ple Friday - opt H/O	n/ple
			w/10

1(a)

[illegible]

Comments	Weeks/Place to return	Signature and Designation
For BPP CTG P114		
bloods		
(1) 136/80 (2) 131/77 (3) 135/78		
(4) 128/81 (5) 134/82		
CTG: ceppled baseline 130	Marie	Marie Aulay
good reactive trace	MARIE	MARIE Aulay M/W
with accelerations		
with FMT		
SNO		
For, prim 35 th week		
BP 110/70 on above - good		
Urea - 11.4 protein		
(TG - reactive + reabsorption)		
Burch - arched		
feeling well - asymptomatic		
O/E Abdomen - cephalic, soft + no tend		
Swollen ankles + hands		
Plan O/E → can m/w for BP check		
Jves / wex		
Return before then if any		
concerns		
		 MARIE (SNO)

700085266W F 21/10/87
TODD
ELIZABETH
53 Seagarsdean Park

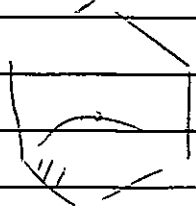
NAME: HADDINGTON EH41 4NB

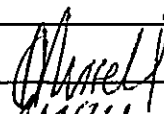
PATIENT'S NUMBER:

Multi-disciplinary Notes

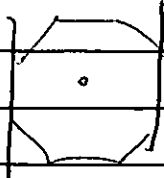
CONTINUATION SHEET

Date/Time/ Signature	
	19 ⁺ /40 Pregnant 17 year old Prim.
23/10/04. 12.05	Self referral with hx of R sided pain over last 2 days. Can't sleep for pain. Elizabeth feeling nauseated + vomiting 4 or 5 times a day. Has suffered from sickness since begging of pregnancy but is being sick more frequently over last few days. ° Urinary symptoms ° diarrhoea. Repts Bleeding from piles T 36.3 P 63 BP 100/64 FHM sonic and 143 bpm Urinalysis - negative For medical review
	ADAMS M Adams ML
23/10/4. 1225.	SHD, IV. 19 ⁺ /40. '10 R sided abdo pain for 2/1. - gradual onset - vomiting ++ feeling nausea. - worse on movement, coughing - managing to E+D. - eating fruit. - constant pain. - sharp pain.

NAME:		PATIENT'S NUMBER:	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature			
	- vomiting about 5 times a day. - bowels OK, no diarrhoea has piles with some bleeding. - no wincing Sx. - some headaches / mild. - no PV loss (bleeding / discharge). - FH heard.		
	96 temp 36.3 p 63 BP 100/64. looks well - comfortable		
	 Painful = dates FH ✓ very mild (P) if pain worse on coughing / tensing muscles		
	Temp, musculoskeletal abd wall pain 2° redness etc. (P) : antiemetic - paracetamol. (A) - reassurance to contact GP or midwife if pain's continue		


 MASHU
 5100 4000

NAME:		PATIENT'S NUMBER:
Multi-disciplinary Notes		CONTINUATION SHEET
Date/Time/ Signature		
14 ⁰⁰	CTG commenced at SHO request. Interpreted	
15.1.5	17yr old 19" 140. 996 to Obs Triage - PC - been feeling dizzy for 2 weeks. - feels worse standing up and when lying down. - no fainting - no blurry vision or floaters, no headache - ~~has been~~ has been feeling hot - last hb 133 in July. - no PV bleeding, no SMM, lots of fetal movements. - no breathlessness, no cough/cold. - no dysuria, no frequency. - no abnormal discharge. PMHx - nil of note.	

NAME:		PATIENT'S NUMBER:	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature			
	O/E BP $117/71$ lying apyrexical BP $127/76$ standing P. 86		
	<u>Abdomen</u> - soft non-tender - long lie hectel free		
			
	<u>Urine</u> NAD		
	<u>Imp</u> : ? anaemic		
	<u>Plan</u> - FBC, U&ES - home with contact her & CTG results		
	CTG - baseline 140 bpm accel/decel present reassuring trace		
	G. Fane SMO		

NAME: Elizabeth Todd		PATIENT'S NUMBER: 7600 85266W	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature	16/2/05		
1425	History of tightness today. ? prolonged rupture of membranes.		
36/ 40	T=36.3 P=69 BP 157/90. (30MINS)		
(APD)	Abdominal palpation ? cephalic, longitudinal lie ? head not in pelvis Elizabeth distressed on admission complaining of sharp pains in her lower pelvis unnecdyis: - protein + non haemolyse d trace MSU sent		
16/2/05	OTW - OBS mngt.		
	17 year old		
	35+6/40 Para 0+0		
	No tight pains since 1pm today becoming more frequent, now every 5 mins.		
	Clear DIC on Monday with 'darkening' clear fluid since then. blood & green		
	CTH: contractions 3 in 10. BR 125. Varies 10-15.		

NAME: Suzanem Todd		PATIENT'S NUMBER: 700085266W
Multi-disciplinary Notes		CONTINUATION SHEET
Date/Time/ Signature	16 05 02	
	Anal, & cervix.	
	Abdo: large, UE, head? 2/5 palpable	
	Speculum: cervix normal	
	some blood in vaginal wall	
	small ant white (dea pus?)	
	VE: cervix palpated	
	difficult passage of cervix	
	? ~ 7cm dilated	
	Imp. labouring 4/10 pain	
	(P) - on own and.	
	C. Reph.	
	Suzanem	
	8/10/02	
1535	HVS taken - sent	
	Plan: - admit to labour ward.	

NAME: Elizabeth Todd		PATIENT'S NUMBER: 21/10/87	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature			
16/2/05	Admitted to L/W		
1605	CTG ✓		
1635	Came thru over by J. Rown RM.		
	Introductions ✓		
	Lizanne coping well with contraction, using entonox and feeling good relief.		
	CTG > Baseline RObn		
	> Acceptable variability.		
	> Accelerations ✓		
	> → Decelerations.		
	> Contracting 3-4:10, mild-moderate.		
	Reassuring CTG.		
	Reassurance given. (Rown) J. Rown		
1725	Abdo. exam: Fundus = Acetation, longitudinal lie ceph. pos, 3F palpable.		
	Birth plan discussed ✓ J. Rown (Rown)		

NAME:		PATIENT'S NUMBER:	
Multi-disciplinary Notes:		CONTINUATION SHEET	
Date/Time/ Signature			
16/2/5 1730	V.E. (with consent)		
	= Vulva & vagina: NAD		
	= Cervix central, fully effaced		
	("paper thin"), os = 4cm dilated.		
	= P.P. = vertex, well applied, spine -2.		
	= °Bites.		
	= Forewaters felt.		
	= Cord / °Placenta felt.		
	FtH satisfactory.		
	Findings NLT Lorraine and her sister. (Brown)		
	Med. staff aware / G-ndistrict aware. Jen Rose		
	*Plan: Lorraine N. @ 2130, unless otherwise indicated.		
1755	Op to toilet, passed only small amount of urine. Jen Rose		
1830	Contracting 5:10, mod-strong.		
	Coping well - aware to ask for further analgesic as required. Jen Rose		
	Managing to close between contractions. (Brown)		

NAME: Elizabeth Todd

PATIENT'S NUMBER: 2110/87

Multi-disciplinary Notes

CONTINUATION SHEET

Date/Time/
Signature

16/2/05

CTA $\Rightarrow$ Baseline 130 bpm

1925

Good variability

Accelerations $\checkmark$

Decelerations.

Contracting 4-5:10, mod.-strong.

Lossing CTA, on continuous monitoring as 35+6/40.

J.R. Rane.

1950

Remains well, coping with extubation.

2000

Vomiting x2, bile stained fluid
approx. 150mls.

J.R. Rane

2010

Care taken over by Laurena M.L.

35+6/40

Apo

5th

17 years old

Cx 4cm MI @ 1730

Contracting 1.2 fair/moderate labour 4.5-6.0 sec
CTA in progress

Baseline: 130-135 bpm Reactive to accelerations

NB decels noted. 1 hour extubation

Same tx of T&P antenatally

J.R. Rane

NAME: Elzabeth Todd		PATIENT'S NUMBER: 211087
Multi-disciplinary Notes		CONTINUATION SHEET
Date/Time/ Signature		
20 ¹⁰ 11005	BP 135/82 P82.	
20 ³⁰	Vanishing dark stained fund NA rising automatic.	
	Cardiac C-ax semirecumbent and conducting 1:2 moderate on palpation	
	Lost fund 1755.	
21 ⁰⁰	Cardiac C-ax contact conducting 1:2 fair/moderate on palpation	
	CtA showing deep trace for past 20 mins becoming more reactive now.	
	NA rising any further analgesia at present Coping well to C-ax	
	Making slightly explosive notes C contractions fairly she is not explosive.	
	For VE at 2130	
	BP 130/78 P80	
	PBE taken 110205	
	Hb 180	
	WCC 10.5	
	PLT 279	

PAUGENOT m

NAME: ELIZABETH TODD

PATIENT'S NUMBER: 211687

Multi-disciplinary Notes

CONTINUATION SHEET

Date/Time/
Signature16005 2/10 Reduced variability for last 30-40 mins
Position change

Will discuss if need for medical review

2/20 Occasional small fatty stool

noted 1/20 bpm & good rearing

Variability improved

Membranes remain intact

2/30 Up to toilet prior to VE

Not able to PM on toilet

on palpation No bladder palpable

0/4th palpable, ROA position

VE & consent

fully dilated at 3 cm + 2

SCM & VE clear liquor

FHR 100 bpm & SCM ✓

ROA position

120 bpm

For active pushing so no expulsive

H

D LAURENCE

NAME:		PATIENT'S NUMBER:	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature			
2135	Active pushing. $\downarrow$ 80 T 120		
2137	$\downarrow$ 90 $\uparrow$		
2140	$\downarrow$ 80 $\uparrow$ 100 slower rearm		
2143	Brazed for parest + 2nd m... know in room Vertex visible FH 110 bpm		
2145	FH $\downarrow$ 99 bpm. $\uparrow$ 105 bpm		attill
2147	FH 125 bpm.		
2148	Pushing well FH 123 bpm Perineum infiltrated		attill
	Head delivered FH 118 bpm. Backs to room		attill
2149	SVD Boy. Appars $\frac{4}{5}$ $\frac{9}{5}$ $\rightarrow$ Backs.		
	Inl Syntocinon to anterior shoulder		
2155	Placenta + membranes by C&T		
	Small 2° tear sitting together well Not bleeding		
	Ligament does not ~~tear~~ sutured. Adviced reg		
	Hygiene. 2° tear sits well together well healed		
	by 2nd nurse. Sutured. Fundus well contracted		
	Uterus 25cm		
2210	Refreshments given		
	Baby skin taken VIFK IM		

Not interested in feeding

Hot ✓

LAURENCE

NAME: ELIZABETH TODDPATIENT'S NUMBER: 211082

Multi-disciplinary Notes

CONTINUATION SHEET

Date/Time/
Signature

160205

Red booked on PIV Ward

22¹⁵

Placenta to pathology

22⁴⁵

Baby remains skin to skin

Tried further BF

Not interested in feeding as yet

Temp ✓

Lizanne going to get up for shower shortly

23⁰⁰

Baby sleeping

Up for shower. Fundus firm central

→ 211

17/2/05
00⁰⁵

Admitted to ward 211. Co. stable on arrival. Buzzer given.

Baby's core bands checked x2. NPM. Uterus well contracted

1 finger T umbilicus, lochia moderate, perineum satisfactory

To help Elizabeth with breast feeding, baby 2.5.90 (35¹⁶)D. Hume
D. Hume

NAME:		PATIENT'S NUMBER:
Multi-disciplinary Notes		CONTINUATION SHEET
Date/Time/ Signature		
17205 10 ²⁰	G Need ML left team shared case conference to be arranged due to unstable living conditions. Social Worker Theresa Barr - 661 8291. Keep till Sunday so can be seen on Monday HB BARR	
1800	Phone message from MW B. Brown. Spoke with Social worker, they will visit Lizanne at Sisters home on Monday 21 st . If Lizanne is discharged over weekend please let me call social worker know - tel 5538286 or 08002316969. <i>from</i>	
20.2.95	Mother & baby well both discharged home to Sis. Margery McLean - Social worker telephoned with information on discharge. Left comm midwife Faxed with notes. A. Charles	

NAME:**Multi-disciplinary****Date/Time/
Signature****RADIOMETER ABL 700 SERIES**ABL705 NRI Delivery Suite
PATIENT REPORT

Cord Gas - S 95uL

21:50.00 16-02-2005
Sample # 26782**Identifications**

Physician

Note

Operator

Ailsa Hill

Patient ID

700085266

Patient First Name

elizabeth

Patient Last Name

todd

Date of birth

21-10-1987

Sample type

Venous

Blood Gas Values

cH ⁺ _c	54.5	nmol/L
pH	7.263	
pCO ₂	6.65	kPa
pO ₂	2.21	kPa

Acid Base Status

sO _{2c}	17.1	%
cBase(Ecf) _c	-4.1	mmol/L
cHCO ₃ ⁻ (P,st) _c	18.4	mmol/L

Metabolite Values

cLac	3.8	mmol/L

Notes

c Calculated value(s)

e Estimated value(s)

Printed

21:51:48 16-02-2005

HEET

NAME:**PATIENT'S NUMBER:****Multi-disciplinary No****Date/Time/
Signature****RADIOMETER ABL 700 SERIES**ABL705 NRI Delivery Suite
PATIENT REPORT

Cord Gas - S 95mL

21:53:00 16-02-2005

Sample # 26783

Identifications

Physician

Note

Operator

Ailsa Hill

Patient ID

700085266

Patient First Name

elizabeth

Patient Last Name

todd

Date of birth

21-10-1987

Sample type

Arterial

Blood Gas ValuescH⁺_c 53.0 nmol/L

pH 7.276

pCO₂ 6.51 kPapO₂ 2.29 kPa**Acid Base Status**sO_{2e} 18.7 %cBase(Ecf)_c -3.8 mmol/LcHCO₃ (P.st)_e 18.8 mmol/L**Metabolite Values**

cLac 3.9 mmol/L

Notes

c Calculated value(s)

e Estimated value(s)

Printed

21:54:26 16-02-2005

Name:

Elizabeth
Todd 21/10/87

CRN

Area Unique No:

SM OF 4195

LABOUR AND DELIVERY

INFANT SUMMARY

Mode of delivery		SVD		Time:		2149				
Presentation at delivery		OA		Sex:		Boy				
STAGE		Date	Start time	Length(Hrs)	Weight: (g)	2590g				
First	16/02/05	1300		APGAR	1	5	10	1	5	10
Second	"	2130		Heart Rate						
Third	"	2149		Respiration						
End of Third/Total	"	2155		Muscle Tone						
Membs.Rupt.(Calculate to end 2 nd Stage)	"	2130	OK	Reflexes						
FETAL DISTRESS		1 st Stage		2 nd Stage		Total		99		
Meconium						Time 1 st Resp		at birth		
Bradycardia: Baseline						Time Sust Resp				
Deceleration: Early						Resuscitation				
Late						Nil (incl. Clearing Airway)				
Variable						Mask and IPPV				
Tachycardia:						Intub and IPPV (No Drugs)				
Irregularity:						Intub and IPPV with drugs)				
Fetal Blood Sample:						Transferred to Ward				
PLACENTA		WEIGHT:		g.		Special Nurse: Specify				
Delivery:		Controlled Cord Traction				Other:				
Manual Removal										
Other:										
Complete: appears		Membranes: appears				Remarks on Resuscitation or Delivery:				
Incomplete:						Nil				
Doubtful:						Peds called				
Retroplacental Clot						Konakion Given: Yes/No				
Calcification:						Cord Bleed Taken: Yes/No				
Infarction:						Specify Reason: pH 7.26 - 38				
Other						SPECIFY NAMES OF FOLLOWING:				
Cord length: cm		No. of vessels		3		Senior Person Present: S. L. K. E. N. C. E				
Insertion Type: lateral		Abnormality		nil		Midwife: " 97702045				
BLOOD LOSS 250 ml		Suture: not				Delivered by: "				
Episiotomy		Material		Sutured		Resuscitated by: PAEDS LEDZEDCH				
Laceration		No. for removal				Identification		all m/w / Mam		
Sphincter Inv		Signature:								
Oxytocic drugs at delivery		Time:								
Syntocinon		Temp:								
		Pulse:								
		B/P:								
		Fundus:		firm and						
		Bladder:								

~~PAMSLA~~ : JSTEK

3

DELIVERY		POST NATAL & PAEDIATRIC	
Special Features	Recommendations	Special Features	Recommendations

STATE ON DISCHARGE Satisfactory Date 20.2.05

Perineum healing
Breasts full comfortable
Drugs Iron Ferron Sulphate 80
Antibiotics NR
Prescriptions Provided Rubella Vaccine NR Batch No. _____
Anti-D Immunoglobulin NR Batch No. _____
Other _____

B.P. 120/60
Hb 103

Contraception _____

Remarks well

Examiner/Designation A. Marshall M.D.

Infant Feeding - Breast/Artificial Breast + B.M.

Baby's Health on Discharge Satisfied, well

Discharge Weight 2.480 Kg Follow-up very

S.B. N.N.D. G.P. phoned by _____ on _____

6 WEEKS OR FIRST POST NATAL VISIT G.P./ Hosp-Dept. _____ Date/Time _____

Mother's Health _____ Baby's Health _____

Menstruation, with dates _____

Vaginal Discharge _____ Lactation _____

Illness since leaving Hospital _____

Other Symptoms _____

Abdomen _____

B.P. / Wt.
Hb Urine

Perineum _____ Pelvic Floor Function _____

Cervix _____ Smears _____

Uterus _____

Appendages _____

Treatment _____

Contraceptive Advice _____

Examiner/Designation _____ Date _____

**LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES**

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 2110871105	D.O.B: 21/10/1987	Tel: 0131 242 7777
Patient: TODD, ELIZABETH	Sex: Female	

Report to: Midwife Address: Community Midwives, Roodlands	Date Taken: 04/10/2004 Time Taken: u/k
	Date Received: 04/10/2004 Time Received: 19:40
	Date Reported: 06/10/2004

Lab. Ref. No.: MU486840Q Spec.: Mid Stream Urine

White cells : Moderate numbers

Red cells : Not present

Epithelial cells : Moderate numbers

☐ Urine culture :
No growth

Action Required Yes **No**

State Action Taken:

If abnormal informed GP. **Woman**

Signature & Designation: *mech*

GP Name & Address:

Authorised by : Internal review

For Dr I Laurenson

LOTIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Regional Clinical Virology Laboratory
 Royal Infirmary of Edinburgh, 51 Little France Crescent
 Edinburgh EH16 4SA

PIN/CHI: 700085266W /2110871105 D.O.B: 21/10/1987
 Patient: TODD, ELIZABETH Sex: Female

Tel: 0131 242 6025/6026

Internal 26025/26026

Report to: Midwife

Date Taken: 04/10/2004

Time Taken: u/k

Address: Community Midwives, Roodlands

Date Received: 04/10/2004

Time Received: 18:58

Date Reported: 06/10/2004

Laboratory Number: MS378238R Specimen: Clotted Blood

Hepatitis B surface Ag Index: 0.71
 Hepatitis B surface Antigen : NEGATIVE (Index <0.9)

HIV Antibody EIA Index: 0.26
 HIV Antibody EIA Test : NEGATIVE (Index <0.9)

Rubella IgG Antibody Index: 1.48
 Rubella IgG Antibody: POSITIVE (Index >1.1)
 Rubella antibodies present : >10 iu

Anti-treponemal EIA (Index) 0.14
 Anti Treponemal EIA (IgG): Negative
 (Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)

Action Required Yes **No**

State Action Taken:

If abnormal informed GP. **Woman**

Signature & Designation: *Weal*

GP Name & Address:

Authorised by : Stuart Black

for Dr N F Hallam

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT:	TODD, ELIZABETH	UPI:	700085266W	CHI:	2110871105
DOB:	21/10/1987	SEX:	F	CONSULTANT/GP:	Dr K C Dundas
SOURCE:	RIE Day Assessment Unit		SENDER:		

CLINICAL DETAILS: 35 weeks gest
High blood pressure

[illegible]

COMMENTS:

~~GP Name & Address.~~

DATE PRINTED: 09/02/2005

TIME PRINTED: 15:00

INDEX OF COMMENT CODES

HM Haemolysed

IS Insufficient

UNK Unknown

LP Lipaemic

NDET Not Detected

T/F Result to Follow

TL Too late for satisfactory analysis

TC Test cancelled

SB See comment below

Results outwith the reference range are highlighted in BOLD

PATIENT: TODD, ELIZABETH UPI: 700085266W REF:
DOB: 21/10/1987 SEX: F CONSULTANT/GP: Midwife
SOURCE: Community Midwives, Roodlands SENDER:

MATERNAL SERUM SCREENING REPORT

The outcome of your screening test has shown that your baby has only a low chance of Spina Bifida, Down's Syndrome, or Edwards Syndrome. Therefore no further action is needed.
Please remember that this is a screening test and it does not completely rule out these problems.

You will find more information about this test in the leaflet you were given before the blood sample was taken. If you have any further questions, please contact your Community Midwife

DETAILS

Date of sample 04/10/2004
Estimated date of delivery 17/03/2005
Maternal weight 68 kg
Gestation at sampling 16 weeks 4 days

Comments

The date of birth, date of sampling, estimated date of delivery, and maternal weight are all used in the risk calculation. Please check this report carefully and ensure that these data items are correctly recorded. If the incorrect information has been used the screening results may be invalid.

Sample number : QC845349A

Date of report : 06/10/2004 Time 10:13 Authorised by : */s/*

Date Printed
Time Printed

PATIENT: TODD, ELIZABETH

PIN: 700085266W

CHI: 2110871105

DOB: 21/10/1987

SEX: F

CONSULTANT/GP: Cons Not Given

SOURCE: RIE 211 Postnatal Ward

SENDER:

CLINICAL DETAILS:

DATE	10/06/04	15/01/05	09/02/05	11/02/05	20/02/05
TIME	14:35	u/k	09:30	13:30	u/k
SPECIMEN No.	236316	092714	099468	156491	102325
Hb (g/l) [M 130 - 180 : F 115 - 165]	133	118	111	106	103
RBC ($\times 10^{12}/l$) [M 4.5 - 6.5 : F 3.8 - 5.8]	4.45	4.16	4.02	3.85	3.74
Hct [M 0.40 - 0.54 : F 0.37 - 0.47]	0.399	0.351	0.334	0.319	0.313
MCV (fl) [M / F 78 - 98]	89.7	84	83	83	84
MCH (pg) [M / F 27 - 32]	29.9	28.4	27.6	27.5	27.5
Retic ($\times 10^9/l$) [M / F 25 - 85]					
WDC ($\times 10^9/l$) [M / F 4.0 - 11.0]	7.7	13.8	12.0	10.5	13.3
Neutrophils ($\times 10^9/l$) [M / F 2.0 - 7.5]	4.47	10.49	7.81	7.26	9.54
Lymphocytes ($\times 10^9/l$) [M / F 1.5 - 4.0]	1.99	1.62	2.32	1.61	1.84
Monocytes ($\times 10^9/l$) [M / F 0.2 - 0.8]	0.66	1.18	0.79	0.89	0.89
Eosinophils ($\times 10^9/l$) [M / F 0.04 - 0.4]	0.58	0.42	0.96	0.76	1.00
Basophils ($\times 10^9/l$) [M / F 0.01 - 0.1]	0.01	0.04	0.07		
Metamyelocytes ($\times 10^9/l$)					
Myelocytes ($\times 10^9/l$)					
Promyelocytes ($\times 10^9/l$)					
Blast Cells ($\times 10^9/l$)					
Nrbc / 100 WBC					
PLT ($\times 10^9/l$) [M / F 150 - 350]	267	350	302	279	339
ESR (mm/hr) [M 1 - 10 : F 3 - 15]					
Monospot					

PT	Patient (secs)				
	Control (secs) [N 8 - 10.5]				
	Ratio (INR) [TR 2.0 - 4.5]				
APTT	Patient (secs)				
	Control (secs) [N 26 - 37]				
	Ratio [TR 1.5 - 2.5]				
	Mix (secs)				
Fibrinogen (g/l)	[N 1.5 - 4.0]				
D-Dimer (mg/l)	[N < 0.2]				

File Name on
iron

Please Note: This Report displays the most recent five requests
for the above tests

DATE PRINTED: 20/02/2005

TIME PRINTED: 15:10

PATIENT: TODD, ELIZABETH

PIN: 700085266W

CHI: 2110871105

DOB: 21/10/1987

SEX: F

CONSULTANT/GP: Dr K C Dundas

SOURCE: RIE Day Assessment Unit

SENDER:

CLINICAL DETAILS:

35 weeks gest

DATE	10/06/04	15/01/05	09/02/05		
TIME	14:35	u/k	09:30		
SPECIMEN No.	236316	092714	099468		
Hb (g/l)	[M 130 - 180 : F 115 - 165]	133	118	111	
RBC (x10 ¹² /l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.45	4.16	4.02	
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.399	0.351	0.334	
MCV (fl)	[M / F 78 - 98]	89.7	84	83	
MCH (pg)	[M / F 27 - 32]	29.9	28.4	27.6	
Retic (x10 ⁹ /l)	[M / F 25 - 85]				
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	7.7	13.8	12.0	
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	4.47	10.49	7.81	
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	1.99	1.62	2.32	
Monocytes (x10 ⁹ /l)	[M / F 0.2 - 0.8]	0.66	1.18	0.79	
Eosinophils (x10 ⁹ /l)	[M / F 0.01 - 0.4]	0.58	0.42	0.96	
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.01	0.04	0.07	
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l)	[M / F 150 - 350]	267	350	302	
ESR (mm/hr)	[M 1 - 10 ; F 3 - 15]				
Monospot					
PT Patient (secs)					
Control (secs)	[N 8 - 10.5]				
Ratio (INR)	[TR 2.0 - 4.5]				
APTT Patient (secs)					
Control (secs)	[N 26 - 37]				
Ratio	[TR 1.5 - 2.5]				
Mix (secs)					
Fibrinogen (g/l)	[N 1.5 - 4.0]				
D-Dimer (mg/l)	[N < 0.2]				

Action Required YES - NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP. Woman

Signature & Designation:

GP Name & Address.

Please Note: This Report displays the most recent five requests
for the above tests

DATE PRINTED: 09/02/2005
TIME PRINTED: 15:10



Department of Transfusion Medicine
New Royal Infirmary Edinburgh, Little France, Old Dalkeith Road,
Edinburgh. Tel: (0131) 242 7502

CPA

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

TODD, ELIZABETH

53 SEGGARSDEAN PARK
HADDINGTON
EH41 4NB

DOODLAND

EDD / Gestn: 17/03/2005 / 17 weeks

Date Specimen Received: 05/10/2004

Report Date: 05/10/2004

Sex: Female

D.O.B.: 21/10/1987 CHI / Unit No.: 700085266W

SNBTS No.: 6391775

Results for Specimen No: 2812452

Comments:

ABO / RhD:

A RhD Positive

Additional Blood Groups:

Red Cell Antibody Screen:

Negative

Action Required YES **(NO)**

Other Screening Results:

STATE ACTION TAKEN:

IF ABNORMAL Informed GP. Woman

Signature & Designation: *D Mackay*

GP Name & Address.

Signed:

E. Greenwood

Report Destination:

Copies of Report to:

COMMUNITY MIDWIVES
Antenatal Clinic
New Royal Infirmary Edinburgh
Little France
Old Dalkeith Road
EH16 4SU



Department of Transfusion Medicine
New Royal Infirmary Edinburgh, Little France,
Old Dalkeith Road, Edinburgh Tel: (0131) 242 7502
Request For Further Serological Investigation

CPA

Specimen Number:
Bar Code

Name (Surname & Forename) & Address:

Time & Date Specimen Received:

TODD, ELIZABETH

Report Destination:

53 SEGGARSDEAN PARK
HADDINGTON
EH41 4NB

COMMUNITY MIDWIVES
New Royal Infirmary Edinburgh
Little France
Old Dalkeith Road
EH16 4SU

Copies of Report to:

Sex: Female

D.O.B.: 21/10/1987 SNBTS No.: 6391775

Unit No.: 700085266W

Please detail any additional information or
changes since last sample:

Anti-D Prophylaxis YES/NO:
(If Yes, Please Give Date & Reason)

EDD / Gestn: 17/03/2005

Date Sample Taken:

Requested By:

OBSTETRIC ULTRASOUND BOOKING REPORT

ELIZABETH TODD
53 SEGGARSDEAN PARK
HADDINGTON
EAST LOTHIAN
EH41 4NB

DATE

14/9/04

HOSPITAL : ROODLANDS

Measurement

Gestation

CRL :

+/- days

BPD :

24 = 13+4

+/- 6 days

FL :

Fetal cardiac pulsation seen

Yes

No

Fetal activity

Yes

No

Number of fetuses :

single

twins

Comments:

Signature:

Aggelina Jones

For information :

Fibroid change contact your consultant

Ovarian cyst greater than 5 cms contact your consultant.

Amniotic band, NT greater than 3mm. or any fetal anomaly contact your consultant

Lothian NHS Department of X-ray & Medical Imaging
Medical Record copy

**Roodlands, HOSPITAL ROAD, HADDINGTON,
EAST LoTHIAN, EH41 3PF**
Enquiries 0131 5368387

Surname : TODD
First Name : ELIZABETH
Address : 53 SEGGARSDEAN PARK
: HADDINGTON
: EAST LoTHIAN
Postcode : EH41 4NB
Date of Birth : 21/10/1987 Sex : Female
Hospital number : 199613 NHS No. : 2110871105
Attendance Num : 23685

Referring Clinician : Dr Lucia Dolan
Specialty : Obstetrics
Ward/Dept : Ante Natal Clinic Roodlands
Address :
Report Destination : Ante Natal Clinic Roodlands

***** AUTHORISED *****

Reported By : Mrs Angela Innes

Date reported : 14/09/2004

Checked By : Mrs Angela Innes

23685 14/09/2004 US Obs Booking

Single active fetus. Fetal heart pulsation seen. BPD 24 mm which equals a gestation of 13 weeks 4 days.

21 SEP 2004

h

Consent for screening tests offered in pregnancy Spina Bifida, Down's Syndrome and Edward's Syndrome

I have received the information leaflet "A Parent's Guide to the screening test for Spina Bifida and Down's Syndrome" and information sheet about Edward's Syndrome. I have read them and discussed the tests I am being offered with a health professional.

I understand that these tests will tell me if there is an increased chance of my baby having Spina Bifida, Down's Syndrome or Edward's Syndrome. I realise that the tests cannot identify every baby with one of these conditions. I also realise that the blood tests will not give a definite answer.

I understand that the laboratory may store my blood sample for quality assurance purposes. I also understand that my stored blood sample may be used to improve the quality of future screening services.

I understand that I may freely decide not to have any or all the tests if that is my preference.

☒ I wish ☐ do not wish to be screened for Spina Bifida

☒ I wish ☐ do not wish to be screened for Down's syndrome and Edward's Syndrome

Signature: Elizabeth Anne Todd Date: 4.10.04

Name:

Witness: SM' Genigal M'GOWICAL (Health professional)
(Please sign and print name)

Designation: M/W

Date: 4.10.04

700085266W F 21/10/87
TODD
ELIZABETH
53 Seagarsdean Park

HADDINGTON EH41 4NB
CHI-

Consent for routine blood tests offered in pregnancy

I have received the information leaflet "*Routine blood tests in pregnancy*". I have read it and discussed the tests I am being offered with a health professional.

I understand the purpose of each of the tests and the importance of the results.

I understand that the laboratory may store serum for quality assurance purposes. I also understand that my stored blood sample may be used to improve the quality of future screening services.

I understand that I may freely decide not to have any or all of the tests if that is my preference.

☒ I wish to have all the tests recommended

☐ I wish to have all the tests except those noted below

Signature: Elizabeth Anne Todd Date: 4.10.04

Name:

Witness: SM'Gonigal M'Gonigal (Health professional)
(Please sign and print name)

Designation: M/J

Date: 4.10.04
700085266W F 21/10/87
TODD
ELIZABETH
53 Seggarsdean Park

HADDINGTON EH41 4NB
CHI-



THE ROYAL INFIRMARY OF EDINBURGH

NHS TRUST

CONSENT FORM

FOR MEDICAL OR DENTAL EXAMINATION INVESTIGATION, TREATMENT OR OPERATION

Hospital Patient's Surname
 Casenote Reference Number Other Names
 Date of Birth
 Sex: *Male/Female

DOCTORS OR DENTISTS (see notes on the reverse)

OF EXAMINATION, INVESTIGATION, TREATMENT OR OPERATION
 completed by doctor or dentist)

Please complete this part of the form

I confirm that I have explained the procedure to the patient in terms, which in my judgement are suited to the understanding of the patient and/or to one of the parents or guardians of the patient.

Signature Date / /

Name of doctor or dentist Designation HO SHO REG CONS
 (in block capitals)

Other

PATIENT/PARENT/GUARDIAN

1. Please read this form and the notes overleaf very carefully.

If there is anything that you do not understand about the explanation or if you want more information you should ask the doctor or dentist.

3. Please check that all information on the form is correct. If it is, and you understand the procedure, sign the form.

I am the *patient/parent/guardian.

I agree - to undergo the procedure which has been explained to me by the doctor/dentist named on this form.
 - to the administration of an anaesthetic (general/regional/sedation) which has been explained to me.

I understand - that no assurance has been given me that the operation or anaesthetic will be performed by any particular practitioner.

- that any procedure in addition to that described on this form will only be carried out if it is immediately necessary and in my/the patient's best interest and can be justified for medical reasons.

I have told - The *doctor/dentist about any additional procedures I would not wish to be carried out straightaway without my having the opportunity to consider them first.

PROCEDURE

It has been explained to me that medical students may be present in theatre and I understand that this is part of their training. This is an opportunity for them to be involved in clinical examination under the supervision of a responsible medical practitioner.

I do/do not agree to being examined by a medical student whilst under general anaesthesia in theatre.

Signature

PATIENT/PARENT/GUARDIAN*

Name

(block capitals)

Address

(If not the patient)

Date.....

/ /

**Delete as appropriate*

NOTES TO:

1 PATIENTS

- 1.1 The doctor or dentist is here to help you. He or she will explain the proposed procedure and what the alternatives are. You can ask any question and seek further information. You can refuse the procedure.
- 1.2 You may ask for a relative or friend or a nurse to be present during the discussion.
- 1.3 Training health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for teaching students or one or more members of staff under the supervision of a more senior member of staff. You may refuse to participate in such teaching sessions without this adversely affecting your care and treatment.
- 1.4 If there is a procedure which you specifically wish should not be performed, you may indicate this overleaf.

2 DOCTORS, DENTISTS

- 1 A patient has a legal right to grant or withhold consent prior to examination, investigation, treatment or operation. Patients should be given sufficient information, in a way that they understand, about the proposed procedure and the possible alternatives. Patients must be allowed to decide whether they will agree to this proposed procedure and they may refuse or withdraw consent at any time. The patient's consent to the procedure should be recorded on this form.

2 Obtaining consent under special circumstances

You are referred to the document "A guide to consent to examination, investigation, treatment or operation" produced by the Management Executive of the NHS in Scotland. This document should be freely available to you.

Obtaining consent for procedures involving children and young people, page 4, paragraph 10. Refusal of parental consent to urgent or life saving procedures page 4, paragraph 12.

Undertaking a procedure without the patient's consent, page 5, paragraph 16. Obtaining consent from patients with mental disorders or incapacity, page 8, paragraph 10, page 9, paragraphs 11, 12, 13 and 14.

Jehovah's Witnesses - Patients, who by their religious conviction refuse to receive transfusions of blood or blood component **must** sign a consent form for this procedure which has been drawn up in consultation with the Jehovah's Witnesses Liaison Committee.

CASE REFERENCE NO(S)

B0765/05

MOTHER

BABY (1) SM074105

BABY (2)

LOTHIAN AND BORDERS AREAS

MATERNITY SERVICES POSTNATAL CARD

MIDWIFE'S COPY

HOSPITAL

WARD 1

CONSULTANT CWM

21/10/87.

G.P. NAME DR S SMR GLENDINNING

AGE: 16

SURNAME TODD

FIRST NAME ELIZABETH

ADDRESS

39/2 SLEIGH DRIVE
EDINBURGH
EH7 6EB

ADDRESS

NEWTON PORT SURGERY NEWTON PORT
HADDINGTON

PARITY:

NO. OF LIVING
CHILDREN

MARITAL STATE:

Single

TEL No. 031 467 2516 ✓

TEL No. 0162 082 5497

DISCHARGE DATE

DAYS P/N

RETURN TO

Hosp.: G.P.: FPC

DATE

TEMPORARY ADDRESS

07708552028.

MOTHER: 20.2.05

4

BABY (1):

"

4

(2):

TEL No.

NOTIFICATION:

DATE

PHONED

NOTIFIED BY WHOM

MESSAGE
RECEIVED BY

SIGNATURE

TO COMMUNITY MIDWIFE

20.2.05 Fax

A. Maull

A. Maull

TO G.P.

Letter to GP with wu

MOTHER

DELIVERY

DATE 16/02/05

TIME:

2149

WEEKS:

35.6

CONTRACEPTION:

METHOD:

SVD

STERILISATION:

AT DEL.

WARD

DATE

FOR PPS

ADM

ARRANGED

COMPLICATIONS AND None

INTERVENTION:

REASONS

None

INVESTIGATIONS

LABOUR

ONSET: SPONT/IND

ARM/PG/OXY

AUGMENTED: YES/NO

DURATION:

1st Stage

2nd Stage

3rd Stage

Rupt Membr

to Del.

Total

(Hrs/Mins)

0830 0019

0006 0019

0855

Hb

Required

Date
Given/Taken/Booked

Result/Comments

20.2.05

on wntel 103

ANTI-D

NR 4 Pos.

Rubella Vacc.

Pos.

CVX SMEAR

NOT DONE REQUIRED P/A.

DIFFICULTY (Specify):

PLACENTA Complete

BLOOD LOSS: 250ml

Complete

N

MEMBRANES:

TRANSFUSION(S):

CURRENT TREATMENT:

POSTNATAL PROBLEM(S):

STATE OF PERINEUM: EPISTOMY/TEAR

(1)

(2)

BABY

Area Unique Number SM074105

Name

ANY SPECIAL
PROBLEM(S)SANDRAGE - MINOLTA 172
no treatment required.

Sex

Boy

Birthweight

2590

Follow-Up Examination:

HOSP.: ☐ Date:Comm. ☐

O.F.C.

32cm

INVESTIGATION
(PKU/TSH)

DATE

RESULT/COMMENTS

Length

49

Cord

x3 vessels

Due on 7th day.

Apgar 1 Min

9

5 Min

9

Wt. on Discharge

2480g

LETTER WITH PATIENT: YES/NO

LETTER TO FOLLOW: YES/NO

Feeding

Breast

SIGNATURE:

A. Maull (MW) DR

Lizanne plans to register at
Leith Links today 21/2/05.

POST NATAL VISITS
MOTHER AND BABY

PKU leaflet given ✓

Signature

Date	Day		
21/2/05	(5)	1st visit: Lizanne discharged yesterday with nipple shield. ? babe never attached at breast, feeds slowly & occasionally with shield. Having EBM via bottle, EBM from milk leaked into shield. This steady sterilizer and has been sterilizing shield & bottle. Discussed disadvantages of using nipple shields. Plan to massage and begin hand expressing at start of each feed to help bring nipple out (has flat nipples) then offer breast at every feed, if unsuccessful use nipple shield. If babe still unsettled give EBM. Aware of hand expressing, husband pump. Plan to try and wean off nipple shield. Lizanne wanting to give EBM formula discussed disadvantages of giving formula. Babe just had EBM via bottle prior to visit. Feeding frequently approx 40 mins early. Pw well BO yellow. Jaundiced but Lizanne feels improving. Lizanne well. Social worker Teresa Barr visiting today. (over)	
21/2/05	(6)	visit PKU/weight Gillian Reid. Weighed today & 600g since discharge - remain jaundice & very alert - wet nappy seen possibly yellow stools. Discussed feeding - offered breast at 1st feed Give 50mls EBM 30 if not 60. PKU department talk name.	
22/2	7	visit PKU with Cassie, baby very alert, appears slightly less jaundice. PU & yellow signals	
23/2	8	visit & weigh wt 1.80g baby taking good values EBM. Lizanne concerned that Kai appears more jaundice persists. Spoke to Heidi Lee - no need to see baby yet.	
		40 Baby Kai appeared alert at visit	Copy sent - Report
		39.5	'Phoned
24/2	39.4	visit PM - 1345 phoned call for Lizanne	24/2 HV @ Links practice informed re Lizanne.
	38.5	Going out to register baby this pm - visit	
	38	disappeared till next	Celia Reid
	37.5		
	37		
	36.5		
26/2	36	(10) visit & weigh - Baby's weight 600g today. Has passed plenty urine & yellow stools.	Signature

Lizanne has decided not to BF anymore - following long discussion of benefits etc. Baby looks alert. I will visit home & [24 90] [24 20] reweigh. Advised to feed 30 over next 24 hrs. 27/2/05 New formula feeding M.S.D. SCOTT

27/02/05 - Lizanne now formula feeding her baby
13^{30hrs} She feels happier with this. Baby's weight
up today by 83g. Advice re care of breasts
given. Talked over sterilisation & making feeds.
Baby taking approx 502 3-4 bly.

~~MSA~~
Scott

28/2/05 - Visit GMR.

(12) Lizanne well BP 100/60. Happy with decision
to give Kai formula. Baby's weight ↑ 10g
today - weighed by Health Visitor today.
Baby's jaundice greatly improved - very slight
PU + yellow stools.

Contraception discussed with Lizanne.

Will see GP re: ? depo injection.

Discharged. HV visiting 1/52 Gth lead

Parental Consent for Newborn blood spot screening for Phenylketonuria, Congenital Hypothyroidism & Cystic Fibrosis

You will have received an information leaflet describing the newborn blood spot screening tests for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis. The leaflet also explains what happens to the screening results and the blood spot cards after testing is complete.

As a parent you are asked to decide, first of all whether you wish your baby to have these screening tests, and then whether you agree that any positive screening results can be registered on special computerised lists (called databases) which are used to follow progress and treatment of children identified with one of the above conditions. There are separate databases for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis and access to the information in each is strictly controlled and subject to the Data Protection Act. The information can be used to monitor the screening programmes and help plan their future development. Participation is entirely voluntary and patients can ask to have their details withdrawn at any time. Consent to be included on a National register shall be sought following a positive diagnosis.

We also need your permission to use any of the blood spots left over after testing is complete for further anonymised research in newborn screening. (If further research was to be "patient identifiable" we would always contact you again to seek your approval).

Before considering the statements 1-3 please read and sign below:

I confirm that I have received and read the leaflet "A Parent's Guide to Newborn Blood Spot Screening for Phenylketonuria, Congenital Hypothyroidism and Cystic Fibrosis". I have had this information explained to me and understand the reasons for testing and the consequences of the results.

Signature: Elizabeth Anne TODD (Parent)

Baby's Name: Karl Date of birth: 16/2/05 CHI Number:

Please read the following 3 statements and delete as appropriate.

1. I wish / do not wish my baby to be tested for Phenylketonuria
I wish / do not wish my baby to be tested for Congenital Hypothyroidism
I wish / do not wish my baby to be tested for Cystic Fibrosis
2. I agree / do not agree for the storage of my baby's blood spot specimen beyond the 12 month testing period
3. I agree / do not agree to the use of any left over blood spots for anonymised research.

Signature: Elizabeth Anne TODD (Parent) Date:

Witness: (Midwife) Date:

Midwifery Team details:
or label

Name: 700085266W F 21/10/87
At/DDD: ELIZABETH
39/2 Sleigh Drive
Dob: A/N No.
CEDINBURGH EH7 6EB
CHI-

STAFF SIGNATURE SHEET

All staff making entries on this Integrated Care Pathway should add their printed name, designation, initials, signature and date on this sheet.

ATTACH TO FRONT OF ICP THE MATERNITY SERVICES POSTNATAL CARD (PINK SHEET)

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP				
Print name	Designation	Initials	Signature	Date
SONA LAURENCE	MW	SL	[Signature]	16/02/05
LUCY DMS	MW	LD	[Signature]	17/02/05
B. Brown	MW	BB	B. Brown	18/2/05
E. WRIGHT	MW	EW	E. Wright	17/2/05
A. MORRELL	MW	AM	A. Morrell	19/2/05
FARAH RAHMAN	ST/MW	FR	F. Rah	21/2/05
GILLIAN REID	MW	GR	Gillian Reid	25/2/05

For Post-Partum period:

Clinical Goal 1: Provide support in a safe environment for mothers and babies following birth until transfer home.

Additional Information should be recorded on next page

Clinical Area	Actions required	Initial	Variance
Labour Suite Areas highlighted not required if woman has had Obstetric Operative Procedure	Labour suite clerking completed including Maternity Services Postnatal Card (pink sheet)	✓	
	Assess and initiate pain control	✓	
	Mother offered food	✓	
	Self Care ☐ / Escorted ☐ for a bath / shower	✓	
	Rhesus Bloods taken in Labour Suite Not Required ☐	✓	
	1 st midwifery examination completed & recorded including the giving of IM / Oral Konakion	✓	
	Baby Name Bands checked	✓	
	Baby feeding chart commenced including details of baby's first feed	✓	

Labour suite midwife: Initial: [Signature] Date: Time:

If being discharged from LDRP commence daily observation charts

Following an Obstetric Operative Procedure

N/A ☐

Date:

INITIAL AND TIME WHEN ACTION COMPLETED.

Name:

Address:

Dob:

A/N No.

TO BE COMPLETED BY MIDWIFE:

Actions required

Initial/Time

Variance

Pulse, B/P, Resps measured & recorded ½ Hourly for 2 Hours, Hourly for 2 Hours, 2 Hourly for 4 Hours then 4 hourly

Temperature recorded 2 Hourly for 8 Hours, then 4 hourly

Wound check/ vaginal loss /wound drainage ½ Hourly for 2 Hours, Hourly for 2 Hours, 2 Hourly for 4 Hours then 4 hourly

Pain & Nausea score recorded hourly. Give oral analgesia as prescribed.

Catheter care: Drainage checked hourly: Care to catheter 6.hly

N/A ☐

Intravenous fluids: Administered as prescribed. Venflon checked 4 hourly

Assistance given with post-op hygiene:

Mobility encouraged

Commenced diet

Assistance given with baby care

MEDICATION

Drugs prescribed on admission: (including inhalers, creams etc.):

Yes ☐ No ☐ N/A ☐

Check prescription sheet

Consent for use of own medications obtained:

Yes ☐ No ☐ N/A ☐

Own medications checked and suitable for use:

Yes ☐ No ☐ N/A ☐

Medication stored in bedside locker:

Yes ☐ No ☐ N/A ☐

Pharmaceutical Care Issues:

TO BE COMPLETED BY PHYSIOTHERAPIST

YES/NO N/A

YES/NO N/A

YES/NO N/A

Booklet provided

Maintenance (TAQ) Exercises

Knee Rocking

Posture & positioning

Mobility assessed

In/out bed

Comments:

Initial:

Time:

Clinical Area:

Date / time

ADDITIONAL INFORMATION Please write in any new information for other members of multi disciplinary team, which is not described on previous pages.

Initial

* Note Variations from Pathway with a code letter & explain on Variation sheet at end of ICP

DAILY BABY OBSERVATION

Normal Findings: Use black ink, write description

Abnormal Findings: Use red ink, write description, identify in additional information/community sheet

* Minimal weighing regime: Day 3 & Day 6

Name:

Address:

Dob:
Or Addressograph

A/N No.

Date & Time	22/2/05	23/2/05	24/2/05	26/2/05	27/2/05	28/2/05
Age in days	6	7	8	10	11	12
Eyes	clear yellow sclera	clear	clear	clear	clear	clear
Mouth	Pink	Pink	Pink	Pink	Pink	Pink
Head	NAD	NAD	NAD	NAD	NAD	NAD
Skin/Colour	Jadice	Jadice appears slightly less	Jadice	improving	Jaundice very mild	Very slight jaundice
Cord	Separating	off	off SATIS	off	off	off
Name bands						
Temperature (Normal 36° - 37°)	WARM	WARM	WARM	WARM	WARM	WARM
SPOT Test with consent		✓ CASEN				
Weight *	2420g	2420g	2500g	2440g	2530g	2540g
Urine - No. of wet nappies in 24 hours		PU	PU-See	PU x 74	PU	PU-See
Meconium passed within 24 hours	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Stool (Colour)		Yellow loose	Yellow	Yellow more than	B/O	Bo-tellor-mad
Feeding Pattern	EBM by bottle	EBM by bottle	EBM 3-40	changing to formula	Formula 502	APF well
Initials	GR	GR	GR	MB	MB	GR

DAILY BABY OBSERVATION

Normal Findings: Use black ink, write description

Abnormal Findings: Use red ink, write description, identify in additional information/community sheet

* Minimal weighing regime: Day 3 & Day 6

Nr --
700085266W F 21/10/87
A TODD
ELIZABETH
39/2 Sleigh Drive
EDINBURGH EH7 6EB
CHI--

Date & Time	16/02/05 22 ⁰⁰	17/02/05 14 ⁰⁰	18/02/05	19/02/05	20/02/05	21/02/05
Age in days	~~X~~	①	②	3	4	⑤
Eyes	both clear	clear + clear	Both clear	clear	clear	clear + clear
Mouth	clear + moist	clear + moist	clear + moist	moist	moist	clear/moist
Head	NAD	NAD	NAD	Sats	moulding	NAD
Skin/Colour	pink	pink	pink	pink	yellow 22 ⁰⁰	yellow
Cord	on + clamp	clamp secure	clamped clean + dry		clamp smells	clean
Name bands	✓✓	✓✓	x2 correct	✓✓	x2	-
Temperature (Normal 36 ⁵ - 37 ²)	37 ⁰	36.9	36.8	36 ⁰	37.1	warm
SPOT Test with consent						
Weight*	bns			2480	-	
Urine - No. of wet nappies in 24 hours	pu 1st delivery	pu	pu 2/1 day	pu	pu	pu
Meconium passed within 24 hours YES ☒ NO ☐						
Stool (Colour)	BNO	BNO	BO. meo	yellow	yellow	yellow
Feeding Pattern	BF 3-4 ⁰	BF + EBM 3 ⁰ cup feed		BF - cup feed	BF + clamp	BF + CBP ^{bottle nipple} ~~stale~~
Initials	LD	LD	B. Brown	BF	M	FR + OC

DAILY MATERNAL OBSERVATION

Normal Findings: Use black ink, write description

Abnormal Findings: Use red ink, write description, identify in additional information/community sheet

Name:

Address:

Dob:
Or Addressograph

A/N No.

Date & Time	22/2/05	23/2/05	24/2/05	26/2/05	27/2/05	28/2/05
Postnatal Day	6	7	8	10	11	12
Breasts	hardening	Capable	Capable	comfortable	Full - Adequate No Dist etc	Capable
Fundus	N/P	Not palpable	Not palpable	not palpable	well contracted	N/P
Lochia	normal	nil	nil	nil	scanty	
Perineum/Wound		Capable	Capable	comfortable	comfortable	Capable
Pain relief adequate					good	yes
Legs	✓✓	Capable	mobile	mobile	mobile	✓✓
Urine Frequency and Volume	PU	PU✓	PU✓	PU	R4	PU✓
Bowels	BO		BO✓	B/O	B/O	BO
Temperature and Pulse + Blood Pressure	Well	Very well	well BP 120/60	/	/	well BP 110/60
Haemoglobin	rising					
Oedema	Slight		Nil	nil	nil	nil
Comments/Other		Expressing				
Initials	GR	GR	GR	ms	ms	GR

DAILY MATERNAL OBSERVATION

Normal Findings: Use black ink, write description

Abnormal Findings: Use red ink, write description, identify in additional information/community sheet

700085266W F 21/10/87
 TODD
 ELIZABETH
 39/2 Sleigh Drive
 EDINBURGH EH7 6EB
 CHI - J. McCosgrove

Date & Time	160205 22 ⁰⁰	17/02/05	18/2/05	19/2/05	20/2/05	21-2-05
Postnatal Day	X	1	2	3	4	5
Breasts	comfortable	comfy	comfortable	full	full comfy	full/comfy
Fundus	firm central	firm central	firm 1 central	W/C	involuting	just above symphysis
Lochia	red average	light 1 large clot (cleared)	pink / min. mucus no clots	Pink minimal	minimal	minimal/pink
Perineum/Wound	not sutured	comfy	not sutured comfortable	comfortable	comfortable	-
Pain relief adequate	✓	✓	Yes	✓	not required	NR
Legs	mobile NAD	NAD	NAD	NAD	NAD	NAD
Urine Frequency and Volume	still to PM PU following delivery	PU	PU good volume	PU	PO	PU
Bowels	BNO	BNO	BO ~~PO~~	BO	BO	BO
Temperature and Pulse + Blood Pressure	37.4 80 120/78	38 130 37 78	T 36.4 P 84 110/72	P 84 37.3 120/80	120 36.3 60	warm 120/75
Haemoglobin	106 pre delivery				116	FES04
Oedema	hands legs fine	reduced	Hands + Feet	hands + feet	reducing	reducing
Comments/Other						
Initials	AL	LD	B. Brown M.W.	A	VA	FR BPC

normal blood pressure, normal temperature

normal

normal

700085266W F 21/10/87

TODD

ELIZABETH

39/2, Sleigh Drive VN No.

C Addressograph

EDINBURGH EH7 6EB

CHI- 0131 467 2516

TRANSFER to care in the community.

Please send all remaining
addressograph labels to Community.

Clinical Area:	Actions required		Initial	Variance			
Prior to transfer to community: <i>Indicate with circle where discharge is taking place from:</i> LDRP Labour Suite Ward 119 Ward 211	Transport arrangements confirmed		A				
	Daily Observation Chart continued.		A				
	Arrangements made for Paediatric Check are:		A				
	Did mother come into hospital with existing medication including inhalers? No ☒ Yes ☐ See below		A				
	Hep.B vaccine as per guidelines						
	Post-Partum Parenthood Education initiated:						
	Breast-feeding / Hand-expressing demonstrated within 24hrs N/A ☐		A				
	Reconstitution / Feeding						
	Equipment Sterilisation N/A ☐		A				
	Baby changing		A				
	Baby bathing		A				
	The following issues have been discussed between clinical staff & mother and leaflets issued Please tick						
		Tick	Initial	Tick	Initial	Variance	
	Feeding support / information	☒	A	BCG leaflet not required- no risk factors ☒	☒	A	
	Car safety	☒	A	Physiotherapy	☒	A	
Cot death	☒	A	Smoking	☒	A		
Contraception	☒	A					
	All necessary documentation was completed						
Documentation	Post-Natal record (pink)						
	'Registration of Birth' card (green)						
	Child Health record (A5 triplicated yellow sheet)						
	GP letter (blue copy of pink)						
	Contact number in the Hospital & Community						
	Newborn Record N/A ☐						
	Entry in diary, bed statement & admission book complete						
	Discharge information faxed to Community						
Security	Both name bands checked with mother's band prior to transfer home.						
Medication	Medication required on transfer? No ☒ Yes ☐			Initial	Variance		
	If yes: Discharge prescription written:						
	Pharmacy professional check						
	Discharge prescription dispensed						
	Discharge prescription issued to patient:						
	Locker emptied.						

Follow-up	For mothers who had 3 rd or 4 th degree tears 3 month appointment N/A ☒	
Transfer of care to the community	Visit by community midwife will take place the day following discharge from hospital between 09:00hrs & 16:00	
	Discussion with client who understands care & follow-up:	
	<table border="0"> <tr> <td>Client's signature: E A TODD</td> <td>Midwife's signature: A. W. W. W.</td> </tr> </table>	Client's signature: E A TODD
Client's signature: E A TODD	Midwife's signature: A. W. W. W.	

* Note Variations from Pathway with a code letter & explain fully on Variation sheet at end of ICP

FOR PERIOD BETWEEN RETURN HOME & FINAL HAND-OVER TO HEALTH VISITOR:

Clinical Goal 2: Continue to provide support to family unit in the home environment and to ensure smooth transition of care to other members of multi-disciplinary team.

Name:

Address:

 Dob:
Or Addressograph

A/N No.

Clinical Area:	Actions required	Initial	Date	Time	Variation
Midwife	Paediatric Check arranged for <6 days Arrangements are: or Completed in Hospital ☒	GC	24/2		
1 st Contact after return home: Date:	Mother's 1 st home visit Observations Baby's 1 st home visit Observations	GC	21/2		
Location:	Post-Partum Parenthood Education continued:				
	Breast-feeding / Hand-expressing N/A ☐				
	Reconstitution / Feeding N/A ☐				
	Equipment Sterilisation				
	Changing				
	Baby Bathing				
	Home Support				
	Education Leaflets Discussed				
Planning: At home by midwife	Schedule of Follow-up visits enter next planned visit				
	Day	Date	Time (am/pm)	Initial	Variation
	Tuesday	22/2/05	AM		
Investigation actions	Hospital Blood Results checked				
<3 days	Anti-D see postnatal card (pink sheet) N/A				
Between days 4/7	Konakion status checked: Oral given ☐ IM ☒ N/A ☐				

DISCHARGE to HEALTH VISITOR	Date of Discharge: 28/2/05	
	Health Visitor Informed: YES NO Initials: GR	
	Discussion with client: who understands care & follow-up: Yes	
	Client's signature:	Midwife's signature: Ellen Best

* Note Variations from Pathway with a code letter & explain fully on Variation sheet at end of ICP

ADDITIONAL INFORMATION:

Name:

Address:

Please write in any new information for other members of multi-disciplinary team, which is not described above:

Dob:

A/N No.

Or Addressograph

Clinical Area: Date / time	ADDITIONAL INFORMATION	Initials
21/2/05 AM.	Lizanne given nipple shield in rd 21 Yesterday discussed disadvantages of using nipple shields, also giving EBM via bottle. Discussed putting babe to breast at every feed then if having difficulty to use nipple shield. Lizanne aware of hand expressing. Has steam sterilizer. Will try to wean off nipple shields. Babe just given EBM prior to visit.	OTC.
24/2/05 1150	Jadice continues as before? slightly better. Feeding well. Take 14g - 15g Day 8 old 2 feeds since 0845 today. PU - See at visiting. Passing yellow loose stools.	
	Lizanne concerned that baby appears more sleepy. Continues to feed 3-4 ^o	
	Wt ↑ 80g over 2 days. Baby quite alert at visit.	OTC.
	Spoke to Fred Reg - no need to see baby today - continue to observe.	
	Lizanne will keep feeding chart Review main	
26/2/05	Weight 60g today. PU & BO frequently. Lizanne is going to change to formula feeding today.	

will feed 3hly. Baby looks hydrated. Jaundice much
less. I will review main
MSA
SCO PA

The Simpson Centre for Reproductive Health

INFANT FEEDING

Area 119 ☐ Craigmillar ☐ East Lothian Musselburgh ☐ Mid-Lothian Rural ☐ Sighthill ☐ Tollcross ☐
 211 ☐ East Lothian Rural ☐ Leith ☐ Pennywell ☐ Stewart ☐

Month Year

Q1 Gestation <37 weeks ☐ 37 weeks or more ☐ Q2 Delivery Vaginal ☐ Caesarean ☐

Q3 Skin-to-Skin contact soon after delivery Yes ☐ No ☐ Q4 Length of contact <30 mins ☐ 30 - 60 mins ☐ >60 mins ☐ N/A ☐

Q5 Was skin-to-skin interrupted within the first 60 mins? Yes ☐ No ☐ N/A ☐

Q6 If YES, why?

Q7 Special Feeding Needs

- ☐ None
☐ Baby of IDD Mother
☐ Premature (<37 weeks)
☐ Birthweight (<2.5 kg)

Q7 Other Special Feeding Needs

Q8 Mother offered opportunity to give 1st BF at delivery Yes ☐ No ☐ Q9 Mother's feeding choice Breast Feeding ☐ Artificial Feeding ☐

Q10 Baby age at transfer home

0 - 6 hrs ☐ 7 - 12 hrs ☐ 13 - 24 hrs ☐ 25 - 48 hrs (2 days) ☐ 49 - 72 hrs (3 days) ☐ No. of days if more than 3

Q11 Feeding on transfer home: BF only ☐ BF with AF top-ups ☐ AF changed to BF ☐
 BF changed to AF ☐ BF with EBM top-up ☐ AF only ☐

Q12 No. of AF Top-ups given: Please state reason each top-up given

1	2
3	4
5	6

Q13 No. of separations Please state reason for each separation

1	2
3	4
5	6



Mother's Address Label	Please ensure you complete both sides of the feed chart							
	Baby's name: -				Drugs in Labour:		SPECIAL FEEDING NEEDS	
	Date of Birth: 160205				Diamorphine:		1st 24 hours	
	Time of Birth: 2149				Narcan:		2nd 24 hours	
	Gestation: 35+6 Weight: 2590g				Vit K		3rd 24 hours	
Twins: (Baby 1 or 2)						4th 24 hours		

Date	Time	Day	Feed	Amount	Nappy Wet	Nappy Dirty	Colour of stool	Comments	Skin to Skin recommended	TEMP	Blood	Glucose	Print Name	Signature
16/02/05	22:30	*	BF					NO interest in feeding - skin to skin		37.0	Pre	Post		
	23:30	*	BF					Practising		37.0				
17/2/05	00:45	1	EBM	1ml				by syringe						
	03:45	1	EBM					by syringe		36.4				
	07:00	1	BF					2nd try by syringe		36.5				
	08:15		GS	9mls				few licks of breast						
	10:45		EBM	4mls				few licks		36.7				
	13:45		EBM	5mls				by pump by min						
	16:45		EBM	3mls				by syringe						

Date	Time	TYPE & REASON FOR TOP UP	Requested by:			Indication		Fully Informed decision:		Tick if leaflet given	Mothers consent & signature	Print Name/ Nursery Nurse	Signature
			Doctor	Midwife	Mother	Medical	Non-Medical	Yes	No				

Date	Time	Reason for separation	Requested By:			Fully Informed decision:		Advice given		Length of time away from Mum	Print name	Signature
			Doctor	Midwife	Mother	Yes	No	Bedding in	Feeding			

Please complete continuation sheet

INFANT FEEDING CONTINUATION SHEET

[illegible]

Baby TODD

INFANT FEEDING CONTINUATION SHEET

Date	Time	Day	Feed	Amount	Nappy Wet	Nappy Dirty	Colour of stools	Comments (Type & Reason for Top Up Given)	Skin to Skin recommended	Temp	Blood/Glucose		Print Name	Signature
											Pre	Post		
17/10/05	1845		EBM	2mls				by syringe						
	1910		SMA	15mls				by cup with nanna's informed consent						
	2215		BF					A few weeks						
	2230		SMA	20mls				Via cup						
			EBM	5mls				by syringe						
18/10/05	0200		EBM	5mls	✓		Amalgam	by cup for very low						
			SMA	20mls				low						
	0530		EBM	10mls		✓	mac	Via syringe						
	0930		O/F		✓			Not opening wide enough						
			EBM	8mls				Via syringe by nanna						
			SMA	20mls		✓	mac	Via syringe " "						
	1330		O/F					not interested						
			EBM	20mls				Via cup						
			SMA	10mls				Via cup						
								Via cup						
	1600		EBM	20mls		✓		Via cup						
			EBM	10mls		✓		Via cup						
	1930		EBM	40mls	✓			tried on breast - not successful						SOWGEL
	2000													
1900	0100		EBM	40mls										SOWGEL
	0800		EBM	45mls	✓			Via cup						
	1100		EBM	45mls	✓			Via cup						
	2000		EBM	40mls	✓			Via cup						
	530		EBM	60mls	✓	✓	Yellowish Brownish	Via cup						
	1930		EBM	30mls		✓		Via cup						
20/10/05	0830		EBM	50mls	✓	✓	Yellowish	Via cup						
								few sucks @ breast						
								few sucks @ breast						

We would be pleased to have your comments on the care you have received and the service you have been given. Please feel free to tell us about the good and bad things you have encountered during your pregnancy, birth and postnatal period. We would also be interested to know how accessible you found the service and what form of transport you used to attend. Please hand this information sheet to your community midwife on her last visit or if you would like to keep it after your care has been pass on to the Health Visitor please send it direct to: Assistant Operational Manager, Simpson Centre for Reproductive Health, RIE, Little France.

Address:

Dub:

A/N No.

Or Addressograph

If you would like a response to your comments on this sheet please complete a Comments Card that you can obtain from your midwife.

Note to Midwife: Please send this form to the Assistant Operational Manager, SCRH, RIE

OBSERVATION CHART

NAME: TODD

NUMBER: SM074105

USE BLACK PEN

Date		19.2.05 20/02/05	
Time		19 ³⁰ 21 ³⁰ 23 ³⁰ 03.4 ⁴⁵	
TEMPERATURE	°C		
	42		
	41		
	40		
	39		
	38		
	37		
	36		
	35		
	34		
PULSE	200		
	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110		
RESPIRATIONS	100		
	90		
	80		
	70		
	60		
	50		
	40		
	30		
	20		
	10		
B M Stix			

PATIENT: TODD, ELIZABETH

PIN: 700085266W

CHI: 2110871105

DOB: 21/10/1987 82790 SEX: F

CONSULTANT/GP: Midwife

SOURCE: RIE Obstetric Triage

SENDER: Fraser 2119

CLINICAL DETAILS:

? Anaemia

DATE		10/06/04	15/01/05		
TIME		14:35	u/k		
SPECIMEN No.		236316	092714		
Hb (g/l)	[M 130 - 180 : F 115 - 165]	133	118		
RBC (x10 ¹² /l)	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.15	4.16		
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.399	0.351		
MCV (fl)	[M / F 78 - 98]	89.7	84		
MCH (pg)	[M / F 27 - 32]	29.9	28.4		
Retic (x10 ⁹ /l)	[M / F 25 - 85]				
WBC (x10 ⁹ /l)	[M / F 4.0 - 11.0]	7.7	13.0		
Neutrophils (x10 ⁹ /l)	[M / F 2.0 - 7.5]	4.47	10.49		
Lymphocytes (x10 ⁹ /l)	[M / F 1.5 - 4.0]	1.99	1.62		
Monocytes (x10 ⁹ /l)	[M / F 0.2 - 0.8]	0.66	1.18		
Eosinophils (x10 ⁹ /l)	[M / F 0.04 - 0.4]	0.58	0.42		
Basophils (x10 ⁹ /l)	[M / F 0.01 - 0.1]	0.01	0.04		
Metamyelocytes (x10 ⁹ /l)					
Myelocytes (x10 ⁹ /l)					
Promyelocytes (x10 ⁹ /l)					
Blast Cells (x10 ⁹ /l)					
Nrbc / 100 WBC					
PLT (x10 ⁹ /l)	[M / F 150 - 350]	267	350		
ESR (mm/hr)	[M 1 - 10, F 3 - 15]				
Monospot					
PT Patient (secs)					
Control (secs)	[N 8 - 10.5]				
Ratio (INR)	[TR 2.0 - 4.5]				
APTT Patient (secs)					
Control (secs)	[N 26 - 37]				
Ratio	[TR 1.5 - 2.5]				
Mix (secs)					
Fibrinogen (g/l)	[N 1.5 - 4.0]				
D-Dimer (mg/l)	[N < 0.2]				

Action Required YES - NO

STATE ACTION TAKEN: file

IF ABNORMAL - Informed GP. Woman

Signature & Designation. *Wm*

CC Name & Address

LOTHIAN UNIVERSITY N.H.S. TRUST

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: TODD, ELIZABETH UPI: 700085266W CHI: 2110871105
DOB: 21/10/1987 72796 SEX: F CONSULTANT/GP: Midwife
SOURCE: RIE Obstetric Triage SENDER: Fraser 2119

CLINICAL DETAILS: ? Anaemia
Dizziness

[illegible]

COMMENTS:

Action Required YES NO

STATE ACTION TAKEN: \$120

IF ABNORMAL - informed GP. Woman

Signature & Designation.

GP Name & Address.

DATE PRINTED: 15/01/2005

TIME PRINTED: 15:00

INDEX OF COMMENT CODES

HM Haemolysed

IS Insufficient

UNK Unknown

LP Lipaemic

NDET Not Detected

T/F Result to Follow

TL Too late for satisfactory analysis

TC Test cancelled

SB See comment below

Results outwith the reference range are highlighted in BOLD

RECEIVED 6/1/05.

213 Mirano Pl.
Previous address

HOSPITAL

357
8456

LOTHIAN AND BORDERS AREAS
MATERNITY SERVICES ANTENATAL CARD

ANTENATAL No.

Case Ref. No.

Consultant

GP's Name

Address

Post Code

Tel No

Deputy's Name

Date of Birth 21.10.87

Age 16

M (S) DIV / SEP / WID

Maiden Name

Date of Marriage

Religion

Occupation

Date of Leaving

Surname

First Name(s)

Address

Post Code

Tel No.

Husbands Name & Occupation

Date of 1st Appt. (G.P.)

TODD

ELIZABETH

"LIZANNE"

53 Eggarsdean Park

HADDINGTON

EH41 4NB

825925 - Newtport Surgery

Husbands Name & Occupation

Husbands Name & Occupation

Husbands Name & Occupation

Husbands Name & Occupation

Husbands Name & Occupation

Fold

Here

OBSTETRIC HISTORY	DATE	Wks	Place	Method	Wt	Sex	Complications	Feeding	Outcome

BOOKING EXAMINATION

Date

LMP

Cycle
Regular
Irregular

> 31 days

Contraceptive:
Date Stopped:
IUCD in Situ:

Certain
Uncertain
Bleeding since LMP

UGS = 117-3.05
EDD 2

FAMILY HISTORY

Relevant Details:

Twins No/Yes
TB No/Yes
Diabetes No/Yes
Hypertension No/Yes
Hereditary Disease No/Yes
Hearing Disorders No/Yes
Other

MEDICAL HISTORY

Operations
G.A. - Side Effects
Blood Transfusions
Significant Illnesses
Medication
Allergies
Infertility Clinic
Accidents/Fractures
Rubella Status: Immune/Not Known

Relevant Details:

No/Yes Eye Op
No/Yes
No/Yes
No/Yes
No/Yes
No/Yes
No/Yes
No/Yes
No/Yes

Fold

Here

SOCIAL HISTORY

lives with foster family -
Hopefully long term

Smoking - /day
Alcohol -
Drugs 1 x Cannabis

CLINICAL EXAMINATION

Relevant Details:

AS ☐
Teeth ☐
RS ☐
Breasts ☐
CVS ☐
VV's ☐
CNS ☐
Haemorrhoids ☐
Pelvic Exam. ☐

INVESTIGATIONS

TEST	DATE	RESULT
Hb		133
Blood Group		A
Rhesus		POS
TPHA	4.10.04	NEG
Rubella Abs		POS
Uricult/MSU		NEG
Smear		
Other		

Patient Care Proposed by G.P.: Consultant Shared Full G.P.
G.P. Post-Natal Early Discharge G.P./F.P. Advice

Signed G.P.

Agreed Coris..

Parentcraft:

Hospital / Community

Social Referral:

Home Help
Dietician

TEST	RESULT
HIV	NEG
HEP B	NEG

NHS Lothian - University Hospitals Division
Simpson Centre for Reproductive Health

FAX

Date:- 6.1.05
Number of Pages including cover
sheet:- 2

To:-

Leith Comm. Midwives.

From:- Community Midwives Office
Roodlands Hospital
West Lodge
Hospital Road
HADDINGTON
EH41 3PF

Phone:-

Fax Phone:- 536-6455

Phone:- 0131 536 8304

Fax Phone:- 0131 536 8305

cc:-

Response:-

☐

Urgent

☐

For your
review

☐

reply
ASAP

☐

Please
Comment

Remarks:-

This girl is apparently staying
with her sister in Leith.

Sally

talked to Sally - will get in touch
w/ Foster family to get more info
as to where she may be.

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TEST	RESULT
HIV	neg
HEP B	neg

(14)

Teresa Barr. Craigentony Soc. Work 661 8291.

18/1/05 Living with Sister at Sleigh Drive. 2 bedroomed flat

Sister has 2 children + pregnant.

FIRST

MEETING
LIZANNE

Lizanne. Said baby a ↑ risk register. Pre-birth conference

planned. Baby apparently to be taken away at birth.

Spoke to staff at Resr. Park Medical Centre. Lizanne has not registered

In foster care until end of last year.

20/1 15⁰⁰ phoned Teresa Barr - ⁶⁶¹⁻⁸²⁹¹ not in today. Will phone Tues
a my return to work Gill Reed

1520 Phone Lizanne, has not been to surgery at Resr. Park.
Strongly advised to go to Resr. Park and register.

25/1 Still not registered with GP

27/1 T. Barr. hyf foster care, moving around between family + friends.

11³⁰

320 MARCH. Case conference. ? Registered with links - not

7/2^{AM} Spoke to Lizanne + arranged to see at home wed 9/2 @ 09³⁰
Lizanne said she was filled in plans to register with Resr. Park
- has not registered with Resr. Park.

NHS Lothian - University Hospitals Division
Simpson Centre for Reproductive Health

FAX

Date:- 12.1.05 Number of Pages including cover sheet:- 2	
To:- Claire Allen Phone:- Fax Phone:- 6-6455 cc:-	From:- Community Midwives Office Roodlands Hospital West Lodge Hospital Road HADDINGTON EH41 3PF Phone:- 0131 536 8304 Fax Phone:- 0131 536 8305
Response:- ☐ Urgent ☒ For your review ☐ reply ASAP ☐ Please Comment	
Remarks:- Re: Lizanne Todd. phoned her on 13/1/04 has registered & returning now a 31 Sleigh drive will come to LCTC Tue 18/1/04.	
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Lizanne Todd

21/10/87

2A

NAME: LIZANNE TODD		PATIENT'S NUMBER: 2110187	
Multi-disciplinary Notes		CONTINUATION SHEET	
Date/Time/ Signature			
8/2/05 P-	Spoke with Lizanne by telephone re Cefin and arrangements for tomorrow and to make Lizanne aware that Tereese Barr would be visiting at 5 time.		
	Lizanne c/o feeling unwell & being very puffy - re visit today.		
16 th	Visited Lizanne at home - face hands & feet puffy. BPT & P/W Day Assess. Visit @ 12:15!! P/H bloods taken & re att'd DAV tomorrow @ 1330. Still has not registered with GP. appears to have many things for baby.		
9/2/05	Joint visit with Tereese Barr. I have re-iterated again to Lizanne the importance of registering with a GP.		

23

NAME: Lizanne Todd

PATIENT'S NUMBER: 2.10.87

Multi-disciplinary Notes

CONTINUATION SHEET

Date/Time/
Signature

15/2/05 Spoke with reception staff at Links
medical practice - Lizanne has not
registered.

16/2/05 Message from colleague. Lizanne had
phoned office looking for me -
obviously in labour. My colleague
Neville advised Lizanne
to contact NRIC.

17/2/05 Lizanne delivered a baby boy on
16/2/05.

Spoke to Hilary Barclay midwife in
Ward 211 @ NRIC. Advised Hilary of
concerns re Lizanne & forthcoming
Case Conference on 3/3/05. Baby 36/40
having feeding difficulties. Hilary will
encourage Lizanne to stay in hospital
until Sunday as I am on days off

3A

[illegible]

3B

[illegible]

LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES

Clinical Bacteriology, Royal Infirmary of Edinburgh,
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 700085266W

D.O.B: 21/10/1987

Tel: 0131 242 7777

Patient: TODD, ELIZABETH

Sex: Female

Report to:

Dr Lucia Margaret Dolan

Address: RIE Labour Suite

0765/05

2.11

Date Taken: 16/02/2005

Time Taken: 15:45

Date Received: 16/02/2005

Time Received: 16:30

Date Reported: 18/02/2005

Lab. Ref. No.: ML008291T

Spec.: High Vaginal Swab

☐ Micro Culture & Sensitivities

Microscopy

Few Pus cells seen

No Yeasts seen

No Trichomonas vaginalis seen

No Clue cells seen

Culture

No Yeasts isolated

No pathogenic bacteria isolated

Action Required YES **(NO)**

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation *S. H. G. R. N. O.*

GP Name & Address:

Authorised by : Dr A.P. Gibb
Clinical Bacteriology

REPRODUCTIVE HEALTH
ROYAL INFIRMARY OF EDINBURGH
Little France
Old Dalkeith Road, Edinburgh, EH16 4SU

FAX

Date:- 20.2.05

Number of Pages including cover sheet:-

To:- North East
Leith Comm
Midwives

From:- NRIB wsd 211

Response:- ☐ Urgent ☒ For your Review ☐ Reply ASAP ☐ Please Comment

Remarks:- Discharge home of
Elizabeth Todd +
baby.

Time Faxed:-

Signature:- A. Maudh

TRANSMISSION VERIFICATION REPORT

TIME : 20/02/2005 13:41
NAME : WARD 211 NRIE
FAX : 0131-242-2541
TEL :

DATE, TIME	20/02 13:40
FAX NO./NAME	66455
DURATION	00:01:05
PAGE(S)	02
RESULT	OK
MODE	STANDARD
	ECM

GILLIAN REID

536 6450

**Maternity Service
Contact Phone Numbers**

Your Midwifery Team is:

**East Lothian Midwives
Roodlands Office**

We can be contacted on:

0131 536 8304

Routine Enquiries:

0131 536 8304

For all general enquiries about:

Your Pregnancy

Your Appointments

Non - urgent matters concerning your new baby, please phone the above number. If no one available leave a message with name and contact number and we will return your call as soon as possible.

Emergencies:

If you require urgent advice about the well being of yourself or your baby.

For example:

Any vaginal bleeding

Reduced or no fetal movement

Rupture of membranes (waters breaking)

When you are in labour

Please phone: **Triage and Assessment at RIE** **0131 242 2657**

~~**St Johns Delivery Suite** **01506 419 666**~~

~~**Borders General** **01896 754 333**~~

Following delivery:

For example:

Excessive vaginal bleeding

Please contact your GP or out of hours service.

If your **newborn baby** is unwell please contact:

Your GP or out of hours service or

In extreme situations dial 999

NHS Lothian - University Hospitals Division
Simpson Centre for Reproductive Health

FAX

		Date:- 21.9.04 Number of Pages including cover sheet:- 1	
To:- Medical Records SCRH		From:- Community Midwives Office Roodlands Hospital West Lodge Hospital Road HADDINGTON EH41 3PF Phone:- 0131 536 8304 Fax Phone:- 0131 536 8305	
Phone:- Fax Phone:- 2-3040. cc:-			
Response:- ☐ Urgent		☐ For your review	
		☒ reply ASAP	
		☐ Please Comment	
Remarks:- Could you make & send a set of notes for: ELIZABETH TODD DOB: 21.10.87 53 SEGGARSDEN PARK HADDINGTON EH41 4NB GP - DR GLENDINNING NEWTONPORT SURGERY, HADDINGTON			
This facsimile transmission is intended only for the use of the individual or entity to which it is addressed and may contain confidential information belonging to the sender which is protected by the physician-patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for return of the documents.			

TODD, ELIZABETH
Links Medical Centre
Ext Ref:

21/10/1987 F
Retainer

2110871105
Coll: 10/06/2004
EDD:

Specimen No : QC236316N (Haematology)

QC236316N	10/06/2004 14:35	Blood		
Haemoglobin	133	g/L	(115 to 165)	Auth
Red cell count	4.45	10 ¹² /L	(3.8 to 5.8)	Auth
Haematocrit	0.399	ratio	(0.37 to 0.47)	Auth
Mean cell volume	89.7	fL	(78.0 to 98.0)	Auth
Mean cell Hb.	29.9	pg	(27.0 to 35.0)	Auth
Mean cell Hb conc.	33.3	g/dL	(31.0 to 36.0)	Auth
White cell count	7.7	10 ⁹ /L	(4.0 to 11.0)	Auth
Neutrophil Count	4.47	10 ⁹ /L	(2.0 to 7.5)	Auth
Lymphocyte Count	1.99	10 ⁹ /L	(1.5 to 4.0)	Auth
Monocyte Count	0.66	10 ⁹ /L	(0.2 to 0.8)	Auth
Eosinophil Count	0.58	10 ⁹ /L	(0.04 to 0.4)	Auth
Basophil Count	0.01	10 ⁹ /L	(0.01 to 0.1)	Auth
Platelet count	267	10 ⁹ /L	(150 to 350)	Auth
TSH	0.69	mU/L	(0.5 to 4.7)	Auth
Free T4	15	pmol/L	(9 to 24)	Auth

1 Date 2 Earlst 3 Latst 4 rep seQ 5 Spec 6 DFT 7 Matches 8 Options 9 eXit X
Cursor Down for more

TODD, ELIZABETH 21/10/1987 F 700085266W
 RIE Day Assessment Unit 22542 CIA C 11/02/2005 R 11/02/2005
 Phone: Time: 13:30 14:42
 Specimen No : HR156491T (Haematology) <PgUp/PgDn> for more samples

HR156491T 11/02/2005 13:30 Blood
 Specimen Comment : Consultant

Haemoglobin	106	g/l	(115 to 165)	Auth
Red cell count	3.85	$\times 10^{12}/l$	(3.8 to 5.8)	Auth
Haematocrit	0.319	ratio		Auth
Mean cell volume	83	fl	(78 to 98)	Auth
Mean cell Hb.	27.5	pg	(27.0 to 32.0)	Auth
Mean cell Hb conc.	33.2	g/dl	(31.0 to 35.0)	Auth
White cell count	10.5	$\times 10^9/l$	(4.0 to 11.0)	Auth
Neutrophil Count	7.26	$\times 10^9/l$	(2 to 7.5)	Auth
Lymphocyte Count	1.61	$\times 10^9/l$	(1.5 to 4.0)	Auth
Monocyte Count	0.89	$\times 10^9/l$	(0.2 to 0.8)	Auth
Eosinophil Count	0.76	$\times 10^9/l$	(0.04 to 0.4)	Auth
Basophil Count				Auth
Platelet count	279	$\times 10^9/l$	(150 to 350)	Auth

1 Date 2 Earlst 3 Latst 4 rep seQ 5 Spec 6 DFT 7 Matches 8 Options 9 eXit X
 Cursor Down for more

INITIAL CARE DISCUSSION SHEET

ADDRESSOGRAPH:

700085266W F 21/10/87
TODD
ELIZABETH
39/2 Sleigh Drive
EDINBURGH EH7 6EB
CHI-

DATE:

16/2/5

On admission to Labour Suite and Ward Areas

(Tick when Completed)

Orientation to area:	Labour Suite	Wards Post Delivery
	☐ Toilet facilities	☐ Escorted / Self Care
	☐ Sitting area	(Delete as appropriate)
	☒ Call Bell System	
	☐ Restricted visiting	
	☐ Public Telephone	
	☐ Advice Regarding Valuables, and Belongings	

Discussion of Birth Plan *(Tick appropriate box)*

SMMP Birth Plan	Own Written	Verbal

MOBILITY:- <i>(Please tick if appropriate)</i>	Fully Mobile No Chart Required	Specific Requirements Mobility Chart Issued

Fetal Heart Monitoring Discussed	LABOUR SUITE	

LABOUR PAIN MANAGEMENT:-

> TENS		
> Water - early in labour - bath/shower		
> Water - established labour - Aqua Room		
> IM Analgesia		
> Epidural		
> Entonox	✓	
> Other		

ARM	Consent	
Preferred Positions for Delivery	Waive & see	

	LABOUR SUITE	WARDS

Episiotomy	Consent	

Syntometrine / Syntocinon	Consent	

Konakion <u>LM/Oral</u>	Consent	

Chosen method of feeding	Breast	

Discussion of skin contact	Yes	

Involvement of students	Consent x1 J. H. H.	

Any special requests		

Suitability for LDRP		

Postnatal Pain Management		

	LABOUR SUITE	WARDS

Midwife Signature and Designation	<i>Jan Lowe</i>	

Print Name	B. W. H. R.	

INITIAL CARE DISCUSSION SHEET

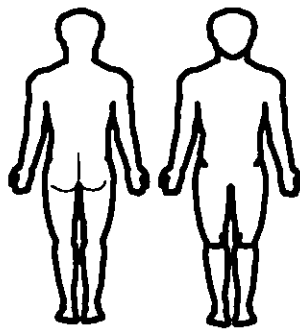
	LABOUR SUITE	WARDS
COMMENTS AND SIGNATURE		
<u>SKIN TO SKIN</u>		
LENGTH OF TIME		
POSITIONING & ATTACHMENT		
COMMENTS ON EFFECTIVENESS OF 1 ST FEED		
BABY LED FEEDING		
HAND EXPRESSING		
ROOMING IN		
STERILISATION OF EQUIPMENT		
RECONSTITUTION OF FEEDS		
BABY TAG/SECURITY		
INDIVIDUAL BABY REQUIREMENTS		
REPAIR OF EPISOTOMY / LACERATION / WOUND		
L.V.I. REMOVED		
EPIDURAL / CATHETER REMOVED		
URINARY CATHETER INSITU / REMOVED / NOT APPLICABLE		
SHOWER / BATH - ESCORTED - SELF CARE		
RHESUS BLOODS	CORD / MATERNAL / N/A	
REFRESHMENTS / DIETARY REQUIREMENTS		
OTHER COMMENTS		

SCOTTISH AMBULANCE SERVICE - PATIENT REPORT FORM

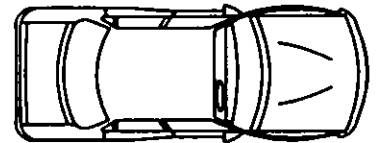
CCS INCIDENT No.		5A / 1240505 / AS1										Date	4 5 0 M 05				
Last Name	T O O D										Time of Call	1 2 3 6					
First Name	E L I Z A B E T H										Time at Patient	1 2 5 1					
Location	38 NETHERSHOT										Age	17					
	RCAD										Sex	M X					
	PRESTON PANS										D of B	2 1 10 8 7					
AMPDS Code											1 8 C 0 3						
AMPDS Revised																	

Airway Clear	☒	Suction	☐	N/OPA	☐	ET	☐	LMA	☐	Successful ?	☐	C-spine Injury	☐
Breathing	☒	Rate	F ☒ S	BVM	☐	Ventilation	☐	Successful ?	☐	Paralysis	☐	Fitting	☐
Pulse	☒	Rate	F ☒ S	CPR	☐	IV/IO	☐	Fluids	☐	Successful ?	☐	ECG	☐
Despite the above unable to													
Clear airway	☐	Detect breathing	☐	Detect pulse	☐	☒	V	P	U				

Injury Site	Wound	#	Pain	Splint	Dressed
Head	☐	☐	☐	☐	☐
Neck	☐	☐	☐	☐	☐
Chest	☐	☐	☐	☐	☐
Abdomen	☐	☐	☐	☐	☐
Back	☐	☐	☐	☐	☐
R/Arm	☐	☐	☐	☐	☐
R/Leg	☐	☐	☐	☐	☐
L/Arm	☐	☐	☐	☐	☐
L/Leg	☐	☐	☐	☐	☐



RTA	☐
Trapped	☐
Ejected	☐
M / cyclist	☐
Cyclist	☐
Pedestrian	☐



Allergies									
1	2	3	4	5	6	7	8	9	
Medication									
Assisted by and Name -									
Doctor	☐	Nurse	☐	Other	☐				

Temp.	☐	☐	☐	°C
PEFR	☐	☐	☐	%
B. Sugar	☐	☐	☐	70 mmol

Time	Pulse	Resp	BP	C / Refill	SpO2 %	GCS	Lpupil	Rpupil
1 2 5 5	100	12	123	D 80	F S X	96	4 5 6	NN NN
			S Y S	D I A	F S N		E V M	S R S R
			S Y S	D I A	F S N		E V M	S R S R
			S Y S	D I A	F S N		E V M	S R S R

Time	Fluid/Drug/Gas	Dose	Unit	Route	Effect	Rhythm	No. Joules	Repeat	Result	Rhythm
					+ 0					
					+ 0					
					+ 0					
					+ 0					

Condition at	NERI	hospital	Pulse	☒	Breathing	☒	Conscious	☒	Time at Hospital	1 3 2 1

History and Additional Information 999.										
1740F, 33WKS PREGNANT, PAST 6/7 FEELING DIZZY + SLEEPY, CH OF HEADACHES + LIGHT SENSITIVITY O/E R PALE, TIRED, FINGERS SWOLLEN, CBS AS ABOVE.										
Hx: NIL MEDS: NIL.										
H/A: 39/2 SLEIGH DRIVE GP: NEW TOWN, HAODINGTON. NOK: PAMELA (4672516) SISTER										

Working assessment	DIZZY / HEADACHES.	Diagnosis Code	☐

Crew Name 1	J C R. WE	Grade	L P ☒ C
Crew Name 2	A R O B E R T S O N	Grade	L ☒ P ☒ C

ALLERGIES		
1	ANTIBIOTICS	
2	ANIMAL SERUM	
3	ANAESTHESIA	
4	ASPIRIN	
5	SHELLFISH	
6	PEANUTS	
7	DAIRY PRODUCE	
8	VENOM	
9	OTHER (Specify)	

Lothian University Hospitals NHS Trust

Parent's Guide to Breast Feeding

AIMS

This Trust supports the right of all parents to make informed choices about infant feeding. All Trust staff will support you in your decision. We believe that breastfeeding is the healthiest way to feed your baby and we recognise the important benefits which breastfeeding provides for both you and your child. We therefore encourage you to breastfeed your baby.

WAYS IN WHICH WE WILL HELP YOU TO BREASTFEED SUCCESSFULLY

- ☐ All the staff have been specially trained to help you to breastfeed your baby.
- ☐ During your pregnancy, you will be able to discuss breastfeeding individually with a midwife or health visitor who will answer any questions you may have.
- ☐ You will have the opportunity to hold your new baby against your skin soon after birth. The staff will not interfere or hurry you but will be there to support you and to help you with your first breastfeed.
- ☐ A midwife will be available to explain how to put your baby to the breast correctly and to help with feeds while you are in hospital.
- ☐ You will be shown how to express your breastmilk. For written information, please refer to pages 13 to 15 of the HEBS booklet "Breastfeeding Getting off to a Good Start".
- ☐ Most babies do not need to be given anything other than breastmilk for the first 4-6 months. If for some reason your baby needs some other feed, this will be explained to you by the staff before you are asked to give your permission.
- ☐ Normally, your baby will be with you at all times. If any medical procedures are necessary, you will always be invited to accompany your baby.
- ☐ You will be encouraged to feed your baby whenever he or she seems to be hungry.
- ☐ We recommend that you avoid using bottles, dummies and nipple shields while your baby is learning to breastfeed. This is because they can change the way your baby sucks, meaning that it can be more difficult for your baby to breastfeed successfully.

Before you leave the hospital, you will be given a list of telephone numbers of people who can provide extra help and support with breastfeeding when you are at home and a list of local breastfeeding support groups.

(This is your guide to the Trust's breastfeeding policy. Please ask a member of staff if you would like to see the full policy).

THE LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

INFANT FEEDING - ANTENATAL CHECKLIST

Discussed
(or note if mother
declined discussion)

Signed

Date

To be discussed with all women at booking

Benefits of breastfeeding to the baby

(reduces the risks of gastro-enteritis and diarrhoea; respiratory infections; middle ear infections; allergic disease (asthma and eczema); childhood diabetes and urinary tract infections)

☐

Benefits of breastfeeding to the mother

(reduces the risk of pre-menopausal breast cancer; ovarian cancer and hip fractures in later life)

☐

Feeding Your New Baby

(health advantages discussed; leaflet given)

☐

SM. Conigal
4.10.04

To be discussed with all women before 32 weeks gestation

Importance of skin-to-skin contact after delivery

(keeps baby warm and calm; baby less likely to cry; promotes bonding; increases peripheral perfusion; helps breastfeeding)

☐

Getting feeding off to a good start

- ☐ Importance of rooming-in (baby and mum likely to sleep for longer; baby less likely to cry; security)
- ☐ Baby-led feeding (feed baby whenever he/she begins to make licking and mouthing movements; as frequently as the baby wishes; a minimum of 6 times in 24 hours after day two)
- ☐ Support will be available with feeds

☐
☐
☐

Importance of good positioning and attachment

☐

- ☐ Potential problems of using teats, dummies and nipple shields
- ☐ Potential hazards of formula milk

☐
☐

"Getting off to a good start" (HEBS booklet)
(given after 24 weeks to those who are interested)

☐

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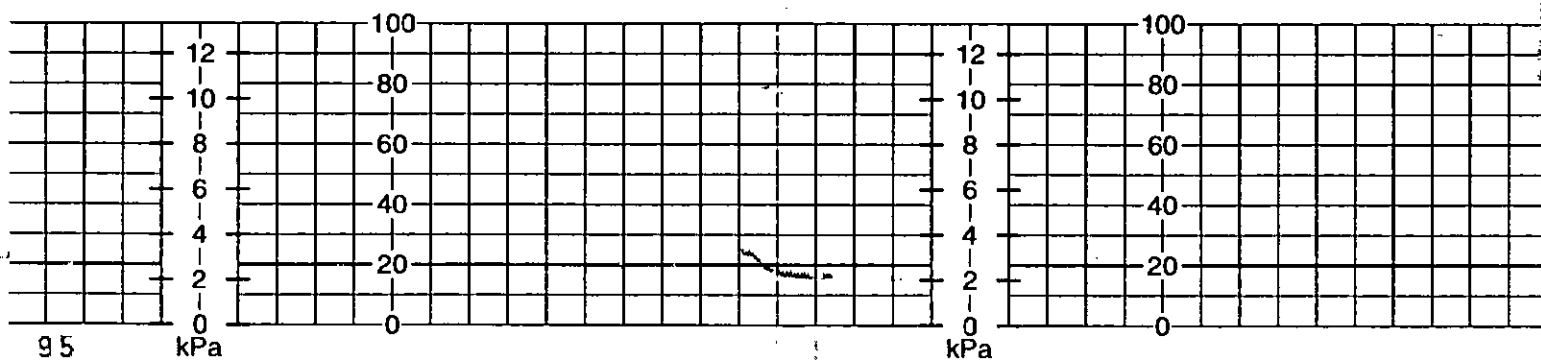
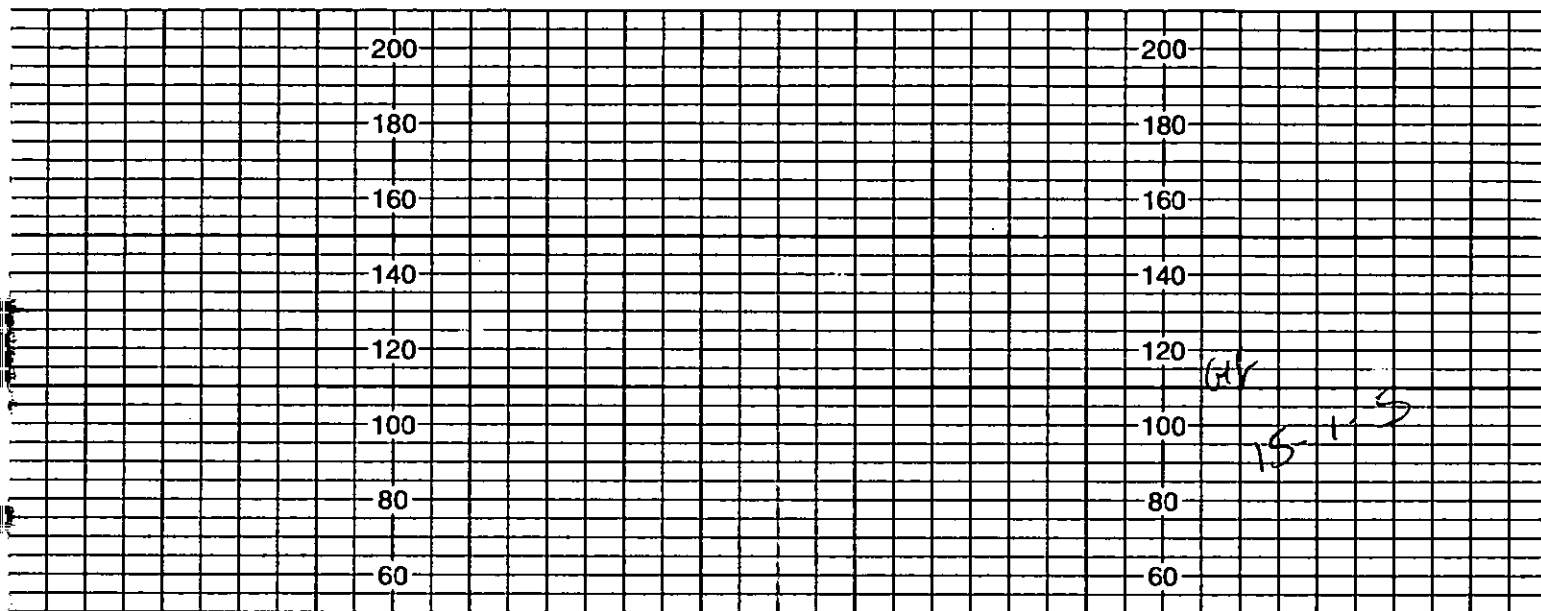
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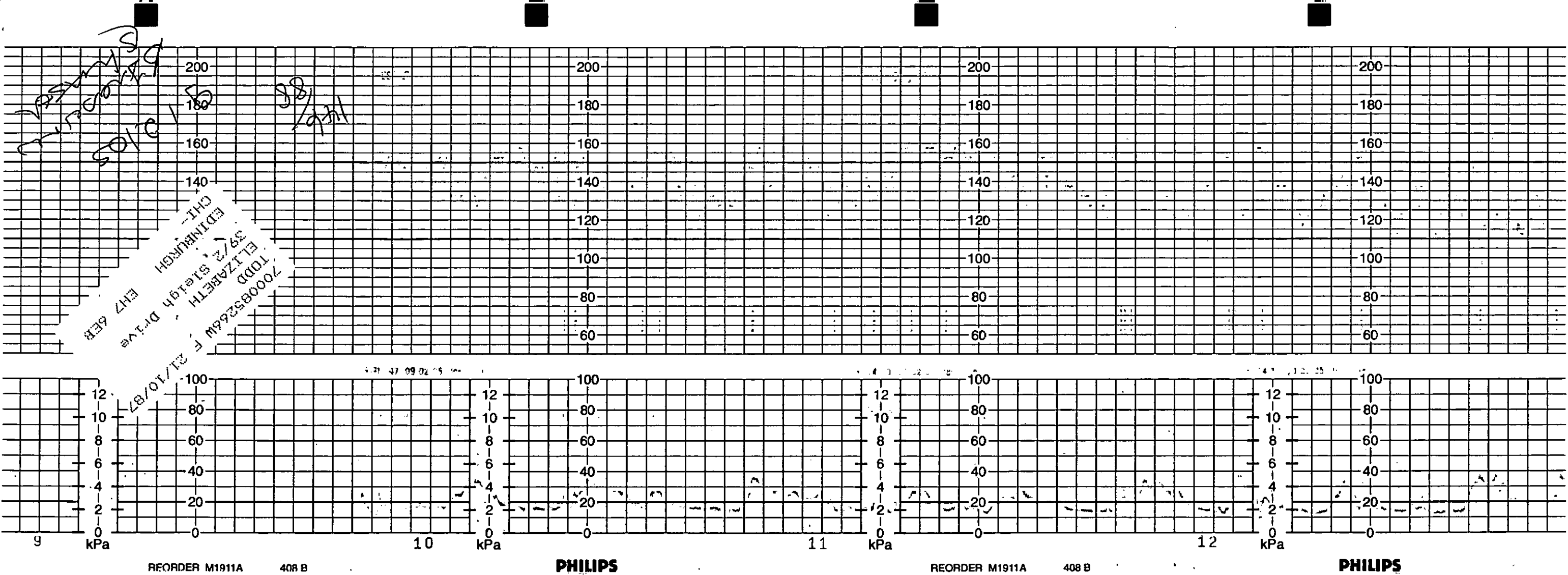
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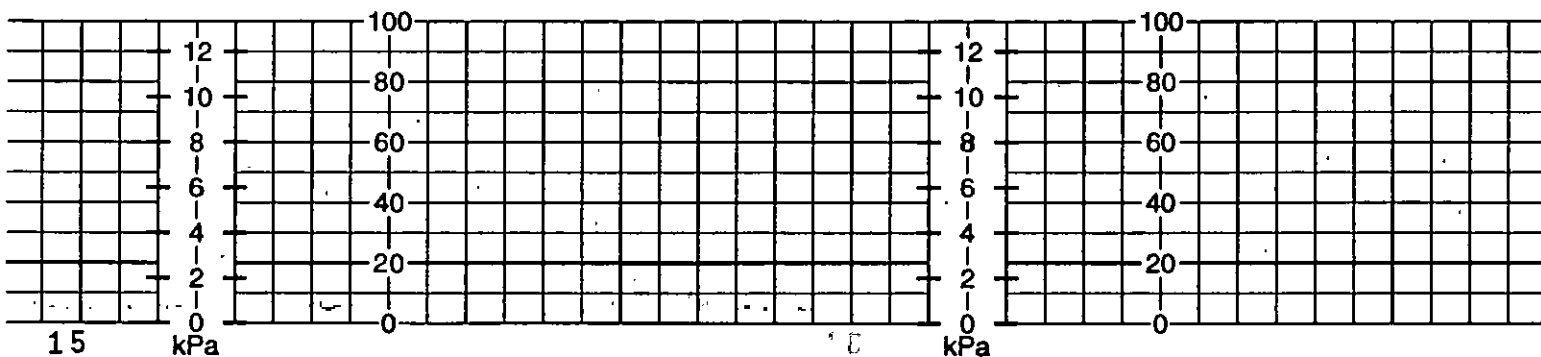
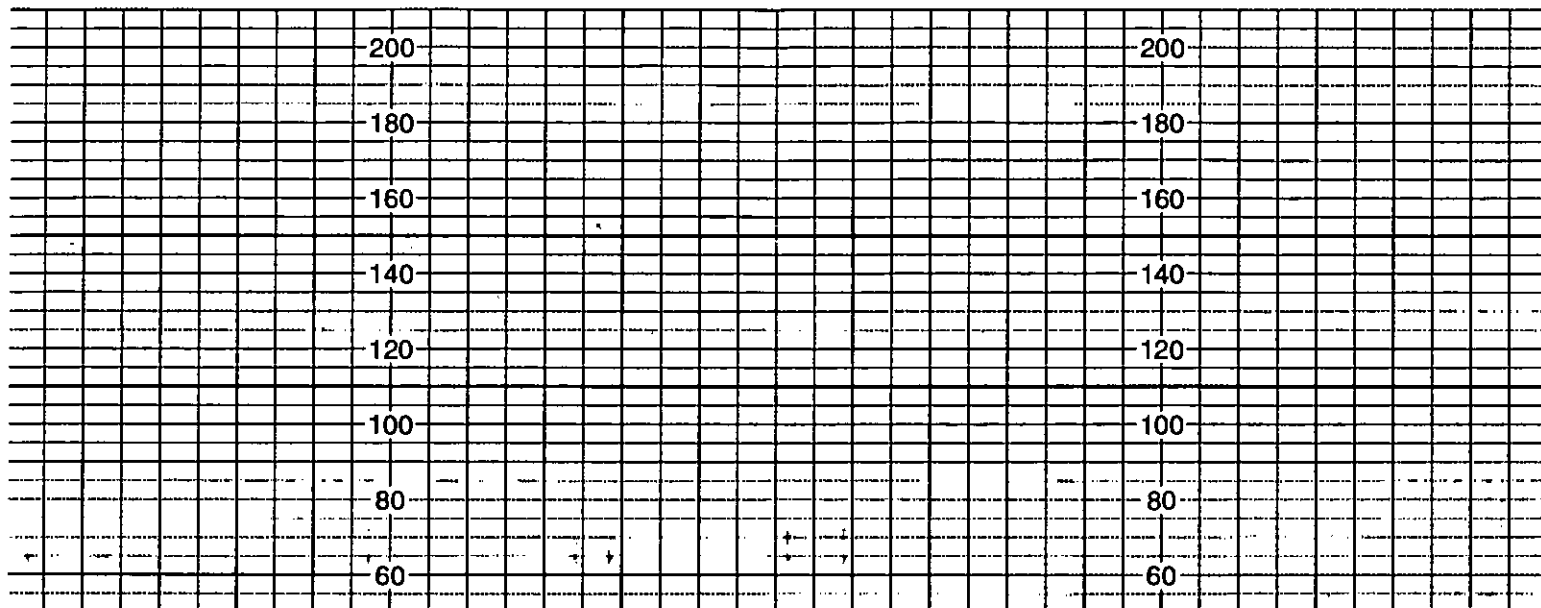
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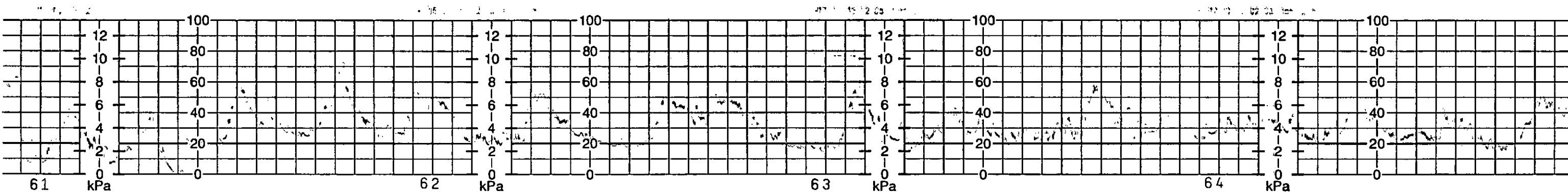
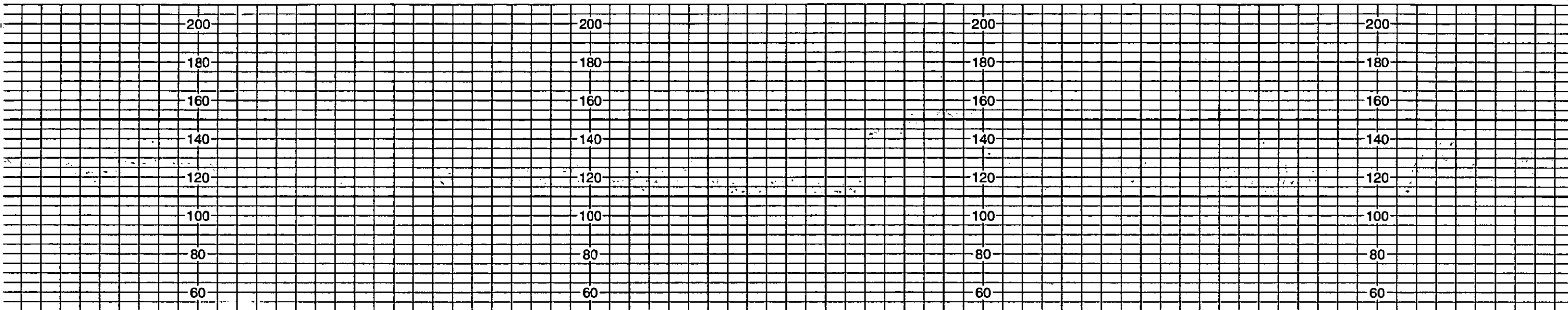
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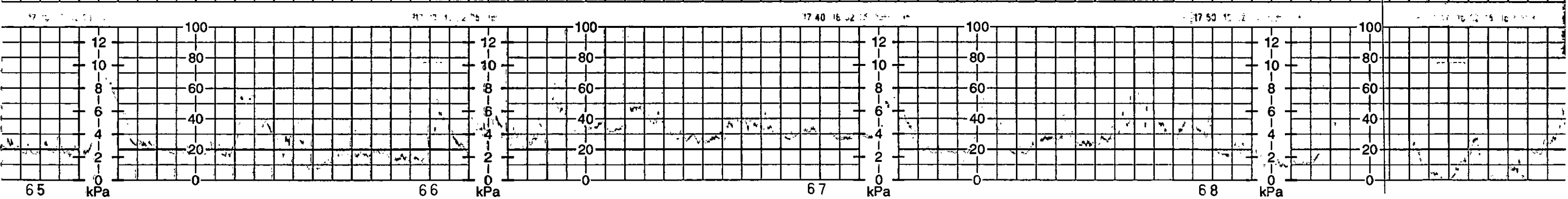
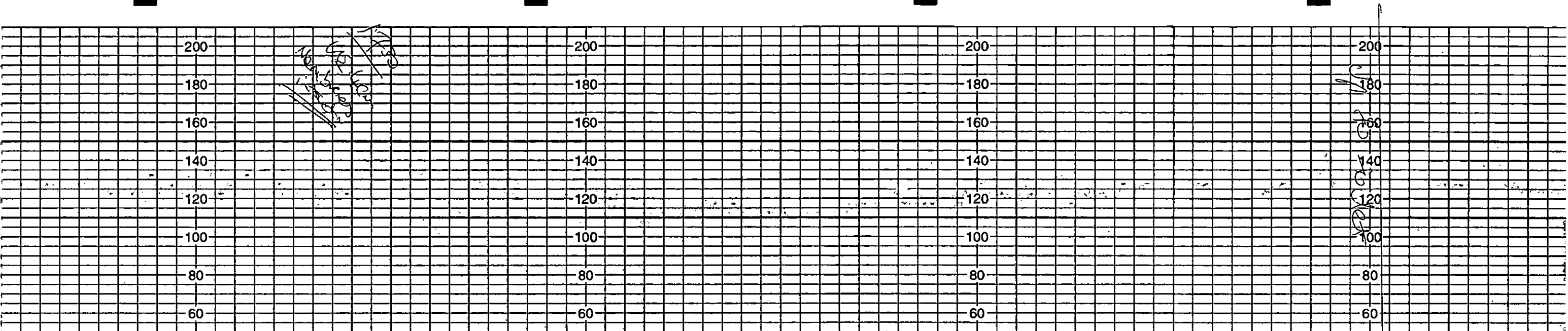
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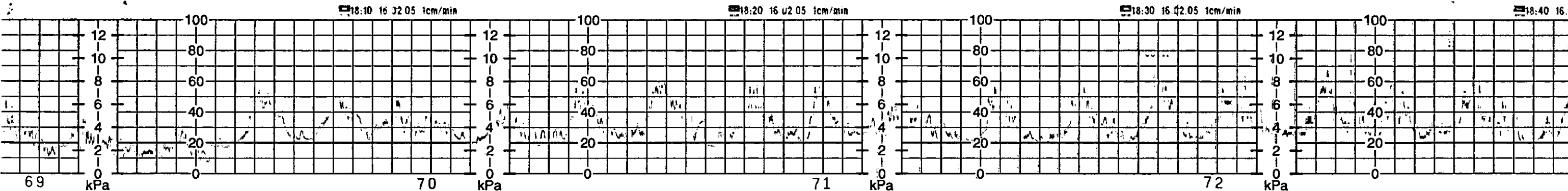
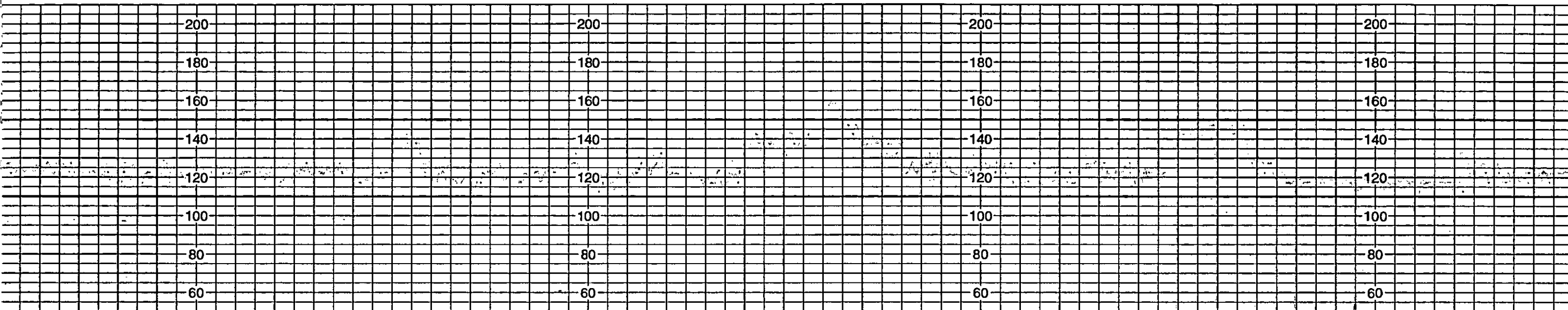
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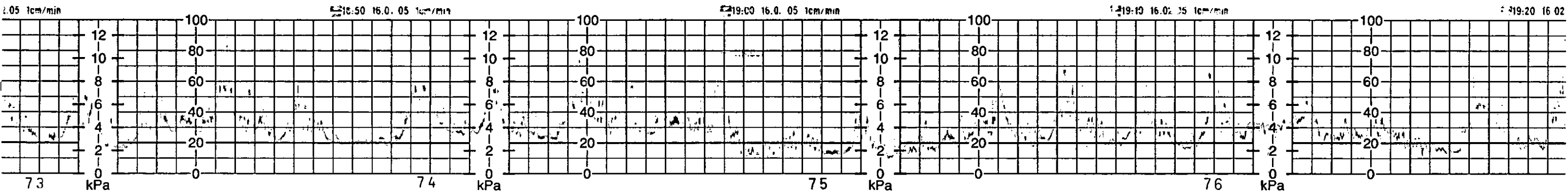
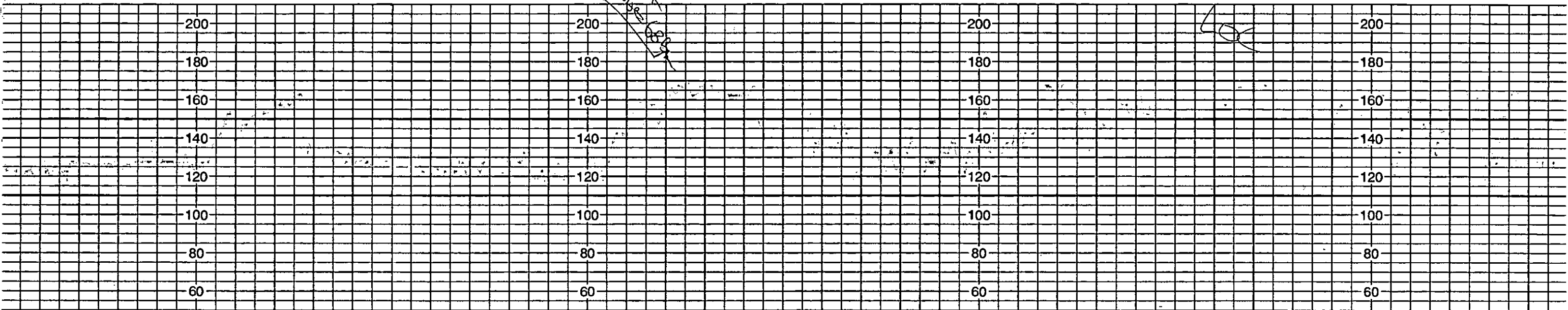
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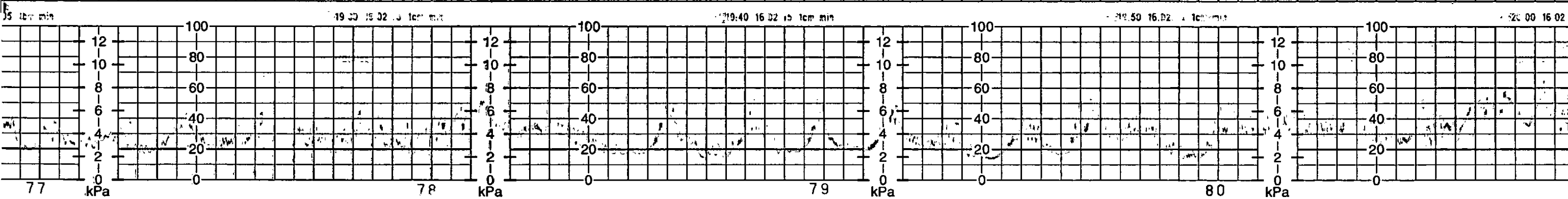
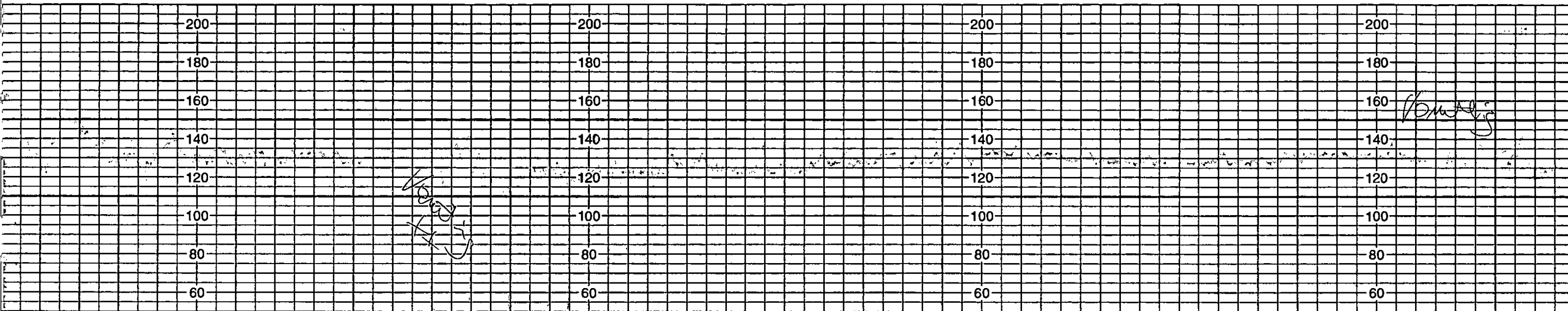
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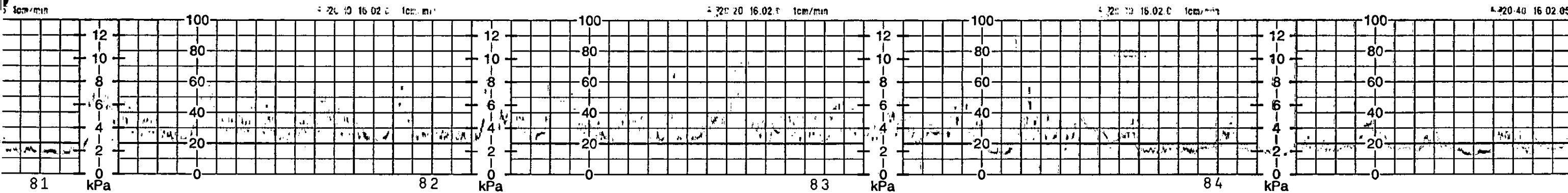
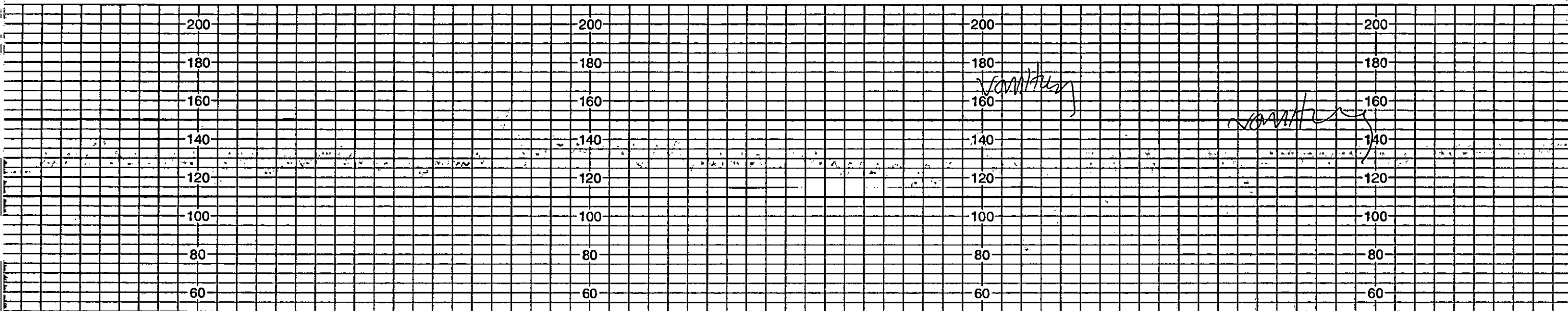


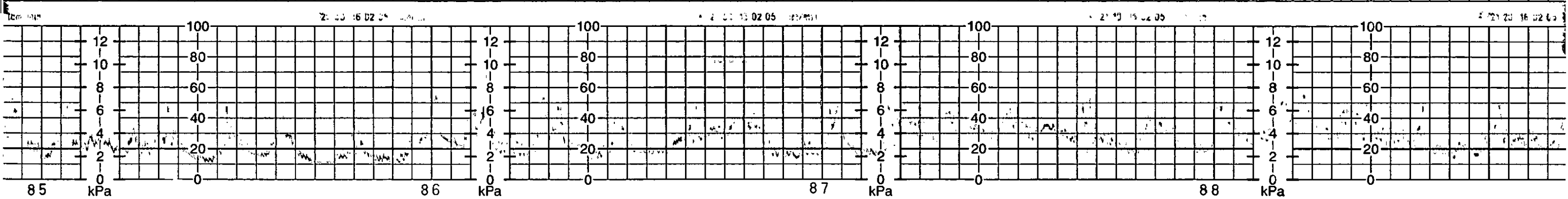
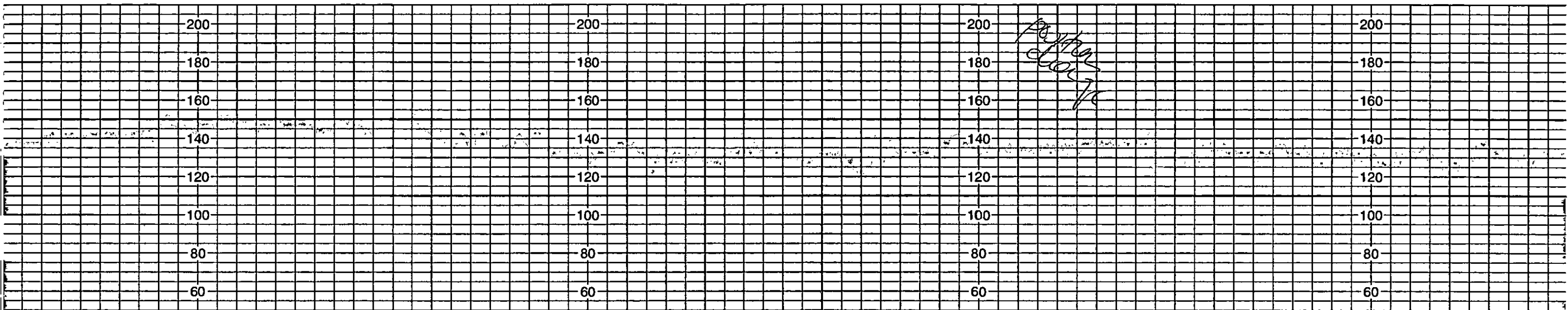


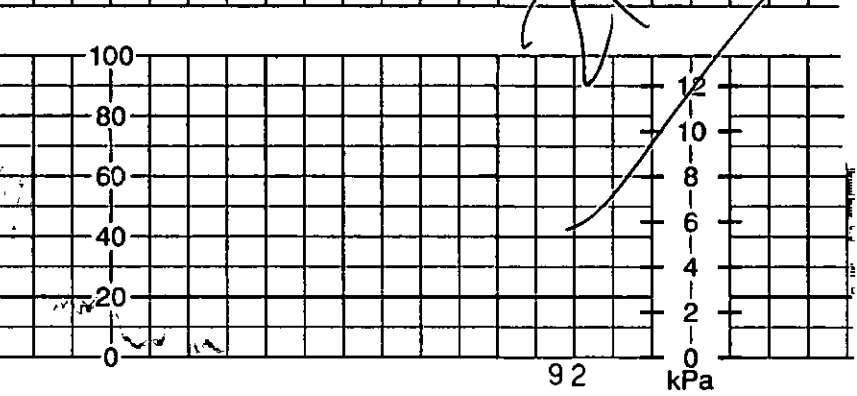
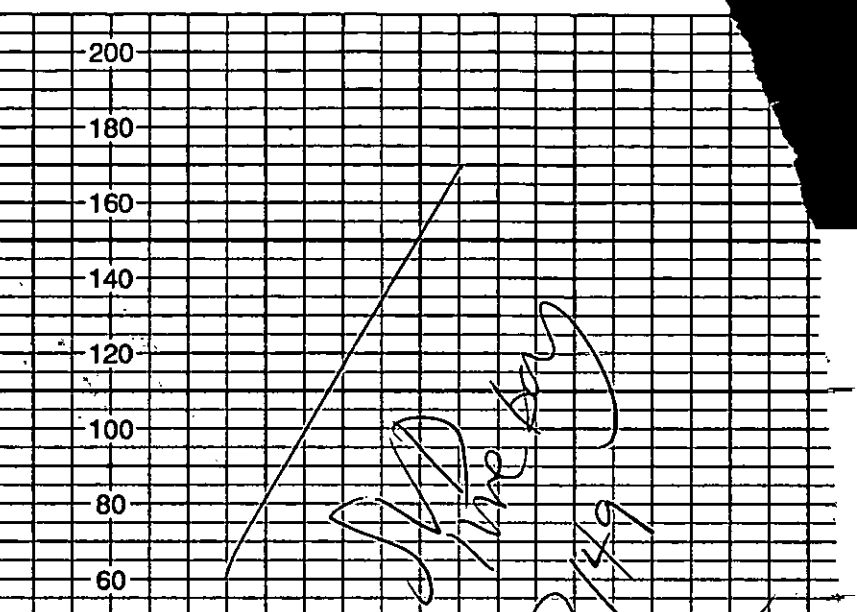
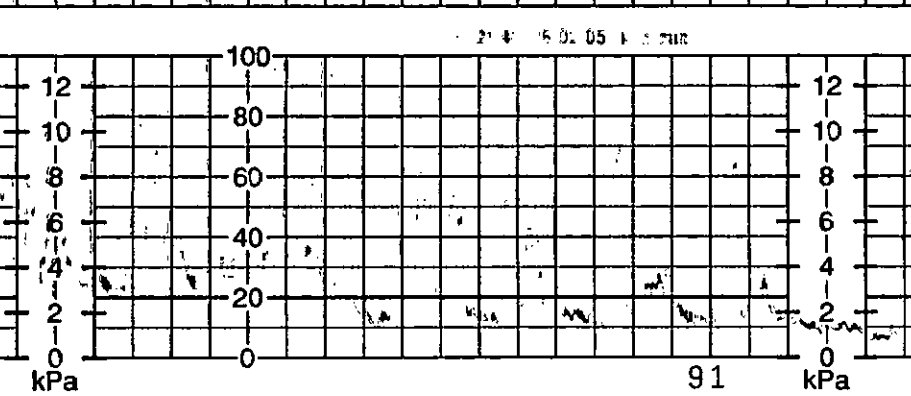
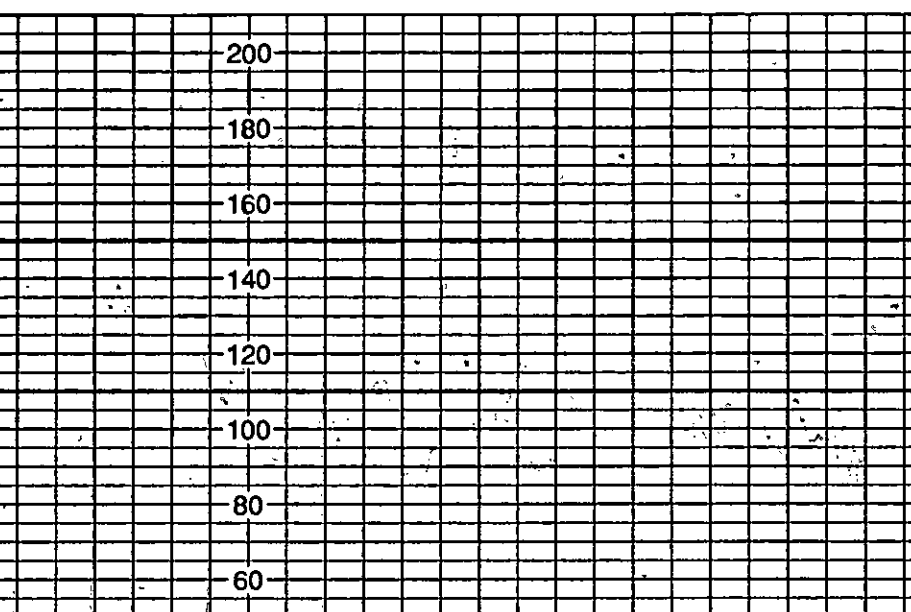
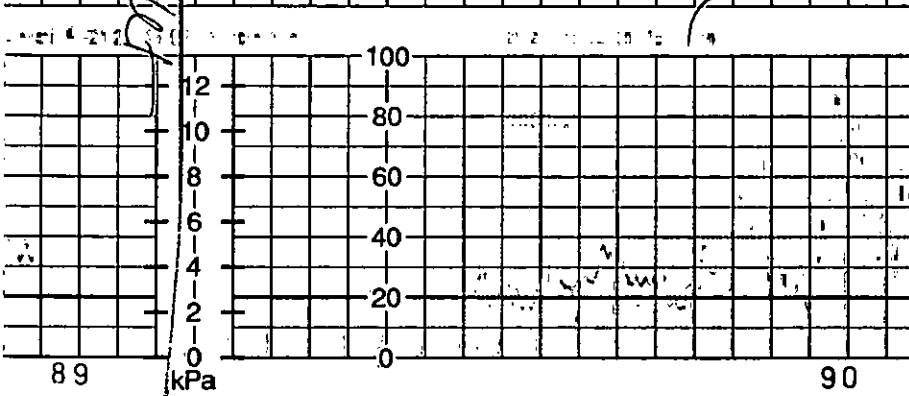
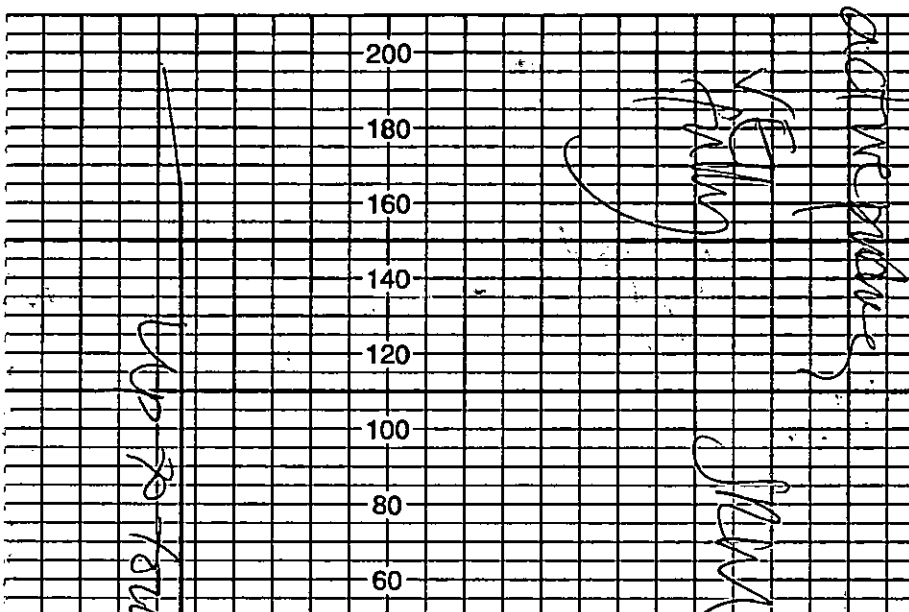












Scan dep
NHS Lothian -
University Hospitals Division

242 2656
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Maternity Service
Information and contacts.



Your Midwifery Team :

Leith Community Midwives
Leith Community Treatment Centre
Junction Place
Edinburgh
0131 536 6450 (answerphone)

Your Named Midwife:

Lesley Dunagan

Routine Enquiries:

For all general enquiries about:

- Your Pregnancy
- Your Appointments
- Non - urgent matters concerning your new baby,

Please phone the above number. If no one is available, please leave a message with your name and contact number and we will return your call as soon as possible.
Our normal working hours are 8.30 am – 4.30pm, every day of the week.

Emergencies:

If you require urgent advice about the well being of yourself or your baby during your pregnancy, for example:

- Any vaginal bleeding
- Reduced or no fetal movement
- Rupture of membranes (waters breaking)
- When you are in labour

Please phone: **Triage and Assessment at RIE**

0131 242 2657 (24 hrs)

St Johns Delivery Suite
Borders General

01506 524125 if you are booked
01896 754 333 there for delivery.

Following the birth of your baby, for example:

- Excessive vaginal bleeding
- Your newborn baby is unwell

Please contact your own doctor or Out of Hours service.

In extreme situations, dial 999 for an ambulance.

Useful contacts.

DOMESTIC ABUSE HELPLINE: 0800 027 1234

LONE PARENT HELPLINE: 0800 018 5026 or 0800 019 1277

EDINBURGH WOMEN'S AID, CRISIS LINE: 0131 315 8110

Labour

[illegible]

Labour

[illegible]

620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



POSTN

R SUMMARY

Situation

Gestation: 37
Parity: 2+0
Blood Group: POS.
Allergies: nil known.

Background

Underlying medical conditions/pregnancy and labour complications: 32+5 SRM
Current medication:

Assessment

Type of delivery: SVD
Time: 10:37
Blood loss: 200
Perineum: intact
Analgesia / Anaesthetic: entonox
Bladder care (when did patient last pass urine): PU

Recommendations

Postnatal Care - Routine / High Risk:
Pre feed obs.
Special considerations:
Thromboprophylaxis
• On Treatment ☐ Yes ☒ No
• Prescribed ☐ Yes ☒ No

Baby

Weight: 3160
APGARs: 8+9
Method of feeding: BF/EBM/top up
Last feed given at: 2030
Has the baby passed meconium or urine: PU ✓ BO ✓
Temperature and time:
Special considerations: (eg. HepB, Konakion)
Cord gases
BM required: ☐ Yes ☒ No PROM - PFO please
Reason:

Person completing form: Julie Ross

Date: 4/3/14 Time: _____

Reported to: _____

OBSTETRIC SBAR

S	<u>Situation</u> Patient's Name: _____ CHI No: _____ Handover/Transfer: _____ From/To: _____ Patient admitted for: _____ Presenting with: • PV Bleed • Labour (Contraction pattern) _____
B	<u>Background</u> Para _____ + _____ @ _____ weeks Consultant / Midwife Lead Care Past Obstetric History: _____ Past Medical History: _____ History of present pregnancy: _____ Blood group _____ BMI _____ Allergies: _____
A	<u>Assessment</u> Maternal vital signs: T _____ P _____ BP _____ Urinalysis: _____ Intermittent auscultation: Yes _____ No _____ CTG: Normal _____ Suspicious _____ Pathological _____ Bishop Score: / VE Clinical Impression: _____ Significant laboratory values: _____
R	<u>Recommendation</u> What I need from you: Time frame (Immediate: within ½ hr; within 1 hr; other): _____ Suggestions for tests / treatments: IVI / Antibiotics Analgesia Other <u>Clarify plan (read back):</u>

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies: 620047703X F TODD Lizanne 21-Oct-87 CHI: 211 087 1105 70677 JW Paterson 39-2 FERRY ROAD DRIVE EH4 4DB 
B ackground	Underlying medical conditions/pregnancy and labour complications: 32 wk srm Current medication: nil
A assessment	Type of delivery: SVD - Time: 10:27 Blood loss: 200 ml Perineum: intact Analgesia / Anaesthetic: ebonox Bladder care (when did patient last pass urine): has passed urine
R ecommendations	Postnatal Care - Routine / High Risk: Baby pfo. Special considerations: Thromboprophylaxis On Treatment: ☐ Yes ☐ No Prescribed: ☐ Yes ☒ No
Baby	Weight: 3160 APGARs: 8 + 9 Method of feeding: BF → ebm Last feed given at: Has the baby passed meconium or urine? Temperature and time: Special considerations: (eg. HepB, Konakion) Cord gases BM required: ☐ Yes ☒ No Reason: PROM PFO please

Person completing form: N. Candwell

Date: 4/3/14

Time:

Reported to:

OBSTETRIC SBAR



Lothian

DJAMEL

WISSAN

S	Situation Patient's Name: _____ Handover/Transfer: _____ From/To: <u>OTA → LW</u> Patient admitted for: <u>In labour</u> Presenting with: • <u>PV Bleed</u> • <u>Labour (Contraction pattern)</u> 620047703X F TODD Lizanne 21-Oct-87 CHI:211 087 1105 70677 JW Paterson 39-2 FERRY ROAD DRIVE EH4 4DB 
B	Background Para <u>2</u> + <u>0</u> @ <u>37</u> weeks Consultant/Midwife Lead Care: _____ Past Obstetric History: <u>SUD at 34/40 and 38/40</u> Past Medical History: <u>pre-eclampsia - first pregnancy</u> History of present pregnancy: <u>32+5 SEM</u> Blood group: <u>A POS</u> BMI: <u>36.3</u> Allergies: <u>NKDA</u>
A	Assessment Maternal vital signs: T <u>36.2</u> P <u>68</u> BP <u>13/79</u> Urinalysis: <u>NAD</u> Intermittent auscultation: <u>Yes</u> No _____ CTG: <u>Normal</u> Suspicious _____ Pathological _____ Bishop Score / VE: <u>-3cm x fully effaced</u> Bulging membranes felt. Clinical Impression: <u>0730</u> 34.6 scan - cephalic. Significant laboratory values: <u>Hb 117 g/l</u> C-reactive protein: <u>7mg/L</u>
R	Recommendation What I need from you: <u>Care during labour - 1130</u> Time frame (Immediate within 1/2 hr; within 1 hr; other): <u>re-examine for progress</u> Suggestions for tests / treatments: IVT / Antibiotics _____ Analgesia _____ Other _____ Clarify plan (read back): _____ <u>07.30 - 3cm FE</u>

Person completing form: ELESIE

Date: 04/03/14 Time: 08.15

Reported to: _____

References: Joint Commission on Accreditation of Healthcare Organizations (2006). National patient safety goals. Kohn, J., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a safer health system. Washington, DC: National Academy Press.

Compiled by: Dr IC C. Dundas
 Updated: May 2013 - Jisona Craig / Caroline Ridd

[illegible]

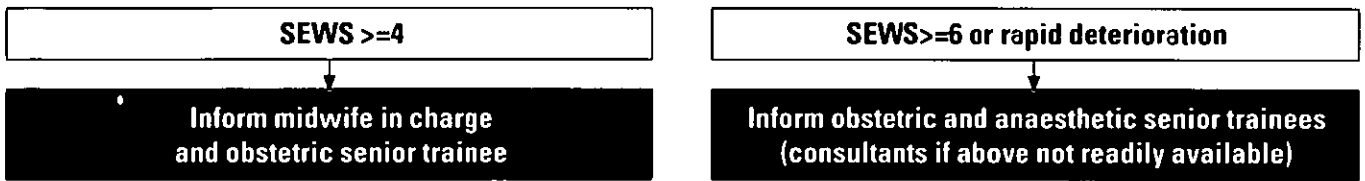
Obstetric Observation Chart



Consultant: Dr Dundas
Date chart commenced: 4/3/12
This is chart number ① this admission
Booking weight _____ kgs BMI _____
ASU: _____

Attach a patient Addressograph here
620047703X F
TODD Lizanne
21-Oct-87 CHI:211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB
Name: _____
DOB: _____
CHI No: _____

An Early Warning Score (SEWS) must be calculated every time observations are recorded and ALL components completed. If SEWS score ≥ 4 then follow flow chart and increase frequency of observations to at least hourly.



CAUTION

The SEWS relates to the SYSTOLIC BP only. If there are concerns re preeclampsia then separate documentation of DIASTOLIC pressure must be made along with target BP. Action should then be taken even if the SEWS score does not 'trigger'.

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

Patient Controlled Analgesia (PCA) (PLEASE ALSO PRESCRIBE ON DRUG CHART)

Drug:	Dose: / 50 ml 0.9% NaCl	Concentration: mg/ml	Antiemetic:	Dose:
Initial PCA bolus:	Lockout time:	Signature	Name	Date/Time
Amended to:				

IMPORTANT
IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION, PAIN AND NAUSEA SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE

Oxygen 2l/min via nasal prongs should be continued with PCA therapy

Respiratory Depression If respiratory rate less than 8 or the patient is difficult to rouse immediately call Anaesthetist and Obstetric Senior Trainee If APNOEA Respiratory arrest - Dial 2222	Nausea/vomiting 1 st line: Cyclizine 50mg iv/im 8 hrly (if not in PCA) 2 nd line: Ondansetron iv 4mg 6hrly 3 rd Line: Prochlorperazine IM 12.5mg 4 th Line: Dexamethasone iv 8mg	Pruritus: Ondansetron 8mg iv/im Naloxone 100mcg iv increments titrated to effect Chlorphenamine 4mg oral

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

How to calculate SEWS Score (document after each set of observations)

- Do not add pain score to SEWS Score.
- Record standard observations (RR, SpO₂, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24	Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy
If SpO ₂ sats $<93\%$	Review probe ? accurate Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.
If Temp >38	Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.
If Systolic BP <100	Review monitoring (cardiac / oximetry / urine output / invasive BP etc). IV Access Review patient / drug kardex.
Consider:	IV fluid bolus and reassess. Care in preeclampsia. TREAT UNDERLYING CAUSE
Consider:	Hypovolaemia Obstructive Distributive Cardiac Dehydration PE Sepsis Arrhythmia Blood loss Tamponade Anaphylaxis Pump failure
If Pulse >130	Review monitoring (cardiac monitor indicated) IV Access Review patient / ECG / electrolytes → Definitive Therapy
If responds to pain only or unresponsive	Assess airway, BM, GCS, neuro observation chart, review patient / kardex.
If BM <4	Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual
Appropriate sized cuff should be used
Diastolic BP reading is when the sound disappears

Systolic BP >160 mmHg	Recheck manually in 15 mins and assess patient If BP still elevated – CONTACT SENIOR TRAINEE
Diastolic BP >100 mmHg Or >20 mmHg from booking	Recheck manually in 15 mins and assess patient If BP still elevated – CONTACT SENIOR TRAINEE
Diastolic BP >110 mmHg	CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY
Urinalysis ++ protein	CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

- 0 = No Nausea
1 = Nausea (consider anti-emetic)
2 = Nausea/Vomiting (administer anti-emetic)
3 = Persistent Nausea &/or Vomiting (contact Dr).

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE/GIVE ANTI-EMETICS. REVIEW.

RADIOMETER ABL800 FLEX

ABL835 Labour Ward
PATIENT REPORT

Syringe - S 195uL

10:57

Sample #

04/03/2014

15120

Identifications

Operator	Sheila Wright
Patient ID	2110871105
Patient Last Name	lizanne
Patient First Name	todd
Date of birth	21/10/1987
Sample type	Arterial
T	37.0 °C

Blood Gas Values

cH ⁺ _c	64.5	nmol/L
pH	7.190	
pCO ₂	8.48	kPa
pO ₂	2.21	kPa

Acid Base Status

sO ₂	18.4	%
cBase(Ecf,ox) _c	-4.5	mmol/L
cHCO ₃ ⁻ (P,st) _c	17.6	mmol/L

Metabolite Values

cGlu	3.3	mmol/L
cLac	4.4	mmol/L

Oximetry Values

ctBil	0	μmol/L
ctHb	18.4	g/dL [12.0 - 20.0]
FO ₂ Hb	18.0	%
FMetHb	1.6	%
FMHb	79.7	%

Calculated Values

pH(T)	7.190	
pCO ₂ (T)	8.48	kPa
pO ₂ (T)	2.21	kPa

Notes

c	Calculated value(s)
.	User correction applied to value(s)

Printed 10:59:09 04/03/2014

RADIOMETER ABL800 FLEX

ABL835 Labour Ward

10:55

04/03/2014

PATIENT REPORT

Syringe - S 195uL

Sample #

15119

Identifications

Operator	Sheila Wright
Patient ID	2110871105
Patient Last Name	lizanne
Patient First Name	todd
Date of birth	21/10/1987
Sample type	Venous
T	37.0 °C

Blood Gas Values

cH ⁺ _c	44.2	nmol/L
pH	7.354	
pCO ₂	4.96	kPa
pO ₂	3.48	kPa

Acid Base Status

sO ₂	57.8	%
cBase(Ecf,ox) _c	-4.8	mmol/L
cHCO ₃ ⁻ (P,st) _c	20.0	mmol/L

Metabolite Values

cGlu	4.2	mmol/L
cLac	2.7	mmol/L

Oximetry Values

ctBil	11	μmol/L	
ctHb	16.4	g/dL	[12.0 - 20.0]
FO ₂ Hb	56.9	%	
FMetHb	0.8	%	
FHHb	41.5	%	
FHbF	75	%	

Calculated Values

pH(T)	7.354	
pCO ₂ (T)	4.96	kPa
pO ₂ (T)	3.48	kPa

Notes

c	Calculated value(s)
.	User correction applied to value(s)

Printed

10:56:31 04/03/2014

Hospital/Ward:	Consultant:	Name of Pat	620047703X F TODD Lizanne
Weight:	Height:	CHI Number	21-Oct-87 CHI:211 087 1105 70677 JW Paterson
If re-written, date:		D.O.B.	39-2 FERRY ROAD DRIVE EH4 4DB
DISCHARGE PRESCRIPTION			
Date completed:	Completed by:		

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☒		Cardwell	4/3/14
		Medicine / Agent	Description of reaction		

- Write clearly in block capitals, using a black ballpoint pen
 - Use approved names for medicines
 - Never alter a prescription
 - Route of administration
- The only acceptable abbreviations are:
- | | | | | | |
|-------|-----------------|-----|--------------|-----|---------------|
| IV | - intravenous | SL | - sublingual | NG | - nasogastric |
| IM | - intramuscular | PR | - per rectum | ID | - intradermal |
| SC | - subcutaneous | PV | - per vagina | TOP | - topical |
| INHAL | - inhaled | NEB | - nebulised | | |
- Never abbreviate ORAL or INTRATHECAL
- Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
 - The only acceptable abbreviations are:
g - gram mg - milligram ml - millilitre
all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

ONCE ONLY

[illegible]

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
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Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																

TURN OVER 

Page 4 of 6

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															

PERIPHERAL VENOUS CANNULA INSERTION
Complete all sections

Date:	Time:	Operator:	Patients Label
Size	Position	Standard technique	
Blue ☐	LEFT ☐	Handwash ☐	
Pink ☐	RIGHT ☐	Gloves ☐	
Green ☐	Hand ☐	Skin prep ☐	
Orange ☐	Forearm ☐	Aseptic insertion ☐	
Brown ☐	ACF ☐	Needle free port ☐	
Grey ☐	Foot ☐	Dressing labelled ☐	
Difficulties/complications/deviation from standard technique -			
Operator signature:			

Date:	Time:	Operator:	Date:	Time:	Operator:
Size	Position	Standard technique	Size	Position	Standard technique
Blue ☐	LEFT ☐	Handwash ☐	Blue ☐	LEFT ☐	Handwash ☐
Pink ☐	RIGHT ☐	Gloves ☐	Pink ☐	RIGHT ☐	Gloves ☐
Green ☐	Hand ☐	Skin prep ☐	Green ☐	Hand ☐	Skin prep ☐
Orange ☐	Forearm ☐	Aseptic insertion ☐	Orange ☐	Forearm ☐	Aseptic inserti ☐
Brown ☐	ACF ☐	Needle free port ☐	Brown ☐	ACF ☐	Needle free port ☐
Grey ☐	Foot ☐	Dressing labelled ☐	Grey ☐	Foot ☐	Dressing labelled ☐
Difficulties/complications/deviation from standard technique			Difficulties/complications/deviation from standard technique		
Operator signature:			Operator signature:		

Daily assessment of Cannula site: (circle response and take appropriate actions)

	Is still in use		Absence of inflammation and/or extra-vasation		Dressing is intact		Has been inserted for <72 hours		Hand hygiene before & after all procedures		What was done	Sign
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
Comments												

Daily assessment of Cannula site: (circle response and take appropriate actions)

Date	Is still in use		* Absence of inflammation and/or extra-vasation		Dressing is intact		Has been Inserted for <72 hours		Hand hygiene before & after all procedures		What was done	Sign
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle		
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
Comments												

Daily assessment of Cannula site: (circle response and take appropriate actions)

Date	Is still in use		Absence of inflammation and/or extra-vasation		Dressing is intact		Has been Inserted for <72 hours		Hand hygiene before & after all procedures		What was done	Sign
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle		
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Yes	Continue bundle	Left in situ	
	No	Remove Catheter	No	Remove Catheter	No	Remove Catheter	No	Request removal	No	Request removal	Removed	
Comments												

Pregnancy Thrombosis Risk Assessment

Patient
Patient
CHI:
Hosp

620047703X F
TODD Lizanne
21-Oct-87 CHI:211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



This form has been designed to assess the thrombosis risk of all women, and guide treatment for those calculated to be at medium or high risk. Women who are at extremely high risk, such as those with a previous or current thrombosis, BMI greater than 40 or those with an inherited or acquired clotting disorders will have individualised thrombosis plans following prior review in the Haematology / Obstetric ANC which supersedes guidance from this form.

	2 Points	1 Point	Nil points
What is her age?			
Under 35.			☒
35 or over.		☐	
What is her parity?			
Para 0, 1 or 2.			☒
Para 3 or more.		☐	
Is this a singleton pregnancy?			
Yes.			☒
No.		☐	
Does she have gross varicose veins (medically assessed)?			
Yes.		☐	
No.			☒
Is she a current smoker?			
Yes.		☐	
No.			☒
Has she ever injected intravenous street drugs?			
Yes.	☐		
No.			☒
Are there pre-existing medical conditions? i.e. Sickle cell anaemia, Heart/Lung Disease, Lupus, Nephrotic syndrome, cancer?			
Yes.	☐		
No.			☒
Is she admitted for hyperemesis, dehydration or ovarian hyperstimulation?			
Yes.		☐	
No.			☒
Does she have pre-eclampsia? (Hypertension AND at least 1+ protein)			
Yes.		☐	
No.			☒
Is the woman immobile? (e.g. HDU admission, ileus, SPD requiring crutches)			
Yes.		☒	
No.			☒
Is she being treated for a suspected infection with IV antibiotics?			
Yes.		☐	
No.			☒
Did active labour last more than 24 hours?			
Yes.		☐	
No.			☒
What type of delivery?			
Unassisted vaginal delivery?			☒
Forceps delivery in theatre?		☐	
Caesarean Section?	☐		
Did she have a surgical procedure other than forceps or caesarean? e.g. MROP, 3 rd degree tear repair, evacuation of uterus or haematoma, re-suturing of episiotomy, hysterectomy, appendicectomy.			
Yes.	☐		

Pregnancy Thrombosis Risk Assessment

	2 Points	1 Point	Nil points
Was the EBL greater than 1000mls, or did she have a blood transfusion?			
Yes.		1	0
No.			1
What is her BMI based on today's weight?			
Under 30.		1	0
Between 30 and 39.9.		1	0
40 and over	1		
PLEASE TOTAL NUMBER OF RISK FACTORS IN EACH COLUMN FOR BOTH PAGES OF THIS FORM:	() ()	() ()	() ()

PLEASE CHECK SPECIAL FEATURES/ OBSTETRIC MANAGEMENT PLANS AND IMPLEMENT IF THERE ARE ANY INDIVIDUALISED THROMBOPROPHYLAXIS PLANS.

POSTNATAL PLAN

If the total score is 0 or 1 LOW RISK

This woman does not require preventative heparin injections. She should be encouraged to mobilise and avoid dehydration.

If the total score is 2 or 3 MEDIUM RISK

This woman requires prophylactic heparin according to current weight **WHILE IN HOSPITAL** in order to reduce her risk of thrombosis.

The first dose should be given SIX hours after delivery (or the time of epidural catheter removal). The dose can be calculated from the table below.

If the total score is 4 or more HIGH RISK

This woman requires TEDS to take home and prophylactic heparin injections according to current weight **WHILE IN HOSPITAL** in order to reduce her risk of thrombosis.

The first dose should be given SIX hours after delivery or the time of epidural catheter removal, and continue daily as above. The dose can be calculated from the table below.

Cautions and dose calculations

There are important contraindications to the use of heparin, including active bleeding, uncontrolled hypertension (systolic BP>200, diastolic >120), pre existing bleeding disorders and importantly heparin allergy. These women must be discussed with the obstetric registrar and TED stocking can be used as an alternative. If the creatinine is over 100µmol/l advice regarding alternative dosing should be sought from haematology.

Please enter the full name of the doctor you have asked to prescribe heparin on the kardex below:

_____ and discuss your woman's case if there are any concerns about bleeding, previous reaction to heparin, if platelets are below 70, or in the case of women declining thromboprophylaxis.

Weight

Dose

<50kg	2,500 units Dalteparin daily
50 -90kg	5,000 units Dalteparin daily
91-130kg	7,500 units Dalteparin daily
131 – 170kg	10,000 units Dalteparin daily
>170kg	75 units / kg / day

When Dalteparin dose 10,000 units or more – consider divided BD administration.

620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



Adapted Waterlow Pressure Area Risk Assessment Chart

Undertake and document risk assessment within 6 hours of admission or on first home visit.
Reassess if there is a change in individual's condition and repeat regularly according to local protocol.

Scoring

		Date:	4/3/14			
		Initials:	NC			
		Time:	09.15			
Sex	Male	1				
	Female	2	2			
Age	14-49	1	1			
	50-64	2				
	65-74	3				
	75-80	4				
	81+	5				
Build/Weight for Height (weight in Kg / height in m ²)	Average BMI 20-24.9	0				
	Above average BMI 25-29.9	1				
	Obese BMI > 30	2	2			
	Below average BMI < 20	3				
Continence	Complete/catheterised	0	0			
	Incontinent urine	1				
	Incontinent faeces	2				
	Doubly incontinent (urine & faeces)	3				
Skin Type (Visual Risks Area)*	Healthy	0	0			
	Tissue paper (thin/fragile)	1				
	Dry (appears flaky)	1				
	Oedematous (puffy)	1				
	Clammy (moist to touch/pyrexia)	1				
	Discoloured (bruising/mottled)	2				
	Broken (established ulcer)	3				
Mobility	Fully mobile	0	0			
	Restless/fidgety	1				
	Apathetic (sedated/depressed/reluctant to move)	2				
	Restricted (restricted by severe pain or disease)	3				
	Bedbound (unconscious/unable to change position/traction)	4				
Nutritional Element*	Chair bound (unable to leave chair without assistance)	5				
	Unplanned weight loss in past 3-6 months	0				
	< 5% Score	0				
	5-10%	1				
	> 10%	2				
	BMI > 20	0				
	BMI 18.5-20	1				
BMI < 18.5	2					
Special Risks (Tissue Malnutrition)*	Patient/client acutely ill or no nutritional intake > 5 days	2				
	Smoking	1				
	Anaemia = Hb < 8	2				
	Single organ failure e.g. cardiac, renal, respiratory	5				
	Peripheral vascular disease	5				
Special Risks (Neurological Deficit)	Multiple organ failure/terminal cachexia	8				
	Diabetes/MS/CVA/motor/sensory/paraplegia	4-6				
Special Risks (Surgery/Trauma)*	Orthopaedic/below waist/spinal (up to 48 hours post op)	5				
	On table > 2 hours (up to 48 hours post op)	5				
	On table > 6 hours	8				
Special Risks (Medication)	Cytotoxic, anti-inflammatory, long term/high dose steroid	4				
TOTAL SCORE			6			

*More than one score can be used in some categories

Total 10+ = at risk 15+ = high risk 20+ = very high risk

Surname: Forenames: CHI number:

Date & Time	Score	Equipment in use	Comments	Signature
09 ⁰⁰ 4/3/14.	6	Surfboard. etc.	Semi Supine.	N Carthwell

Hospital: RIF	Name/or Addressograph	620047703X F TODD Lizanne 21-Oct-87 CHI: 211 087 1105 70677 JW Paterson 39-2 FERRY ROAD DRIVE EH4 4DB
Labour Ward		
Observation Chart	Consultant	

Admission to Labour Ward	Data 4/3/14	Time 09 ⁰⁰	T 36 ⁶	P 70 ⁰	BP 109/73	FHR 140	Reason for Admission and Gestation IN LABOUR 37 WEEKS.			
Onset of Contractions	4/3/14	06 ⁰⁰	Parity P2	EDD	Cervical Score	0	1	2	3	Score
					Dilatation	< 1	1-2cm	2-4cm	> 4	
					Length of Cx	> 4cm	2-4	1-2cm	< 1	
Rupture of Membranes	Spont. Ant.	32 weeks	Blood Grp. Rnt.	Hb 117	Station	-3	-2	-1/0	+	
					Consistency	firm	average	soft		
					Position	post	mid/ant			
Urinalysis O/A					Induction	Yas/No		Total		
Special Instructions					Specify Induction Method:					
					Birth Plan Discussed:					

Data and Time	COMMENTS	Signature and Designation
	37 wks P2 son 32 wks.	N Candwell
4/3/14	07:30 3cm fe slowwaters	indie
10 ³⁵	fetal bradycardia follows ser.	
	hr now 90 - 100bpm	(UKCHS)
	vk visible & advancing	Shipton
10 ³⁷	Head born → sev of a live	
	boy in good condition - dried	
	& stimulated @ delivery → cried	

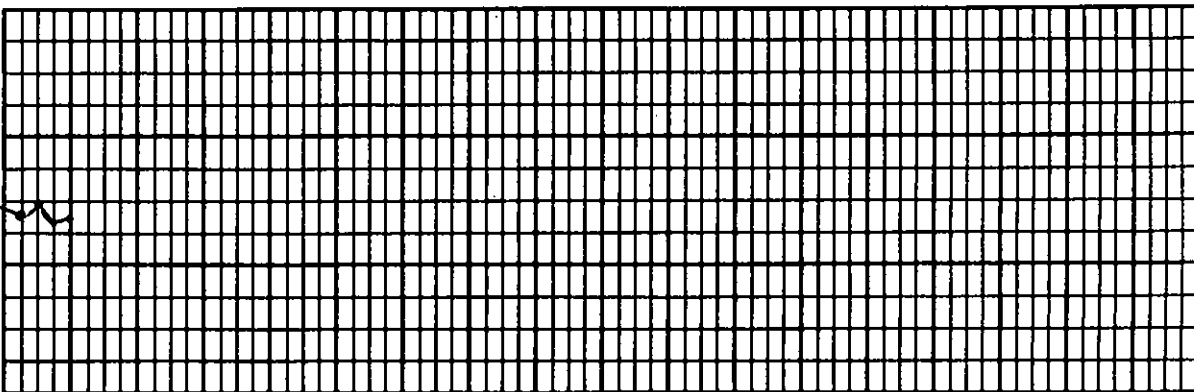
Date:

4/3/24

Time



Fetal Heart Rate

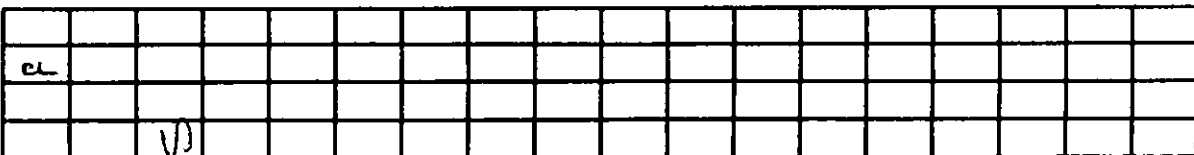
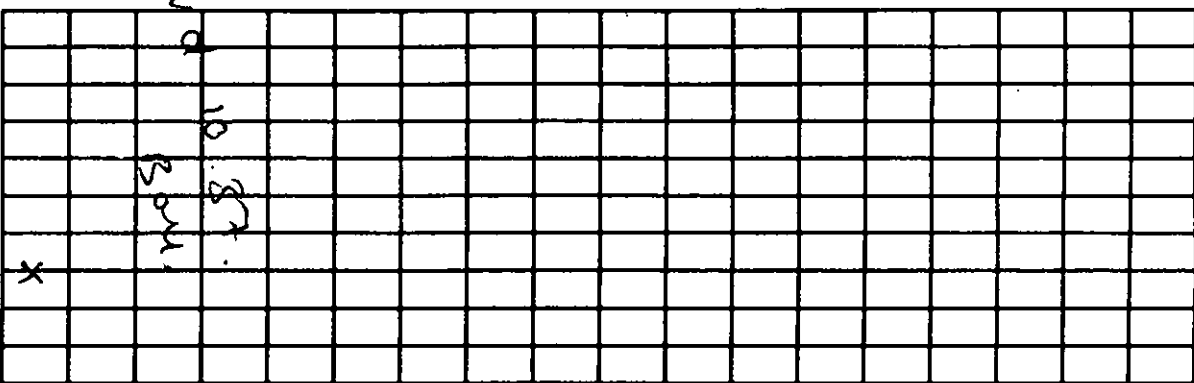
190
180
170
160
150
140
130
120
110
100
90
80

Fetal pH

Liquor

Effacement/Station

Moulding/Position

Cervix
(cms)
(X)Descent
Abdo.
(•)10
9
8
7
6
5
4
3
2
1
0

Contractions per 10 mins

Weak



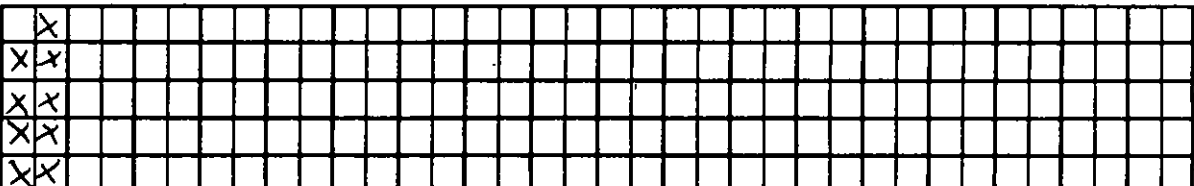
Fair



Mod



Strong

5
4
3
2
1

Signature Box



Syntocinon

Initials

Epidural

Drugs

I.V. Fluids

I.V. Drugs

200

190

180

170

160

15C

140

130

Blood Pressure and Pulse

120

110

100

90

80

70

60

URINE

Protein

Ketones

Glucose

Voluma

Temperatura

Time

Date and Time	COMMENTS	Signature and Designation
	- Skm to Skm with Mum (Card was loosely round neck x1).	
	Card clamped & cut following delivery	
	M Cytochrome 1010 given.	
10 ⁴⁰	Placenta & membranes delivered by controlled cord traction	(Lukard) Shipton CW N Candwell (mw)
10 ⁵⁰	Perineum intact lachia nil - est 200 mls.	
11 ²⁰	Baby check completed vitamin K given Bp 104/74 p 62 Temp 36.6. lachia minimal fundus firm central	N Candwell, N Candwell N Candwell
	See book for further information Battered insertion Placenta: membranes complete 3 vessels.	N Candwell ms.

Department of Obstetrics

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 25/02/2014
Date Authorised
Date/Time Printed 25/02/2014 15:30
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 119 RIE	Admission Date: 24/02/2014
Consultant: Dr KC Dundas	Discharge Date: 25/02/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Lizanne admitted to ward 119 with ?preterm labour at 35+ weeks
Admitted for observation & settled
Lizanne has an ANC appointment in place 05/03/14
To call Triage meantime with any concerns
Seen on the ward round by Professor Norman & fit for discharge home.

Inpatient Discharge Summary

Time of care rounding (24 hour)		0910	0940		2050	2140																				
Maternity	Do you have any concerns re your baby?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Are you in any pain or discomfort?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Baby feeding chart completed (Y, N, NA)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Bed rails in use? (Up U, Down D, NA)	0	0		D	D																				
Continence	Do you have any problems passing urine? (at time of rounding) (Y, N)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Sanitary product changed if insitu?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	If catheterised, is it still required? (if NA do not complete next section)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Bag checked? (Position below bladder, No more than 2/3 full, Connections intact)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Is the PVC / SC still req? (if NA do not complete next 3 sections)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
PVC	Insitu for > 72hrs?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Dressing intact?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Redness / swelling?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Buzzer within reach?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
General	Anything else I can do for you? (Y, N, AS)	N	N		N	N																				
	Someone will be back in...hrs. Use buzzer if req (Y, N, AS)	4-6	4-6		4-6	4-6																				
Initials		CS	CS		SMG	S																				

Following evaluation, this patient will receive care rounding at the following frequency over the next 24 hours.
All sections should be completed for every patient, at every planned time.

Ward 119

Please ensure that the patient is aware of visiting policy and security policy for the ward

[illegible]

Bed 1

OBSTETRIC SBAR

119

S	Situation Patient's Name: Handover/Transfer: From/To: Patient admitted for: Presenting with: • PV Bleed • Labour (Contraction pattern): 620047703X F 21/10/1987 Todd, Lizzanne 39-2 FERRY ROAD DRIVE, Edinburgh, EH4 4DB CHI 2110871105
B	Background Para 2 + 0 @ 35.6 weeks Consultant / Midwife Lead Care: Past Obstetric History: Prev. Preterm labour. Past Medical History: History of present pregnancy: Blood group Rh+ BMI: Allergies:
A	Assessment Maternal vital signs: T 36.5 P 82 BP 105/69 Urinalysis: Intermittent auscultation: Yes No CTG: Normal Suspicious Pathological Bishop Score / VE Clinical Impression: - cervix closed, 2 IEL. Significant laboratory values: FBC sent / cef / uti sent
R	Recommendation What I need from you: Time-frame (Immediate) within 1/2 hr within 1 hr other: Suggestions for tests / treatments: IVI / Antibiotics Analgesia Other Clarify plan (read back): Admit 119 FOL OBSERVATIONS

Person completing form: V. MARSH-FLEMING

Date: 24/2/14 Time: 15:20

Reported to:

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A ssessment	Type of delivery: Time: Blood loss: Perineum: Analgesia/ Anaesthetic: Bladder care (when did patient last pass urine)
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thromboprophylaxis • On Treatment ☐ Yes ☐ No • Prescribed ☐ Yes ☐ No
Baby	Weight: APGAR5: Method of feeding: Last feed given at: Has the baby passed meconium or urine: Temperature and time: Special considerations: (eg. HepB, Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

NHS
Lothian

620047703X F. 21/10/1987

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known	☒	M. CLARK	20/2/11
		Medicine / Agent	Description of reaction		

- **Write the medicine dose clearly**
 - The only acceptable abbreviations are:
g - gram mg - milligram ml - millilitre
all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1 mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

[illegible]

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

O X Y G E N	Start		Route		Prescriber - Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time

[illegible]

Page 3 of 6

Name: D.O.B.: CHI No:

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																
Medicine (Approved Name)		For use	Date	20/2	21/2	24/2													
PARACETAMOL			Time	2300	0900	1545													
Dose + frequency + max	Route	Quantity	Dose	1g	1g	1g	1g												
1g 4-6 qds	ORAL		Initials	we	AN	AN													
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber sign + print		Pharmacy	Dose																
C. Ford FORD			Initials																
Medicine (Approved Name)		For use	Date	25/2															
CYCLIZINE			Time	1110															
Dose + frequency + max	Route	Quantity	Dose	50g															
50g max 8	ORAL		Initials	ne															
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber sign + print		Pharmacy	Dose																
[Signature] G. Ford			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																
Medicine (Approved Name)		For use	Date																
			Time																
Dose + frequency + max	Route	Quantity	Dose																
			Initials																
Indication + notes	Start Date	Date	Date																
			Time																
Prescriber - sign + print		Pharmacy	Dose																
			Initials																

OBSTETRIC SBAR

S	Situation Patient's Name: _____ Handover/Transfer: OTA RIE → St John's From/To: RIE → St John's Patient admitted for: ?Threatened PTh Presenting with: • PV Bleed • Labour (Contraction pattern) 2:10 lasting <30 secs	10677 JW Paterson 620047703X F 21/10/1987 Todd, Lizzanne 39-2 FERRY ROAD DRIVE, Edinburgh, EH4 4DB CHI 2110871105
B	Background Para 2 + 0 @ 34+6 weeks Consultant / Midwife Lead Care Past Obstetric History: 2 x SVD 1st SVD @ 34 wks had Pre-eclampsia @ 32 wks Past Medical History: 2nd SVD @ 35 wks. Depression History of present pregnancy: ?SRM @ 32 wks (020214) Blood group: A Rh+ BMI: 36.3 Allergies: None Known Allergies	
A	Assessment Maternal vital signs: 136.5 P. 87 BP 105/69 Urinalysis: NAD Intermittent auscultation: Yes No ✓ CTG: Normal Suspicious Pathological Bishop Score / VE - on speculum @ 04+0 wks (170214) Clinical Impression: OS closed + long Has had a full course of steroids Significant laboratory values: Last scan showed AFI of 20 ?? SRM.	
R	Recommendation What I need from you: Observation of uterine activity + fetal wellbeing Time frame (Immediate: within 1/2 hr; within 1 hr; other): Suggestions for tests / treatments: analgesia as required. IVI / Antibiotics CTG □ Analgesia Please organise a liquor volume scan (want to have a Other Clarify plan (read back): repeat LV today in JAU	

Person completing form: Sutherland (RM)

Date: 17.02.14

Time: _____

Reported to: _____

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine)
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thromboprophylaxis • On Treatment ☐ Yes ☐ No • Prescribed ☐ Yes ☐ No
Baby	Weight: APGARs: Method of feeding: Last feed given at: Has the baby passed meconium or urine? Temperature and time: Special considerations: (eg. HepB, Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

References: Joint Commission on Accreditation of Healthcare Organizations (2006). National patient safety goals.
 Kohn, L., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a Safer Health System. Washington, DC:
 National Academy Press.

Compiled by: Dr K. C. Dundas
 Updated: May 2013 – Justine Craig / Caroline Pound

OBSTETRIC SBAR

S	<u>Situation</u> Patient's Name: <u>Lizanne Todd</u> CHINo: <u>CHI 2110871105</u> Handover/Transfer: <u>From/To: LW</u> Patient admitted for: <u>Pre term SRM @ 32+6</u> Presenting with: • PV Bleed • Labour (Contraction pattern)
B	<u>Background</u> Para <u>2 (x2 SVD)</u> @ <u>32+6</u> weeks Consultant / Midwife Lead Care Past Obstetric History: <u>SRM 2/2/14 @ 0230</u> Past Medical History: <u>(Cler)</u> History of present pregnancy: <u>Prev 34/40</u> Blood group: <u>POS</u> BMI: <u>Ent 3-4 mid</u> Allergies: <u>(see S&S)</u>
A	<u>Assessment</u> Maternal vital signs: T <u>37.3</u> P <u>—</u> BP <u>—</u> Urinalysis <u>—</u> Intermittent auscultation: Yes <u>—</u> No <u>—</u> CTG: <u>Normal</u> Suspicious <u>—</u> Pathological <u>—</u> Bishop Score / VE: <u>Corous os @ 0900</u> Clinical Impression: Significant laboratory values:
R	<u>Recommendation</u> What I need from you: Time frame (Immediate within 1/2 hr within 1 hr other): <u>— observe —</u> Suggestions for tests / treatments: <u>labours</u> IVT / Antibiotics: <u>✓ recheck temp @ 1100</u> Analgesia: <u>—</u> Other: <u>— oral abx @ 1200</u> Clarify plan (read back):

Person completing form: Clare Sword

Date: 2/2/14 Time: 1030

Reported to: —

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine):
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thromboprophylaxis • On Treatment: ☐ Yes ☐ No • Prescribed: ☐ Yes ☐ No
Baby	Weight: APGARs: Method of feeding: Last feed given at: Has the baby passed meconium or urine? Temperature and time: Special considerations: (eg. HepB, Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

References: Joint Commission on Accreditation of Healthcare Organizations (2006). National patient safety goals.
 Kohn, L., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a Safer Health System. Washington, DC:
 National Academy Press.

Compiled by: Dr K. C. Dundas
 Updated: May 2013 – Justine Craig / Caroline Pound

OBSTETRIC SBAR

S	Situation Patient's Name: _____ Handover/Transfer: _____ From/To: <u>OTA</u> Patient admitted for: _____ Presenting With: ☒ PV Bleed ☒ Labour (Contraction pattern) _____ 620047703X F TODD Lianne 21-Oct-87 CHI: 211 087 1105 70677 JW Paterson 39-2 FERRY ROAD DRIVE EH4 4OB 
B	Background Para <u>2</u> + <u>0</u> @ <u>32+5</u> weeks Consultant / Midwife Lead Care _____ Past Obstetric History: <u>prev SVD 34/40</u> SRM Past Medical History: _____ 02-15 History of present pregnancy: <u>T PTL</u> Blood group <u>A POS</u> BMI <u>36.3</u> Allergies: <u>NICOA</u>
A	Assessment Maternal vital signs: T <u>36.4</u> P <u>94</u> BP <u>110/68</u> Urinalysis <u>tr pkb</u> Intermittent auscultation: Yes ☐ No ☒ SEWS = 0 CIC: Normal ☒ Suspicious ☐ Pathological ☐ Bishop Score <u>VE</u> <u>Closed on spec</u> Clinical Impression: <u>liquor seen on pad</u> Significant laboratory values: _____
R	Recommendation What I need from you: _____ Time frame (immediate within 1/2 hr within 1 hr other): _____ Suggestions for tests / treatments: _____ IV / Antibiotics _____ Analgesia _____ Other _____ <u>Clarify plan (read back):</u> _____ ADMIT ☒ ANTIBIOTICS ☒ ANALGESIA ☒ Bed 21 119

Person completing form: JANET MACDONALD

Date: 02/02/14 Time: _____

Reported to: _____

POSTNATAL HANDOVER SUMMARY

Name: _____ BOB: _____ Gestation: _____ Parity: _____ Blood Group: _____ Allergies: _____	S Situation
Underlying medical conditions/pregnancy and labour complications: _____ Current medication: _____	B Background
Type of delivery: _____ Time: _____ Blood loss: _____ Renal: _____ Anaesthesia / Anaesthetic: _____ Bladder care (when did patient last pass urine) _____	A Assessment
Postnatal care - Routine / High Risk: _____ Special considerations: _____ Thromboprophylaxis: _____ On treatment ☐ Yes ☐ No Prescribed ☐ Yes ☐ No	R Recommendations
Weight: _____ APGAR: _____ Method of feeding: _____ Last feed given at: _____ Has the baby passed meconium or urine? _____ Temperature and time: _____ Special considerations: (eg. HepB, Konakton) _____ Cord gases _____ BM required: ☐ Yes ☐ No Reason: _____	Baby

Person completing form: _____

Date: _____

Time: _____

Reported to: _____

Department of Obstetrics and Gynaecology

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 18/02/2014
Date Authorised
Date/Time Printed 18/02/2014 13:18
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 11 SJH	Admission Date: 17/02/2014
Consultant: Dr KC Dundas	Discharge Date: 18/02/2014

Dr P J Oewart (Consultant)
Dr T Narrainen-Poule
(Consultant)
Secretary Mrs Meal
Tel: 01506 523988

Dr T K Cooper (Consultant)
Dr S Kallat (Consultant)
Secretary Miss Thompson
Tel: 01506 523996

Dr S C Nicholson (Consultant)
Dr A J MacLeod (Consultant)
Secretary Yvonne Scott
Tel: 01506 523984

Discharge Medication	Dose	Frequency	Duration	Additional Info
Ferrous Sulphate Tablets	200 MG	THREE times DAILY	Long Term	

Dr S M Rane (Consultant)
Dr T Narrainen-Poule
(Consultant)
Secretary Mrs Wharram
Tel: 01506 523990

Dr S M Coutts (Consultant)
Dr GA Walker (Consultant)
Dr S J Court (Associate
Specialist)
Secretary Miss Ann Reid
Tel: 01506 523997

Prescribed By Date Print Name.....
Dispensed By Date Print Name.....
Pharmacist Check Date Print Name.....
Final Check Date Print Name.....

PRINCIPAL DIAGNOSIS/PROCEDURE

Threatened pre-term labour

Lizanne attended St John's (as no cots at RIE) on 17th with tightenings but no PV bleeding. These have since settled and reassuringly the amniotic fluid index was 20.9 confirming that her membranes have not yet ruptured.

TREATMENT

Observation and ultrasound scan

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL

Follow-up with RIE as pre-arranged

CHANGES TO DRUGS SINCE ADMISSION

Ferrous sulphate

PREVIOUS ADVERSE DRUG REACTIONS

NKDA

Inpatient Discharge Summary

Cont'd...

Ref: 620047703X

Patient Name: Lizanne Todd

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

None

GP to please consider the following...as above

Should you need further information please contact...ward 11, SJH

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Ann Graham
GPST

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

SEWS KEY 0 1 2 3		DATE: 17/11/14
		TIME: 05:39 11:10 14:30 16:00 21:00 24/2 10:15 25/2 11:14
RESP. RATE	≥36	
	31-35	
	21-30	
	9-20	18 15 14 14 15 14
	≤8	
SpO ₂	≥93	96 97 97 97 95 98
	90-92	
	85-89	
	<85	
Inspired O ₂ %	%	Air A.
Humidifier Temp	>39°	
TEMP	38°	
	37°	
	36°	36.5 36.5 36.5
	35°	36
	34°	
	210	
	200	
	190	
	180	
	170	
	160	
BLOOD PRESSURE IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE	150	
	140	
	130	
	120	
	110	103 102 102 110
	100	↑ ↑ ↑ ↑
	90	
	80	↓ ↓ ↓ ↓
	70	72 65
	60	55 63
	50	
HEART RATE	>140	
	130	
	120	
	110	
	100	
	90	89 84 84 80 80 84
	80	
	70	
	60	
	50	
	40	
SEDATION / NEURO SCORE	S Sleep	
	0 Alert	✓ A. D. D. D.
	1 Verbal	
	2 Pain	
	3 Unresp	
urine output (ml)		
UD<100mls/4hrs		
Proteinuria		
SEWS SCORE (with all obs)		0 0 0 0 0 0
PAIN	Severe	9-10
	Moderate	6-8
	Mild	4-5
	None	1-3
	None	0
BM		
Lochia		
Fundus		
Drain (ml)		
Wound		
Anaesthetic Block Height		
Movement		

Obstetric Observation Chart



Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Booking weight _____ kgs BMI _____

ASU: _____

Atta 620047703X F 21/10/1987

Todd, Lizanne

39-2 FERRY ROAD DRIVE,

Name: Edinburgh,

EH4 4DB

DOB: _____

CHI No: CHI 2110871105

70677 IW Paterson

An Early Warning Score (SEWS) must be calculated every time observations are recorded and ALL components completed. If SEWS score ≥ 4 then follow flow chart and increase frequency of observations to at least hourly.

SEWS ≥ 4

Inform midwife in charge
and obstetric senior trainee

SEWS ≥ 6 or rapid deterioration

Inform obstetric and anaesthetic senior trainees
(consultants if above not readily available)

CAUTION

The SEWS relates to the SYSTOLIC BP only. If there are concerns re preeclampsia then separate documentation of DIASTOLIC pressure must be made along with target BP. Action should then be taken even if the SEWS score does not 'trigger'.

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

Patient Controlled Analgesia (PCA) (PLEASE ALSO PRESCRIBE ON DRUG CHART)

Drug:	Oose: / 50 ml 0.9% NaCl	Concentration: mg/ml	Antiemetic:	Dose:
Initial PCA bolus:	Lockout time:	Signature	Name	Date/Time
Amended to:				
Amended to:				

IMPORTANT

IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION, PAIN AND NAUSEA SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE

Oxygen 2l/min via nasal prongs should be continued with PCA therapy

Respiratory Depression Respiratory rate less than 8 or the patient is difficult to rouse Immediately call Anaesthetist and Obstetric Senior Trainee	Nausea/vomiting 1 st line: Cyclizine 50mg iv/im 8 hrly (if not in PCA) 2 nd line: Ondansetron iv 4mg 6hrly 3 rd Line: Prochlorperazine IM 12.5mg 4 th Line: Dexamethasone iv 8mg	Pruritus: Ondansetron 8mg iv/im Naloxone 100mcg iv increments titrated to effect Chlorphenamine 4mg oral

SEVERE PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

WLT1016-Obs

How to calculate SEWS Score (document after each set of observations)

- Do not add pain score to SEWS Score.
- Record standard observations (RR, SpO₂, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24 Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy

If SpO₂ sats $<93\%$ Review probe ? accurate
Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.

If Temp >38 Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.

If Systolic BP <100 Review monitoring (cardiac / oximetry / urine output / invasive BP etc).
IV Access
Review patient / drug karex.

Consider: IV fluid bolus and reassess. Care in preeclampsia.
TREAT UNDERLYING CAUSE

Consider:	Hypovolaemia	Obstructive	Distributive	Cardiac
	Dehydration	PE	Sepsis	Arrhythmia
	Blood loss	Tamponade	Anaphylaxis	Pump failure

If Pulse >130 Review monitoring (cardiac monitor indicated)
IV Access
Review patient / ECG / electrolytes → Definitive Therapy

If responds to pain only or unresponsive Assess airway, BM, GCS, neuro observation chart, review patient / karex.

If BM <4 Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual

Appropriate sized cuff should be used

Diastolic BP reading is when the sound disappears

Systolic BP >160 mmHg Recheck manually in 15 mins and assess patient
If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP >100 mmHg Recheck manually in 15 mins and assess patient
Or >20 mmHg from booking If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP >110 mmHg CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

Urinalysis ++ protein CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

0 = No Nausea

1 = Nausea (consider anti-emetic)

2 = Nausea/Vomiting (administer anti-emetic)

3 = Persistent Nausea &/or Vomiting (contact Dr).

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE/GIVE ANTI-EMETICS. REVIEW.

Standard Chart

- Write the medicine dose clearly
 - The only acceptable abbreviations are:
 g - gram mg - milligram ml - millilitre
 all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1 mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

ONCE ONLY

[illegible]

Name: D.O.B.: CHI No:

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses	6. Vomiting / nausea
2. Patient not present	7. Time varied on doctor's instructions
3. Medicines not available - CHECK ORDERED	8. Once only / as required medicine given
4. Asleep / drowsy	9. Dose withheld on doctor's instructions
5. Administration route not available - CHECK FOR ALTERNATIVE	10. Possible adverse reaction / side effect

O X Y G E N	Start		Route		Prescriber - Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time

PRESCRIPTION		Patient's Own Medicine	Date	Time																
Medicine (Approved Name) FERROMS SULPHATE		For use	6																	
Dose 200mg	Route ORAL	Quantity	8																	
Notes/Indication for antibiotic		Start Date	17/07																	
Prescriber - sign + print <i>A. Medarald</i>		Pharmacy	18																	
			22																	
Medicine (Approved Name)		For use	6																	
Dose	Route	Quantity	8																	
			12																	
Notes/Indication for antibiotic		Start Date																		
Stop Date			14																	
Prescriber - sign + print		Pharmacy	18																	
			22																	
Medicine (Approved Name)		For use	6																	
Dose	Route	Quantity	8																	
			12																	
Notes/Indication for antibiotic		Start Date																		
Stop Date			14																	
Prescriber - sign + print		Pharmacy	18																	
			22																	
Medicine (Approved Name)		For use	6																	
Dose	Route	Quantity	8																	
			12																	
Notes/Indication for antibiotic		Start Date																		
Stop Date			14																	
Prescriber - sign + print		Pharmacy	18																	
			22																	

Name: D.O.B.: CHI No:

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date →												
			Time →												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date	8												
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														
Medicine (Approved Name)		For use	Date														
			Time														
Dose + frequency + max	Route	Quantity	Dose														
			Initials														
Indication + notes	Start Date	Date	Date														
			Time														
Prescriber - sign + print		Pharmacy	Dose														
			Initials														

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																	
Medicine (Approved Name)		For use	Date	17/2/14																
			Time	13 ³⁰																
Dose + frequency + max		Quantity	Dose	1g																
Route			Initials	AW																
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	
Medicine (Approved Name)		For use	Date	17/2/14	17/2/14															
			Time	07 ²⁰	13 ³⁰															
Dose + frequency + max		Quantity	Dose	30-60g	60mg															
Route			Initials	AW	AW															
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	
Medicine (Approved Name)		For use	Date																	
			Time																	
Dose + frequency + max		Quantity	Dose																	
Route			Initials																	
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	
Medicine (Approved Name)		For use	Date																	
			Time																	
Dose + frequency + max		Quantity	Dose																	
Route			Initials																	
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	
Medicine (Approved Name)		For use	Date																	
			Time																	
Dose + frequency + max		Quantity	Dose																	
Route			Initials																	
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	
Medicine (Approved Name)		For use	Date																	
			Time																	
Dose + frequency + max		Quantity	Dose																	
Route			Initials																	
Indication + notes		Start Date	Date																	
			Time																	
Prescriber - sign + print		Pharmacy	Dose																	
			Initials																	

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

		Rhona Hughes review History noted. Being treated as preterm SRM but AFI 20. Abdomen soft on palpation -no contractions felt. Non-tender. Ceph 3/5. Spec with chaperone Jessie-cervix long and closed. Mucoïd discharge. No liquor seen on coughing. Impression -not in labour. Reassured. Home today -review DAU on 13th Feb. Consider possibility that this is not SRM.	
12/02/2014 14:29	Antenatal Check	still trickling clear fluid backache note last Hb 99 on iron since last week needs VIT B12 and folate but says getting blood tests tomorrow in DAU will askthem to do	see 4w

Future Appointments

05/03/2014

14:30

ANC Links Medical Centre

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Appt Date/Time	05/08/2013 11:22	09/10/2013 13:45	23/10/2013 19:18	29/11/2013 10:33	03/01/2014 14:55	27/01/2014 23:58	02/02/2014 04:27	10/02/2014 15:03
Venue	Antenatal Check	Antenatal Check	Triage and Assessment	Antenatal Check	Antenatal Check	Triage and Assessment	Triage and Assessment	Day Assessment Unit
Weeks Pregnant	6.6	16.1	18.1	23.3	28.3	31.6	32.5	33.6
Blood Pressure	120/60	120/72	/	98/60	110/62	123/77	110/68	/
Urinalysis	NAD	NAD	NAD				Leucocytes, Trace Protein	NAD
Oedema (swelling)								
Height of uterus	n/p	np	not measured	20	30	31	not measured at this time	35
Fetal lie/position						Longitudinal		Longitudinal
Presenting part						Cephalic		Cephalic
Fifths Palpable						3/5 Palpable		
Baby's heartbeat				125	136			
Baby's movements felt	Too early	Yes		Yes	Yes	Yes		Yes
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								Refer To Questionnaire
VE								
Referred By			Self			Self	Self	Leith 0131 536 6450

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

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Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Reason For Referral			Reduced Fetal Movements			Preterm Labour	SRM?	Preterm SRM

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NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Appt Date/Time	12/02/2014 14:29							
Venue	Antenatal Check							
Weeks Pregnant	34.1							
Blood Pressure	116/56							
Urinalysis	NAD							
Oedema (swelling)								
Height of uterus	36							
Fetal lie/position	Longitudinal							
Presenting part	Cephalic							
Fifths Palpable	3/5ths							
Baby's heartbeat	140							
Baby's movements felt	Yes							
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

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NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
05/08/2013 11:22	Antenatal Check	Plans to register at local GP surgery and will inform us of which one. Well in this pregnancy. New partner. Routine bloods taken with consent, last at < 2 hours ago. Consents to CMW contacting SW for more information. Routine information given	16 weeks
09/10/2013 13:45	Antenatal Check	Antenatal check feels well generally but c/o pain in right side on occasion and has gone off meat at present. has been aware of flutters booking results returned	return to MW 22/40
23/10/2013 19:18	Triage and Assessment	self ref for reduced movements para 2 18/40 has felt movement in last 2 weeks but none today fh auscultated heard clear reg approx 140-150bpm accel heard no decel heard reassured home knows to call if any concerns	
29/11/2013 10:33	Antenatal Check	Feeling stressed but otherwise well. FMF. Trace of protein- no urinary symptoms. FA scan NAD. Has appt for 28/40 scan. MAT B I form given	28 weeks
03/01/2014 14:55	Antenatal Check	antenatal check feels well but c/o some backache - to see physio plenty FM routine bloods taken with consent ate <2hrs discussed flu and pertussis vaccine	return to MW 33/40
27/01/2014 23:58	Triage and Assessment	P2+0 (2 x SVD) 31+6 A POS PMH - Previous 34/40 delivery - Pre-eclampsia not on any treatment - spontaneous labour 38/40 delivery - also raised BP but no treatment - spontaneous labour Self referral with history of regular uterine activity over last few hours. Feels it reduced in frequency on admission to OT&A. Now approx 1:20. Has had several instances of show over last week. No SRM or bleeding. FMF as normal. Obs - satisfactory CTG commenced with consent to assess fetal wellbeing. For medical review. 00:20 CTG discontinued. Reactive trace.	

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Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X

Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

		STI Symonds 26 year old 32+0 P2+0 previous SVD 34 weeks and 38 weeks pre-eclampsia in first pregnancy, high BP second pregnancy no treatment for either new partner had a show around 1 week ago, this morning 1 episode mucous with a streak of blood on wiping, feels heavy down below had D&V a few days ago, on going vomiting but no diarrhoea 3 days tightening increasing in strength, 1:20, feels like when into labour last time no urinary symptoms feels very tired good fetal movements PMH: nil Meds: nil Allergies: nil o/e looks uncomfortable abdomen soft, none-tender, cephalic 4/5 speculum chaperone and consent - cervix long and closed, normal discharge seen, no bleeding BP 123/77 urine not done yet CTG normal US - cephalic Imp: TPTL, cervix long and closed, infrequent tightenings Plan: admit for observation, d/w senior ?steroids d/w reg PG for steroids 02:55 First dose of steroids given as Dexamethasone.	
02/02/2014 04:27	Triage and Assessment	self ref for ? pre term srm at approx 0215 para 2 now 32.5/40 prev preterm delivery and one at term recent discharge from 119 for TPTL reports no uterine activity on arrival obs as above nad SEWS =0 sats 98% RR16 urine tr prot ++ leuc fh auscultated 130-150bpm prior to spec will commenced ctg post spec med staff in to review 0415 STI Austin Review at 04.15 26yr old Para 2+0 (SVD at 34/40 and at 38/40) Currently at 32+5 weeks	

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Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

		Discharged from 119 29/01/14 - threatened preterm labour. Given Steroids This evening was sleeping and then felt like she was going to "burst". Sat up and large gush of clear fluid, soaking down her legs at 02.15. Has continued to leak clear fluid. Does not smell like urine. Now getting some abdominal tightenings, getting stronger. Feeling fetal movements although slightly less than usual No pv bleeding. Feeling otherwise well. O/E Looks well Abdo - soft, non tender. Feels cephalic Speculum with consent, chaperone CSW Lisa - cervix long, parous os. No liquor seen but pads and sheets soaked with clear liquor. imp: SRM at 32+5 weeks Plan: Presentation scan SpR Review Erythromycin ?Admit to 119 or labour ward Discussed with SpR Asma - analgesia - CTG - start erythromycin - if contracting - to labour ward CTg: Contractions/tightening 3 in 10, pt not aware of them Plan: Admit to 119 If contractions worse, will reassess Erythromycin Analgesia Hydration	
10/02/2014 15:03	Day Assessment Unit	Premature rupture of membranes 8 days ago. Left ward on Friday. Seen DAU for fetal monitoring. CTG commenced. Currently taking BD ferrous sulphate. FBC on 06/02/14 and not repeated today. Continues to drain clear fluid. Jackie Urquhart (mw) Long lie, ceph pres, generous liquor volume C/O backache which she says is getting worse and tightenings which she feels are getting stronger. Inview of previous rapid delivery and previous prcterm delivery for medical review.	

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Standard Chart

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☒			4/2/14
		Medicine / Agent	Description of reaction		

- Write clearly in block capitals, using a black ballpoint pen
 - Use approved names for medicines
 - Never alter a prescription
 - Route of administration
- The only acceptable abbreviations are:
- | | | | | | |
|-------|-----------------|-----|--------------|-----|---------------|
| IV | - intravenous | SL | - sublingual | NG | - nasogastric |
| IM | - intramuscular | PR | - per rectum | ID | - intradermal |
| SC | - subcutaneous | PV | - per vagina | TOP | - topical |
| INHAL | - inhaled | NEB | - nebulised | | |
- Never abbreviate ORAL or INTRATHECAL
- Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
 - The only acceptable abbreviations are:
 g - gram mg - milligram ml - millilitre
 all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1 mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

[illegible]

Name: Lizanne Todd D.O.B. 21.10.87 CHI No: 2110871105 **REGULAR THERAPY**

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses	6. Vomiting / nausea
2. Patient not present	7. Time varied on doctor's instructions
3. Medicines not available - CHECK ORDERED	8. Once only / as required medicine given
4. Asleep / drowsy	9. Dose withheld on doctor's instructions
5. Administration route not available - CHECK FOR ALTERNATIVE	10. Possible adverse reaction / side effect

	Start		Route		Prescriber - Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time
O								
X								
Y								
G								
E								
N								

PRESCRIPTION		Patient's Own Medicine	Date	Time	1/2	3/2	4/2	5/2	6/2	7/2								
Medicine (Approved Name)	For use		6		1/2	3/2	4/2	5/2	6/2	7/2								
Erythromycin	Date		8		1/2	3/2	4/2	5/2	6/2	7/2								
Dose	Route	Quantity	12		1/2	3/2	4/2	5/2	6/2	7/2								
250mg	Oral		14		1/2	3/2	4/2	5/2	6/2	7/2								
Notes/Indication for antibiotic	Start Date	Stop Date	18		1/2	3/2	4/2	5/2	6/2	7/2								
2/2/14			22		1/2	3/2	4/2	5/2	6/2	7/2								
Prescriber - sign + print	Pharmacy		18		1/2	3/2	4/2	5/2	6/2	7/2								
Dr Austin	AM312		22		1/2	3/2	4/2	5/2	6/2	7/2								
Medicine (Approved Name)	For use		6															
Ferron Sulphate	Date		8															
Dose	Route	Quantity	12															
200mg	PO		14															
Notes/Indication for antibiotic	Start Date	Stop Date	18															
5/2/14			22															
Prescriber - sign + print	Pharmacy		18															
Dr for			22															
Medicine (Approved Name)	For use		6															
Paracetamol	Date		8															
Dose	Route	Quantity	12															
1000mg	Oral		14															
Notes/Indication for antibiotic	Start Date	Stop Date	18															
6/2/14			22															
Prescriber - sign + print	Pharmacy		18															
Dr Allen			22															
Medicine (Approved Name)	For use		6															
	Date		8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
			18															
Prescriber - sign + print	Pharmacy		22															

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															

TURN OVER Page 4 of 6

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																	
Medicine (Approved Name) <u>PARACETAMOL</u>		For use	Date	<u>2/2/14</u>	<u>2/2/14</u>	<u>4/2/14</u>	<u>15/2/14</u>	<u>5/2/14</u>	<u>6/2/14</u>	<u>5/2/14</u>										
Dose + frequency + max <u>1g 4-6hr</u>		Route <u>Oral</u>	Quantity	Time	<u>0400</u>	<u>1000</u>	<u>2200</u>	<u>0922</u>	<u>2835</u>	<u>0910</u>	<u>1510</u>									
Indication + notes		Start Date <u>2/2/14</u>	Date	Dose	<u>1g</u>	<u>1g</u>	<u>1g</u>	<u>1g</u>	<u>1g</u>	<u>1g</u>	<u>1g</u>									
Prescriber - sign + print <u>Chant Austin</u>		Pharmacy <u>Am 3/2</u>	Date	Initials	<u>am</u>	<u>as</u>	<u>um</u>	<u>s</u>	<u>um</u>	<u>js</u>	<u>js</u>									
Medicine (Approved Name) <u>DIHYDROCODEINE</u>		For use	Date	<u>2/2/14</u>	<u>2/2/14</u>	<u>4/2/14</u>														
Dose + frequency + max <u>30-60mg</u>		Route <u>Oral</u>	Quantity	Time	<u>0400</u>	<u>1000</u>	<u>1510</u>													
Indication + notes <u>4-6hr</u>		Start Date <u>2/2/14</u>	Date	Dose	<u>30g</u>	<u>30mg</u>	<u>30mg</u>													
Prescriber - sign + print <u>Chant Austin</u>		Pharmacy <u>Am 3/2</u>	Date	Initials	<u>am</u>	<u>as</u>	<u>ss</u>													
Medicine (Approved Name) <u>LYNOR</u>		For use	Date	<u>4/2/14</u>	<u>5/2/14</u>	<u>5/2/14</u>														
Dose + frequency + max <u>50mg 8hr</u>		Route <u>IM/PO</u>	Quantity	Time	<u>2200</u>	<u>0915</u>	<u>2235</u>													
Indication + notes		Start Date	Date	Dose	<u>50mg</u>	<u>50mg</u>	<u>50mg</u>													
Prescriber - sign + print <u>John Thomas</u>		Pharmacy	Date	Initials	<u>um</u>	<u>s</u>	<u>um</u>													
Medicine (Approved Name)		For use	Date																	
Dose + frequency + max		Route	Quantity	Time																
Indication + notes		Start Date	Date	Dose																
Prescriber - sign + print		Pharmacy	Date	Initials																
Medicine (Approved Name)		For use	Date																	
Dose + frequency + max		Route	Quantity	Time																
Indication + notes		Start Date	Date	Dose																
Prescriber - sign + print		Pharmacy	Date	Initials																
Medicine (Approved Name)		For use	Date																	
Dose + frequency + max		Route	Quantity	Time																
Indication + notes		Start Date	Date	Dose																
Prescriber - sign + print		Pharmacy	Date	Initials																

SEWS KEY			DATE:		TIME:	
0	1	2	3			
RESP. RATE						
SpO ₂						
Inspired O ₂ %						
Humidifier Temp						
TEMP						
SEWS SCORE uses Systolic BP						
BLOOD PRESSURE						
IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE						
HEART RATE						
SEDATION / NEURO SCORE						
urine output (ml)						
UO<100mls/4hrs						
Proteinuria						
SEWS SCORE (with all obs)						
PAIN						
BM						
Lochia						
Fundus						
Drain (ml)						
Wound						
Anesthetic Block Height						
Movement						

Obstetric Observation Chart



Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Booking weight _____ kgs BMI _____

ASU: _____

Attach a patient Addressograph here

620047703X F

TOOO LIZANNE

21-Oct-87 CHI: 211 087 1105

Nat 70677 JW Paterson

39-2 FERRY ROAD DRIVE

DOI EH4 40B

CHI



An Early Warning Score (SEWS) must be calculated every time observations are recorded and ALL components completed. If SEWS score ≥ 4 then follow flow chart and increase frequency of observations to at least hourly.

SEWS ≥ 4

Inform midwife in charge
and obstetric senior trainee

SEWS ≥ 6 or rapid deterioration

Inform obstetric and anaesthetic senior trainees
(consultants if above not readily available)

CAUTION

The SEWS relates to the SYSTOLIC BP only. If there are concerns re preeclampsia then separate documentation of DIASTOLIC pressure must be made along with target BP. Action should then be taken even if the SEWS score does not 'trigger'.

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

Patient Controlled Analgesia (PCA) (PLEASE ALSO PRESCRIBE ON DRUG CHART)

Drug:	Dose: / 50 ml 0.9% NaCl	Concentration: mg/ml	Antiemetic:	Dose:
Initial PCA bolus:	Lockout time:	Signature	Name	Date/Time
Amended to:				
Amended to:				

IMPORTANT

IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION, PAIN AND NAUSEA SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE

Oxygen 2l/min via nasal prongs should be continued with PCA therapy

Respiratory Depression If respiratory rate less than 8 or the patient is difficult to rouse immediately call Anaesthetist and Obstetric Senior Trainee If APNOEA Respiratory arrest - Dial 2222	Nausea/vomiting 1st line: Cyclizine 50mg iv/im 8 hrly (if not in PCA) 2nd line: Ondansetron iv 4mg 6hrly 3rd Line: Prochlorperazine IM 12.5mg 4th Line: Dexamethasone iv 8mg	Pruritus: Ondansetron 8mg iv/im Naloxone 100mcg iv increments titrated to effect Chlorphenamine 4mg oral

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

Reorder Ref: WLT1016-Obs

How to calculate SEWS Score (document after each set of observations)

- Do not add pain score to SEWS Score.
- Record standard observations (RR, SpO₂, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24 Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy

If SpO₂ sats $<93\%$ Review probe ? accurate
Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.

If Temp >38 Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.

If Systolic BP <100 Review monitoring (cardiac / oximetry / urine output / invasive BP etc).
IV Access
Review patient / drug kardex.

Consider: IV fluid bolus and reassess. Care in preeclampsia.
TREAT UNDERLYING CAUSE

Consider:	Hypovolaemia	Obstructive	Distributive	Cardiac
	Dehydration	PE	Sepsis	Arrhythmia
	Blood loss	Tamponade	Anaphylaxis	Pump failure

If Pulse >130 Review monitoring (cardiac monitor indicated)
IV Access
Review patient / ECG / electrolytes → Definitive Therapy

If responds to pain only or unresponsive Assess airway, BM, GCS, neuro observation chart, review patient / kardex.

If BM <4 Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual

Appropriate sized cuff should be used

Diastolic BP reading is when the sound disappears

Systolic BP >160 mmHg Recheck manually in 15 mins and assess patient
If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP >100 mmHg Recheck manually in 15 mins and assess patient
Or >20 mmHg from booking If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP >110 mmHg CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

Urinalysis ++ protein CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

0 = No Nausea

1 = Nausea (consider anti-emetic)

2 = Nausea/Vomiting (administer anti-emetic)

3 = Persistent Nausea &/or Vomiting (contact Dr).

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE/GIVE ANTI-EMETICS. REVIEW.

Adapted from NHS Lothian SEWS Observation Chart by Obstetric SEWS Group 2009. Approved by Lothian Maternity QIP & Lothian Clinical Documentation Group.

Department of Obstetrics

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 29/01/2014
Date Authorised
Date/Time Printed 29/01/2014 13:14
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 119 RIE	Admission Date: 28/01/2014
Consultant: Dr KC Dundas	Discharge Date: 29/01/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	32 tabs
Cyclizine Tablets	50 MG	Every SIX to EIGHT hours PRN. Max 3 doses in 24hrs	Short Term	As required for nausea 20 tabs

Prescribed By *[Signature]* Date 29/01/14
Dispensed By *[Signature]* Date 29/01/14
Pharmacist Check *[Signature]* Date 29/01/14
Final Check *[Signature]* Date 29/01/14

Print Name *Healy*
Print Name *KIONASHA*
Print Name
Print Name *GUYAN*

PRINCIPAL DIAGNOSIS/PROCEDURE
Threatened preterm labour

TREATMENT

This 26 year old lady, Para 2 with previous preterm delivery was admitted at 32 weeks with tightenings. On speculum her cervix was long and closed. She completed a course of steroids and tightenings settled. CTG was normal and she was keen for home. She was advised to return if her tightenings became more regular or if she suspected SRM.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY
HOSPITAL
CMW follow up

Inpatient Discharge Summary

Cont'd...

Ref: 620047703X

Patient Name: Lizanne Todd

CHANGES TO DRUGS SINCE ADMISSION
PRN analgesia and antiemetics

PREVIOUS ADVERSE DRUG REACTIONS
NKDA

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

GP to please consider the following...

Should you need further information please contact...

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature *JH*..... PrintName..... J Healy.....

Designation..... FY2..... Date..... Time.....

Patient/Carer Signature *Lizanne Todd*.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

OBSTETRIC SBAR

S	Situation Patient's Name: 620047703X F 21/10/1987 Handover/Transfer: Todd, Lizanne From/To: OTHA → 119 Patient admitted for: ? TPTL Presenting With: • PV Bleed • Labour (Contraction pattern) 1:20
B	Background Para 2 + 0 @ 31+6 weeks Consultant / Midwife Lead Care Leith Past Obstetric History: Previous 34/40 + 38/40 SVDs Past Medical History: Pre-eclampsia in both Pregnancies History of present pregnancy: Show - ? TPTL Cat 1:20 Blood group A Pos BMI 36.3 Allergies: NKDA
A	Assessment Maternal vital signs: T 36.3 P 75 BP 133/77 Urinalysis Intermittent auscultation: Yes No CFC: Normal Suspicious Pathological Bishop Score / VE Speculum - Cervix - long + closed Clinical Impressions: Significant laboratory values:
R	Recommendation What I need from you: Observation Time frame (Immediate: within 1/2 hr; within 1 hr; other): Suggestions for tests / treatments: IVF / Antibiotics Analgesia Other <u>Clarify plan (read back):</u>

Person completing form: S. Murphy MW
 Date: 28/1/14 Time: 0215
 Reported to: _____

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine)
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thromboprophylaxis • On Treatment: ☐ Yes ☐ No • Prescribed: ☐ Yes ☐ No
Baby	Weight: APGARs: Method of feeding: Last feed given at: Has the baby passed meconium or urine? Temperature and time: Special considerations: (eg. HepB; Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

References: Joint Commission on Accreditation of Healthcare Organizations (2006). National patient safety goals. Kohn, L., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a Safer Health System. Washington, DC: National Academy Press.

Compiled by: Dr K. C. Pundak
 Updated: May 2013 – Justine Craig / Caroline Pound

Following evaluation, this patient will receive care rounding at the following frequency over the next 24 hours.
All sections should be completed for **every patient, at every planned time.**

Ward 119

Please ensure that the patient is aware of visiting policy and security policy for the ward

[illegible]

Time of care rounding (24 hour)		0900	1300	1600	0050	0340	0915																			
Maternity	Do you have any concerns re your baby?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Are you in any pain or discomfort?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Baby feeding chart completed (Y, N, NA)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Bed rails in use? (Up U; Down D; NA)	D	D	D	D	D	D																			
Continence	Do you have any problems passing urine? (at time of rounding) (Y, N)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Sanitary product changed if insitu?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	If catheterised, is it still required? (if NA do not complete next section)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Bag checked? (Position below bladder, No more than 2/3 full, Connections intact)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Is the PVC / SC still req? (if NA do not complete next 3 sections)	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
PVC	Insitu for > 72hrs?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Dressing intact?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Redness / swelling?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
	Buzzer within reach?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
General	Anything else I can do for you? (Y, N, AS)	N	N	N	N	N	N																			
	Someone will be back in...hrs. Use buzzer if req (Y, N, AS)	40	40	40	40	40	40																			
Initials		KA	KA	KA	CS	CS	KL																			

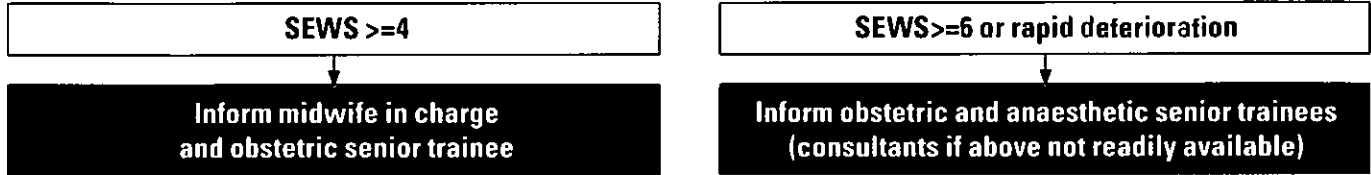
Obstetric Observation Chart



Consultant: _____
Date chart commenced: _____
This is chart number _____ this admission
Booking weight _____ kgs BMI _____
ASU: _____

620047703X F 21/10/1987
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
DOB: EH4 4DB
CHI N CHt 2110871105
70677 IW Paterson

An Early Warning Score (SEWS) must be calculated every time observations are recorded and ALL components completed. If SEWS score ≥ 4 then follow flow chart and increase frequency of observations to at least hourly.



CAUTION
The SEWS relates to the SYSTOLIC BP only. If there are concerns re preeclampsia then separate documentation of DIASTOLIC pressure must be made along with target BP. Action should then be taken even if the SEWS score does not 'trigger'.

Intrathecal or Epidural Opioid			
Drug:	Dose	Route	Time

Patient Controlled Analgesia (PCA) (PLEASE ALSO PRESCRIBE ON DRUG CHART)				
Drug:	Dose: / 50 ml 0.9% NaCl	Concentration: mg/ml	Antiemetic:	Dose:
Initial PCA bolus:	Lockout time:	Signature	Name	Date/Time
Amended to:				
Amended to:				

IMPORTANT
IF INTRATHECAL / EPIDURAL OR PCA OPIOIDS, PLEASE ENSURE THAT RESPIRATORY RATE, SEDATION, PAIN AND NAUSEA SCORES ARE RECORDED HOURLY FOR THE FIRST 12 HOURS AFTER INITIAL DOSE
Oxygen 2l/min via nasal prongs should be continued with PCA therapy

Respiratory Depression If respiratory rate less than 8 or the patient is difficult to rouse immediately call Anaesthetist and Obstetric Senior Trainee If APNOEA Respiratory arrest - Dial 2222	Nausea/vomiting 1 st line: Cyclizine 50mg iv/im 8 hrly (if not in PCA) 2 nd line: Ondansetron iv 4mg 6hrly 3 rd Line: Prochlorperazine IM 12.5mg 4 th Line: Dexamethasone iv 8mg	Pruritus: Ondansetron 8mg iv/im Naloxone 100mcg iv increments titrated to effect Chlorphenamine 4mg oral

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

How to calculate SEWS Score (document after each set of observations)

- Do not add pain score to SEWS Score.
- Record standard observations (RR, SpO₂, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24 Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy

If SpO₂ sats $<93\%$ Review probe ? accurate
Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.

If Temp >38 Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.

If Systolic BP <100 Review monitoring (cardiac / oximetry / urine output / invasive BP etc).
IV Access
Review patient / drug kardex.

Consider: IV fluid bolus and reassess. Care in preeclampsia.
TREAT UNDERLYING CAUSE

Consider: Hypovolaemia Obstructive Distributive Cardiac
Dehydration PE Sepsis Arrhythmia
Blood loss Tamponade Anaphylaxis Pump failure

If Pulse >130 Review monitoring (cardiac monitor indicated)
IV Access
Review patient / ECG / electrolytes → Definitive Therapy

If responds to pain only or unresponsive Assess airway, BM, GCS, neuro observation chart, review patient / kardex.

If BM <4 Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual
Appropriate sized cuff should be used
Diastolic BP reading is when the sound **disappears**

Systolic BP $>160\text{mmHg}$ Recheck manually in 15 mins and assess patient
If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP $>100\text{mmHg}$ Recheck manually in 15 mins and assess patient
Or $>20\text{mmHg}$ from booking If BP still elevated – CONTACT SENIOR TRAINEE

Diastolic BP $>110\text{mmHg}$ CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

Urinalysis ++ protein CONTACT OBSTETRIC SENIOR TRAINEE IMMEDIATELY

When assessing the patient the following symptoms may indicate severe pre-eclampsia and require further action

Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

0 = No Nausea
1 = Nausea (consider anti-emetic)
2 = Nausea/Vomiting (administer anti-emetic)
3 = Persistent Nausea &/or Vomiting (contact Dr).

PERSISTENT NAUSEA &/OR VOMITING: USING GUIDELINES PRESCRIBE/GIVE ANTI-EMETICS. REVIEW.

SEWS KEY 0 1 2 3			DATE: 26/11/2020 TIME: 09:00																							
RESP. RATE	≥36																						≥36			
	31-35																						31-35			
	21-30																						21-30			
	9-20																						9-20			
	≤8																						≤8			
SpO ₂	≥93																						≥93			
	90-92																						90-92			
	85-89																						85-89			
	<85																						<85			
Inspired O ₂ %		%																						%		
Humidifier Temp		>39°																						>39°		
TEMP	38°																						38°			
	37°																						37°			
	36°																						36°			
	35°																						35°			
	34°																						34°			
	210																						210			
	200																						200			
	190																						190			
	180																						180			
	170																						170			
SEWS SCORE uses Systolic BP	160																						160			
	150																						150			
	140																						140			
	130																						130			
	120																						120			
	110																						110			
	100																						100			
	90																						90			
	80																						80			
	70																						70			
BLOOD PRESSURE IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE	60																						60			
	50																						50			
	>140																						>140			
	130																						130			
	120																						120			
	110																						110			
	100																						100			
	90																						90			
	80																						80			
	70																						70			
HEART RATE	60																						60			
	50																						50			
	40																						40			
	30																						30			
	SEDATION / NEURO SCORE	S	Sleep																					Sleep		
		0	Alert																					Alert		
		1	Verbal																					Verbal		
		2	Pain																					Pain		
		3	Unresp																					Unresp		
	urine output (ml)																							Urine output (ml)		
UO<100mls/4hrs																							UO<100mls/4hrs			
Proteinuria																							Proteinuria			
SEWS SCORE (with all obs)																							SEWS			
PAIN	Severe	9-10																					9-10			
		6-8																					6-8			
	Moderate	4-5																					4-5			
	Mild	1-3																					1-3			
	Nona	0																					0			
BM																							BM			
Lochia																							Lochia			
Fundus																							Fundus			
Orain (ml)																							Orain (ml)			
Wound																							Wound			
Anaesthetic Block Height																							Block Height			
Movement																							Movement			

Standard Chart†

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☒			
		Medicine / Agent	Description of reaction		

- Write the medicine dose clearly
 - The only acceptable abbreviations are:
 g - gram mg - milligram ml - millilitre
 all other doses must be written out in full eg. micrograms
 - Avoid decimal points eg. 100 micrograms (not 0.1 mg). If unavoidable, write zero in front of the decimal point
 - Prescribe liquids by writing the dose in mg
 - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
 - Write units as 'units' not 'iu'

[illegible]

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

O X Y G E N	Start		Route		Prescriber - Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time

[illegible]

REGULAR THERAPY

[illegible]

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															

TURN OVER Page 4 of 6

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY															
Medicine (Approved Name) <i>Paracetamol</i>		For use	Date	<i>25/11</i>	<i>25/11</i>	<i>29/11</i>												
			Time	<i>0920</i>	<i>1520</i>	<i>0830</i>												
Dose + frequency + max <i>1gm</i>	Route <i>PO</i>	Quantity	Dose	<i>1g</i>	<i>1g</i>	<i>1g/6</i>												
			Initials	<i>KK</i>	<i>PA</i>	<i>G</i>												
Indication + notes <i>6-8hly</i>	Start Date <i>28/11/14</i>	Date	Date															
			Time															
Prescriber - sign + print <i>[Signature]</i>		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															
Medicine (Approved Name)		For use	Date															
			Time															
Dose + frequency + max	Route	Quantity	Dose															
			Initials															
Indication + notes	Start Date	Date	Date															
			Time															
Prescriber - sign + print		Pharmacy	Dose															
			Initials															

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
05/08/2013 11:22	Antenatal Check	Plans to register at local GP surgery and will inform us of which one. Well in this pregnancy. New partner. Routine bloods taken with consent, last at < 2 hours ago. Consents to CMW contacting SW for more information. Routine information given	16 weeks
09/10/2013 13:45	Antenatal Check	Antenatal check feels well generally but c/o pain in right side on occasion and has gone off meat at present. has been aware of flutters booking results returned	return to MW 22/40
23/10/2013 19:18	Triage and Assessment	self ref for reduced movements para 2 18/40 has felt movement in last 2 weeks but none today f/h auscultated heard clear reg approx 140-150bpm accel heard no decel heard reassured home knows to call if any concerns	
29/11/2013 10:33	Antenatal Check	Feeling stressed but otherwise well. FMF. Trace of protein- no urinary symptoms. FA scan NAD. Has appt for 28/40 scan. MAt B I form given	28 weeks
03/01/2014 14:55	Antenatal Check	antenatal check feels well but c/o some backache - to see physio plenty FM routine bloods taken with consent ate <2hrs discussed flu and pertussis vaccine	return to MW 33/40

Future Appointments

12/02/2014

14:10

ANC Links Medical Centre

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Appt Date/Time	05/08/2013 11:22	09/10/2013 13:45	23/10/2013 19:18	29/11/2013 10:33	03/01/2014 14:55			
Venue	Antenatal Check	Antenatal Check	Triage and Assessment	Antenatal Check	Antenatal Check			
Weeks Pregnant	6.6	16.1	18.1	23.3	28.3			
Blood Pressure	120/60	120/72	/	98/60	110/62			
Urinalysis	NAD	NAD	NAD					
Oedema (swelling)								
Height of uterus	n/p	np	not measured	20	30			
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat				125	136			
Baby's movements felt	Too early	Yes		Yes	Yes			
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By			Self					
Reason For Referral			Reduced Fetal Movements					

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
05/08/2013 11:22	Antenatal Check	Plans to register at local GP surgery and will inform us of which one. Well in this pregnancy. New partner. Routine bloods taken with consent, last ate < 2 hours ago. Consents to CMW contacting SW for more information. Routine information given	16 weeks
09/10/2013 13:45	Antenatal Check	Antenatal check feels well generally but c/o pain in right side on occasion and has gone off meat at present. has been aware of flutters booking results returned	return to MW 22/40
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29/11/2013 10:33	Antenatal Check	Feeling stressed but otherwise well. FMF. Trace of protein- no urinary symptoms. FA scan NAD. Has appt for 28/40 scan. MAt B 1 form given	28 weeks

Future Appointments

03/01/2014

14:30

Leith CTC Outpatient

Department

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

NHS Lothian - Antenatal Appointment Record



Name: Lizanne Todd

CHI: 2110871105

UHPI: 620047703X Age: 26 Parity: 2 + 0

EDD: 25/03/2014 Blood Gp: A Rh Positive

Appt Date/Time	05/08/2013 11:22	09/10/2013 13:45	23/10/2013 19:18	29/11/2013 10:33				
Venue	Antenatal Check	Antenatal Check	Triage and Assessment	Antenatal Check				
Weeks Pregnant	6.6	16.1	18.1	23.3				
Blood Pressure	120/60	120/72	/	98/60				
Urinalysis	NAD	NAD	NAD					
Oedema (swelling)								
Height of uterus	n/p	np	not measured	20				
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat				125				
Baby's movements felt	Too early	Yes		Yes				
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By			Self					
Reason For Referral			Reduced Fetal Movements					

Most women will begin to feel fetal movements between 18 and 24 weeks. You should be aware of fetal movements up to and including the onset of labour and should report if movements decrease or stop to the maternity unit as soon as possible. Do not wait until the next day to seek help.

Name: Lizanne Todd CHI: 2110871105		NHS Lothian-Maternity Handheld Record LUHD Pregnancy Booking Record			
UHPI: 620047703X	Age: 25	Parity: 2+0	EDD: 19 Mar 2014	Blood Gp:	

Getting it right for every child (GIRFEC)

Giving you, your baby and your family the best possible start in life is a priority for all the services who are working closely together using the Getting It Right for Every Child (GIRFEC) programme. GIRFEC is used to assess and understand how best to meet your needs and your baby's needs. The practice model at <http://www.scotland.gov.uk/Resource/Doc/1141/0118076.pdf> shows some of the things that are important to help you and your baby grow and develop. Your Midwife, Health Visitor/ Public Health Nurse will explain how this works and how they will work with you to make sure that both you and your baby receive the help and support you require.

The principles of GIRFEC include

- The use of the wellbeing indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included - to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains - How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions

Early assessment, early support, early intervention, multiagency approach are key to implementing GIRFEC.

Consider the woman's and family's strengths and pressures.

Maternity team staff should ask themselves

- What is getting in the way of this woman or baby's wellbeing?
- Do I have all the information I need to help this woman or baby?
- What can I do now to help this woman or baby?
- What can my service do to help this woman or baby?
- What help if any may be needed from others?

After considering all of the principles described above, it is important that any assessment includes the impact that factors may have on the child and family, and what the desired outcomes are. Therefore the plan for the child and family must include action to be taken and when a review is required. The GIRFEC approach is summarised in the National Practice Model link given above.

Consider referral to Health Visitor/Public health nurse for allocation of Health Plan Indicator.

Outcome of referral: Health Plan Indicator allocated:

Gestation at allocation: weeks

Health Visitor/Public Health Nurse details -

Name: No

This is your pregnancy record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team. Some women may prefer not to carry their pregnancy record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice. Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible. Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.

Please feel free to write in your record where indicated.

Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)

Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality - it's your right'. This is available from your midwife, GP practice or on-line at <<http://www.hris.org.uk>>. Follow the links on confidentiality, consent and having your say.

Help and advice: Please use the following services: Leith 0131 536 6450

Contact Details

Maternity Unit: Telephone no for Triage Dept	Royal Infirmary of Edinburgh 0131 242 2657	Named Midwife: Midwifery Team:	Lesley A Burgess Leith 0131 536 6450
Antenatal Clinic: Tel:	Royal Infirmary of Edinburgh 0131 242 2546	Base:	
Delivery suite/ Birth Centre Tel:	Royal Infirmary of Edinburgh 0131 242 2544/2675	General Practitioner: Address:	JW Paterson Dr J W Paterson & Partners, Links Medical Centre, 4 Hermitage Place, Edinburgh, Edinburgh, EH6 8BW
Ultrasound Dept: Tel:	Royal Infirmary of Edinburgh 0131 242 2801	Tel: Practice Code GP Informed of Pregnancy:	0131 554 1036 70677/1 Date
Health Visitor: Base: Tel:		Care Provider: Base: Tel:	M/W Lesley A Burgess Royal Infirmary of Edinburgh 0131 242 2657
Social Worker Contact Details	Was in foster care from the age of 5. Lived in 3 foster homes. Moved in with sister at age of 16 years. Had social work contact until 21 years (Criagentinny SW)		

Domestic Abuse Helpline: 0800 027 1234 (24 hours)

Scottish Women's Aid: www.scottishwomensaid.co.uk

NHS 24: 08454 24 24 24

Rape Crisis Scotland Helpline: 08088 01 03 02 (free number)

6pm to midnight

Email: info@rapecrisisscotland.org.uk

Local Information

Your Midwife or doctor will write details of local services below, e.g. antenatal clinic times, breastfeeding support groups and antenatal education sessions. Supervisors of midwives are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Supervisors of midwives develop and maintain safe practice to ensure protection of you, your baby and family. For more information on the role of the supervisor see www.nmc-org.uk. To contact a supervisor of midwives at your hospital speak to any midwife_____

Please note that supervised students may be learning alongside the maternity staff who care for you. If you have any concerns or preferences about this, please speak to your midwife.

Record of Maternity Care Pathway and Caseload Midwife or Obstetrician as per National Pathways for Maternity Care

Pathways available: Green - Midwife Led Care or Red - Maternity Team Care.

Booking Status: Red

Date/Location of Booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked with Midwife/Obstetrician
05/08/2013	7.5	Consultant		M/W Lesley A Burgess

Subsequent

Date/Location	Gestation	Pathway Change	Reason for transfer	Care transferred to

Thrombosis Risk - Low

R.E.	(See Maternity summary record)	Date

IMPORTANT PLEASE NOTE - All pregnant women should receive the seasonal flu vaccine which helps protect against the H1N1 virus. Seasonal flu vaccines are available from your GP between October and March.

Date flu vaccine administered -

Important Information

Surname / family name:	Todd
First name:	Lizanne
Previous Name:	
Likes to be called:	
Date of Birth:	21 Oct 1987
Your address:	39/2 Ferry Road Drive, Edinburgh, EH4 4DB
Home tel:	
Other tel:	07925 204 940
Occupation:	F/t mum
Planned place of birth:	Consultant Unit
Lead Professional:	Consultant

Your Partner/Supporter for this pregnancy

Name:	Pamela Benayed
Occupation:	
Relationship to you:	Sibling
Partners date of birth:	
Address:	39/2 Sleigh Drive, Edinburgh, EH7 6EB
Home tel:	
Other tel:	07757655454

**Emergency contact person/next of Kin (if not your partner/supporter).
Who would you like contacted in an emergency**

Name:	Dgamei Hariz
Relationship to you:	Partner
Address:	39/2 Ferry Road Drive, Edinburgh, EH4 4DB
Home tel:	
Other tel:	07593148104

When is your baby due? - Your "Estimated Date of Delivery" or EDD

This information is used to work out when your baby is due. This is called your estimated date of delivery (EDD). It is helpful to think of your EDD as a "rough guide". Most babies are born during the fortnight before, or the fortnight after your EDD.

Agreed EDD:	19 Mar 2014	<u>Use this EDD in all communication</u>
Date of the first day of bleeding of your last menstrual period (LMP):	12 Jun 2013	
How sure are you of this date:	Not sure	
Average number of days between the first day of each period (monthly cycle):		
Comments		
Have you had any vaginal bleeding since your last menstrual period:	No	
Had you been using any contraception:		
Type:		
Date Stopped:		
Provisional EDD based on LMP and monthly cycle:	19 Mar 2014	
EDD using dating scan:		
Your body mass index (BMI)	36.3	BMI = weight[kg]/height[m]²
Weight at booking (kg) / Height(m)	85 / 1.53	
History taken by / Agreed	Joan A MacDonald	
Date of Booking Appointment	05/08/2013	

Your previous pregnancies

Is Current Pregnancy with a New Partner? Yes

Parity: 2+0

Pregnancy 1

Full Name	Kai Todd	Date of birth	16 Feb 2005
Sex	Male	Gestation	34
Birth Weight	2580	Place of Birth	NRIE
Type of Birth	Spontaneous Vertex Delivery	Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	
Any Complications	Eclampsia	Perineum	1st Degree tear
Breast	Yes	Bottle	Yes
Comments (inc AN, PN or Psychological problems): Spontaneous delivery at 34/40			

Pregnancy 2

Full Name	Abbie Stewart	Date of birth	19 Jan 2010
Sex	Female	Gestation	38
Birth Weight	3490	Place of Birth	Forth Park
Type of Birth	Spontaneous Vertex Delivery	Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	
Any Complications	Normal	Perineum	Intact
Breast	Yes	Bottle	No
Comments (inc AN, PN or Psychological problems):			

Your health - any current or previous health problems

[Please see "Your Guide to Screening tests during pregnancy" if you have had assisted conception]

Allergies:

	Description	Inactive
Diseases/Operations Details	Pre-eclampsia "in 2005, monitored frequently, treatment not required as laboured spontaneously at 34/40.", Slight increase in BP at term in last pregnancy- no treatment required (2010)	Y
Condition		
Diseases/Operations Details	Varicella without complication	Y
Diseases/Operations Details	Depressive episode Was on anti depressants from June 2012 until April 2013 (job related)	Y

Date of your last cervical smear Details	Never had
Next smear due	Postnatally

Family Health (inc. Mental health)

Disease/ Details Asthma (Immediate family members)/ partner's Non-insulin-dependent diabetes mellitus without complications (Mother in law)/ Family history of congenital malformations (Relative in law)/ "Partner's sister had 2 children with limb deformities, limb deformities and cleft palate. Both died 2 years ago and 6 years ago" Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness Are you and your baby's father blood relatives?	No No

Ethnic origin

The term ethnic origin is to describe where your family originates from, as distinct from where you were born. This information will help us to decide which blood screening tests you should be offered and whether your baby may need a BCG (TB) vaccination.

How do you describe your ethnic origin
How do you describe baby's father's ethnic origin
What language do you usually use at home
Do you need help with interpreting, communicating
What is your current religion or faith, if any
Is blood transfusion acceptable to you
Comments

White Scottish
Other African

English
No

Protestant
Yes

Female genital cutting or piercing
Comments

No

Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet

Are you a refugee or asylum seeker

Have you had a full medical examination since arriving in the UK?

For health information for refugees or asylum seekers visit www.scottishrefugeecouncil.org.uk

No TB Risk

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?

Other Health Related Questions

Have you been taking folic acid
Started

Vitamin D (10mcg/day)

Healthy Start vitamins

Other vitamins/Supplements

What do you know about healthy eating
during pregnancy

Do you have any special dietary needs?

Dietetic referral made

Dietetic referral details

No

No

Yes

RSB

See Ready Steady Baby for foods you can eat and foods to avoid: www.readysteadybaby.org.uk.
Vitamin D is needed to keep bones and teeth healthy. You should take supplements containing 10mcg of vitamin D every day throughout pregnancy and whilst breastfeeding. This is particularly important if you have dark skin or cover your skin.

What do you know about the benefits of
physical activity in pregnancy?

Advice given

Do you go to the dentist regularly

Yes

NHS Dental care is free throughout pregnancy and for 1 year following birth. It is recommended you attend the dentist regularly as gum disease is more common in pregnancy and may require treatment.
If you have troublesome vomiting in early pregnancy please wait 30 minutes after vomiting before brushing your teeth, this will cut down on tooth erosion.

Are there any health and safety issues related
to your work?

No

What do you know about drinking alcohol in
pregnancy?

Abstain

How many units of alcohol did you drink each
day before you were pregnant?

0

How many units of alcohol a day are you
drinking now

0

How many units of alcohol do you drink in an
average week

0

If drinking, are you drinking at home, in
clubs/pubs

0

The Chief Medical Officer for Scotland's current guidance is to avoid alcohol completely if pregnant or trying to conceive.

Referral for advice on reduced drinking

What do you know about smoking in
pregnancy?

Abstain

Have you smoked cigarettes in the 12 months
prior to pregnancy

Stopped - 05/08/2012

CO level

Date

Current smokers: cigarettes smoked per day

Former smoker: date stopped

05/08/2012

Do you or anyone in your household currently
smoke?

Yes

We encourage you to keep your baby smoke free before and after birth.

Are you interested in getting help to stop?

No

Referral made to smoking cessation service

Have you used any street drugs, gases or
glue in the last year?

No

If yes - are you currently using any street drugs, gas or glue?	No	None
Have you ever injected drugs	No	
Does your current partner use any street drugs, gas or glue, or inject drugs	Oral -	
	IV -	
Referral for advice on substance abuse		
Referral to Substance Misuse Midwife		
Do you currently or have you ever attended an addiction service (inc smoking and alcohol)		
Does your partner currently or has s/he attended an addiction service	No	
Self harm	No	
Overdose	No	

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently	
Over the counter medications	

Your Mental Health

During the past month, have you often been bothered by feeling down, depressed or hopeless?	No
During the past month, have you often been bothered by having little interest or pleasure in doing things?	No
If yes to either question - is this something you feel you need or want help with? (If yes refer to GP for ongoing support)	
Are any of the problems on-going at the moment?	No
Are you getting any help with the problems at the moment?	
Details of any agency providing mental health support	
Are they aware of current pregnancy?	
Referral needed	
Detail	

No Home circumstances and support needs

Tests during pregnancy

During your pregnancy you will be offered several tests to check on your health and your baby's health. Your midwife will give you information leaflets on many of these tests. Maternity care staff will discuss all the tests with you. When you are sure that you understand about the tests, you will be asked if you want to have them done or not, and your wishes will be followed. For some of the blood tests you will be asked to sign a consent form.

Maternity care staff will tell you how to find out the results of any tests that you have. They will also organise any follow up care that may be needed.

Results should be filed in accordance with your NHS board's policy.

Test	Gestation when test(s) taken	Accepted / Reason if declined	Date taken
Blood group at bookng		Yes	
Antibody screen 28 weeks		Yes	
Full blood count		Yes	
Rubella status	7.5	Yes	05/08/2013
Syphilis	7.5	Yes	05/08/2013
Hepatitis B	7.5	Yes	05/08/2013
HIV	7.5	Yes	05/08/2013
Haemoglobinopathy - sickle cell	7.5	Yes	05/08/2013
Haemoglobinopathy - Thalassaemia	7.5	Yes	05/08/2013
Please document outcome in the Neonatal Management Plan			
Screening for Fetal anomalies ultrasound		Yes	Please see Radiology results in ePR 05/08/2013
Screening for Downs Syndrome -1st trimester	7.5	Yes	
Screening for Downs Syndrom - 2nd trimester			
Random blood glucose		Yes	
Chlamydia (opportunistic if under 20 yrs old)			
Mid stream urine specimen for bacteriology		Yes	
CVS - Indication:		Results normal (Y/N)	
Amniocentesis:		Results normal (Y/N)	
CO level			
Additional information on tests declined			
Test Results - action			

If you have RhD Negative blood - you will be offered 'Anti-D' to prevent any problems developing. If you are RhD Negative and have any vaginal bleeding you must go to the hospital as soon as possible as you may need to have Anti D

Has this been discussed / plans made		
Prophylactic 'Anti-D' given Gestation and Dose	weeks & Dose	
Signed (for above)/Date	Joan A MacDonald	05/08/2013
COMMENTS	Happy for CUB screening and FA scan. Wishes hospital birth	

Infant feeding - Antenatal checklist	Discussed
All of the following should be discussed with each pregnant woman by 34 weeks of pregnancy.	
Getting your baby off to a good start	
Importance of skin-to-skin contact (keeps baby warm and calm, promotes bonding, helps breastfeeding)	No
● by led feeding and feeding cues (to ensure adequate milk intake and supply)	No
Rooming in / keeping baby near (for baby-led feeding and reduction of risk of SIDS)	No
Why breastfeeding is important	
Benefits for the baby Reduced risk of gastro-enteritis, diarrhoea, urinary tract, chest and ear infections, obesity and diabetes. Latest evidence suggests reduced risk of Sudden Infant Death Syndrome and childhood leukaemia.	No
Benefits for the mother Reduced risk of breast cancer, ovarian cancer and osteoporosis	No
Making breastfeeding work	
Effective positioning and attachment (to ensure adequate milk intake and pain-free feeding)	No
Effects of teats, dummies, nipple shields (may interfere with breastfeeding)	No
No other food or drink needed (for up to 6 months)	No
● om bump to breastfeeding' DVD given (for later discussion, see below)	Yes
'From bump to breastfeeding' DVD discussed (suggest between 28 and 34 weeks)	Date
Notes if mother declined discussion on any of the above	

Information for you

Your midwife or doctor will give you the following leaflets, booklets and information

	Given
Leaflets given and discussed	No
Forms	Yes FW0 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)
Benefits and Entitlements	Parent's guide to Money 'A Guide to Maternity Benefits' N1 17A www.dwp.gov.uk 'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk
Screening tests in pregnancy	Yes 'Your guide to screening tests during pregnancy'
Pregnancy, baby care and breastfeeding	Yes 'Ready, Steady, Baby!' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' Information on wearing a car seat belt safely during pregnancy. See 'Ready, Steady, Baby' 'Reduce the Risk of Cot Death' www.sidscotdeathtrust.org 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.healthscotland.org 'Breastfeeding and Returning to Work' www.healthscotland.com " Your Guide to Newborn screening tests' 'Your Baby's Hearing screen' 'BCG and your baby' www.healthscotland.com 'Talking about postnatal depression' www.healthscotland.com 'How to Stop Smoking and Stay Stopped' www.healthscotland.com +/- Fresh Start' Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk
A/N education sessions discussed	Yes Date
Booked to attend	No
Comments	

Your preferences for labour and the birth of your baby

Please use the section below to write down your preferences for labour and birth. Alternatively you may wish to attach your own birth plan here. Plans for labour and birth will be individual. They depend on your wishes, your health, your circumstances and what is available at your maternity unit or in your home. You will probably find it helpful to discuss these issues with your birth partner, your midwife, and/or members of your maternity care team during your pregnancy.

During labour, members of your maternity care team will read this section and discuss it with you so they understand your preferences. However you may need to keep an open mind if complications arise for you or your baby. If this happens, your midwife or doctor will discuss events with you and your birth partner. They will be able to inform you of your options in your particular circumstances.

How do I feel about labour and birth?

What are my expectations?

Who do I want with me during labour and birth?

My environment for labour and birth

Things I might want to consider: privacy, quiet, my own music, food and drink, lighting, comfort aids such as pillows, bean bags, chairs or a mattress.

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?

e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).

Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

How will I cope with pain?

Things I might want to try: relaxation and breathing, changing my position, massage, water (shower, bath or water pool), complementary therapies, a T.E.N.S. machine, 'gas and air', injection of a morphine-related drug or an epidural? (Note: an epidural service is not available in all maternity units and at all times).

Vaginal examinations to assess my progress during labour

My feelings about these are:

How would I like to give birth?

My position for birth - kneeling, standing, squatting or sitting upright?

Discovering the sex of my baby - do I want to find this out for myself?

Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth

(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)

Would I like my baby to have Vitamin K?

Other questions or special requirements that I have 

Handwritten notes in the section "Other questions or special requirements that I have".

If you have given birth before, you may want to think about your experiences. Please write down anything you would like your midwife or other maternity staff to know. 

Handwritten notes in the section "If you have given birth before, you may want to think about your experiences".

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Handwritten notes in the section "Discussion of preferences for labour and birth/issues arising".

Signature: _____

Date: ____/____/____

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
- comfortable clothes - music - snacks and drinks - toiletries - phone numbers - phone cards or change - camera	- clothes/nightwear for you - underwear - maternity bra - sanitary towels - breast pads	- clothes for going home - baby clothes – sleep suits, vests, scratch mits, hats and shawl - nappies
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

**LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES**

Clinical Bacteriology, Royal Infirmary of Edinburgh, **08 AUG 2013**
51 Little France Crescent, EDINBURGH, EH16 4SA

PIN/CHI: 2110871105

D.O.B: 21/10/1987

Tel: 0131 242 6048/6025

Patient: TODD, LIZANNE

Sex: Female

Report to:

Cons Not Known

Address: Leith Community Treatment Ctre

Date Taken: 05/08/2013

Time Taken: 11:30

Date Received: 05/08/2013

Time Received: 19:41

Date Reported: 06/08/2013

Lab. Ref. No.: MU063357G

Spec.: Mid stream urine

Urine culture :

No significant growth

Action Required YES **NO**

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation: 

GP Name & Address:

Authorised by : Internal review

for Dr A P Gibb

LOTHIAN UNIVERSITY HOSPITALS DIVISION

Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: TODD, LIZANNE		UPI: 2110871105		CHI: 2110871105	
DOB: 21/10/1987	SEX: F	CONSULTANT/GP: Dr K C Dundas			
SOURCE: RIE Day Assessment Unit		SENDER:			
CLINICAL DETAILS:					
No clinical details on request					
Date Collected	03/01/2014	02/02/2014	05/02/2014	06/02/2014	13/02/2014
Time Collected	14:40	15:43	12:54	13:25	16:40
Date Received	03/01/2014	02/02/2014	05/02/2014	06/02/2014	13/02/2014
Time Received	17:38	16:23	14:31	14:56	18:13
Specimen Number	QB507651W	HB063415Z	HB291243B	HB291953Q	HB817994B
Urea	2.5-6.6 mmol/L	2.2 L	1.5 L		
Creatinine	60-120 umol/L	52 L	53 L		
eGFR (/1.73m2)	ml/min	>60	>60		
Sodium	135-145 mmol/L	139	136		
Potassium	3.6-5 mmol/L	3.7	3.4 L		
TCO2	22-30 mmol/L	24	22		
Glucose	mmol/L	5.7			
Spec type Rand/Fast	Limita	Rand (<11)			
Bilirubin	3-21 umol/L		5		
ALT	10-50 U/L		7 L		
Alk. Phos	40-125 U/L		131 H		
Urate	0.12-0.36 mmol/L		0.25		
Vitamin B12	180-2000 ng/L				235
Serum Folate	2.8-20 ug/L				To follow
C-Reactive Prot	0-5 mg/L	7 H	12 H	11 H	12 H
Action Required YES - NO STATE ACTION TAKEN: IF ABNORMAL Informed GP. Woman Signature & Designation: GP Name & Address:					

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 14/02/2014
 TIME PRINTED: 14:35

Specimen type is serum, plasma or blood unless otherwise stated

LOTHIAN UNIVERSITY HOSPITALS DIVISION

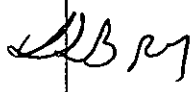
Department of Laboratory Medicine

Biochemistry, RIE

PATIENT: TODD, LIZANNE UPI: 2110871105 CHI: 2110871105
 DOB: 21/10/1987 SEX: F CONSULTANT/GP: Cons Not Known
 SOURCE: Leith Community Treatment Ctre SENDER:

CLINICAL DETAILS:

08 AUG 2013

Date Collected	15/01/2005	09/02/2005	09/02/2005	05/08/2013	
Time Collected	u/k	09:30	13:30	11:30	
Date Received	15/01/2005	09/02/2005	11/02/2005	05/08/2013	
Time Received	13:58	11:07	14:41	19:13	
Specimen Number	HB091779S	HB100531J	HB223153V	HB705897D	
Urea	2.5-6.6 mmol/L	1.9 L	2.3 L	2.6	
Creatinine	umol/L	57 L	71	Too Late	
Sodium	mmol/L	137	139	Too Late	
Potassium	mmol/L	4.5	4.5	Too Late	
TCO2	mmol/L	20 L	21 L	Too Late	
Glucose	mmol/L			4.1	
Glucose spec.	type			RANDOM	
Bilirubin	umol/L		5	Too Late	
ALT	U/L		10	Too Late	
Alk.Phos	U/L		186	Too Late	
GGT	U/L		5	Too Late	
Albumin	35-50 g/L		29 L	29 L	
Urate	0.12-0.36 mmol/L		0.34	0.33	
Action Required YES  STATE ACTION TAKEN: IF ABNORMAL Informed GP Woman Signature & Designation:  GP Name & Address:					

COMMENTS: Only comments on the most recent result are printed

05/08/2013 HB705897D
 Glucose spec. Random sample (<11 mmol/L)

DATE PRINTED: 06/08/2013
 TIME PRINTED: 14:35

Specimen type is serum, plasma or blood unless otherwise stated

**LOTHIAN UNIVERSITY HOSPITALS NHS TRUST
MEDICAL MICROBIOLOGY SERVICES**

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent,
Edinburgh EH16 4SA

14 AUG 2013

PIN/CHI: 2110871105 /2110871105 D.O.B: 21/10/1987
Patient: TODD, LIZANNE Sex: Female

Tel: 0131 242 6004/6027
0131 242 6029/6048
Internal 26004/26029

Report to: Midwife

Date Taken: 05/08/2013
Time Taken: u/k

Address: Leith Community Treatment Ctre

Date Received: 05/08/2013
Time Received: 18:30

Date Reported: 08/08/2013

Laboratory Number: MS230662Q Specimen: Clotted Blood

Hep B surface Ag qualitative 0.14 ✓ S/CO
Hepatitis B surface Antigen : NEGATIVE

HIV Ag/Ab COMBO: 0.28 ✓
HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)

CMIA for Rubella IgG Antibody: 14.7 ✓ IU/mL
Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)

Rubella antibodies present

Anti-Treponemal IgG Antibody: 0.07 ✓
Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)

Action Required YES **NO**

STATE ACTION TAKEN:

IFV 17 JUL Informed GP

Signature: **LABRY**

GP: [Signature]

Authorised by : Internal review

for Dr A P Gibb

For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. 'Thank you.'

PATIENT: TODD, LIZANNE

PIN: 2110871105

CHI: 2110871105

DOB: 21/10/1987

SEX: F

CONSULTANT/GP: Dr K C Dundas

SOURCE: RIE Day Assessment Unit

SENDER:

CLINICAL DETAILS:

No clinical details on request

Date: 13/02/2014

Time: 18:13

Specimen No.: HB817994B

Vitamin B12

235

ng/L

(180 - 2000)

Serum Folate

2.0

ug/L

(2.8 - 20)

Comments:

Note low folate result

Action Required ☒ YES - NO
STATE ACTION TAKEN:
IF ABNORMAL Informed GP. Woman
Signature & Designation: 
GP Name & Address:

Please note: Specimen type is blood unless otherwise stated

DATE PRINTED: 15/02/2014

TIME PRINTED: 09:00



Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

IMMUNOHAEMATOLOGY

08-AUG-2013

Name (Surname & Forename) & Address:

TODD LIZANNE
39/2 FERRY ROAD DRIVE

EDD / Gestⁿ:

19/03/2014 - 8weeks

Date Specimen Received:

06/08/2013 08:43

Report Date:

06/08/2013 12:00

Sex: Female

D.O.B.: 21/10/1987 CHI / Unit No.: 2110871105

SNBTS No.: 1001178638

Results for Sample Number: 10320030842327

Date Drawn: 05/08/2013 11:30

Date Received: 06/08/2013 08:43

ABO : A

Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Action Required YES (AIO)

STATE ACTION TAKEN:

IF ABNORMAL Informed GP. Woman

Signature & Designation. *[Signature]*

GP Name & Address.

Signed: *[Signature]*

Report Destination:

MIDWIFE IN CHARGE
Reception
Leith Community Treatment Centre
Junction Place
Edinburgh

Copies of Report to:

Leith Community Treatment Centre
Junction Place
Edinburgh

EH6 5QP

EH6 5QP

Department of Laboratory Medicine

Haematology, RIE

PATIENT: TOOO, LIZANNE		UPI: 2110871105		CHI: 2110871105	
DOB: 21/10/1987		SEX: F		CONSULTANT/GP: Doctor in Charge	
SOURCE: Leith Community Treatment Ctre		SENDER:			
CLINICAL DETAILS:					
Date Collected	15/01/05	09/02/05	11/02/05	20/02/05	05/08/13
Time Collected	u/k	09:30	13:30	u/k	11:30
Date Received	15/01/05	09/02/05	11/02/05	20/02/05	05/08/13
Time Received	13:58	11:07	14:42	11:35	19:42
Specimen Number	HR092714	HR099468	HR156491	HR102325	HR976617
Haemoglobin	115-160 g/l	118	111	106	103
Red cell count	3.8-5.8 x10 ¹² /	4.16	4.02	3.85	3.74
Haematocrit	0.37-0.47 ratio	0.351	0.334	0.319	0.313
Mean cell volume	78-98 fl	84	83	83	84
Mean cell Hb.	27.0-32.0 pg	28.4	27.6	27.5	27.5
White cell count	4.0-11.0 x10 ⁹ /	13.8	12.0	10.5	13.3
Neutrophil Count	2.0-7.5 x10 ⁹ /l	10.49	7.81	7.26	9.54
Lymphocyte Count	1.5-4.0 x10 ⁹ /l	1.62	2.32	1.61	1.84
Monocyte Count	0.2-0.8 x10 ⁹ /l	1.18	0.79	0.89	0.89
Eosinophil Count	0.04-0.4 x10 ⁹ /	0.42	0.96	0.76	1.00
Basophil Count	0.01-0.1 x10 ⁹ /	0.04	0.07	...	...
Platelet count	150-400 x10 ⁹ /l	350	302	279	339
Action Required YES  STATE ACTION TAKEN: IF ABNORMAL Informed GP: Woman Signature & Designation:  GP Name & Address:					

COMMENTS:

DATE PRINTED: 07/08/2013
TIME PRINTED: 10:10

PATIENT: TODD, LIZANNE PIN: 2110871105 CHI: 2110871105
DOB: 21/10/1987 SEX: F CONSULTANT/GP: Doctor in Charge
SOURCE: Leith Community Treatment Ctre SENDER:

CLINICAL DETAILS:

12 AUG 2013

Date: 05/08/2013
Time: 19:42
Specimen No.: HR976617S

ANTENATAL HAEMOGLOBINOPATHY SCREEN

Haemoglobin	131	g/l	(115 - 160)
Red cell count	4.43	$\times 10^{12}/l$	(3.8 - 5.8)
Mean cell volume	89	fl	(78 - 98)
Mean cell Hb.	29.6	pg	(27.0 - 32.0)
HbA2	2.7	%	(2.3 - 3.3)
HbF	<1.0	%	(0 - 1.0)

Comment: No abnormality detected.

Family Origin Questionnaire Yes

FOQ Risk Identification Father only (FOQ pink box)

Comments:

No evidence of abnormal haemoglobin or thalassaemia.
Partner testing NOT required.

Action Required YES **NO**

STATE ACTION TAKEN:

IF AS NORMAL Informed GP Woman

Signature & Designation: *SGood*

GP Name & Address:

Please note: Specimen type is blood unless otherwise stated

DATE PRINTED: 07/08/2013
TIME PRINTED: 15:53

SCREENING FOR HAEMOGLOBINOPATHIES - Family Origin Questionnaire (FOQ)

AFFIX PRINTED LABEL		AFFIX PRINTED LABEL		REQUEST DETAILS	
CHI NUMBER (INCLUDES DoB ☐)		SENDER / REPORTING DETAILS (RETURN TO)		Date collected: 05 / 08 / 13	
SURNAME - BLOCK LETTERS		HOSPITAL / PRACTICE		Time collected: 11 : 30 (24hr)	
FORENAME		Please complete section at bottom of form		Estimated Delivery Date: 19 / 03 / 14	
				Specimen type: ☒ Blood	
				☒ FBC	
				iLab Code = HFB	
				LAB USE ONLY	

What are your family origins?

Screening test declined ☐

Please tick all boxes in ALL sections that apply to the woman and the baby's father

This form must be used for routine FBC requests for antenatal booking blood samples only. A separate standard form should be supplied for any other additional requests. A second copy of the form should be added to the patient's maternity record. The completion of this form is an ESSENTIAL part of the screening process. See reverse of form for further guidelines.

	Woman	Baby's Father
A: AFRICAN OR AFRICAN CARIBBEAN (BLACK)		
1. Caribbean Islands	☐	☐
2. Africa (excluding North Africa)	☐	☐
3. Any other African or African-Caribbean family origins [please state]		
B: SOUTH ASIAN (ASIAN)		
1. India or African-Indian	☐	☐
2. Pakistan	☐	☐
3. Bangladesh	☐	☐
C: SOUTH EAST ASIAN (ASIAN)		
1. China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2. Thailand, Indonesia, Burma	☐ #	☐ #
3. Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4. Any other Asian family origins (eg. Caribbean-Asian) [please state]		
D: OTHER NON-EUROPEAN (OTHER)		
1. North Africa, South America etc.	☐	☒
2. Middle East (Saudi Arabia, Iran etc.)	☐	☐
3. Any other Non-European family origins [please state]		
E: SOUTHERN AND OTHER EUROPEAN (WHITE)		
1. Sardinia	☐ #	☐ #
2. Greece, Turkey, Cyprus	☐ #	☐ #
3. Italy, Portugal, Spain	☐	☐
4. Any other Mediterranean country	☐	☐
5. Albania, Czech Republic, Poland, Romania, Russia etc.	☐	☐
F: UNITED KINGDOM (WHITE) *		
1. Scotland, England, Wales, N Ireland	☒	☐
G: NORTHERN EUROPEAN (WHITE) *		
1. Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2. Scandinavia, Switzerland etc.	☐	☐
3. Any other European family origins, refer to chart (eg. Australia, N America, S Africa) [please state]		
* Hb variant screening requested by F and / or G (ie. request from low risk group)	☐	☐
# Higher risk for alpha zero thalassaemia		
H: DON'T KNOW (Including pregnancies with donor egg / sperm)	☐	☐
I: DECLINED TO ANSWER	☐	☐
J: ESTIMATED DELIVERY DATE (if not completed above)	1 / 1	
K: GESTATION AT TIME OF TEST	32	

OFFER Hb variant screening to all women if they or their baby's father have answers in a shaded box

This section to be completed by Health Care Professional

Signed: J. Macdonald Print Name: J. Macdonald

Job Title: Midwife Contact Tel. No: 076 6410 Date: 5 / 8 / 13

Guidance for Health Care Professionals

Screening and Diagnostic Uses of the Family Origin Questionnaire

The Family Origin Questionnaire (FOQ) is principally used as a tool to identify women who are at highest risk of being a carrier or having a baby with a haemoglobin variant or disorder.

The FOQ is also used as a tool by laboratory staff to help with the interpretation of results, particularly those indicating possible alpha or beta thalassaemia. The family origin is also relevant in the interpretation of red blood cell indices and essential for accurate prenatal diagnosis. More information about its use can be found in the laboratory handbook at:
<http://sct.screening.nhs.uk/publications>

Therefore, you need to ask for the family origins of both the woman **AND** the baby's father going back at least two generations (or more if possible).

Women with Sickle Cell Disease

Screening will also identify women with sickle cell disease, who should be considered 'high risk' requiring specialist care during pregnancy from an Obstetrician and Haematologist, and who should be booked for a hospital delivery.

'Low Risk' Family Origins

People with family origins from the countries listed below are considered at low risk for haemoglobin variants:

United Kingdom (White)

England, Scotland, Northern Ireland, Wales.

Northern European (White)

Austria, Belgium, Denmark, Greenland, Iceland, Ireland (Eire), Finland, France, Germany, Luxembourg, Netherlands, Norway, Sweden, Switzerland.

Some populations of the following countries have Northern European origin (countries listed above) and are also at low risk for haemoglobin variants:

Northern European Origin (White)

Australia, North America (USA, Canada), South Africa, New Zealand.

LEITH COMMUNITY TREATMENT CENTRE

RADIOLOGY CLINICAL REPORT

PATIENT NAME:	Todd	Lizanne	UHP1:	620047703X

CHI: 2110871105

Order Items:

US Obstetric Fetal Growth

Clinical details

previous preterm delivery and preeclampsia for growth scan at 28 weeks - 4/1/14

Report

EDD BY ULTRASOUND: 25/03/2014

GESTATION (by ultrasound): 28weeks 6 days.

FETUS NUMBER: single

FETAL HEART PULSATIONS SEEN: yes

H/C: 277 mm

C: 245 mm

PRESENTATION: cephalic

PLACENTA: Posterior not low

LIQUOR VOLUME: Upper limit of normal at 18.3cm.

COMMENTS: Active fetus. Stomach and bladder seen.

ADDRESS:	39/2 Ferry Road Drive	DOB:	21/10/1987
	Edinburgh	SEX:	Female
	EH4 4DB		

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Lesley A Burgess
Order Patient Location:	Leith CTC Obstetric Outpatients
Receiving Location:	PCO - Leith US

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Growth	16506664	06/01/2014	Dr Sapna Maheshwari

D.O.R:		Reporting Radiologist:	Brenda Ormiston
D.O.T:	06/01/2014	Overseen by Radiologist:	
D.O.V:	06/01/2014	Verifying Radiologist:	Brenda Ormiston
		Typist/Secretary:	Brenda Ormiston
		Radiologist Signature:	

Printed 06/01/2014 09:50:13

WESTERN GENERAL HOSPITAL

RADIOLOGY CLINICAL REPORT

PATIENT NAME:	Todd	Lizanne	UHP1:	620047703X

CHI: 2110871105

Order Items:

US Obstetric Fetal Anomaly Scan

Clinical details

Obstetric Fetal Anomaly Scan

Report

EDD BY ULTRASOUND: 25/03/14

GESTATION (by ultrasound): 20 weeks 1days.

FETUS NUMBER: single

FETAL HEART PULSATIONS SEEN: yes, and fetal movements seen

H/C:183mm

A/C:157mm

FL:33mm

PRESENTATION: mobile

PLACENTA: posterior and not low lying

LIQUOR VOLUME: normal

COMMENTS: No fetal abnormality seen. It was explained that this does not exclude all problems.

Jane Collins, sonographer

ADDRESS:	39/2 Ferry Road Drive	DOB:	21/10/1987
	Edinburgh	SEX:	Female
	EH4 4DB		

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Lesley A Burgess
Order Patient Location:	ANC Links Medical Centre
Receiving Location:	WGH - US

Order Item(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Fetal Anomaly Scan	16210477	06/11/2013	Dr CDB Love

D.O.R:		Reporting Radiologist:	Jane Collins
D.O.T:	06/11/2013	Overseen by Radiologist:	
D.O.V:	06/11/2013	Verifying Radiologist:	Jane Collins
		Typist/Secretary:	Jane Collins
		Radiologist Signature:	

Printed 06/11/2013 14:27:05

LEITH COMMUNITY TREATMENT CENTRE
RADIOLOGY CLINICAL REPORT

PATIENT NAME:	Todd	Lizanne	UHP1:	620047703X

CHI: 2110871105

Order Items:

US Obstetric Booking

Clinical details

Booking scan.

Report

EDD BY ULTRASOUND: 25.03.2014

GESTATION (by ultrasound): 14 weeks .

FETUS NUMBER: 1

FETAL HEART PULSATIONS SEEN: YES

CRL: 83 mm

NT = 2.2 mm

FA CARD RECEIVED - YES

FA scan to be at WGH.

ADDRESS:	39/2 Ferry Road Drive	DOB:	21/10/1987
	Edinburgh	SEX:	Female
	EH4 4DB		

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Lesley A Burgess
Order Patient Location:	ANC Links Medical Centre
Receiving Location:	PCO - Leith US

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Booking	15891186	24/09/2013	M/W Lesley A Burgess

D.O.R:		Reporting Radiologist:	Julie A MacKenzie
D.O.T:	24/09/2013	Overseen by Radiologist:	
D.O.V:	24/09/2013	Verifying Radiologist:	Julie A MacKenzie
		Typist/Secretary:	Julie A MacKenzie
		Radiologist Signature:	

Printed 24/09/2013 10:55:12

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

PATIENT NAME:	Todd	Lizanne	UHP1:	620047703X

CHI: 2110871105

Order Items:

US Obstetric Booking

Clinical details

Booking scan.

Report

GESTATION (by ultrasound): 9 weeks 6 days.

FETUS NUMBER: Single

FETAL HEART PULSATIONS SEEN: Yes

CRL: 30.6mm

COMMENTS: Patient too early for booking ultrasound to phone medical records to rebook.

(536-2009)

ADDRESS:	39/2 Ferry Road Drive	DOB:	21/10/1987
	Edinburgh	SEX:	Female
	EH4 4DB		

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Lesley A Burgess
Order Patient Location:	ANC Links Medical Centre
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Booking	15632369	27/08/2013	M/W Lesley A Burgess

D.O.R:		Reporting Radiologist:	Sarah Scott
D.O.T:	27/08/2013	Overseen by Radiologist:	
D.O.V:	27/08/2013	Verifying Radiologist:	Sarah Scott
		Typist/Secretary:	Sarah Scott
		Radiologist Signature:	

Printed 27/08/2013 13:32:04

Your ultrasound scans

Details of any ultrasound scans that you may choose to have will be entered below or the computer print out results of your scans will be attached.

Dating Scan

Date	Gestation	EDD by scan	Fetal heart	Signature
			No ☐ Yes ☐	
Details				

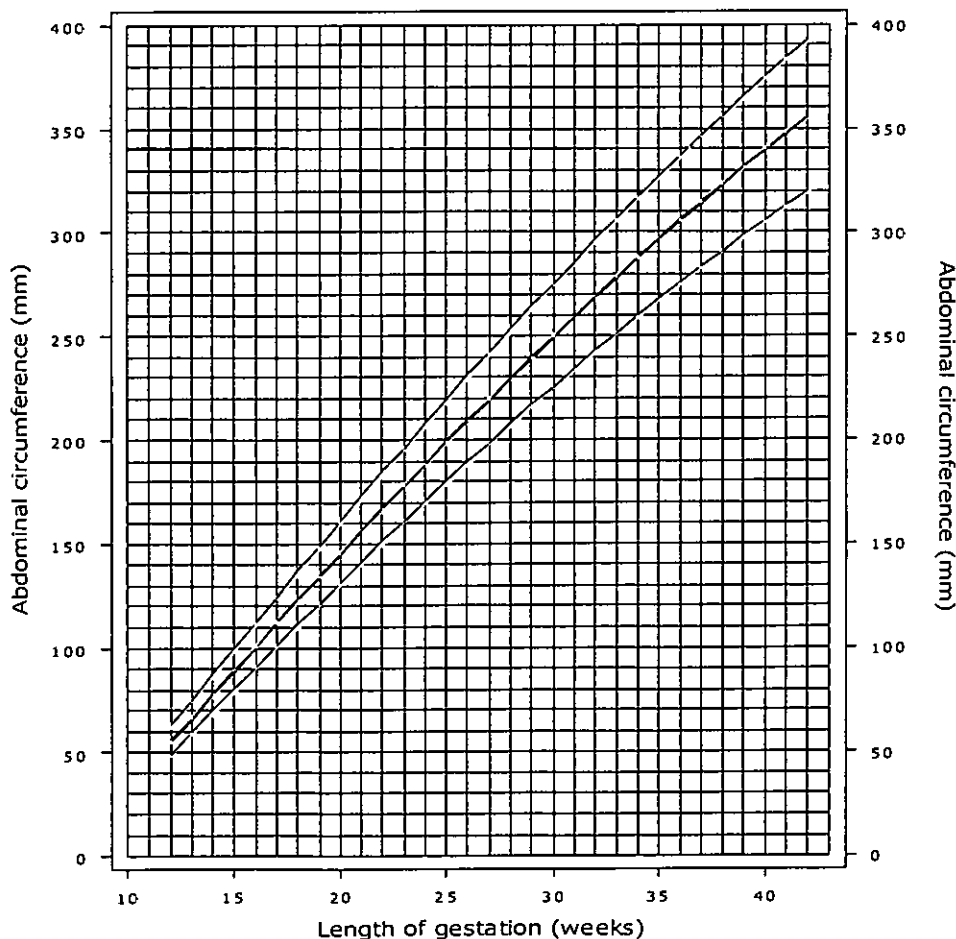
Detailed Scan

Date	Summary of findings	Signature

Other Scans

Date	Gestation	Amniotic Fluid Index (AFI) Oligo/normal/ polyhydramnios	Growth Within Normal Limits/<5th Centile/>95th Centile	Fetal presentation (Cephalic, breech, transverse)	Fetal movement/ heart activity	Placental position	Doppler	Signature

Abdominal circumference growth

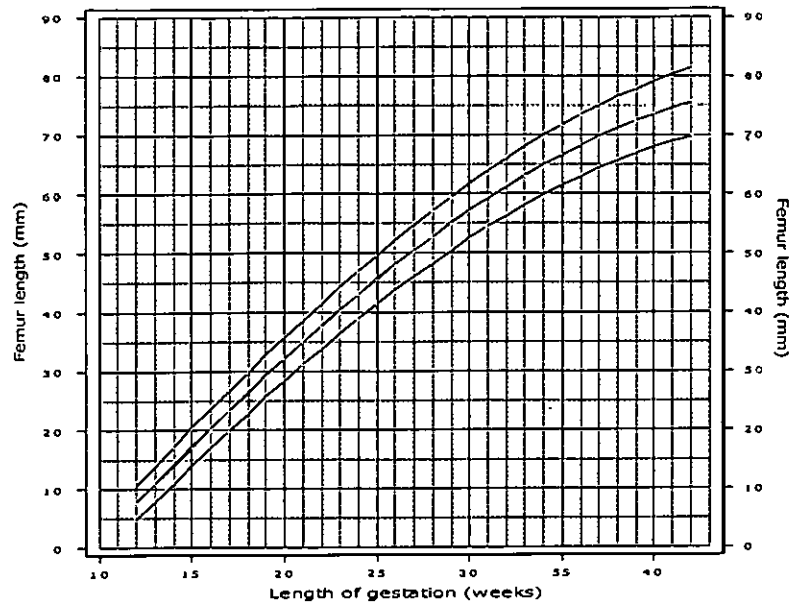


Growth charts supplied by the British Medical Ultrasound Society
(lines show 5th, 50th and 95th Centiles)

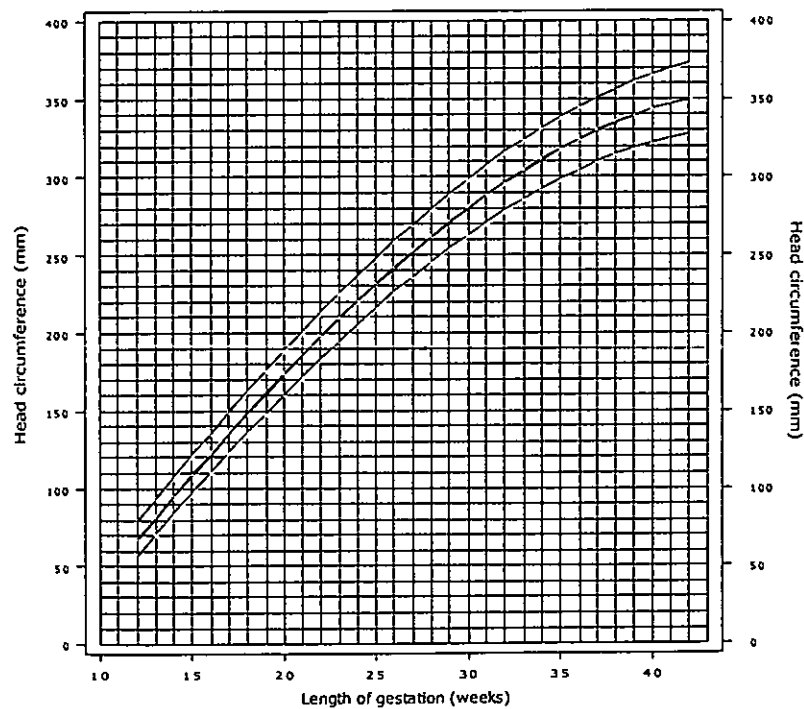
Your ultrasound scans (continued)

Details of any ultrasound scans that you may choose to have will be entered below.

Femur length



Head circumference growth



Any further notes on ultrasound scans

(Please date and sign entry and complete 'Whose Signature' page at back of record).

Consent for blood and other tests offered in pregnancy
(Blood Group, Full Blood Count & Infectious Diseases)

620047703X F 21/10/1987

Todd, Lizanne

39/2 Ferry Road Drive,

Edinburgh, EH4 4DB

EH4 4DB

CHI 2110871105

70677 JW Paterson

I have received the information leaflet 'A Guide to Routine Blood Tests Offered During Pregnancy' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☒ I wish ☐ I do not wish to be tested for Blood Group

☒ I wish ☐ I do not wish to be tested for Full Blood Count

☒ I wish ☐ I do not wish to be tested for Rubella status

☒ I wish ☐ I do not wish to be tested for Syphilis

☒ I wish ☐ I do not wish to be tested for Hepatitis B

☒ I wish ☐ I do not wish to be tested for HIV

☒ I wish ☐ I do not wish to be tested for Haemoglobinopathies

☒ I wish ☐ I do not wish to be tested for Chlamydia (aged under 25 years)

☒ I wish ☐ I do not wish to be tested for blood glucose levels

☐ I wish ☐ I do not wish to be tested for

☐ I wish ☐ I do not wish to be tested for

Signature:

Lizanne Todd

Date

5 18 13

Witness:

[Signature]

(Health professional)

(Please sign and print name)

Designation:

[Signature]

Date

5 18 13

Signature:

Date

1 1

Consent for Screening for fetal abnormalities offered in pregnancy

620047703X	F	21/10/1987
Todd, Lizanne		
39/2 Ferry Road Drive,		
Edinburgh,		
EH4 4DB	Local Label	
here		
CHI 2110871105		
70677	JW Paterson	

☒ I have received & discussed the leaflet 'A Guide To Screening Tests In pregnancy' with my midwife.

I wish / ~~do not~~ wish to be screened for Downs Syndrome.

Screening for fetal abnormalities

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are:

- ☒ Dating scan ☒ Nuchal translucency scan 11-13 weeks ☒ Detailed scan at 20 weeks
☒ Growth scan as required ☒ Placental site scan as required ☒ Other

Consent for screening tests offered in pregnancy (Down's Syndrome and Neural tube defects)

I have received the information leaflet 'A Guide to the Screening Test for neural tube defects and Down's Syndrome' and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

☒ I wish ☐ I do not wish to be screened for the risk of Neural tube defects

☒ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome

Signature: Lizanne Todd Date 5/8/17

Witness: J. Macdonald (Health professional)
(Please sign and print name) Macdonald

Designation: Midwife Date 5/8/17

Department of Obstetrics

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 25/02/2014
Date Authorised
Date/Time Printed 25/02/2014 15:30
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd	UHPI: 620047703X
39-2 FERRY ROAD DRIVE	Date of Birth: 21/10/1987
Edinburgh	
EH4 4DB	
Ward: Ward 119 RIE	Admission Date: 24/02/2014
Consultant: Dr KC Dundas	Discharge Date: 25/02/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Lizanne admitted to ward 119 with ?preterm labour at 35+ weeks
Admitted for observation & settled
Lizanne has an ANC appointment in place 05/03/14
To call Triage meantime with any concerns
Seen on the ward round by Professor Norman & fit for discharge home.

Inpatient Discharge Summary

Monday
1230 hrs

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA



Department of Obstetrics

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 21/02/2014
Date Authorised
Date/Time Printed 21/02/2014 13:40
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 119 RIE	Admission Date: 20/02/2014
Consultant: Dr KC Dundas	Discharge Date: 21/02/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Discharge Medication	Dose	Frequency	Duration	Additional Info
Ferrous Sulphate Tablets	200 MG	TWICE DAILY	Short Term	own supply
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	32

Prescribed By *[Signature]* Date *21/2/14* Print Name *SYMONDS*
Dispensed By *[Signature]* Date *21/2/14* Print Name *ANDERSON*
Pharmacist Check *[Signature]* Date *21/2/14* Print Name *[Signature]*
Final Check *[Signature]* Date *21/2/14* Print Name *[Signature]*

26yrs P2 (SVDs at 34 and 38 weeks previously - precipitate labours)
Currently 35+2wks gestation.
Prev PET but BP normal this pregnancy.
Thought to have SRM'd on 2/2/14 (though has still had generous LV on recent scans), previously had steroids.
Attending today complaining of reduction in FM at home and uterine tightenings.
Apyrexial.
On speculum no liquor seen.
US from 18/2/14 liquor volume 20.9.
CTG normal.
Tightenings settled. Bloods Hb 104 WCC 9.1 CRP 6
Advised unlikely SRM but to continue close monitoring.
For Monday and Thursday DAU review.

[Signature] SYMONDS

Inpatient Discharge Summary

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE USE 620047703X F 21/10/1987

Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

CHI 2110871105 
70677 JW Paterson



Please bring your record to all
healthcare appointments and
hospital admissions.

If found please return this record
to the nearest Maternity Unit or
General Practitioner surgery
as soon as possible.

- High temperature/feeling feverish/flu-like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Your postnatal appointments

[illegible]

Your notes 

Please use this space to jot down any notes or questions about your care or your baby's care.

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°C: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
		T P BP RR	Revised postnatal thrombosis risk		
④	2/3/14	PlN well - no pain reported.	mobile legs were	full - lactating	firm 3 finger ↓ 0
⑤	8/3	Feels well Some Pelvic discomfort	NAD	comfy lactating	~~firm~~ not palpable
⑩	13/3/14	Lets well @ pelvic pain.	NAD	comfy	firm IFASP.

Please complete the "Whose Signature" page at the back of the record

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
Wound clots	Intact	Pu/bo	Next visit den. for result.	llh
1x clot. ? membrane bleeding pink/p brown no odor or sign of infection	Intact	Pu + BO no concerns	Wash phone Tues	Hsabo
pink brown mum	Candy	Pu/bo pre discussed	D/C talk	JBurgess

Normal pulse range 50-100bpm: Normal Temp range 36-38°C: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

[illegible]

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Please use 24 hour clock and sign each entry.

Remember to complete the 'Whose signature?' section on the back cover of the record

[illegible]

[illegible]

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	/...../.....	/...../.....
Positioning my baby for breastfeeding	/...../.....	/...../.....
Principles of good attachment	/...../.....	/...../.....
How to recognise that my baby is feeding well including effective milk transfer	/...../.....	/...../.....
My baby's feeding and sleeping patterns for the first few days	/...../.....	/...../.....
'Baby led' feeding	/...../.....	/...../.....
When my milk 'comes in'	/...../.....	/...../.....
Rooming in at the maternity unit	/...../.....	/...../.....
Sharing a bed with my baby - the risks discussed further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	/...../.....	/...../.....
Winding my baby	/...../.....	/...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	/...../.....	/...../.....
Why dummies or teats should not be used	/...../.....	/...../.....
How to hand express my breastmilk	/...../.....	/...../.....
Expressing breastmilk a) washing & dry storing equipment b) safe storage	/...../...../...../.....	/...../...../...../.....
Signs that my baby is feeding well and thriving	/...../.....	/...../.....
Monitoring for wet and dirty nappies	/...../.....	/...../.....
Breastfeeding support in my community	/...../.....	/...../.....
Breastfeeding support is available from the following organisations:-		
The Breastfeeding Network 0300 100 0210 www.breastfeeding-network.org.uk		
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk		
NCT - 0300 330 0771 7 days 0800 -2200 www.nct.org.uk		
La Leche League - 0845 120 2918 www.la leche.org.uk		
Information on alcohol consumption and breastfeeding	/...../.....	/...../.....

Other things that I want to ask about:

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready. 

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	/...../.....	/...../.....
The importance of good hand hygiene	/...../.....	/...../.....
Sterilising equipment	/...../.....	/...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	/...../.....	/...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	/...../.....	/...../.....
Giving a formula feed correctly and safely	/...../.....	/...../.....
Winding my baby	/...../.....	/...../.....
My baby's feeding and sleeping patterns for the first few days	/...../.....	/...../.....
'Baby led' feeding	/...../.....	/...../.....
'Rooming in' at the maternity unit	/...../.....	/...../.....
Sharing a bed with my baby - the risks discussed Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"	/...../.....	/...../.....
Choosing the right type of milk for my new baby (whey based)	/...../.....	/...../.....
Signs that my baby is feeding well and thriving	/...../.....	/...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about:

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	/...../.....	/...../.....
Handling my baby safely	/...../.....	/...../.....
Choosing nappies for my baby	/...../.....	/...../.....
Changing my baby's nappies	/...../.....	/...../.....
Caring for my baby's cord	/...../.....	/...../.....
A 'top and tail' wash/caring for my baby's skin	/...../.....	/...../.....
Bathing my baby	/...../.....	/...../.....
How to reduce the risk of cot death	/...../.....	/...../.....
Signs that my baby is well	/...../.....	/...../.....
Signs that my baby may be ill	/...../.....	/...../.....
Car safety and home safety	/...../.....	/...../.....
Registering the birth/registering with a GP	/...../.....	/...../.....
Social support	/...../.....	/...../.....
Other things I want to ask about:	/...../.....	/...../.....

Information for you (indicate when received) ☐/...../.....

Do you still have your copy of
'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. 

The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team. 

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date 13/8/14 Days postnatal 10

Special features identified (please sign and date each entry)

BP /

General wellbeing and mental health

Current smoker? ☒ No ☐ Yes

Has risk of passive smoking to baby been explained? ☒ No ☐ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.

Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth.

See www.readysteadybaby.org.uk

Contraception

Longer acting contraception (LAC) discussed Yes ☒ No ☐

Reversible contraception discussed Yes ☐ No ☒

Has LAC contraception been provided Yes ☐ No ☒

It is recommended that you commence a reliable method of contraception by Day 21

not thought about
implant yet

Sexual health

(www.sexualhealthscotland.co.uk)

Any problems

Details

Passing urine ☒ No ☐ Yes

Pelvic floor ☒ No ☐ Yes

Bowel function ☒ No ☐ Yes

Breasts ☒ No ☐ Yes

Perineum/abdomen ☒ No ☐ Yes

Lochia/menstruation ☒ No ☐ Yes

Cervical smear due ☒ No ☐ Yes

Concerns

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

Handover to health visitor completed

☐ No ☒ Yes

Details

Health Plan Indicator allocated (circle as appropriate): core

additional

Include in handover to health visitor

Six week follow-up appointment discussed/arranged

☐ No ☒ Yes

Details

Signed Burges

Print name

BURGES

Designation

RM

Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

[illegible]

Maternity Summary Record

Please use black ink

Confidential

? Links

Personal details

CHI 120160

Age 25

Previous surname

Likes to be called

Home

Other 07925 204 940

Change of details

Your address

Postcode

Home

Other

Partner/supporter details

Name NAMELA KENAYGO

Please tick if emergency contact ☒

Date of Birth

Relationship SISTER

Address 39/2 STILAN DRIVE
EDINBURGH

Postcode EH7 6EW

Home

Other 07757 655 454

Alternative/emergency contact

Name DANIEL HARRIS

Relationship PARTNER 12/8/87

Address SAME ADDRESS

Postcode

Home

Other 07593 148 104

Directions to home

Affix label here 620047703X F 21/10/1987

Unit No Todd, Lianne

Surname/far 39/2 Ferry Road Drive,

First name(s) Edinburgh,

Date of birth EH4 4DB

Address

CHI 2110871105

70677

JW Paterson

Parity

2 + 0

Agreed EDD 25/3/14

LMP 04/06/13

Blood group

? ?-19/11/14

ABO

Thrombotic risk factors

☐ Previous DVT

☐ BMI >30

☐ Age >35

☐ Parity >4

☐ Other

Allergies

None

Height 1.53

Weight 85

BMI 36.3

Special features

PREVIOUS PRETERM DELIVERY
- TO SEE CONSULTANT referral sent 9/10/13

PRE ECLAMPSIA IN 1st PREGNANCY

H/O DEPRESSION - ON ANTIDEPRESSANT
UNIL JUNE 2013 5/10/13

FBC

131

HIV

NEG

RBG

4.1

HEP B

NEG

BTS

ABO

TPHA

NEG

MSII

NEG

RIIR

PRES

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	19/01/10	SVB	F	3490g	38	FOURTH RATE	APPLE STEWART } SAME
2	16/02/05	SVB	M	2580g	34	WHLG	KAM TODD } FATHER
3							ECLAMPSIA
4							
5							
6							
7							
8							

Personal details

Ethnic group British

Current religion or faith Protestant

Language used at home English

Help needed with interpreting, communicating or advocacy No ☒ Yes ☐

Cultural requirements/details on the above

Occupation F/T. nurse

Health and safety advice needed No ☒ Yes ☐

Maternity benefits advice needed No ☒ Yes ☐

Details on the above

Social circumstances/family support

Good family support

Referrals

/ / To

/ / To

/ / To

Referrals from professionals

Referring midwife Lesley Hughes

Referring team LEHM

Referring practitioner

Referring Visitor

Referring Worker

Health status

Specific dietary needs No ☒ Yes ☐

Smoking status Stopped August 2012

At risk of passive smoking No ☐ Yes ☒

Problem drug/alcohol use No ☒ Yes ☐

Details of any of the above

Domestic abuse

Seen alone at booking No ☒ Yes ☐

Routine enquiry question asked No ☐ Yes ☒

Abuse disclosed No ☒ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

Comments

Child protection

Issue raised on / /

Comments

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner Dr. Paterson

Base Lehm M.I.

Practice code

Other

Designation

Base

Other

Designation

Base

Other

Designation

Base

Screening and blood test

[illegible]

Planned type of antenatal care/place of birth	SCM
Lead professional	Consultant
Designation	

Change(s) to type of antenatal care/place of birth

Reason

Signed

Booking completed by J. Needles

Print _____ Designation W

Date 5/8/13 Gestation 7⁺ weeks

Location Clarkes m.p.

[illegible]

[illegible]

NHS Lothian - Referral Letter - Information only from GP

Referral To	Royal Infirmary of Edinburgh at Little France Obstetrics L 1st Maternity Appointment
Urgency of referral	Routine
Date of referral	29/07/2013
Date submitted	29/07/2013
UCPN	1010057180007

PATIENT DETAILS		Contact Details
CHI number:	2110871105	39-2 SLEIGH DRIVE EDINBURGH EH6 4SY
Name:	MS LIZANNE TODD	Voice (Home) : 07708552028
Date of birth:	21/10/1987	
Sex:	Female	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Robert Mundell (GMC: 4199724)	Links Medical Centre 4 Hermitage Place Edinburgh EH6 8BW
Practice:	Dr J W Paterson & Partners (70677)	
Phone:	Voice : 0131 554 1036	

CLINICAL INFORMATION

Reason for Referral: pregnant

Main Referral: RM/jb

Text:

Dear Colleagues

I would be grateful if you could see this 25 year old lady who has self referred herself to the Maternity Central Booking service. We have no information on her current pregnancy so I am unable to give you any more information that is already present in this letter.

Many thanks for seeing her.

With kind regards.

Investigations

Description	Result	Date

Referral Source : Information only from GP

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer		LH	23/03/2005	23/03/2005
Child in foster care		(refers to patient herself)	17/03/2005	17/03/2005
Eclampsia in pregnancy		gave birth to son (no exact date as no docu. of birth)	01/02/2005	01/02/2005

[D]Musculoskeletal pain	Abdomen ; R sided	23/10/2004	23/10/2004
Child on 'at risk' register		02/11/1994	02/11/1994

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Child protection procedure	conference		01/02/1995	01/02/1995
Operations for squint			04/11/1993	04/11/1993

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:22-Feb-2005
Alcohol history (Encounters):Alcohol consumption unknown Date recorded:22-Feb-2005
Patient Weight in Kilograms:65
Patient Height in Metres:1.5

**LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES**

Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 620047703X / 2110871105

D.O.B: 21/10/1987

Tel: 01506 523075

Patient: TODD, LIZANNE

Sex: Female

Report to: Dr K C Dundas

Date Taken: 17/02/2014

Time Taken: 14:22

Address: ~~Labour Ward~~, St John's Hosp.

Date Received: 17/02/2014

Time Received: 15:17

Date Reported: 19/02/2014

Lab. Ref. No.: JG212568N

Spec.: High vaginal swab

Micro, Culture & Sensitivities

Microscopy :

Moderate numbers of Leucocytes seen

Culture :

No significant growth

No Yeasts isolated

Authorised By: Background Authorisation

for Dr K MacSween

PATIENT NAME: TODD, LIZANNE UPI: 2110871105 CHI: 2110871105
 DOB: 21/10/1987 SEX: Female
 ADDRESS: 39-2 FERRY ROAD DRIVE CONSULTANT/GP: Dr Francis Iwelubose
 EH4 4DB SOURCE: Labour Ward, St John's Hosp.

CLINICAL DETAILS:

P2 PRETERM SRM ? LABOUR

Specimen Collection Date	Time	Lab No.	Products Required On	At	Blood Group	Antibody Screen	Medical Officer Ordering	Intended Duration of Trans.	Set up by	Checked by	Date Started	Time Started
17/02/2014	12:45	TS058340Q			A RhD Positive	Negative						

Comments

BMS Signature



Date Printed: 17/02/2014

Time Printed: 13:41

UPI = Unique Patient Identifier

The person administering the blood must confirm that the identification of the patient, the name, hospital number, and DOB of the patient on the selected blood pack and the information on this report (including the blood pack number) all agree and that the pack is not time expired.

In the event of a transfusion reaction, this report should be returned to the Blood Transfusion Laboratory with a Reaction Report form, all blood packs plus 2 blood transfusion specimen tubes.



Department of Transfusion Medicine

Royal Infirmary Edinburgh EH16 4SA

Tel : 0131 242 7501

IMMUNOHAEMATOLOGY

Links 14 JAN 2014

Name (Surname & Forename) & Address:

TODD LIZANNE
39/2 FERRY ROAD DRIVEEDINBURGH
EH4 4DB

Sex: Female

D.O.B.: 21/10/1987

CHI / Unit No.:

2110871105

EDD / Gestⁿ:

25/03/2014 - 29weeks

Date Specimen Received:

06/01/2014 11:21

Report Date:

06/01/2014 17:21

SNBTS No.:

1001178638

Results for Sample Number: 10320033547725

Date Drawn: 03/01/2014 11:21

Date Received: 06/01/2014 11:21

ABO : A

Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other ResultsAction Required YES **NO**

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Comments

Signature & Designation: AC

GP Name & Address:

Signed:

Copies of Report to:

Leith Community Treatment Centre
Junction Place
Edinburgh

Report Destination:

MIDWIFE IN CHARGE
Reception
Leith Community Treatment Centre
Junction Place
Edinburgh

EH6 SQP

EH6 SQP



Department of Transfusion Medicine

Royal Infirmary Edinburgh EH16 4SA

Tel : 0131 242 7501

Request for Further Serological Investigation

Specimen Number:

Bar Code

Name (Surname & Forename) & Address:

TODD, LIZANNE
39/2 FERRY ROAD DRIVEEDINBURGH
EH4 4DB

Sex: Female

Time & Date Specimen Received:

Report Destination:

MIDWIFE IN CHARGE
Leith Community Treatment Centre
Junction Place EdinburghEH6 SQP
Copies of Report to:

D.O.B.: 21/10/1987

SNBTS No.:

1001178638

Unit No.: 2110871105

Please detail any additional information or
changes since last sample:Anti-D Prophylaxis YES/NO:
(If Yes, Please Give Date & Reason)EDD / Gestⁿ:

250314

Date Sample Taken:

Requested By:

Link

PATIENT: TODD LIZANNE UPI: 2110871105 CHI: 2110871105
 DOB: 21/10/1987 SEX: F CONSULTANT/GP: Midwife
 SOURCE: Leith CTC - Community Midwives SENDER: 07 JAN 2014

CLIN DETAILS: Pregnant

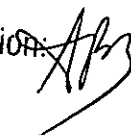
ATE <2HR5

Date Collected	09/02/05	11/02/05	20/02/05	05/08/13	03/01/14
Time Collected	09:30	13:30	u/k	11:30	14:40
Date Received	09/02/05	11/02/05	20/02/05	05/08/13	03/01/14
Time Received	11:07	14:42	11:35	19:42	17:38
Specimen Number	HR099468	HR156491	HR102325	HR976617	QB507650
Haemoglobin	115-160 g/L	111	106	103	131
Red cell count	3.8-5.8 $10^{12}/L$	4.02	3.85	3.74	4.43
Haematocrit	0.37-0.47 Ratio	0.334	0.319	0.313	0.393
Mean cell volume	78-98 fl	83	83	84	89
White cell count	4-11 $10^9/L$	12.0	10.5	13.3	9.0
Neutrophil Count	2-7.5 $10^9/L$	7.81	7.26	9.54	6.15
Lymphocyte Count	1.5-4 $10^9/L$	2.32	1.61	1.84	1.93
Monocyte Count	0.2-0.8 $10^9/L$	0.79	0.89	0.89	0.67
Eosinophil Count	0.04-0.4 $10^9/L$	0.96	0.76	1.00	0.22
Basophil Count	0.01-0.1 $10^9/L$	0.07	...	...	0.02
Platelet count	150-350 $10^9/L$	302	279	339	251

Action Required YES ☒ NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP Woman

Signature & Designation: 

GP Name & Address:

COMMENTS:

Results outwith the reference range are highlighted in BOLD

Results obtained from Serum, Plasma or Whole Blood
 unless otherwise stated.

DATE PRINTED: 04/01/2014
 TIME PRINTED: 12:30

LOTHIAN UNIVERSITY HOSPITALS DIVISION

Links

Western General Hospital, EH4 2XU. Tel: 0131 537 1909

Biochemistry Department

PATIENT: TODD, LIZANNE		UPI: 2110871105		CHI: 2110871105	
DOB: 21/10/1987	SEX: F	CONSULTANT/GP: Midwife			
SOURCE: Leith CTC - Community Midwives		SENDER:			
CLINICAL DETAILS: Speciality : UNKNOWN Pregnant ATE <2HRS					
Date Collected	15/01/2005	09/02/2005	09/02/2005	05/08/2013	03/01/2014
Time Collected	u/k	09:30	13:30	11:30	14:40
Date Received	15/01/2005	09/02/2005	11/02/2005	05/08/2013	03/01/2014
Time Received	13:58	11:07	14:41	19:13	17:38
Specimen Number	HB091779S	HB100531J	HB223153V	HB705897D	QB507651W
Urea	2.5-6.6 mmol/L	1.9 L	2.3 L	2.6	
Creatinine	umol/L	57 L	71	Too Late	
Sodium	mmol/L	137	139	Too Late	
Potassium	mmol/L	4.5	4.5	Too Late	
TCO2	mmol/L	20 L	21 L	Too Late	
Glucose	mmol/L			4.1	5.7
Glucose spec. type				RANDOM	
Spec type Rand/Fast Limits					Rand(<11)
Bilirubin	umol/L		5	Too Late	
ALT	U/L		10	Too Late	
Alk.Phos	U/L		186	Too Late	
GGT	U/L		5	Too Late	
Albumin	35-50 g/L		29 L	29 L	
Urate	0.12-0.36 mmol/L		0.34	0.33	
Action Required YES NO STATE ACTION TAKEN: IF ABNORMAL Informed GP. Woman Signature & Designation: <i>[Signature]</i> GP Name & Address:					

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 04/01/2014
 TIME PRINTED: 11:30

Specimen type is serum, plasma or blood unless otherwise stated

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

Link

Clinical Bacteriology, Royal Infirmary of Edinburgh
51 Little France Crescent, EDINBURGH, EH16 4SA

05 DEC 2013

PIN/CHI: 2110871105 / 2110871105

D.O.B: 21/10/1987

Tel: 0131 242 6048 / 6025

Patient: TODD, LIZANNE

Sex: Female

Report to: Midwife

Date Taken: 29/11/2013

Time Taken: 10:30

Address: Leith CTC - Community Midwives

Date Received: 29/11/2013

Time Received: 15:45

PREGNANT 23/40

Date Reported: 30/11/2013

Lab. Ref. No.: MU115510V Spec.: Mid stream urine

Urine culture

Mixed organisms greater than 100,000 cfu/ml

Probably contamination

Isolate(s) will be held for 7 days

Please consult microbiologist if advice is required

Please review sampling technique and refrigerate
samples if any delay in transporting to the lab.

Only repeat if there are persistent symptoms of UTI
or if screening for bacteriuria in pregnancy.

Action Required YES NO

STATE ACTION TAKEN:

IF ABNORMAL Informed GP. Woman

Signature & Designation: SBM

GP Name & Address:

Authorised by: Background Authorisation

for Dr A P Gibb

CASE REFERENCE NO(S)

MOTHER

BABY (1)

BABY (2)

LOTHIAN AND BORDERS AREAS

MATERNITY SERVICES POSTNATAL CARD

 **MIDWIFE'S COPY**

HOSPITAL

WARD

CONSULTANT

G.P. NAME

ADDRESS

AGE:

PARITY:

NO. OF LIVING CHILDREN

MARITAL STATE:

SURNAME

FIRST NAME(S)

ADDRESS

TEL No.

TEL No.

DISCHARGE DATE

DAYS P/N

RETURN TO
Hosp.: G.P.: FPC

DATE

TEMPORARY ADDRESS

MOTHER:

BABY (1):

(2):

TEL No.

NOTIFICATION:

DATE

PHONED

NOTIFIED BY WHOM

MESSAGE
RECEIVED BY

SIGNATURE

TO COMMUNITY MIDWIFE

TO G.P.

MOTHERDELIVERY
DATE:

TIME:

WEEKS:

CONTRACEPTION:

METHOD:

STERILISATION: AT DEL. ☐

WARD

DATE

FOR PPS ☐ ADM
ARRANGED ☐COMPLICATIONS AND
INTERVENTION:
REASONS**INVESTIGATIONS****LABOUR**

ONSET: SPONT/IND ARM/PG/OXY AUGMENTED: YES/NO

DURATION: 1st Stage 2nd Stage 3rd Stage Rupt Memb to Del. Total

(Hrs/Mins)

EPIDURAL: YES/NO GENERAL ANAESTHETIC: YES/NO

DIFFICULTY (Specify):

PLACENTA:

BLOOD LOSS: ml.

MEMBRANES:

TRANSFUSION(S):

POSTNATAL PROBLEM(S):

STATE OF PERINEUM: EPISIOTOMY/TEAR

	Required	Date Given/Taken/Booked	Result/Comments
Hb			
ANTI-D			
Rubella Vacc.			
CVX SMEAR			

CURRENT TREATMENT:

(1)

(2)

BABY

Area Unique Number

Name

Sex

Birthweight

O.F.C.

Length

Cord

Apgar 1 Min

5 Min

Wt. on Discharge

Feeding

ANY SPECIAL
PROBLEM(S)

Follow-Up Examination:

HOSP.: ☐ Date:Comm. ☐INVESTIGATION
(PKU/TSH)

DATE

RESULT/COMMENTS

LETTER WITH PATIENT: YES/NO

LETTER TO FOLLOW: YES/NO

SIGNATURE:

MW/DR

POST NATAL VISITS MOTHER AND BABY

Date

Day

Signature

9/3/14

4

FV Lizanne phn well. Fundus firm/lochia ave Perineum intact - PU/30.
Baby B/F on demand + having 20mls formula top -> PS. Cord on. PU/30 -
changing. PKU leaflet + contact no's left.

[Signature]

8/3/14

5

Visit phn/wk. - Mum well, bf well + top-ups weight 2290
↓ 180g bw 110%. Baby tinge jaundiced but alert, Cord ok, PKU
done no concerns.

[Signature]

9/3

6

D/O

10/3

7

11/3

8

Phone call changed to A/F, still offering the breast but will prob change
to A/F completely. Baby well, mum feels no longer jaundiced PU 30 well
Lizanne well - does not wish a visit today.

[Signature]

12/3/14

9

D/O

13/3/14

10

visit - Lizanne well, no concerns, fundus fir 2PSP, lochia pink/min.
PU 30 PFF discussed, baby Ahmed appears well, head, eyes & mouth ASD,
and off. Plenty PO & BO, pink & warm, nuchal blue spot at bottom of spine,
some erythema - reassured, now AF to 10mls 3-4 hrs, DIC to HIV

[Signature]

Mother

Baby

Date

Day

NOTIFICATION TO HEALTH VISITOR

Copy sent -
Report

Phoned

620047703X F 21/10/1987

Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

CHI 2110871105



70677

JW Paterson

Name: Baby Of Lizanne Todd CHI: 0403140455 <i>Ahmed</i>	NHS Lothian - Maternity Handheld Record Baby Summary Report	NHS Lothian
UHPI: 700702679M Age: 4 Days		

Postnatal discharge summary

Discharged from	Ward 119 RIE, Royal Infirmary of Edinburgh	Place of Birth	Consultant Unit
To (address)	39-2 FERRY ROAD DRIVE / / Edinburgh / / EH4 4DB		
Tel	(1) - , (2) - <i>07757655454</i>		
GP	JW Paterson		
At	Dr J W Paterson & Partners, Links Medical Centre, 4 Hermitage Place, Edinburgh		
Tel	0131 554 1036		
Care Provider	M/W Lesley A Burgess		
Midwife Team	Leith 0131 536 6450		
Paediatrician			
GIRFEC Lead Professional if relevant, e.g. Social Worker			
Named Caseload holder as per KCND Pathways		M/W Lesley A Burgess	

Labour, birth and postnatal period

Onset of labour	Spontaneous						
Induced indication							
Mode of delivery	Spontaneous Vertex Delivery						
Day	04/03/2014	At	10:37	Sex	Male	Outcome	Livebirth
Indication							
Presentation	Occipito - Anterior						
Location	Consultant Unit						
Gestation	37.0						
Birthweight	3160	Blood loss (mls)			200		
APGAR 1 minutes	6	APGAR 5 minutes			9		
APGAR 10 minutes							
Placenta/ Membranes	Complete Complete						
Maternal blood group	A Rh Positive	Anti-D needed	No		Anti-D given on		
Rubella status	Immune	Vaccination needed	No		Vaccinated on		

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

well postnatally

Slow to BF now topping-up.

Baby 1

CHI: 0403140455	UHPI: 700702679M	Discharged home with mum	Home with mum
Feeding type	Mixed	Length (cm)	53
OFC (cm)	34	Discharged Weight (g)	3160
Follow-up required	No		
Admitted to neonatal unit	No		
Details			
Discharge medication	nil		

Further details, including problems identified/referrals, investigations or pending:

Your Baby's Progress

Postnatal Day	Date / Time	Temp	Route	General condition, colour, appearance and fontanelles	Eyes	Feeding type, frequency (and volume if bottle feeding) and condition of	Skin, including buttocks and cord	Wet nappies	Dirty nappies	ID Check	Signed
3	06/03/2014 10:58	37	Skin	NAD	Clear	Mixed (Breast & Artificial)	Healthy	3	4	Yes	Valerie Weston
2	05/03/2014 10:57	37.1	Skin	NAD	Clear	Mixed (Breast & Artificial)	Healthy	3	4	Yes	Valerie Weston

Your baby's care

Date	Time	Further multi-professional information / planning, delivering and evaluating care. Consideration should be given to parent child attachment during every care episode.
05/03/2014	10:57	Baby appears well at time of check good skin colour active and alert when awake. "Pre-feed obs : " Temp 37.1 Resps 50 Pulse 142 Paed check still to be completed.
06/03/2014	10:58	Namebands x2 details correct checked with mum. Baby appears well at time of check, active and alert when wake, good skin colour . @ 10.15am Minola 108 no treatment needed.

Discharge of Baby from midwifery care

Date	06/03/2014	Baby's Age	0 months 3 days	Assessed By	Patricia S Wills

Weight Observations

Day	Date	Time	Weight (g)	Comment	% Birthweight lost

Vitamin K

Vitamin K administered	IM
Oral vitamin K - professional or parent administration	
Repeat oral dose (1) given	By
Repeat oral dose (2) given on	By

Feeding

Type of feed	Mixed
Details	breastfeeding with ebm/af top ups. good amounts ebm gained

Vaccinations

BCG vaccination needed	No	BCG date given	
Hepatitis B vaccination needed	No	Hepatitis B date given	
Hepatitis B immunoglobulin needed	No	Hepatitis B immunoglobulin date given	
Further information on immunisations is available at www.immunisationscotland.org.uk			

Screening

Newborn Blood Spot Screening done on		By	
Newborn hearing screening done on	05/03/2014		
Any significant risk/diagnosis of a haemoglobinopathy should be written in the Newborn Blood Spot card.			

Any problems identified

Jaundice	No	SBR Taken		Highest SBR	
Other	Namebands x2 details correct checked with mum.				
Protect Your Baby's Natural Head Shape Leaflet Discussed	No	see www.scotland.gov.uk			
Hand over to health visitor/public health nurse complete	No				
Hand over to other named person i.e. GIRFEC lead	No				
Follow-up appointments required	No	Details			
Provide details of follow up required, who to and why					
Other					

Oral Health

It is recommended that you register your baby with a dentist around the age of 6 months. Many dentists participate in the ChildSmile Programme. More information is available at www.child-smile.org.uk

21/10/1987

CHI 2110871105
70677 JW Paterson

Further information/planning, delivering and evaluating care

THE UNIVERSITY OF CHICAGO PRESS

70677 JW Paterson

Continuation

[illegible]

your baby's progress

[illegible]

Discharge of baby from midwifery care

Date .../.../... Baby's age ... days Assessed by ...

Weight chart

Postnatal day	Date	Time	Weight g	Details - including percentage of birth weight lost
⑤	8/3	1530	2990g	↓ 170g < 10% bw

Vitamin K

Vitamin K ☒ Im ☐ Oral ☐ Declined

Repeat oral doses given on .../.../... By ☐ Declined

.../.../... By ☐ Declined

Feeding

☐ Breast ☒ Bottle ☐ Mixed ☐ Supplementary feeds given

Details

Vaccinations

BCG vaccination needed ☒ No ☐ Yes BCG given as prescribed on .../.../...

Hepatitis B vaccination needed ☒ No ☐ Yes Hepatitis B vaccination given on .../.../...

Screening

Newborn bloodspot screening done on 8/3/13 By H Scobie ☐ Declined

Newborn hearing screening done on 5/3/14 By NRZ ☐ Declined

Any problems identified

Jaundice ☒ No ☐ Yes ☐ SBR taken Highest SBR ...

Other ...

Hand over to health visitor complete ☐ No ☒ Yes

Follow-up appointments required ☒ No ☒ Yes

Other ...

Signed:

Burgess

Print name

LBURGESS

Date

1/1

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

[illegible]

Consent for Newborn Blood Spot Screening for Phenylketonuria (PKU), Congenital Hypothyroidism (CHT), Cystic Fibrosis (CF), Sickle Cell Disorders (SCD) and Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)

I have received and read the information leaflet "Your guide to newborn screening tests" and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by healthcare professionals.

Baby's Name Ahmed Hariz Date of birth 4/3/14

CHI Number 0403140455

☒ I wish	☐ I do not wish my baby to be tested for Phenylketonuria
☒ I wish	☐ I do not wish my baby to be tested for Congenital Hypothyroidism
☒ I wish	☐ I do not wish my baby to be tested for Cystic Fibrosis
☒ I wish	☐ I do not wish my baby to be tested for Sickle Cell Disorders
☒ I wish	☐ I do not wish my baby to be tested for MCADD

I understand that the Newborn Blood Spot Screening Programme needs to obtain my permission to store the newborn blood spot card beyond the initial 12 month testing period and to use any of the blood spots left over after testing is complete for anonymised research, such as the development of new screening tests. If any research was proposed in which the researcher would be able to identify me or my baby, a member of staff from the Newborn Bloodspot Screening Programme would always contact me again to seek my approval.

☒ I agree ☐ I do not agree for the storage of my baby's blood spot sample beyond the initial 12 month testing period.

☒ I agree ☐ I do not agree to the use of any left over blood spots for anonymised research.

Signature Dianne Todd (Parent) Date 4/3/14

Signature H Scobie (Witness: Healthcare professional)

Print H SCOBIE

Designation mw Date 8/3/14

Note to healthcare professional – all relevant information needs to be recorded on the Newborn Blood Spot Card

Monday 24/2 University Hospitals Division

1230 hrs -

Day Assessment Unit

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA



Department of Obstetrics

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 21/02/2014
Date Authorised
Date/Time Printed 21/02/2014 13:40
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 119 RIE	Admission Date: 20/02/2014
Consultant: Dr KC Dundas	Discharge Date: 21/02/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Discharge Medication	Dose	Fraquancy	Duration	Additional Info
Ferrous Sulphate Tablets	200 MG	TWICE DAILY	Short Term	own supply
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	32

Prescribed By *[Signature]* Date 21/2/14 Print Name SYMOND
Dispensed By *[Signature]* Date 21/2/14 Print Name ANDERSON
Pharmacist Check *[Signature]* Date 21/2/14 Print Name
Final Check *[Signature]* Date 21/2/14 Print Name *[Signature]*

26yrs P2 (SVDs at 34 and 38 weeks previously - precipitate labours)
Currently 35+2wks gestation.
Prev PET but BP normal this pregnancy.
Thought to have SRM'd on 2/2/14 (though has still had generous LV on recent scans), previously had steroids.
Attending today complaining of reduction in FM at home and uterine tightenings.
Apyrexial.
On speculum no liquor seen.
US from 18/2/14 liquor volume 20.9.
CTG normal.
Tightenings settled. Bloods Hb 104 WCC 9.1 CRP 6
Advised unlikely SRM but to continue close monitoring.
For Monday and Thursday DAU review.

[Signature] SYMOND

Inpatient Discharge Summary

para 2
2x SVD
1x preterm delivery
refer to special features

620047703X F
TODD.Lizanne
21-Oct-87 CHI: 211 087 110S
70677 JW Paterson
39-2 FERRY ROAD.DRIVE
EH4 40B



patient presents to traige with contractions, patient says she has been having contractions every ten mins for the past few hours. Patient ?SRM~~d~~ on the 020214, however last DAU scan showed LV of 20. On palpation patient contracting 1:4-6 lasting 40secs. Patient states that she feels baby has had reduced fm over last 12 hours. CTG commenced with consent to monitor fetal wellbeing and uterine activity, fetal movement marker given to the patient to document movements on the CTG.

plan for medical r/v

oral analgesia given to the patient as per drug kardex.

0440 FY2 Healy

26 year old Para 2 (2x SVDs)

- spont labour at 34/40, PET from 32/40 not requiring treatment

- spont labour at 38/40, raised BP in later pregnancy not requiring treatment

Now 34+6

Treating as SRM on 02/02/14 - had steroids x2 and completed course of erythromycin, however last DAU appt LV 20

Has been tightening 1:10 since 11pm last night, now 2:10. Less painful since had Paracetamol+DHC

Has continued to leak clear fluid, no PV blood/discharge

Feels FM less in last 12 hours but now more aware of fetal movement in OT

Otherwise well

PMHx: Nil

DHx: Ferrous sulphate

O/E: Abdo soft, cephalic presentation

Large for dates bump - measuring 37

CTG in progress

Speculum with consent and chaperone (MW Lisa) cervix long and closed, no liquor seen on speculum

D/W NNU - no capacity for baby if labours

D/W Jane Telford (LW CMW) - cannot transfer out at present as no MW available, she will liase with NNU. Phoned back - to stay in OT at present

0520 FY2 Healy

Patient reviewed by Dr Bano (reg) - will require transfer from RIE

D/W NNU at SJH, have capacity for the baby should she deliver

D/W Janice Saunders (CMW LW at SJH) - has discussed with paed and happy for transfer to LW

J Telford organising ambulance etc

Patient informed of plan

620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



OBSTETRIC SBAR

S	Situation Patient's Name: <u>LIZANNE TODD</u> CHI No: <u>2110871105</u> Handover/Transfer: <u>DAU (H. Cumming)</u> From/To: <u>Ward 119. (Triage until bed in ward available)</u> Patient admitted for: <u>? Uterine activity ? SKOM. Preterm.</u> Presenting with: • <u>PV Bleed - null</u> • <u>Labour (Contraction pattern) - 1-2 mild (on palpation) in 10.</u>
B	Background Para <u>2</u> + <u>-</u> @ <u>35+2</u> weeks Consultant / Midwife Lead Care: <u>KCO. (Dr Prindas)</u> Past Obstetric History: <u>Previous preterm del at 34 wks (pre-eclampsia with this pregnancy)</u> Past Medical History: <u>? PROM on 02.2.14. - Pre-eclampsia delivered (<35 min) + depression</u> History of present pregnancy: Blood group: <u>Apos</u> BMI: <u>36.3</u> Allergies: <u>none known</u>
A	Assessment Maternal vital signs: T <u>36.5</u> P <u>85</u> BP <u>100/60</u> Urinalysis: <u>tr protein</u> Intermittent auscultation: Yes <u> </u> No <u> </u> CTG: <u>Normal</u> Suspicious <u> </u> Pathological <u> </u> Bishop Score / VE: <u>—</u> <u>nutris 03 (by L/W reg - Garden Ford)</u> Clinical Impression: <u>Speculum by L/W reg, Os long closed. Has had full course of steroids.</u> Significant laboratory values: <u>CRP: 6</u>
R	Recommendation What I need from you: <u>Observation of uterine activity + fetal well-being</u> Time frame (Immediate: within 1/2 hr; within 1 hr; other): Suggestions for tests / treatments: <u>CRP + FBC + L+VS have been send 20.2.14 at 17:00 pm.</u> IVL / Antibiotics: <u>—</u> Analgesia: <u>—</u> Other: <u>On BD Ferrous Sulphate</u> Clarify plan (read back): <u>Repeat CTG at Bedtime.</u>

Person completing form: [Signature]

Date: 20.02.14

Time: 17:35

Reported to:

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine):
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thromboprophylaxis • On Treatment ☐ Yes ☐ No • Prescribed ☐ Yes ☐ No
Baby	Weight: APGAR5: Method of feeding: Last feed given at: Has the baby passed meconium or urine? Temperature and time: Special considerations: (eg. HepB, Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____

References: Joint Commission on Accreditation of Healthcare Organizations (2006). National patient safety goals.
 Kohn, L., Corrigan, J., & Donaldson, M. (1999). To err is human: Building a Safer Health System. Washington, DC:
 National Academy Press.

Compiled by: Dr K. C. Dundas
 Updated: May 2013 – Justine Craig / Caroline Pound

Department of Obstetrics and Gynaecology

Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

Date First Created 18/02/2014
Date Authorised
Date/Time Printed 18/02/2014 13:18
Our Ref 620047703X
CHI 2110871105

for a.p.

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 11 SJH	Admission Date: 17/02/2014
Consultant: Dr KC Dundas	Discharge Date: 18/02/2014

Dr P J Dewart (Consultant)
Dr T Narrainen-Poule
(Consultant)
Secretary Mrs Meal
Tel: 01506 523988

Dr T K Cooper (Consultant)
Dr S Kallat (Consultant)
Secretary Miss Thompson
Tel: 01506 523996

Dr S C Nicholson (Consultant)
Dr A J MacLeod (Consultant)
Secretary Yvonne Scott
Tel: 01506 523984

Discharge Medication	Dose	Frequency	Duration	Additional Info
Ferrous Sulphate Tablets	200 MG	THREE times DAILY	Long Term	

Dr S M Rane (Consultant)
Dr T Narrainen-Poule
(Consultant)
Secretary Mrs Wharram
Tel: 01506 523990

Dr S M Coutts (Consultant)
Dr GA Walker (Consultant)
Dr S J Court (Associate
Specialist)
Secretary Miss Ann Reid
Tel: 01506 523997

Prescribed By Date Print Name.....
Dispensed By Date Print Name.....
Pharmacist Check Date Print Name.....
Final Check Date Print Name.....

PRINCIPAL DIAGNOSIS/PROCEDURE

Threatened pre-term labour

Lizanne attended St John's (as no cots at RIE) on 17th with tightenings but no PV bleeding. These have since settled and reassuringly the amniotic fluid index was 20.9 confirming that her membranes have not yet ruptured.

TREATMENT

Observation and ultrasound scan

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL

Follow-up with RIE as pre-arranged

CHANGES TO DRUGS SINCE ADMISSION

Ferrous sulphate

PREVIOUS ADVERSE DRUG REACTIONS

NKDA

Inpatient Discharge Summary

Cont'd... - Ref: 620047703X

Patient Name: Lizanne Todd - - -

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

None

GP to please consider the following...as above

Should you need further information please contact...ward 11, SJH

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Ann Graham
GPST

Staff Signature..... PrintName.....

Designation..... Date..... Time.....

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

Department of Clinical Radiology

Ms Lizanne Todd
39/2 Ferry Road Drive
Edinburgh
EH4 4DB

Date 08/10/2013
Our Ref 620047703X
CHI 2110871105

Visit Number 

Ultrasound Appointment Letter

Please attend the Main X-Ray Department, 1st floor of the Out Patient building at the date and time below.

Appointment Type: US Obstetric Fetal Anomaly Scan

Date and Time: Wednesday 6 November, 2013 at 1:40 pm

If you are unable to attend the appointment, please contact the department on 0131 537 2052 between 9 am and 4 pm Monday - Friday and we will arrange for another appointment to be made. It is important that you arrive in the department on time for your appointment. Please contact the department if you are delayed.

Whilst every effort will be made to carry out your examination promptly, emergency and urgent patients may have to be given priority. Any delay will be kept to a minimum.

IF YOU WEIGH MORE THAN 20 STONE OR HAVE ANY CONCERNS REGARDING THIS APPOINTMENT, PLEASE CONTACT THE APPOINTMENTS OFFICE ON: 0131 537 2052.

Car parking is a problem; therefore it would be advisable, if possible to come by public transport.

IT WOULD HELP US IF YOU BRING THIS LETTER WITH YOU.

Yours sincerely,
Appointments Officer.

ARRIVAL TIME 04:00
620047703X F 21/10/1987

PATIENT Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

CHI 2110871105



70677

IM Datascan

TEMP 36' 4

PULSE 94

SAT 98

BP 110 / 68

Refs 16

BOOKING BP 120/60

URINALYSIS Trace Pro ++ 124

TIME SEEN 04.05

GESTATION 32+5

PARITY P2

SEM 02:15

RS



**In Touch with your Baby:
A guide to your baby's
movements during
pregnancy**

One of the easiest ways to tell if your baby is healthy is to see how much he or she is moving.

Every baby is different, so it is a good idea if you can become familiar with your baby's own movements and activity and report to us if you notice a reduction in these. This booklet tells you what to look for.

If you notice that your baby has not moved as much as usual, or if the movements stop, follow the advice at the back of this booklet.

Some people may tell you that your baby will move less frequently in late pregnancy and before you go into labour. **This is not so.** It is important that you report any change, as it might be a sign that your baby is unwell.

If you have not felt your baby move as he or she would usually move then:

- 1) Find space and time to lie down for **one hour** – left side is good.
- 2) Have a hot or a cool drink.
- 3) Don't watch TV or read or become otherwise distracted.

We would expect you to feel your baby move now. If not, phone your midwife in the first instance, or:

Obstetric Triage and Assessment,
Royal Infirmary of Edinburgh
0131 242 2657

or

St John's Hospital, Livingston:

During 8am to 6pm ring the Day
Assessment Area on 01506 524 110

During 6pm to 8am ring the Labour
ward on 01506 524 125

18-24 weeks

Most people begin to feel movements between 18-24 weeks (if this is a second baby, then you may be aware of these earlier). It may feel like 'bubbles', 'flutterings' or 'like wind'.

These are often momentary – coming and going - before you can be sure of what you have felt.

Everyone is different. There are many reasons for not feeling movements as early as you expect, including your body weight, your baby's positioning and the location of your placenta. As long as the baby is growing well at your 22-week check, then you should not worry.

24-36 weeks

'Rolling', 'kicking', 'pushing', 'jabs', 'elbowing' and 'stretches' - these are all words women use to describe their baby's movements.

Usually you are more aware of movements when lying down, e.g. at night time, less so when sitting, and often not at all when you are busy and on your feet.

During these weeks, it would be good if you could become aware of what times of day you are most likely to feel movements so you can notice if these become absent or reduced.

Note: hiccups do not count as movements.

36-42 weeks

At 36-42 weeks, your baby will have less room for big movements now, and what you are likely to feel are arm or leg movements, and rolling.

Please note the **nature** of the movements may change, but the **frequency** should not decrease.

References

Fisher, M.L. (1999) Reduced Fetal movements: a Research-based project. BMJ No 12, p733-737

Frøen, J.F. (2004) A kick from within. Perinatal Medicine 32, p13-24

Tveit, J.V.H., Saastad, E. et al (2009) Reduction of late stillbirth with the Introduction of Fetal Movement Information and Guidelines - A Clinical Quality Improvement.
(Available online via medscape.com by searching for 'Reduction of late stillbirth')

Authors

J McQuire, Midwife

S Simpson, Midwife

J Urquhart, Midwife

Dr K Dundas, Consultant Obstetrician

S McNally, Clinical Risk Co-ordinator/Midwife

Contact:
Sinead McNally,
Clinical Risk Co-ordinator for
Reproductive Health
0131 242 2608

October 2009

OBSTETRIC SBAR

S	Patient's Name: _____ Handover/Transfer: _____ From/To: _____ Patient admitted for: _____ Presenting with: • PV Bleed • Labour (Contraction pattern) _____
B	<i>x1 preterm</i> Para <u>2</u> + <u>0</u> @ <u>32⁺5</u> weeks Consultant / Midwife Lead Care _____ Past Obstetric History: <u>(34140 + 38140 x2svos)</u> Past Medical History: <u>hx preeclampsia</u> History of present pregnancy: <u>Oxamethasone 28/1 + 29/1</u> Blood group <u>A POS</u> BMI <u>36.6</u> <u>Tightening</u> Allergies: <u>NCOA</u> <u>212114 09⁰⁰ spec parous OS</u>
A	Assessment Maternal vital signs: T <u>36.6°</u> P <u>119/77</u> BP <u>80</u> Urinalysis _____ Intermittent auscultation: Yes <u>No</u> CTG: <u>Normal</u> Suspicious Pathological <u>SIB paed ✓</u> Bishop Score / VE _____ Clinical Impression: <u>212114 09⁰⁰ - spec parous OS.</u> Significant laboratory values: <u>212114 02³⁰ - srom clear.</u> <u>Rpt bloods ✓</u>
R	Recommendation What I need from you: _____ Time frame (Immediate; within ½ hr; within 1 hr; other): _____ Suggestions for tests / treatments: _____ IVI / Antibiotics _____ Analgesia _____ Other _____ <u>Clarify plan (read back):</u> <u>Chase bloods ✓</u> <u>Hb 106 FBC 21/2114</u> <u>wcc 11.3 e 1543.</u> <u>pits 248</u> <u>CRP 7</u>

Person completing form: J Mac

Date: 21/2/14 Time: 1840

Reported to: C sword signature C sword

POSTNATAL HANDOVER SUMMARY

S ituation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
B ackground	Underlying medical conditions/pregnancy and labour complications: Current medication:
A assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine)
R ecommendations	Postnatal Care – Routine / High Risk: Special considerations: Thrombophrophylaxis • On Treatment ☐ Yes ☐ No • Prescribed ☐ Yes ☐ No
Baby	Weight: APGARS: Method of feeding: Last feed given at: Has the baby passed meconium or urine: Temperature at transfer and time: Special considerations: (eg. HepB ; Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to:

_____ signature _____

Department of Obstetrics

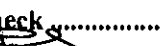
Dr Paterson
Dr J W Paterson & Partners
Links Medical Centre
4 Hermitage Place
Edinburgh
EH6 8BW

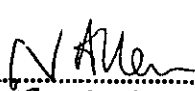
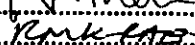
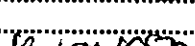
Date First Created 07/02/2014
Date Authorised
Date/Time Printed 07/02/2014 14:50
Our Ref 620047703X
CHI 2110871105

Patient: Lizanne Todd 39-2 FERRY ROAD DRIVE Edinburgh EH4 4DB	UHPI: 620047703X Date of Birth: 21/10/1987
Ward: Ward 119 RIE	Admission Date: 02/02/2014
Consultant: Dr KC Dundas	Discharge Date: 07/02/2014

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr N Mary
Dr Karen Edgar
Dr N Palaniappan
Dr J Tierney

Discharge Medication	Dose	Frequency	Duration	Additional Info
Paracetamol Tablets	1000 MG	FOUR times daily	4 Weeks	32 TABS
Erythromycin Tablets	250 MG	FOUR times daily	5 Days	20 TABS
Ferrous Sulphate Tablets	200 MG	TWICE DAILY	4 Weeks	28 TABS.

Prescribed By  Date 7/2/14
Dispensed By  Date 07/02/14
Pharmacist Check  Date 7/2/14
Final Check  Date 7/2/14

Print Name 
Print Name 
Print Name 
Print Name 

PRINCIPAL DIAGNOSIS/PROCEDURE

1. PPRM

This lady was admitted at 32+5 with SRM. This was confirmed by vaginal examination. She was having some tightenings but no true contractions. She was commenced on oral erythromycin and has previously had full course of steroids. She was monitored with CTGs which were reassuring. Did not go into labour.

She remains well and can be monitored as an outpatient
She requires a further 5 days of erythromycin

TREATMENT
oral abx
iron

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL

CHANGES TO DRUGS SINCE ADMISSION

Inpatient Discharge Summary

Cont'd... **Ref:** 620047703X

Patient Name: Lizanne Todd

Iron
Erythromycin

PREVIOUS ADVERSE DRUG REACTIONS

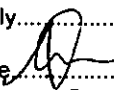
SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS

GP to please consider the following...

Should you need further information please contact...

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature  Print Name *N Mc*

Designation *SH* Date *7/2/14* Time *14.50*

Patient/Carer Signature.....

This is an immediate discharge letter and a further letter may follow.

Inpatient Discharge Summary

620047703X F 21/10/1987
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB

Re:

CHI 2110871105 
70677 IW Paterson

Obs Triage
R/E
17102114

Dear Doctor,

Thank you for accepting this Lady for transfer from R/E due to lack of NNU beds.

Para 2 - previous SVD at 34/40 and SVD at 38/40.

Treated as SRM on 02/02/14, has completed course of steroids and erythromycin. However subsequent LV = 20 in DAI so diagnosis uncertain.

Presented to triage this evening contracting 2:10. Os closed on speculum, no liquor seen. She has received oral analgesia.

Thank you for accepting her for ongoing observation,

Kind regards,



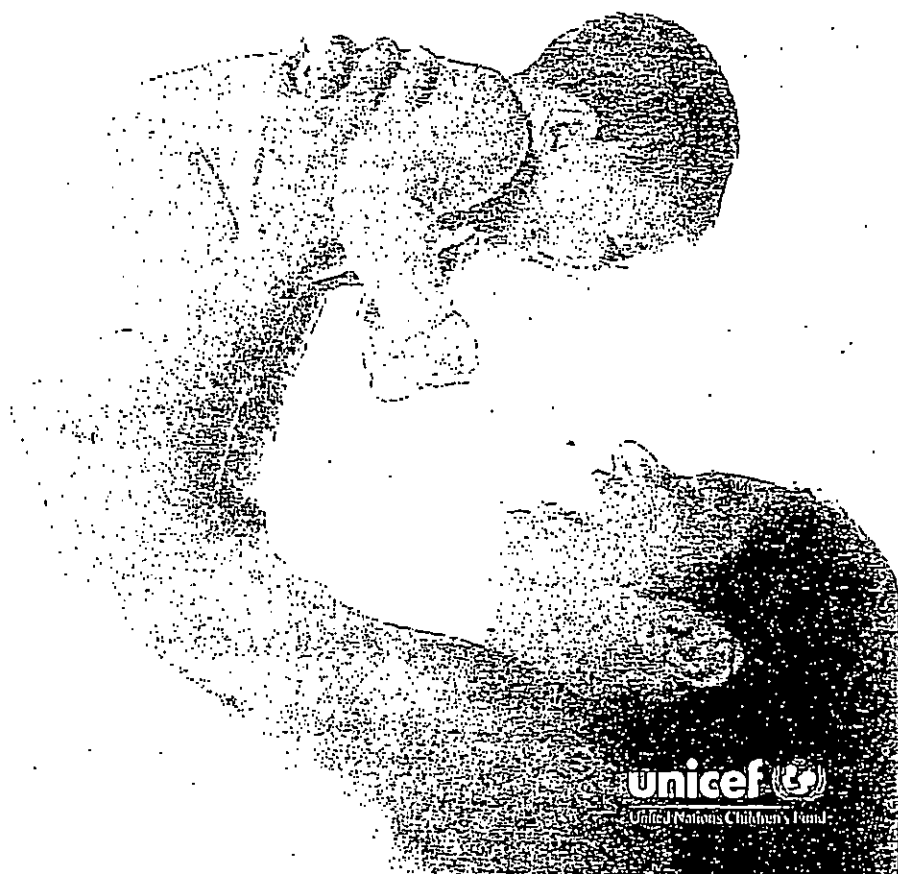
Dr Joanne Healy
FY2

Feeding Your New Baby



UN BABY FRIENDLY INITIATIVE

Important information for mothers-to-be



unicef 
United Nations Children's Fund

A good start

No matter how you choose to feed your baby, spending some time quietly holding him in skin-to-skin contact straight after the birth is very important because it:

- ☐ helps to calm your baby and keeps him warm
- ☐ steadies your baby's breathing
- ☐ gives you time to bond with your baby

It also helps get breastfeeding off to a good start.



Provided you and your baby are both well, you will be able to hold him straight away. Usually, the midwife will dry him quickly and then give him to you. A blanket over both of you will help keep your baby warm.

If you have a Caesarean delivery, or if you have to be separated from your baby for a while after the delivery, you will both still benefit from skin contact as soon as you are able.

The first days

Colostrum - the milk you will produce in the first few days - is full of antibodies to protect your baby against infections. You will produce the right amount to meet your baby's needs.

Your midwife will show you how to hold your baby for feeding and how to make sure that he attaches properly to the breast. This is very important as it will help you both to breastfeed successfully - most of the problems experienced by breastfeeding mothers in the first few weeks (sore nipples, for example) happen because the baby is not attached to the breast in the best way.

In hospital, your baby will sleep next to you. That way you will get to know him well and will quickly know when he needs feeding. This is especially important at night when you can feed him as soon as he's ready without either of you being disturbed too much.

Introduction

Choosing how to feed your new baby is a very important decision as it can have an effect on both your baby's health and your own. This leaflet gives you some information about the benefits of breastfeeding for you to consider before you make up your mind. There are also tips to help get breastfeeding off to a good start and information about the support you can expect from your midwife and, later on, your health visitor. Your baby is referred to as 'he' in order to avoid confusion.

Breastfeeding's Wc

FOR BABY:

Protection against
ear infections

Protection against
diarrhoea, gastro-enteritis
and tummy upsets

Less smelly nappies

Protection against
chest infections
and wheezing

Lower risk
of diabetes

Less eczema



Breastmilk contains antibodies to protect your baby from infection. It also protects your own health. For around the first 6 months, your baby will benefit most from having only your milk. He will get all the food and drink he needs and be protected against a range of illnesses. After this age, continuing to breastfeed while your baby is being introduced to other foods will have benefits for both of you, especially during his first year. You can carry on breastfeeding for as long as you both wish.

YOUR breastmilk is perfect for YOUR baby and adapts to meet your baby's changing needs.

World of Benefits

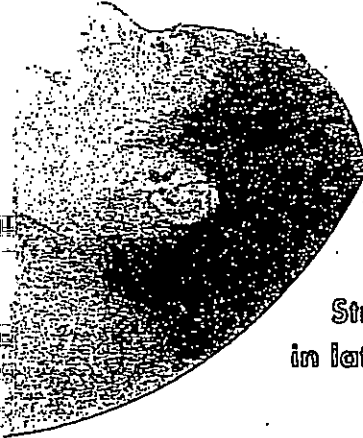


Better mental
development

Better mouth formation
and straighter teeth

FOR MOTHER:

Lower risk of pre-
menopausal breast cancer



Lower risk of
ovarian cancer

Faster return to pre-
pregnancy figure

Stronger bones
in later life

All your baby needs

It is important to feed your baby whenever he seems hungry. This will make sure you produce plenty of milk to meet his needs. That's because each time he feeds, messages are sent to your brain, which then sends signals to your breast to produce more milk.

More feeding = More signals = More milk

Breastmilk contains all the food and water your baby needs. Giving other food or drink could be harmful and may also make him less interested in breastfeeding. If you give your baby a bottle:

- he may be at greater risk of infection
- he will be at greater risk of developing allergies if you have a family history of allergy
- you may produce less milk for future feeds
- sucking on a teat (or a dummy) may make it more difficult for him to latch on to your breast properly

After your baby is born, your midwife will be able to show you how to express your breastmilk. This will allow someone else to feed him if you are not there (for example, if you go out for an evening or if you go back to work).

Who to ask for more information

Your midwife or health visitor will be able to help if you need any more information about feeding your baby. She can also give you the telephone number of your local trained breastfeeding counsellors (a space is provided on the back page of this booklet). Alternatively, their national offices can give you this information:

National Childbirth Trust, Alexandra House, Oldham Terrace, London W3. 0870 444 8708.

Breastfeeding Network, PO Box 11126, Paisley PA2 8YB. 0870 900 8787.

La Leche League, BM 3424, London WC1N 3XX. Tel: 020 7242 1278.

Association of Breastfeeding Mothers, PO Box 207, Bridgwater TA6 7YT. 020 7813 1481.

Breastfeeding is the healthiest way to feed your baby. It is possible, but difficult, for mothers to reverse a decision not to breastfeed or to re-start breastfeeding once they have stopped. Introducing partial bottle feeding will reduce a mother's breastmilk supply. Breastfeeding mothers do not need to eat any special foods but it is recommended that, just like everyone else, they follow a healthy diet.

UNICEF and the Baby Friendly Initiative

The United Nations Children's Fund, UNICEF, is working globally to help every child reach his or her full potential. We work in more than 160 countries, supporting programmes to provide children with:

- ☐ improved health and nutrition
- ☐ safe water and sanitation
- ☐ education

UNICEF also helps children who need special protection, such as child labourers and victims of war.



The Baby Friendly Initiative is a global programme of UNICEF and the World Health Organisation which works with the health services to improve practice.

Health care facilities which adapt practices to support successful breastfeeding receive the prestigious UNICEF/WHO Baby Friendly award. In the UK, the Baby Friendly Initiative is commissioned by various parts of the health service to provide advice, support, training, networking, assessment and accreditation.



Information on support for breastfeeding available locally:

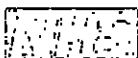
More information on breastfeeding and expressing breastmilk is included in the UNICEF UK Baby Friendly Initiative's leaflet 'Breastfeeding Your Baby'. These leaflets are produced by UNICEF Enterprises Ltd, a company which covenants to pay all its net profits to UNICEF. The printing of the leaflets is funded by the Baby Welcome Programme and copies in English are available from Baby Welcome (01737 213161).

The translation of the leaflets into other languages has been funded by Birmingham Health Authority. For details, visit the Baby Friendly Initiative's website at www.babyfriendly.org.uk or call 020 7312 7652.

For more information about UNICEF's work worldwide, or to make a donation, contact: UNICEF, Room 8F1, Freepost, Chalmersford CM2 8BR. UNICEF is a Registered Charity, No. 1072612.



Birmingham Health Services





Whooping cough

help protect your baby

2012



**Don't take
the risk**

act now to protect
your baby from
whooping cough
from birth

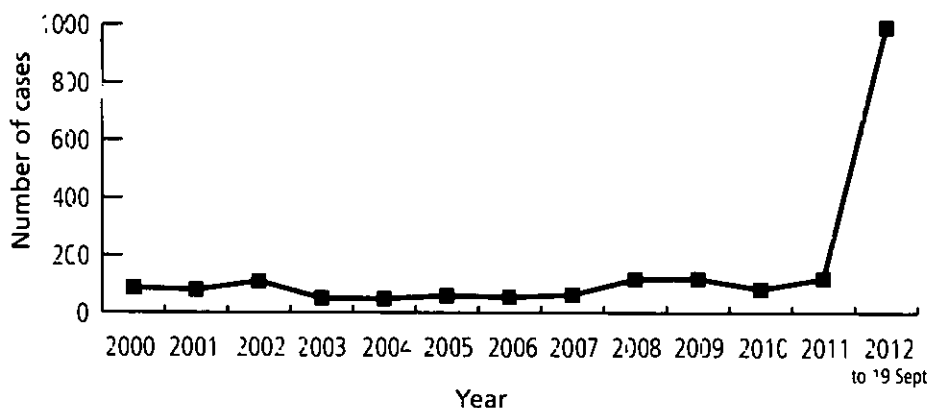


**healthier
scotland**
SCOTTISH GOVERNMENT

There is a lot of whooping cough around at the moment and babies who are too young to start their routine childhood immunisations are at greatest risk.

You may have thought whooping cough had died out but, in the last few months, it has been rising sharply with over 16 times as many cases up to the middle of September 2012, compared with the same time in 2011.

Laboratory confirmed cases of whooping cough in Scotland (2000 to 19 September 2012)



- Young babies are particularly at risk because they are vulnerable until they can be immunised against whooping cough from 2 months of age.
- Whooping cough is a serious disease that can lead to pneumonia and permanent brain damage, as well as cause death – and more babies have already died this year in the UK than in recent years.
- You can help protect your unborn baby from getting whooping cough in his or her first weeks of life by having the whooping cough vaccine while you are pregnant – even if you've been immunised before or have had whooping cough yourself.
- The best time to get immunised to protect your baby is between weeks 28 and 38 of pregnancy, with the ideal time being between weeks 28 and 32.
- If you are in week 28 of your pregnancy or beyond, talk to your midwife, practice nurse or GP and make an appointment to get immunised as soon as possible.
- Your baby will still need to be immunised as normal when he or she reaches 2 months of age. The complete Routine Childhood Immunisation Programme is given on the back cover of this booklet.

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone **18001 0800 22 44 88**). The helpline also provides an interpreting service. This information is also available at **www.immunisationscotland.org.uk**

What is whooping cough?

Whooping cough (also known as pertussis) causes long bouts of coughing and choking, making it hard to breathe. The 'whoop' noise is caused by gasping for breath after each bout of coughing. But not all cases will make the 'whooping' sound which can make it difficult to recognise the disease. Whooping cough commonly lasts for 2 to 3 months. Whooping cough is easily spread by breathing in tiny droplets that are released into the air by other people's coughs and sneezes. Babies under 1 year of age are most at risk from whooping cough. For these babies, the disease is very serious and can lead to pneumonia and permanent brain damage. In the worst cases, it can cause death.

Why are we seeing more outbreaks?

The graph on page 2 shows just how sharply cases of whooping cough have been rising recently. The cause of this increase is being investigated by government scientists and other experts. In the meantime, the important thing is to protect young babies, who are the most likely to suffer badly if they catch the disease.

We can do this by immunising women beginning when they are 28 weeks pregnant, with the ideal time being between weeks 28 and 32. This will help protect their baby from whooping cough during the first weeks of life.

Are we the only country to have this problem?

A number of other countries, including the US, have seen rising numbers of cases and deaths in young children. The US has also recommended that all women are immunised while they are pregnant.

Are there any risks to me or my baby if I'm immunised while I'm pregnant?

The whooping cough vaccine is not a live vaccine so it can't cause whooping cough in those who have the immunisation, or their babies. There is no evidence of harm from immunising pregnant women with this type of vaccine. It's much safer for you to have the vaccine than to risk your newborn baby catching whooping cough. Remember, whooping cough is a serious disease that can lead to pneumonia and permanent brain damage, as well as death – and more babies have already died this year in the UK than in recent years.

What is in the vaccine?

You will be given a combined vaccine that protects against four different diseases – whooping cough (pertussis), diphtheria, tetanus and polio – as there is currently no single, pertussis-only vaccine available. Although the vaccine isn't currently licensed for use in pregnant women, there's no evidence that there's a risk of harm to you or your baby. Studies from the US of immunising pregnant women against whooping cough (with a similar type of vaccine to the one used in Scotland) have found no evidence of risk to pregnant women.

Are there any side effects from being immunised while pregnant?

You may have some mild side effects from the immunisation, such as redness or tenderness where the vaccine was given (this will be an injection in the upper arm). Serious side effects are extremely rare, especially in adults.

How does getting immunised during pregnancy protect my baby?

The immunity you get from the vaccine will be passed to your baby across the placenta. The placenta is on the inside of the mother's womb and links the mother's blood supply with her unborn baby. The baby gets nourishment from the placenta. Getting immunised during pregnancy will help protect the baby in the first few vulnerable weeks of life, until he or she is old enough to have the routine immunisation at 2 months of age. Babies are offered whooping cough vaccinations at 2, 3 and 4 months of age as part of their routine immunisations (see the Routine Childhood Immunisation Programme on the back cover of this booklet).

Why should I have the immunisation from week 28 of my pregnancy?

Immunisation is recommended from weeks 28 to 38, with the ideal time being between weeks 28 and 32. This provides time for the mother's body to make antibodies and for these to pass across the placenta to the unborn baby.

Will the immunisation definitely mean my baby doesn't get whooping cough?

Because whooping cough is circulating so widely now, your baby will be at greater risk of catching whooping cough. Although no vaccine guarantees 100% protection, this is likely to be the most effective way to protect your baby from whooping cough in his or her first weeks of life. Remember that the immunity they receive from you will wear off, so make sure you bring your baby for their routine immunisations at 2 months of age when they will receive their first dose of the whooping cough vaccine.

I'm still concerned about having an immunisation while I'm pregnant. Is there an alternative way to protect my baby from whooping cough?

More young babies have died recently before they are old enough to have their first whooping cough immunisation. Their mother's protection (from either having whooping cough themselves or being immunised when they were young) has now worn off and there's no protection left to pass to their baby. Having the immunisation during pregnancy provides antibodies that will be passed to the baby so he or she has some protection in the first few weeks of life when whooping cough is most serious.

How late in my pregnancy can I have the vaccination?

The immunisation can be given any time after week 28, right up to when your baby is due, but the ideal time is between weeks 28 and 32. If immunisation is given after 38 weeks there may not be enough time for the antibodies to be produced and passed to the unborn baby, which means the baby won't have protection in the first weeks of life.

For how long will my immunisation protect my baby from whooping cough?

The immunity your newborn baby gets from your vaccination will help protect them through the very early weeks of life. Your baby will still need the full course of three routine whooping cough immunisations to protect them as they continue to grow up (see the Routine Childhood Immunisation Programme on the back cover of this booklet).

Why can't my baby be immunised as soon as they are born?

A newborn baby is not ready to deal with this vaccine until 2 months of age, when they will receive the first of their immunisations to get full protection.

I'm expecting twins – what should I do?

One immunisation will help protect all your babies, no matter how many you are expecting.

What if I get pregnant again soon after the birth of my baby?

You will be offered the immunisation when you reach week 28 of any pregnancy.

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline also provides an interpreting service. This information is also available at **www.immunisationscotland.org.uk**

I have a newborn baby but was not immunised when pregnant – can I have the vaccine now?

Women who miss out on the immunisation during pregnancy may be offered the vaccine if they have never previously been immunised against whooping cough, up to when their child receives their first vaccination. You will only need one dose.

I am going to breastfeed. Won't that protect my baby?

Unfortunately, not enough protection against whooping cough is passed in the breast milk to protect your baby. Having the vaccine does increase your antibodies that are passed to your baby.

When will I get the immunisation?

All pregnant women in Scotland will be offered the immunisation from week 28 of their pregnancy and this will usually be done at their GP practice by a nurse.

I have other young children – do they need to be immunised too?

If you have other young children it is important to make sure that they are up to date with their immunisations. This will help these children avoid becoming infected with whooping cough and passing this on to your new baby.



What should I do now?

If you are in week 28 of your pregnancy or beyond, please speak to your midwife to find out more or make an appointment for your whooping cough immunisation with your GP practice.

I have heard that I should have the flu vaccine when I am pregnant. Can I have both vaccines? Should I have them together?

If you are pregnant during the flu season, then you should have the flu vaccine as early as you can during pregnancy. If you are over 28 weeks and you still haven't had the flu vaccine, then you can and should have both vaccines. You can have them at the same time or separately; the vaccines don't interfere with each other if given together.

Where can I get more information?

For more information, talk to your midwife, practice nurse or GP, or call the NHS inform helpline on **0800 22 44 88** (textphone 18001 0800 22 44 88). The helpline also provides an interpreting service.

You can report suspected side effects of vaccines and medicines through the Yellow Card Scheme. This can be done online by visiting **www.yellowcard.gov.uk** or by calling the Yellow Card hotline on **0808 100 3352** (available Monday to Friday – 10 am to 2 pm).

This publication is available online at
www.healthscotland.com or telephone
0131 536 5500.

Traditional Chinese

您也可以登入 www.healthscotland.com
瀏覽本刊物，或撥打 0131 536 5500 查詢。

Polish

Ta publikacja jest dostępna online na stronie
www.healthscotland.com lub pod numerem
telefonu 0131 536 5500, gdzie można także
zgłaszać wszelkie zapytania.

Urdu

یہ اشاعت آن لائن www.healthscotland.com پر دستیاب ہے
یا کسی سوالات کے لیے 0131 536 5500 پر ٹیلی فون کریں۔

This resource is available in Urdu, Traditional Chinese
and Polish, and in an Easy Read format. NHS Health
Scotland is happy to consider requests for other languages
and formats. Please contact 0131 536 5500 or email
nhs.healthscotland-alternativeformats@nhs.net

Routine Childhood Immunisation Programme

Each immunisation is given as a single injection into the muscle of the thigh or upper arm.

When to immunise	Diseases protected against	Vaccine given
2 months old	- Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib) - Pneumococcal disease	- DTaP/IPV/Hib - PCV
3 months old	- Diphtheria, tetanus, pertussis, polio and Hib - Meningococcal group C disease (MenC)	- DTaP/IPV/Hib - MenC
4 months old	- Diphtheria, tetanus, pertussis, polio and Hib - MenC - Pneumococcal disease	- DTaP/IPV/Hib - MenC - PCV
Between 12 and 13 months old – within a month of the first birthday	- Hib/MenC - Pneumococcal disease - Measles, mumps and rubella (German measles)	- Hib/MenC - PCV - MMR
3 years 4 months old or soon after	- Diphtheria, tetanus, pertussis and polio - Measles, mumps and rubella	- dTaP/IPV or DTaP/IPV - MMR (check first dose has been given)
Girls aged 12 to 13 years old	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18	Gardasil
13 to 18 years old	Tetanus, diphtheria and polio	Td/IPV, and check MMR status

Maternity Self Referral

Date

Wed
24.7.13

1. Surname

Todd

Forename

Lizanne

DOB

21.10.87

CHI No:

Previous surname

2. Permanent Address

1620047703X
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB
CHI 2110871105

Post code

Home Tel no:

Mobile no:

07925204940

3. Name + Address of GP

Date

Time

Location

LINKS

M/W Appt

5/8 10:30

Scan Appt

27/8 13:25 RIE

LMP

EDD

Parity

June (Beg of June)

Where do you wish to deliver

St Johns

☐

SCRH

☒

Home Birth

☐

Other

☐

Interpreter required

Yes

☐

No

☒

Religion

Language

Have you been permanently resident in the UK for 12 months Yes/No

What date did you arrive in the UK ____/____/____

PATIENT: TODD, LIZANNE UPI: 2110871105 REF:
DOB: 21/10/1987 ✓ SEX: F CONSULTANT/GP: Midwife
SOURCE: Leith CTC - Community Midwives SENDER:

ANTENATAL SCREENING REPORT FOR FETAL DOWN'S SYNDROME

Combined chance of Down's Syndrome at term 1 in 18623

The outcome of the screening test has shown that your baby has only a low chance of Down's Syndrome. Therefore no further action is needed. Please remember that this is a screening test and does not completely rule out the presence of this condition.

TEST DETAILS PROVIDED

LABORATORY DATA

Date of sample	24/09/2013	Date of sample receipt	25/09/2013
Date of scan	24/09/2013	Gestation at sample date	14 wks 0 days
Crown rump length	83 mm	Maternal age at EDD	26.43 yrs
Nuchal translucency	2.2 mm	Age related chance	1 in 1292
Current smoker	No	Free beta HCG mom	0.69
Maternal weight	85 kg	PAPPA mom	0.62
Family origin	Caucasian	Nuchal translucency MOM	1.10

Comments

Please check this report carefully and ensure that the test details provided have been recorded correctly. If incorrect information has been used the screening test result may be invalid.

For more information refer to the National Protocol:
Fetal Anomaly and Down's Syndrome Screening (2010).

Sample number : QC808848A
Date of report : 26/09/2013 Time 11:17

Action Required YES **NO**

STATE ACTION TAKEN:

IF ABNORMAL Informed GP/ Woman

Signature & Designation: *AGood*

GP Name & Address:

Gest 31 wks tightness

ARRIVAL TIME: 21:32

PATIENT NAME



620047703X F 21/10/1987

Todd, Lizanne

39/2 Ferry Road Drive,

Edinburgh,

EH4 4DB

TEMP

36.3

CHI 2110871105 

70677

JW Paterson

PULSE

75

BP

123/77

Sats

RR

BOOKING BP

120/60

URINALYSIS

TIME SEEN

GESTATION

31⁺6

PARITY

2+0 (2x SVD)

34/40 - Pre-eclampsia 32/40

- Spont labour

38/40 - ↑ BP - Spont labour

Show Yesterday.

620047703X
Todd, Lizanne F 21/10/1987
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB

CHI 2110871105
70677 JW Paterson

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Reassuring	Non reassuring	Abnormal
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5 bpm or more	161-180	>180
Present	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
None	None	None
Normal CTG all four features reassuring	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged > 3 mins
Normal CTG all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
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for medical (reg) R/V

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TODD Lizanne

21-Oct-87 CHI:211 087 1105

70677 JW Paterson

39-2 FERRY ROAD DRIVE

EH4 4DB

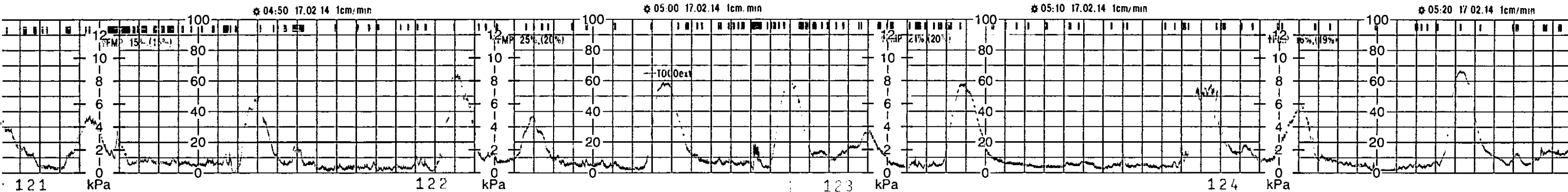
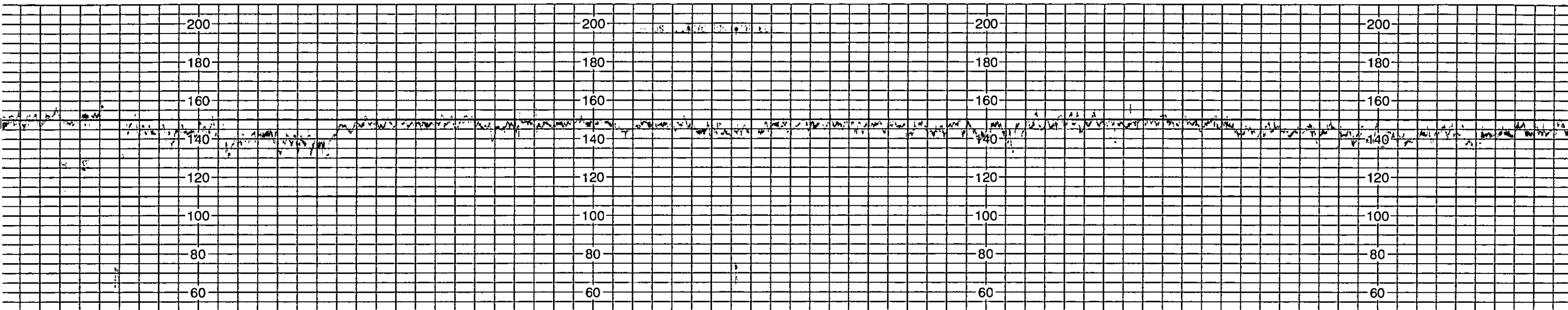


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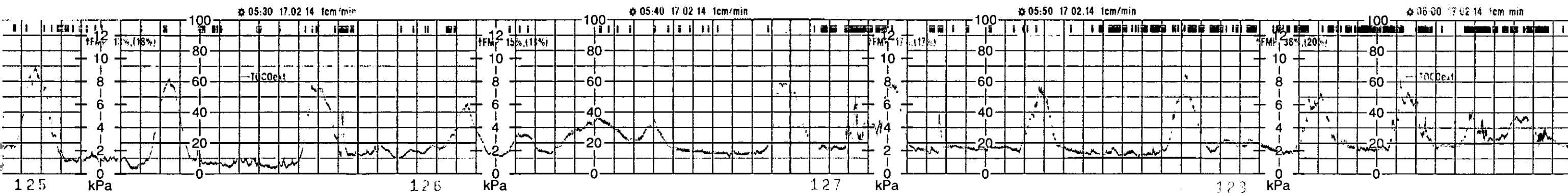
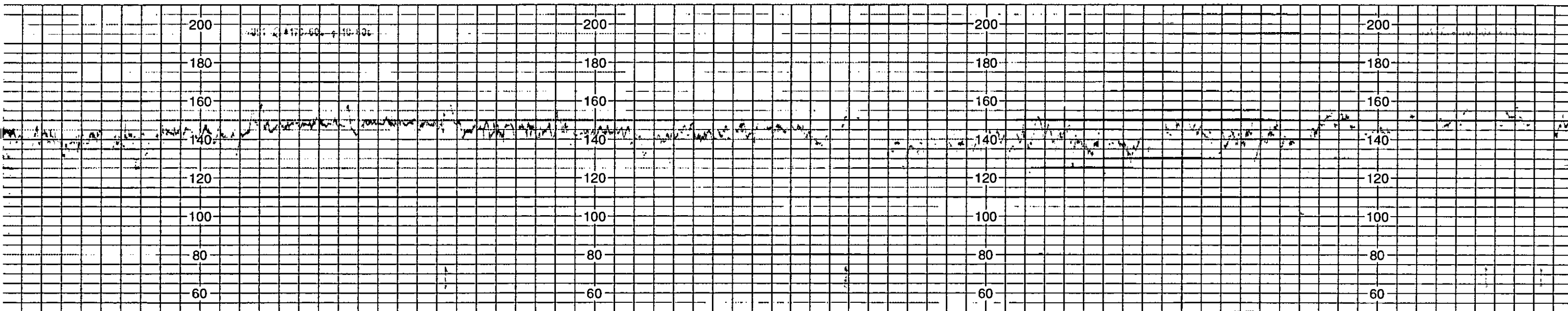


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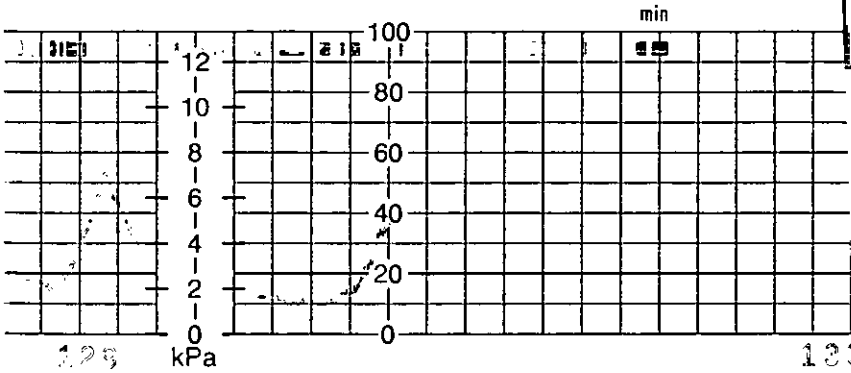


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PHILIPS

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PHILIPS

Baseline rate bpm	110-160	Reassuring	Non reassuring	Abnormal
Variability	5 bpm or more			
Bpm	Present			
Accelerations	None			
Decelerations	None			
Opinion	Normal CTG all four features reassuring		Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
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Date/time	Signature and status			
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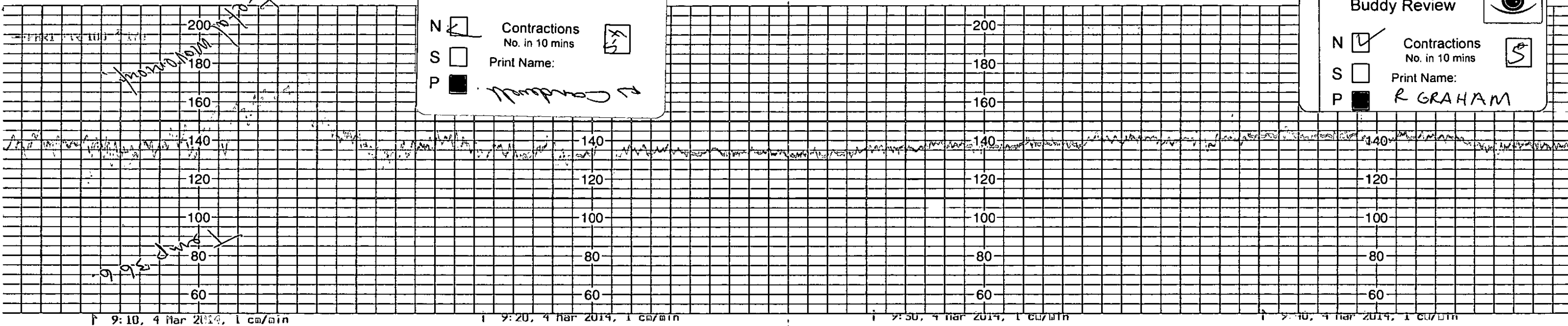
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No. in 10 mins ☐ 5

S ☐ Print Name:

P ☒ *Dr. Cardwell*



P ■ R GRAHAM

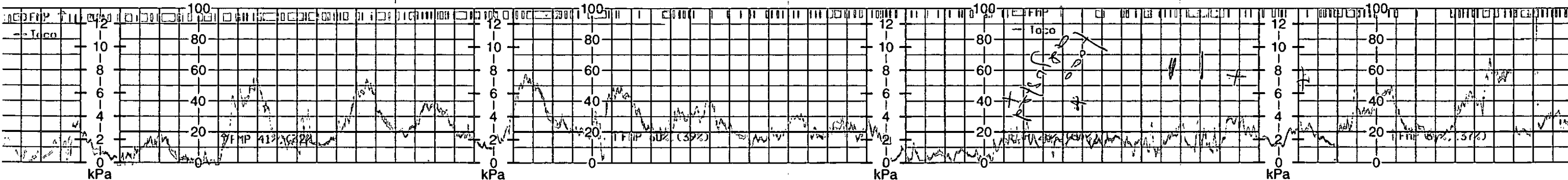


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1310 B

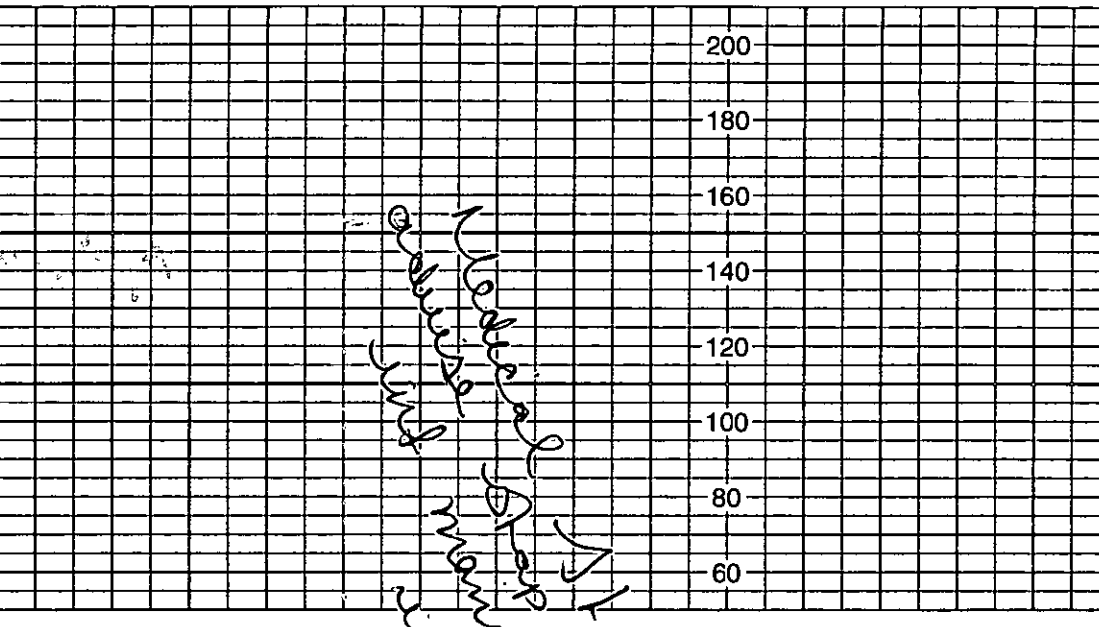
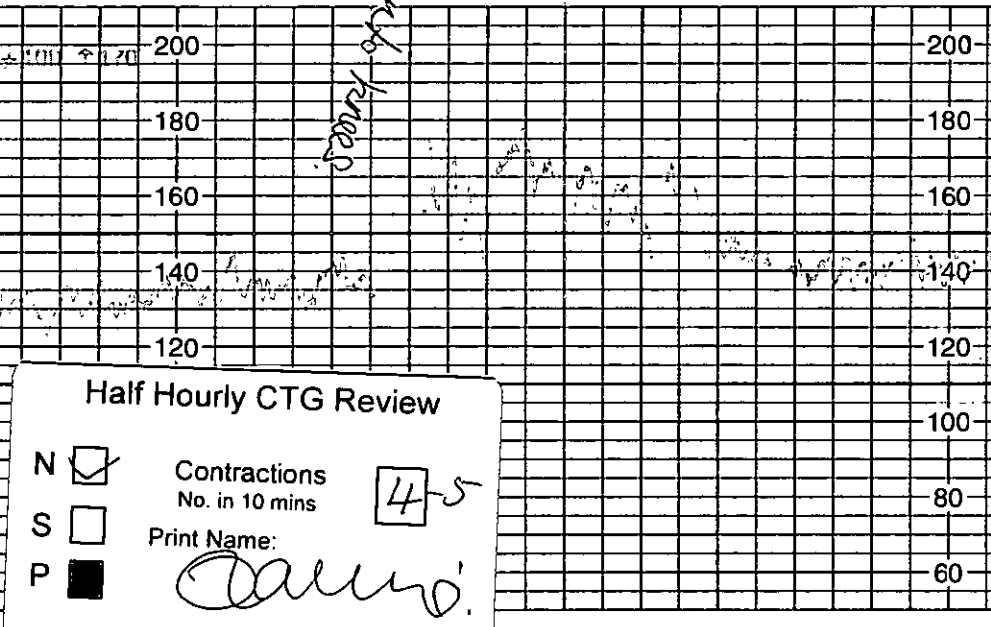
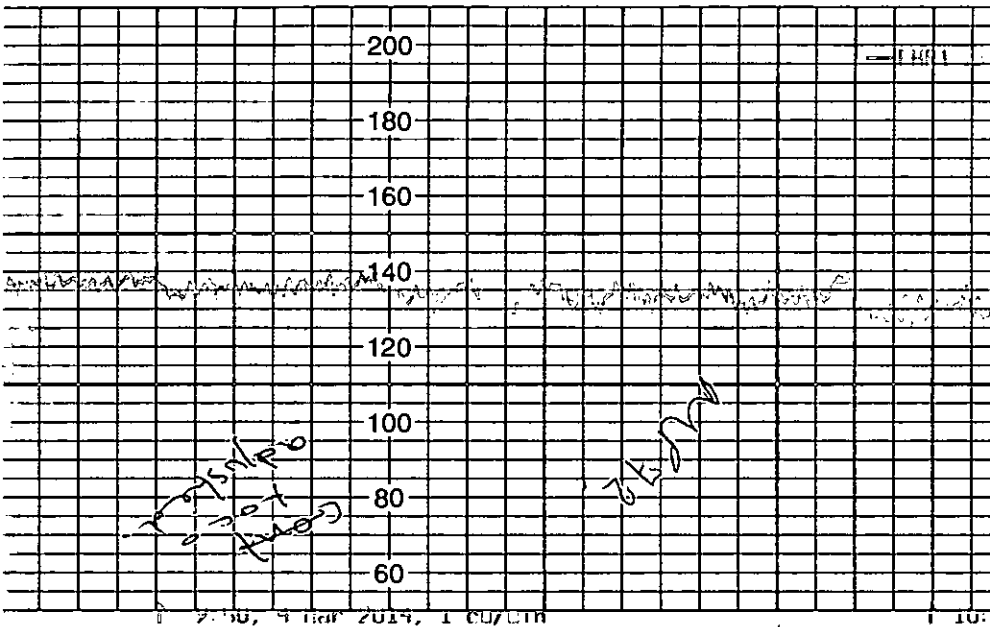
1990

PHILIPS

140

REORER M1911A

1310 B

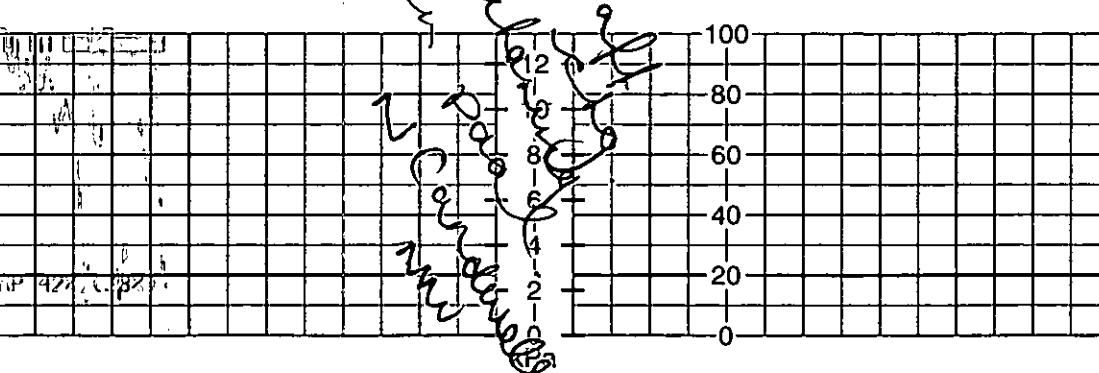
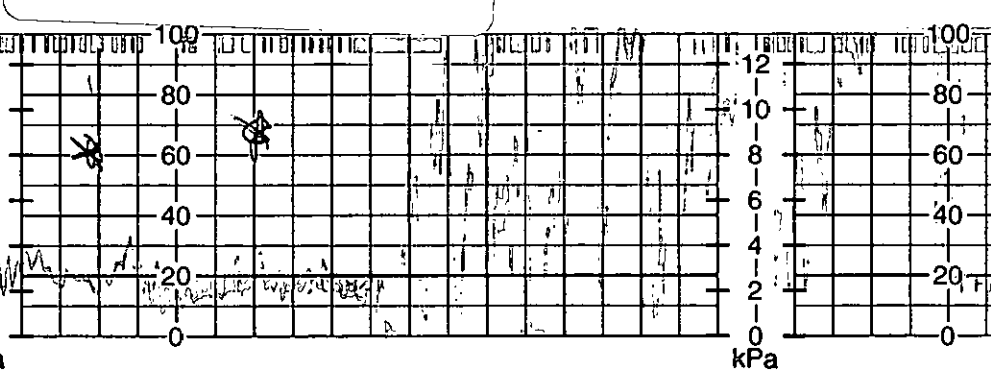
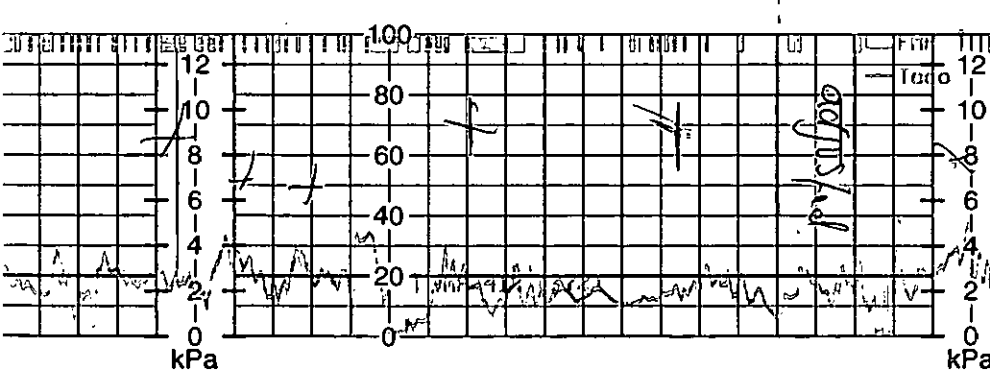


Half Hourly CTG Review

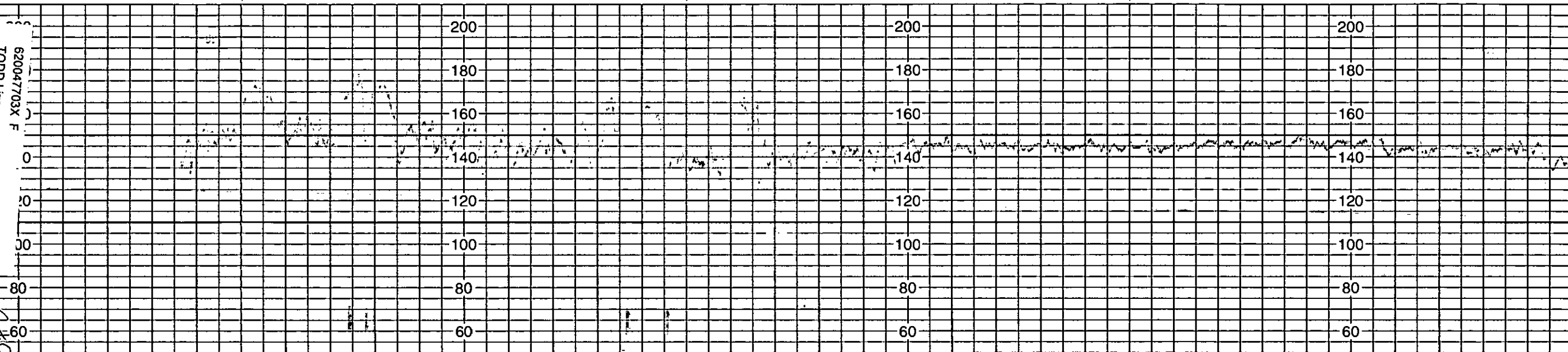
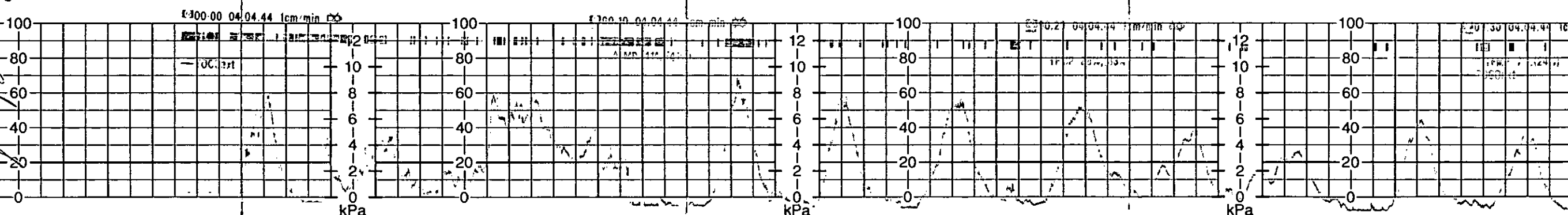
N ☒ Contractions No. in 10 mins 4-5

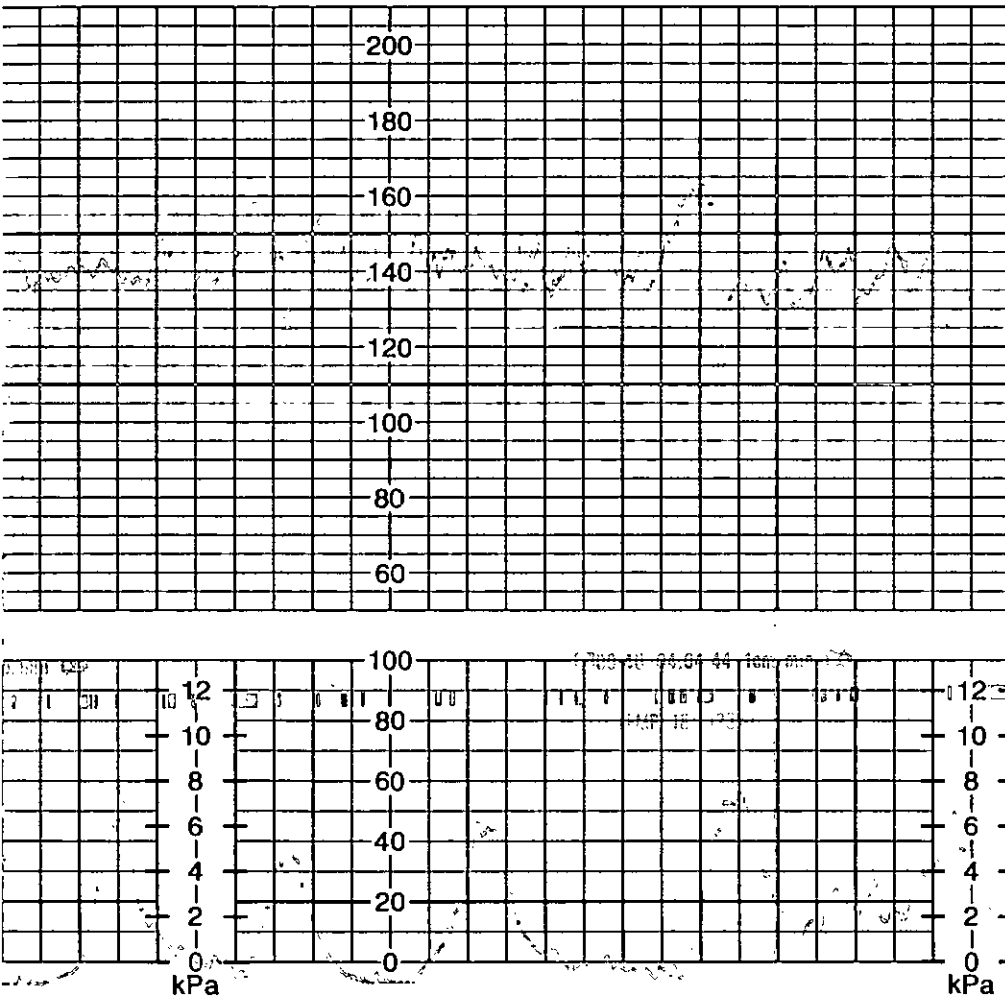
S ☐ Print Name: Dario

P ☐



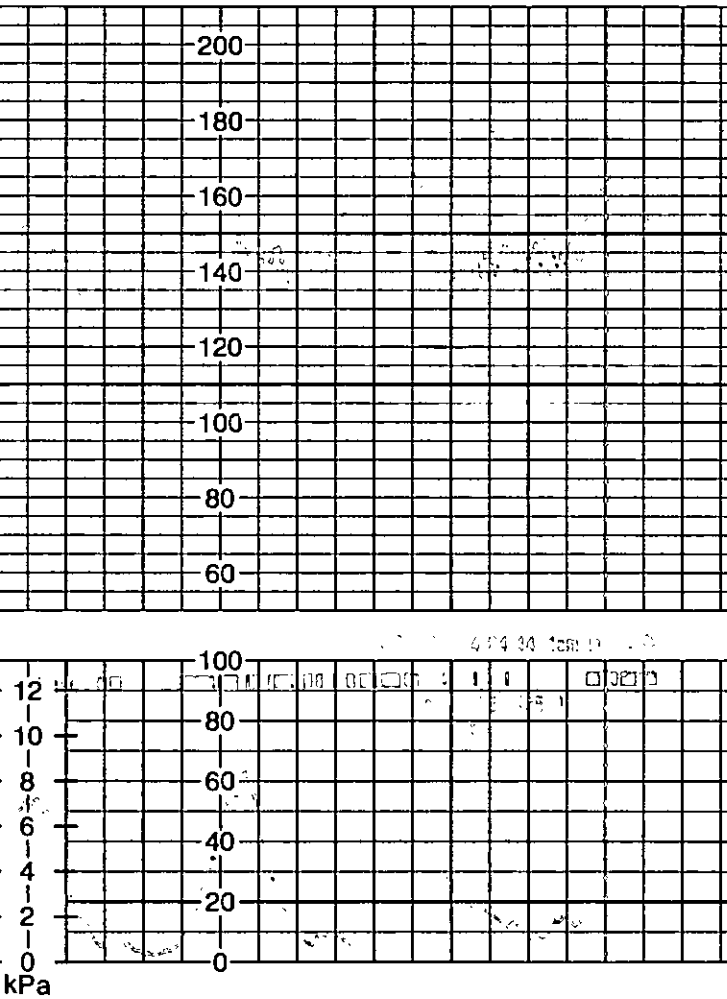
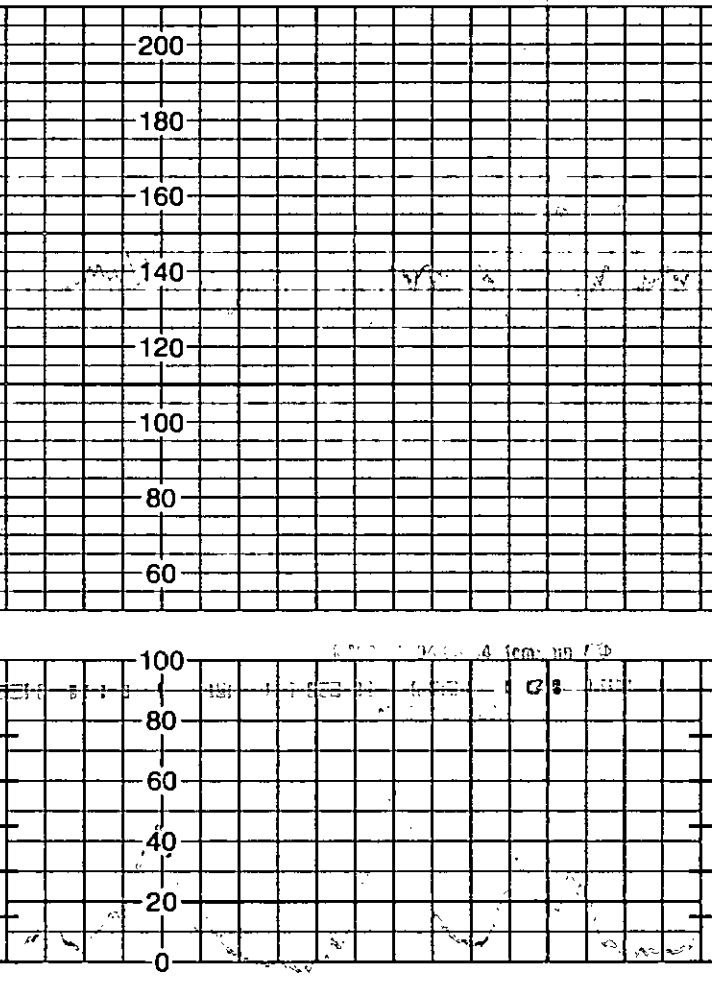
Vertical handwritten notes on the right side of the strips, including 'Fetal HR' and '140'.

[illegible]



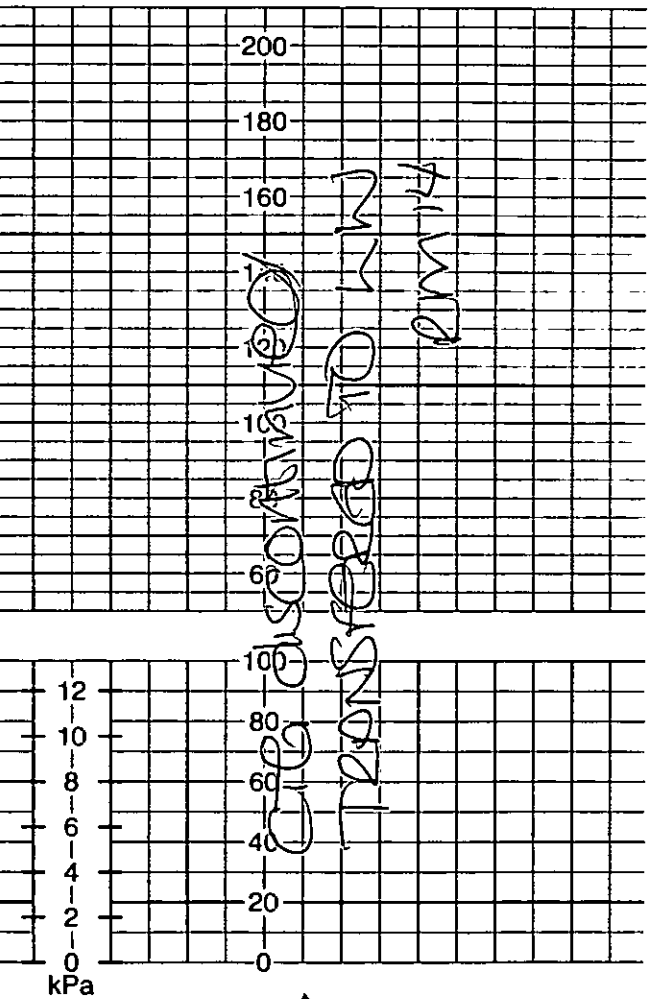
PHILIPS

REORDER M1911A 1310 B



PHILIPS

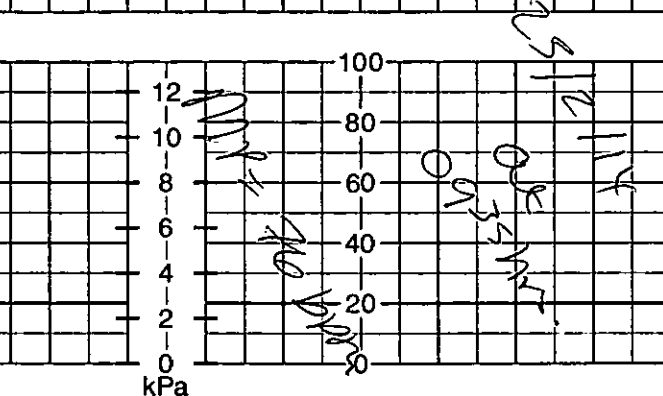
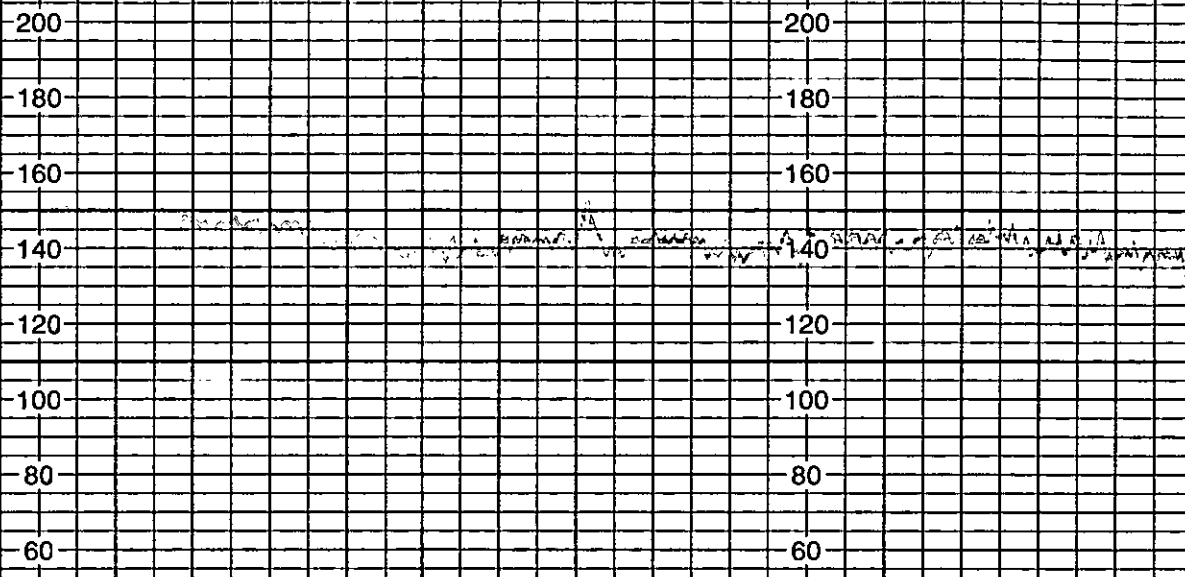
REORDER M1911A 1310 B



DISORDERED
TRANSFER TO IN
2M14

	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations	Present	None	None
Decelerations	None	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged >3 mins
Opinion	Normal CTG all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE 3cm	Contractions 4 / 10	Liquor colour	Mat pulse
Plan	LABOUR CARE.		
Date/time 9/3/14	Signature and status N. MCKEAD / MW) / S. Murphy MW!		

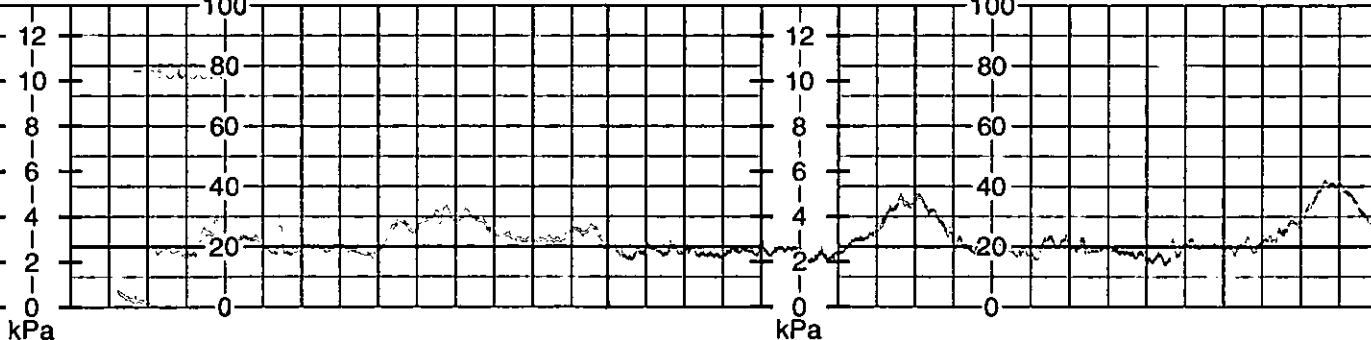
20047703X
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB
CHI 2110871105
JW Paterson
F 21/10/1987

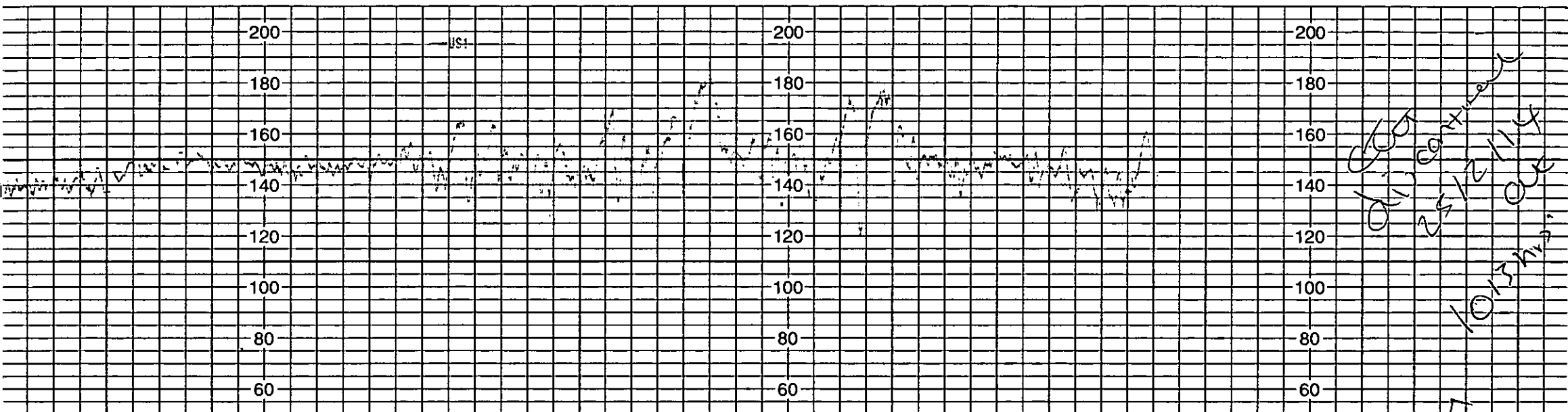


00:08 24.88 14 1cm/min

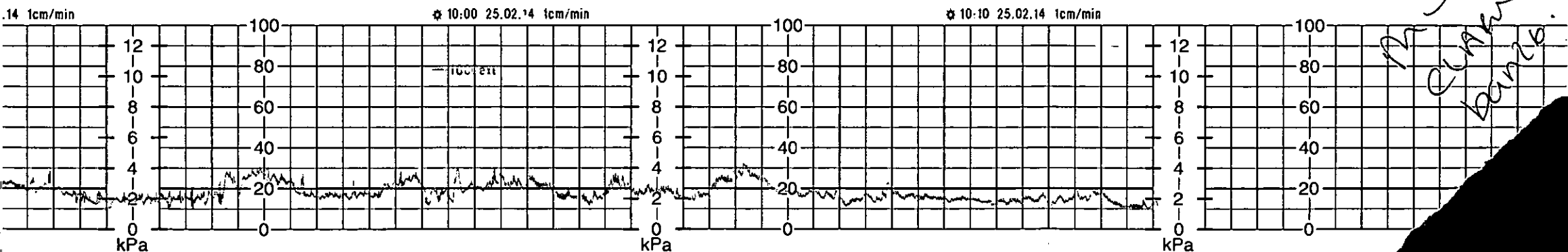
09:45 25 2.14 1cm/min

09:50 25.01





OK
25/2/14
10:13 hrs.



25/2/14
10:13 hrs.

110

REORDER M1911A

1308B

111

PHILIPS

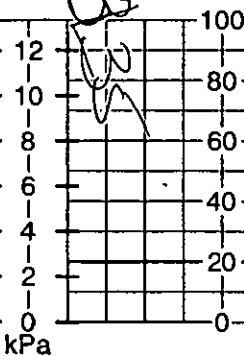
112

REORDER M1911A

CH 2110871105

620047703X
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB
F 21/10/1987

2112114



116

REORDER M1911A

1310 B

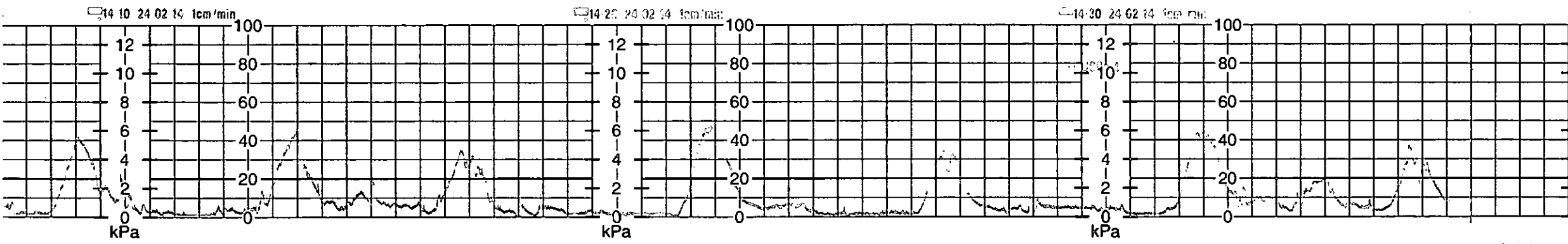
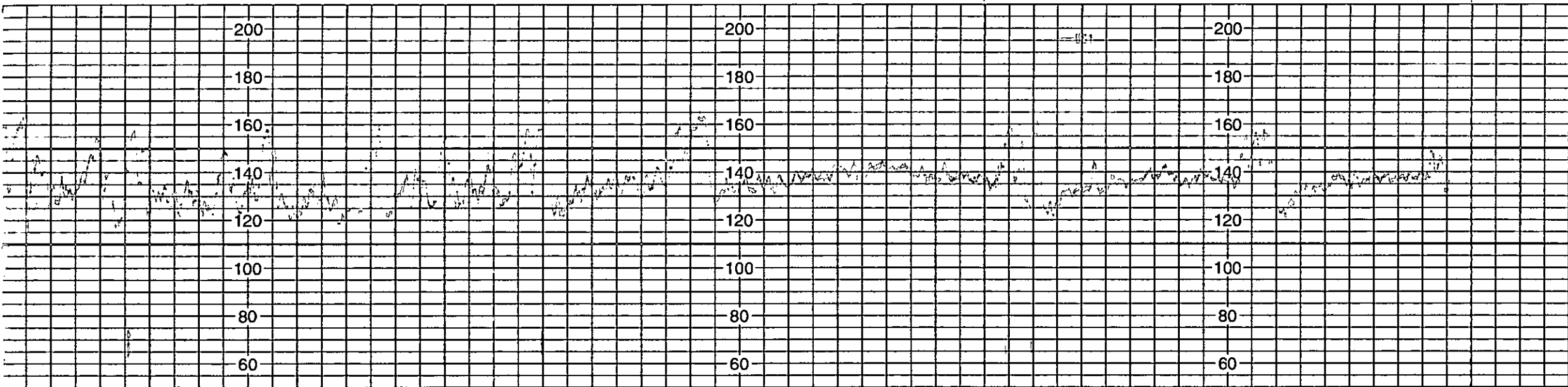
117

PHILIPS

119

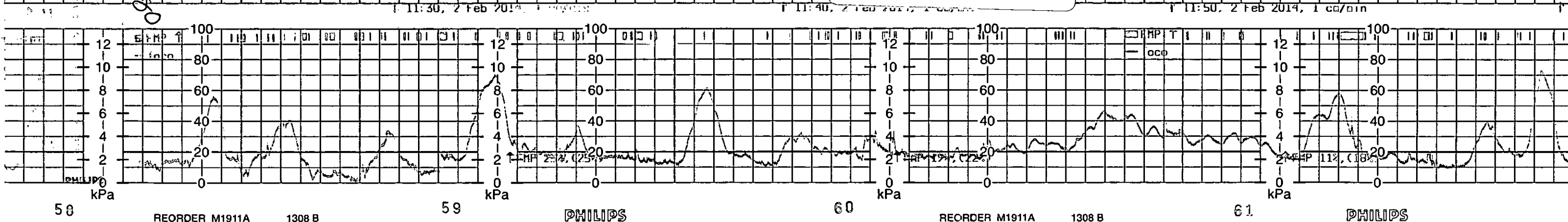
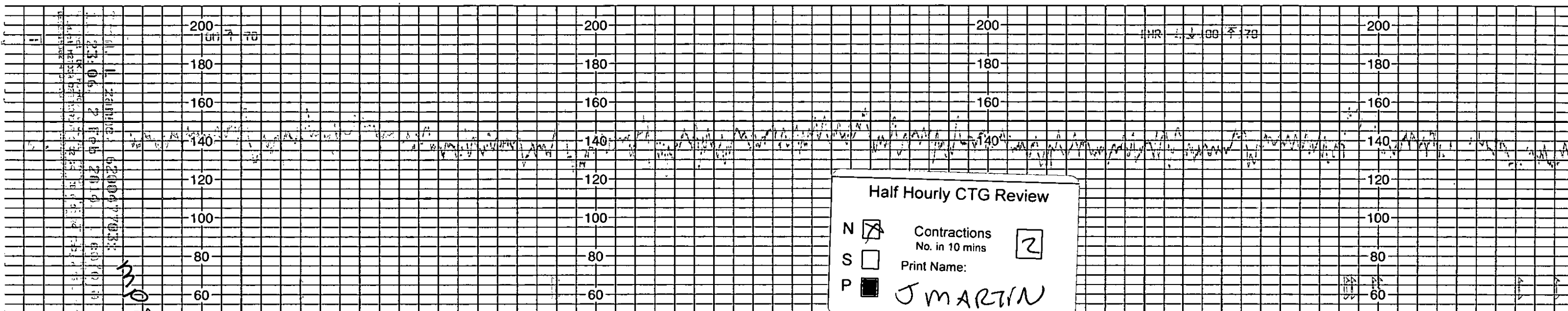
REORDER M1911A

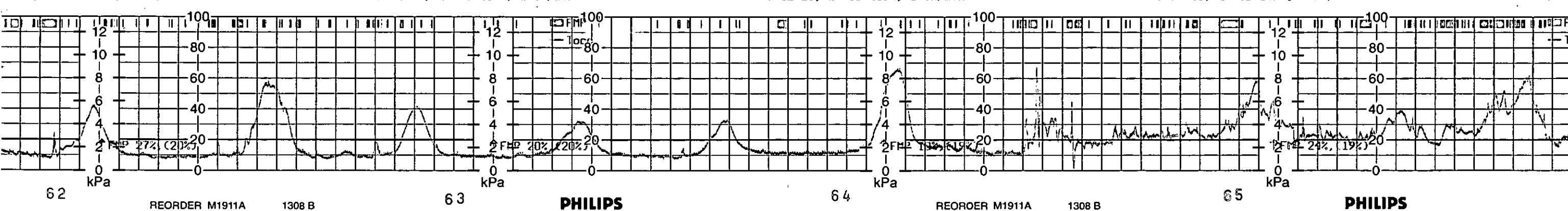
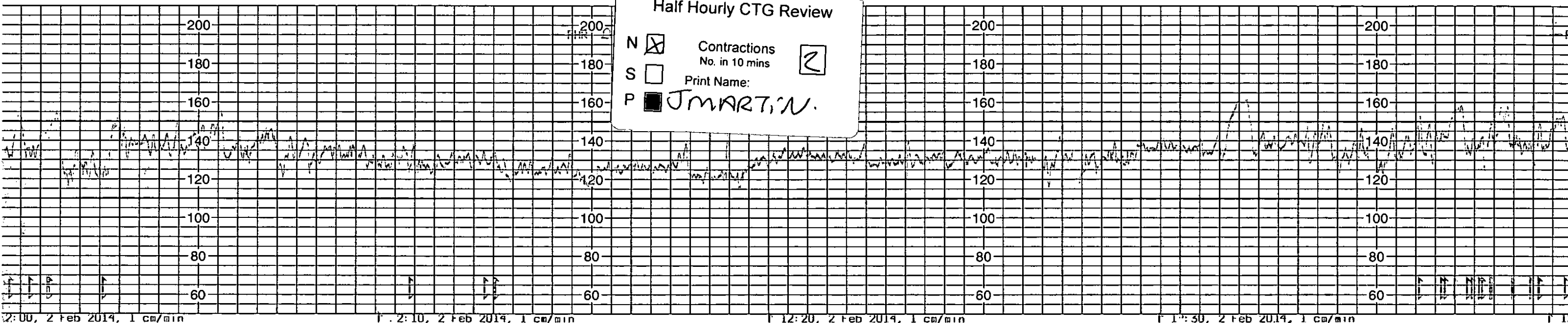
1310 B

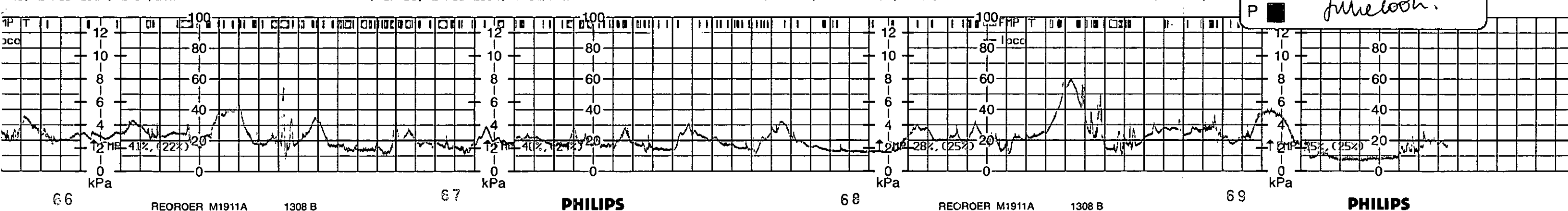
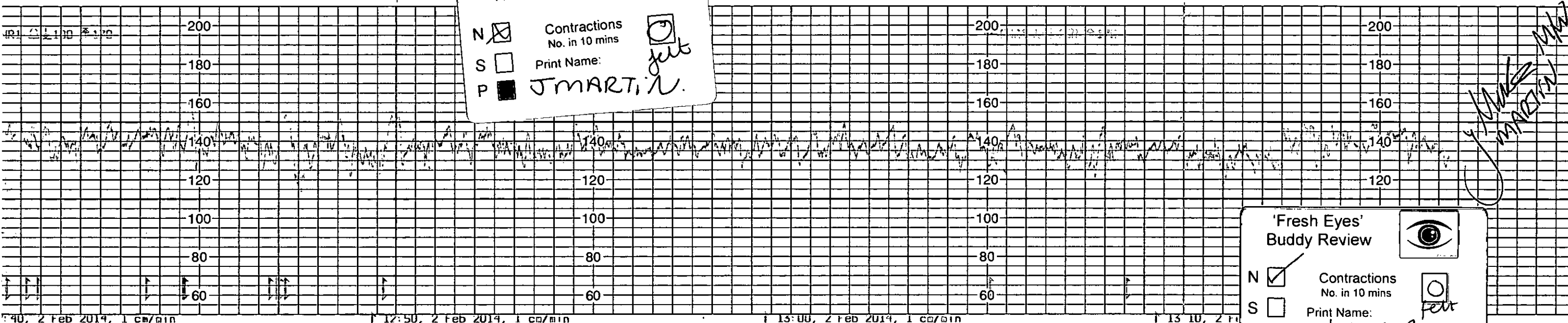


Reassuring	Non reassuring	Abnormal
Baseline rate bpm 110-160	100-109 161-180	<100 >180
Variability Bpm 5 bpm or more	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations Decelerations Present None	None Variable or single prolonged < 3 mins	None Late Single prolonged > 3 mins
Opinion Normal CTG all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Liquor colour	Mat pulse bpm
Contractions / 10		

Date/time 24/2/14 Signature and status Dr J. J. J.









620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB

21st Oct 21.55
max power
22.40000

200
180
160
140
120
100
80
60

US

200
180
160
140
120
100
80
60

200
180
160
140
120
100
80
60

13

21st Oct 21.55
max power
22.40000

100
80
60
40
20
0

00:00 04.01.44 1cm/min

10000

12
10
8
6
4
2
0
kPa

100
80
60
40
20
0

00:10 04.04.44 1cm/min

12
10
8
6
4
2
0
kPa

100
80
60
40
20
0

00:20 04.04.44

100

REORDER M1911A

1310 B

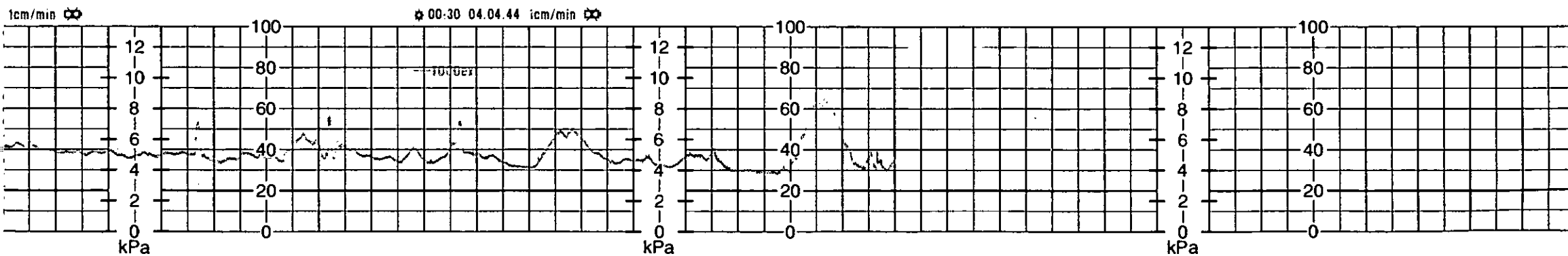
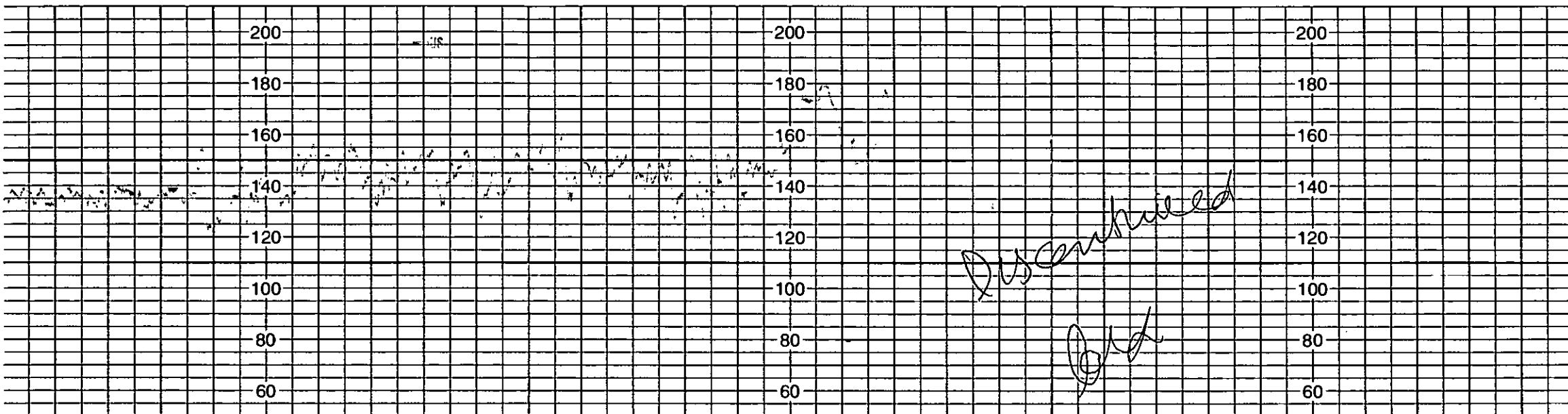
101

PHILIPS

102

REORDER M1911A

1310 B



620047703X F

TODD Lizanne

21-Oct-87 CHI: 211 087 1105

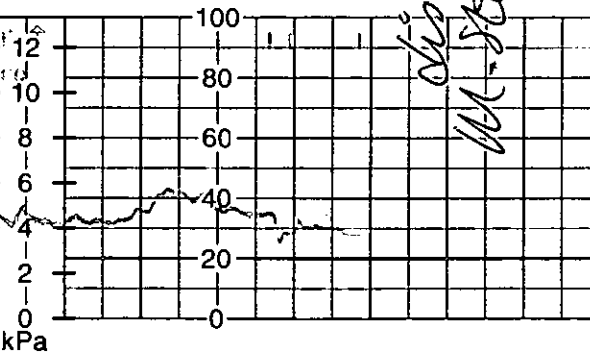
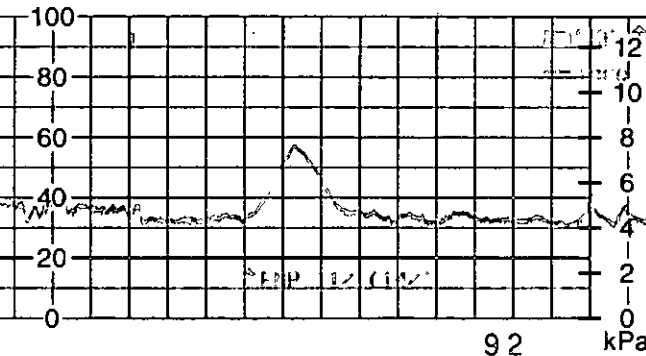
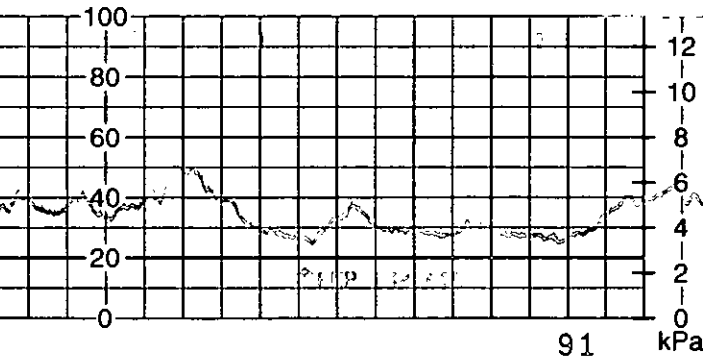
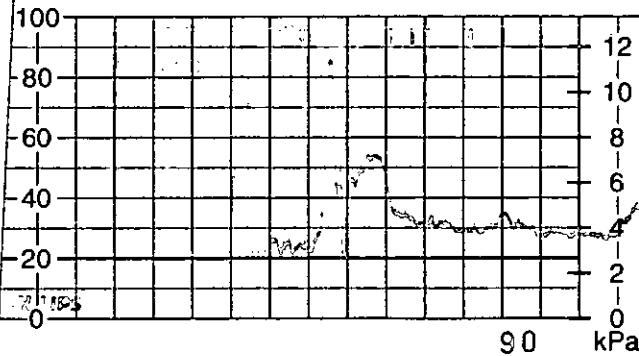
70677 JW Paterson

39-2 FERRY ROAD DRIVE

EH4 4DB



Discontinued
W. Stomela, M.D.



Discontinued
W. Stomela, M.D.

PHILIPS

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1301 B

PHILIPS

REORDER M1911A

1301 B

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

2. Next, it is important to gather relevant information and data. This can be done through research, consultation with experts, or by analyzing existing resources.

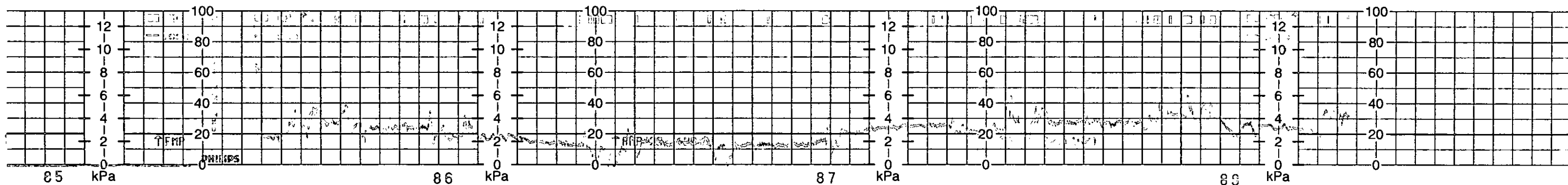
3. Once the information is gathered, the next step is to develop a plan or strategy. This involves breaking down the problem into smaller, manageable parts and determining the best approach to solve each part.

4. After the plan is developed, the next step is to implement the solution. This involves putting the plan into action and monitoring the progress to ensure that the solution is effective.

5. Finally, it is important to evaluate the results of the solution. This involves comparing the actual outcomes with the expected results and identifying any areas for improvement.

LOG

Discounted of 200
Nickell 180
Franklin 160



PHILIPS

REORDER M1911A 1301 B

PHILIPS

REORDER M1911A 1301 B

21/4/87
120
140
160
180
200

200
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100
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60

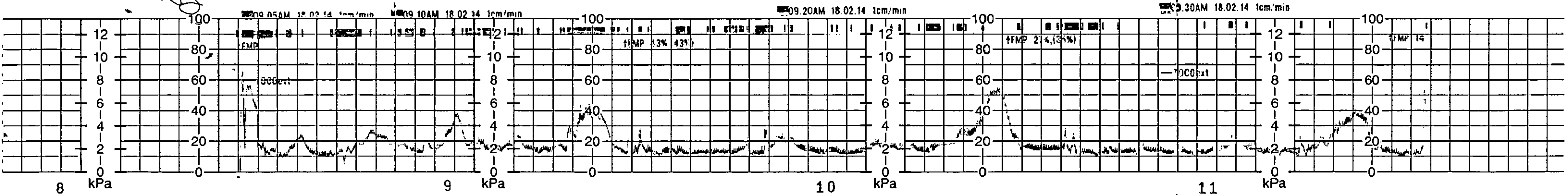
US1

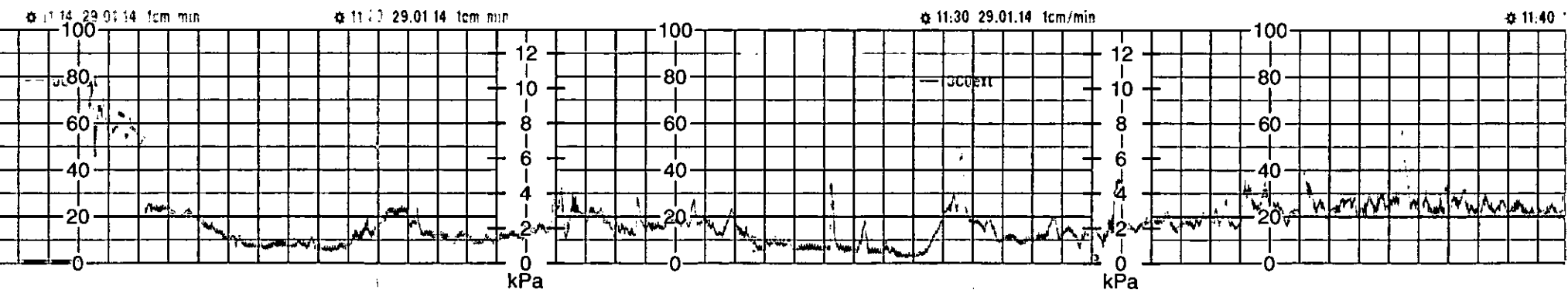
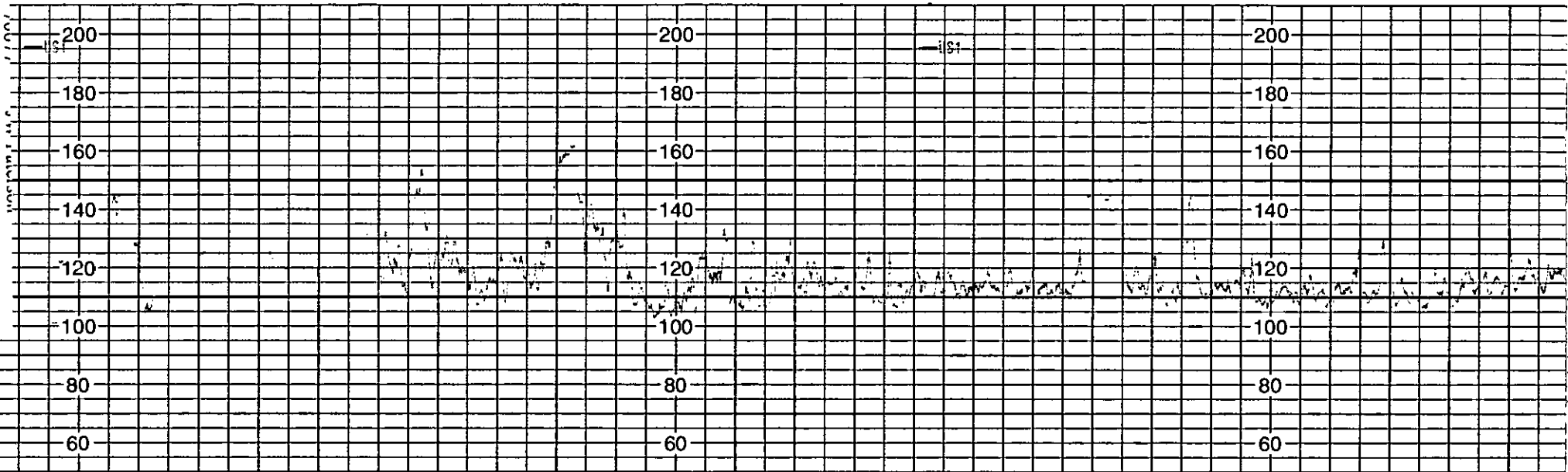
200
180
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200
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200
180
160
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120
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80
60

CTG Arcanduro
W. Stomach





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1308 B

107

PHILIPS

108

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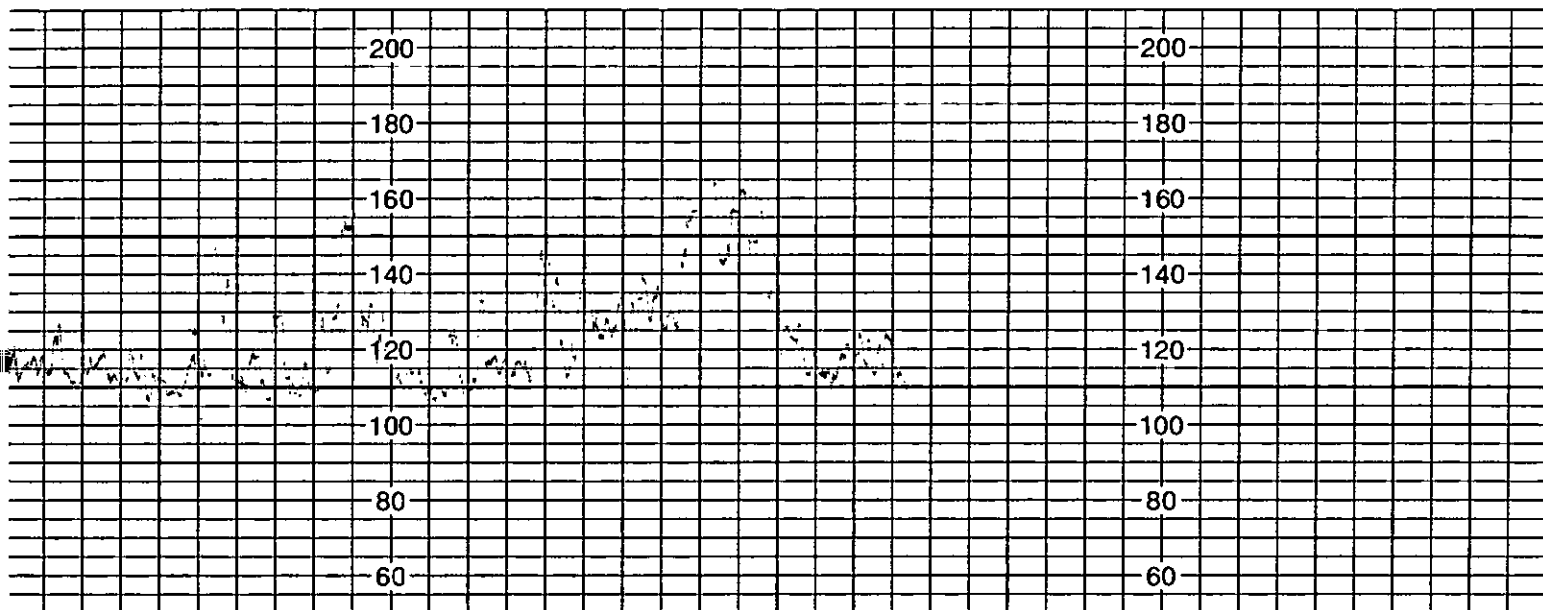
1308 B

CHI 2110871105

1W Potentiometer

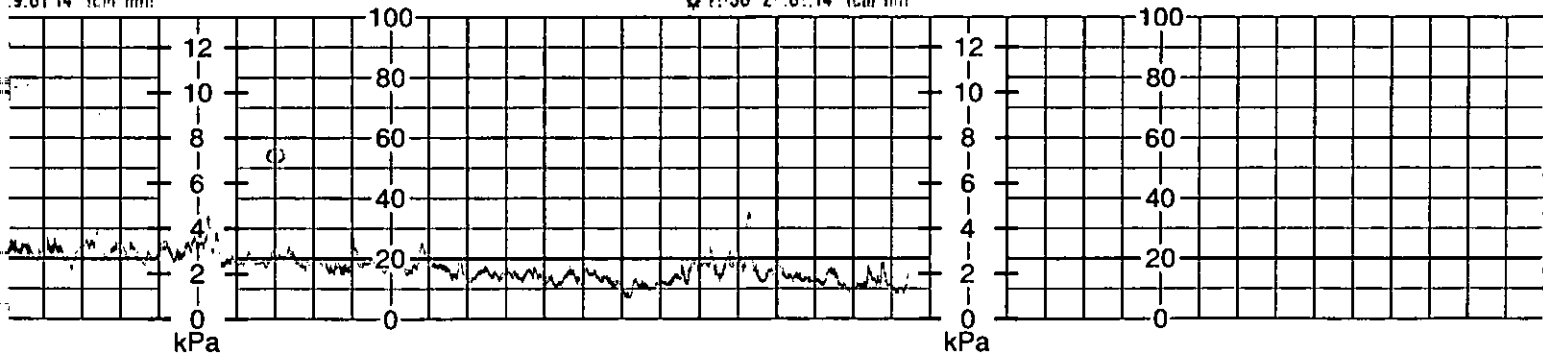
Mat
Pulse
e 11:55
106

620047703X F 21/10/1987
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB



9.01.14 1cm min

* 11.50 20.01.14 1cm min



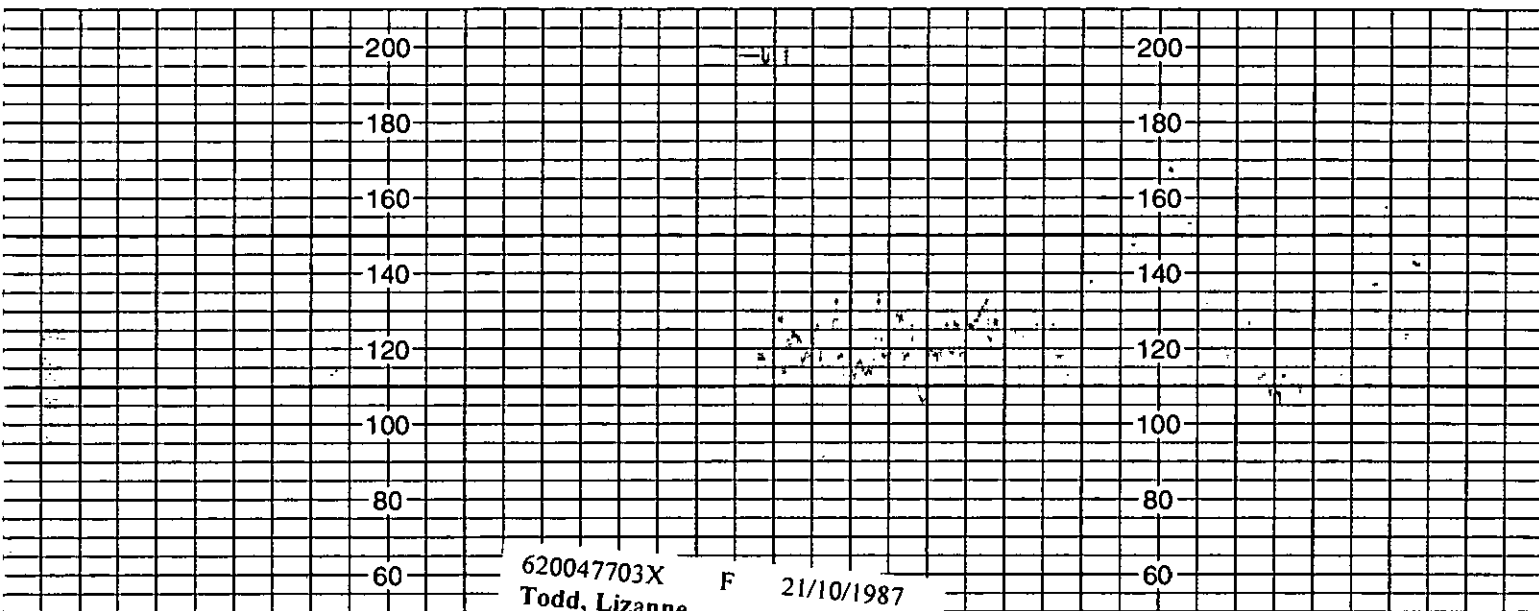
109

PHILIPS

110

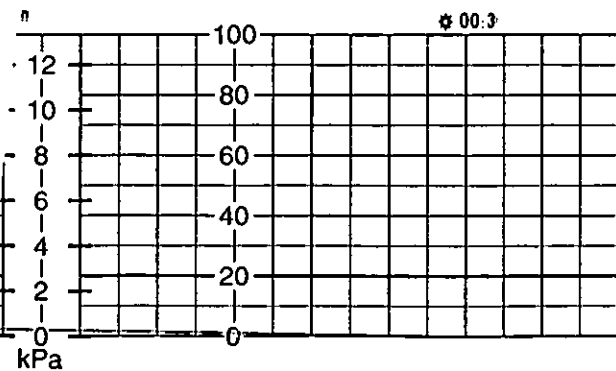
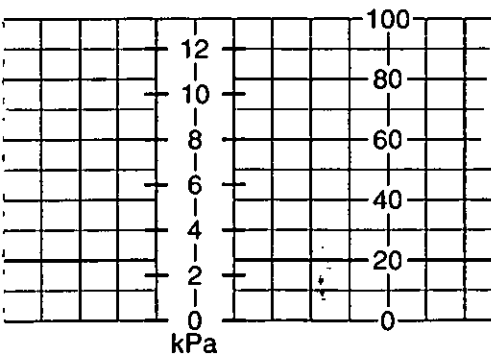
REORDER M1911A

1308B



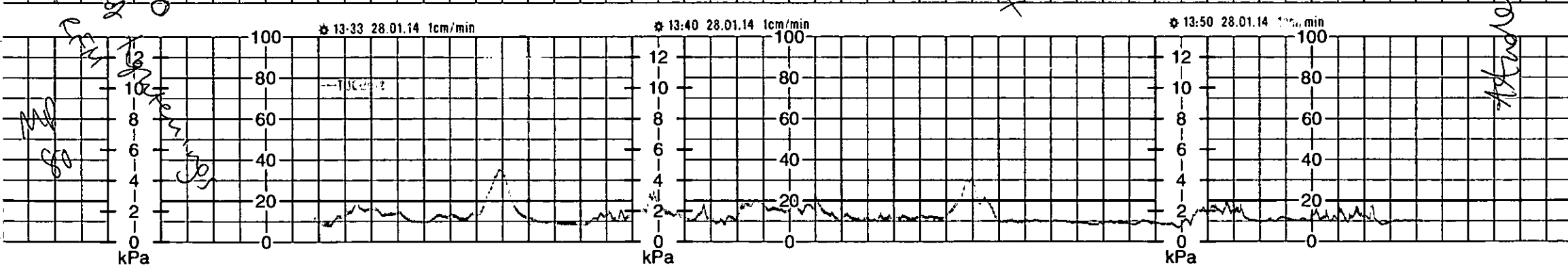
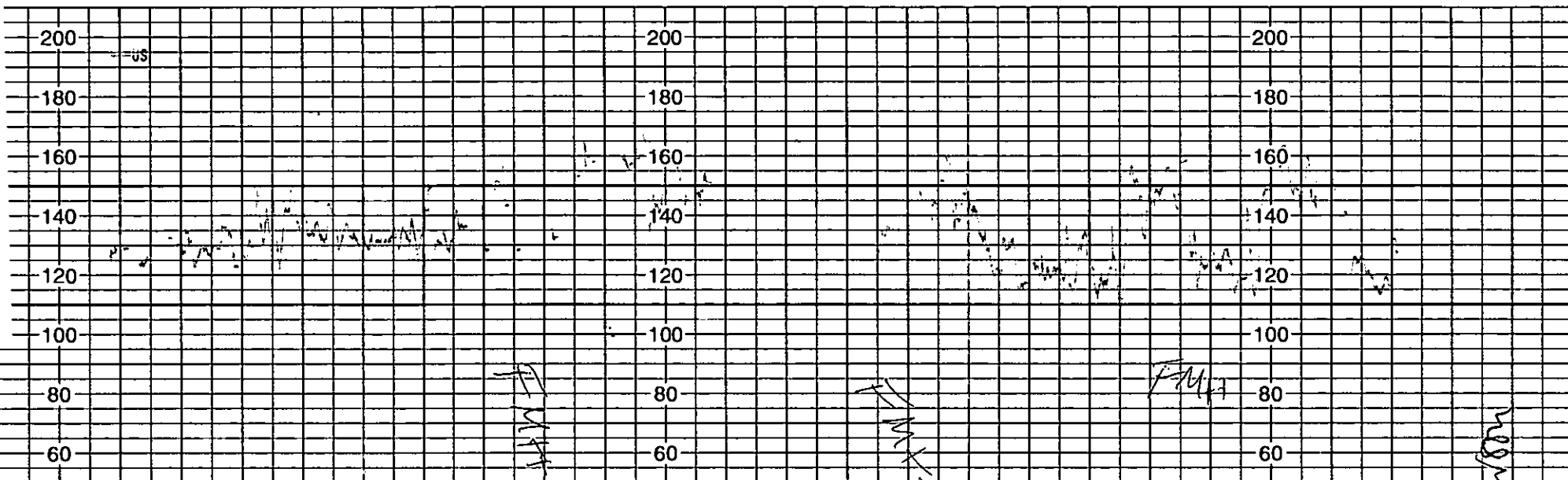
620047703X F 21/10/1987
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

CHI 2110871105
70677 JW Paterson



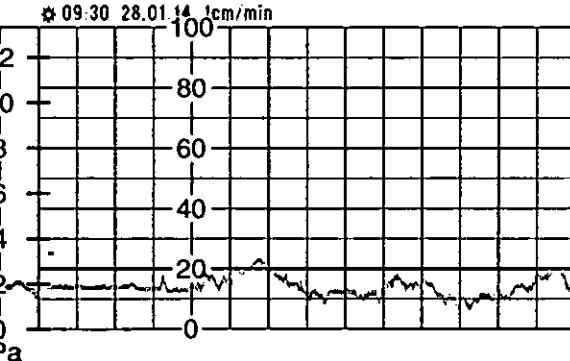
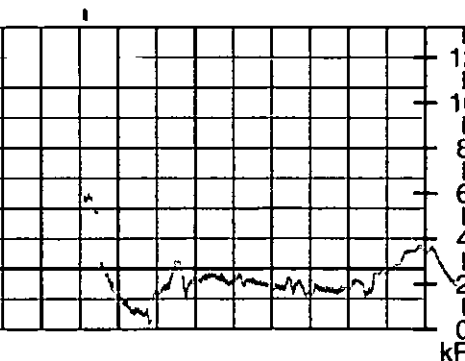
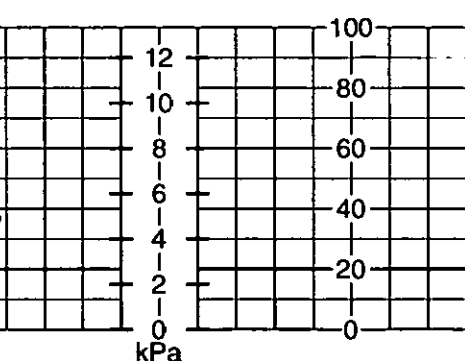
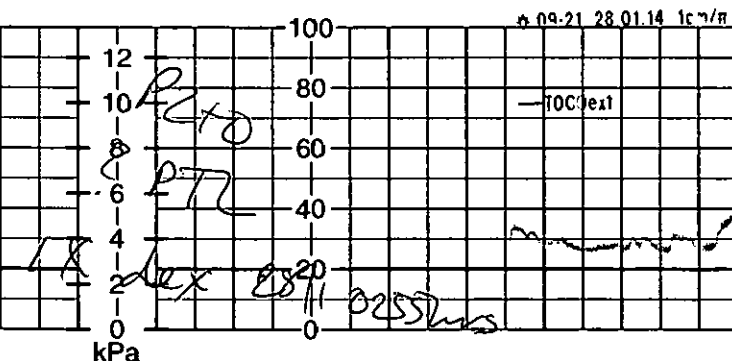
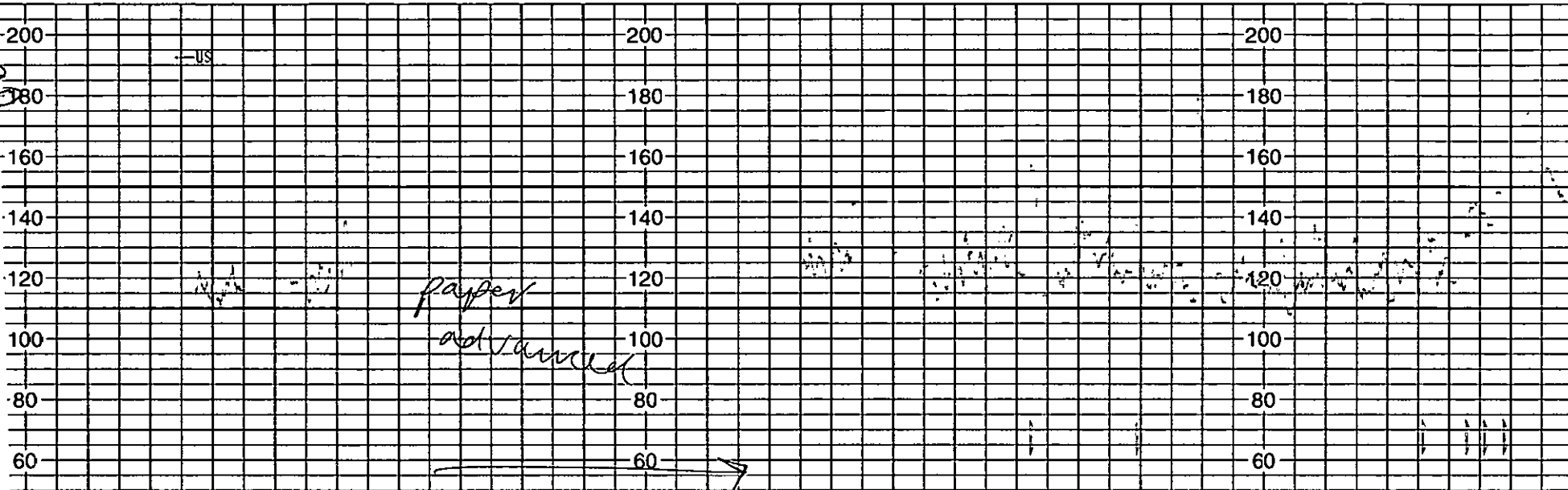
620047703X F 21/10/1987
 Todd, Lizanne
 39/2 Ferry Road Drive,
 Edinburgh,
 EH4 4DB

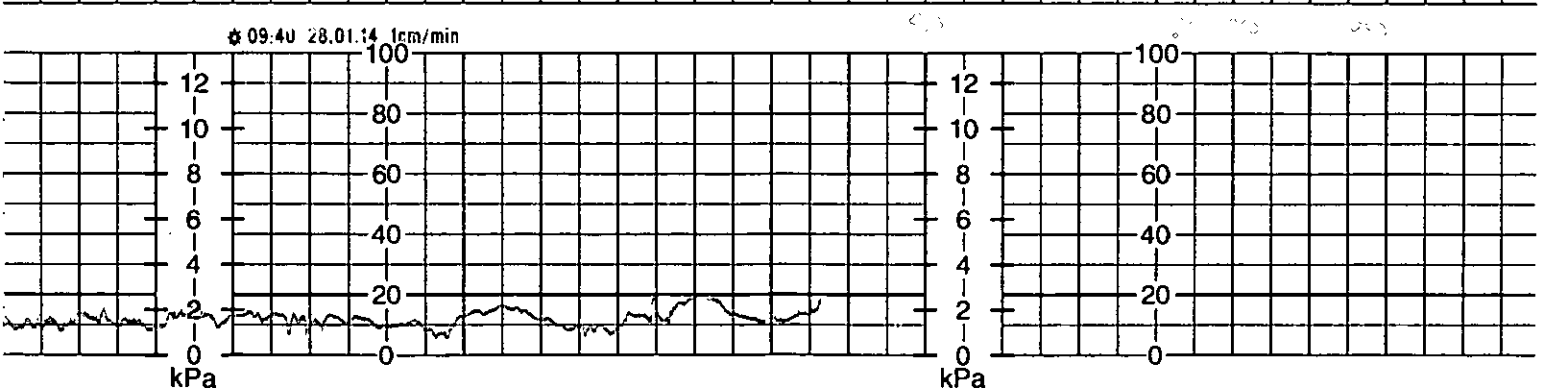
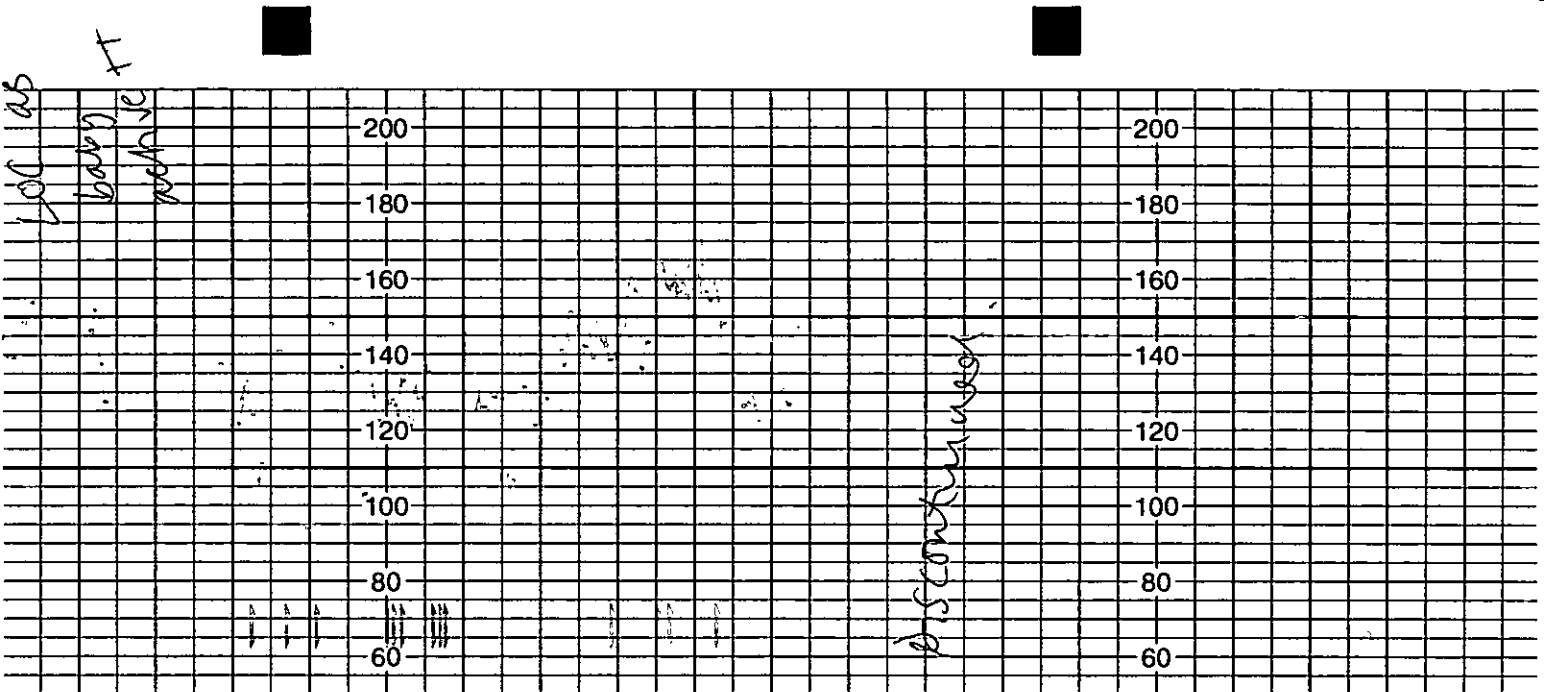
CHI 2110871105
 70677 JW Paterson



CHI 2110871105
70677 JW Paterson

620047703X F 21/10/1987
Todd, Lianne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB





PHILIPS

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1310 B

70077 J W Tactisuit

620047703X F 21/10/1987

Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

CHI 2110871105



200
180
160
140
120
100
80
60

200
180
160
140
120
100
80
60

200
180
160
140
120
100
80
60

100
80
60
40
20
0

23:36 27.01.14 1cm/min
12
10
8
6
4
2
0
kPa

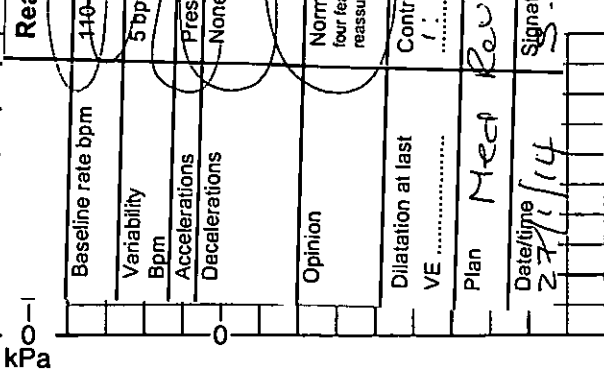
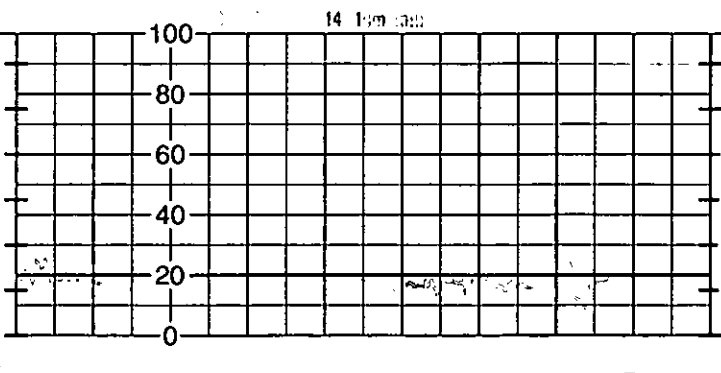
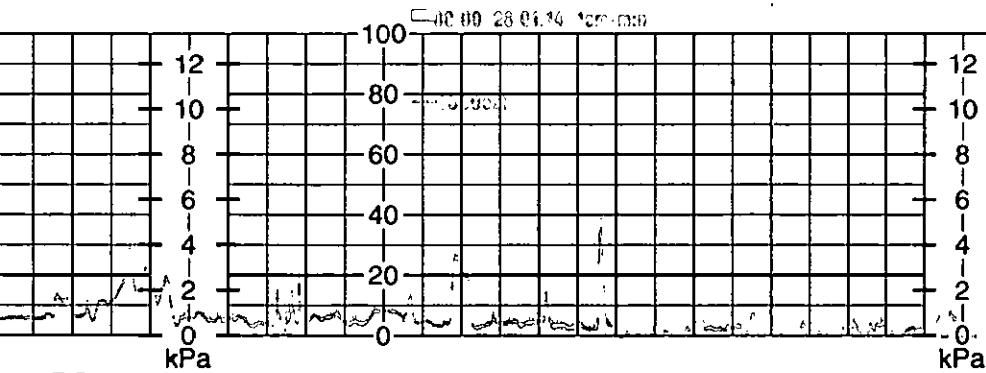
100
80
60
40
20
0

23:40 27.01.14 1cm/min
12
10
8
6
4
2
0
kPa

12
10
8
6
4
2
0
kPa

100
80
60
40
20
0

23:50 27.01.14 1cm/min
12
10
8
6
4
2
0
kPa



	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more	<5 for 40 mins or more but <90 mins	<5 for 90 mins or more
Accelerations	Present	None	None
Decelerations	None	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged >3 mins
Opinion	Normal CTG all four features reassuring	Suspicious CTG one/non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Contraction 1: 100	Liquor colour	Mat pulse
Plan	Med Review		
Date/time	27/1/14	Signature and status	



620047703X F
TODD Lizanne
21-Oct-87 CHI:211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB

200
180
160
140
120
100
80
60

200
180
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140
120
100
80
60

200
180
160
140
120
100
80
60

000.00 04.04.44 1cm/min

000.00 04.04.44 1cm/min

000.10 04.04.44 1cm/min

100
80
60
40
20
0

100
80
60
40
20
0

100
80
60
40
20
0

100
80
60
40
20
0

100
80
60
40
20
0

kPa

kPa

kPa

122

REORDER M1911A

1310 B

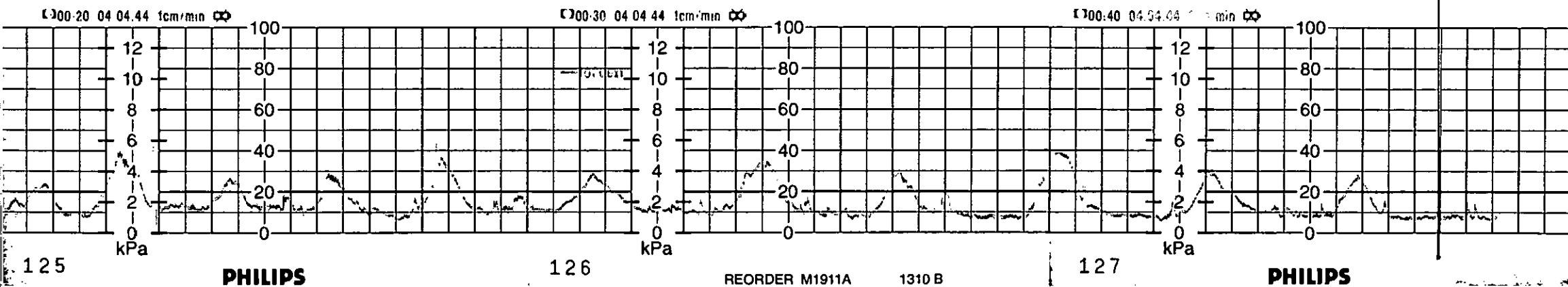
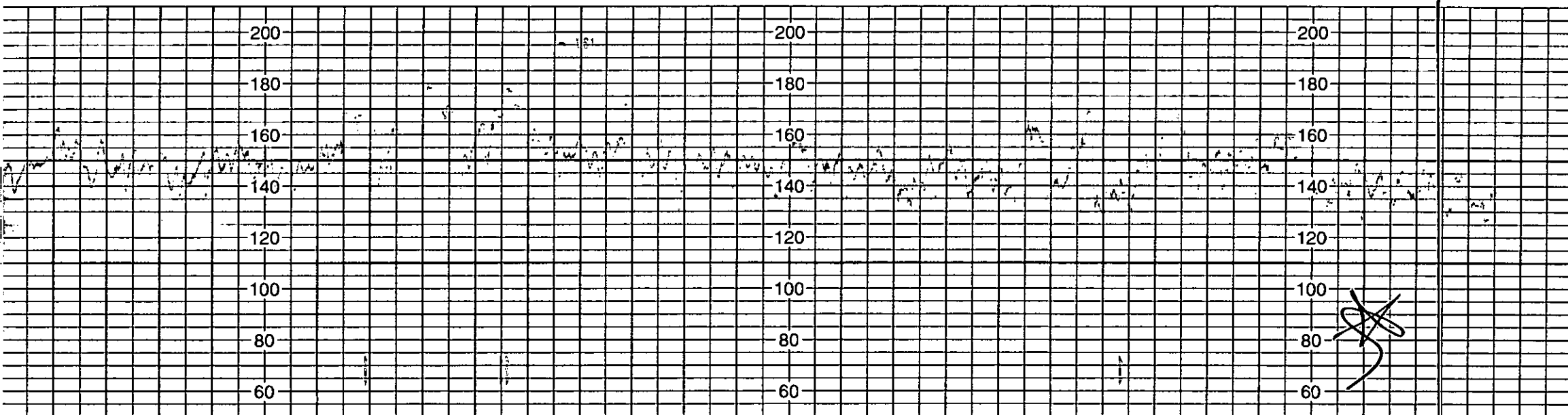
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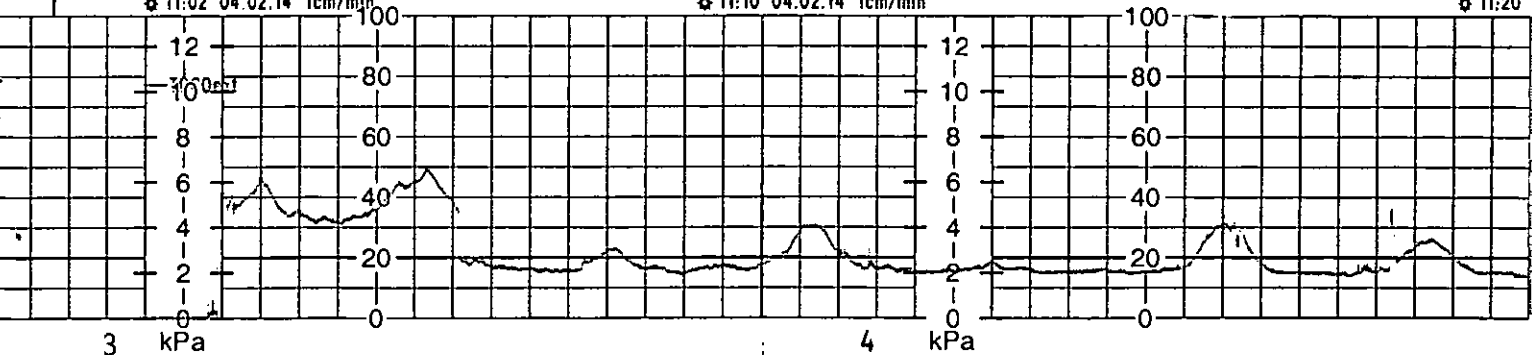
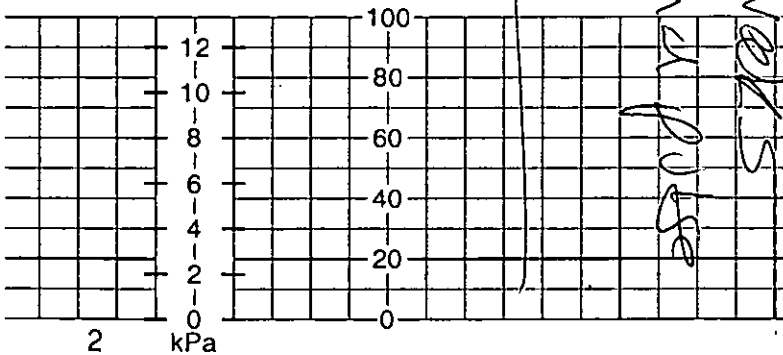
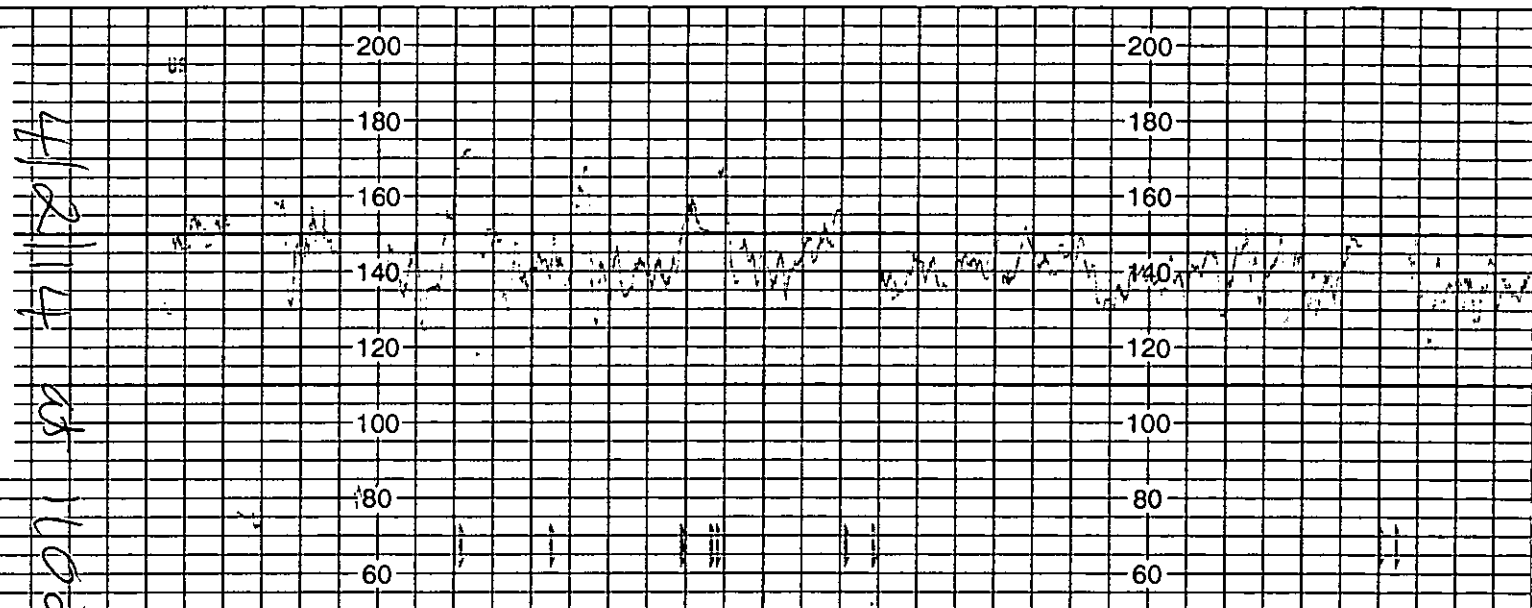
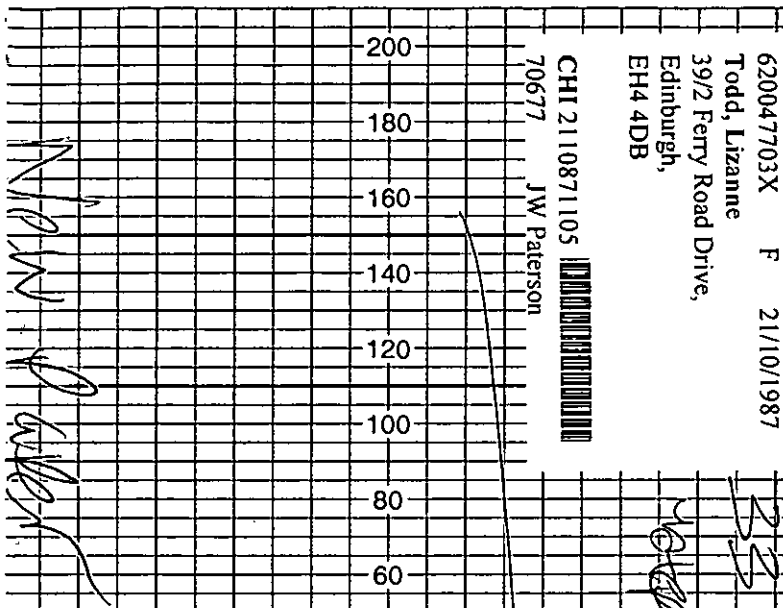
PHILIPS

124

REORDER M1911A

1310 B



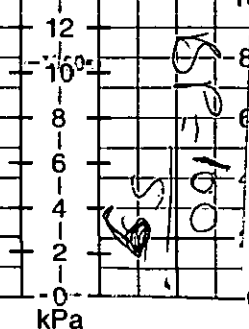


FROM
DAU
20/2/14
Mod pulse = 85

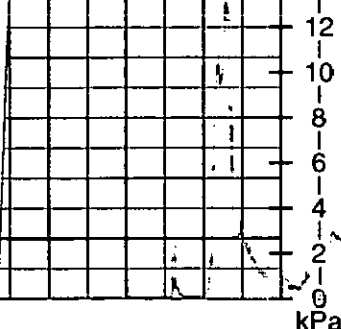


620047703X F
TODD LIZANE
21-Oct-87 CH:211 087 1105
70677 J.W. Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB

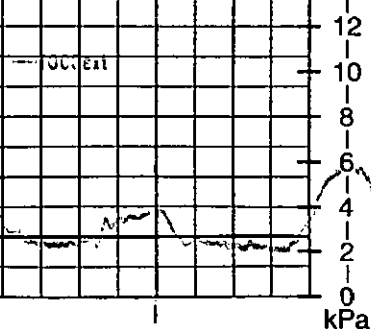
15:13 20.02.14 1cm/min



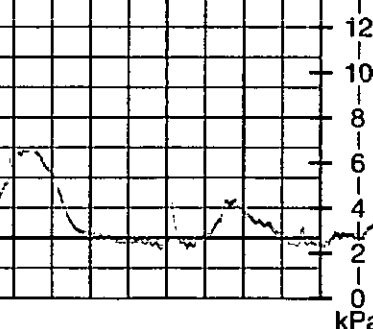
5:20 20.02.14 1cm/min



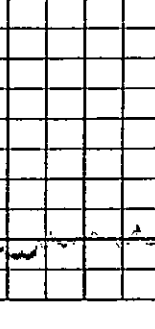
15:30 20.02.14 1cm/min

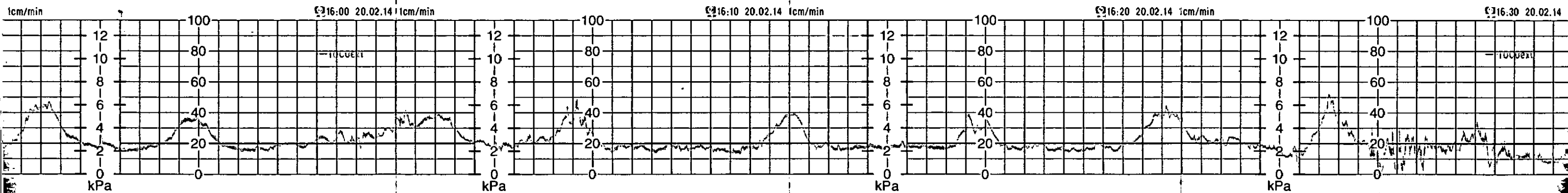
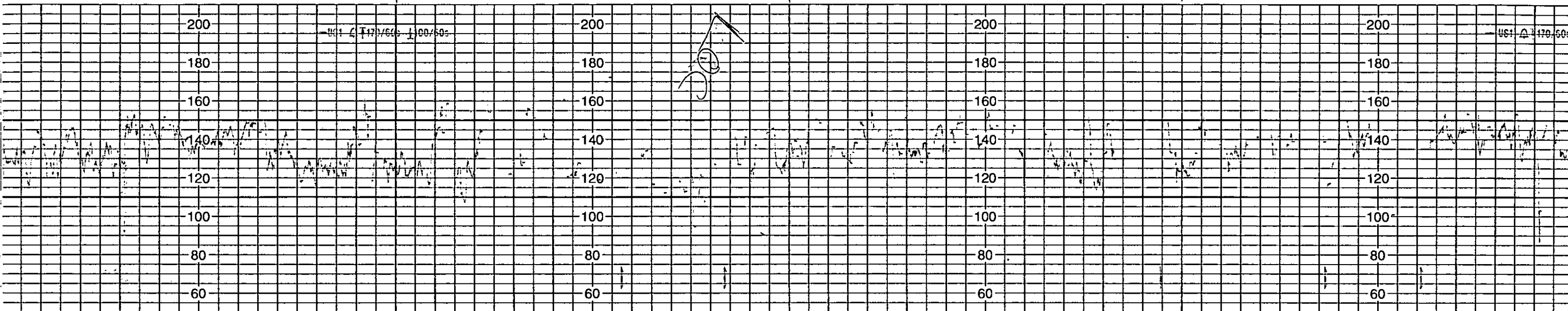


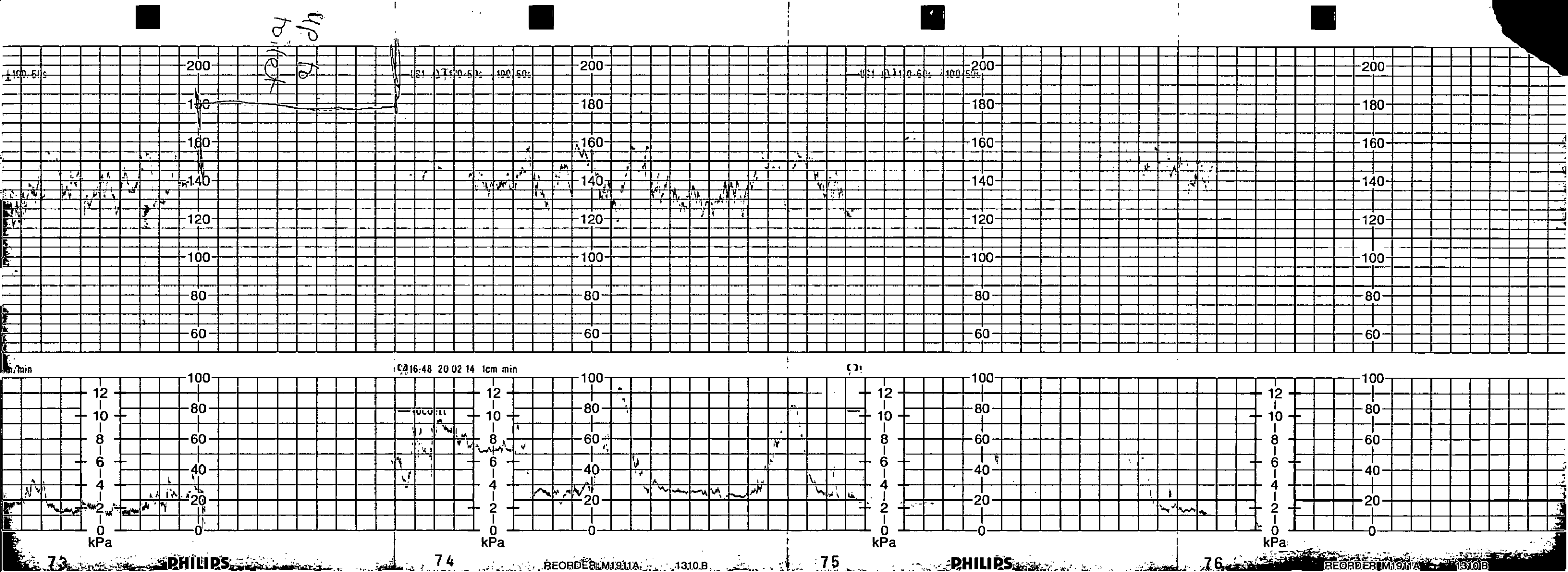
15:40 20.02.14 1cm/min



15:50 20.02.14 1cm/min







35¹² wks.

	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations	Present	None	None
Decelerations	None	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged >3 mins
Opinion	Normal CTG - all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Contractions 1-2 / 10	Liquor colour clean	Mat pulse 85 bpm
Plan	Fev admission to ward 119 - at request of		
Date/time 20.2.14	Signature and status <i>Chabera</i> <i>Reg.</i>		

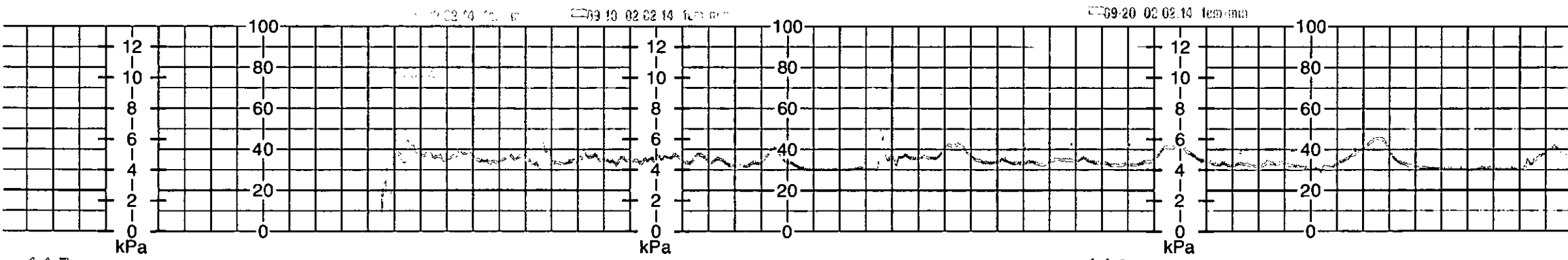
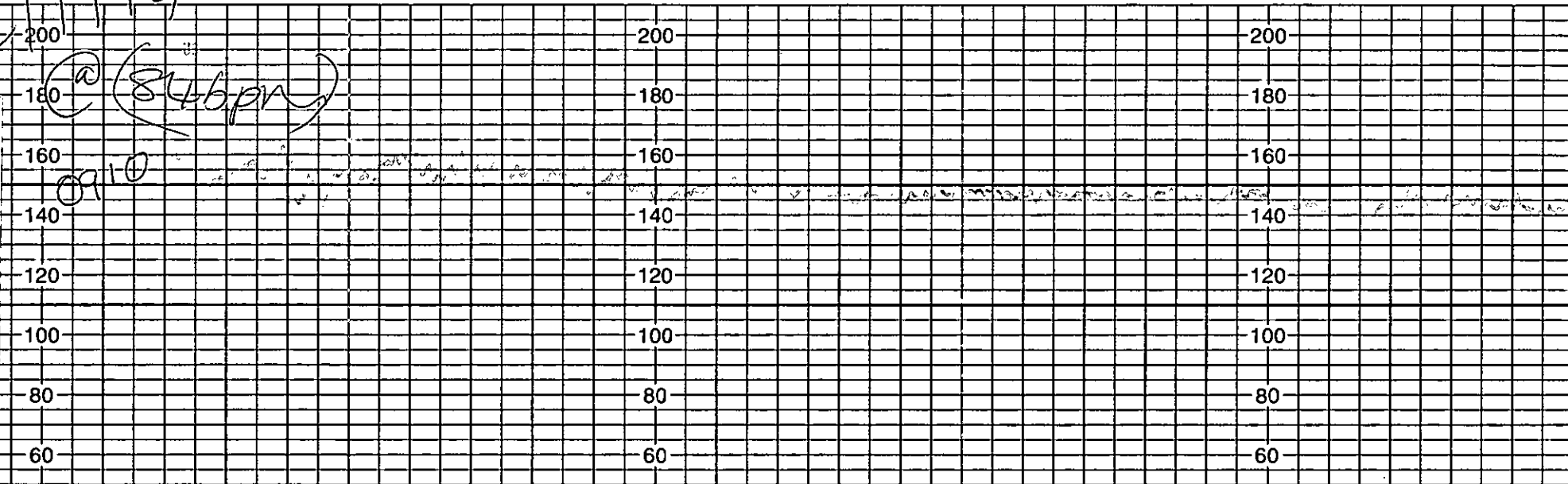
21114

@ (846 PM)

0910



620047703X F
TODD Lizanne
21-Oct-87 CHI:211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



117

PHILIPS

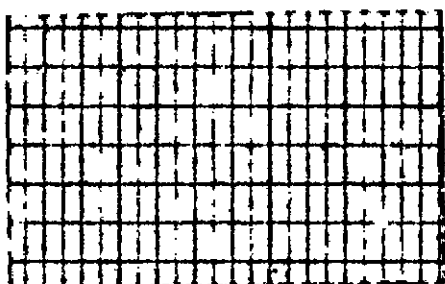
118

REORDER M1911A

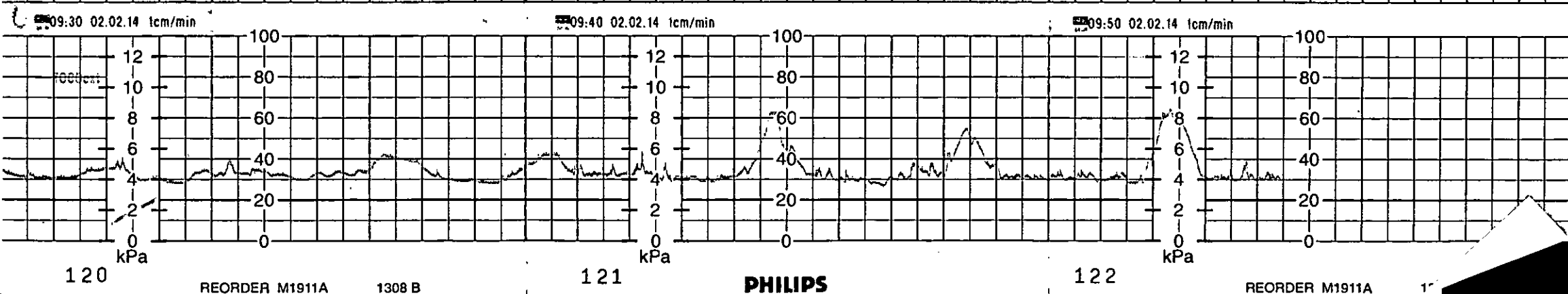
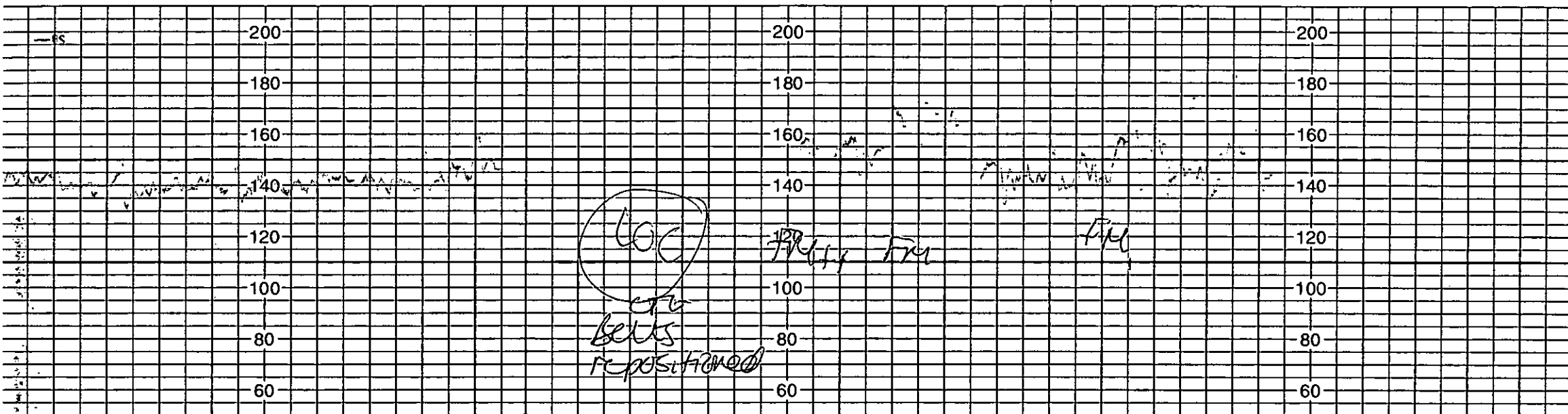
1308 B

119

PHILIPS

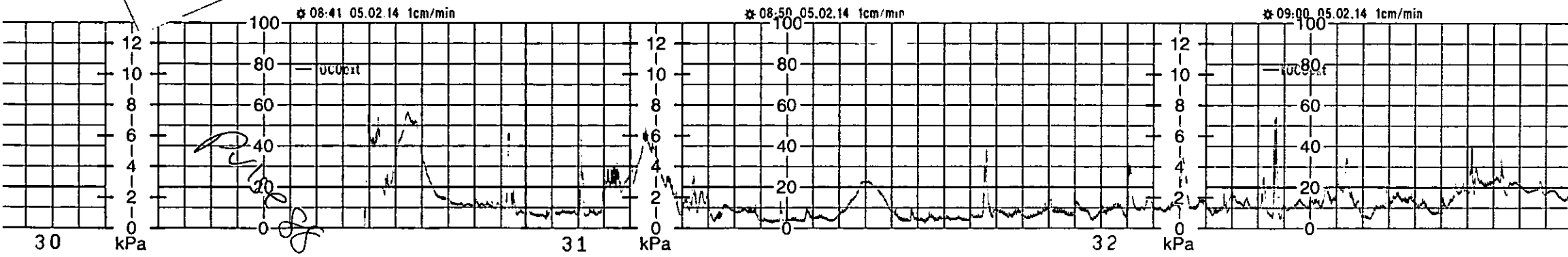
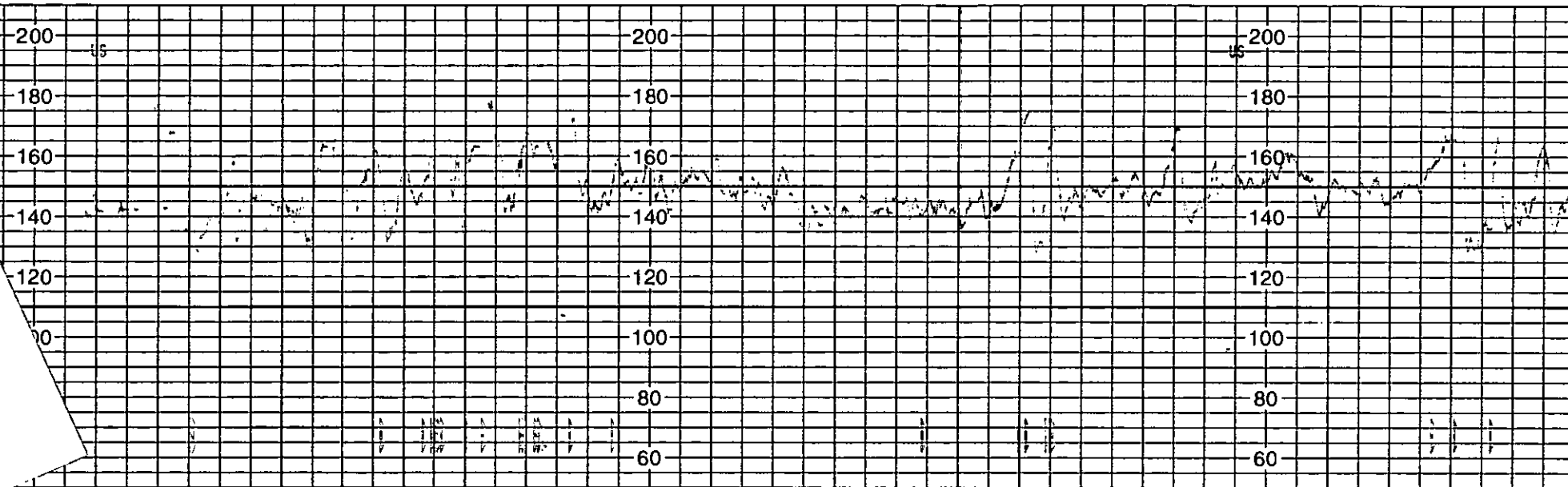


2



32/13

620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Peterson
39-2 FERRY ROAD DRIVE
EHA ADB



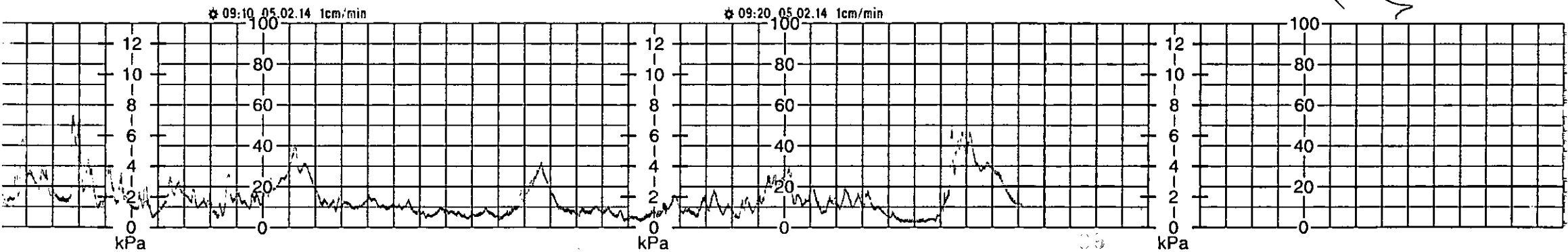
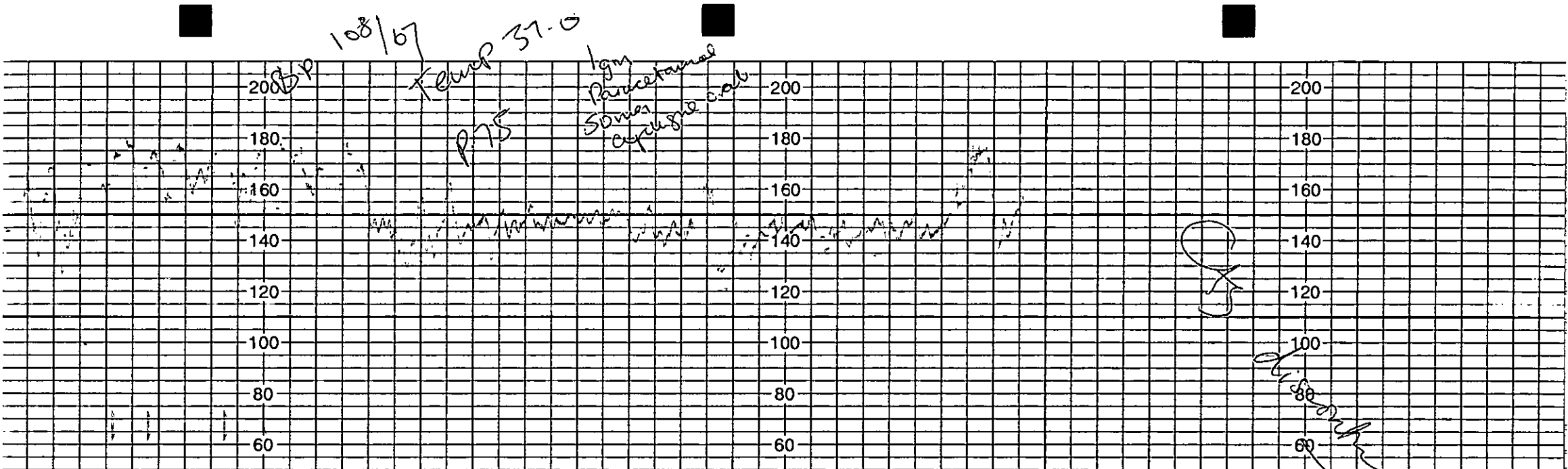
REORDER M1911A

1308 B

PHILIPS

REORDER M1911A

1308 B



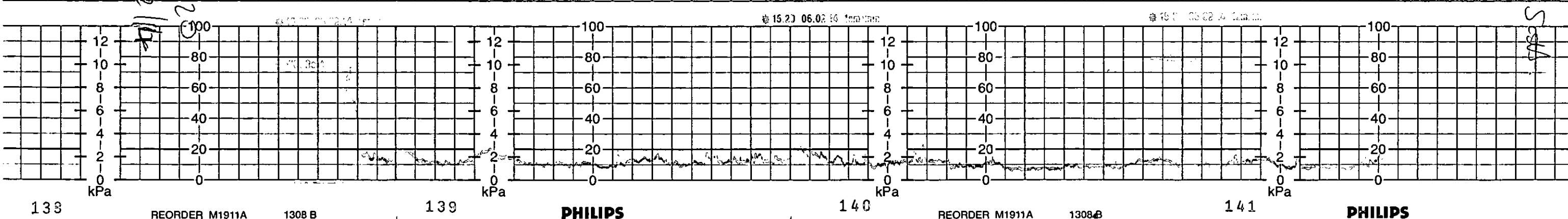
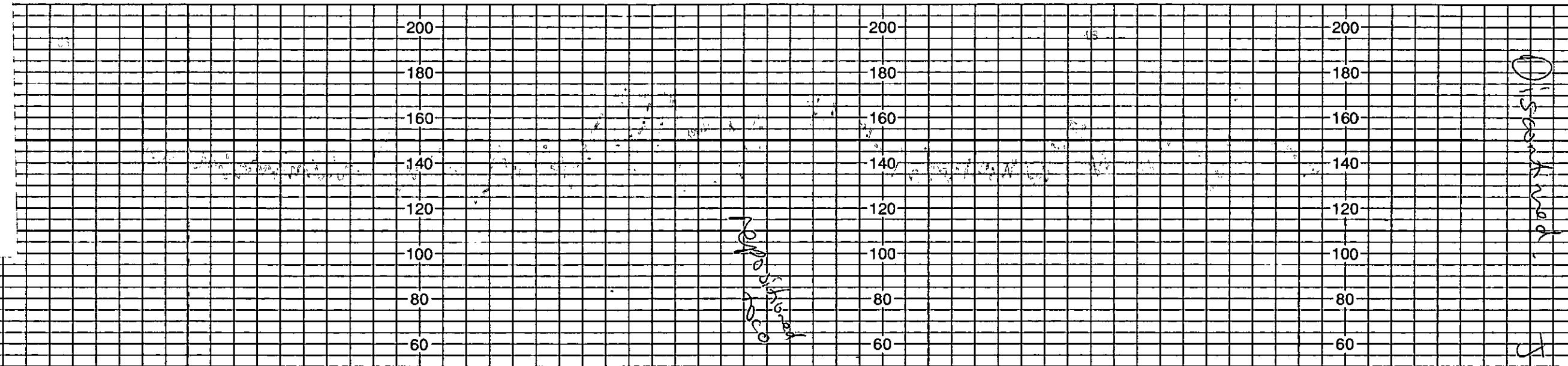
PHILIPS

REORDER M1911A

1308 B

PHILIPS

620047703X F
TODD Lizanne
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB



61214
60920
Lizanne
Todd

CHI 2110871105
70677 JW Paterson
620047703X
F 21/10/1987
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DB

120

REORDER M1911A

1308 B

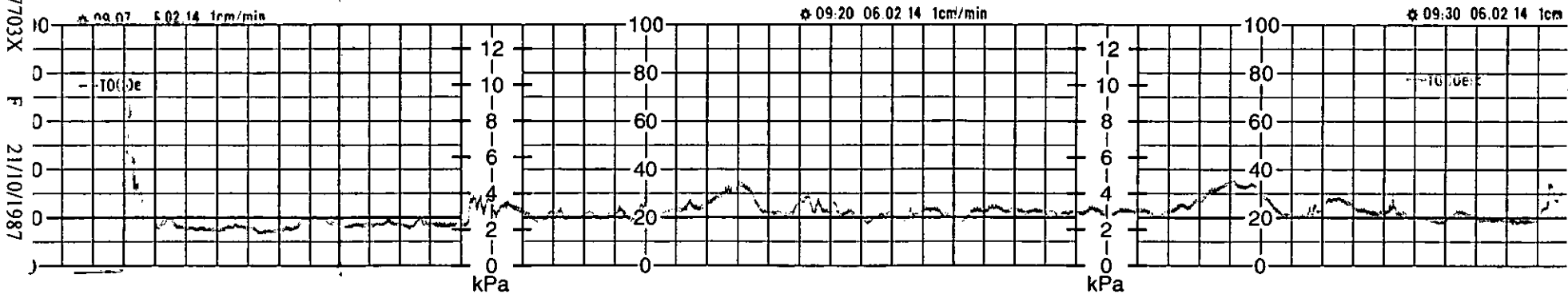
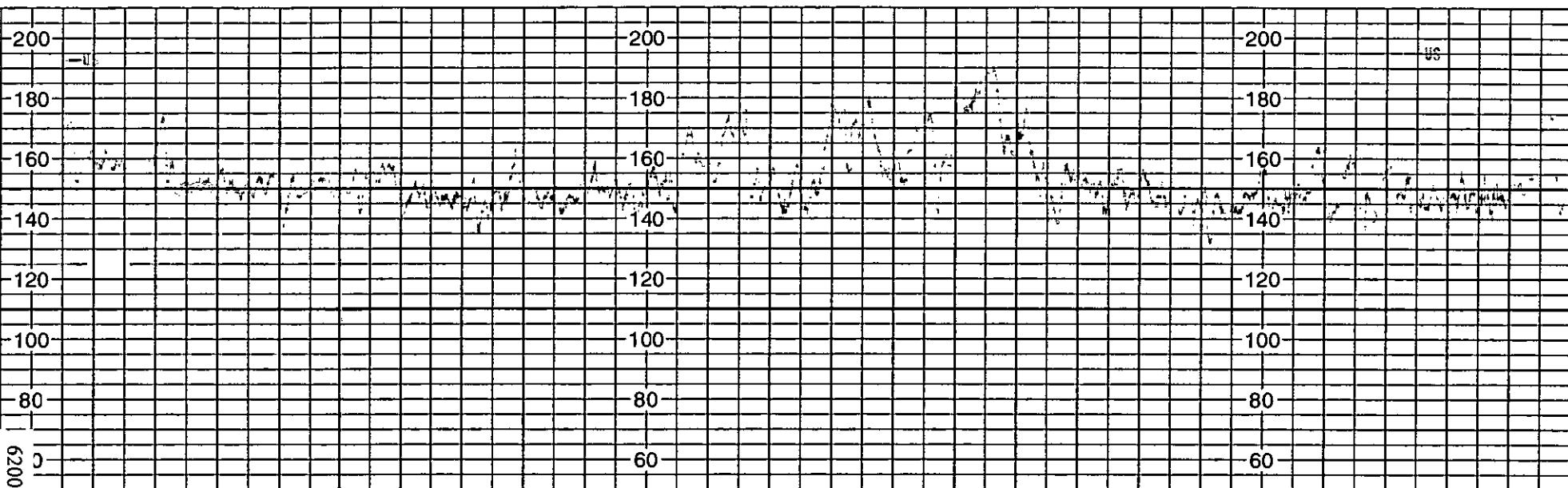
121

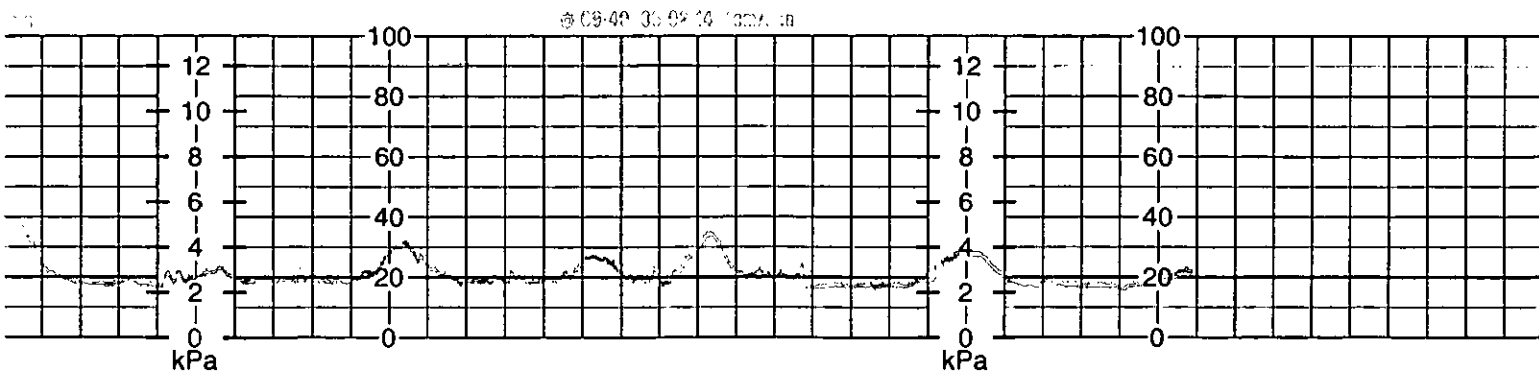
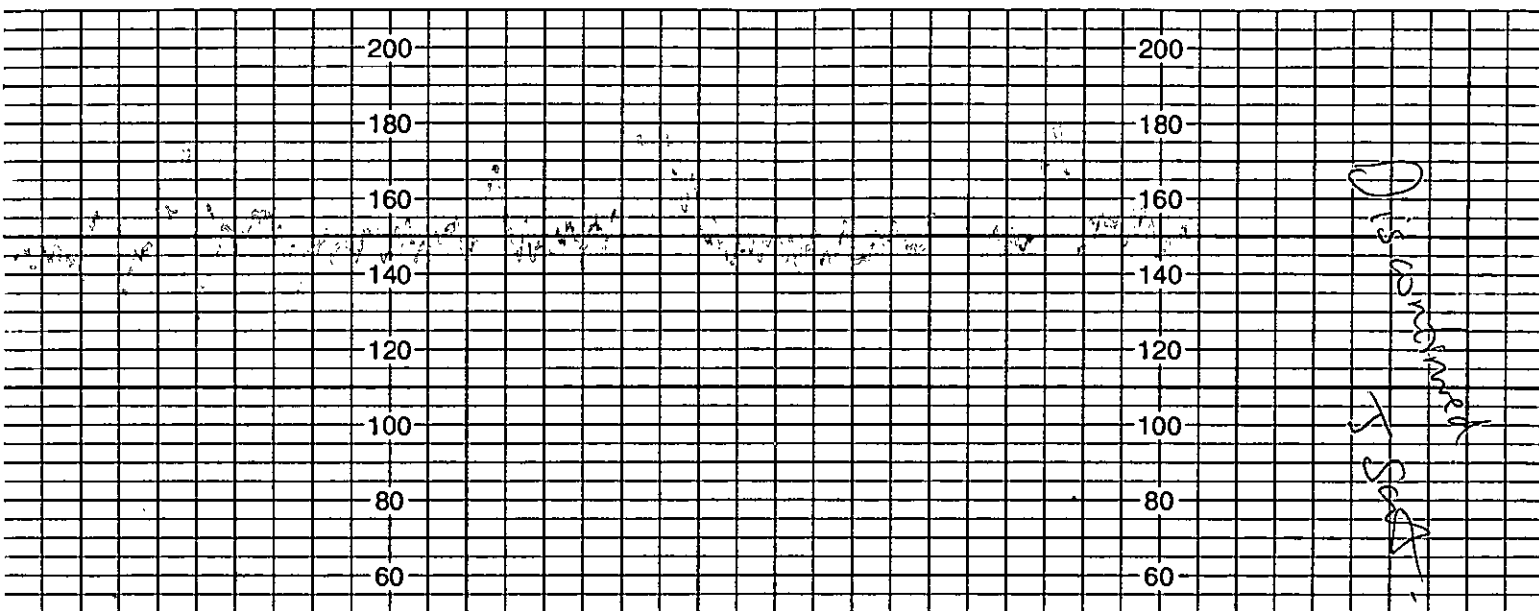
PHILIPS

122

REORDER M1911A

1308 B





123

PHILIPS

124

REORDER M1911A

1308 B

[illegible]

-140

- 60 -

$\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

140

60

140

- 60 -

Vol

12
10
8
6
4
2
0
kPa

A vertical number line with tick marks at 0, 20, 40, 60, 80, and 100.

12
10
8
6
4
2
0
kPa

* 15 *mm* 1cm/min

A vertical number line with tick marks at 0, 20, 40, 60, 80, and 100. The number 20 is circled.

12
10
8
6
4
2
0
kPa

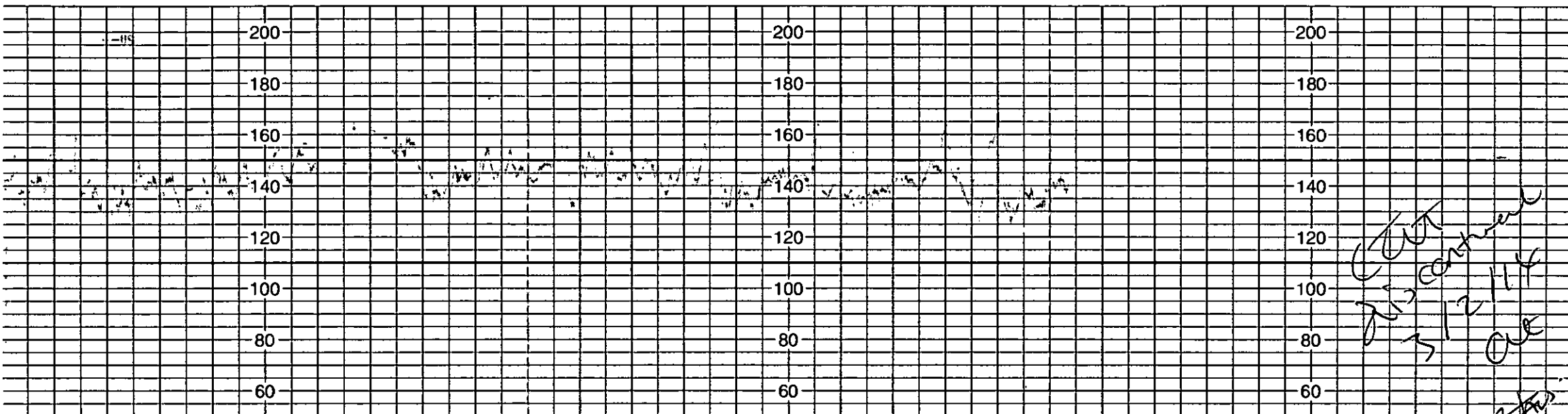
* *www* 1cm/min

PHILIPS

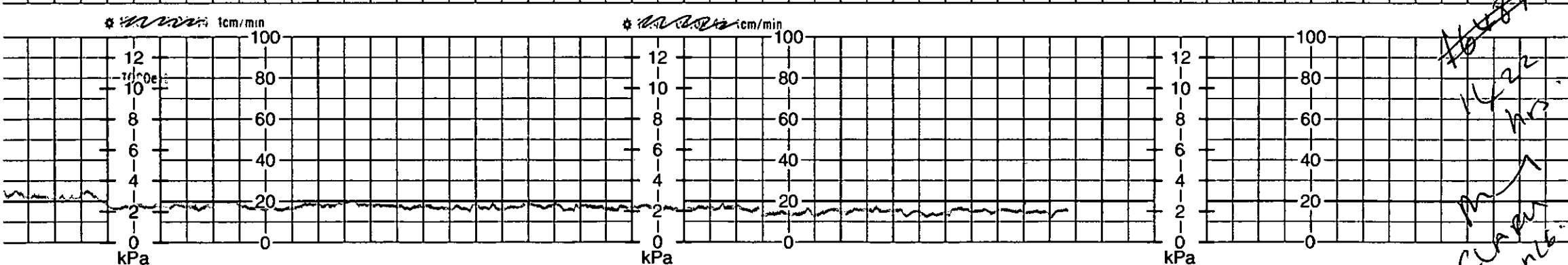
REORDER M1911A

1310 B

PHILIPS



Handwritten notes:
 CUT
 Discontinued
 5/2/11
 OK



Handwritten notes:
 14/2/11
 hrs
 m
 CLEAR
 bands

200

CHI 2110871105
70677 JW Paterson620047703X F 21/10/1987
Todd, Lizanne
39/2 Ferry Road Drive,
Edinburgh,
EH4 4DBDuct +
first
sparked

200

180

160

140

120

100

80

60

200

180

160

140

120

100

80

60

200

180

160

140

120

100

80

60

60

100

80

60

40

20

0

mother
roof
28m

00 00 004 4 08:09 03.02.14 1cm/min

12

10

8

6

4

2

0

100

80

60

40

20

0

08:20 03.02.14 1cm/min

12

10

8

6

4

2

0

100

80

60

40

20

0

08:30 03.02.14 1cm/min

12

10

8

6

4

2

0

100

80

60

40

20

0

30

REORDER M1911A

1310 B

31

PHILIPS

32

REORDER M1911A

1310 B

33

PHILIPS

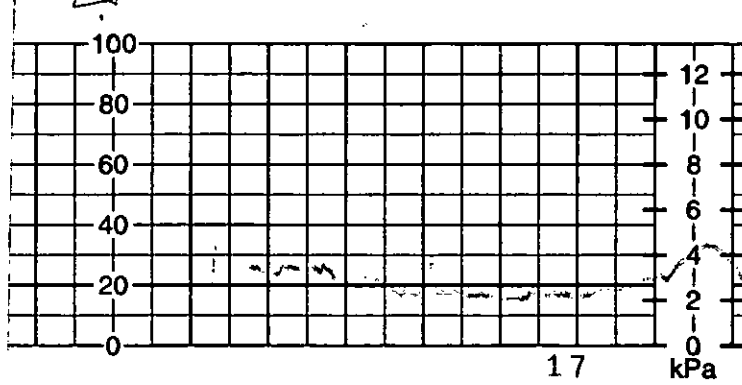
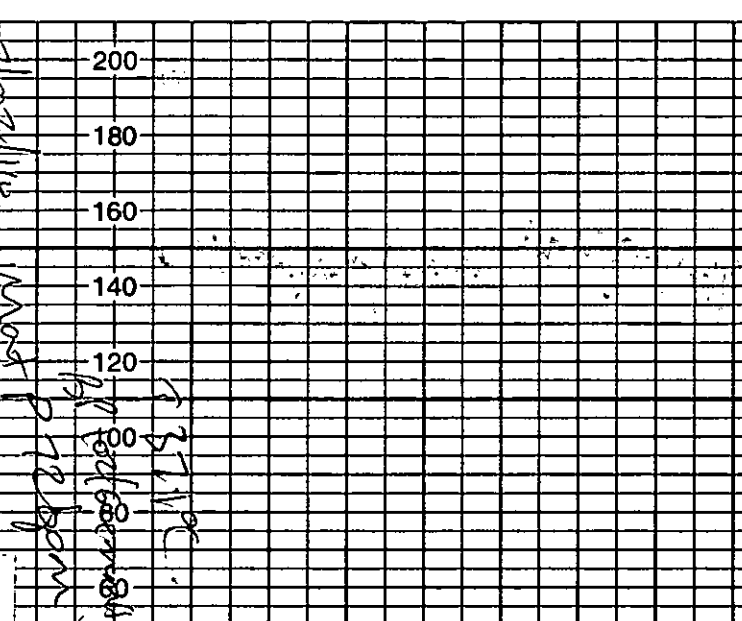
10-45
KUN K. GAE

07/02/14
Mod P 12:00pm

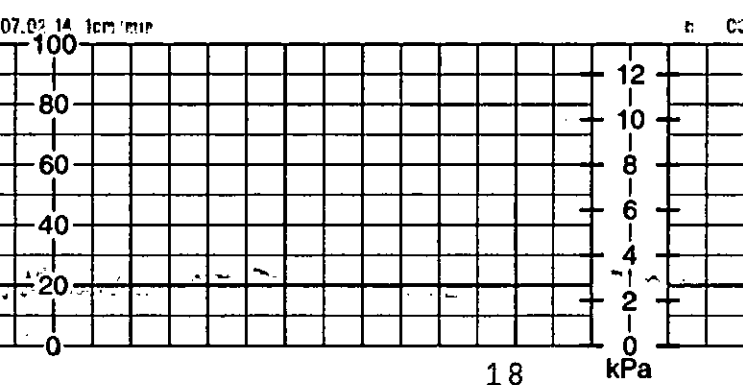
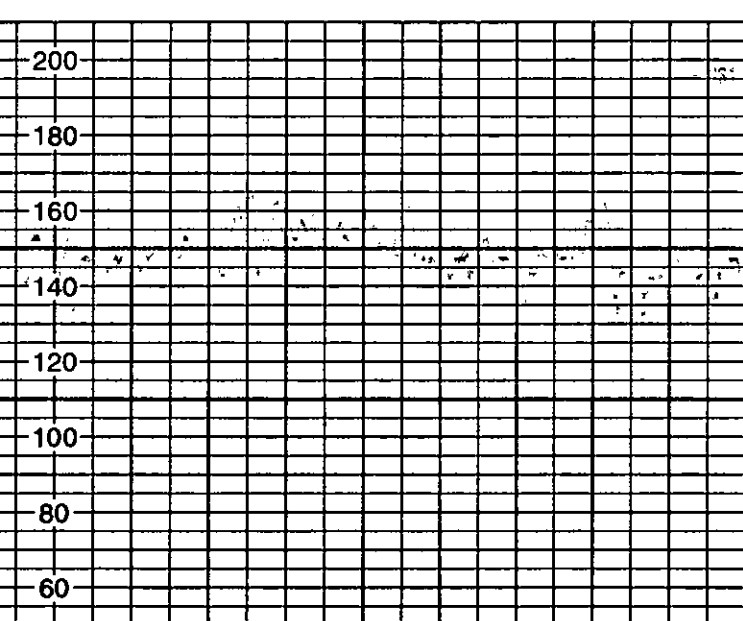
620047703X F
TODD Lizzane
21-Oct-87 CHI: 211 087 1105
70677 JW Paterson
39-2 FERRY ROAD DRIVE
EH4 4DB

16

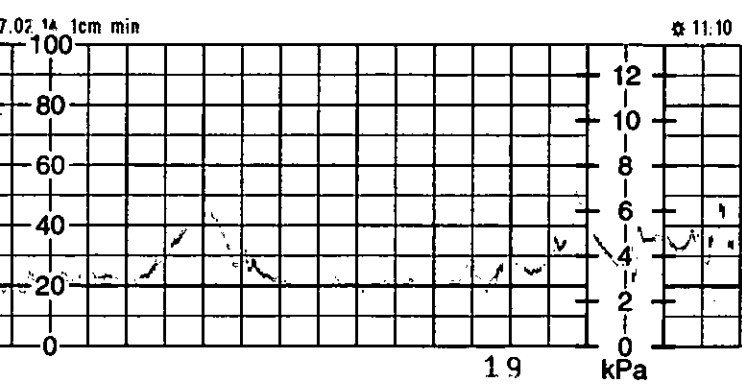
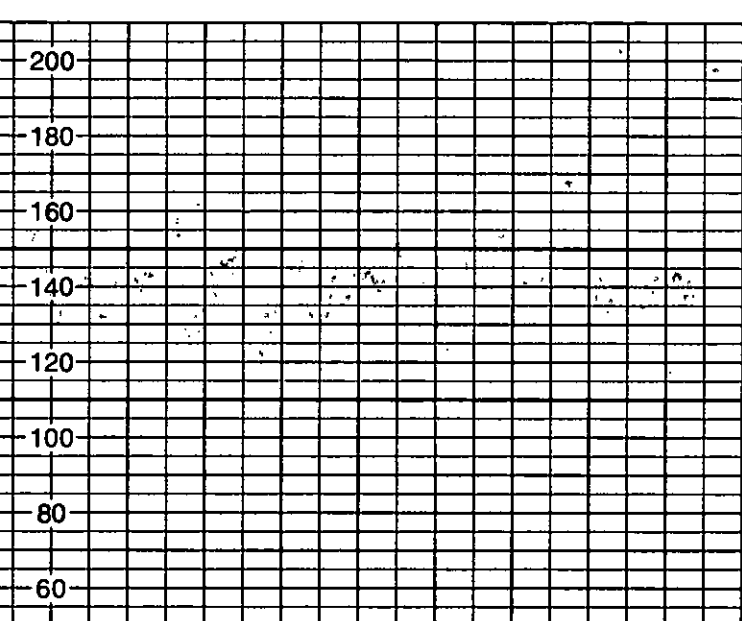
kPa



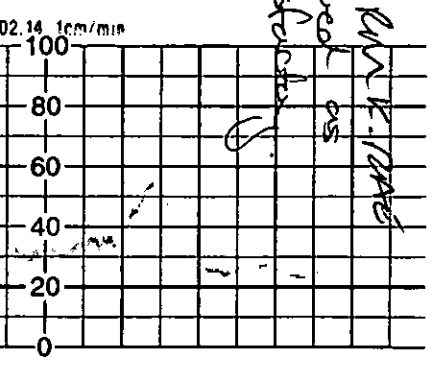
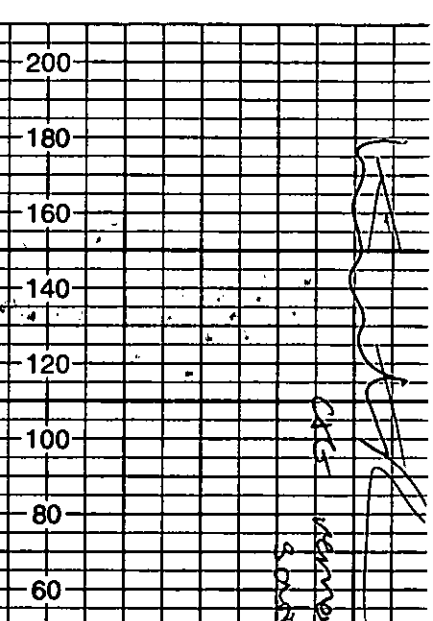
REORDER M1911A 301 B PHILIPS



REORDER M1911A 301 B PHILIPS

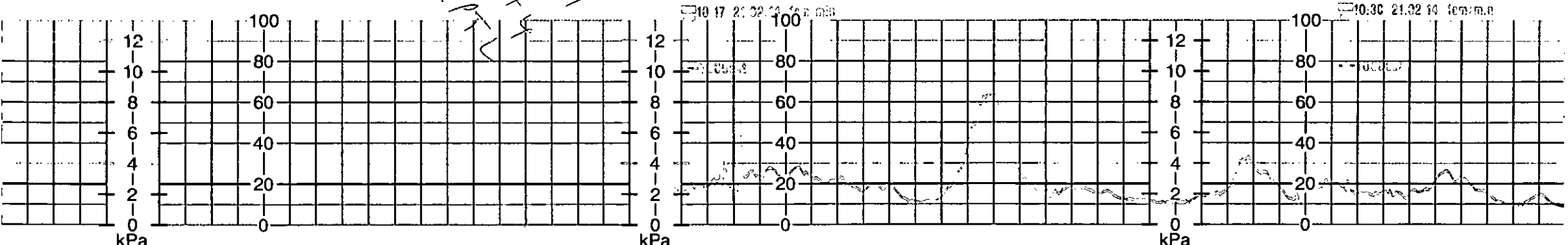
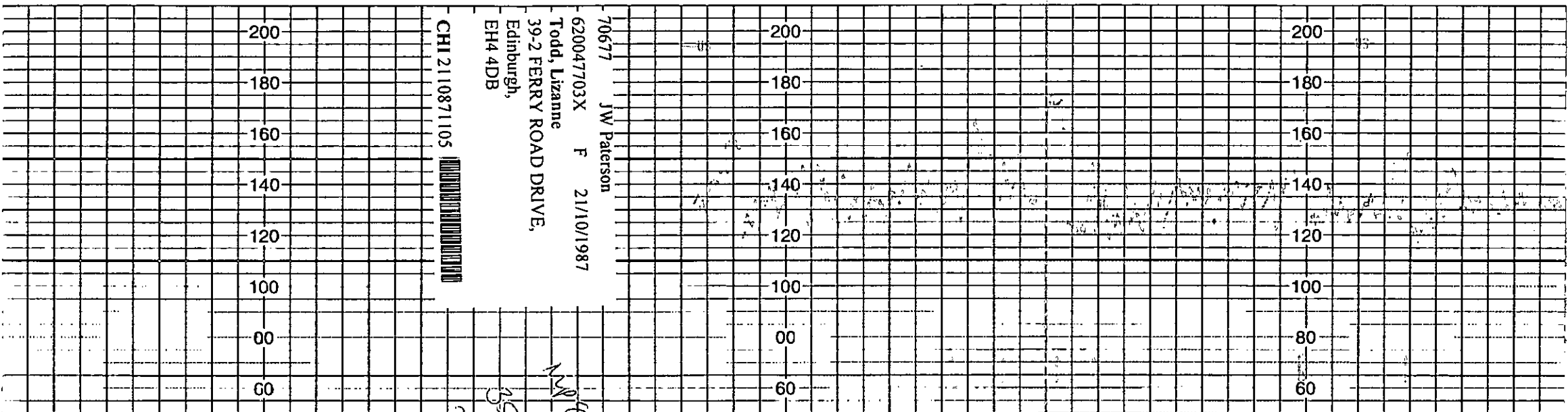


REORDER M1911A 301 B PHILIPS



REORDER M1911A 301 B PHILIPS

10-45
KUN K. GAE
CTG removed as
satisfactory

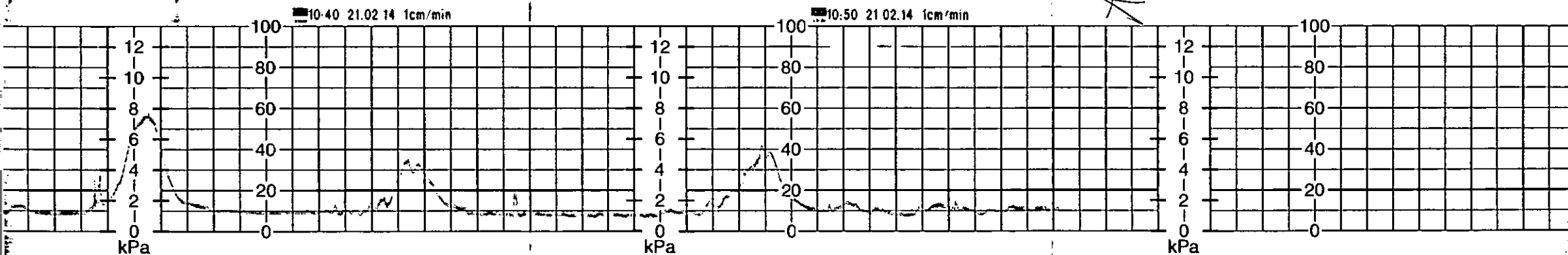
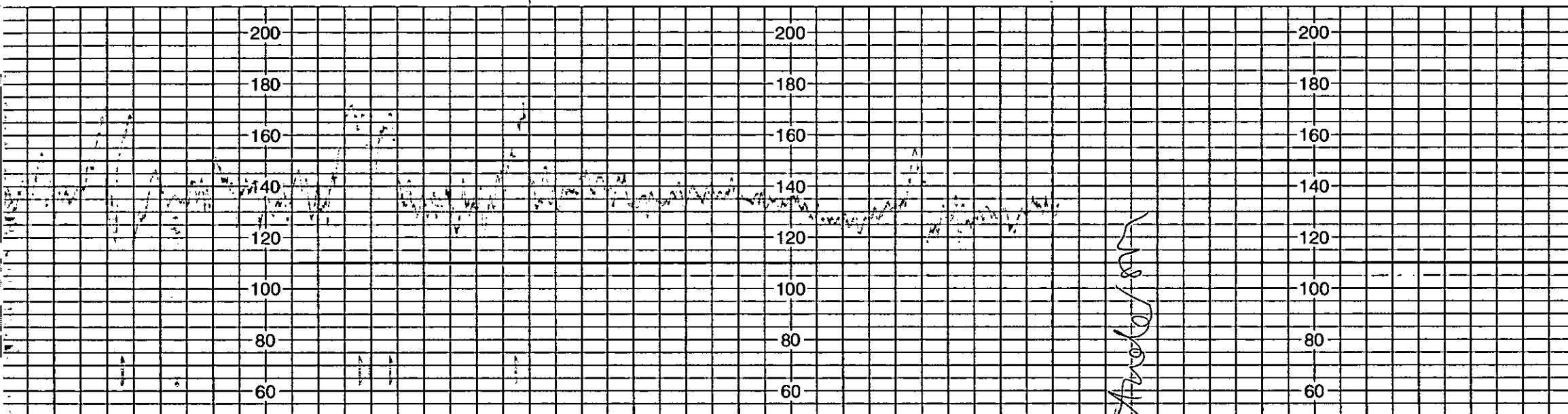


PHILIPS

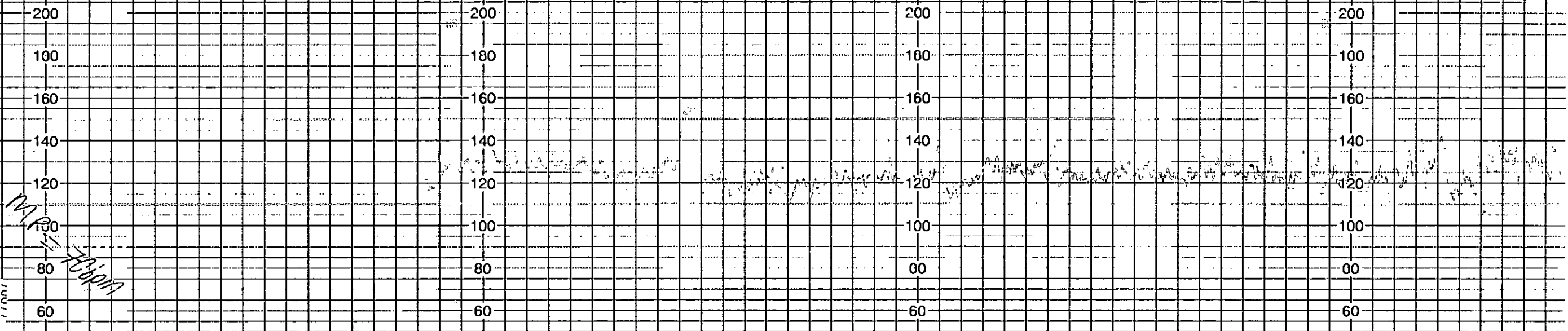
REORDER M1911A

1310 B

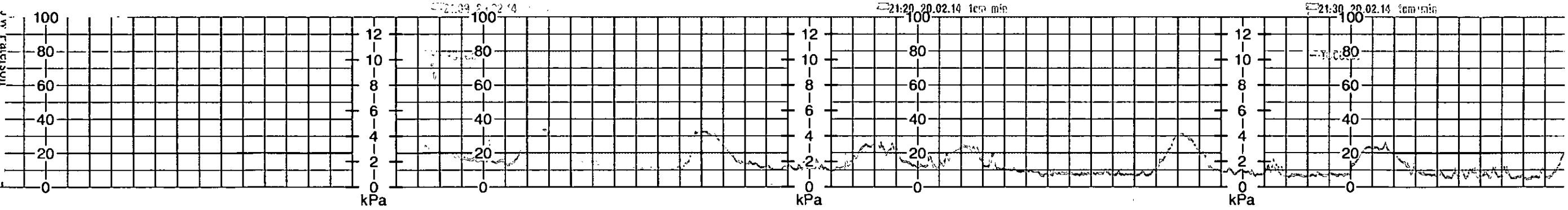
PHILIPS

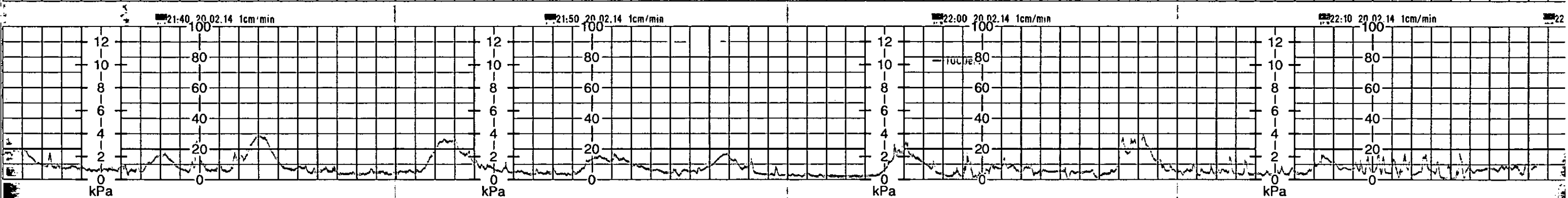
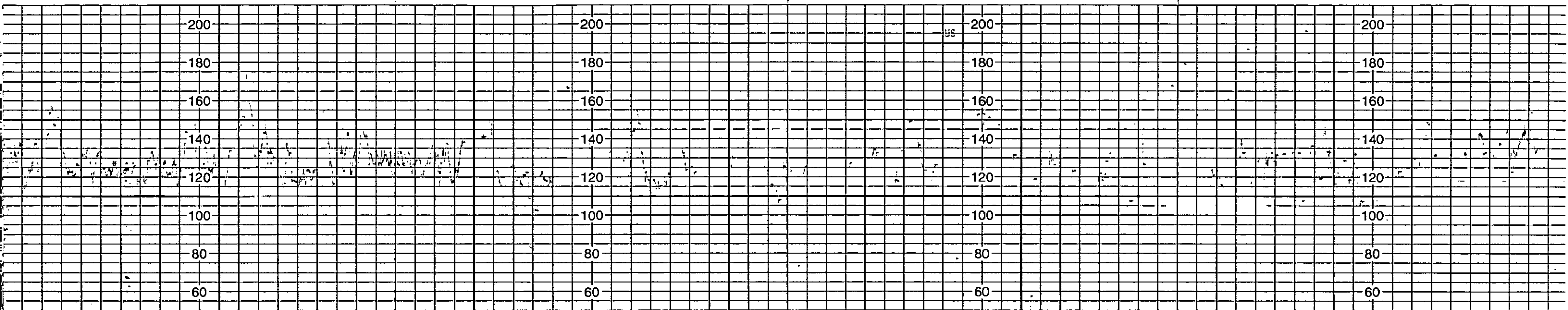


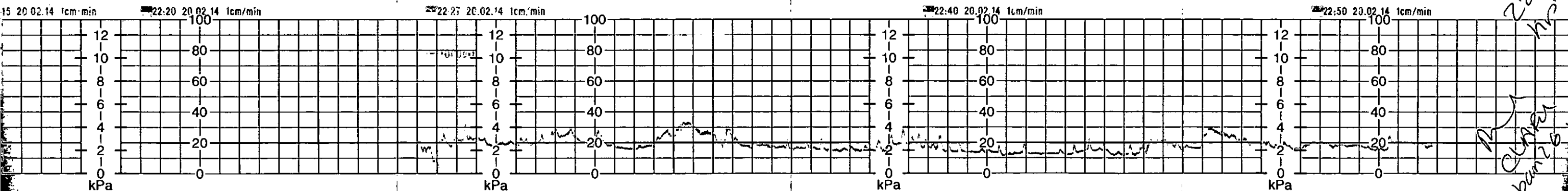
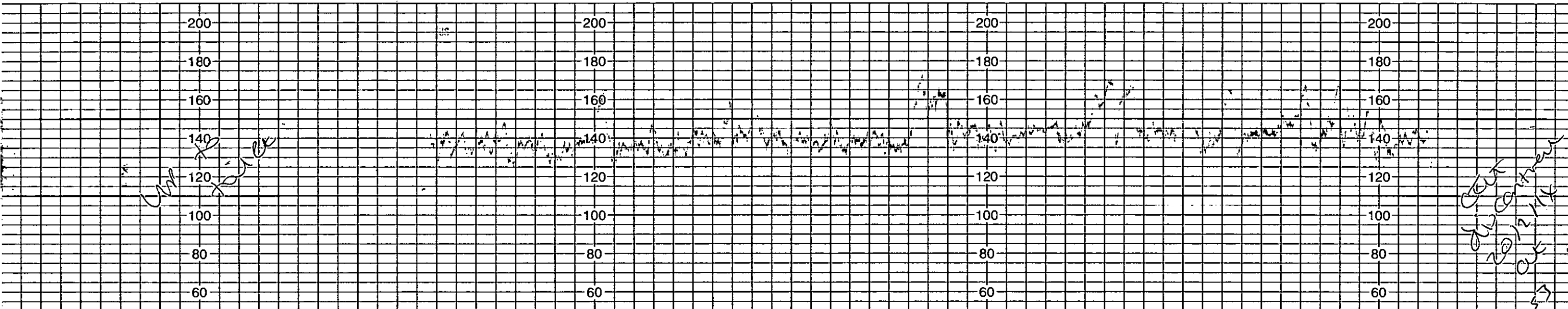
NO 12/11
110 hrs

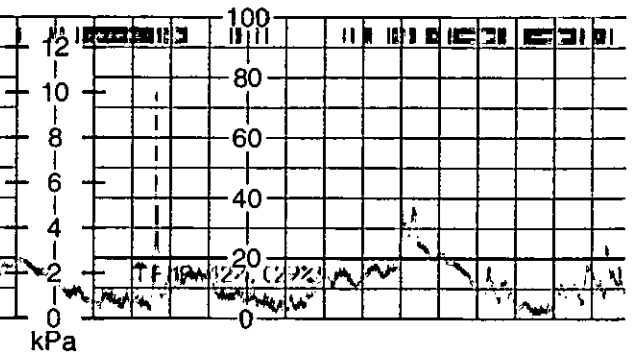
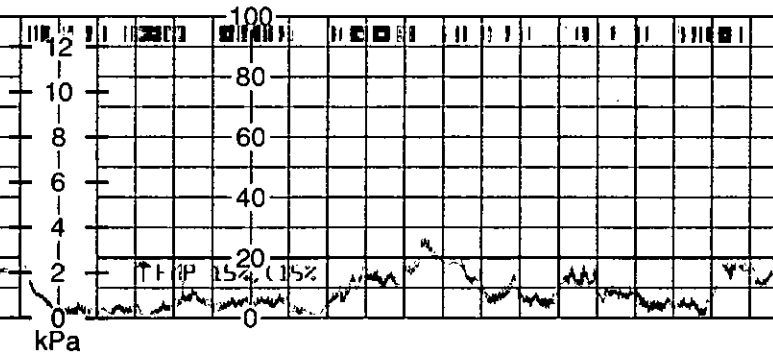
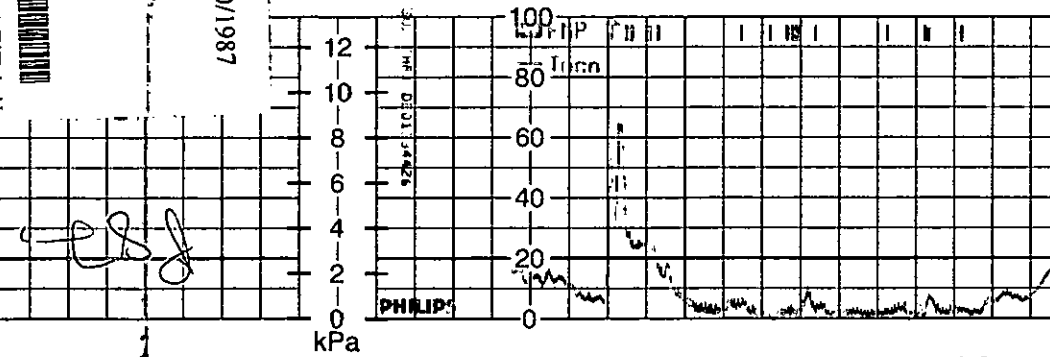
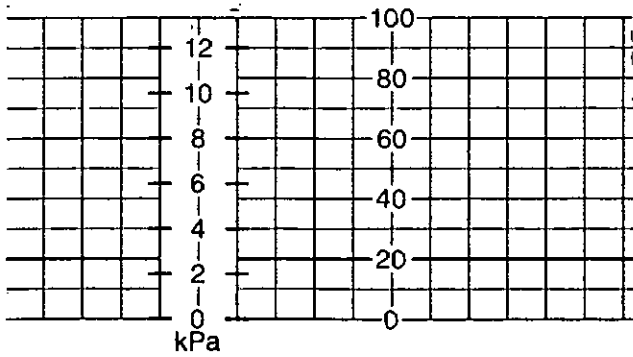
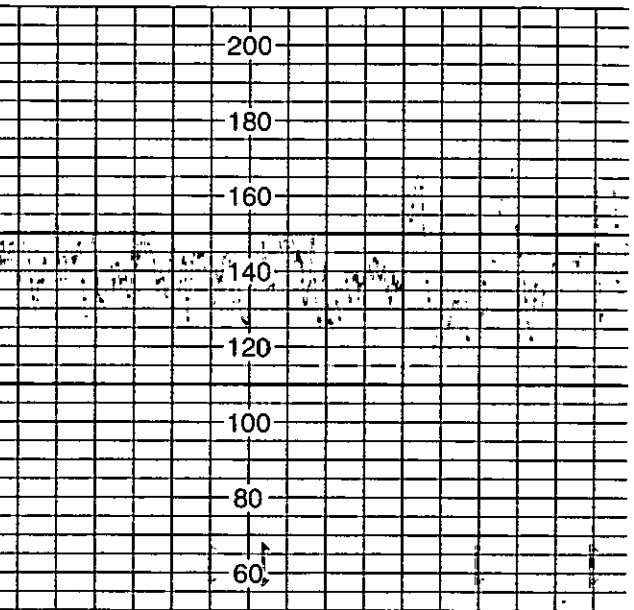
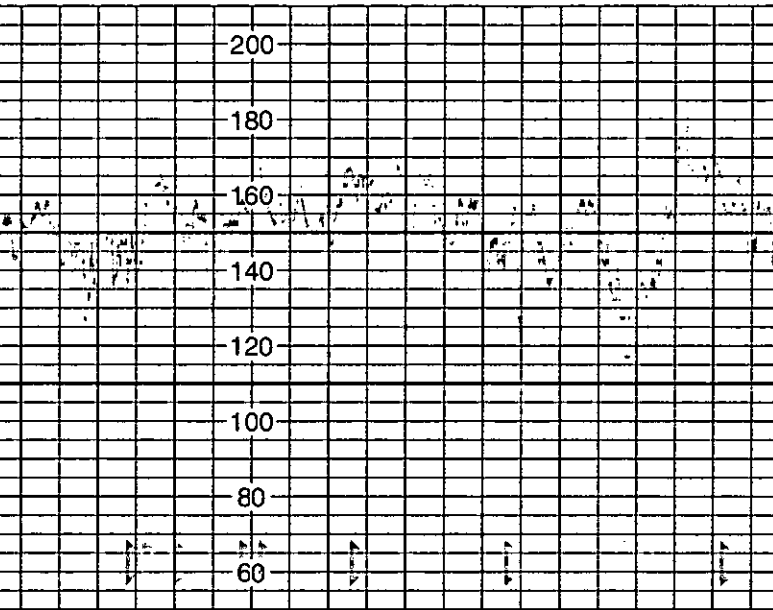
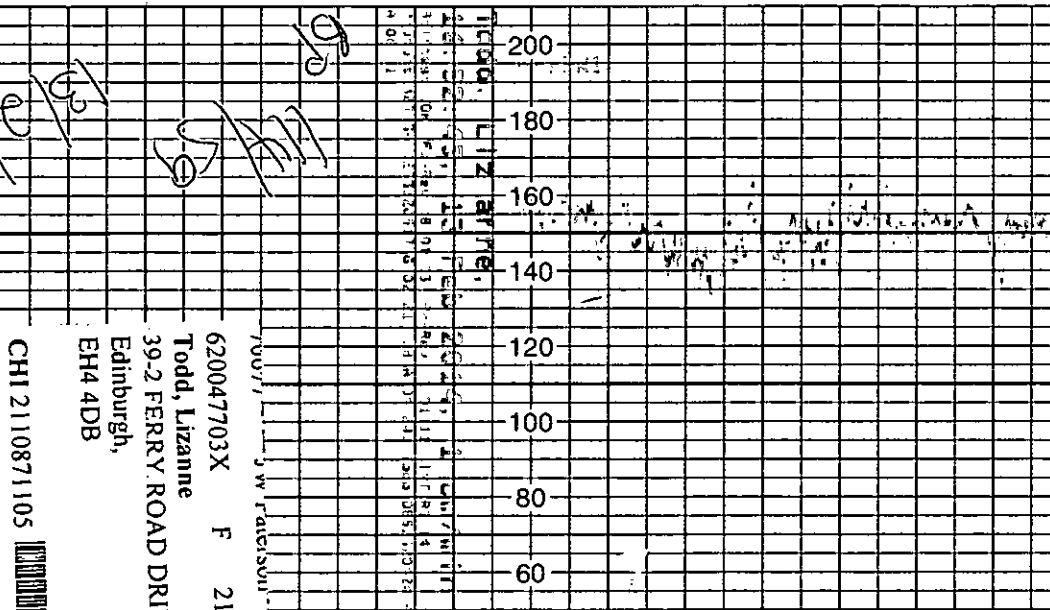
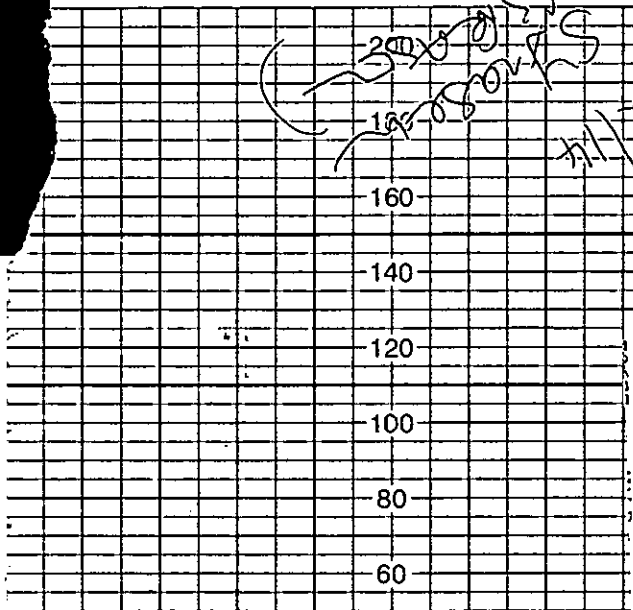


CHI 2110871105
620047703X F 21/10/1987
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB



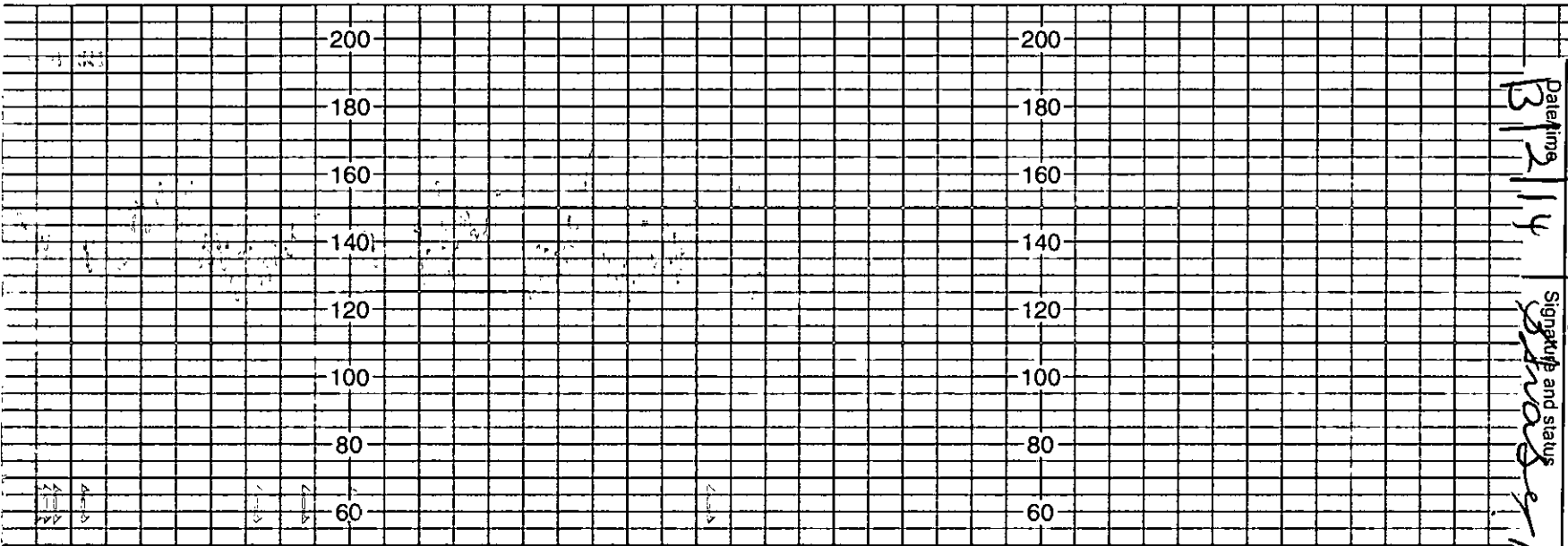




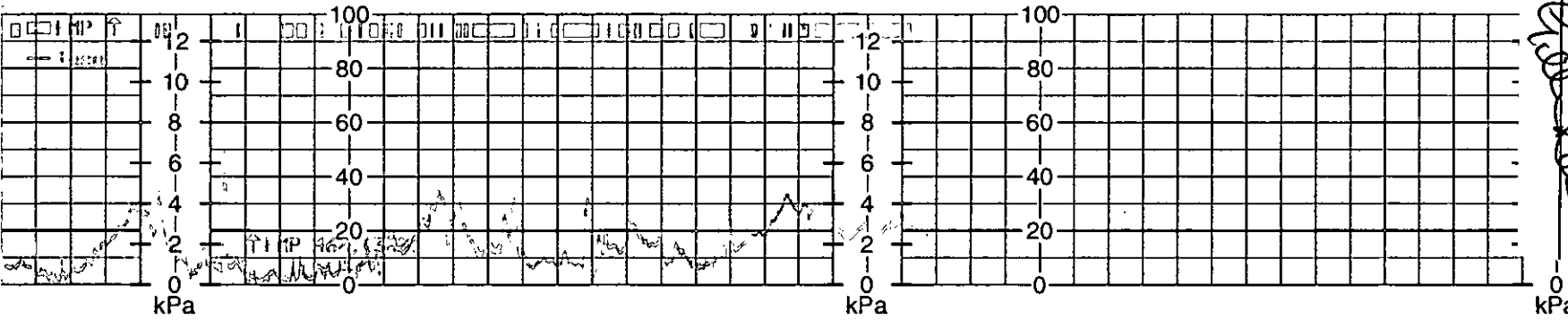


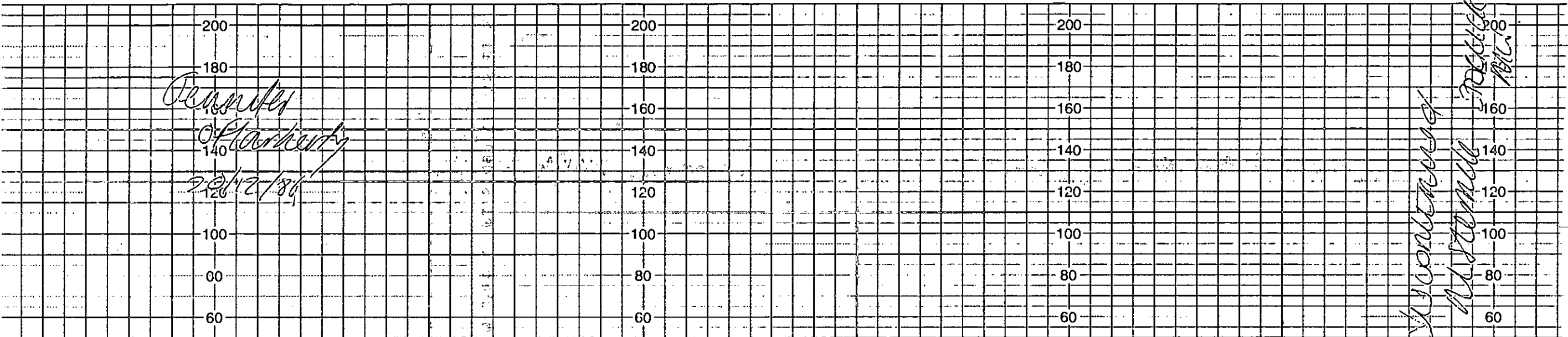
	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations	Present	None	None
Decelerations	None	Variable or single prolonged < 3 mins	A typical variable late single prolonged > 3 mins
Opinion	Normal CTG all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Contractile 110	Liquor colour	Maternal pulse bpm
Plan			

Date/time 13/2/14 Signature and status James / GP



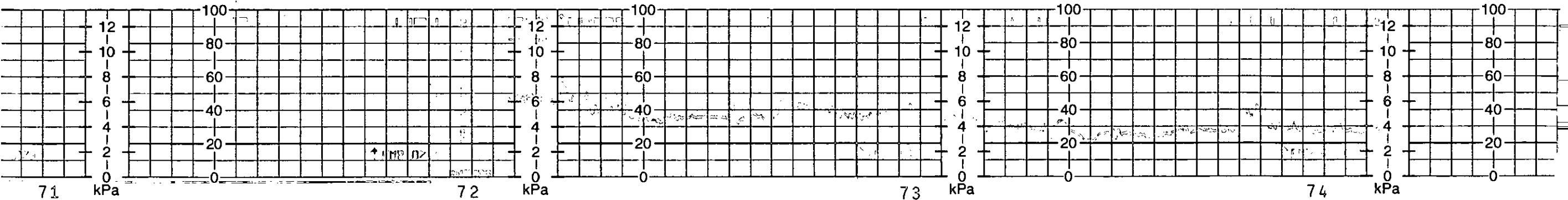
↑ 17:20, 13 Feb 2014. 1 cm/min





*Penner
O. Flankerty
20/12/86*

*Woodward
W. Stomell
20/12/86*



PHILIPS

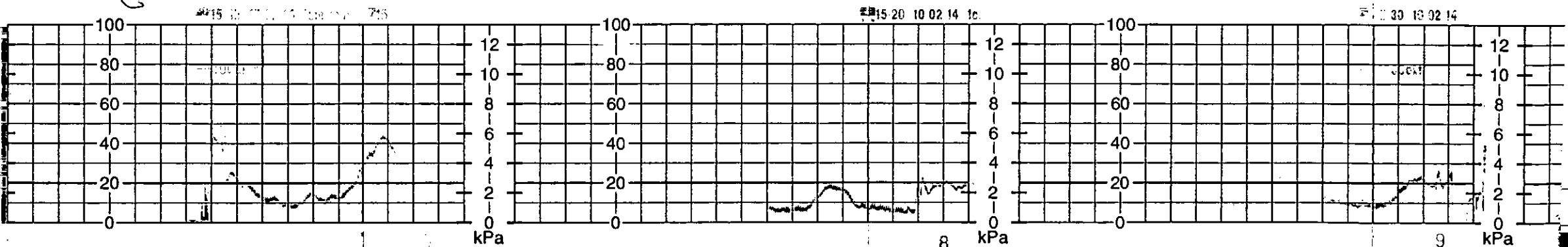
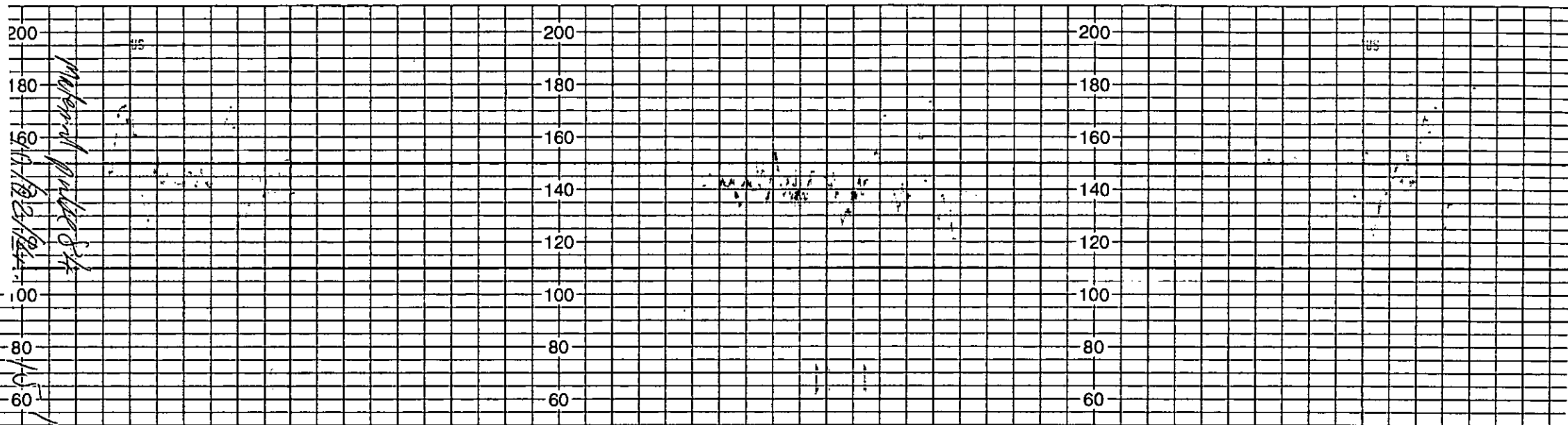
REORDER M1911A

1301 B

PHILIPS

REORDER M1911A

Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
620047703X F 2/10/1987



REORDER M1911A

1308 B

PHILIPS

REORDER M1911A

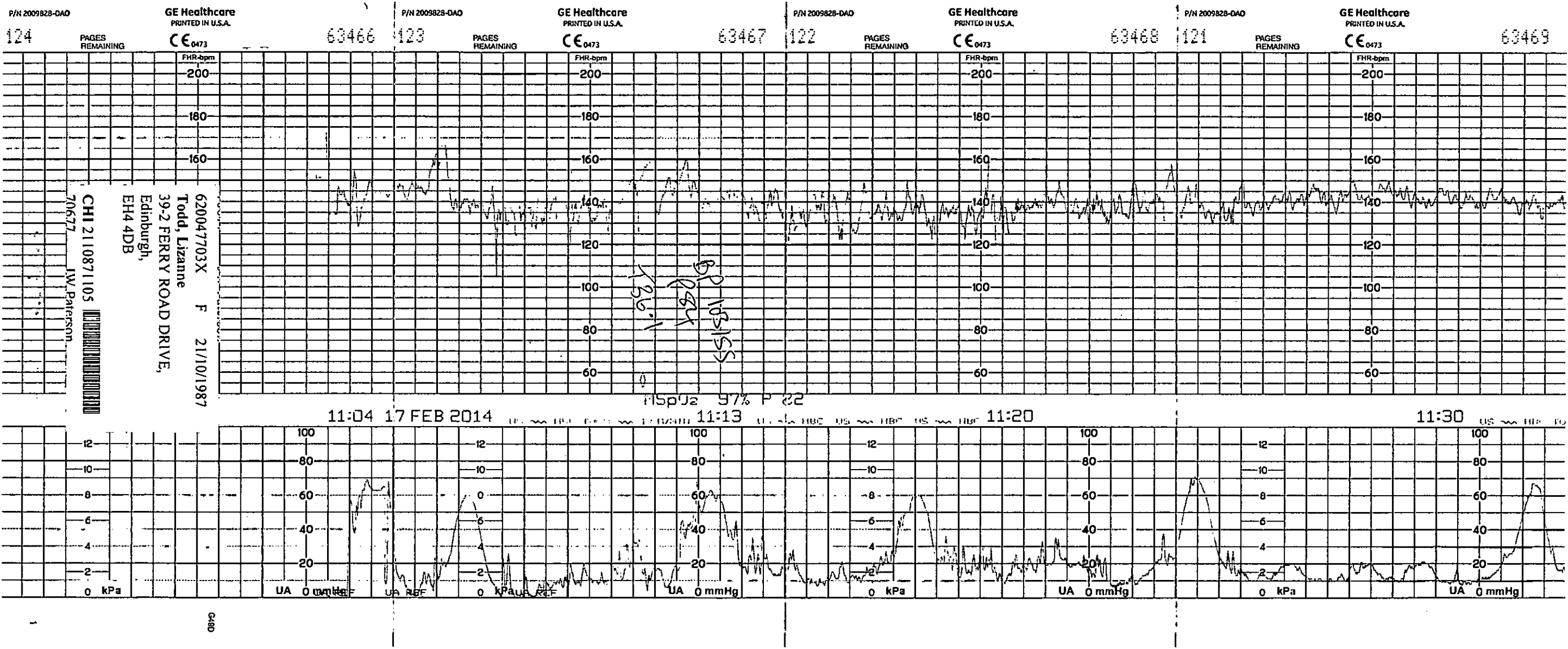
1308 B

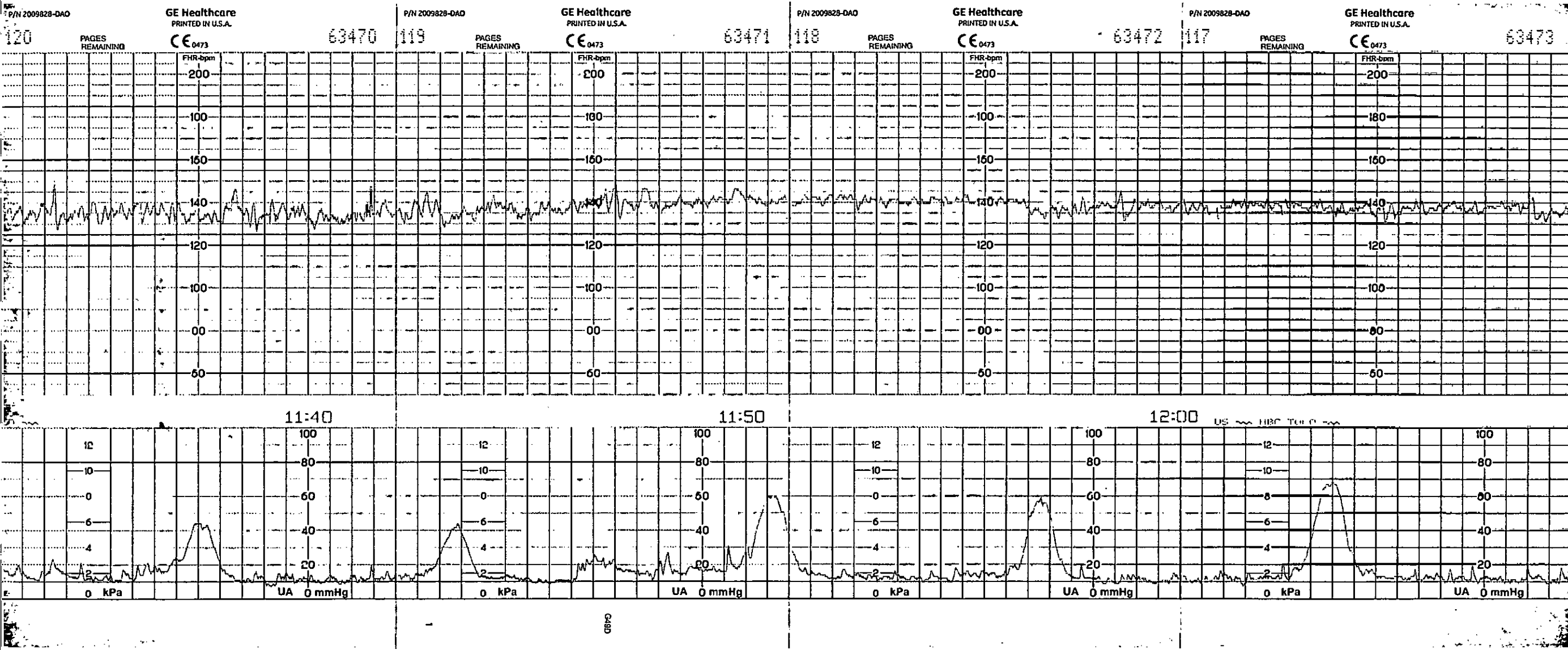
	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations	Present	None	None
Decelerations	None	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged >3 mins
Opinion	Normal CTG all four features reassuring	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Contractions / 10	Liquor colour	Mat pulse bpm
Plan			
Date/time 10 02 14	Signature and status <i>[Signature]</i>		

CHI 2110871105

70677 1W Paterson

EH4 4DB





116

PAGES
REMAINING

CE 0473

63474

115

PAGES
REMAINING

CE 0473

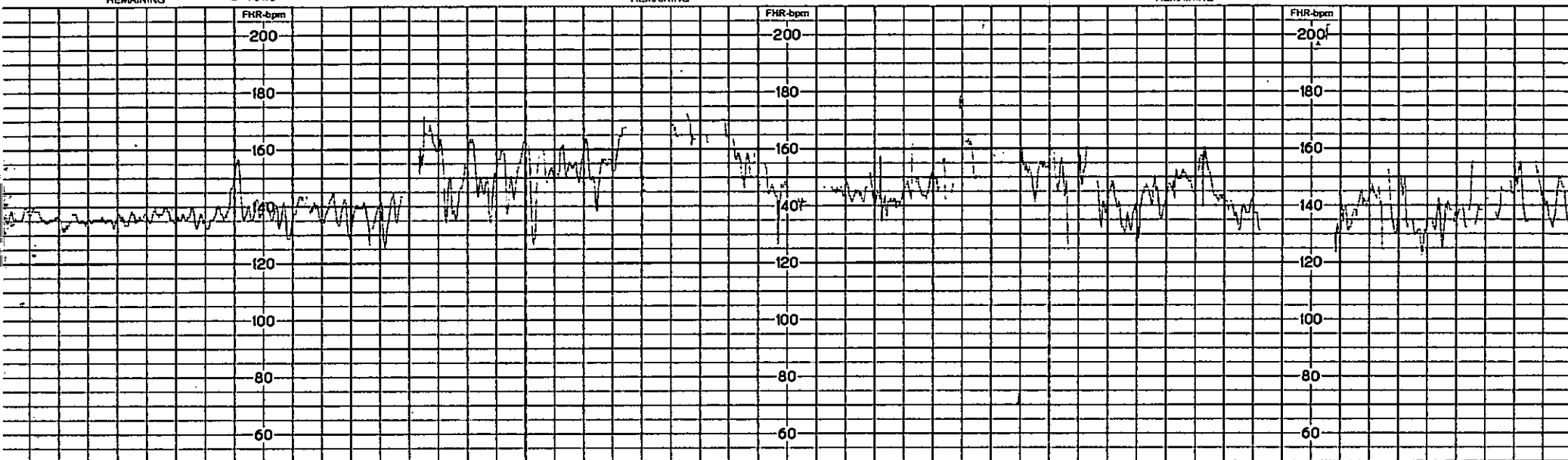
63475

114

PAGES
REMAINING

CE 0473

63476

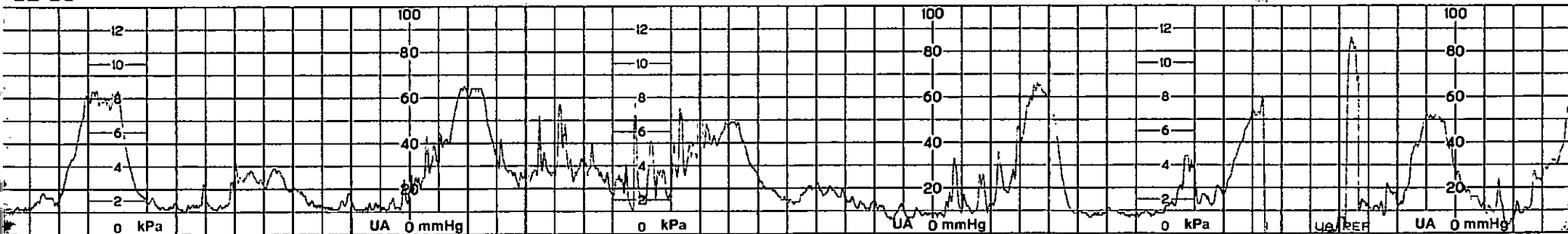


12:10

12:20

12:30

12:37 17 FEB 2014



113

PAGES
REMAINING

CE 0473

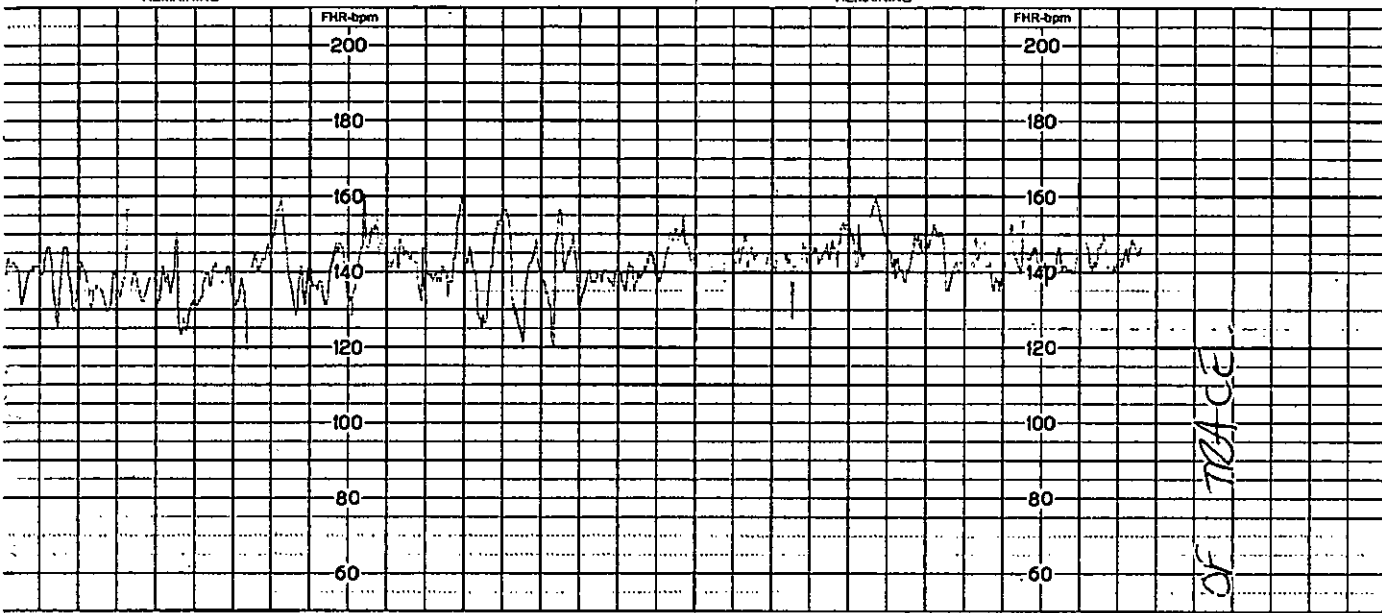
63477

112

PAGES
REMAINING

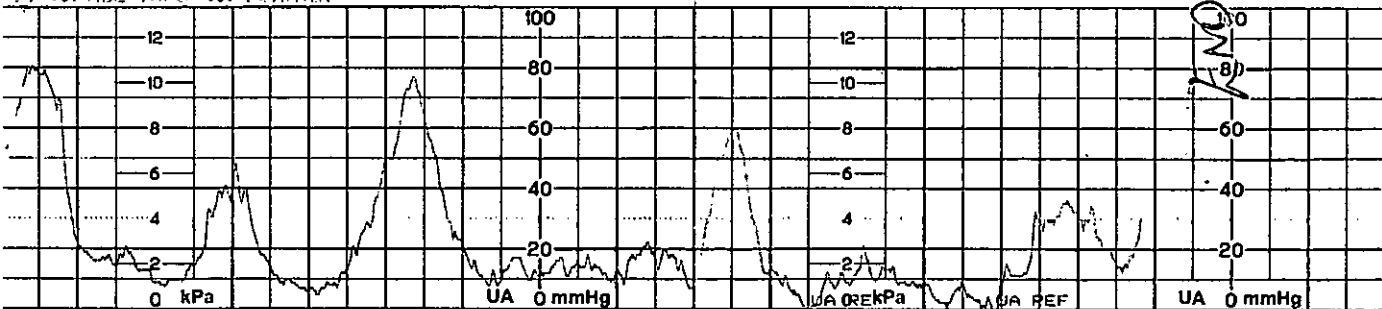
CE 0473

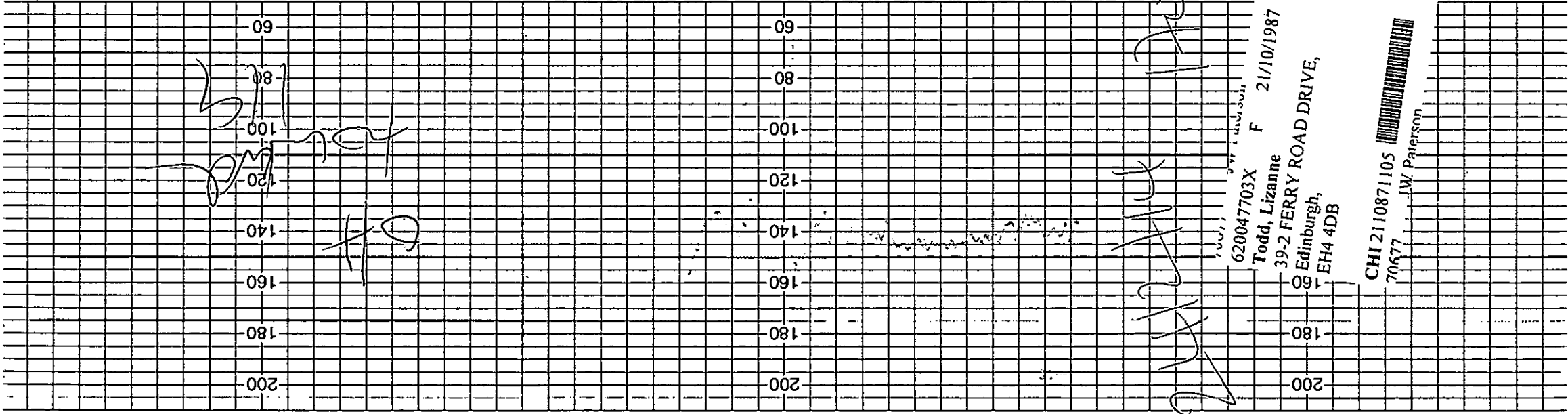
63478



05 ~ HBE 100.0 ~ 1 CM/MIN 12:46

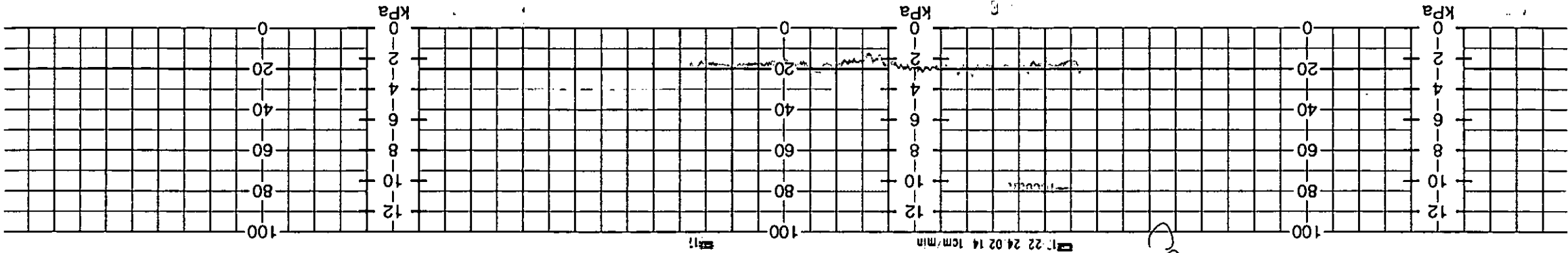
12:50





620047703X F 21/10/1987
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB

CHI 2110871105
70677 J.W. Paterson



PHILIPS

REORDER M1911A 1308 B

PHILIPS

Handwritten notes:
Back
200
180
160
140
120
100
80
60
40
20
0

Handwritten notes:
n/te/EG

Handwritten notes:
Dose
200
180
160
140
120
100
80
60
40
20
0

Handwritten notes:
sed b/g/g

200
180
160
140
120
100
80
60
40
20
0

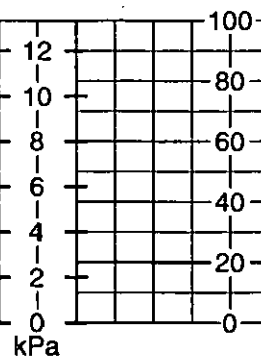
CHI 2110871105
206377
11/1/1987

620047703X F 21/10/1987
Todd, Lizanne
39-2 FERRY ROAD DRIVE,
Edinburgh,
EH4 4DB

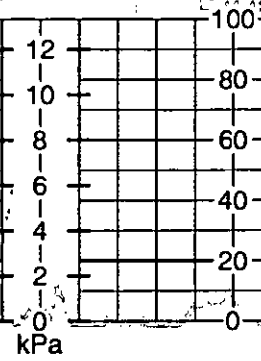
10077
J W Fitch/Sull

200
180
160
140
120
100
80
60
40
20
0

200
180
160
140
120
100
80
60
40
20
0

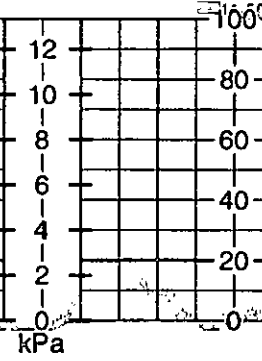


PHILIPS



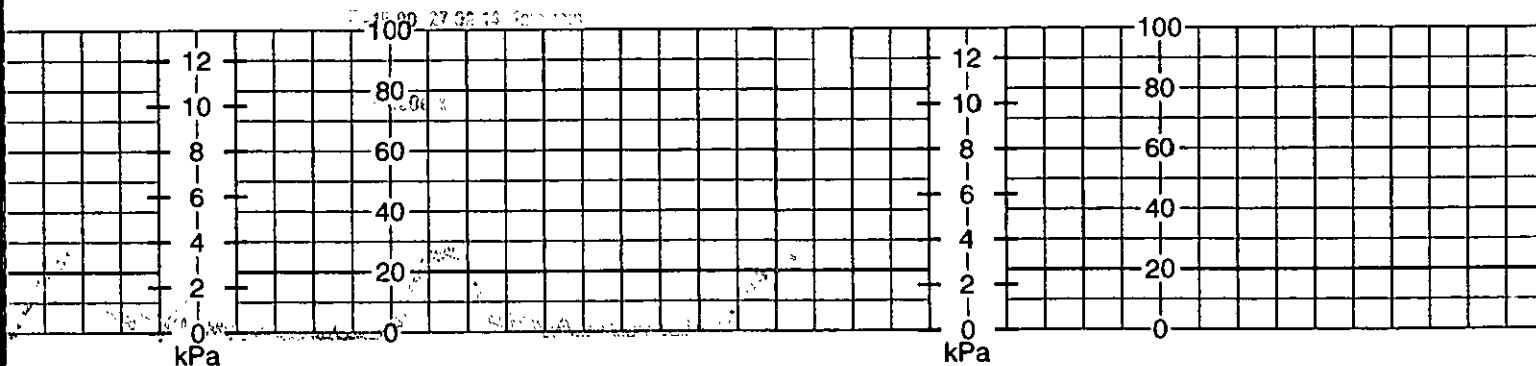
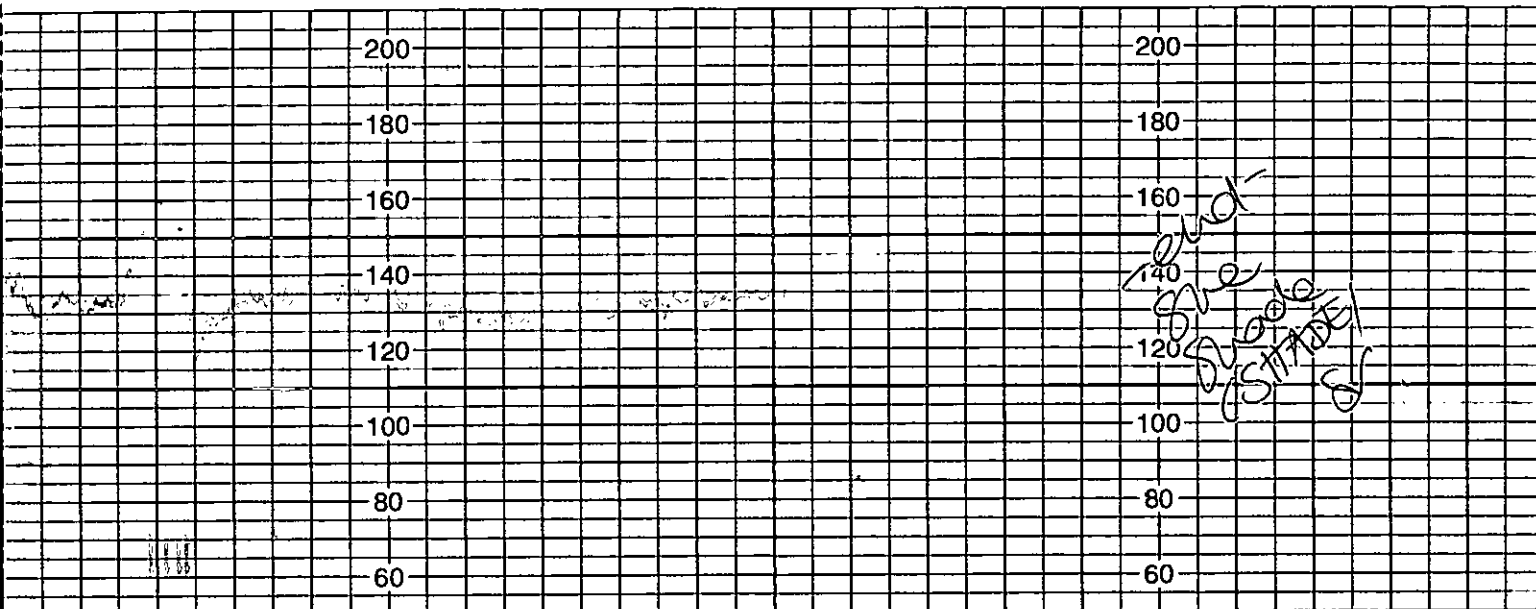
REORDER M1911A

1310 B



PHILIPS

1600 27.02 *4 cm min



	Reassuring	Non reassuring	Abnormal
Baseline rate bpm	110-160 ✓	100-109 161-180	<100 >180
Variability Bpm	5 bpm or more ✓	<5 for 40 mins or more but <90mins	<5 for 90 mins or more
Accelerations	Present ✓	None	None
Decelerations	None ✓	Variable or single prolonged < 3 mins	A typical variable Late Single prolonged >3 mins
Opinion	Normal CTG all four features reassuring ✓	Suspicious CTG one non reassuring feature	Pathological CTG two or more non reassuring or one or more abnormal features
Dilatation at last VE	Contractions / 10	Liquor colour <i>clear</i>	Mat pulse <i>75</i> bpm
Plan			
Date/time <i>27.12.14 15.15</i>	Signature and status <i>She Smole or Igevalant</i>		

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name:

Signature:

11L Negative
1ET Negative
1G 4-1.006
1LO Trace-intact
1H 6.0
1RO Negative
1RD 0.2 E.U./dL
1IT Negative
1EU Negative

11C-12

Dr A Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT

Date: 11/04/2022

Emergency Discharge Summary

Patient	Lizanne Hariz 42d Gracemount Drive Edinburgh EH16 6RJ	CHI	2110871105
		Date of Birth / Age	21/10/1987 (34 years)
		UHPI	620047703X
		A&E Attendance Number	E4995414
Attendance Date	08/04/2022		
Attendance Time	05:17		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	08/04/2022		
Discharge To			

Dear Dr A Pitcairn

Presentation: generally unwell

CLINICAL NOTES:

Clinical note: 34 year old

BIBA - Headache

Symptoms since Tuesday

Electric shock sensations on both sides of head

Intermittent, worse when moving head and sitting upright, exacerbated by bright lights

Over the course of Thursday pain was getting gradually worse, progressing until approx 8pm when she had been over at a relative's house, became too noisy and bright, therefore she left and went home

pain then carried on into the night therefore phoned for ambulance

nausea, no vomiting

no meds

allergic to penicillin though not clear nature of allergy

no hormonal contraceptive use

o/e

alert

using both hands to press blanket firmly across face and took considerable encouragement to stop this for assessment

temp 37.7, BP 108/70, HR 77, SpO2 98%, RR 16

No respiratory distress

normal neurological exam

normal fundoscopy

PEARL

not objectively photophobic

normal eye movements
no red eyes
no neck stiffness
kernig and brudzinski sign negative

imp
gradual onset headache 2-3 days with features suggestive of migraine
borderline temp - infective trigger
no signs of meningism

plan
analgesia, aspirin
bloods
urinalysis including B-HCG to exclude pregnancy

if investigations unremarkable, and symptoms improving, then home with diagnosis of migraine
if not settling/concerning bloods then consider further investigation

Mackenzie Spec Doc Review
09.30

Headache persist , no improvement with paracetamol and Aspirin
Now complaining of blurred vision

GCS 15/15
PERLA

Hx revisited
3/7 Hx intermittent bi temporal pain, describes as electric shock
Since 4 pm yesterday constant frontal headache, worsened to 8/10, sudden increase in discomfort, maximal intensity at 8 pm . Complaining of photophobia
Constant headache since
No vomiting
No altered power / sensation in limbs
Max temp 37.7
No double vision/ now complaining of blurred vision

DW Neuro on call. Wilkinson , in view pressure sympt (worse on cough/ sneeze) and blurred vision for CT head + venogram
If CT head and venogram normal likely migraine

Reviewed after CT and CT v

No new sympt, complaining of ongoing headache/ photophobia and nausea despite analgesia inc Aspirin and IV fluids .
DW Cons Grey
Further IV fluids and IV metaclopramide , admit CAA

15.00 reviewed patient, temp 39.2 (first documented temp) P 84 RR 20 SPO2 98 % OA BP 126/80

GCS 15/15

ongoing sympt as above

DW Cons Murty, cover for possible viral / bacterial meningitis in view ongoing headache/ photophobia and now temp

IV Aciclovir 500 mg (as per ideal body weight height 5 ft 1)

Penicillin allergy (according to patient she " swells up" and told not to have penicillin)

DW Micro on call, for IV Chloramphenicol 25mg / kg to max dose 2 g .

Dexamethasone 9.9 mg

Second IV access , repeat bloods inc cult/ coag and Meningitis PCR

DW Med Reg who will kindly review patient and arrange LP

Tried to contact NOK to update, no answer

Admit under medical team

6402882 08/04/2022 CT Head

6402883 08/04/2022 CT Venogram

Normal CSF spaces and ventricular system.

No evidence of intracranial haemorrhage.

No focal infarcts or haemorrhage identified.

No hydrocephalus.

No extra-axial collections.

Normal brainstem and posterior fossa.

After contrast administration, good opacification of the cerebral venous system.

There is no evidence of venous thrombosis.

Normal opacification of the cerebral venous system.

Comment:

Normal examination.

PHARMACY COMMENTS

8 x1g chloramphenicol (sufficient for 24h treatment) ordered to ED - will come up with porter in green box to ED charge nurse office ~17.20. Please send with patient if moves to ward to ensure doses are not delayed.

Lydia ED Pharmacist 2295

Yours Sincerely,

Dr Rory Anderson, Doctor



Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss EO Clinical Nurse Manager

The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



A/E no. E5817735
Previous no. E4995414
UHPI no. 620047703X
CHI no. 2110871105

Patient Information

Surname Hariz Date of Birth 21/10/1987
Forenames Lizanne Age Sex 36 Yrs F
Address 42d Gracemount Drive
Postcode EH16 6RJ Telephone 07465 984 634
Contact Hariz, Djamel Telephone H 07447988271
Address 42d Gracemount Drive W
Complaint Right Ankle Injury Allergies

Attendances in last 12 months: 0 School :

General Practitioner

Address A Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT
Telephone 0131 664 3050

Date and Time of Attendance 24/09/2024 08:55
Incident Date Time:
Mode of Arrival Emergency Ambulance
Source of Referral 999 Emergency

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN FREQ	(please tick)	Blood Sugar	mmols	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS ☐	NEG ☐
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight		Height
AVPU		Special Clinical Instructions							
O ₂ Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									
Triage By:	Print Name:	Signature:				Triage Time:			

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations	
Handwash		Gloves		Routine		CRP		ECG - Please tick	
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required ☐	Done ☐
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick	
Reason for PVC Insertion:				BTS		Other (Please state)		Required ☐	Done ☐
On Going Care Plan								MSU Sent	Yes ☐ No ☐
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent	Yes ☐ No ☐
Surg:	G.I:	Yes ☐ No ☐		Waiting Room		GP Out of Hours		HCG Result	Yes ☐ No ☐
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick	
Medics:	Gynae:	WGH		HD		SMMP		CRX	Yes ☐ No ☐
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes ☐ No ☐
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)	

10

[illegible]

Ref: MPS NHS Lothian 2017

Author: Dept Emergency Medicine RIE - Version 1.1

Review Date - Dec 2021

PLOT1371(Pilot)



Scottish
Ambulance
Service
www.scot.nhs.uk

9/24/2024

Incident Number: CP00137608

07:33	67	16	109/75	98	<=2 Secs	15	Alert	37.1	Sinus Rhythm	E9887148

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
07:33	16 (0)	98 (0)		0	109 (1)	67 (0)	Alert (0)	37.1 (0)	1

HISTORY

AMPLE

Allergies	IBUPROFEN
Medication	NIL
Past Medical History	NIL
Last Eaten	Unknown
Events Prior	PT AT WORK WHEN INJURY OCCURRED

Social History

Lives alone	No	Living With	FAMILY	Patient Occupation	CARER
Patients General Appearance	Normal				
Patient Mobility	Fully Mobile				
Patient Communication	No Help Required				
Patient Clinical Risk Factors	None Identified				

CLOSE RECORD

Treatment On Scene	Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No

INCIDENT LOG

Time Call Received	05:40	Allocated	07:00	Mobile	07:04
First Resource On Scene		Crew On Scene	07:25	Crew Left Scene	08:07

Crew At Hosp	Receiving Hospital	NEW EDINBURGH ROYAL INFIRMARY	Clear Time

Crew ID	Crew Grade	Driver
E9881906	Paramedic	YES
E9887148	Paramedic	NO

Dr A Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT

Date: 25/09/2024

Emergency Discharge Summary

Patient	Lizanne Hariz 42d Gracemount Drive Edinburgh EH16 6RJ	CHI	2110871105
		Date of Birth / Age	21/10/1987 (36 years)
		UHPI	620047703X
		A&E Attendance Number	E5817735
Attendance Date	24/09/2024	Contact	Hariz Djamel
Attendance Time	08:55		42d Gracemount Drive
Mode of Arrival	Emergency Ambulance		Edinburgh
Source of Referral	999 Emergency		EH16 6RJ
Discharge Date	24/09/2024		07447988271
Discharge To			

Dear Dr A Pitcairn

Presentation: Right Ankle Injury

CLINICAL NOTES:
Clinical note: 36F right ankle injury. Likes to be called Lizanne.

HPC
0520 this morning at work in care home, describes standing up to get a resident a biscuit, took 2 steps then leg went 'numb', felt like lost all sensation in leg. Right ankle inverted and twisted underneath her, fell to the floor, immediate pain.

No preceding headache/visual sx/lightheadedness/chest pain/SOB/palpitations.
Did not hit head, remembers all events. No other injuries.
Able to crawl to a chair and helped up by colleague who phoned ambulance.
Took own paracetamol at 0530.

3 week visit to Algeria recently, while away had a diarrhoeal illness for a few days, had resolved by return last friday 13th.
Last wednesday 18th had 1 day vomiting and epigastric pain. Has been well since.

Currently well nil on SE, no other injuries.

PMH
Spontaneous intracranial hypotension 2022

DH
NKDA

Nil meds

SH

Lives with partner, recently stopped smoking, minimal alcohol.

OE

Well, in wheelchair.

WWP pulse regular HS I+II+0

Right ankle elevated. Swelling and tender ++ over lateral malleolus. Warm to touch, no erythema or bruising.

Non tender remainder of ankle/foot/toes. Unable to move ankle due to pain.

Foot well perfused, dorsal pulse felt, good cap refill.

Describes tingling in toes and reduced sensation across dorsum/sole of foot.

Obs: RR normal Sats 96 on air BP 118/75 HR 60 T36.4

Investigations

SAS rhythm strip - Sinus rhythm nil signs ischaemia.

Right ankle XR - no fracture seen

Imp

Soft tissue/ligament injury right ankle

Reduced sensation/tingling not in any specific nerve distribution, likely secondary to swelling.

Unclear what episode of leg numbness represents - this was transient for around 30 seconds and has now resolved. Explained to Lizanne sometimes we don't find explanations for symptoms like these, but if this was to happen again she should see her GP/come back here if she is concerned.

DW Beth ENP

Plan

Simple analgesia, RICE advice

Advised to take simple analgesia

Ankle injury leaflet given

Advised if tingling/sensation does not return to normal when swelling comes down, then to return/see GP

Support bandage and moonboot applied, given weight bearing crutches

If does not return to normal within a month then can self-refer to physio through NHS inform.

All questions answered.

I Harper Fy2

Yours Sincerely,

Dr Isla Harper, Doctor

Breast Services

Dr Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT

Date First Created: 12/02/2020
Date/Time Printed: 11/05/2026 10:00
Our Ref: 620047703X
CHI: 2110871105

Patient:	Ms Lizanne Hariz 42d Gracemount Drive Edinburgh EH16 6RJ	UHPI:	620047703X
		Date of Birth:	21/10/1987
Specialty:	Breast Services	Consultant:	Breast Surgery Consultant (New)

This 32-year-old lady was found with normal fatty tissue under both arms and the breast clinical examination was normal and therefore she was discharged back to your care.

Kind regards.

Yours sincerely,

Mr Talha Saleem
Consultant Surgeon

CHI: 2110871105 TS/SB

Patient Information

ELIZABETH HARIZ

Age/Gender: 34 years 5 months 18 days Old Female

Address: 42D GRACEMOUNT DRIVE EDINBURGH, EH16 6RJ

DOB: 21/10/1987

CHI:

Ethnicity:

Date: 08/04/2022

Incident Number: CR008541246

Incident Type: EMG

Incident Location: 42D GRACEMOUNT DRIVE EDINBURGH, EH16 6RJ

620047703X / E4995414 F

HARIZ Lizanne

21-Oct-87 CHI: 211 087 1105

70376 A Pitcairn

42d Gracemount Drive

EH16 6RJ



Presenting Complaint

HEADACHE, GENERALLY UNWELL

Additional Comments

34yof OA pt in bed very distressed due to pain not coping with light. Pt feeling generally unwell with headache since tuesday, during exertion pt experiencing electric headache. Yesterday felt lethargic and generally unwell, at 8pm excruciating headache begun and pt feeling sick with pain in neck and back. Pt feeling very hot. OE bp low and remained low however good radial

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 20
	Oxygen Given	No	SPO2 99
C	Pulse Rate	BP	Cap Refill
	85	99/61	<=2 Secs
	Rhythm	Arm	Central/Peripheral
	Reg	Right	Peripheral
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orientated (5)
			Motor
			Obeys Commands (6)
			PEARL

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	S	P(L)	P(R)	PEF	CrewID
05:14			89/55												P121116S
05:01	71		89/59	98					37.7						P121116S
04:51	92		96/63												P121116S
04:43	85	20	99/61	99	<=2 Secs	15	Alert		37.8	5.2					P121116S

HISTORY

AMPLE

Allergies	PENICILIN
Past Medical History	PREECLAMPSIA EARLY SIGNS OSTEOPOROSIS
Last Eaten	>4 Hours Ago
Events Prior	UNWELL SINCE TUESDAY GRADUALLY WORSE THROUGHOUT DAY, 8PM ONSET SEVERE HEADACHE

Social History

Lives alone	No	Living With	HUSBAND, FAMILY	Patient Occupation	CARER
Patients General Appearance	Normal				
Patient Mobility	Fully Mobile				
Patient Communication	No Help Required				

4/8/2022

Incident Number: CR008541246

Patient Clinical Risk Factors None Identified

Patient Environmental Risk Factors None Identified

SOCRATES

Site	HEAD	Onset	DURING STIMULUS SINCE TUESDAY, TODAY 8PM CONSTANT, 05/04/2022
Character	ELECTRIC, Constant	Radiates	Yes, NECK , BACK
Associated Symptoms	Nausea, Dizziness	Timing	CONSTANT SINCE 8PM ON 07/04/2022
Exacerbating Or Relieving Symptoms	WORSE IN LIGHT, HEAD MOVEMENT	Severity	10/10

**MEDICAL
CLOSE RECORD**

Treatment On Scene Non Emergency

Conveyance

Transport To Hospital Normal driving Pre Alert No

INCIDENT LOG

Time Call Received 03:04 Allocated 04:27 Mobile 04:27

First Resource On Scene Crew On Scene 04:46 Crew Left Scene 04:59

Crew At Hosp 05:12 Receiving Hospital NEW EDINBURGH ROYAL Clear Time INFIRMARY

Crew ID	Crew Grade	Driver
E9884206	Student Technician Level 4	YES
E0000325	Paramedic	NO
P121116S	Student Technician Level 3	NO

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	0800A	10.00			
Clinical Area of ED	A	D			
Initials of Care Round Leader	SA	CF			
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	10	20			
Cardiac monitoring required	Y (N)	Y (N)	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	7/10	7			
Mobility					
Fully weight bearing	✓	/			
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required		/			
Patient is Self Caring and can walk to toilet	✓				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓	/			
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	P	P / R	P / R	P / R	P / R
Snack	R	P / R	P / R	P / R	P / R
Catered Meal	R	P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns					
Visible areas of redness	Not seen	TBA			
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC / Arterial Line / Central Line / PVC	/	/			
Urinary Catheter / Chest Drain	/	/			
Infusion Device	/	/			
NG tube / PEG tube / Tracheostomy	/	/			
Other	/	/			
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	/	/			
Cubicle Tidy (Please tick)					
Ensure area is tidy and free of obstruction	/	/			

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

VTE RISK ASSESSMENT

To be completed within 24 hours of admission

Date: 08/04/2022

Ward: AMU

20047703X F 21/10/1987
Tariz, Lizanne
12d Gracemount Drive,
Edinburgh,
EH16 6RJ
CHI: 2110871105
0376 A Pitcairn

Part 1: Consider Contraindications to VTE prophylaxis + Bleeding Risk (Tick)

Platelets <50	Known/suspected bleeding	Awaiting lumbar puncture	☒
Uncontrolled severe hypertension	CNS surgery within 1 month-discuss with neurosurgery	On apixaban (or similar), warfarin or therapeutic heparin	
Advanced liver disease	Acute stroke/intracranial bleed	On ACS treatment	
Coagulopathy	Cerebral metastases	History of HIT	

ACTION: YES TO ANY OF THE ABOVE, DO NOT PRESCRIBE DALTEPARIN

Other contraindication or other reasons (e.g. needle phobia, refusal).....

☒ Dalteparin NOT Prescribed-Contraindication as above. *Consider TED Stockings (tick if relevant)

Assessed by (name/grade)

MSU/AMU

F91

Signature.....

ASSESSMENT COMPLETED FOR PATIENTS WITH CONTRAINDICATION. FOR REVIEW AFTER 24 HOURS

Part 2: If NO contraindication-Consider Risk Factors for VTE (Tick)

Age >60	Obesity	Immobility	Systemic infection
Active Cancer	Chronic inflammatory states (e.g. heart failure, inflammatory bowel disease, HIV)	Hormone therapy/pregnancy	Previous/family history of VTE
Thrombophilia	Varicose veins	Fracture	Recent surgery/hospitalisation

If YES to any of above

If NO ☐ Go to 'ACTION' below

Part 3: Check Weight and eGFR (Tick correct dose and tick the relevant action below)

eGFR	Weight	Prescribe the correct dose on the kardex	
>10	< 50kg	Dalteparin 2500 units S/C once daily	
>10	50-100 kg	Dalteparin 5000 units S/C once daily	
>10	101-150 kg	Dalteparin 5000 units S/C twice daily*	
>30**	>150 kg	Dalteparin 7500 units S/C twice daily*	
≤10 or on renal replacement	Any	Consider mechanical measures. If high thrombotic risk consider Dalteparin 2500 units once daily*. Monitor anti-Xa levels after 10 days as per LUHD guidelines	

For eGFR 11-30: Monitor anti-Xa levels after 10 days as per LUHD guidelines.

*Off-license dose; **For extreme weight and eGFR<30ml/min: please consult Haematology for advice

ACTION: ☐ FOR DALTEPARIN. PRESCRIBE THE CORRECT DOSE ON THE KARDEX

☐ Dalteparin NOT prescribed-NO significant VTE risk factors. *Consider TED stockings.

Assessed by (name/grade)

Signature.....

Part 4: Reassessment after 24 hours (Tick+explain any changes)

Continue ☐ Discontinue ☐ Modify/Other changes.....

Name/grade:

Signature:

*CONTRAINDICATIONS TO TEDS

- Massive leg oedema
- Pulmonary oedema
- Severe peripheral arterial disease
- Major leg deformity
- Peripheral neuropathy
- Active dermatitis.

Review date: February 2020

Please file with the prescription chart

6/9.

Patient Name
HARIZ LIZANNECHI
2110871105Date of Birth
21/10/1987Age
34GP
Veluchamy, JothiGP Practice
Liberton Medical GroupGP Practice Code
70376

Allergies

Description	Date Recorded	Comments
No ECS data exists		
PENICILLIN	SWOLLEN MOUTH, SOB	

Sources:

☒

ECS

☐

Patient's Drugs

☐

Referrer Kardex

☐

GP Practice

☐

TRAK

☒

Patient

☐

Relative / Carer

☐

Referrer Letter

☐

Comm Pharmacy

☐

Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1° 2° 3°	Action C W S	Comments
No ECS data exists								

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1° 2° 3°	Action C W S	Comments
No ECS data exists										

Compliance Device

Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
M. S. P. Ash	Fx1		08/04/22	21:55	21418
Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary

Patient Name
HARIZ LIZANNE

CHI
2110871105

Date of Birth
21/10/1987

Age
34

GP
Veluchamy, Jothi

GP Practice
Liberton Medical Group

GP Practice Code
70376

No KIS data recorded

20047703X F 21/10/1987
Hariz, Lizanne
2d Gracemount Drive,
Edinburgh,
EH16 6RJ

CHI 2110871105 
0376 A Pitcairn

Ward: AMV6	Site: R16	Date: 9/4/22	620347703X/3:295414 F 21/10/1987 NHS Lothian Hariz, Lizzanne 420 Gravemount Drive, Edinburgh, EH11 6BJ D 2110871105 70375A Pitcairn Unit no. / CHI
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.			
1hrly 2hrly 3hrly <u>4</u> hrly (please circle/complete)			
Print name and sign ARNSEN			
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,			
Time of Care Rounding Document the exact time care rounding took place e.g. 0830 2350 03			
08.00 am ← 24 hour period → 07.00 am			
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review:		
	Use codes for outcome of skin review		
	Waterlow 10+ - Visual Skin Check (tick)	☒	☒
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....	
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan			
Elimination	Have you changed position since last CR?	Y	Y
	Positioning (R) or (L) side (B) Back (C) Chair	B	B
	Mattress type / Cushion type	please state type:	
	Do you need the toilet?	N	N
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y
Food, Fluid & Nutrition	Continenace product changed/offered?	NA	NA
	Catheter care performed?	NA	NA
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact		
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y
	Bowel function monitored	Observe bowel function and update daily	
Falls	Would you like a drink?	Y	Y
	Ensure fluids are within easy reach	N	N
	Fluid Balance Chart (if clinically indicated)	N	N
	When did you last eat?	S	S
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required		
Pain	Oral Hygiene Performed (ref to risk assessment)	N	N
	Appropriate Footwear?	Y	Y
	Walking aid available (and within reach)	NA	NA
	Area de-cluttered?	Y	Y
	Chair and bed height assessed?	Y	Y
General	Falls alarm in use and attached?	N	N
	Glasses available for use? (if worn)	N	N
	Hearing aid available for use? (if worn)	N	N
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☒		
	Are you in pain?	N	N
Personal Care	Analgesia Given?	N	N
	Peripheral Venous Cannula observed?	Y	Y
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily		
	Are you comfortable? Y/N	Y	Y
	Anything else I can do for you?	N	N
Buzzer within easy reach NA NA			
Time Given _____			
Initials — document at time of care delivery AR AP			

Ward: <u>W6</u>	Site: <u>RLE</u>	Date: <u>10/4/22</u>	Addressograph, or											
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.			Name <u>Lizanne Hairz</u>											
			DOB <u>21.10.87</u>											
1hrly 2 hrly <u>3 hrly</u> _____ hrly (please circle/complete)			Unit no. / CHI _____											
Print name and sign <u>[Signature]</u>														
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,														
Time of Care Rounding Document the exact time care rounding took place e.g. 0830			08:30 10:35 08.00 am ← 24 hour period → 07.00 am											
Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review													
	Waterlow 10+ - Visual Skin Check (tick)													
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister													
	Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....													
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Elimination	Have you changed position since last CR? <u>N</u> <u>Y</u>													
	Positioning (R) or (L) side (B) Back (C) Chair <u>B</u> <u>B</u>													
	Mattress type / Cushion type <u>please state type:</u>													
	Do you need the toilet? <u>N</u> <u>I</u>													
	Is the patient continent of urine? (at time of Care Rounding) <u>I</u> <u>I</u>													
Food, Fluid & Nutrition	Continence product changed/offered? <u>MA</u> <u>N</u>													
	Catheter care performed? <u>NO</u> <u>N</u>													
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
	Is patient continent of faeces? (at time of Care Rounding) <u>Y</u> <u>Y</u>													
	Bowel function monitored Observe bowel function and update daily													
Falls	Would you like a drink? <u>N</u> <u>W</u>													
	Ensure fluids are within easy reach <u>N</u> <u>W</u>													
	Fluid Balance Chart (if clinically indicated) <u>09/04</u> <u>S</u>													
	When did you last eat? <u>09/04</u> <u>S</u>													
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance <u>Update Food Chart if required</u>													
Pain	Oral Hygiene Performed (ref to risk assessment) <u>I</u> <u>I</u>													
	Appropriate Footwear? <u>Y</u> <u>Y</u>													
	Walking aid available (and within reach) <u>N</u> <u>N</u>													
	Area de-cluttered? <u>Y</u> <u>Y</u>													
	Chair and bed height assessed? <u>Y</u> <u>Y</u>													
General	Falls alarm in use and attached? <u>N</u> <u>N</u>													
	Glasses available for use? (if worn) <u>N</u> <u>N</u>													
	Hearing aid available for use? (if worn) <u>N</u> <u>N</u>													
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
	Are you in pain? <u>N</u> <u>N</u>													
Analgesia Given? <u>N</u> <u>N</u>														
Peripheral Venous Cannula observed? <u>Y</u> <u>Y</u>														
Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily														
Are you comfortable? Y/N <u>Y</u> <u>Y</u>														
Anything else I can do for you? <u>N</u> <u>N</u>														
Buzzer within easy reach <u>MA</u> <u>N</u>														
Personal Care Type <u>IMO</u> (specify) Time Given _____														
Initials – document at time of care delivery <u>[Signature]</u>														

Ward: AMU6 Site: RIE Date: 11/04/22

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2hrly 3hrly 4hrly (please circle/complete)

Print name and sign m. mcdaid

620647703X/E4995414 F 21/10/1987

Hariz, Lizanne
42d Gracemount Drive,
Edinburgh,
EH16 6RJ



DOB

CHI 2110871105

70376 A Pitcairn

Unit no. / CHI

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

08.00 am ← 24 hour period → 07.00 am

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review:												
	Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	NS	NS										
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	/	/										
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Elimination	Have you changed position since last CR?	y	y										
	Positioning (R) or (L) side (B) Back (C) Chair	B	B/L										
	Mattress type / Cushion type	please state type:											
	Do you need the toilet?	I	I										
	Is the patient continent of urine? (at time of Care Rounding)	y	y										
Food, Fluid & Nutrition	Continenence product changed/offered?	NG	NG										
	Catheter care performed?	NG	NG										
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	y	y										
	Bowel function monitored	Observe bowel function and update daily											
Falls	Would you like a drink?	I	I										
	Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)	N	N										
	When did you last eat?	S	S										
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
Pain	Oral Hygiene Performed (ref to risk assessment)	I	I										
	Appropriate Footwear?	y	y										
	Walking aid available (and within reach)	NG	NG										
	Area de-cluttered?	y	y										
	Chair and bed height assessed?	y	y										
General	Falls alarm in use and attached?	NG	NG										
	Glasses available for use? (if worn)	N	N										
	Hearing aid available for use? (if worn)												
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
	Are you in pain?	N	N										
General	Analgesia Given?	N	N										
	Peripheral Venous Cannula observed?	y	y										
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily												
	Are you comfortable? Y/N	y	y										
	Anything else I can do for you?	y	y										
Buzzer within easy reach NG NG													
Personal Care Type _____ (specify) Time Given _____													
Initials — document at time of care delivery <u>m</u> <u>m</u>													

Ward:	Site:	Date:	Addressograph, or 											
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. 1hrly 2 hrly 3 hrly ____ hrly (please circle/complete)			Name _____ DOB _____ Unit no. / CHI _____											
			Print name and sign _____											
Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,														
Time of Care Rounding Document the exact time care rounding took place e.g. 0830			08.00 am ← 24 hour period → 07.00 am											
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	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
	Have you changed position since last CR?													
Elimination	Positioning (R) or (L) side (B) Back (C) Chair													
	Mattress type / Cushion type <i>please state type:</i>													
	Do you need the toilet?													
	Is the patient continent of urine? (at time of Care Rounding)													
	Continence product changed/offered?													
	Catheter care performed?													
Food, Fluid & Nutrition	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
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	Would you like a drink?													
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	Fluid Balance Chart (if clinically indicated)													
Falls	When did you last eat?													
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
	Oral Hygiene Performed (ref to risk assessment)													
	Appropriate Footwear?													
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	Area de-cluttered?													
Pain	Chair and bed height assessed?													
	Falls alarm in use and attached?													
	Glasses available for use? (if worn)													
	Hearing aid available for use? (if worn)													
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
	Are you in pain?													
General	Analgesia Given?													
	Peripheral Venous Cannula observed?													
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily													
	Are you comfortable? Y/N													
	Anything else I can do for you?													
	Buzzer within easy reach													
Personal Care Type _____ (specify) Time Given _____														
Initials – document at time of care delivery														

NHS
Lothian

• Write clearly in block capitals, using a black ballpoint pen • Use approved names for medicines • Never alter a prescription • Route of administration The only acceptable abbreviations are: <table> <tr> <td>IV - intravenous</td> <td>SL - sublingual</td> <td>NG - nasogastric</td> </tr> <tr> <td>IM - intramuscular</td> <td>PR - per rectum</td> <td>ID - intradermal</td> </tr> <tr> <td>SC - subcutaneous</td> <td>PV - per vagina</td> <td>TOP - topical</td> </tr> <tr> <td>INHAL - inhaled</td> <td>NEB - nebulised</td> <td></td> </tr> </table> Never abbreviate ORAL or INTRATHECAL Specify RIGHT or LEFT for eye and ear preparations	IV - intravenous	SL - sublingual	NG - nasogastric	IM - intramuscular	PR - per rectum	ID - intradermal	SC - subcutaneous	PV - per vagina	TOP - topical	INHAL - inhaled	NEB - nebulised		• Write the medicine dose clearly - The only acceptable abbreviations are: <table> <tr> <td>g - gram</td> <td>mg - milligram</td> <td>ml - millilitre</td> </tr> </table> all other doses must be written out in full eg. micrograms - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point - Prescribe liquids by writing the dose in mg - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose - Write units as 'units' not 'iu'	g - gram	mg - milligram	ml - millilitre
IV - intravenous	SL - sublingual	NG - nasogastric														
IM - intramuscular	PR - per rectum	ID - intradermal														
SC - subcutaneous	PV - per vagina	TOP - topical														
INHAL - inhaled	NEB - nebulised															
g - gram	mg - milligram	ml - millilitre														

[illegible]

REGULAR THERAPY

620047703X F 21/10/1987
 Hariz, Lizanne
 42d Gracemount Drive,
 Edinburgh,
 EH16 6RJ
 CHI 2110871105
 70376 A Pitcairn
 (Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses	6. Vomiting / nausea
2. Patient not present	7. Time varied on doctor's instructions
3. Medicines not available - CHECK ORDERED	8. Once only / as required medicine given
4. Asleep / drowsy	9. Dose withheld on doctor's instructions
5. Administration route not available - CHECK FOR ALTERNATIVE	10. Possible adverse reaction / side effect

O X Y G E N	Start		Route		Prescriber - Sign + Print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time

PRESCRIPTION		Patient's Own Medicine	Date →	08	9	10	11	12												
			Time →	04	4	4	4	4												
Medicine (Approved Name)	CHLORAMPHENICOL	For Use		6				3												
Dose	2g	Route	IV	Quantity	8															
Notes/Indication for antibiotic	? BACTERIAL / NEAR MEMBRANITIS	Start Date	08/04/11	Stop Date	14															
Prescriber - sign + print	H. SOUPASTH	Pharmacy		18																
				22	24	8	3													
Medicine (Approved Name)	DEXAMETHASONE	For Use		6																
Dose	9.9 mg	Route	IV	Quantity	8															
Notes/Indication for antibiotic	? BACTERIAL MEMBRANITIS	Start Date	08/04/11	Stop Date	14															
Prescriber - sign + print	H. SOUPASTH	Pharmacy		18																
				22	24	8	3													
Medicine (Approved Name)	ACICLOVIR	For Use		6																
Dose	800mg	Route	IV	Quantity	8															
Notes/Indication for antibiotic	? NEAR BACTERIAL MEMBRANITIS	Start Date	08/04/11	Stop Date	14															
Prescriber - sign + print	H. SOUPASTH	Pharmacy		18																
				22	24	8	3													
Medicine (Approved Name)	PARACETAMOL	For Use		6																
Dose	1g	Route	ORAL	Quantity	8															
Notes/Indication for antibiotic		Start Date	08/04/11	Stop Date	14															
Prescriber - sign + print	H. SOUPASTH	Pharmacy		18																
				22	24	8	3													

REGULAR THERAPY

620047703X F 21/10/1987

Hariz, Lizanne
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Edinburgh,
EH16 6RJ

CHI 2110871105

70376 A Pitcairn

PRESCRIPTION		Patient's Own Medicine	Date →	Time →
Medicine (Approved Name)	For Use	Date	08/08/22	08/09/22
18ULPROFEN		6	08/08/22	08/09/22
Dose	Route	Quantity	8	12
400mg	Oral		14	18
Notes/Indication for antibiotic	Start Date	Stop Date	22	22
	08/08/22			
Prescriber - sign + print	Pharmacy			
H. Souda				
Medicine (Approved Name)	For Use	Date	6	8
TEDS		8	12	14
Dose	Route	Quantity	18	22
1 PAIR	TOP			
Notes/Indication for antibiotic	Start Date	Stop Date		
	08/08/22			
Prescriber - sign + print	Pharmacy			
H. Souda				
Medicine (Approved Name)	For Use	Date	6	8
OMEPRAZOLE		8	12	14
Dose	Route	Quantity	18	22
20mg	Oral			
Notes/Indication for antibiotic	Start Date	Stop Date		
	19/08/22			
Prescriber - sign + print	Pharmacy			
H. Souda				
Medicine (Approved Name)	For Use	Date	6	8
COTRIMOXAZOLE		8	12	14
Dose	Route	Quantity	18	22
960mg	Oral			
Notes/Indication for antibiotic	Start Date	Stop Date		
	19/08/22			
Prescriber - sign + print	Pharmacy			
H. Souda				
Medicine (Approved Name)	For Use	Date	6	8
		8	12	14
Dose	Route	Quantity	18	22
Notes/Indication for antibiotic	Start Date	Stop Date		
Prescriber - sign + print	Pharmacy			
Medicine (Approved Name)	For Use	Date	6	8
		8	12	14
Dose	Route	Quantity	18	22
Notes/Indication for antibiotic	Start Date	Stop Date		
Prescriber - sign + print	Pharmacy			

Continuation

(Attach printed label here)

[illegible]

(Attach printed label here)

[illegible]

**REGULAR
THERAPY**

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

[illegible]

Page 4 of 6

AS REQUIRED
THERAPY

620047703X F 21/10/1987

Hariz, Lizanne
42d Gracemount Drive,
Edinburgh,
EH16 6RJ

CHI 2110871105
70376 A Pitcairn

PRESCRIPTION		Patient's Own Medicine
Medicine (Approved Name)		For Use
Cyclizine		Date
Dose + frequency + max		Time
50mg 8		Dose
Route		Initials
im		
Indication + notes		Date
N+V		Time
Start Date		
10/6/22		
Prescriber - sign + print		Pharmacy
[Signature]		Dose
		Initials
Medicine (Approved Name)		For Use
Ondansetron		Date
Dose + frequency + max		Time
4mg 8		Dose
Route		Initials
im / iv		
Indication + notes		Date
N+V		Time
Start Date		
10/6/22		
Prescriber - sign + print		Pharmacy
[Signature]		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
Dose + frequency + max		Time
Route		Dose
		Initials
Indication + notes		Date
Start Date		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
Dose + frequency + max		Time
Route		Dose
		Initials
Indication + notes		Date
Start Date		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
Dose + frequency + max		Time
Route		Dose
		Initials
Indication + notes		Date
Start Date		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials
Medicine (Approved Name)		For Use
		Date
Dose + frequency + max		Time
Route		Dose
		Initials
Indication + notes		Date
Start Date		Time
Prescriber - sign + print		Pharmacy
		Dose
		Initials

NHS Lothian
Emergency Department

Adult Majors

Prescription, Administration & Observation Record



6200-47703X /E4995414 F
HARIZ Lianne
21-Oct-87 CHI: 211 087 1105
70376 A Pitcairn
42d Gracemount Drive
EH16 6RJ



The section below must be completed before any medicine is prescribed/given

Previous
Adverse
Reactions

Penalun

Weight

Q2.5 kgs
Actual / Estimate

Date _____

08 | 4 | 22

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
8/4	0555	Paracetamol	1g	Oral	~~S. Macken~~	0605	DS	
8/4	0555	Aspirin	900mg	Oral	~~S. Macken~~	0605	DS	
8/4	0930	Codene	60mg	Po	S. Macken	1000	CF	
8/4	1410	Metoprolol	10mg	IV	S. Macken	1430	ES	PA
8/4	1410	Paracetamol	1g	Po	S. Macken	1430	ES	
8/4	1410	Morphine	400mg	Po	S. Macken	1440	ES	
8/4	1500	Aciclovir	500mg	IV	S. Macken	1700	JP	CM
		~~Dexamethasone~~	~~4mg~~	~~IV~~	~~S. Macken~~			
		Dexamethasone	9.9mg	IV	S. Macken	1700	JP	CM
8/4	1500	Chloramphenicol	2g	IV	~~S. Macken~~			
		25mg/kg ~~12.5mg/kg~~						

Discharge Medication

[illegible]

National Early Warning Score 2 (NEWS2) Chart

[illegible]

NEWS of 5 or more? Think Sepsis!



In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

620047703X /E4995414 F

HARIZ LIZANNE

21-Oct-87 CHI: 211 087 1105

70376 A Pitcairn

42d Gracemount Drive

EH16 6RJ



NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Special Instructions		

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

GLASGOW COMA SCALE		Date	Time														
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4														Eyes closed by swelling = C
		To speech	3														
		To pain	2														
		None	1														
	Best Verbal Response	Orientated	5														Endotracheal tube or tracheostomy = T
		Confused	4														
		Inappropriate words	3														
		Incomprehensible sounds	2														
		None	1														
		Best Motor Response	Obey commands	6													
	Localise to pain		5														
	Flexion to pain		4														
Abnormal flexion	3																
Extension to pain	2																
None	1																
Total GCS Score		5															
Right Pupil	Size	3+														+ reacts - no reaction c. eye closed	
	Reaction	3+															
Left Pupil	Size	3+															
	Reaction	3+															
LIMB MOVEMENT	ARMS	Normal power	4													Record right (R) and left (L) separately if there is a difference between the two sides	
		Mild weakness	3														
		Severe weakness	2														
		Extension	1														
		No response	0														
	LEGS	Normal power	4														
		Mild weakness	3														
		Severe weakness	2														
		Extension	1														
		No response	0														
Initials																	

Pupil Scale mm

1 •

2 •

3

4

5

6

7

8

IV Fluid Prescription

[illegible]

Fluid Balance

[illegible]

Drug Infusion

Drug Name:

[illegible]

Drug Name:

[illegible]

0341 2110871105 
70375 A Piteairn

Date chart commenced: 08/04/22

This is chart number 1 of this admission

[illegible]

Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 6 7 8

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO₂ • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO₂ / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre • activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to Scottish Palliative Care Guidelines	
Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to Acute Pain Guidelines	
Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines	
Call Medical Staff / Senior Nurse / Nurse Practitioner	
For further advice contact:	
ACUTE Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	SPECIALIST PALLIATIVE CARE Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily 1 - 3 Mild Continue to assess pain with routine observations, must be at least daily 4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient 6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	0 - No Nausea 1 - Nausea Consider anti-emetic 2 - Nausea / Vomiting Administer anti-emetic 3 - Persistent Nausea &/or Vomiting Contact Doctor	0 - Full Power 1 - Weak but able to raise legs 2 - Able to bend knees 3 - Minimal movement 4 - Paralysis
Using appropriate Lothian Guidelines	Using guidelines prescribe / give anti-emetics and review	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

20047703X/E4995414 F 21/10/1987

Hariz, Lianne

100 Tracemount Drive,

Edinburgh

EH16 6RJ

CHI 2110871105

6 A Pitcairn

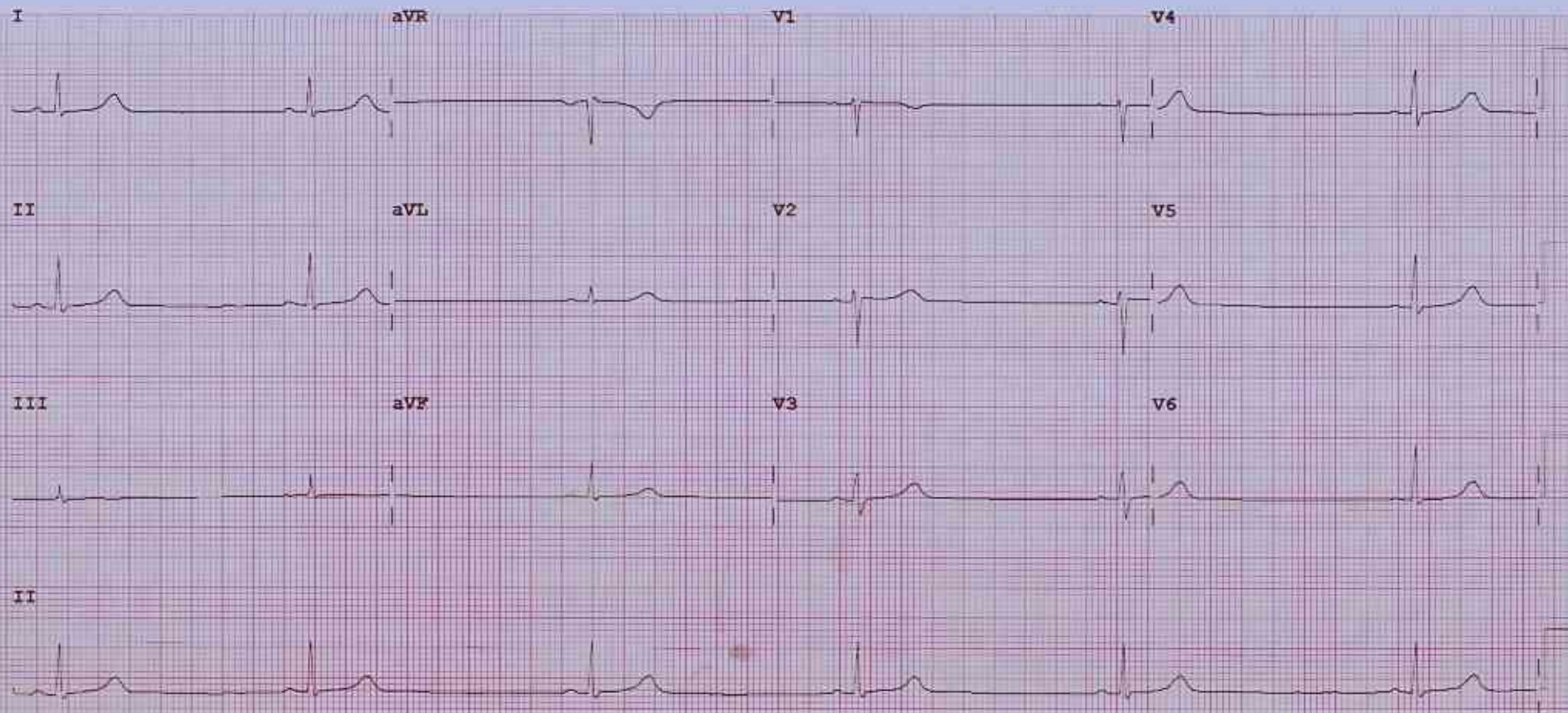
Rate 34 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
PR 148 . Sinus bradycardia.....rate< 60
QRSD 72
QT 516
QTc 388

--AXIS--

P 15
QRS 35
T 26

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis



Dev: 92021920

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

PH100B CL P?

General Medicine

Dr Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT

Date: 12/04/2022

Inpatient Discharge Summary

Patient	Lizanne Hariz 42d Gracemount Drive Edinburgh EH16 6RJ	CHI Date of Birth / Age UHPI	2110871105 21/10/1987 (34 years) 620047703X
Ward	AMU Bay 6	Admission Date	08/04/2022
Consultant	Dr Ishwinder K Thethy	Discharge Date	11/04/2022

Dear Dr Pitcairn

Discharge Drugs:

Co-Trimoxazole Tablets			
Dose	Route	Frequency	To Continue
960 MG	-	TWICE DAILY	Not Recorded
Notes:			
Paracetamol Tablets			
Dose	Route	Frequency	To Continue
1000 MG	-	FOUR times daily	Not Recorded
Notes:			

CHANGES TO DRUGS SINCE ADMISSION (relative to ECS)

Stopped: Nil

Started:

- Co-trimoxazole 960mg BD, for 7 days, last dose 17/04/22

- Paracetamol 1g QDS

Changed: Nil

Withheld: Nil

ALLERGIES / ADVERSE DRUG REACTIONS: Penicillin

Discharge prescription checked against ECS meds rec: Yes

Pharmacy Check by (enter on Trak): Name: Date: Time:

DIAGNOSIS:

1. Spontaneous intracranial hypotension

COVID-19 status on discharge : NEGATIVE

Date of most recent COVID-19 swab : 08/04/22

ACTION REQUIRED FROM GP (do not ask GP to chase blood results): Nil

FOLLOW UP BEING ARRANGED BY HOSPITAL: Nil

LIST OF OUTSTANDING RESULTS / OP INVESTIGATIONS:

- Awaiting MSU results and sensitivities.

PLEASE CC THIS LETTER TO: Nil

Dear Doctor,

ADMISSION SUMMARY AND TREATMENT:

Lizanne Hariz was admitted to RIE on 08/04/22 with a 4 day history of severe headache. Described as an electric shock sensation on both sides of her head, which analgesia did not manage. CT head and venogram were unremarkable. Bloods found increase in inflammatory markers and she was screened for bacterial meningitis, which was negative. She was reviewed by the neurology doctors and found her to have spontaneous intracranial hypotension. She was given advice to rest, hydrate, and consume as much caffeine as possible. If headache continues for another 2-3 weeks, further treatments like a blood patch can be discussed. During her admission she had dysuria and was started on UTI/pyelonephritis cover. MSU has been sent. Lizanne's observations on the ward have remained stable and she is now medically fit for discharge.

RELEVANT INVESTIGATION RESULTS: Nil

SIGNIFICANT OBSERVATIONS AT DISCHARGE: Nil

CHANGES MADE TO CARE ARRANGEMENTS/ DNACPR STATUS/ ANTICIPATORY CARE PLANNING: Nil

Thank you for your ongoing care of this patient.

Yours Sincerely,

J. Piwoni FY1
Acute / General Medicine, RIE

CHECKED by (enter on Trak): Name/Designation:

Should you need further information please email: RIEacute@nhslothian.scot.nhs.uk or phone Acute and General Medicine Secretaries on: 0131 242 1440.

General Medicine

Dr Pitcairn
Liberton Medical Group
65 Liberton Gardens
Edinburgh
EH16 6JT

Date: 12/04/2022

Inpatient Discharge Summary

Patient	Lizanne Hariz 42d Gracemount Drive Edinburgh EH16 6RJ	CHI Date of Birth / Age UHPI	2110871105 21/10/1987 (34 years) 620047703X
Ward	AMU Bay 6	Admission Date	08/04/2022
Consultant	Dr Ishwinder K Thethy	Discharge Date	11/04/2022

Dear Dr Pitcairn

Discharge Drugs:

Co-Trimoxazole Tablets			
Dose	Route	Frequency	To Continue
960 MG	-	TWICE DAILY	Not Recorded
Notes:			
Paracetamol Tablets			
Dose	Route	Frequency	To Continue
1000 MG	-	FOUR times daily	Not Recorded
Notes:			

AMENDED FINAL DISCHARGE LETTER

CHANGES TO DRUGS SINCE ADMISSION (relative to ECS)

Stopped: Nil

Started:

- Co-trimoxazole 960mg BD, for 7 days, last dose 17/04/22

- Paracetamol 1g QDS

Changed: Nil

Withheld: Nil

ALLERGIES / ADVERSE DRUG REACTIONS: Penicillin

Discharge prescription checked against ECS meds rec: Yes

Pharmacy Check by (enter on Trak): Name: Date: Time:

DIAGNOSIS:

1. Spontaneous Intracranial Hypotension
2. Probable Urinary Tract Infection

COVID-19 status on discharge : NEGATIVE

Date of most recent COVID-19 swab : 08/04/22

ACTION REQUIRED FROM GP (do not ask GP to chase blood results): Nil

FOLLOW UP BEING ARRANGED BY HOSPITAL: Nil

LIST OF OUTSTANDING RESULTS / OP INVESTIGATIONS:

- Awaiting MSU results and sensitivities.

PLEASE CC THIS LETTER TO: Nil

Dear Doctor,

ADMISSION SUMMARY AND TREATMENT:

Lizanne Hariz was admitted to RIE on 08/04/22 with a 4 day history of severe headache. Described as an electric shock sensation on both sides of her head, which analgesia did not manage. CT head and venogram were unremarkable. Bloods found increase in inflammatory markers and she was screened for bacterial meningitis, which was negative. She was reviewed by the neurology doctors and found her to have spontaneous intracranial hypotension. She was given advice to rest, hydrate, and consume as much caffeine as possible. If headache continues for another 2-3 weeks, further treatments like a blood patch can be discussed. If symptoms persistent then direct referral to neurology from Primary care would be indicated.

During her admission she had dysuria and was started on UTI/pyelonephritis cover. We wanted to send an MSU but there is none on the system, but we have empirically treated with co-trimoxazole.

Lizanne's observations on the ward have remained stable and she is now medically fit for discharge.

RELEVANT INVESTIGATION RESULTS: Nil

SIGNIFICANT OBSERVATIONS AT DISCHARGE: Nil

CHANGES MADE TO CARE ARRANGEMENTS/ DNACPR STATUS/ ANTICIPATORY CARE PLANNING: Nil

Thank you for your ongoing care of this patient.

Yours Sincerely,

J. Piwoni FY1

Acute / General Medicine, RIE

CHECKED by (enter on Trak): Name/Designation:

Should you need further information please email: RIEacutemedicine@nhslothian.scot.nhs.uk or phone Acute and General Medicine Secretaries on: 0131 242 1440.

NHS Lothian - Referral Letter - Information only from GP

Referral To	Royal Infirmary of Edinburgh at Little France Obstetrics L 1st Maternity Appointment
Urgency of referral	Routine
Date of referral	29/07/2013
Date submitted	29/07/2013
UCPN	1010057180007

PATIENT DETAILS		Contact Details
CHI number:	2110871105	39-2 SLEIGH DRIVE EDINBURGH EH6 4SY
Name:	MS LIZANNE TODD	Voice (Home) : 07708552028
Date of birth:	21/10/1987	
Sex:	Female	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Robert Mundell (GMC: 4199724)	Links Medical Centre 4 Hermitage Place Edinburgh EH6 8BW
Practice:	Dr J W Paterson & Partners (70677)	
Phone:	Voice : 0131 554 1036	

CLINICAL INFORMATION

Reason for Referral: pregnant
Main Referral RM/jb
Text:

Dear Colleagues

I would be grateful if you could see this 25 year old lady who has self referred herself to the Maternity Central Booking service. We have no information on her current pregnancy so I am unable to give you any more information that is already present in this letter.

Many thanks for seeing her.

With kind regards.

Investigations

Description	Result	Date

Referral Source : Information only from GP

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Notes summary on computer		LH	23/03/2005	23/03/2005
Child in foster care		(refers to patient herself)	17/03/2005	17/03/2005
Eclampsia in pregnancy		gave birth to son (no exact date as no docu. of birth)	01/02/2005	01/02/2005
[D]Musculoskeletal pain		Abdomen ; R sided	23/10/2004	23/10/2004
Child on 'at risk' register			02/11/1994	02/11/1994

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Child protection procedure	conference		01/02/1995	01/02/1995
Operations for squint			04/11/1993	04/11/1993

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:22-Feb-2005
Alcohol history (Encounters):Alcohol consumption unknown Date recorded:22-Feb-2005
Patient Weight in Kilograms:65
Patient Height in Metres:1.5

NHS Lothian - Referral Letter

Referral To	Western General Hospital General Surgery - Breast L Breast - Non Urgent
Urgency of referral	Routine
Date of referral	13/01/2020
Date submitted	13/01/2020
UCPN	101020412717V

PATIENT DETAILS		Contact Details
CHI number:	2110871105	42D GRACEMOUNT DRIVE Voice (Mobile) : 079 25204 940
Name:	MRS LIZANNE HARIZ	EDINBURGH
Date of birth:	21/10/1987	EH16 6RJ
Sex:	Female	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Alana Pitcairn (GMC: 6071829)	65 LIBERTON GARDENS
Practice:	Liberton Medical Group	EDINBURGH
Phone:	Voice : 01316643050	EH16 6JT

CLINICAL INFORMATION

Reason for Referral: Axillary and breast lump

Main Referral Text: Thank you for seeing this 32 year old woman, who noticed a lump initially in the right axilla. This has grown in size over 2 months and she came as she was concerned by it. She has a soft minimally tender swelling in the right axilla. On examining her breasts, both are nodular, but the right side is more so, and there is a discrete, small solid mass at around 1 o'clock. She is para 3 (but her children are no longer in her care), not on hormonal contraception, and has no history of note.

Many thanks.

Examinations and Investigations

Description	Result	Date
Lump - Pt younger than 35 :	true	
Main Lesion :	Left Breast	
Main Lesion :	1 o'clock position	
Main Lesion :	1-2cm size	
Other Lesion :	(BREAST NOT SPECIFIED)	
Other Lesion :	(POSITION NOT SPECIFIED)	
Other Lesion :	(SIZE NOT SPECIFIED)	
Duration :	1-2 months	
Previous Breast History :	None	
Menopausal Status :	Pre	

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Prednisolone 5mg tablets	tablet	TAKE 6 DAILY		10/01/2020		10/01/2020
Betamethasone valerate 0.1% cream	gram	APPLY TWICE DAILY		10/01/2020		10/01/2020
Clarithromycin 500mg tablets	tablet	1 TABLET TWICE A DAY		03/01/2020		03/01/2020
Fexofenadine 180mg tablets	tablet	1 TABLET ONCE A DAY		03/01/2020		03/01/2020

Dermol 200 shower emollient (Dermal Laboratories Ltd)	ml	USE AS SOAP	03/01/2020	03/01/2020
Clobetasone 0.05% ointment	gram	APPLY TWICE A DAY	03/01/2020	03/01/2020
Hydrocortisone 0.5% cream	gram	APPLY TWICE DAILY	30/12/2019	30/12/2019
Flucloxacillin 500mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY	30/12/2019	30/12/2019

Additional information

Smoking history (Encounters):Never smoked tobacco Date recorded:12-May-2016