

NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org



Date: 22 May 2026

Your ref: 100118

Our ref: JW/SK/SR26/1111

Enquiries to: Legal Services

Direct line: 01383 674101

Email: Fife.LegalServices@nhs.scot

MMA Legal Limited
43-59 Princes Street
Stockport
SK1 1RY

Dear Sir

Your Client: Colin Anderson
Address: 18 Alford Way, Dunfermline KY11 8BF
Date of Birth: 03/01/1969

I refer to your letter of 23 April 2026 and as requested, I now enclose copy medical records of NHS Fife relating to your above-named client and trust that these will be of some assistance to you.

Please note that these copy records are being provided to you for your purpose only and have not been reviewed by the treating clinician to ascertain if they contain any information which may cause either physical or mental harm to the patient or other persons. If it is the case that your client wishes copies of their health records, they should be asked to contact Access to Health Records Department, Victoria Hospital, Kirkcaldy, Fife, KY2 5AH who will process their request.

Yours faithfully


Joanna Whitfield
Legal Services Manager



Chair: Pat Kilpatrick
Chief Executive: Carol Potter

Fife NHS Board is the common name of Fife Health Board

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Trauma &
Orthopaedics
Tel: 01383 623623 <Extension>
<http://www.nhsfife.scot.nhs.uk>



Dr RW Duncan
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

CLINIC LETTER
SRP/SY



CHI: 0301690472
Hospital ID: D124912L

Letter ID: 141240

Dear Dr Duncan

Clinic Date: 27/02/2012

Date: 07/03/2012

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF
Date of Birth: 03/01/1969

DIAGNOSIS – Left ring finger undisplaced avulsion fracture volar aspect of the base of the middle phalanx.

Reviewed in clinic today. He sustained the above injury while playing basketball. He has got neighbour strapping and he says that his finger is stiff. Movement is 0-30°.

I have explained to him that he can do active exercises as pain allows and referred him for physiotherapy. Discharged from our care. If he does not make satisfactory progress he can be referred back to us.

Yours sincerely

Penematsa SR
Ortho Locum SPR

Authorised on 22/03/2012 08:59:30 by Mr Penematsa SR.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma &
Orthopaedics
Tel: 01592 643355 ext 28928
<http://www.nhsfife.scot.nhs.uk>



Dr AE Austin
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

**CLINIC LETTER
VIRTUAL FRACTURE**



CHI: 0301690472
Hospital ID: V501947H

Letter ID: 1761562

Dear Dr Austin

Clinic Date: 19/11/2015

Date: 30/11/2015

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

This is a 46 year old gentleman who was playing "flag football" and sustained an injury to his left ring finger. He presented to the emergency department with a painful swollen left ring finger. X-rays taken show an undisplaced spiral fracture of the left ring finger. He has been placed into a zimmer splint and given analgesics and will be seen in the fracture clinic in one week's time with check x-ray.

Yours sincerely

Mr P Walmsley MFSTEd FRCS (Tr & Orth)
Consultant Orthopaedic Surgeon

Authorised on 02/12/2015 13:09:27 by Mr P Walmsley.

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Trauma &
Orthopaedics
Tel: 01383 623623 Ext 28618
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

Consultant: Mr Brenkel
CLINIC LETTER



CHI: 0301690472
Hospital ID: V501947H

Letter ID: 1778446

Dear Dr Murdoch

Clinic Date: 02/12/2015

Date: 02/12/2015

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Diagnosis: Left ring finger spiral fracture middle phalanx.

Outcome: Buddy strapping and discharge with advice.

I reviewed Mr Anderson in the clinic today.

On clinical examination normal rotation of the finger. Advised on buddy strapping. Offered him physiotherapy but he said he could do this at home, so showed him exercises that he can do at home and explained to him the bone will take 4 – 6 weeks to heal up. He can use the strapping until that time. Within his pain limited he can go back to his normal duties.

Yours sincerely

Penematsa SR
Specialty Doctor Orthopaedics

Authorised on 03/12/2015 14:25:33 by Mr Penematsa SR.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma &
Orthopaedics
Tel: 01592 643355 ext 28928
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

CLINIC LETTER
VIRTUAL FRACTURE



CHI: 0301690472
Hospital ID: V501947H

Letter ID: 2130823

Dear Dr Murdoch

Clinic Date: 23/08/2016

Date: 07/09/2016

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

This is a 47 year old gentleman who sustained an injury to his right little finger whilst playing American football. He presented with a painful swollen right little finger to the minor injuries department. X-rays were taken which show an avulsion fracture of the volar aspect of the base of the middle phalanx and this has been treated with neighbour strapping. This should be reviewed as it may represent a volar plate injury and I have arranged for him to be reviewed back in the clinic in one week's time for repeat clinical examination and x-rays if required.

Yours sincerely

Mr P Walmsley
MD FFSTEd FRCS(Tr & Orth)
Consultant Orthopaedic Surgeon

Authorised on 12/09/2016 13:10:33 by Mr P Walmsley.

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Trauma &
Orthopaedics
Tel: 01383 623623 Ext 28940
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

Consultant: Mr Weir
CLINIC LETTER



CHI: 0301690472
Hospital ID: V501947H

Letter ID: 2137150

Dear Dr Murdoch

Clinic Date: 31/08/2016

Date: 02/09/2016

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

I reviewed this man at the 10 day mark after he staved his right little finger at football.

X-rays show an avulsion fracture at the base of the middle phalanx suggesting a brief subluxation of the PIP joint.

He has been appropriately treated with garter strapping and check x-rays today show the position is well maintained. He is already surprisingly comfortable with active movements of the finger and clinically the position is quite stable.

He can retain the strapping for another 2-3 weeks but meanwhile can mobilise within the limits of comfort. It does not look as though any additional action is going to be required and I have discharged him.

Yours sincerely

Mr I Weir
Consultant Orthopaedic Surgeon

Authorised on 05/09/2016 08:31:39 by Mr I Weir.



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	 Unique Care Pathway Number: 101001319591X REFERRAL LETTER MEDICAL IN CONFIDENCE	
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REFERRAL TO		
General Surgery C1 Fife General Referral 12.3.4.0		Consultant / receiving practitioner and/or specialty clinic
Queen Margaret Hospital Whitefield Road Dunfermline KY12 0SU		Hospital and hospital address Hospital unit no. F805H Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way DUNFERMLINE Fife KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658

REGISTERED GP DETAILS		Practice address
Name	Dr R Duncan	163 Robertson Road Dunfermline KY12 0BL
GMC code	2343875 GP code F93734	
Practice name	New Park Medical Practice	
Practice code	20466	
		Contact number(s) Voice: 01383 629200

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Robin Duncan	163 ROBERTSON ROAD DUNFERMLINE FIFE
GMC code	2343875 GP code 93734	
Practice name	NEW PARK MEDICAL PRACTICE (20466)	
Practice code	20466	
		Contact number(s) Voice: 01383 629200

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Left upper quadrant pain

Comment: Would you please see this man who requests your opinion. He saw Mr. Oglesby in October 2009. A CT scan was organised of his abdomen but no follow up was arranged. He continues to have left upper quadrant pain for which he is taking Tramadol on average three tablets daily and I have initiated Carbamazepine 100 mgs. bd. today.

He is keen to discuss his results with yourselves and wonders if further investigations are appropriate to determine a diagnosis for his pain.

I am grateful to you for seeing him and advising on further management.

Past medical history and regular medication listed below.

Examinations and Investigations

Blood Pressure (systolic): 140 -
 Blood Pressure (diastolic): 106 -
 Height (m): 1.72 -
 Weight (kg): 127 -
 Body Mass Index: 42.93 -

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Body mass index 40+ - severely obese	-	-	-	12-Feb-2010
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	-	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Plain x-ray of chest	-	-	14-Nov-2007
Patient health questionnaire (PHQ-9) score	-	-	14-Jun-2006

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Tramadol Hydrochloride	04.07.02.0	CAPS 50MG	1 or 2 Caps	4 Times daily	18-Feb-2009	-
Gabapentin	04.08.01.0	CAPS 300MG	1 or 2 Caps	3 Times daily	18-Feb-2009	-
Omeprazole	01.03.05.0	CAPS 20MG	1 Cap	In the morning	19-May-2008	-
Carbamazepine	04.08.01.0	TABS 100MG	1 Tab	Twice Daily	24-Nov-2010	-

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	 Unique Care Pathway Number: 1010023848891 REFERRAL LETTER MEDICAL IN CONFIDENCE	
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REFERRAL TO		
Pain Management C31 Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Queen Margaret Hospital Whitefield Road Dunfermline. KY12 0SU		Hospital and hospital address Hospital unit no. F805H Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way DUNFERMLINE KY11 8BF Contact number(s) Voice: 842658
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	

REGISTERED GP DETAILS		Practice address
Name	Dr R W Duncan	163 Robertson Road Dunfermline Contact number(s) Voice: 01383 629200
GMC code	2343875 GP code 93734	
Practice name	New Park Medical Practice (18706)	
Practice code	20466	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Sara Wilson	163 ROBERTSON ROAD DUNFERMLINE FIFE Contact number(s) Voice: 01383 629200
GMC code	4470294 GP code 90921	
Practice name	NEW PARK MEDICAL PRACTICE (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Left sided chest pain

Comment: Thank you for seeing this 42 year old gentleman who complains of left sided chest pain/upper quadrant pain. This would all seem to have been triggered since an RTA many years ago although he was not significantly injured but the seatbelt positioning would appear to follow the line of his pain. It does not sound cardiac in nature at all. He has now been seen twice by the Surgeon and when he was initially seen in 2009 he had a CT scan which did not show anything significant other than a small lipoma deep to the left latissimus dorsi muscle. The pain would appear to be triggered primarily by exercise such as lifting his children. It responds slightly to Tramadol but not significantly he is still left with some degree of pain. It is disturbing his sleep. The Surgeons feel they have nothing more to offer and have suggested that he may benefit from input from yourselves. He is agreeable to being seen.

In the meantime he is having a trial of Nortriptyline having previously been on Amitriptyline, Carbamazepine and Gabapentin none of which have helped significantly. Many thanks for your help.

Examinations and Investigations

Blood Pressure (systolic): 140 -

Blood Pressure (diastolic): 106 -

Height (m): 172 -

Weight (kg): 127 -

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	56 CAPS	1 Cap In the morning	-	06-Apr-2011	-
Tramadol Hydrochloride Capsules 50 mg	040702040AAAAAA	200 CAPS	1 or 2 Caps 4 Times daily	-	06-Apr-2011	-
Nortriptyline Tablets 10 mg	0403010V0AAADAD	56 TABLET	AS DIRECTED	-	08-Aug-2011	42 Days

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Additional relevant information

Administrative information

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101018982153D REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO	
General Surgery (excl Vascular)C11 Fife General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral	Routine

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s)
		Voice: 842658 Voice: 07843112992

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address
GMC code	123456	
GP code	12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	Contact number(s)
		Voice: 01234 567890

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Gail Murdoch	163 Robertson Road Dunfermline Fife KY12 0BL
GMC code	3286032	
GP code	91740	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	Contact number(s)
		Voice: 01383 629200

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Left Inguinal Hernia

Comment: I would be grateful if you could see this gentleman who presents with a swelling which goes up and down in his left groin. It aches but never gets stuck and it is not acutely painful.

On examination he would appear to have a left reducible inguinal hernia. He is quite an obese gentleman who also has fatty lumps on his chest wall.

I would be grateful for your review.

Many thanks.

Examinations and Investigations

Blood Pressure (systolic): 166 -
 Blood Pressure (diastolic): 113 -
 Height (m): 172 -
 Weight (kg): 127 -
 Teetotaler: Alcohol Intake\$.clm - No Action Required 2004-02-06

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infectionStart Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101018982153D REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO	
General Surgery (excl Vascular)C11 Fife General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral	Routine

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s)
		Voice: 842658 Voice: 07843112992

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address
GMC code	123456	
GP code	12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	Contact number(s)
		Voice: 01234 567890

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Gail Murdoch	163 Robertson Road Dunfermline Fife KY12 0BL
GMC code	3286032	
GP code	91740	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	Contact number(s)
		Voice: 01383 629200

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Left Inguinal Hernia

Comment: I would be grateful if you could see this gentleman who presents with a swelling which goes up and down in his left groin. It aches but never gets stuck and it is not acutely painful.

On examination he would appear to have a left reducible inguinal hernia. He is quite an obese gentleman who also has fatty lumps on his chest wall.

I would be grateful for your review.

Many thanks.

Examinations and Investigations

Blood Pressure (systolic): 166 -
 Blood Pressure (diastolic): 113 -
 Height (m): 172 -
 Weight (kg): 127 -
 Teetotaller: Alcohol Intake\$.clm - No Action Required 2004-02-06

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infectionStart Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Number per day
? (not known)

Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral
Patient can accept a short notice appointment:yes
Interpreter Required:no

Signature of referring doctor (or other professional) Date

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 Ext 28959
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472
AMCM/LT

Letter ID: 3574621

Dear Dr Murdoch

Clinic Date: 11/09/2019

Date: 13/09/2019

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Thank you for referring this patient who has a reducible left inguinal hernia. He gets a dull ache from this. He is 127kgs and I discussed open repair with him today. Despite the above I would hope to do this as a day case. I discussed recovery, driving and the use of mesh. He wishes to go ahead.

Yours sincerely

Alasdair Macmillan
General Surgeon

Authorised on 16/09/2019 11:27:25 by Alasdair Macmillan.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 28959
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter dictated – 4/11/19

Letter ID: 3640578

Dear Dr Murdoch

Date: 05/11/2019

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Mr Anderson attended Day Surgery Unit at Queen Margaret Hospital for an open repair of his left inguinal hernia which was done using a Progrid mesh. The skin was closed using absorbable Monocryl sutures.

I have advised him to use TED stockings for 2 weeks in view of the high BMI as well as avoiding lifting heavy weights over the next 4 weeks.

I have not made any formal follow-up arrangements but will be happy to see him if required.

Yours sincerely

Mr Fraz Ansari
Hospital Specialist in General Surgery

Authorised on 07/11/2019 20:10:07 by Mr Fraz Ansari.



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101020782718C	
REFERRAL LETTER MEDICAL IN CONFIDENCE		

REFERRAL TO		
General Surgery (excl Vascular)C11 Fife General Referral	—	Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	—	Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Gail Murdoch	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	3286032 GP code 91740	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: FAO - Mr Ansari - Leg pain post left inguinal hernia repair.

Comment: I would be grateful if this gentleman can be reviewed in the clinic he had an open repair of his left inguinal hernia performed in November last year. Since then he has experienced pain in his left inner thigh. This is a constant discomfort but every so often becomes very painful like a pulling/cramp sensation. This can happen daily. There is no obvious precipitant.

He has in fact been seeing the physio at the Dockyard where he works who helped him walk with less of a limp however he is not keen to have any further treatment until a cause is found for this pain.

He was referred to rule out a DVT last week. He did not have a scan as it was felt inappropriate with a low d-dimer result.

His pain is precipitated on examination by flexion of his hip and he is tender over his wound sight. I wonder whether this has got anything to do with any post op complication and would be grateful for your review. In the meantime he uses over the counter Ibuprofen as required.

Many thanks

Yours Sincerely

Examinations and Investigations

Blood Pressure (systolic): 166 -

Blood Pressure (diastolic): 113 -

Height (m): 172 -

Weight (kg): 127 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

No medications recorded

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber per day
? (not known)**Alcohol consumption**Units per day
? (not known)

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

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



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	Unique Care Pathway Number: 101020782718C REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO	
General Surgery (excl Vascular)C11 Fife General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral	Routine

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Gail Murdoch	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	3286032 GP code 91740	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: FAO - Mr Ansari - Leg pain, post left inguinal hernia repair.

Comment: I would be grateful if this gentleman can be reviewed in the clinic he had an open repair of his left inguinal hernia performed in November last year. Since then he has experienced pain in his left inner thigh. This is a constant discomfort but every so often becomes very painful like a pulling/cramp sensation. This can happen daily. There is no obvious precipitant.

He has in fact been seeing the physio at the Dockyard where he works who helped him walk with less of a limp however he is not keen to have any further treatment until a cause is found for this pain.

He was referred to rule out a DVT last week. He did not have a scan as it was felt inappropriate with a low d-dimer result.

His pain is precipitated on examination by flexion of his hip and he is tender over his wound sight. I wonder whether this has got anything to do with any post op complication and would be grateful for your review. In the meantime he uses over the counter Ibuprofen as required.

Many thanks

Yours Sincerely

Examinations and Investigations

Blood Pressure (systolic): 166 -

Blood Pressure (diastolic): 113 -

Height (m): 172 -

Weight (kg): 127 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

No medications recorded

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking statusNumber per day
? (not known)**Alcohol consumption**Units per day
? (not known)

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referrall

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referrall

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

General Surgery
Tel: 01592 643355 22442
<http://www.nhsfife.scot.nhs.uk>



Dr HJ Fraser
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

Letter ID: 4198459

Dear Dr Fraser

Clinic Date: 27/04/2021

Date: 27/04/2021

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Diagnosis : left sided groin pain
 left inguinal hernia repair – November 2019

Plan : groin ultrasound scan
 topical as well as groin analgesia
 physiotherapy
 referral to dieticians for weight management

I saw Mr Anderson in the clinic who I did a left inguinal hernia open repair in November 2019.

Today he reports that he has got similar discomfort and ache in his left groin as he had before the operation. He does not have any symptoms suggestive of bowel obstruction, but he is on regular Co-codamol. He is able to work on his rather active job aboard a submarine but he tends to stay on the same floor to avoid going up and down stairs.

On examination there is no definite cough impulse. His weight is 127 kgs which makes his BMI around 42. Examination reveals that he is quite tender at his pubic tubercle area with the medial end of inguinal ligament and upper end of adductor longus tendon also tender.

We have had a detailed discussion today about the possible causes of this pain. Since it is a similar type of pain that he had before his operation, there is a possibility that the pain might not have been originating from his inguinal hernia in the first instance and to go with the clinical examination today might have been the result of a groin strain. However, now that he has had an operation we should investigate regarding any possible source of the pain resulting from the operation and I will request a left groin ultrasound scan to see if there is any hernia recurrence or indeed any seromas or collections. If that returns as showing no hernia then we will request an MRI scan of his pelvis to check for any osteitis pubis or any evidence of groin strain.

In the meantime, I will copy in this letter to the physiotherapy and dietician teams. Since my feeling is that he will definitely benefit from physiotherapy input as well as some weight management.

I have also advised him to add a laxative in case he needs to take Co-codamol regularly and I have advised him to try Ibuprofen 400 mgs three times per day for two weeks along with Omeprazole. I would appreciate it if the Omeprazole could be prescribed for him.

Once the ultrasound scan is done I will see him back in the clinic or failing that by way of telephone clinic should there be any disruption in the activity due to covid.

Yours sincerely

Mr Fraz Ansari FRCS
Specialty Doctor, Surgery

Authorised on 27/04/2021 16:01:00 by Mr Fraz Ansari.

(P) Physiotherapy Department, Victoria Hospital, Hayfield Road, Kirkcaldy, KY2 5AH

(P) Dietician, Department of Dietetics, Level 10, Victoria Hospital, Hayfield Road, Kirkcaldy, KY2 5AH

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592.643355 22442
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter ID: 4240265

Date dictated: 31/05/2021
Date: 01/06/2021

Dear Colin Anderson

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

This is letter to be given to your employer –

To whom it may concern –

Mr Anderson was seen in my clinic on 27.04.21 with left sided groin pain.

Of note, he had a left inguinal hernia repaired in November 2019.

I have referred him for physiotherapy but have also advised him to avoid heavy work, especially climbing stairs and lifting heavy weight as this will exacerbate his condition, until further review.

Many thanks.

Yours sincerely

Mr Fraz Ansari FRCS
Specialty Doctor, Surgery

Authorised on 01/06/2021 12:54:31 by Mr Fraz Ansari.

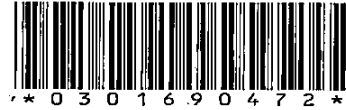
(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 22442
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter ID: 4384733

Date dictated: 28/09/2021
Date: 28/09/2021

Dear Colin Anderson

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

I trust you are keeping well in terms of your left sided groin pain.

If there are any further issues I would be happy to see you back in the clinic should that be required. You can let my secretary know on the above number.

I did refer you to the Physiotherapy Department as well as the Dieticians and if you have not been able to get in touch with those departments please contact my secretary and I would be happy to provide another referral.

Yours sincerely

Mr Fraz Ansari FRCS
Specialty Doctor, Surgery

Authorised on 30/09/2021 13:31:48 by Mr Fraz Ansari.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 <Extension>
<http://www.nhsfife.scot.nhs.uk>



Dr HJ Fraser
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter ID: 4401208

Dear Dr Fraser

Date: 14/10/2021

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Thank you very much for your letter regarding Mr Anderson. Mr Anderson's ultrasound is now requested urgently on the system and I am awaiting that to happen and will be in touch once I get the report.

Thank you once again.

Yours sincerely

Mr Fraz Ansari FRCS
Specialty Doctor, Surgery

Authorised on 18/10/2021 23:40:09 by Mr Fraz Ansari.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 22442
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter ID: 4422691

Dear Colin Anderson

Date: 01/11/2021

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

I now have the results of your ultrasound scan of the left groin which is completely within normal limits and shows no evidence of any hernia recurrence.

I will now request an MRI scan, which is a magnetic scan, of your groin to check for any strain in the groin. We will keep in touch with the results once this has been carried out.

Yours sincerely

Mr Fraz Ansari FRCS
Specialty Doctor, Surgery

Authorised on 03/11/2021 12:43:21 by Mr Fraz Ansari.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Day Surgery Unit
Routine Calls & Enquiries
Queen Margaret Hospital: 01383 627010
Victoria Hospital: 01592 729151
Alternatively telephone NHS24: 111
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

Letter ID: 100289185

Date: 04/11/2019

Dear Dr Murdoch

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Date of Admission: 04/11/2019

Date of Discharge: 04/11/2019

Your patient was admitted for surgery under the care of Mr Anasari.

Diagnosis: Left Inguinal hernia

Operation: Open repair of left Inguinal hernia under general anaesthetic

Medicines on Discharge: Ibuprofen 400mg and Cocodamol 30/500mg pre-pack supplied

Further information:

Information and contact numbers supplied

Follow advice sheet supplied.

Sutures: Absorbable (3/0 Monocryl)

Mepore dressing to wound, renew dressing after 48 hours as instructed

TED stockings to be worn for 5 days

No heavy lifting for 6-8 weeks

Follow up not required

Yours sincerely

Jackie Steckla
Nurse Practitioner

Authorised on 04/11/2019 16:38:31 by Jackie Steckla.

(P) Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF.

Mr Colin Anderson, DOB: 03/01/1969, CHI: 0301690472



Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH
Telephone Number: 01592 643355

DVT Service

GE Murdoch
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Date: 19/02/2020
CHI: 0301690472

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

The above patient attended the DVT Service with following appointment details and was discharged on 19/02/2020

Appointment: 19/02/2020 12:30
Care Provider:
Specialty: General Medicine

I outline some information below regarding this attendance:

Presenting Complaint	Left - suspected DVT
Modified Well's Score	Low
D Dimer Result	237
Doppler Ultrasound scan – Day 1	Not applicable
Doppler Ultrasound scan – Day 7	Not applicable
DVT Diagnosis	DVT deemed highly unlikely
Alternative Diagnosis	No significant findings
Discharge	Care of G.P.
Additional Comments	Not clinically DVT - negative D Dimer

Yours sincerely

Shona Gibson



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	Unique Care Pathway Number: 134000137639E REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Bowel Cancer ScreeningC1V Colonoscopy		Consultant / receiving practitioner and/or specialty clinic
Queen Margaret Hospital Dunfermline KY12 0SU		Hospital and hospital address Hospital unit no. F002G Email address
Urgency of referral Urgent - Suspected Cancer High Risk of Bowel Cancer		

PATIENT DETAILS		Patient's address
Surname	ANDERSON	18 ALFORD WAY DUNFERMLINE FIFE KY11 8BF
Forename(s)	COLIN	
Title	-	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s)

REGISTERED GP DETAILS		Practice address
Name	HANNAH FRASER	163 ROBERTSON RD DUNFERMLINE KY12 0BL
GMC code	-	
GP code	F9321	
Practice name	NEW PARK MEDICAL PRACTICE	
Practice code	F20466	Contact number(s)
		Voice: 01383 629200

REFERRING HCP DETAILS		Organisation address
Name		Scottish Bowel Screening Centre Kings Cross Clepington Road Dundee DD3 8AE
GMC Code	-	
Organisation Name	Scottish Bowel Screening Programme	
Location Code	-	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: POSITIVE BOWEL SCREENING TEST RESULT

Reason for referral

Care type requested: Requires urgent assessment for a screening colonoscopy

Expected outcome: Assessment

Past medical history

Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Additional relevant information

Signature of referring doctor (or other professional) Date

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Gastroenterology
Tel: 01592 643355 28342
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 4357616

Dear Colin Anderson

Clinic Date: 07/09/2021

Date Dictated: 07/09/2021

Date: 10/09/2021

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

We'd like to thank you for taking part in the bowel screening program and following your positive result a pre-assessment was organised for 13/8/21. At this appointment you were reluctant to proceed to colonoscopy at this time due to having problems with gum bleeding and thought this cause of your positive result. You have requested that we suspend you for the required six months and you would contact us when this settles down and you wish to proceed forward.

This letter is to confirm that a suspension is now in place and will last for six months from your initial date of referral which was 5/8/21. If we have had no further contact from you at that point we will automatically remove you from the screening on this occasion however you will be offered further screening in two years if eligible.

I shall copy your GP into this letter for their information and if I can be of any further assistance to you or your GP please do not hesitate to contact me on the extension number given above.

Regards.

Yours sincerely

Helena Davidson
Colorectal Screening Nurse

Authorised on 15/09/2021 13:01:50 by Helena Davidson.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Nutrition and Dietetic Service
Margaret Brutin
Dietitian
Level 1
Tel: 01383 674086

**Fife Health
& Social Care
Partnership**
Supporting the people of Fife together



Mr Fraz Ansari
Hospital Specialist in General Surgery
Queen Margaret Hospital
Dunfermline
KY12 0SU



CHI: 0301690472

Letter ID: 100418031

Date: 14/07/2021

Dear Mr Ansari

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Date of Discharge: 14/07/2021

Thank you for your referral for the above patient. This patient has failed to 'opt in' to our service, and has now been discharged back to their GP's care.

Consequently, I have been unable to carry out an assessment or make recommendations regarding weight management.

Should you consider it appropriate and the patient is ready and willing to engage, they can be re-referred.

If you require any further information, please do not hesitate to contact the service on the above telephone number.

Yours sincerely

Margaret Brutin
Dietitian

Authorised on 14/07/2021 15:59:47 by Typist Emma Thorpe, on behalf of Margaret Brutin.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 22442
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

ADMINISTRATIVE
LETTER

Letter ID: 4488946

Dear Colin Anderson

Date: 22/12/2021

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

You have been seeing my colleague Mr Ansari with regard to some left groin pain following a hernia repair two years ago. Mr Ansari is no longer working in Fife and so the results of your recent MRI scan have been passed to me. The MRI scan shows some scarring in the region of your hernia repair, which is entirely expected, but no other signs of inflammation or structural abnormality has been found to account for the discomfort that you are getting.

I have looked carefully through Mr Ansari's detailed notes about your previous consultations and I think at this stage there is nothing further that I can offer from a surgical point of view that will improve things for you. My advice would be to manage the symptoms with regular or as-required painkillers and to continue doing your best to lose some weight to reduce any strain in the area.

Yours sincerely

Mr Stephen Bennett
Consultant Surgeon, GMC 4443856

Authorised on 23/12/2021 11:39:38 by S Bennett.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Gastroenterology
Tel: 01592 643355 28579
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 4574939

Dear Colin Anderson

Clinic Date: 14/03/2022

Date: 14/03/2022

Dictated: 14/03/2022

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

I would like to thank you for taking part in the Bowel Screening Programme. Following your positive result you could not attend a pre assessment appointment initially scheduled for 12/08/21, however, we were able to complete this assessment on 13/08/21.

Unfortunately, at that time you refused to proceed on to colonoscopy believing your positive result was due to gum bleeding and therefore, as agreed with you we suspended you for 6 months for you to consider the matter further.

We have had no further contact from you and it is now over 6 months since your initial date of referral. As per our screening protocol, we have removed you from the screening on this occasion. You will, however, be offered further screening in 2 years if eligible.

I have enclosed for your information a leaflet regarding the signs and symptoms of bowel cancer. Should you be concerned by any matters raised in this leaflet, you should immediately contact your GP to discuss the matter further and if appropriate, they will arrange further investigation for you. I have copied your GP into this letter for their information.

Yours sincerely

Helena Davidson
Colorectal Screening Nurse
Ext 28342

Authorised on 18/03/2022 12:54:04 by Helena Davidson.

(D) Dr HJ Fraser, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Enc: Signs & Symptoms of Bowel Cancer



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101030034171A REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO			
DieteticsR3 Fife General Referral Dietetics Referral Unit Lynebank Hospital Dunfermline	<table border="1"> <tr> <td>Consultant / receiving practitioner and/or specialty clinic</td> </tr> <tr> <td> Hospital and hospital address Hospital unit no. F020G Email address </td> </tr> </table>	Consultant / receiving practitioner and/or specialty clinic	Hospital and hospital address Hospital unit no. F020G Email address
Consultant / receiving practitioner and/or specialty clinic			
Hospital and hospital address Hospital unit no. F020G Email address			
Urgency of referral	Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr Calum Kerr	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s)
GMC code	7519017 GP code F90034	
Practice name	New Park Medical Practice	
Practice code	F20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Obesity

Comment: FAO: WEIGHT MANAGEMENT SERVICE

I would be grateful for your assessment of this 54 year old gentleman who has a BMI of 48. He has struggled with his weight for many years and is keen and motivated to try and lose weight. He has a diagnosis of hypertension and is on three medications for his blood pressure.

I would be very grateful for your assessment of him at the Weight Management Service. Kind regards.

Examinations and Investigations

Blood Pressure (systolic): 162 -

Blood Pressure (diastolic): 93 -

Height (m): 173 -

Weight (kg): 145 -

Body Mass Index: 48.45 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection	Start Date: 18-Nov-2009 18/11/2007
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Felodipine M/R tablets 10 mg	0206020F0AAACAC	56 tablet	1 Tab DAILY	-	30-May-2023	-
Bisoprolol Fumarate Tablets 5 mg	0204000H0AAAAAA	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-May-2023	-
Ramipril Capsules 10 mg	-	56 CAPSULE	-	-	09-Jan-2023	-

Flucloxacillin Capsules 500 mg	0501012G0AAABAB	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	15-May-2023	7 Days
Felodipine M/R tablets 5 mg	0206020F0AAABAB	56 tablet	TWO TO BE TAKEN FOUR TIMES A DAY	-	15-May-2023	-
Fucibet Cream	1304000F0BCABCC	30 GRAM	1 Tab DAILY	-	15-May-2023	42 Days
Betamethasone Valerate Cream 0.025 %	1304000F0AAABAB	100 GRAM	APPLY ONCE A DAY	-	25-Apr-2023	42 Days
Flucloxacillin Capsules 500 mg	0501012G0AAABAB	56 CAPSULE	Apply Twice daily	-	25-Apr-2023	7 Days
Bisoprolol Fumarate Tablets 5 mg	0204000H0AAAAAA	28 tablet	TWO TO BE TAKEN FOUR TIMES A DAY	-	16-Mar-2023	99 Days
Amlodipine Tablets 10 mg		56 TABLET	ONE DAILY	-	09-Jan-2023	-
			ONE TO BE TAKEN EACH DAY	-		

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Allergies

[X] Adverse reaction to bendroflumethiazide

Smoking status

Alcohol consumption

Number per day
? (not known)Units per day
? (not known)**Additional relevant information****Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Has the patient been advised they are being referred with a suspicion of cancer?:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Nutrition and Dietetic Service
Fife Adult Weight Management
Service
Tel: 01383 674086
E-mail: fife.fawms@nhs.scot
<http://www.nhsfife.scot.nhs.uk>

**Fife Health
& Social Care
Partnership**
Supporting the people of Fife together



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 100625607

Dear Colin Anderson

Date: 02/08/2023

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

We have received a referral to support you in making positive lifestyle changes.

We would like to invite you to arrange a telephone appointment to discuss our programmes, and which one is best suited to your needs.

Please contact us on the above telephone number to arrange a telephone assessment. **When phoning please quote: 'Initial telephone conversation'**. If we do not hear from you within 2 weeks of receipt of this letter we will assume that you do not wish to engage with this service and will be discharged. However if in future you wish to find out more about this or our other programmes, you can self refer via our website, see link or QR code below.

<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Margaret Brutin
Specialist Dietitian - Adult Weight Management

Authorised on 02/08/2023 08:16:20 by Typist Erin Shevas, on behalf of Margaret Brutin.

(D) Dr C Kerr, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	 Unique Care Pathway Number: 101039433901G REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Weight ManagementA8C1 Fife Adult Weight Management		Consultant / receiving practitioner and/or specialty clinic
Dietetics Referral Unit Lynebank Hospital Dunfermline		Hospital and hospital address Hospital unit no. F020G Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Sara Wilson	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	4470294 GP code 90921	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: BMI 49.12 Hypertension

Comment: This man is keen to be seen for help with weight loss.

He works at nuclear site and cannot get phone calls when he is at work unless they are at a specific time when he can make sure he is free to take the call. I would appreciate if he could be seen for review taking this into consideration

Examinations and Investigations

Blood Pressure (systolic): 140 -

Blood Pressure (diastolic): 98 -

Height (m): 173 -

Weight (kg): 147 -

Body Mass Index: 49.12 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Gout	-	-	-	28-Jul-2023
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Allopurinol Tablets 300 mg	1001040C0AAABAB	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-Jan-2025	-
Bisoprolol Fumarate Tablets 5 mg	0204000H0AAAAAA	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-May-2023	-
Ramipril Capsules 10 mg	-	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Jan-2023	-
Doxazosin Mesilate Tablets 1 mg	0205040D0AAAAAA	56 TABLET	ONE TABLET INCREASE TO	-	20-Mar-2026	42 Days

Fusidic Acid And
Hydrocortisone
Acetate Cream 2
% + 1 %

60 gram

TWO TABLETS
DAILY AFTER ONE
WEEK IF
TOLERATED

Apply Twice daily

20-Mar-2026

42 Days

Qv Cream

500 GRAM

Apply Twice daily

20-Mar-2026

42 Days

Felodipine M/R
tablets 5 mg

0206020F0AAABAB

28 tablet

1 Tab DAILY

15-Jan-2026

71 Days

Clinical warnings

Smoking status

Alcohol consumption

Allergies

Number per day

Units per day

[X] Adverse reaction to bendroflumethiazide

Additional relevant information**Administrative information**

Have you assessed this patients readiness to change and willingness to engage with the weight management service?:Yes

As part of a programme patients will be encouraged to increase their physical activity. Are there any reasons why this would not be appropriate advice for this patient?:No

Does this patient have known mental health problems?:No

Is this patient currently engaged in treatment with Community Mental Health or Psychology services?:No

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Nutrition and Dietetic Service
Fife Adult Weight Management
Service
Tel: 01383 674086
E-mail: fife.fawms@nhs.scot
http://www.nhsfife.scot.nhs.uk

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& Social Care
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Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 100625607

Dear Colin Anderson

Date: 02/08/2023

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

We have received a referral to support you in making positive lifestyle changes.

We would like to invite you to arrange a telephone appointment to discuss our programmes, and which one is best suited to your needs.

Please contact us on the above telephone number to arrange a telephone assessment. ***When phoning please quote: 'Initial telephone conversation'***. If we do not hear from you within 2 weeks of receipt of this letter we will assume that you do not wish to engage with this service and will be discharged. However if in future you wish to find out more about this or our other programmes, you can self refer via our website, see link or QR code below.

<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Margaret Brutin
Specialist Dietitian - Adult Weight Management

Authorised on 02/08/2023 08:16:20 by Typist Erin Shevas, on behalf of Margaret Brutin.

(D) Dr C Kerr, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

Fife Adult Weight Management
Service
Tel: 01383 674086
E-mail: fife.fawms@nhs.scot

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Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 100643737

Dear Colin Anderson

Date: 28/09/2023

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

It would appear you were unable to attend an appointment with the Adult Weight Management Service on: 21/09/2023

If you would like another appointment, please contact us on the above number.

If you have made no contact within 2 weeks, it will be assumed you do not wish to attend the Fife Adult Weight Management Service and you will be discharged.

However, if in future you wish to find out more about this or our other programmes you can do so via our website, see link or QR code below. There is the option to self-refer.

<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Carrie Crawford
Specialist Dietitian - Diabetes

Authorised on 28/09/2023 11:02:53 by Typist Holly Galletly, on behalf of Carrie Crawford.

(D) Dr C Kerr, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

Fife Adult Weight Management
Service
Tel: 01383 674086
E-mail: fife.fawms@nhs.scot

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Dr C Kerr
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

Letter ID: 100657908

Date: 13/11/2023

Dear Dr Kerr

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Date of Admission:

Date of Discharge: 13/11/2023

The above patient opted in and arranged a telephone assessment appointment on 21/09/2023 to discuss the our Weight Management Group Programmes.

Unfortunately, they did not attend the assessment appointment that was agreed with them, and have not contacted the service to reschedule this appointment. We are therefore discharging this patient back to your care at this time. If their circumstances change, and they wish to re-engage with our service, they can either be re-referred or can self-refer via our webpage which can be found by clicking on this [link](https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service) or via the link below.

If you require any further information, please do not hesitate to contact the service on the above telephone number.

<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Carrie Crawford
Specialist Dietitian - Diabetes

Authorised on 13/11/2023 11:21:43 by Typist Holly Galletly, on behalf of Carrie Crawford.

(P) Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101031555459E	
REFERRAL LETTER MEDICAL IN CONFIDENCE		

REFERRAL TO		
DieteticsR3 Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Dietetics Referral Unit Lynebank Hospital Dunfermline		Hospital and hospital address Hospital unit no. F020G Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-collin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Sara Wilson	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	4470294 GP code 90921	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: For weight loss

Comment: Thank you for seeing this 54 year old gentleman for weight loss. He was referred previously by a colleague and I believe missed appointments secondary to him being at work on the submarines where he has no telecommunications however his situation is unchanged and he remains obese. He is keen for input. I have asked that should he get a further appointment he ensures he has annual leave in order or request time off from work in order that he attend which he will consider doing. Many thanks.

Examinations and Investigations

Blood Pressure (systolic): 145 -
 Blood Pressure (diastolic): 89 -
 Height (m): 173 -
 Weight (kg): 145 -
 Body Mass Index: 48.45 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Gout	-	-	-	28-Jul-2023
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Felodipine M/R tablets 10 mg	0206020F0AAACAC	56 tablet	1 Tab DAILY	-	30-May-2023	-
Bisoprolol Fumarate Tablets 5 mg	0204000H0AAAAAA	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-May-2023	-
Ramipril Capsules 10 mg	-	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Jan-2023	-
Fucibet Cream	1304000F0BCABCC	60 GRAM	-	-	01-Dec-2023	45 Days

Qv Cream		500 GRAM	APPLY ONCE A DAY			
Colchicine Tablets 500 micrograms	1001040G0AAACAC	12 tablet	USE AS DIRECTED	-	01-Dec-2023	42 Days
Colchicine Tablets 500 micrograms	1001040G0AAACAC	12 tablet	ONE TO BE TAKEN 2-4 TIMES A DAY	-	01-Dec-2023	42 Days
Colchicine Tablets 500 micrograms	1001040G0AAACAC	12 tablet	ONE TO BE TAKEN 2-4 TIMES A DAY	-	03-Oct-2023	42 Days

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)**Allergies**

[X] Adverse reaction to bendroflumethiazide

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Has the patient been advised they are being referred with a suspicion of cancer?:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

FAWMS
Fife Adult Weight Management Service
Tel: 01383 674086
E-mail: fife.fawms@nhs.scot

**Fife Health
& Social Care
Partnership**
Supporting the people of Fife together



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 100689145

Dear Colin Anderson

Date: 05/02/2024

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

We have received a referral to support you in making positive lifestyle changes.

We would like to invite you to arrange a telephone appointment to discuss our programmes, and which one is best suited to your needs.

Please contact us on the above telephone number to arrange a telephone assessment. **When phoning please quote: 'Initial telephone conversation'.** If we do not hear from you within 2 weeks of receipt of this letter we will assume that you do not wish to engage with this service and will be discharged. However if in future you wish to find out more about this or our other programmes, you can self refer via our website, see link or QR code below.

<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Stuart McDonald
Dietitian - Weight Management

Authorised on 05/02/2024 13:49:20 by Typist Cheryl O'Neill, on behalf of Stuart McDonald.

(D) Dr SL Wilson, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	 Unique Care Pathway Number: 101039433901G REFERRAL LETTER MEDICAL IN CONFIDENCE	
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REFERRAL TO		
Weight ManagementA8C1 Fife Adult Weight Management		Consultant / receiving practitioner and/or specialty clinic
Dietetics Referral Unit Lynebank Hospital Dunfermline		Hospital and hospital address Hospital unit no. F020G Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	
		Contact number(s) Voice: 01234 567890

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Sara Wilson	163 Robertson Road Dunfermline Fife KY12 0BL
GMC code	4470294 GP code 90921	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	
		Contact number(s) Voice: 01383 629200

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: BMI 49.12 Hypertension

Comment: This man is keen to be seen for help with weight loss.

He works at nuclear site and cannot get phone calls when he is at work unless they are at a specific time when he can make sure he is free to take the call. I would appreciate if he could be seen for review taking this into consideration

Examinations and Investigations

Blood Pressure (systolic): 140 -

Blood Pressure (diastolic): 98 -

Height (m): 173 -

Weight (kg): 147 -

Body Mass Index: 49.12 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Gout	-	-	-	28-Jul-2023
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Allopurinol Tablets 300 mg	1001040C0AAABAB	56 TABLET	ONE TO BE TAKEN EACH DAY	-	14-Jan-2025	-
Bisoprolol Fumarate Tablets 5 mg	0204000H0AAAAAA	56 TABLET	ONE TO BE TAKEN EACH DAY	-	15-May-2023	-
Ramipril Capsules 10 mg	-	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	09-Jan-2023	-
Doxazosin Mesilate Tablets 1 mg	0205040D0AAAAAA	56 TABLET	ONE TABLET INCREASE TO	-	20-Mar-2026	42 Days

TWO TABLETS
DAILY AFTER ONE
WEEK IF
TOLERATED

Fusidic Acid And Hydrocortisone Acetate Cream 2 % + 1 %	-	60 gram	Apply Twice daily	-	20-Mar-2026	42 Days
Qv Cream	-	500 GRAM	Apply Twice daily	-	20-Mar-2026	42 Days
Felodipine M/R tablets 5 mg	0206020F0AAABAB	28 tablet	1 Tab DAILY	-	15-Jan-2026	71 Days

Clinical warnings

Smoking status

Alcohol consumption

Allergies

Number per day

Units per day

[X] Adverse reaction to bendroflumethiazide

Additional relevant information
Administrative information

Have you assessed this patients readiness to change and willingness to engage with the weight management service?:Yes

As part of a programme patients will be encouraged to increase their physical activity. Are there any reasons why this would not be appropriate advice for this patient?:No

Does this patient have known mental health problems?:No

Is this patient currently engaged in treatment with Community Mental Health or Psychology services?:No

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Lynebank Hospital
Halbeath Road
Dunfermline
Fife
KY11 4UW

Adult Weight Management Service
Tel: 01383 674086
Email: fife.favms@nhs.scot

Fife Health
& Social Care
Partnership



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

Letter ID: 200526881

Dear Colin Anderson

Date: 29 April 2026

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

We have received a referral to help you make some positive lifestyle changes. We have two great support options you can choose from.

Option 1. Get Moving with Counterweight: This is a one year programme delivered by Fife Sports and Leisure Trust. It helps you learn how to eat well, move more and feel better. You'll go to a group once a week for 12 weeks. Each session lasts about 90 minutes. After that, there are a few more group sessions at 6, 9 and 12 months to help you stay on track. The group runs in different venues on different days and times, so you can pick one that works best for you.

Option 2. Second Nature: This is a digital programme you can do at home using a phone, tablet or computer. It helps you build healthy long term habits. For the first three months, you will be supported by a Dietitian or Nutritionist and will learn how to eat well and feel better. After that, you will still be able to use the app and all the helpful tools forever.

If you would like to join one of these programmes or have any questions, please get in touch with us.

How to contact us:

Email: Fife.adultweightmanagementclericalteam@nhs.scot

Phone: 01383 674086 (Monday to Thursday from 10am to 12pm and 2pm to 4pm)

If we don't hear from you within two weeks of receiving this letter, we will assume you do not wish to join just now, and you will be discharged.

If you choose to join, our privacy notice is available on our website to give you information about how we use your personal data. You can find out more about our programmes, read our privacy notice, or fill in a form to join by visiting our website or scanning the QR code below.

If you don't want to join right now but would like to sign up later, you can self-refer at any point via the website or QR code.

Fife Council and NHS Fife are supporting the people of Fife together through the Fife Health & Social Care Partnership.
www.fifehealthandsocialcare.org



<https://www.nhsfife.org/services/all-services/nutrition-and-clinical-dietetics/adult-weight-management-and-type-2-diabetes-prevention-service>



Yours sincerely

Fife Adult Weight Management and Type 2 Diabetes Prevention Service

Authorised on 29/04/2026 11:51:03 by Typist Tracy McNeil, not verified by Consultant Fife Adult Weight Management and Type 2 Diabetes Prevention.

(D) Dr SL Wilson, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL



Hospital use only.	Clinic	Day Date	Time	Hospital No.
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Transport required?	 Unique Care Pathway Number: 101027085381H REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
NeurologyAH Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Queen Margaret Hospital Whitefield Road Dunfermline KY12 0SU		Hospital and hospital address Hospital unit no. F805H Email address
Urgency of referral Urgent		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s)
		Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	
GMC code	123456	GP code 12345
Practice name	Dummy GP Practice Name	
Practice code	000000	
		Contact number(s)
		Voice: 01234 567890

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Dulcie Fleming	
GMC code	7406064	GP code 99999
Practice name	New Park Medical Practice (20466)	
Practice code	20466	
		Contact number(s)
		Voice: 01383 629200

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Funny turns ? seizure activity

Comment: This 53 year old man who works in the Dockyard attended ED last week with ?TIA. He had been talking to a colleague at work and felt briefly lightheaded before his hearing went completely. He could hear the first word the colleague said and then no more. He tried to explain to the colleague that he could not hear but is unsure if what he said came out as expected. He was taken to the medical centre and was noted to be hypertensive at 200/120 and was sent to Victoria Hospital. The episode had resolved at this point and he reported he has experienced several of these episodes over the last few years which always resolve quickly. He tells me today that he has hidden these episodes sometimes and that they have previously been associated with hearing music on a loop. He is unable to tell what song this is and these are preceded by a vague aura of light headedness and resolve quite quickly. He does have a son who was diagnosed with epilepsy at aged 16 and is on treatment. He is unsure of his own family history as he has not been with his family since 3 days old. He was in the forces. I am unsure if there is any trauma associated with this.

He remained hypertensive at 174/110 despite starting Amlodipine although this is now improving. His BMI is 48.45. Bloods were unremarkable. He had some proteinuria which has improved with his blood pressure. I discussed him with the TIA clinic considering his risk factors. I agree however this does not necessarily sound like TIA with no history of facial droop, visual disturbance or arm or leg weakness documented and uncertain history of speech disturbance. He will check this with his family/colleague.

On examination of his ears there is whitening of the handle of the malleus on both sides with the right more than the left. Eye and hearing tests done elsewhere this week have been reported by him to be normal

I would be grateful if you could review him urgently with a view to considering whether these episodes could be epileptic in origin and I am addressing his lifestyle issues. He does not drink alcohol and does not smoke. He tells me he only eats a salad during the day and his tea.

I have advised him not to drive while these are investigated. I have signed him off work over the next month for investigation of funny turns and with a view to addressing his lifestyle issues.

Thank you.

Examinations and Investigations

Blood Pressure (systolic):	136	-
Blood Pressure (diastolic):	104	-
Height (m):	173	-
Weight (kg):	145	-
Body Mass Index:	48.45	-
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=2	2010-02-12
Teetotaler:	Alcohol Intake\$.clm - No Action Required	2004-02-06

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infectionStart Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001

Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	Unique Care Pathway Number: 101027498600C REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO	
CardiologyA2 Fife General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH	Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral	Routine

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Dulcie Fleming	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	7406064 GP code 99999	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Inferior q waves on ECG

Comment: In the course of investigation for a funny turn at work, this man was found to be hypertensive with a raised ACR. He is now on treatment for this. An ECG has shown a q wave in lead III. There has been no suggestion of chest pain or palpitations in the course of the investigation for altered consciousness. Does this require any further investigation? He is not yet on a statin.

Examinations and Investigations

Blood Pressure (systolic): 160 -

Blood Pressure (diastolic): 106 -

Height (m): 173 -

Weight (kg): 145 -

Body Mass Index: 48.45 -

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infection Start Date: 18/11/2007	18-Nov-2009
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Laryngopharyngeal reflux	-	-	-	04-Oct-2005
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Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Ramipril Capsules 5 mg	0205051R0AAACAC	28 capsule	ONE TO BE TAKEN EACH DAY	-	12-Sep-2022	28 Days
Ramipril Capsules 2.5 mg	0205051R0AAABAB	28 capsule	ONE TO BE TAKEN EACH DAY	-	18-Aug-2022	28 Days
Amlodipine Tablets 5 mg	-	28 tablet	ONE TO BE TAKEN EACH DAY	-	15-Aug-2022	28 Days

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risks

Exercise status: Not Known

Number per day
? (not known)Units per day
? (not known)**Additional relevant information****Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Has the patient been advised they are being referred with a suspicion of cancer?:N/A Not a cancer referral

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Vetting Outcome - Back to Referrer GP Letter

27/09/2022

DR D Fleming
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

Dear Dr D Fleming

Patient Name: Mr Colin Anderson
CHI Number: 0301690472
Referral Date: 27/09/2022

Thank you for your referral. Having reviewed the information available I have decided not to offer a consultation to your patient.

Please see the following reasons:

ECG on 2 Sept 2022 shows isolated Q waves in Lead III only this is clinically insignificant and no further investigation / treatment is necessary.

Yours sincerely

Dr Jagdeep Singh

VT204GP



Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Neurology
Tel: 01592 643355 Ext 21472



Dr D Fleming
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472
WA/AM

Letter ID: 4836444

Dear Dr Fleming

Clinic Date: 24/10/2022

Date: 01/11/2022

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Diagnosis Unexplained episodes of muffled hearing and light-headedness ?blood pressure related
Recent diagnosis of hypertension (currently on two antihypertensive medications)
Raised BMI

Investigations ECG – sinus rhythm August 2022-11-01

Recommendation MRI head
Observation

Thank you for referring Mr Anderson to the neurology clinic. He attended the clinic unaccompanied today 24 October 2022. He is a 53-year-old gentleman, who is right-handed and works in health physics in submarines. He does not have any significant past medical history of note apart from a recent diagnosis of hypertension after he presented to the Emergency Department on 26 August with a funny turn and was noted to have very high blood pressure. He is a non-smoker who rarely drinks alcohol. He has one son, who is now aged 28 and has a diagnosis of epilepsy and is on treatment. Mr Anderson does not have any previous epileptic liability and has well throughout his adult life.

Colin tells me that he has been experiencing infrequent episodes which were similar to his presentation to the Emergency Department with an event that happened during work. He described these events as getting a sense of whooshing sensation in the head and loses his hearing completely for about 2-3 minutes but he is lucid throughout, is aware of his surroundings and is able to speak. The event usually lasts 2-3 minutes and he feels quite tired for around five minutes. He tells me that these events have been happening for the last 2-3 years, in an infrequent, manner and randomly once every few months. He denies any altered smell or taste perception prior to these events. He also denies any visual symptoms with these events. He does not report any headaches. I note that he was seen by his optician back in August and had a normal ocular assessment.

We have had a discussion about these events and I am not convinced that these are epileptic in nature. They may be related to high blood pressure. I will arrange for an MRI scan of the brain to rule out any structural abnormalities in the temporal lobes and in the meantime I would be grateful if you could continue to manage his blood pressure. Blood pressure today was 153/97. We have had a discussion about lifestyle changes needed in the interim.

Yours sincerely

Dr Wail Ahmed
Consultant Neurologist

Authorised on 02/11/2022 15:02:59 by Wail Ahmed.
(P) Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Neurology
Tel: 01592 643355 Ext 21472
<http://www.nhsfife.scot.nhs.uk>



Colin Anderson
18 Alford Way
Dunfermline
Fife
KY11 8BF



CHI: 0301690472

ADMINISTRATIVE LETTER
Date dictated: 29th November 2022
WA/HS

Letter ID: 4883039

Dear Mr Anderson

Date: 22/12/2022

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

You have recently had an MRI scan of the brain and this was arranged after I saw you back in clinic on 24th October 2022. I am pleased to inform you that this brain scan has returned within acceptable limits and has not identified any abnormalities within the brain or the temporal lobe. We have identified subtle areas of wear and tear which likely reflect that you have high blood pressure. These changes are very subtle and are of no concern. As discussed when I saw you, I do not think that the events described are epileptic in nature and I think we should just keep things under observation at this stage. I will be discharging you back to your GP but would be more than happy to be contacted if you have any further concerns.

Yours sincerely

Dr Wail Ahmed
Consultant Neurologist

Authorised on 04/01/2023 08:53:08 by Wail Ahmed.

(P) Dr Louise Cox Thomsen, New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL

Allergies:

NKDA



Dr Kian Dastoori
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS
Fife

Patient surname: Anderson		Date of arrival: 08/08/2022	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 11:35	Majors ☒ WIR
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 08/08/2022 10:35	Minors ☐
DOB: 03/01/1969	Age: 53 Yrs	Incident location: Industrial or construction area	Discharge/Ward destination & Time:
Patient email:		Incident type: Non-injurious cause	
Landline: 01383 842658	Mobile: 07843112992	Activity when injured:	Breach reason:
Ethnicity: 1A Scottish	Specific location:	GP Address: New Park Medical Practice; 163 Robertson Road, Dunfermline, Fife, KY12 0BL	Tel No: 01383 629200
Special requirements:	Temporary alerts:	School/Nursery address:	
Accompanied:	Source of attendance: Self referral	Tel No: NON RESPIRATORY	
1st Contact name: Alison Anderson	Arrival mode: Public transport	Tel No: -VIRAL	
1st Contact address: 18 Alford Way	Attendance category: New - unplanned		
Dunfermline KY11 8BF	Annual A&E attendance No: 1		
L: 01383 842658			
M:			

Presenting complaint
?TIA

Triage notes

Triage category.....

**dizzy, lightheaded - difficulty understanding - couldn't hear.
lasted 30 secs. then started to be able to understand + hear.
not on BP meds.**

Observations

Temp 36.7	Pulse 79	BP 186/107	SpO2 97%	RR 16	FEWS Score 1
GCS/AVPU	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please ✓)	
VFC ☐	Knee ☐
Physiotherapy ☐	IAT ☐
Ophthalmology ☐	ENT ☐
Other (specify) ☐	OMFS ☐
	ECAS/DVT ☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
	Skin cleansed Yes ☐
Site/number:	Inserted by:
Hand hygiene Yes ☐	





0301690472

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
8/8/22	
	PC: ? TIA
	HPC: 10:30am - couldn't hear or understand what his colleague was saying prior to this - sitting at computer. Unclear if speech affected. Associated with lightheadedness. Describes as feeling "vacant". Last at 8pm at night. Currently has frontal headache - started in waiting room. Not aware of facial droop.
	<u>Other episodes</u>
	→ Usually hearing goes
	→ Last episode 5/6 weeks
	→ Several episodes over last few years
	→ Episode today felt the same
	→ Says sometimes hears song playing
	→ After episode resolved - 15 minutes to feel normal again
	? LOC episode x1 - a few years ago.
	- No incontinence / tongue biting / injuries
	COVID a few weeks ago. otherwise well in himself

ANDERSON
COLIN

03-01-1969



0301690472

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
	suffers from chest pain
	↳ Upper left abdo / lower @ chest
	↳ Associated with exertion
	↳ Cramp like pain
	↳ No radiation
	○ Resp
	○ Diabetes
	? Hypertensives
	PMH
	Hernia repair
	Obesity
	DH: NKDA
	FH: Nil
	SH: Lives with wife
	Never smoked
	Rare alcohol
	No illicit drugs
	<u>o/e</u>
	WHR, HR reg.
	HS I + II + 0.
	Chest clear
	Cervix soft
	Nil oedema.



0301690472

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
	<u>Neuro</u>
	GCS 15
	CN II-XII (N)
	S/S power in all 4 limbs
	No altered sensation
	No cerebellar signs
	No altered co-ordination
	obs as per triage - BP 180/107
	<u>Plan</u>
	① Plan for home as per Dr Parvez (consultant)
	② Advised to see GP for ongoing investigation / follow up
	AM McLAUGHLIN F42
8/8/22	BP from work noted N 200 / 120 mmHg.
	→ Discharged with 5mg amlodipine once daily
	→ GP appointment booked for tomorrow
	AM McLAUGHLIN F42

ANDERSON
COLIN

03-01-1969



0301690472

AMLODIPINE 5MG TABLETS
TAKE ONE TABLET ONCE A DAY
PLEASE SUPPLY FOURTEEN
DAYS WORTH OF TABLETS

A McCAULIN
any

7831170

8/8/22

Emergency Care
Kirkcaldy KY2 5AH

TEL: 01592 643355

Victoria Hospital

F 4 0 3 0

51015902262

Classification:IN-CONFIDENCE LIMITED CIRCULATION

From OHD, Rosyth Dockyard re Colin Anderson 03/01/1969. 1100

Colin attended OHD this am due to a sudden onset of light-headedness, Hearing loss and an inability to understand a colleague talking to him. This quickly resolved.

O/A and examination BP 207/123mmhg,

No injury noted.

FAST NAD,

Alert and orientated to time and place.

No visual disturbance, no headache.

BM 8.0mmol/l.

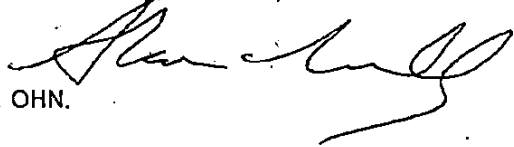
PMH Hypertension, not on meds due to follow up showing levels high then resolving, still under review at GP.

L Inguinal hernia repair 2019, Nil else of note.

Declined OHD request to contact family, States that he would do this himself.

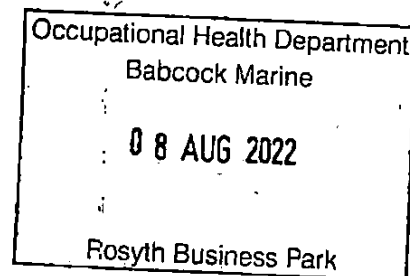
Sent by taxi to VHK.

Alan McNeilly,



OHN.

COPY



V Emergency Department

HJ Fraser
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant: Dr Kian Dastoori

The above patient attended the V Emergency Department on 08/08/2022 at 11:35. I outline below some information regarding this attendance.

Present Complaint: ?TIA

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - nothing abnormal detected			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Action for GP: Follow-up

Presented following an episode of hearing loss and unable to understand speech over five minutes, followed by full resolution of symptoms. Has experienced several of these episodes over the last few years, which always resolve within around five minutes. Examination was normal. Discussed with Dr Parwez (ED consultant) who advised follow-up with GP regarding these episodes.

Senior Review:

Senior Review Comments:

Yours sincerely
Dr Amy McCallum FY2

V Emergency Department

HJ Fraser
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant: Dr Kian Dastoori

The above patient attended the V Emergency Department on 08/08/2022 at 11:35. I outline below some information regarding this attendance.

Present Complaint: ?TIA

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Cardiovascular - Hypertension			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Action for GP: Follow-up

Presented following an episode of hearing loss and unable to understand speech over five minutes, followed by full resolution of symptoms. Has experienced several of these episodes over the last few years, which always resolve within around five minutes. BP was found to be 200/120 at work. Examination was otherwise normal. He was discharged home with 5mg amlodipine once daily and given strong worsening advice. Discussed with Dr Parwez (ED consultant) who advised follow-up with GP regarding these episodes and BP control. Has GP appointment booked for 9/8/22.

Acute Services Division

This version supersedes letter dated 08 Aug 2022



Senior Review:

Senior Review Comments:

Yours sincerely

Dr Ahmed Mohamed GPST1



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?		
	Unique Care Pathway Number: 101027085740F REFERRAL LETTER MEDICAL IN CONFIDENCE	

REFERRAL TO		
ElectrocardiographyRK2 Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH		Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Anderson	18 Alford Way Dunfermline KY11 8BF
Forename(s)	Colin	
Title	Mr	
Sex	Male	
Date of birth	03-Jan-1969	
CHI no.	0301690472	Contact number(s) Voice: 842658 Voice: 07843112992 E-mail: Anderson-colin@sky.com

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address Contact number(s) Voice: 01234 567890
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	

REFERRING-PRACTITIONER DETAILS		Practice address
Name	Dr. Dulcie Fleming	163 Robertson Road Dunfermline Fife KY12 0BL Contact number(s) Voice: 01383 629200
GMC code	7406064 GP code 99999	
Practice name	New Park Medical Practice (20466)	
Practice code	20466	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: ECG REFERRAL

Comment: 53 year old male new hypertension ?LVH. Many thanks.

Examinations and Investigations

Blood Pressure (systolic): 136

Blood Pressure (diastolic): 104

Height (m): 173

Weight (kg): 145

Body Mass Index: 48.45

Never smoked tobacco: Disease: SPICE Basic Health Values, priority=2 2010-02-12

Teetotaler: Alcohol Intake\$.clm - No Action Required 2004-02-06

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Essential hypertension NOS	-	-	-	25-Sep-2020
Inguinal hernia	-	-	Left	04-Nov-2019
Closed fracture finger middle phalanx (Left)	Left	-	ring finger - spiral fracture	02-Dec-2015
Closed fracture of metacarpal bone(s) (Left)	Left	-	ring finger	23-Feb-2012
Acute lower respiratory tract infection	-	-	admitted cold agglutins present in serum, possibility of mycoplasma infectionStart Date: 18/11/2007	18-Nov-2009
Chest wall pain	-	-	Left - attended pain clinic	18-Mar-2009
Depressive disorder NEC	-	-	Disease: SPICE Depression,	14-Jun-2006
Laryngopharyngeal reflux	-	-	-	04-Oct-2005
Nasal congestion	-	-	-	20-Jun-2001
Overdose of drug	-	-	Paracetamol & diazepam	27-Jan-1993
Eosinophilic granuloma	-	-	Left eye	25-Jul-1975
Otorrhoea NOS	-	-	Bilateral	16-Jan-1975
Haemolytic anaemias NOS	-	-	Haemolytic uremic syndrome	01-Sep-1969
Chest infection NOS	-	-	Admitted	24-Mar-1969

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Primary repair of inguinal hernia (Left)	Left	-	04-Nov-2019

Current and recent medication

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

ANDERSON, COLIN

18 ALFORD WAY, DUNFERMLINE, KY11 8BF

Ref. Locn. : QMH A&E, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU

Referrer : CURRER, Margaret Dr

DoB : 03/01/1969

Hosp. No. : D124912L

CRIS No. : 111157

CHI No. : 0301690472

VERIFIED Verified By : DIAMOND, Margaret 22/08/16
Typed By : DIAMOND, Margaret 22/08/16

Clinical History :

injured right little finger when playing american football today. Tender PIPJ

XR Finger little Rt :

There is an avulsion fracture of the volar aspect of the base of the middle phalanx of the right little finger, with marked soft tissue swelling demonstrated overlying this area.

Prov A&E Opinion - Agree

VIRTUAL
FRACTURE
CLINIC

31/8/16

26/08/16

Event Number : E-5598479

Copy To :

Examinations : XR Finger little Rt



Examination Date : 21/08/16

CHI No. :



Allergies:



0301690472

MIU Practitioner
Queen Margaret Hospital
Dunfermline
KY12 0SU
Tel: 01383 623623



Patient surname: Anderson		Date of arrival: 10/07/2023	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 13:38	Majors ☐
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 09/07/2023 10:00	Minors ☐
DOB: 03/01/1969		Incident location: Home	Discharge/Ward destination & Time: <i>see GP</i>
Age: 54 Yrs		Incident type: Non-injurious cause	
Patient email: Anderson-colin@sky.com		Activity when injured:	Breach reason:
Landline: 01383 842658	Mobile: 07843112992	Specific location:	GP Address: New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL Tel No: 01383 629200
Ethnicity: 1A Scottish		Temporary alerts:	
Special requirements:		Source of attendance: Self referral	School/Nursery address:
Accompanied: Adult		Arrival mode: Private transport	Tel No:
1st Contact name: Alison Anderson		Attendance category: New - unplanned	Named person/HV:
1st Contact address: 18 Alford Way Dunfermline KY11 8BF L:01383 842658 M:07842889637		Annual A&E attendance No: 2	

Presenting complaint
R FOOT COMPLAINT

Triage notes Triage category.....

Observations

Temp	Pulse	BP	SpO2	RR	FEWS Score
	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please ✓)			
VFC	[]	Knee	[]
Physiotherapy	[]	IAT	[]
Ophthalmology	[]	ENT	[]
Other (specify)	[]	OMFS	[]
		ECAS/DVT	[]

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes []
Colour Gauge:	Dressing date & timed Yes []
	Skin cleansed Yes []
Site/number:	Inserted by:
Hand hygiene Yes []	

DO NOT WRITE IN THIS SPACE

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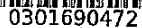
ANDERSON
COLIN

03-01-1969



0301690472

Allergies:



NHS
Fife

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administered by

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature

[illegible]

ANDERSON
COLIN

03-01-1969



0301690472

DATE AND
TIME

MULTIDISCIPLINARY NOTES

Name MUST be printed against each note entry

~~sw~~ ~~caulth~~
(ave)

10/07/23

11/42

4/0 Pt describes standing up
- felt his feet go under him a
couple days ago.

pres: hypertension

med: Ranitidine

benzonal

Metoprolol

9/0 Pain (R) foot / Great toe

Alleged: none

0/E

0/00 0/00 0/00 0/00 0/00 0/00

0/00 0/00 0/00 0/00 0/00 0/00

slight swelling medial ball of foot

anywhere, ulnar at 1st MPJ

tendon 1st MPJ / MPJ

tendon whole great toe

1/000

Pain not decreasing

Causes sensation intact distal to inj

x-ray: (R) foot

imp: Nil acute seen - soft tissue inj? traumatic cont.

test: Off loading shoe

Alleged: MRI advice

see. Off 2-3 days if 1 red / swelling back to joint

15²⁶

~~sw~~ ~~caulth~~
(ave)

AFFIX LABEL

[illegible]

Q Minor Injuries Unit

AE Austin
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Queen Margaret Hospital
Whitefeld Road
Dunfermline
KY12 0SU

Dear Doctor:

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant: MIU Practitioner

The above patient attended the Q Minor Injuries Unit on 10/07/2023 at 13:38. I outline below some information regarding this attendance.

Present Complaint: R FOOT COMPLAINT

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Soft tissue - Other soft tissue injury	Toes	Right	

Investigation(s)/Treatment(s): 1. Verbal Advice
2. XRAY

Medication(s):

Additional Notes (for GP):

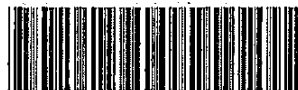
patient claims he stood up from sitting and his foot went under him , patient presents with pain left foot , great toe , great toe erythemic at 1st mtpj and warm, xray performed with nil acute seen
pt managed with off loading shoe as sof tissue inj ?traumatic gout
pt made aware of symptoms of worsening gout and advised to see gp if concerned ootherwise
patient advised rice and analgesia

Senior Review:

Senior Review Comments:

Yours sincerely
Roy Candlish

Allergies:



0301690472

MIU Practitioner
Queen Margaret Hospital
Dunfermline
KY12 0SU
Tel: 01383 623623



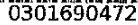
Patient surname: Anderson		Date of arrival: 04/03/2024	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 18:42	Majors ☐
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 04/03/2024 12:00	Minors ☐
DOB: 03/01/1969		Incident location: Business area (excluding recreational & sports areas)	Discharge/Ward destination & Time:
Age: 55 Yrs		Incident type: Fall-From same level or <1m	
Patient email: Anderson-colin@sky.com		Activity when injured:	Breach reason:
Landline: 01383 842658	Mobile: 07843112992	Specific location:	GP Address: New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL Tel No: 01383 629200
Ethnicity: 1A Scottish			
Special requirements:		Temporary alerts:	School/Nursery address:
Accompanied: Adult		Source of attendance: Self referral	
1st Contact name: Alison Anderson		Arrival mode: Private transport	Tel No:
1st Contact address: 18 Alford Way		Attendance category: New - unplanned	
Dunfermline KY11 8BF L:01383 842658 M:07842889637		Annual A&E attendance No: 2	Named person/HV:

Presenting complaint (R) KNEE INJURY					
Triage notes			Triage category.....		
Observations					
Temp	Pulse	BP	SpO2	RR	FEWS Score
GCS/AVPU	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please ✓)	
VFC ☐	Knee ☐
Physiotherapy ☐	IAT ☐
Ophthalmology ☐	ENT ☐
Other (specify) ☐	OMFS ☐
	ECAS/DVT ☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
	Skin cleansed Yes ☐
Site/number:	Inserted by:
Hand hygiene Yes ☐	

Allergies:



Once only prescription/treatments

Take home medications

[illegible]

Q Minor Injuries Unit

AE Austin
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant: MIU Practitioner

The above patient attended the Q Minor Injuries Unit on 04/03/2024 at 18:42. I outline below some information regarding this attendance.

Present Complaint: (R) KNEE INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Wound - Abrasion			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
55yr M

PC/ knee injury

HPC/ fell and landed onto right knee on a wooden pallet whilst at work today- carried on working

OE/ walked into cubicle weighing
abrasion to right knee under tibial plateau
no swelling to knee bruising visible around abrasion
nv intact

full flexion and extension to leg and straight leg raise
ligaments appear intact
no bony tenderness to patella/ proximal tibia

IMP/ abrasion to knee

PLAN/
ice analgesia
innadine dressing applied to abrasion
discharged with self care and worsening advice

Senior Review:

Senior Review Comments:

Yours sincerely
Catrin Thomson

DO NOT WRITE IN THIS MARGIN DO NOT WRITE IN THIS MARGIN DO NOT WRITE IN THIS MARGIN

Allergies:



0301690472

MIU Practitioner
Queen Margaret Hospital
Dunfermline
KY12 0SU
Tel: 01383 623623



Patient surname: Anderson		Date of arrival: 12/06/2020	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 20:12	Majors ☐
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 12/06/2020 09:00	Minors ☐
DOB: 03/01/1969		Age: 51 Yrs	Discharge/Ward destination & Time: DIC 20:25
Patient email:		Incident type: Other	
Landline: 01383 842658		Mobile: 07843112992	Breach reason:
Ethnicity: 1A Scottish		Specific location:	
Special requirements:		Temporary alerts:	GP Address: New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL
Accompanied: Adult		Source of attendance: Self.referral	
1st Contact name: Alison Anderson		Arrival mode: Private transport	School/Nursery address:
1st Contact address: 18 Alford Way		Attendance category: New	
Dunfermline KY11 8BF		Annual A&E attendance No: 1	Tel No: 01383 629200
L:01383 842658 M:		Named person/HV:	

Presenting complaint (L) shoulder complaint					
Triage notes Triage category.....					
Observations					
Temp	Pulse	BP	SpO2	RR	FEWS Score
BM	Cap refill	Sup. O2	Weight/Kg	Pain score	

Follow up clinic (please ✓)			
VFC	☐	Knee	☐
Physiotherapy	☐	IAT	☐
Ophthalmology	☐	ENT	☐
Other (specify)	☐	OMFS	☐
		ECAS/DVT	☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
	Skin cleansed Yes ☐
Site/number:	Inserted by:
Hand hygiene Yes ☐	

03-01-1969

COLIN
ANDERSON



0301690472

COLIN
ANDERSON

03-01-1969



0301690472

DATE AND
TIME

MULTIDISCIPLINARY NOTES

20.220 Name MUST be printed against each note entry

CThem
12-6-2020

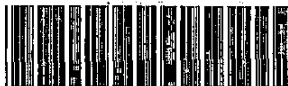
Maci Paul to left Shannon L3hs. NO
w/ing
Full range movement to arms, just
Sharp pain
NV intact. NO bony tenderness
NO numbness/pain needs.

-advised to take analgesia & see GP
if any further concerns.

CThem

Allergies:

NKDA



0301690472

MIU Practitioner
Queen Margaret Hospital
Dunfermline
KY12 0SU
Tel: 01383 623623



Patient surname: Anderson		Date of arrival: 01/12/2018	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 15:17	Majors ☐
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 29/11/2018 08:00	Minors ☐
DOB: 03/01/1969		Age: 49 Yrs	Discharge/Ward destination & Time: NMS III.
Patient email:		Incident location: Home	
Landline: 01383 842658		Mobile: 07843112992	Breach reason:
Ethnicity: 1A Scottish		Specific location:	
Special requirements:		Temporary alerts:	GP Address: New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL Tel No: 01383 629200
Accompanied: Spouse		Source of attendance: Self referral	
1st Contact name:		Arrival mode: Private transport	School/Nursery address:
1st Contact address:		Attendance category: New	
L: M:		Annual A&E attendance No: 2	Named person/HV:

Presenting complaint right sided pain					
Triage notes Triage category.....					
Observations					
Temp 36.5	Pulse 87	BP 143/80	SpO2 97	RR 16	FEWS Score
GCS/AVPU (5)	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please ✓)			
VFC	☐	Knee	☐
Physiotherapy	☐	IAT	☐
Ophthalmology	☐	ENT	☐
Other (specify)	☐	OMFS	☐
		ECAS/DVT	☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
Site/number:	Skin cleansed Yes ☐
Hand hygiene Yes ☐	Inserted by:

DO NOT WRITE IN THIS MARGIN

DO NOT WRITE IN THIS MARGIN

DO NOT WRITE IN THIS MARGIN

03-01-1969

COLIN
ANDERSON



0301690472

Allergies:



Fife.

Colin Anderson

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature:	Treatment time	Administered by

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature

[illegible]

COLIN
ANDERSON

03-01-1969



0301690472

Date and
Time

MULTIDISCIPLINARY NOTES

1-12-18

Name **MUST** be printed against each note entry

(PMH) NU

CTHomsen

15.20

Rcl Ardo Pau.

MRCL. MRCL ardo pau 4/7 - no way
 pain constant in nature.
 described as a stabbing pain.
 no raised Numbity.

Rang NMS III 3 aching can
 back.

advised to rang NMS III back.

- Not mid pt - advised to answer
 can back.

Oel looks worn. Does not appear
 distressed.

Advised to rang NMS III to tell
 them he is now at OMM mid.

(Signature) . ENP

[illegible]

Allergies:
NKDA



Dr Bappa Roy
Victoria Hospital
Kirkcaldy
KY2 5AH
Tel: 01592 643355

NHS
Fife

Patient surname: Anderson		Date of arrival: 12/03/2018	Management type: Resus ☐
Patient forename: Colin		Time of arrival: 22:12	Majors ☒ (5)
Patient address: 18 Alford Way Dunfermline KY11 8BF		Date & time of incident: 12/03/2018 20:36	Minors ☐
DOB: 03/01/1969	Age: 49 Yrs	Incident location: Home	Discharge/Ward destination & Time:
Patient email:		Incident type: Emergency - Non Accident	
Landline: 01383 842658	Mobile: 07843112992	Activity when injured:	Breach reason:
Ethnicity: 1A Scottish	Specific location:		GP Address: New Park Medical Practice, 163 Robertson Road, Dunfermline, Fife, KY12 0BL Tel No: 01383 629200
Special requirements:	Temporary alerts:		
Accompanied: Unaccompanied	Source of attendance: 999 Emergency Services		School/Nursery address:
1st Contact name:	Arrival mode: Ambulance (road)		Tel No:
1st Contact address:	Attendance category: New		Named person/HV:
L: M:	Annual A&E attendance No: 1		

Presenting complaint
ABDO PAIN

Triage notes
Triage category.....

Observations						
Temp 37.4	Pulse 94	BP 153/93	SpO2 98	RR 16	FEWS Score 0	
BM	Cap refill	Sup. O2	Weight/Kg	Pain score		

Follow up clinic (please ✓)			
VFC	☐	Knee	☐
Physiotherapy	☐	IAT	☐
Ophthalmology	☐	ENT	☐
Other (specify)	☐	OMFS	☐
		ECAS/DVT	☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
	Skin cleansed Yes ☐
Site/number:	Inserted by:
Hand hygiene Yes ☐	

03-01-1969

DUNFERMLINE
KY11 8BF

Allergies:



Dr Bappa Roy
Victoria Hospital,
Kirkcaldy
KY2 5AH
Tel: 01592 643355

Colin Anderson

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administered by
12/3/18	2230	Ce-Ceftriaxone	250mg	O	H. A. A.	2230	WJ

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature
12/31/18	CO-CODAMOL 30/500	2 tabs max QDS	oral		

Date	Fluid	Vol/ml	Duration of administration	Clinician signature	Time started	Completion time	Administered by
	Additional Medicine	Dose			(00:00 hrs)		Added by

ANDERSON
COLIN
18 Alford Way

0301690472

DUNFERMLINE
KY11 8BF

03-01-1969

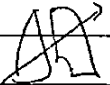
Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
12/3/18	F42 GRANT
	49 O ² PC: Abdo pain
	HPC :- 1/7 Hx of central & upper abdominal pain
	- 5-6 episodes of diarrhoea yesterday, small episode today
	- 1x episode of vomiting this evening - foodstuff, no blood.
	- 'Tight, pulling' pain, 7/10, cat crampy. Not radiating, not positional. Associated with bloating & flatus/belching
	- No fevers / rigors
	- No sick contacts / recent travel.
Senior review by: Time seen : hrs	

ANDERSON
COLIN
18 Alford Way

0301690472

03-01-1969

DUNFERMLINE
KY11 8BF

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
12/3/18	F42 GRANT
	- Denies alcohol use
	- No chest pain / SOB / palpitations
	PMHx : Nil
	DHx : Nil regular
	NKDA
	SHx : Non-smoker
	Rarely drinks ETOH
	Works @ shipyard
	Lives w wife
	DIE : (A) patent
	(B)  clear
FEWS = (D)	(C) HS pure
	(D) GCS 15/15, PEARL
	(E)  Epigastric, RUQ & LLQ tenderness. Voluntary guarding °Peritonism BS present
	Imp ? Gastroenteritis
	? Pancreatitis
	Plan (1) Bloods (3) Push oral fluids
	(2) Analgesia (H&S)

0301690472

03-01-1969

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
12/3/18	F42 GRANT
	<u>Bloods</u> WCC 13.9, Neut 12.58
	LFTs (N), Amylase 76 (N)
	CRP 12.9, Lac 2.1
	Glc 7.5, U&Es (N), K 4.8, Na 137
	(d/w Dr (new) (H)
	<u>Plan</u> (1) Home
	(2) co-codamol 30/500 for pain
	(3) worsening statement (H)

Patient Information		Incident Date: 12/03/2018	 Scottish Ambulance Service
COLIN ANDERSON		Incident Number: CR004490427	
Age/Gender: 49 years 2 months 9 days Old Male	Address: 18 ALFORD WAY DUNFERMLINE, KY11 8BF	Incident Type: EMG	
DOB: 03/01/1969	CHI:	Incident Location: 18 ALFORD WAY DUNFERMLINE, KY11 8BF	
Ethnicity: White Scottish			

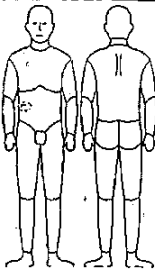
Presenting Complaint

SEVERE ABDO PAIN

Additional Comments

PT COMPLAINING OF BOUT OF DIARRHOEA YESTERDAY, SUDDEN ONSET OF SEVERE ABDO PAIN AND ONE EPISODE OF VOMITING THIS PM, PAINSCORE 7/10 HYPERTENSIVE.

PATIENT ASSESSMENT

AVPU	Alert	<C>	No						
A	Clear								
B									
C	Pulse Rate 88 Rhythm Reg	BP 166/113 Arm Left	Cap Refill >2 Secs Central/Peripheral Peripheral						
D	GCS 15 Eyes Spontaneously (4)	Voice Orientated (5)	Motor Obeyes Commands (6)						
E			PEARL Yes						
 <table border="1"> <thead> <tr> <th>ID</th> <th>Body Part</th> <th>Pain Scale</th> </tr> </thead> <tbody> <tr> <td>P1</td> <td>Abdomen</td> <td>6</td> </tr> </tbody> </table>				ID	Body Part	Pain Scale	P1	Abdomen	6
ID	Body Part	Pain Scale							
P1	Abdomen	6							

Observations

Time	P	RR	BP	SpO2	CR	GCS	AVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
21:35	88	20	166/113	98	>2 Secs	15	Alert		37.5	6.9		3	3		E0027136

NEWS

Time	Clinical Risk	NEWS
21:35		0

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
21:49	Entonox		PRN	INH	02/2020	7	7	E0043524

HISTORY

AMPLE

Allergies	None
Last Eaten	>4 Hours Ago
Events Prior	SEVERE ABDO PAIN

Social History

NHS Fife, Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU
01383 623623 | www.nhsfife.org



Date: 22 May 2026

Your ref: 100229

Enquiries to: Legal Services

Direct line: 01383 674101

Our ref: JW/SK/SR26/1127

Email: Fife.LegalServices@nhs.scot

MMA Legal
43-59 Princes Street
Stockport
SK1 1RY

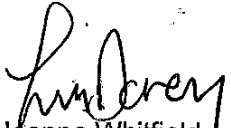
Dear Sir

Your Client: Mary Menzies
Address: 36 Mossbank, Cowdenbeath, KY4 9RR
Date of Birth: 29/06/1964

I refer to your letter of 23 April 2026 and as requested, I now enclose copy medical records of NHS Fife relating to your above-named client and trust that these will be of some assistance to you.

Please note that these copy records are being provided to you for your purpose only and have not been reviewed by the treating clinician to ascertain if they contain any information which may cause either physical or mental harm to the patient or other persons. If it is the case that your client wishes copies of their health records, they should be asked to contact Access to Health Records Department, Victoria Hospital, Kirkcaldy, Fife, KY2 5AH who will process their request.

Yours faithfully


Joanna Whitfield
Legal Services Manager



Chair: Pat Kilpatrick
Chief Executive: Carol Potter

Fife NHS Board is the common name of Fife Health Board



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	 Unique Care Pathway Number: 101006987263A REFERRAL LETTER MEDICAL IN CONFIDENCE	
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REFERRAL TO		
DermatologyA7 Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH		Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral Routine		

PATIENT DETAILS		Patient's address
Surname	Gray	91 Martin Crescent Ballingry Lochgelly KY5 8QB Contact number(s) Voice: 07935398919 861055
Forename(s)	Mary	
Title	Ms	
Sex	Female	
Date of birth	29-Jun-1964	
CHI no.	2906640360	

REGISTERED GP DETAILS		Practice address
Name	Dr E Brown	54/58 Lochleven Road Lochore Lochgelly Contact number(s) Voice: 01592 860463
GMC code	3258655 GP code 90107	
Practice name	Benarty Medical Practice	
Practice code	21421	

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Peter Robson	Benarty Medical Centre 54-58 Lochleven Road Lochore Contact number(s) Voice: 01592 860463
GMC code	2549334 GP code 93807	
Practice name	Drs Robson, Carlin & Brown (21421)	
Practice code	21421	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: pustular psoriasis both hands

Comment: Dear Doctor

Thank you for seeing this 49 year old woman who has been attending Moira Gilles, Dermatology Nurse Practitioner with pustular psoriasis of both hands.

She was previously treated with Dovobet and moisturisers and was changed by Moira to Diprosalic, Betnovate RD and Ichthopaste bandaging.

Moira has requested referral for consultant opinion due to the lack of improvement.

Yours sincerely

Dr G Robson

Examinations and Investigations

Blood Pressure (systolic):	123	-
Blood Pressure (diastolic):	84	-
Height (m):	168	-
Weight (kg):	100.5	-
Body Mass Index:	35.61	-
Ex smoker:	2014-01-28	
Alcohol consumption, 0 units/week:	2014-01-28	
Aerobic exercise 1 time/week:	2014-01-28	

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
Non-alcoholic fatty liver	-	-	-	17-Jun-2013
Psoriasis NOS	-	-	-	19-Feb-2013
Type 2 diabetes mellitus	-	-	-	26-Apr-2012
Asthma	-	-	-	23-Mar-2012
Dyspepsia	-	-	-	19-Sep-2008
Essential hypertension	-	-	-	16-Dec-2004
Poisoning - self-inflicted	-	-	ranitidine	25-Jun-2000
Poisoning - self-inflicted	-	-	paracetamol	03-Sep-1999
H/O: depression	-	-	-	16-Apr-1999
Poisoning - self-inflicted	-	-	paracetamol	31-Mar-1999
Poisoning - self-inflicted	-	-	chlordiazepoxide	30-Mar-1999
Pustular psoriasis	-	-	-	31-Mar-1998
Atopic dermatitis/eczema	-	-	-	16-Apr-1986
Spontaneous vaginal delivery	-	-	male	24-Jan-1985
Chickenpox	-	-	-	01-Apr-1965

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Furosemide Tablets 20 mg	-	28 TABLET	ONE TABLET IN THE MORNING	-	07-Feb-2014	-
Betamethasone Dipropionate And	-	120 GRAM	APPLY THINLY ONCE DAILY	-	10-Jan-2014	-

Calcipotriol Gel 0.05
% 50
micrograms/gram

Hydromol Cream	130201000BBBRA1	500 gram	APPLY TWICE A DAY	-	19-Feb-2013	-
Tubifast 2-Way Stretch Gloves Medium/Large Adult	-	3*2 device	USE AS DIRECTED	-	19-Feb-2013	-
Atorvastatin Tablets 10 mg	0212000B0AAAAAA	28 tablet	ONE TO BE TAKEN EACH DAY	-	28-Sep-2012	-
Amlodipine Tablets 5 mg	-	28 tablet	ONE TABLET DAILY	-	23-May-2012	-
Metformin Hydrochloride Tablets 500 mg	0601022B0AAABAB	56 tablet	1 TAB WITH BREAKFAST AND EVENING MEAL	-	26-Apr-2012	-
Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation	-	1 inhaler	TWO PUFFS TO BE INHALED TWICE A DAY	-	28-Mar-2012	-
Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff	-	1 inhaler	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED	-	25-Jan-2012	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAAGAG	28 capsule	1 Cap Daily	-	09-Feb-2011	-
Ramipril Capsules 10 mg	-	28 CAPS	1 Tab Daily	-	18-Oct-2010	-
Orlistat Capsules 120 mg	0405010P0AAAAAA	84 CAPSULE	ONE TO BE TAKEN IMMEDIATELY BEFORE, DURING OR UP TO 1 HOUR AFTER EACH MAIN MEAL	-	21-Feb-2014	0 Days
Otosporin Ear-drops	1201010Q0BCAAAC	10 ml	TWO DROPS TO BE USED IN THE AFFECTED EAR(S) FOUR TIMES A DAY	-	11-Feb-2014	42 Days
Bendroflumethiazide Tablets 2.5 mg	-	28 TABS	1 Tab In the morning	-	18-Oct-2010	-

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)

Additional relevant information**Administrative information**

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Victoria Hospital

Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Tel: 01592 643355 Ext:28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Drs Robson, Carlin & Brown
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1001013

Dear Dr Robson

Clinic Date: 24/04/2014

Date: 28/04/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I reviewed the above patient in the dermatology clinic today. As you will be aware she has had problems with pustular psoriasis of the fingers for approximately 3 years now since she stopped smoking. She had had previous episodes of this in the past. Of note she has also noticed joint pains over the past year and I understand she has been diagnosed as diabetic and with hypertension. Her DLQI today was 15 and her FRDU screening questionnaire was positive.

On examination she had marked scaling and flaking of the first, second and 4th digit on her left hand and a 4th digit on her right hand and also pustules present. I understand she has failed to respond to Diprosalic and Betnovate and I have therefore in the first instance started her on Dermovate dressings with introduction of tar and I will review her thereafter as to whether PUVA phototherapy is worthwhile. I will also refer her on to the rheumatologists in view of her positive FRDU screening questionnaire.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 29/04/2014 09:33:06 by Dr Sally McCormack.

(P) Dr Helen Harris, Consultant Rheumatologist, Fife Rheumatic Diseases Unit, Whyteman's Brae Hospital, Whyteman's Brae, Kirkcaldy, KY1 2ND (Encs: FRDU)

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1099603

Dear Dr Robson

Clinic Date: 08/07/2014

Date: 09/07/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I reviewed Mary back at the dermatology clinic today. Unfortunately whilst her skin has improved with regular dressings of Dermovate and coal tar as soon as she has missed the dressings for any reason over the 2 month period her skin has flared significantly. She is now quite hampered with discomfort in three of the fingers of her left hand and for that reason we are changing her to a trial of PUVA phototherapy. If this is unsuccessful we will have to move on to systemic treatment for this problem.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 14/07/2014 14:10:01 by Dr Sheena Russell.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Drs Robson, Carlin & Brown
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1209773

Dear Dr Robson

Clinic Date: 30/09/2014

Date: 13/10/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

DIAGNOSIS – 1. ACRAL DERMATOSIS OF HALLOPEAU

TREATMENT – 1. TRIAL OF ACITRETIN 25 MG

I reviewed Mary in the Dermatology Clinic today at the request of my nurses. She has been having PUVA phototherapy to her hands for some time now and unfortunately it is not giving us the result we would have wished. In view of her other medications I have opted to give her a trial of Acitretin and I will do her fasting bloods in due course and then review her in the clinic.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 20/10/2014 09:11:27 by Dr Sally McCormack.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext: 28634
<http://www.nhsfife.scot.nhs.uk>



Mary Gray
91 Martin Crescent
Ballingry
Fife
KY5 8QB

ADMINISTRATIVE LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1390353

Dear Mary Gray

Date: 27/02/2015

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I note that one of the blood tests you had taken at the end of January has shown a slightly elevated liver test. This may have been due to the higher dose of Acitretin you are on but prior to your next appointment I would be grateful if you could have your liver function tests checked either at our department or with your GP. If you wish to have an appointment at our department, please phone to arrange this.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 02/03/2015 16:16:51 by Dr Sally McCormack.

(D) Dr EC Brown, Benarty Medical Practice, 54-58 Lochleven Road, Lochore, Fife, KY5 8DA
(P) Gail Mitchell, Charge Nurse, Dermatology Department, Victoria Hospital, Kirkcaldy, KY2 5AH

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr EC Brown
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1474207

Dear Dr Brown

Clinic Date: 21/04/2015

Date: 29/04/2015

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

Diagnosis: Acrodermatitis hallopeau

Treatment:

1. Silopad
2. Emollients with hydromol ointment
3. QV wash
4. Elocon ointment

I reviewed Mary in the dermatology clinic today. She informed me she has stopped her Acitretin as she was concerned about her hair thinning a few weeks ago. She has also not been using any topical creams at all as she had run out and did not realise she could get further supplies from yourself. I have today given her a hand written note for the above ointment and also given her a small supply and urged her to hand the hand written note in so that she has these creams on repeat prescription.

I have arranged for her to be reviewed in the nurse management clinic in 8 weeks time and with myself if required thereafter.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 05/05/2015 11:49:17 by Dr Sally McCormack.

Queen Margaret Hospital

Whitefield Road

Dunfermline

Fife

KY12 0SU

Consultant:

Dr Jane Timperley (Lead Clinician)

Clinical Service Lead:

Mrs Fran Proctor

Chronic Pain Management Service

Tel: 01383 623623 ext 24749

<http://www.nhsfife.scot.nhs.uk>



Chronic Pain Read Code:1M52

Dr EC Brown

Benarty Medical Practice

54-58 Lochleven Road

Lochore

Fife

KY5 8DA



CHI: 2906640360

FP/MHD

Letter ID: 100152393

Dear Dr Brown

Clinic Date: 13/06/2017

Date: 15/06/2017

Mary Gray, 91 Martin Crescent, Ballingry, Lochgelly, Fife, KY5 8QB

Date of Birth: 29/06/1964

Thank you for referring this lady to the Fife Pain Management Service with fibromyalgia, I saw her today in the Nurse led Pain management clinic.

Mary states that pain problem began some years ago, she was given a diagnosis of Fibromyalgia when seen by the Rheumatology service in 2014. I note her past medical history of type 2 diabetes.

She describes the pain as a constant deep ache with throbbing type sensations. It is aggravated by activity, she has not found anything which provides any short term relief, though the medications do help a little. She has been seen by a physiotherapist in the past and given exercises to do.

Mary lives with her partner and two grandsons aged 16 and 15yrs in 2 storey accommodation. She does struggle with the stairs, finding it more difficult to climb up than to come down. She struggles with her personal care achieving this by doing things slowly. She does what she can to achieve the housework, but in the main her family help out including the cooking and the shopping. Her diet is healthy, her fluid intake is good. She does not smoke having stopped 8 yrs ago and only drinks alcohol occasionally.

She is in part time employment, working as a Home Carer 24 hrs per week. Her sleep is poor being disturbed by the pain, she feels she gains around 6 hrs of unrefreshed sleep a night and she feels drowsy through the day. Her mood she feels is fine, there is no history of anxiety or depression. Her mobility is poor being only able to walk short distances and tends to lean on the shopping trolley which makes shopping easier for her.

She states to be presently taking for pain relief:

Co-codamol 15/500 2 qds

Pregablin 50mgs 1 bd

Sertraline 150mgs daily

She finds these helpful.

Aim

Mary would like to improve her management of her pain to improve her quality of life. She accepts that there is no cure. She does try to exercise but finds this aggravates her pain.

Plan

I have discussed with her the limited effect medication has on persistent pain and that her focus should be on implementing the pain self management strategies. I have stressed to her that these strategies and the lifestyle changes that will be needed, require discipline and commitment in order for benefits to be gained and improvement in her quality of life to be achieved. Her medications are helpful at this time so I have not suggested any changes.

Mary will gain the most by adopting a rehabilitation based approach to managing her pain; with this in mind I will refer her for an assessment by one of our Specialist Physiotherapists in the first instance.

I have not arranged to see her again but will hear how she progresses in due course.

Yours sincerely

Fran Proctor
Clinical Service Lead & Nurse Specialist

Authorised on 15/06/2017 15:57:11 by Typist Margaret Donaldson, on behalf of Fran Proctor.

(P) Mrs Fiona McAslan, Pain Management Physiotherapist, Pain Management Service, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU P/S - 10 PSEQ - 16 GAD-7 - 6 PHQ-9 - 19

Allergies:



MIU Practitioner
Queen Margaret Hospital,
Dunfermline
KY12 0SU
Tel: 01383 623623



Mary Gray

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administered by

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature

[illegible]



2906640360

Date and
Time

MULTIDISCIPLINARY NOTES

15.4.19

Name MUST be printed against each note entry

(RMD)

13.40

Pcl laceration to finger.

C. Thompson

4001 Cuts left ring finger on a knife
laceration to PIPJ.

PMU lacer. NKDA.

06/ Superficial laceration over PIPJ
Not bloody / No sensory changes
Full extension / Flexion
to finger.
Able to make a fist
NKDA.

Imp/ Superficial laceration over PIPJ

Plat clean / CS seen ✓

Sterile ✓

given.

Wound care advice leaflet
given.

Q Minor Injuries Unit

EC Brown
21421/1
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
Lochgelly
KY5 8DA

Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU

Dear Doctor

Ms Mary Gray
91 Martin Crescent
BALLINGRY
Lochgelly
KY5 8QB

CHI: 2906640360
ED Consultant:MIU Practitioner

The above patient attended the Q Minor Injuries Unit on 15/04/2019 at 13:00. I outline below some information regarding this attendance.

Present Complaint: Lac L ring finger

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Wound - Laceration			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Cut PIPJ left ring finger on a knife. Able to move finger fully.
Laceration cleaned and closed with steristrips and glue.

Senior Review:

Senior Review Comments:

Yours sincerely

Allergies:



2506655182

Dr Fiona Duncan
Victoria Hospital
Kirkcaldy
KY2 5AH
Fife
Tel: 01592 643355



Patient surname: Houston		Date of arrival: 06/04/2019	Management type: Resus ☐
Patient forename: Lorraine		Time of arrival: 06:21	Majors ☒ <i>ENT</i>
Patient address: 25 Rowan Lea Kelty KY4 0FY		Date & time of incident: 06/04/2019 05:30	Minors ☐ <i>200m</i>
DOB: 25/06/1965		Age: 53 Yrs	Discharge/Ward destination & Time:
Patient email:		Incident location: Home	
Landline:		Mobile: 07920041520	Breach reason:
Ethnicity: 1A Scottish		Specific location: HOME	
Special requirements:		Temporary alerts:	GP Address: Kelty Medical Practice, Kelty Health Centre, 80 Main Street, Kelty, KY4 0AE Tel No: 01383 831281
Accompanied: Spouse		Source of attendance: Self referral	
1st Contact name: Frank Houston		Arrival mode: Private transport	School/Nursery address:
1st Contact address: 25 Rowan Lea		Attendance category: New	
Kelty KY4 0FY L: M:07510596753		Annual A&E attendance No: 1	Tel No:
		Named person/HV:	

Presenting complaint
FALL & VOMITING

Triage notes
PEARL

Triage category.....

Observations					
Temp	36.2	Pulse	74	BP	120/77
		SpO2	98%	RR	20
		FEWS Score			
J	BM	6-7ml	Cap refill	Sup. O2	Weight/Kg
					Pain score

Follow up clinic (please v)			
VFC	☐	Knee	☐
Physiotherapy	☐	IAT	☐
Ophthalmology	☐	ENT	☐
Other (specify)	☐	OMFS	☐
		ECAS/DVT	☐

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes ☐
Colour Gauge:	Dressing date & timed Yes ☐
	Skin cleansed Yes ☐
Site/number:	Inserted by:
Hand hygiene Yes ☐	



2506655182

HOUSTON

Allergies:



NH
Fif

Lorraine Houston

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administered by

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature

[illegible]

AFFIX LABEL

Date & Time	MULTIDISCIPLINARY NOTES NAME MUST BE PRINTED AGAINST EACH ENTRY
	(N) well
	1 - (u) off rowing
	1 + ✓ lost 24' Got photo
	get water of water collapse
	actual / still accept
	Bright spunked then recovery
	within 1 min
	No real flap
	well since Novom a-coming

Senior review by:	Time seen	:	hrs
-------------------	-----------	---	-----

To be accept also well

Should I real flap of

consume history

Gastro advice

DO NOT WRITE IN THIS MARGIN

DO NOT WRITE IN THIS MARGIN

DO NOT WRITE IN THIS MARGIN

25-06-1965

LORRAINE

25-06-1965



2506655182

[illegible]

Do not write in this margin Do not write in this margin Do not write in this margin

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Fife Pain Management Service
Tel: 01383 623623 Ext 20903
<http://www.nhsfife.scot.nhs.uk>



Dr EC Brown
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA



CHI: 2906640360

Letter ID: 100316773

Date: 24/03/2020

Dear Dr Brown

Mary Gray, 91 Martin Crescent, Ballingry, Lochgelly, Fife, KY5 8QB

Date of Birth: 29/06/1964

Date of Discharge: 24/08/2018

Ms Gray was referred for pain specialist physiotherapy input following her referral to the Fife Pain Management Service. She attended for assessment and 1 follow up appointment. Unfortunately she failed to attend her last appointment and in line with NHS Fife's policy she has now been discharged.

Yours sincerely

David Philp
Highly Specialist Pain Physiotherapist

Authorised on 24/03/2020 12:37:25 by David Philp.



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	Unique Care Pathway Number: 101026366113Q REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Ear, Nose & Throat (ENT)C5 Fife General Referral		Consultant / receiving practitioner and/or specialty clinic
Victoria Hospital Hayfield Road Kirkcaldy KY2 5AH		Hospital and hospital address Hospital unit no. F704H Email address
Urgency of referral Urgent		

PATIENT DETAILS		Patient's address
Surname	Menzies	37 Ballingry Crescent BALLINGRY LOCHGELLY Fife KY5 8JB
Forename(s)	Mary	
Title	Mrs	
Sex	Female	
Date of birth	29-Jun-1964	
CHI no.	2906640360	Contact number(s)
		Voice: 07935398919

REGISTERED GP DETAILS		Practice address
Name	Dummy Reg GP name	Dummy GP Address
GMC code	123456 GP code 12345	
Practice name	Dummy GP Practice Name	
Practice code	000000	
		Contact number(s)
		Voice: 01234 567890

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr Susan Filsell	54/58 Lochleven Road Lochore Lochgelly KY5 8DA
GMC code	4737917 GP code 91448	
Practice name	Benarty Medical Practice	
Practice code	21421	
		Contact number(s)
		Voice: 01592 860463

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: severe vertigo

Comment: This 57 year old lady has had vertigo symptoms since January after having covid. She gets nausea and has to hold on to furniture to steady herself. She tried cinnarizine and prochlorperazine with no improvement. She has been doing daily vestibular exercises. She has started betahistine 16mg tid over the last 5 days and feels a little better when in her own home, but outside of the house she is staggering, and having to hold on to someone so is not going out alone.

I would appreciate your review as she is struggling with symptoms. She had a full eye test done recently which was normal including pressures/ retinal photography.

Examinations and Investigations

Blood Pressure (systolic): 139 -
 Blood Pressure (diastolic): 77 -
 Height (m): 169 -
 Weight (kg): 98 -
 Body Mass Index: 34.31 -
 Ex smoker: 2022-05-18
 Alcohol consumption, 0 units/week: 2022-05-18
 Aerobic exercise 1 time/week: 2014-01-28

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

Description	Laterality	Modifier	Extension	Date of onset
[D]Vertigo NOS	-	-	-	11-May-2022
Fibromyalgia	-	-	-	05-Dec-2014
Non-alcoholic fatty liver	-	-	-	17-Jun-2013
Psoriasis NOS	-	-	-	19-Feb-2013
Type 2 diabetes mellitus	-	-	-	26-Apr-2012
Asthma	-	-	-	23-Mar-2012
Dyspepsia	-	-	-	19-Sep-2008
Essential hypertension	-	-	-	16-Dec-2004
Poisoning - self-inflicted	-	-	ranitidine	25-Jun-2000
Poisoning - self-inflicted	-	-	paracetamol	03-Sep-1999
H/O: depression	-	-	-	16-Apr-1999
Poisoning - self-inflicted	-	-	paracetamol	31-Mar-1999
Poisoning - self-inflicted	-	-	chlordiazepoxide	30-Mar-1999
Pustular psoriasis	-	-	-	31-Mar-1998
Atopic dermatitis/eczema	-	-	-	16-Apr-1986
Spontaneous vaginal delivery	-	-	male	24-Jan-1985
Chickenpox	-	-	-	01-Apr-1965

Past procedures

Description	Laterality	Modifier	Date performed
Combined photochemotherapy and UVA light therapy to skin	-	-	14-Oct-2014

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Metformin Hydrochloride Tablets 500 mg	0601022B0AAABAB	112 TABLET	TWO TO BE TAKEN TWICE A DAY - VIA COMPLIANCE AID	-	15-Jun-2021	-

Clenil Modulite Cfc-free inhaler 50 micrograms/actuation	-	1 INHALER	ONE PUFF TO BE INHALED TWICE A DAY	-	12-Nov-2020	-
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAPAP	1 inhaler	TWO PUFFS AS REQUIRED	-	12-Nov-2020	-
Co-Codamol 30/500 Caplets	0407010F0AAHAH	168 tablet	TWO TABS THREE TIMES DAILY	-	30-Jan-2020	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAGAG	28 CAPSULE	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Ramipril Capsules 10 mg		28 CAPSULE	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Amlodipine Tablets 5 mg		28 TABLET	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Atorvastatin Tablets 10 mg	0212000B0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Furosemide Tablets 20 mg		28 TABLET	ONE TO BE TAKEN EACH MORNING - VIA COMPLIANCE AID	-	24-Mar-2016	-
Betahistine Dihydrochloride Tablets 16 mg	0406000B0AAABAB	1*84 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	13-May-2022	28 Days
Cinnarizine Tablets 15 mg	0406000D0AAAAAA	84 tablet	2 TABLETS 3 TIMES DAILY AS REQUIRED.	-	11-May-2022	42 Days
Prochlorperazine Maleate Tablets 5 mg	0406000T0AAGAG	1*28 tablet	ONE TO BE TAKEN THREE TIMES A DAY	-	07-Apr-2022	9 Days
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	2*28 tablet	TWO TO BE TAKEN EACH DAY	-	11-Mar-2022	98 Days

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

ENT
Tel: 01592 643355 Ext 28625 -
Karen Archibald
<http://www.nhsfife.scot.nhs.uk>



Dr SS Filsell
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA



CHI: 2906640360

Letter ID: 4670005

Dear Dr Filsell

Clinic Date: 02/06/2022

Date: 06/06/2022

Mary Menzies, 37 Ballingry Crescent, Ballingry, Lochgelly, Fife, KY5 8JB

Date of Birth: 29/06/1964

This lady about the start of the year felt she had some dizzy episodes and felt her eyes were spinning. On standing she felt the work was spinning but this then settled. 2 or 3 weeks ago however she felt that the difficulty came again and she was feeling unsteady. If it is bad it can be quite quick and doesn't last for a long time. It is worse when she looks to the right than the left and she felt she was staggering about and off balance. She takes medication for anxiety and diabetes amongst other things but nothing that would knock her balance.

On examination today her cranial nerves, cerebellar signs, Unterberger's and Romberg's were all completely normal. Her audiogram showed a bilateral mild sensorineural hearing loss but was otherwise unremarkable.

I suspect she has had some labyrinthitis which is now settling, it might come back again but I would be grateful if you would give her some Prochlorperazine instead of the Betahistine which can be taken as she requires it. She is happy with this and we have given her some exercises for the balance.

Yours sincerely

Mr David Walker
Consultant Otolaryngologist

Authorised on 07/06/2022 08:57:02 by Mr David Walker.

Allergies:



2906640360

MIU Practitioner
Queen Margaret Hospital
Dunfermline
KY12 0SU
Tel: 01383 623623



Patient surname: Menzies		Date of arrival: 15/05/2023	Management type: Resus ☐
Patient forename: Mary		Time of arrival: 18:34	Majors ☐
Patient address: 37 Ballingry Crescent Lochgelly KY5 8JB		Date & time of incident: 06/05/2023 17:00	Minors ☐
DOB: 29/06/1964		Incident location: Recreational area, cultural area or public building	Discharge/Ward destination & Time: DL 1955
Age: 58 Yrs		Incident type: Fall-From same level or <1m	
Patient email:		Activity when injured: Leisure play, exercise or physical activity	Breach reason:
Landline: 01592861055	Mobile: 07935398919	Specific location: PLAY PARK	GP Address: Benarty Medical Practice, 54-58 Lochleven Road, Lochore, Fife, KY5 8DA
Ethnicity: 1A Scottish		Temporary alerts:	
Special requirements:		Source of attendance: Self referral	School/Nursery address:
Accompanied: Unaccompanied		Arrival mode: Private transport	Tel No:
1st Contact name: Scott Menzies		Attendance category: New - unplanned	
1st Contact address: 91 Martin Crescent		Annual A&E attendance No: 1	
Lochgelly KY5 8QB L:01592 861055 M:			

Presenting complaint
(L) ARM INJURY FROM FALL

Triage notes Triage category.....

Observations

Temp	Pulse	BP	SpO2	RR	FEWS Score
J	BM	Cap refill	Sup. O2	Weight/Kg	Pain score

Follow up clinic (please ✓)			
VFC	[]	Knee	[]
Physiotherapy	[]	IAT	[]
Ophthalmology	[]	ENT	[]
Other (specify)	[]	OMFS	[]
		ECAS/DVT	[]

PVC Bundle audit	
Reason for insertion:	Aseptic technique Yes []
Colour Gauge:	Dressing date & timed Yes []
	Skin cleansed Yes []
Site/number:	Inserted by:
Hand hygiene Yes []	

MENZIES
MARY

29-06-1964



2906640360

Allergies:



NHS
Fife

Once only prescription/treatments

Date	Time	Medicine/Treatment	Dose	Route	Prescribers signature	Treatment time	Administered by

Take home medications

Date	Medicine	Dose	Route	Prescriber signature	Dispenser signature

[illegible]

29-06-1964.



2906640360

DATE AND TIME

MULTIDISCIPLINARY NC

(5052)	Name <u>MUST</u> be printed against each note entry	
	57 year old female Home Care	PMH Fibring alphas Mered cocaine Allyes NEDA
PC	Injury left arm	
WPC	Foosht injury while at park with grincion 3 days ago	
016	(broke arm (broke at elbow) ° Swelling or bruising to upper arm ° Pain to elbow or elbow - FROM - tender proximal humerus ° Pain distal radius or ASB - tender distal ulna	
	XTAM LEFT HUMERUS + WRIST X22: NO # humerus or wrist Good movement without discomfort	
PA	Anxiously Modestly Disin 1950 Allen LERRAM 1P	

AFFIX LABEL[illegible]

Q Minor Injuries Unit

SS Filsell
21421/1
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
Lochgelly
KY5 8DA

Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU

Dear Doctor

Mrs Mary Menzies
37 Ballingry Crescent
Ballingry
Lochgelly
KY5 8JB

CHI: 2906640360
ED Consultant: MIU Practitioner

The above patient attended the Q Minor Injuries Unit on 15/05/2023 at 18:34. I outline below some information regarding this attendance.

Present Complaint: (L) ARM INJURY FROM FALL

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Wound - Contusion includes bruise, haematoma	Upper Arm	Left	

Investigation(s)/Treatment(s): 1. Verbal Advice
2. XRAY

Medication(s):

Additional Notes (for GP):
FOOSH injury while at park 3 days ago
Pain to proximal humerus and distal radius but NBI on xray
Good movement to shoulder and wrist with minimal discomfort
Advised analgesia and mobilisation

Senior Review:

Senior Review Comments:

Yours sincerely
CAROLE MOWBRAY



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	Unique Care Pathway Number: 101030940408Q REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral	—	Consultant / receiving practitioner and/or specialty clinic
Radiology Unit Queen Margaret Hospital Dunfermline	—	Hospital and hospital address Hospital unit no. F007G Email address
Urgency of referral	Routine	

PATIENT DETAILS		Patient's address
Surname	Menzies	37 Ballingry Crescent BALLINGRY LOCHGELLY Fife KY5 8JB
Forename(s)	Mary	
Title	Mrs	
Sex	Female	
Date of birth	29-Jun-1964	
CHI no.	2906640360	Contact number(s) Voice: 07935398919

REGISTERED GP DETAILS		Practice address
Name	Dr T Malham	54/58 Lochleven Road Lochore Lochgelly
GMC code	0531829	
GP code	92517	
Practice name	Benarty Medical Practice	
Practice code	21421	Contact number(s) Voice: 01592 860463 Facsimile: 01592 869628

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Tamsin Malham	54-58 Lochleven Road Lochore Fife
GMC code	4531829	
GP code	92517	
Practice name	Benarty Medical Practice (21421)	
Practice code	21421	Contact number(s) Voice: 01592 860463

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Plain Film(s)

Comment: Ex-smoker, asthmatic. Cough and wheeze for past 6 weeks.
Karen Gold ANP**Examinations and Investigations**

For Ultrasound and Plain Films, please indicate the area(s) to be examined: Chest -

High Risk?: No -

Is the patient diabetic?: No -

Is there a history of cardiac disease/ glaucoma?: No -

Does this patient weigh more than 130kg (~20 stone)?: No -

Any previous imaging?: No -

Ex smoker: 2023-05-29

Alcohol consumption, 0 units/week: 2023-05-29

Aerobic exercise 1 time/week: 2014-01-28

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Current and recent medication**

No medications recorded

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Patient Name: Mary MENZIES

CHI No: 2906640360

DOB: 29/06/1964 Gender: Female

NHS No:

Clinician: Duty Scientist (Kirkcaldy Haem.)

Date Received: 12/12/2024

Patient ID: PAT-202413338

ESRG Ref ID: 2415363

Other Ref. IDs.:

Pedigree ID(s):

Ext. Pedigree:

4405747P

Investigation Related To: Haemochromatosis

Referral Reason: Son recently diagnosed with haemochromatosis.

Conclusion: **Compound heterozygous for p.Cys282Tyr and p.His63Asp variants in the HFE gene**

MARY MENZIES (29/06/1964)

2415363-1 Sample Date: 11/12/2024; Sample Type: Blood (EDTA); Ext. Sample ID: 4405747P

TAQ_HFE (H63D) Result: p.His63Asp heterozygote

TAQ_HFE (C282Y) Result: p.Cys282Tyr heterozygote

Report Detail:

The above individual was found to be heterozygous for both the p.Cys282Tyr and the p.His63Asp (p.[Cys282Tyr];[His63Asp]) variants in the HFE gene.

The diagnosis of the most common HFE-related hereditary haemochromatosis (HH) is excluded. This genotype may predispose to mild to moderate iron overload but other contributing factors should be considered. If this patient has elevated iron indices further biochemical monitoring is recommended. In patients with a severe iron overload phenotype other rare forms of HH cannot be excluded and referral to a specialist where abnormal iron indices are detected may be appropriate.

Biochemical testing for iron overload in first degree adult family members should be considered.

*Dr. Susan Filsell
Benarty Medical Practice*

The vast majority of HFE related HH (>90%) is associated with homozygosity for p.Cys282Tyr (c.845G>A). Compound heterozygosity for p.Cys282Tyr and p.His63Asp (c.187C>G) may be a risk factor predisposing to mild/moderate forms of iron overload when in association with other risk factors. Commercial TaqMan assays (ThermoFisher) were used for the detection of these two variants. Sensitivity is expected to be >98%. Mutation nomenclature is according to reference sequence HFE NM_000410.3 with numbering starting at the A of the ATG initiation codon according to current Human Genome Variation Society Guidelines. DNA will only be stored for 8 weeks from the date of reporting. The above report assumes that (a) samples received by the laboratory are correct (b) family relationships and diagnosis are as stated and (c) in order to avoid error and/or misinterpretation, transcription of all or part of this report is inadvisable. This test is currently not UKAS accredited.

References: Porto et al., (2015) EMQN best practice guidelines for the molecular genetic diagnosis of hereditary hemochromatosis (HH). Eur J Hum Genet. Jul 8; doi: 10.1038/ejhg.2015.128.

To: Duty Scientist (Kirkcaldy Haem.)
Fife area lab, Haematology
Victoria Hospital, Kirkcaldy
Hayfield Road
Kirkcaldy, KY2 5AH
Fife, Scotland
fife.haematologylab@nhs.scot

Reported By: Erin Middleton (Trainee Clinical Scientist)

Authorised By: Eleanor Reavey (Clinical Scientist)

E. Reavey

Copy To:

Authorised On: 07/01/2025 14:05:06

Report ID: 75874 -97157

1479330



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required? No	Unique Care Pathway Number: 1010355549175 REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral	_____	Consultant / receiving practitioner and/or specialty clinic
Radiology Unit Queen Margaret Hospital Dunfermline	_____	Hospital and hospital address Hospital unit no. F007G Email address
Urgency of referral	Routine	

PATIENT DETAILS			Patient's address
Surname	Menzies		37 Ballingry Crescent BALLINGRY LOCHGELLY Fife KY5 8JB
Forename(s)	Mary		
Title	Mrs		
Sex	Female		
Date of birth	29-Jun-1964		
CHI no.	2906640360		Contact number(s)
			Voice: 07935398919

REGISTERED GP DETAILS				Practice address	
Name	Dr T Malham			54/58 Lochleven Road	
GMC code	0531829	GP code	92517	Lochore	
Practice name	Benarty Medical Practice			Lochgelly	
Practice code	21421				
				Contact number(s)	
				Voice: 01592 860463	
				Facsimile: 01592 869628	

REFERRING-PRACTITIONER DETAILS						Practice address	
Name	Dr. Susan Filsell			54-58 Lochleven Road			
GMC code	4737917	GP code	-	Lochore			
Practice name	Benarty Medical Practice (21421)			Fife			
Practice code	21421			KY5 8DA			
				Contact number(s)			
				Voice: 01592 860463			

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Plain Film(s)

Comment: painful left hip,, tender - unable to lie on that side, several months

Examinations and Investigations

For Ultrasound and Plain Films, please indicate the area(s) to be examined: pelvis -

High Risk?: No -

Is the patient diabetic?: No -

Is there a history of cardiac disease/ glaucoma?: No -

Does this patient weigh more than 130kg (~20 stone)?: No -

Any previous imaging?: No -

Ex smoker: 2023-05-29

Alcohol consumption, 0 units/week: 2023-05-29

Aerobic exercise 1 time/week: 2014-01-28

Reasons for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Current and recent medication**

No medications recorded

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)**Additional relevant information****Administrative information**

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date



REFERRAL TO		
Clinical RadiologyH1 Fife GP Radiology Referral		Consultant / receiving practitioner and/or specialty clinic
Radiology Unit Queen Margaret Hospital, Dunfermline		Hospital and hospital address Hospital unit no: F007G Email address:
Urgency of referral Routine		

REGISTERED GP DETAILS					Practice address	
Name	Dr T Malham				54/58 Lochleven Road	
GMC code	0531829	GP code	92517		Lochore	
Practice name	Benarty Medical Practice				Lochgelly	
Practice code	21421					
					Contact number(s)	
				Voice: 01592 860463		
				Facsimile: 01592 869628		

<https://scistore.fife.scot.nhs.uk/StoreWeb/Restricted/DocumentToDatabaseView/DTD...> 25/05/2026

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Plain Film(s)

Comment: Asthmatic, poor control. Chronic productive cough increased shortness of breath and occasional wheeze. Ex-smoker. Many thanks Karen Gold ANP.

Examinations and Investigations

For Ultrasound and Plain Films, please indicate the area(s) to be examined: Chest -

High Risk?:	No	-
Is the patient diabetic?:	No	-
Is there a history of cardiac disease/ glaucoma?:	No	-
Does this patient weigh more than 130kg (~20 stone) ?:	No	-
Any previous imaging?:	No	-
Ex smoker:		2025-03-19
Alcohol consumption, 0 units/week:		2025-03-19
Aerobic exercise 1 time/week:		2014-01-28

Reason for referral

Care type requested: Out Patient

Expected outcome: Investigate

Past medical history**Current and recent medication**

No medications recorded

Clinical warnings**Lifestyle risks**

Exercise status: Not Known

Smoking status

Number per day
? (not known)

Alcohol consumption

Units per day
? (not known)**Additional relevant information****Administrative information**

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date



Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?	Unique Care Pathway Number: 1010360021047 REFERRAL LETTER MEDICAL IN CONFIDENCE
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REFERRAL TO		
Adult MSKR5F2 Fife General Referral	_____	Consultant / receiving practitioner and/or specialty clinic
Physiotherapy Booking Unit Queen Margaret Hospital Dunfermline Fife	_____	Hospital and hospital address Hospital unit no. F015G Email address _____
Urgency of referral		Urgent

PATIENT DETAILS		Patient's address
Surname	Menzies	37 Ballingry Crescent BALLINGRY LOCHGELLY Fife KY5 8JB
Forename(s)	Mary	
Title	Mrs	
Sex	Female	
Date of birth	29-Jun-1964	
CHI no.	2906640360	Contact number(s)
		Voice: 07935398919

REGISTERED GP DETAILS					Practice address	
Name	Dummy Reg GP name				Dummy GP Address	
GMC code	123456	GP code	12345			
Practice name	Dummy GP Practice Name					
Practice code	000000				Contact number(s)	
					Voice: 01234 567890	

REFERRING PRACTITIONER DETAILS				Practice address	
Name	Dr. Susan Filsell			54-58 Lochleven Road	
GMC code	4737917	GP code	-	Lochore	
Practice name	Benarty Medical Practice (21421)			Fife	
Practice code	21421			KY5 8DA	
				Contact number(s)	
				Voice: 01592 860463	

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: severe left hip pain

Comment: I am writing to refer this lady for physiotherapy assessment and management.

Presenting Problem:

She has been experiencing excruciating pain in her left hip. The pain is so severe that she is unable to lie on her left side due to tenderness. This issue has significantly impacted her daily activities and quality of life.

Relevant Medical History:

- Fibromyalgia (ongoing)
- No significant inflammatory markers: Recent CRP blood test results are within the normal range..

Reason for Referral:

The purpose of this referral is to request an expert physiotherapy evaluation and tailored management plan to address the left hip pain. I would greatly appreciate your input on strategies to alleviate the patient's symptoms and improve her functional ability.

Examinations and Investigations

Blood Pressure (systolic):	136	-
Blood Pressure (diastolic):	86	-
Height (m):	169	-
Weight (kg):	96	-
Body Mass Index:	33.61	-
Ex smoker:	2025-03-19	
Alcohol consumption, 0 units/week:	2025-03-19	
Aerobic exercise 1 time/week:	2014-01-28	

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Extension</u>	<u>Date of onset</u>
Fibromyalgia	-	-	-	05-Dec-2014
Non-alcoholic fatty liver	-	-	-	17-Jun-2013
Psoriasis NOS	-	-	-	19-Feb-2013
Type 2 diabetes mellitus	-	-	-	26-Apr-2012
Asthma	-	-	-	23-Mar-2012
Dyspepsia	-	-	-	19-Sep-2008
Essential hypertension	-	-	-	16-Dec-2004
Poisoning - self-inflicted	-	-	ranitidine	25-Jun-2000
Poisoning - self-inflicted	-	-	paracetamol	03-Sep-1999
H/O: depression	-	-	-	16-Apr-1999
Poisoning - self-inflicted	-	-	paracetamol	31-Mar-1999
Poisoning - self-inflicted	-	-	chlordiazepoxide	30-Mar-1999
Pustular psoriasis	-	-	-	31-Mar-1998
Atopic dermatitis/eczema	-	-	-	16-Apr-1986
Spontaneous vaginal delivery	-	-	male	24-Jan-1985
Chickenpox	-	-	-	01-Apr-1965

Past procedures

<u>Description</u>	<u>Laterality</u>	<u>Modifier</u>	<u>Date performed</u>
Combined photochemotherapy and UVA light therapy to skin	-	-	14-Oct-2014

Current and recent medication

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
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Dapagliflozin Tablets 10 mg	-	1*28 tablet	ONE TABLET DAILY	-	19-Mar-2025	-
Sertraline Hydrochloride Tablets 100 mg	0403030Q0AAABAB	2*28 tablet	TWO TO BE TAKEN EACH DAY	-	31-May-2023	-
Metformin Hydrochloride Tablets 500 mg	0601022B0AAABAB	112 TABLET	TWO TO BE TAKEN TWICE A DAY - VIA COMPLIANCE AID	-	15-Jun-2021	-
Salbutamol Cfc-free inhaler 100 micrograms/puff	0301011R0AAPAP	1 inhaler	TWO PUFFS AS REQUIRED	-	12-Nov-2020	-
Co-Codamol 30/500 Caplets	0407010F0AAAHAH	168 tablet	TWO TABS THREE TIMES DAILY	-	30-Jan-2020	-
Amlodipine Tablets 5 mg	-	28 TABLET	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Atorvastatin Tablets 10 mg	0212000B0AAAAAA	28 TABLET	ONE TO BE TAKEN EACH DAY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Furosemide Tablets 20 mg	-	28 TABLET	ONE TO BE TAKEN EACH MORNING - VIA COMPLIANCE AID	-	24-Mar-2016	-
Omeprazole Capsules (Gastro-Resistant) 20 mg	0103050P0AAGAG	28 CAPSULE	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Ramipril Capsules 10 mg	-	28 CAPSULE	ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID	-	24-Mar-2016	-
Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose	-	1*30 dose	ONE DOSE TO BE INHALED ONCE DAILY	-	19-Mar-2025	15 Days
Nortriptyline Tablets 10 mg	0403010V0AADAD	2*28 tablet	ONE OR TWO TO BE TAKEN AT NIGHT	-	13-Mar-2025	28 Days
Folic Acid Tablets 5 mg	0901020G0AAGAG	112 tablet	TAKE ONE DAILY	-	20-Feb-2025	42 Days
Nortriptyline Tablets 10 mg	0403010V0AADAD	1*28 tablet	ONE TO BE TAKEN AT NIGHT	-	10-Feb-2025	51 Days

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site:NOT A CANCER REFERRAL

Patient Contact:N/A Not a cancer referral

Has the patient been advised they are being referred with a suspicion of cancer?:N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations:N/A Not a cancer referral

Patient can accept a short notice appointment:yes

Interpreter Required:no

Signature of referring doctor (or other professional) Date

Fife Physio Hip Joint Assessment

Patient Details:	Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years
	CHI	2906640360				
Initial Assessment		Hip, Pelvis & SI Joint				

Observations	☐ No Problem
☐ Posture / leg alignment	
☐ Muscle wasting	
☐ Colour	
☒ Swelling	
Comments slight swelling at GT area.	
☐ Symmetry	
☐ Gait	
☐ Foot biomechanics	
☐ Other	

Lumbar Spine AROM			
Location	Lumbar Spine	Type	AROM
Spine		Pain	
Flexion :	Full	☐	
Extension :	Full	☐	
Left Side Rotation :	Full	☐	
Right Side Rotation :	Full	☐	
Left Side Flexion :	Full	☐	
Right side Flexion :	Full	☐	
Comments:			

Hip AROM					
Location	Hip	Type	AROM		
Left		Pain	Right		Pain
Flexion :	Full	☐	Flexion :	Full	☐
Extension :	Full	☐	Extension :	Full	☐
Lateral Rotation :	3/4	☐	Lateral Rotation :	Full	☐
Medial Rotation :	Full	☐	Medial Rotation :	Full	☐
Abduction :	Full	☐	Abduction :	Full	☐
Adduction :	Full	☐	Adduction :	Full	☐
Comments:			Comments:		

Patient Details:		Name	MENZIES, Mary	
	CHI	2906640360	DOB	29/06/1964
			Age	60 years

Hip PROM				
Location	Hip	Type	PROM	
Left		Pain	Right	Pain
Flexion :	Full	☐	Flexion :	Full ☐
Extension :	Full	☐	Extension :	Full ☐
Lateral Rotation :	3/4	☐	Lateral Rotation :	Full ☐
Medial Rotation :	Full	☐	Medial Rotation :	Full ☐
Abduction :	Full	☐	Abduction :	Full ☐
Adduction :	Full	☐	Adduction :	Full ☐
Comments:			Comments:	

Hip Resisted				
Location	Hip	Type	Resisted	
Left		Pain	Right	Pain
Flexion :	5	☐	Flexion :	5 ☐
Extension :	5	☐	Extension :	5 ☐
Lateral Rotation :	5	☐	Lateral Rotation :	5 ☐
Medial Rotation :	5	☐	Medial Rotation :	5 ☐
Abduction :	5	☐	Abduction :	5 ☐
Adduction :	5	☐	Adduction :	5 ☐
Comments:			Comments:	

SIJ Test				
Location	SIJ	Type	Test	
Test	Left		Right	
Distraction	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Thigh Thrust	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Compression	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Sacral Thrust	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Gaenslen's Test	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Stork Test	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	
Leg length	Positive ☐	Not Assessed ☐	Positive ☐	Not Assessed ☐
	Negative ☒		Negative ☒	

Patient Details:		Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years	
		CHI	2906640360					
4 Test	Positive	☐	Not Assessed	☐	Positive	☐	Not Assessed	☐
	Negative	☒			Negative	☒		
Comments / Additional tests:								

Palpation Pictures	☐ Not Required
--------------------	---------------------------------------

Palpation Comments:

pain at GT area.

Additional tests/comments	
Treatment Plan:	Patient agreed?
Exercises, pacing, support, heat application.	Yes ☒ No ☐
Diagnosis/Impression:	
L-GTPS	

Treatment		
Patient Information Leaflet Given		
		☐ Not applicable
Name	Ref Number	
GTPS		

Fife Problems, Plans & Goals Recording Form: (This form has not been launched)

Completed By:	Name & Job Title	Vasu Reddy, MSK Advanced Practice Physiotherapist
	Date & Time	19/05/2025 13:14:04

Fife Physio MSK Initial Assessment

Patient Details:	Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years
	CHI	2906640360				

Consent

Your physiotherapy appointment will involve a discussion, an examination and planning for any treatment required. Telephone calls, video and in person appointments may be used. If an examination is indicated, you may be required to uncover the area. If you feel more comfortable with a chaperone present, please let your physiotherapist know. You may experience a temporary increase in your symptoms following your assessment. A treatment plan will then be agreed between you and your physiotherapist. You may withdraw your consent and stop any examination or treatment at any time.

Patient gives verbal consent Yes ☒ No ☐

What our service offers

Your Fife Musculoskeletal Physiotherapy service provides advice, assessment, treatment and rehabilitation. We can use telephone, video or 'in person' appointments to interact with you during your physiotherapy sessions.

We will work with you to help manage your injury or condition to improve your quality of life. We will use our healthcare network to address your needs e.g. referral to other disciplines, leisure activities, third sector.

Assessment

Appointment Type In Person

Reason for referral L-lateral hip pain.

What do you think will help treatment for the pain.

(perception of problem /
expectation of Physiotherapy)

Symptom

1 Onset: Gradual Mechanism: Insidious Duration: 6-12months Current status: Worsening

HPC, Description/further detail

6 Months history of left lateral hip pain, no injury, pain is localised and getting worse, some time back pain when walking. no bladder or bowel signs. pain medication not helping. no paraesthesia or numbness.

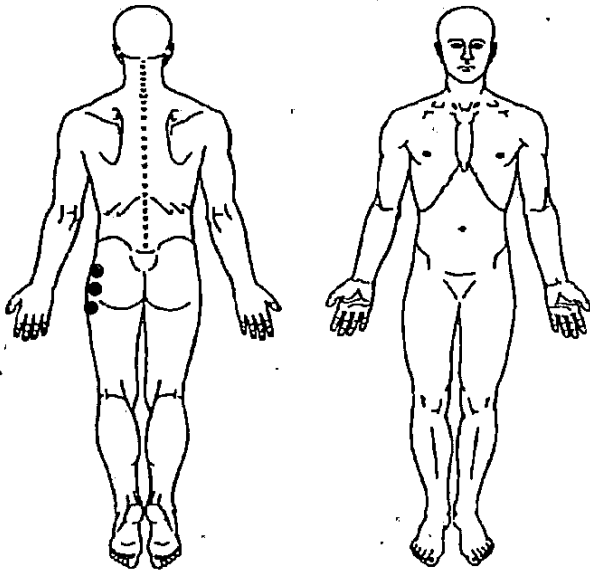
Present Conditions

Current Symptom(s) Distribution

Patient Details:	Name	MENZIES, Mary		
	CHI	2906640360	DOB	29/06/1964
			Age	60 years

Aggravating Factors

walking, pressure on side, sitting to stand. bed time cant lie on it.



Easing Factors

nothing.

Symptoms Comments

1

24 Hour Pattern

am same.
↓
pm

Sleep disturbed by current problem

Yes ☒ No ☐

Comments

Unrelenting Night pain

Yes ☐ No ☒

Current / Past Medical History

Related Previous Treatments / Interventions

Treatment / Intervention None

Related Investigations

Investigation X-Ray

Details slight wear and tear.

Current / Past Medical History

Medical Problems Diabetes

Details type-2,

Medical Problems Blood Pressure

Details high.

Patient Details:	Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years
	CHI	2906640360				

Medical Problems Cardiovascular
Details asthma,

Medical Problems RA/ FHX of RA/inflamm
Details fibromyalgia

Red Flags Serious Pathology /General Health Screening Questions

Cancer / Previous cancer	Yes ☐	No ☒	Weight loss	Yes ☐	No ☒
Recent serious illness, infection, Fevers	Yes ☐	No ☒	Age <20 >50	Yes ☒	No ☐
Comments	60 years.				

Red Flags

Select all that apply or N/A to hide sections

☐ N/A Lumbar spine					
Abdominal pain	Yes ☐	No ☒	Pulsing sensation in abdomen	Yes ☐	No ☒
Bladder /Bowel	Yes ☐	No ☒	Unable to lie supine	Yes ☐	No ☒
Cough/sneeze	Yes ☐	No ☒	Altered perianal sensation	Yes ☐	No ☒
☒ N/A Cervical spine					
☒ N/A Thoracic spine					
☐ N/A Peripheral joints					
True locking	Yes ☐	No ☒	True 'giving way'	Yes ☐	No ☒
Effusions/Swellings	Yes ☐	No ☒	Clicking	Yes ☐	No ☒

Comments

History

Drug History

centreline, atorvastatin, co-codamol, metapharmine, omeprazole, Ramipril, amlodipine. amitriptyline.

Social History

married.

Employed Yes ☒ No ☐

Occupation carer.

Note

Comments

Hobbies none.

Yellow Flags

☐ No Problem

Select the word(s) that best describes the problem area

☐ Attitude Beliefs	☐ Behaviour	☐ Compensation/Finance
☐ Emotional	☐ Family	

Patient Details:	Name	MENZIES, Mary		
	CHI	2906640360	DOB	29/06/1964
			Age	60 years

Comments anxiety.

More Information	☐ Required
-------------------------	-----------------------------------

Outcome

Outcome of initial appointment

Patient Information Leaflet Given		☐ Not applicable
Name	Ref Number	

Other Forms

Consent to Treatment (Form Launched)

Joint Assessment (Form Launched)

Goals, Problems and Plans (This form has been launched)

Completed By:	Name & Job Title	Vasu Reddy, MSK Advanced Practice Physiotherapist
	Date & Time	19/05/2025 13:15:10

Fife Physio MSK Consent to Treatment

Patient Details:	Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years
	CHI	2906640360				

Treatment options which physiotherapists can offer are listed below. The physiotherapist will discuss the most appropriate treatment following your assessment. The table below outlines any benefits and potential side effects of each treatment. This list is not exhaustive but covers the most common side effects and/or risks.

Key
+ : Increased
- : Decreased

Date Agreed	Potential Treatment Options	Possible Benefits of Treatment	Possible side effects of Treatment
19/05/2025	Self Management Advice/Pacing	Improved Pain management, + Confidence, + Function +Ability to self manage/coping, +Ability to Cope with Flare Ups, and Clearer Understanding of Condition, - Fear	Flare up of symptoms if over or underactive
19/05/2025	Home Exercise Plan	+ Range of Movement, + strength - Pain, + Gait, + Fitness Levels + Confidence to move, + Functional ability + Ability to self manage symptoms	Possible flare up of symptoms, Soreness following exercise
	Manual Therapy	+ Range of Movement, - Pain, + Gait, + Confidence to move, + Function	Soreness following therapy, Flare up of symptoms
	Gym Based Exercise (1:1 or Group Setting e.g. gym or hydrotherapy)	+ Range of Movement, + Strength, + Gait, + Fitness Levels + Confidence to exercise, + Functional ability, + Ability to self manage	Soreness following exercise, Flare up of symptom, risk of injury
	Electrotherapy	- Pain, - Inflammation	Risk of burn, Soreness, allergy to conduction medium, skin changes or redness
	Traction	- Pain, + Functional ability	Soreness following treatment, soreness following lying position, risk of machine malfunction
	Collar Change	- Pain, + Functional ability, + healing in accordance with Consultant guidelines, hygiene benefits	Soreness following therapy, Flare up of symptoms
	Provision of Walking Aid & (Information on Use)	- Pain, + Gait, + walking distance + Confidence to walk, + Function + Ability to self manage, + Independence	Not applicable

Patient Details:			
Name	MENZIES, Mary		
CHI	2906640360	DOB	29/06/1964
		Age	60 years
	Other Treatment Options e.g. Taping	Will need discussion with Physiotherapist regarding benefits	Possible side effects explained for each individual treatment
	Treatment Declined or Not Indicated.	Not applicable	Not applicable
	Patient declined option to discuss risks/benefits	Problem may resolve with no treatment	Pain and dysfunction may persist.
	Onward referral to other service		

Consent

Your physiotherapy appointment will involve a discussion, an examination and planning for any treatment required. Telephone calls, video and in person appointments may be used. If an examination is indicated, you may be required to uncover the area. If you feel more comfortable with a chaperone present, please let your physiotherapist know. You may experience a temporary increase in your symptoms following your assessment. A treatment plan will then be agreed between you and your physiotherapist. You may withdraw your consent and stop any examination or treatment at any time.

Patient gives verbal consent Yes ☒ No ☐

Completed By:	Name & Job Title	Vasu Reddy, MSK Advanced Practice Physiotherapist
	Date & Time	19/05/2025 13:14:26

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org



Fife Problems, Plans & Goals Recording Form



Patient Details:	Name	MENZIES, Mary	DOB	29/06/1964	Age	60 years
	CHI	2906640360				

Problems & Plans

Problem 1: In Progress

PAIN.

Completed By: Vasu Reddy, MSK Advanced Practice Physiotherapist Date: 19/05/2025 13:15:05

Plan based on problem 1:

if pain not better, acupuncture or an injection may be considered.

Completed By: Vasu Reddy, MSK Advanced Practice Physiotherapist Date: 19/05/2025 13:15:05

Goals

(not set yet)

MFD: v1.2

PATIENTS NAME: Mary Morris
CHI: 240 6640360

Injection Therapy Consent Form

 Fife Health & Social Care
Partnership
Supporting the people of Fife together

Patient Group Directive (please tick)	☒
Patient Specific Directive (Please tick)	☐

Injection Consent form for use during the Covid 19 pandemic by all MSK
Physiotherapists undertaking CSI

*Note CSI should be deferred by 2 weeks post Covid 19 vaccination to enable the
patient to mount the best possible response to the vaccine

INDIVIDUALS SUITABLE FOR INJECTION

- Adults over 16 years requiring treatment for: Arthritis, bursitis, capsulitis, enthesitis, entrapment neuropathy, epicondylitis, ganglia, ligamentous injury, neuroma, synovitis, tendinitis, tenosynovitis

Specific for hand physio/occupational therapists:

- Adults age 16 or over requiring treatment to hand and upper limb joints

ABSOLUTE CONTRAINDICATIONS:

	YES	NO
Patient under 16 years of age		☒
Known hypersensitivity to any ingredients in the Injection (See Summary of Product Characteristics (SPC))		☒
Pregnant or breastfeeding		☒
Patient has a systemic infection (or unexplained fever) or the joint or surrounding tissues are infected.		☒
Generalised fungal and parasite infections		☒
Infections of the eye		☒
Active tuberculosis		☒
Recent trauma (fracture) or injury (Haemarthrosis) at site to be injected.		☒
Unstable or prosthetic joints		☒
Spinal joint		☒
Tendon bodies, the Achilles tendon and other avascular areas		☒
Individual has Peripheral Vascular Disease (PVD)		☒
Acute psychosis		☒
Pt 3/52 post antibiotics treatment		☒
Additionally specific to Lidocaine		☒
- Known hypersensitivity to local anaesthetics of the amide type - Hypovolaemia - Complete heart block - Severe hypotension such as cardiogenic or hypovolaemic shock		☒

CAUTIONS/CIRCUMSTANCES when further
advice and/or authorisation should be sought from a doctor
before proceeding with an injection:

ACTION TAKEN BY THERAPIST

- Congestive heart failure, cardiac insufficiency, acute coronary artery disease - Hypertension - Thrombophlebitis, thromboembolism - Myasthenia gravis - Receiving active treatment for osteoporosis - Gastric ulcer, diverticulitis, ulcerative colitis, recent intestinal anastomosis - Previous history of severe affective disorders (especially previous steroid psychosis) - Uncontrolled diabetes mellitus - Epilepsy - Hypothyroidism - Medical history of tuberculosis within the last 10 years - Cushing's syndrome - Previously infected joint. - Previous steroid induced myopathy - Patient is immunocompromised- HIV/Leukaemia/Radiotherapy - Bleeding disorders - Glaucoma or family history of glaucoma - Renal insufficiency, chronic nephritis - Liver failure or Cirrhosis - Metastatic carcinoma/Relative Hx of cancer - Anxious patient/Needle phobia - Potential for joint replacement (within next 6 months)		☒

PATIENTS NAME:

CHI:

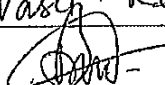
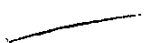
Mary Mercedes
290 664 0360



Eife Health & Social Care
Partnership

Supporting the people of Eife together

		YES	NO
• Previous unsuccessful injection			✓
• Is the patient prone to fainting			✓
• Is the patient fasting or dieting			✓
Additionally for Lidocaine.			
• Impaired cardiovascular function e.g. bradycardia, serious cardiac arrhythmias.			✓
• Respiratory impairment			
Is patient in high (shielding) or moderate risk COVID-19 category?	If yes complete vulnerability check list and discuss risk and options in full with Pt		✓
Has Pt had a Covid vaccine in last 2/52	If yes discuss risk of lower potential response towards vaccine and benefit of deferral of CSI.		✓
CURRENT MEDICATION: (these lists are for guidance only please consult BNF if required)	DETAILS:		
• Antiplatelet medication, warfarin or the newer oral anticoagulant i.e. Warfarin sodium, Acenocoumarol, Phenindione, Heparin, Rivaroxaban, Edoxaban	• Pt at increased risk of bleeding. See SOP on details		✓
• CYP3A4 enzyme inhibitors/inducers i.e. Perindopril, Lisinopril, Ramipril / Tiagabine, Lamotrigine, Levonorgestrel	• Decrease/increase plasma – increase risk of anaphylaxis		✓
• Drugs that reduce serum potassium i.e. Olodaterol, Indacaterol, Salbutamol, Bambuterol hydrochloride	• Might increase risk of hypokalaemia.		✓
• Concomitant use of salicylates or NSAIDs i.e. Salicylic acid, Aspirin, chloride salicylate, Naproxen, Ibuprofen, Diclofenac sodium	• Increases the risk of GI bleeding and ulceration.		✓
• Concomitant use with methotrexate	• May increase the risk of haematological toxicity.		✓
• Antiarrhythmics, antibacterials, anticholinesterases, anticholinergics, anticoagulants, antiepileptics, antifungals, antihypertensives, antivirals, cyclosporin, barbiturates, digoxin, diuretics, human growth hormone, hypoglycaemic drugs (including insulin), oestrogens, thyroid drugs	• May be affected or have an effect on corticosteroid injections		✓
PATIENT INFORMATION:			
Information leaflet explained and issued	• Pt required to wait for 30mins post injection	✓	
Pt has been issued copy of manufacturers leaflet	• This is mandatory requirement	✓	
Possible adverse effects explained	• Anaphylaxis/allergy, facial flushing, infection, tissue weakening, menstrual irregularities, alteration in glycaemic control (diabetic patients), syncope.	✓	
Possible local side effects explained	• Pain flare, sepsis, tendon rupture, steroid arthropathy, tissue weakening, tendon rupture, skin changes, soft tissue infections, subcutaneous atrophy/skin depigmentation.	✓	
THERAPIST: I have explained the procedure to the patient and any risks that may be involved in accordance with the Injection PGD and SOP and any further screening that is required (i.e. COVID-19)			
Name: <u>Vain Reddy</u>		Signature: <u>[Signature]</u>	Date: <u>7/8/25</u>
PATIENT CONSENT: I confirm I have read and understood the information contained within the patient information sheet and confirm the physiotherapist has verbally explained to me the benefits and risks of corticosteroid (CS) and/or local anaesthetic injection. I confirm I do not have any of the contraindications listed above and I have disclosed all relevant medical information required by my physiotherapist. I understand that if I experience any of the side effects/reactions outlined in the information sheet I will seek appropriate medical advice. I have received advice on what I can do and what I should avoid after my injection in regards to activity and work. I am aware with CS injection the related and adjacent tissues injected can be weaker after injection and there is a small increased risk of tendon rupture, or possible infection or depigmentation of the skin. I understand the information discussed around the risks associated with injection therapy and COVID-19. I hereby agree to continue with injection therapy. I consent for a corticosteroid injection to be undertaken today.			
Name: <u>Mary Mercedes</u>		Signature: <u>X Mary Mercedes</u>	Date: <u>7/8/25</u>

PATIENTS NAME: Mary Mearns				
CHI: 2906640360				
AREA OF INJECTION		① GTPs		
INJECTION PERFORMED BY:		MENTORS NAME: If appropriate		
Name: Vasey Reddy		ANY PREVIOUS INJECTIONS INTO SAME STRUCTURE IF KNOWN:		
Signature: 		Date:		
Date: 7/18/28		Date:		
Time of injection: 9.30 Am				
PRESCRIPTION: I prescribe the following drugs for administration to the named patient above (PSD only)	DRUG	DOSE	METHOD	INITIALS
Medical Practitioner Non Medical Prescriber (NMP)	Depomedrone w/1% Batch: Adlocathu - H48869 Expiry: 09/28	20mg - 0.5ml	Single: Sequential: Premixed steroid/LA: ☒	NB
Signature Date	Batch: Expiry: 		Mixed in Syringe (PSD only)	
ADVERSE REACTION TO INJECTION: Yes / No - If yes please state action taken below				
FOLLOW UP REQUIRED: Please circle	D/C no follow up required	1:1 with referring therapist	Refer onto MSK physiotherapy ☒	Telephone follow up

Fife Physio Progress Notes

Patient Details:	Name	MENZIES, Mary		
	CHI	2906640360	DOB	29/06/1964
			Age	60 years

Subjective	☐ Hide Section
DNA-if not contacted in 2 weeks, she will be discharged.	

Red Flags Serious Pathology / General Health Screening Questions	☐ Show section
---	---------------------------------------

Objective	
------------------	--

Treatment	
------------------	--

Assesment	☐ Hide Section

Plan	☐ Hide Section
Plan Patient agreed Yes ☐ No ☐ Review Yes ☐ No ☐	

Completed By:	Name & Job Title	Vasu Reddy, MSK Advanced Practice Physiotherapist
	Date & Time	18/09/2025 10:15:23

_____ End of Revision _____

Subjective	☐ Hide Section
Pain is same, clear of infection and completed anti-biotics. wanted to proceed with an injection.	

Red Flags Serious Pathology / General Health Screening Questions	☐ Show section
---	---------------------------------------

Objective	
------------------	--

Treatment	
------------------	--

Assesment	☐ Hide Section
------------------	---------------------------------------

Patient Details:	Name	MENZIES, Mary
	CHI	2906640360
	DOB	29/06/1964
	Age	60 years

After careful consideration of all contra indications under strict aseptic conditions 20 mg Depomedrone with lidocaine injected to left GT area, tolerated well and advised relevant rest for 10 days.

Plan		☐ Hide Section
Plan	re-assess after 6 weeks.	
Patient agreed	Yes ☒	No ☐
Review	Yes ☒	No ☐
Review type	F2F	
Timescale	6 Weeks	
Comments		

Completed By:	Name & Job Title	Vasu Reddy, MSK Advanced Practice Physiotherapist
	Date & Time	07/08/2025 09:41:00

End of Revision

Subjective	☐ Hide Section
pain is same, wanted to try an injection.	

Red Flags Serious Pathology / General Health Screening Questions	☐ Show section
---	---------------------------------------

Objective

Treatment

Assesment	☐ Hide Section
patient finished taking anti-biotics only 4 days ago. could not do injection today.	

Plan	☐ Hide Section	
Plan	booked in 2 weeks to try an injection.	
Patient agreed	Yes ☒	No ☐
Review	Yes ☒	No ☐
Review type	F2F	
Timescale	2 Weeks	

3/12/2018

Incident Number CR03493427

Lives alone	No	Living With	FAMILY	Patient Occupation	WORKS WITH RADIOACTIVE MATERIALS AT A SHIPYARD
Patients General Appearance	Normal				
Patient Mobility	Fully Mobile				
Patient Communication	No Help Required				
Patient Clinical Risk Factors	None Identified				
Patient Environmental Risk Factors	None Identified				

Substances Affecting Condition

Substances	PT WORKS WITH RADIOACTIVE MATERIALS AT A SHIPYARD
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CLOSE RECORD

Treatment On Scene	Emergency
--------------------	-----------

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No
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INCIDENT LOG

Time Call Received	20:36	Allocated	21:14	Mobile	21:14
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First Resource On Scene	Crew On Scene	21:28	Crew Left Scene	21:41
-------------------------	---------------	-------	-----------------	-------

Crew At Hosp	Receiving Hospital	KIRKCALDY VICTORIA HOSPITAL	Clear Time
--------------	--------------------	-----------------------------	------------

Crew ID	Crew Grade	Driver
E0027138	Paramedic	YES
E0043524	Ambulance Technician	NO

030169047
03-01-1969

SCORE

WD.

FEW KEY

**FEMS ≥ 3
FOLLOW FEMS
FLOWCHART**

CONS

0	1	2	3
---	---	---	---

FLOWCHART

DATE

1213118

FREQUENCY

TIME

10

TEMP.

○

**BLOOD
PRESSURE**

FEWs SCORE
uses Systolic BP

HEART RATE

Sp02

—

RESP. RATE

NEURO.

FEMS SCORE:**Signature/initials**

MS2191

FIFE EARLY WARNING SCORE

WD.

FEWS KEY
CONS.

0 1 2 3

FEWS ≥ 3 FOLLOW FEWS FLOWCHART

DATE																									
FREQUENCY																									
TIME																									
TEMP.	40°																								
	39°																								
	38°																								
	37°																								
	36°																								
	35°																								
	210																								
	200																								
	190																								
	180																								
BLOOD PRESSURE	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
FEWS SCORE uses Systolic BP	70																								
	60																								
	50																								
	40																								
	30																								
	20																								
	10																								
	0																								
	55+																								
	90-94																								
HEART RATE	85-89																								
	<85																								
	40																								
	36																								
	32																								
	28																								
	24																								
	20																								
	16																								
	12																								
RESP. RATE	<8																								
	Awake																								
	Ventilating																								
	Pain																								
	Unresp																								
	FEWS SCORE:																								
	BM:																								
	Signature/Initials																								

V Emergency Department

RW Duncan
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant: Dr Bappa Roy

The above patient attended the V Emergency Department on 12/03/2018 at 22:12. I outline below some information regarding this attendance.

Present Complaint: ABDO PAIN

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Gastrointestinal - Infectious gastroenteritis			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Mr Anderson was seen in VHK ED with 5-6 episodes of loose stool followed by 7/10 central and upper abdominal pain, and 1 episode of vomiting. He denied any fevers, chest pain, dysuria. He had no recent sick contacts or recent travel.

Observations were normal.

Examination revealed a tender upper abdomen.

Bloods: WCC 13.9, Neut 12.58, amylase normal (76), CRP 12.9, Lac 2.1, U&Es normal.

Imp: Gastroenteritis

Plan: Home with cocodamol and worsening advice

Senior Review:

Senior Review Comments:

Yours sincerely

Dr Helen Grant FY2

Q Minor Injuries Unit

GE Murdoch
20466/1
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
Dunfermline
KY12 0BL

Queen Margaret Hospital
Whitefeld Road
Dunfermline
KY12 0SU

Dear Doctor

Mr Colin Anderson
18 Alford Way
Dunfermline
KY11 8BF

CHI: 0301690472
ED Consultant:MIU Practitioner

The above patient attended the Q Minor Injuries Unit on 01/12/2018 at 15:17. I outline below some information regarding this attendance.

Present Complaint: right sided pain

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Diagnosis not known - Redirection- this patient was redirected after senior review			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):

Attended with abdo pain for past four days. Advised not miu . Had already called nhs 111- still awaiting call back. advised to call nhs 111 again

Senior Review:

Senior Review Comments:

Yours sincerely
Catrin Thomson

MINOR INJURIES UNIT

Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

GP NAME AND ADDRESS New Park Medical Practice 163 Robertson Road Dunfermline Fife KY12 0BL 01383 629200		PATIENT DATA DOB 03/01/1969 Unit No V501947H CHI No 0301690472 Surname Anderson Forename(s) Colin Address 18 Alford Way Dunfermline Fife KY11 8BF Phone No Home :01383 842658 Mobile :07843112992 School Religion None Next Of Kin Mrs Alison Anderson Address 18 Alford Way Dunfermline KY11 8BF Relationship Wife Home Phone 01383 842658 Mobile Phone	
Date & Time of Attendance 21/08/2016 17.49	Date and Time of Accident 21/08/2016 15.49	TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other (Specify) LEISURE / SPORT INJURY	
LOCATION LEISURE FACILITY	SOURCE OF REFERRAL SELF REFERRAL		
Name of doctor Dr. Harley	Time seen 19:40 hours		
Presenting Complaint: Inj to right hand small finger	T.	P.	R.
	B.P.	BM	02 Sats
	FEWS	Weight	Kg
Follow Up: Sec 23/8 @ 10.00 VFC	Time Discharged 20:00 hours		
CRIS Number ANDERSON COLIN Dob: 03/01/69 Att: 21/08/16, 7:42 pm Hosp: D124912L XR Finger little Rt CHI: 0301690472 CRIS No: 111157 E-05598479  Accession number			
PVC Bundle Audit Insertion date & time: Dressing dated & timed: Inserted by: Profession:			

03/01/1969
0301690472

Alford Way
DUNFERMLINE
KY11 8BF



0301690472

Mr Colin Anderson V501947H

Pain score on arrival:		Analgesia taken by patient: Time:
Analgesia required now?	YES / NO	Pain score on re-assessment: Time:

	Date	Time
A&E Clinic		
A&E Clinic		
A&E Clinic		

URINALYSIS RESULT PLEASE AFFIX HERE
--

If urine pregnancy test performed:	positive / negative	Sign:
------------------------------------	---------------------	-------

RELATIVES/FRIENDS	TICK	ADMISSION/TRANSFER CHECKLIST	SIGN
Present		Name-band applied	
Aware – not attending		Property listed	
Aware – will attend		Relatives advised	
Cannot be contacted		A&E notes copied and sent with patient	

TETANUS STATUS	primary course tetanus toxoid ?	booster within last 10 years ?
	yes / no / unknown	yes / no / unknown

Waterflow completed?	yes / no	
On spinal board?	yes / no	Time removed:

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

V501947H

03/01/1969
0301690472

Date and Time	MULTIDISCIPLINARY NOTES
21/8/16	Name MUST be printed against each note entry
19:40	NO meds RHD
	NKDA
	NO PMH
	HO
	Injury to right little finger when playing American football today. Chronic mechanism of injury.
	OE:
	Finger swollen
	bruised on volar aspect PIPJ
	with associated tenderness
	Full extension
	Able to flex at PIPJ/DIPJ
	No NV deficit
	X-Ray: Right little finger
	XRD: Avulsion at volar aspect base middle phalanx
	Plan: Neighbour strapping
	advice re. elevation,
	ice packs & analgesia
	Referred to VFC - leaflet given
	Dr Christine Hurlley MD
	(Marked)

MINOR INJURIES UNIT
Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

P NAME AND ADDRESS New Park Medical Practice 63 Robertson Road Dunfermline Fife KY12 0BL 01383 629200		PATIENT DATA Unit No V501947H CHI No 0301690472 Surname Anderson Forename(s) Colin Address 18 Alford Way Dunfermline Fife KY11 8BF											
Date & Time of Attendance 17/11/2015 21.34	Date and Time of Accident 17/11/2015 21.00	Phone No Home :01383 842658 ✓ Mobile : 07843112992 ✓	School ✓ anderson-colin@sky.com										
TYPE OF INCIDENT (R.T.A. Work: Home: Sport: Other (Specify)) LEISURE / SPORT INJURY		Religion None	Next Of Kin Mrs Alison Anderson Address 18 Alford Way Dunfermline KY11 8BF										
LOCATION LEISURE FACILITY	SOURCE OF REFERRAL SELF REFERRAL	Relationship Wife	Home Phone 01383 842658 Mobile Phone										
Name of doctor DR HARLEY	Time seen 21:40 hours												
Presenting Complaint: L FING INJ	T.	P.	R.										
	B.P.	BM	02 Sats										
	FEWS	Weight	Kg										
Follow Up: VFC CLINIC	Time Discharged 22:18 hours												
CRIS Number ANDERSON COLIN Dob: 03/01/69 Att: 17/11/15, 9:43 pm Hosp: D124912L XR Finger ring Lt CHI: 0301690472 CRIS No: 111157 E-05425780 Accession number													
Minor Review Sticker <table border="1"> <tr><td colspan="2">PVC bundle Audit</td></tr> <tr><td colspan="2">Insertion date & time:</td></tr> <tr><td colspan="2">Dressing dated & timed:</td></tr> <tr><td colspan="2">Inserted by:</td></tr> <tr><td colspan="2">Profession:</td></tr> </table>				PVC bundle Audit		Insertion date & time:		Dressing dated & timed:		Inserted by:		Profession:	
PVC bundle Audit													
Insertion date & time:													
Dressing dated & timed:													
Inserted by:													
Profession:													

17-11-15

V501947H

03/01/1969
0301690472

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

0301690472

Mr Colin Anderson V501947H

Pain score on arrival:		Analgesia taken by patient: Time:
Analgesia required now?	YES / NO	Pain score on re-assessment: Time:

	Date	Time	URINALYSIS RESULT PLEASE AFFIX HERE
A&E Clinic			
A&E Clinic			
A&E Clinic			

If urine pregnancy test performed:	positive / negative	Sign:
------------------------------------	---------------------	-------

RELATIVES/FRIENDS	TICK	ADMISSION/TRANSFER CHECKLIST	SIGN
Present		Name-band applied	
Aware – not attending		Property listed	
Aware – will attend		Relatives advised	
Cannot be contacted		A&E notes copied and sent with patient	

TETANUS STATUS	primary course tetanus toxoid ?	booster within last 10 years ?
	yes / no / unknown	yes / no / unknown

Waterflow completed?	yes / no	
On spinal board?	yes / no	Time removed:

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

V501947H
03/01/1969
0301690472

Date and Time	MULTIDISCIPLINARY NOTES
17/11/15	Name <u>MUST</u> be printed against each note entry
21:40	RHD No meds NROA NO PMH.
	HO
	Playing "flag football" tonight and left ring finger caught in another player's pocket and his finger was twisted. Patient says finger was deformed and he pulled it straight immediately.
	OE:
	Finger swollen.
	No deformity
	Tender PIPJ and middle phalanx.
	Full extension.
	Able to flex MCPJ/PIPJ - very painful to flex DIPJ
	No NV deficit
	No ligament laxity.
	X-Ray: left ring finger
	XRD: SPIRAL # MIDDLE PHALANX
	Plan: Zimmer splint
	Advice re analgesia
	VFC referral - leaflet given
	Christine Harley RHP
	(HARLEY)

Fife Acute Hospitals
Queen Margaret Hospital

fax

Whitefield Road
Dunfermline
Fife KY12 0SU
Telephone 01383 623623 Ext
Fax 01383 624156
www.fahf.scot.nhs.uk



To VHK ACCIDENT & EMERGENCY

Fax 28032

From QMH MINOR INJURY UNIT

Date 17-11-15

Re VIRTUAL FRACTURE CLINIC APPT

Pages 4 inc header

Please find attached a copy of the casualty card in relation to a Virtual Fracture Clinic appointment at VHK.

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

V501947H

03/01/1969
0301690472

17/11 2015 22:32 01383 627078

QUEEN MARGARET HOSPITAL

P.001

*** TX REPORT ***

JOB NO.	MODE	NO.	DESTINATION TEL/ID	START TIME	PAGE	RESULT
5782	TX	ECM 001	901592646555	17/11 22:31	004	OK 00:46

Fife: Clinical Report - Queen Margaret Hospital

Page 1 of 1

ANDERSON, COLIN

18 ALFORD WAY, DUNFERMLINE, KY11 8BF

Ref. Locn. : QMH A&E, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU

Referrer : SEARLE, Kate

DoB : 03/01/1969

Hosp. No. : D124912L

CRIS No. : 111157

CHI No. : 0301690472

VERIFIED Verified By : DIAMOND, Margaret 18/11/15
Typed By : DIAMOND, Margaret 18/11/15**Clinical History :**

describes dislocation of left ring finger at ?PIPJ - immediately straightened finger. Tender PIPJ and middle phalanx

XR Finger ring Lt :

Marked soft tissue swelling is demonstrated overlying the middle phalanx of the left ring finger, there is a minimally displaced spiral fracture of the shaft of the middle phalanx.

Prov A&E Opinion - Agree

Event Number : E-5425780

Copy To :

Examinations : XR Finger ring Lt

Examination Date : 17/11/15

CHI No. :

MINOR INJURIES UNIT

Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

PATIENT NAME AND ADDRESS Robin Duncan New Park Medical Practice 63 Robertson Road Dunfermline Fife KY12 0BL 01383 629200		PATIENT DATA DOB 03/01/1969 Surname Anderson Forename(s) Colin Address 18 Alford Way Dunfermline Fife KY11 8BF Phone No Home : 01383 842658 Mobile : School Occupation Religion None Next Of Kin Address Mrs Alison Anderson 18 Alford Way Dunfermline KY11 8BF Relationship Wife Home Phone 01383 842658	
Date & Time of Attendance 30/03/2015 17.54	Date and Time of Accident 23/03/2015 12.00		
TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other (Specify) ACCIDENT			
LOCATION OTHER (PLEASE SPECIFY)	SOURCE OF REFERRAL SELF REFERRAL		
Name of doctor DR P. HARLEY	Time seen 19:00 hours		
Presenting Complaint: INJ L ANKLE	T.	P.	R.
	B.P.	BM	02 Sats
	FEWS		Weight Kg
Follow Up: AL	Time Discharged: 19:05 hours		
CRIS Number		Senior Review Sticker	
ANDERSON COLIN 18 Alford Way DUNFERMLINE KY11 8BF		PVC Bundle Audit Insertion date & time: Dressing dated & timed: Inserted by: Profession:	



0301690472

Mr Colin Anderson V501947H

Pain score on arrival:		Analgesia taken by patient: Time:
Analgesia required now?	YES / NO	Pain score on re-assessment: Time:

	Date	Time
A&E Clinic		
A&E Clinic		
A&E Clinic		

URINALYSIS RESULT PLEASE AFFIX HERE
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If urine pregnancy test performed:	positive / negative	Sign:
------------------------------------	---------------------	-------

RELATIVES/FRIENDS	TICK	ADMISSION/TRANSFER CHECKLIST	SIGN
Present		Name-band applied	
Aware – not attending		Property listed	
Aware – will attend		Relatives advised	
Cannot be contacted		A&E notes copied and sent with patient	

TETANUS STATUS	primary course tetanus toxoid ?	booster within last 10 years ?
	yes / no / unknown	yes / no / unknown

Waterflow completed?	yes / no	
On spinal board?	yes / no	Time removed:

AFFIX LABEL

ALLERGIES**ONCE ONLY PRESCRIPTIONS**

Date	Time	Prescription	Dose	Route	Doctor's Signature	Time Given	Given by

TAKE HOME DRUGS

Date	Prescription	Dose	Route	Clinician Signature	Dispensed by	Signature

INTRAVENOUS FLUIDS

Date	Fluid (Block Letters)	Vol. (ml)	Prescribed Duration of Administration	Doctor's signature	Time Begun (2400)	Completion Time	Administered by
	Additional Medicine	Dose					Added by

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

V501947H

03/01/1969
0301690472

Date and
Time

MULTIDISCIPLINARY NOTES

Name MUST be printed against each note entry

30/3/15
1900

No meds

NO NSA

no PMH

HO:

Playing basketball 1 1/2 weeks ago. Another fell onto patient's left heel.

Bruising and swelling has settled but pain persists walks up to 10 miles a day at his work.

No analgesia taken

OE:

Fully weight bearing
No swelling

Tender on lateral aspect posterior heel

Non tender Achilles tendon

Cant squeeze test (N)

No ankle bony tenderness

No NV defect

A Soft tissue injury

Plan: Advice re. NSAIDs/

paracetamol.

no basketball until pain resolved

Dr Amanda Harley FRP

MINOR INJURIES UNIT
Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

GP NAME AND ADDRESS Robin Duncan New Park Medical Practice 163 Robertson Road Dunfermline Fife KY12 0BL 01383 629200	PATIENT DATA	
	DOB 03/01/1969 Surname Forename(s) Address Phone No School Occupation Religion Next Of Kin Address Relationship Home Phone	Unit No D124912L CHI No 0301690472 Anderson Colin 18 Alford Way Dunfermline Fife KY11 8BF Home :01383 842658 Mobile : None Alison Anderson 18 Alford Way Dunfermline KY11 8BF Wife 01383 842658

Date & Time of Attendance 01/08/2013 22.10	Date and Time of Accident 01/08/2013 21.40
--	--

TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other (Specify) ACCIDENT
--

LOCATION LEISURE FACILITY	SOURCE OF REFERRAL SELF REFERRAL
----------------------------------	---

Name of doctor <i>END</i>	<i>CHEED.</i>	Time seen	22 : 35 hours
------------------------------	---------------	-----------	---------------

Presenting Complaint: L EYE LAC	T.	P. 96	R.
	B.P. 138/93	BM	02 Sats 100%
	FEWS	Weight	Kg

Follow Up: <i>SLC</i>	Time Discharged	22 : 50 hours
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CRIS Number Senior Review Sticker
--

D124912L 03/01/1969 0301690472 ANDERSON COLIN 18 Alford Way DUNFERMLINE KY11 8BF	PVC Bundle Audit
	Insertion date & time:
	Dressing dated & timed:
	Inserted by:
	Profession:



Mr Colin Anderson D124912L

Pain score on arrival:		Analgesia taken by patient: Time:	
Analgesia required now?	YES / NO	Pain score on re-assessment: Time:	

	Date	Time
A&E Clinic		
A&E Clinic		
A&E Clinic		

URINALYSIS RESULT
PLEASE AFFIX HERE

If urine pregnancy test performed:	positive / negative	Sign:
------------------------------------	---------------------	-------

RELATIVES/FRIENDS	TICK	ADMISSION/TRANSFER CHECKLIST	SIGN
Present		Name-band applied	
Aware – not attending		Property listed	
Aware – will attend		Relatives advised	
Cannot be contacted		A&E notes copied and sent with patient	

TETANUS STATUS	primary course tetanus toxoid ?	booster within last 10 years ?
	yes / no / unknown	yes / no / unknown

Waterflow completed?	yes / no	
On spinal board?	yes / no	Time removed:

smr -

meds - tramadol

allergies - nil

Playing basketball - elbowed in
face sustaining laceration side
of (L) eye o/e

nkda

[illegible]

Date	Prescription	Dose	Route	Clinician Signature	Dispensed by	Signature

Date	Fluid (Block Letters)		Vol. (ml)	Prescribed Duration of Administration	Doctor's signature	Time Begun (2400)	Completion Time	Administered by
	Additional Medicine	Dose	Added by					

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

D124912L

03/01/1969
0301690472

Date and Time	MULTIDISCIPLINARY NOTES
	Name <u>MUST</u> be printed against each note entry
11/8/13	440
2235	Allergies - N/A known Meds - paracetamol Pain - Side pain Tears - covered H/O: Struck on LEFT side of face by a player's elbow during a basketball game tonight. Laceration beside LEFT eye. NO L.O.C. G/E: 2.5cm laceration down LEFT eye socket Wound closed. NO bleeding Alert & oriented. NO FFA, headache, nausea, vomiting, dizziness or visual disturbance. Eye movements normal & non-tender. NO diplopia, body tenderness ACS - 15/10/13, P&S. Canine virus infection Impression: Minor head injury & laceration beside eye Management: Wound sutured & glue to laceration Wither & verbal head injury & wound care advice Home - wife will be there D/C 2250 CHED MD CHED

MINOR INJURIES UNIT
Queen Margaret Hospital, Whitefield Road, Dunfermline KY12 0SU

GP NAME AND ADDRESS Robin Duncan New Park Medical Practice 163 Robertson Road Dunfermline Fife KY12 0BL 01383 629200		PATIENT DATA Unit No D124912L CHI No 0301690472 Surname Anderson Forename(s) Colin Address 18 Alford Way Dunfermline Fife KY11 8BF	
Date & Time of Attendance 23/02/2012 10.35	Date and Time of Accident 22/02/2012 19.30	Phone No Home :01383 842658 Mobile :	
TYPE OF INCIDENT (R.T.A. Work: Home: Sport: Other (Specify) LEISURE / SPORT INJURY		School Occupation Religion None	
LOCATION LEISURE FACILITY	SOURCE OF REFERRAL SELF REFERRAL	Next Of Kin Address Alison Anderson 18 Alford Way Dunfermline KY11 8BF Relationship Wife Home Phone 01383 842658	
Name of doctor		Time seen 11:30 hours	
Presenting Complaint: injury ring finger (l) hand		T.	P.
		B.P.	BM
		FEWS	Weight Kg
Follow Up: SFC 27/2 COPIED.		Time Discharged 12:30 hours	
CRIS Number 111157		Senior Review Sticker	
PVC Bundle Audit			
Insertion date & time:			
Dressing dated & timed:			
Inserted by:			
Profession:			



0301690472

23/2/12

D124912L

03/01/1969
0301690472

ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

Mr Colin Anderson D124912L

Pain score on arrival:		Analgesia taken by patient: Time:
Analgesia required now?	YES / NO	Pain score on re-assessment: Time:

	Date	Time
A&E Clinic		
A&E Clinic		
A&E Clinic		

URINALYSIS RESULT

PLEASE AFFIX HERE

If urine pregnancy test performed:	positive / negative	Sign:
------------------------------------	---------------------	-------

RELATIVES/FRIENDS	TICK	ADMISSION/TRANSFER CHECKLIST	SIGN
Present		Name-band applied	
Aware – not attending		Property listed	
Aware – will attend		Relatives advised	
Cannot be contacted		A&E notes copied and sent with patient	

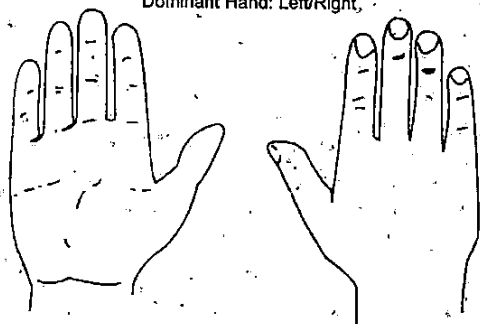
TETANUS STATUS	primary course tetanus toxoid ?	booster within last 10 years ?
	yes / no / unknown	yes / no / unknown

Waterflow completed?	yes / no	
On spinal board?	yes / no	Time removed:

AFFIX LABEL

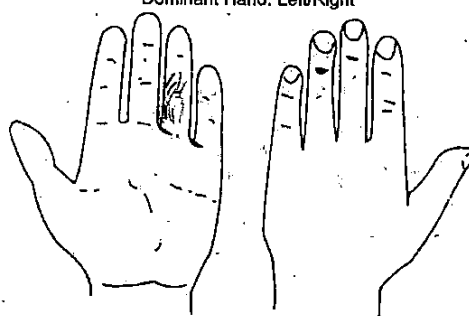
RIGHT

Dominant Hand: Left/Right,

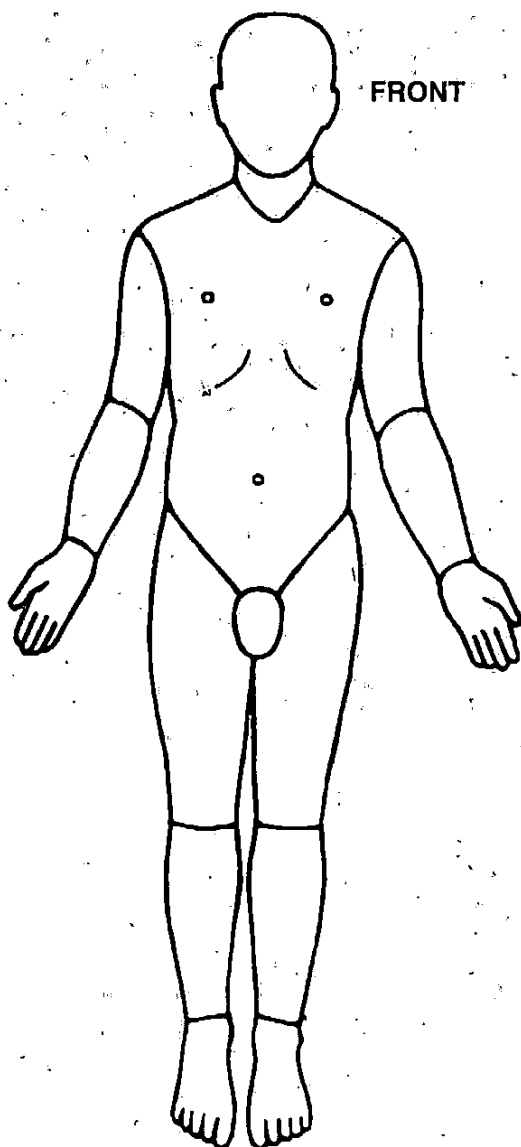


LEFT

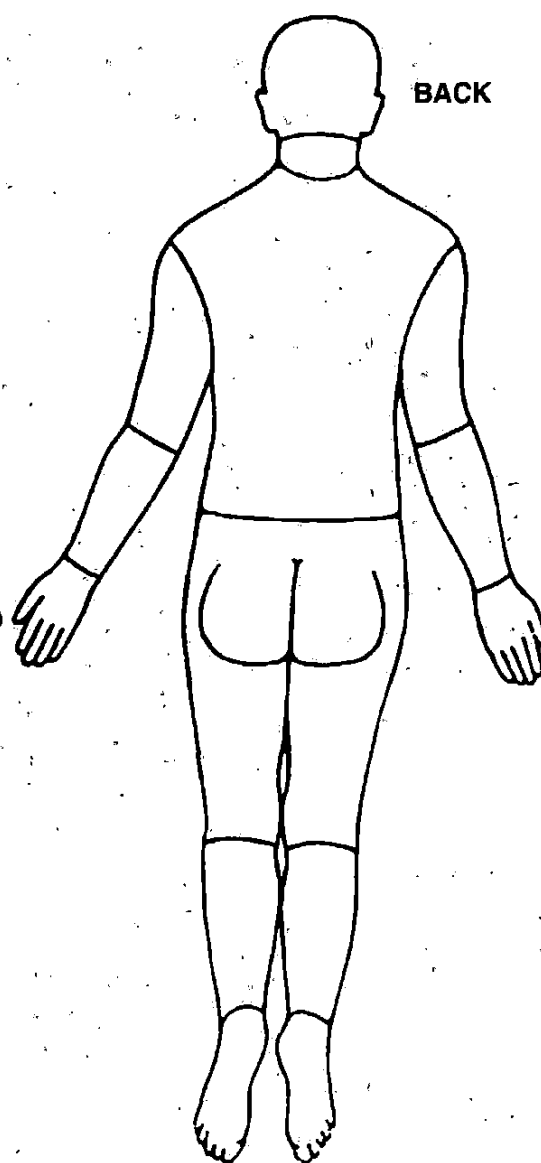
Dominant Hand: Left/Right



FRONT



BACK



ANDERSON
COLIN
18 Alford Way
DUNFERMLINE
KY11 8BF

D124912L

03/01/1969
0301690472

Date and Time	MULTIDISCIPLINARY NOTES
	Name <u>MUST</u> be printed against each note entry
23-2-12	Ring cut off & returned to patient. J. Cooper
23/02/12 12.30	PCL. 43 07. Inj L ring finger RHD. service engineers
	MRC. Basketball struck tip of finger last night. continued playing game. Advice this on 1/2 M swelling & bruising + XROM. No phos # L ring finger. Took X-rays this on
	PMH - Intermittent L) artho pain - currently under investigation DM - Treated PRN for artho pain. NKDA
	O/E L) ring finger moderate swelling & bruising at PIPJ & proximal & middle phalanges no obvious deformity skin intact tender to PIPJ & base middle phalanx XROM although able to flex at PIPJ NVD. CRT < 2 sec. Sensation -
	Imp. ? # PIPJ / middle phalanx of L ring finger
	Plan: Xray L) ring finger to exclude BF
	XRL - # base middle phalanx L) ring finger involving inter articular surface.
	Dx. # middle phalanx L) ring finger

41

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Trauma &
Orthopaedics
Tel: 01383 623623 <Extension>
<http://www.nhsfife.scot.nhs.uk>



Dr RW Duncan
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL

CLINIC LETTER
SRP/SY



CHI: 0301690472
Hospital ID: D124912L

Letter ID: 141240

Dear Dr Duncan

Clinic Date: 27/02/2012

Date: 07/03/2012

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF
Date of Birth: 03/01/1969

DIAGNOSIS – Left ring finger undisplaced avulsion fracture volar aspect of the base of the middle phalanx.

Reviewed in clinic today. He sustained the above injury while playing basketball. He has got neighbour strapping and he says that his finger is stiff. Movement is 0-30°

I have explained to him that he can do active exercises as pain allows and referred him for physiotherapy. Discharged from our care. If he does not make satisfactory progress he can be referred back to us.

Yours sincerely

Penematsa SR
Ortho Locum SPR

This document has NOT been verified.

ANDERSON, COLIN

18 ALFORD WAY, DUNFERMLINE, KY11 8BF

DoB : 03/01/1969

Hosp. No. : D124912L

Ref. Locn. : QMH A&E, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU

CRIS No. : 111157

Referrer : DEWAR, Colin McGregor

CHI No. : 0301690472

VERIFIED Verified By : DIAMOND, Margaret 24/02/12
Typed By : DIAMOND, Margaret 24/02/12**Clinical History :**

Struck on tip of finger by basketball last night, on examination swelling and bruising of proximal interphalangeal joint and middle phalanx of ring finger.? Fracture.

XR Finger ring Lt :

Mild soft tissue swelling is demonstrated overlying the proximal interphalangeal joint of the left ring finger, there is an undisplaced avulsion fracture of the volar aspect of the base of the middle phalanx of the ring finger.

BN SFC 27/2

Event Number : E-4108107



Examination Date : 23/02/12

Copy To :

Examinations : XR Finger ring Lt

SCI Store - Patient Result Report**Report ID:** X-2931627**Sample Collected:** 13/02/2007 20:47:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Altchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
N/A	N/A	X-2931627	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
N/A	13/02/2007 20:47:00	N/A	28/02/2007 10:51:42	Active

Report**XRAY TYPE**

[Summary Report]
Clinical History : Pleuritic chest pain. ? pneumonia.
[CHEST]
CHEST : Both lungs and pleural spaces are clear. No collapse or consolidation. Cardiac size is unremarkable.

Printed By: Sharon Keatings on 26/05/2026 12:33:43

SCI Store - Patient Result Report**Report ID:** X-3105546**Sample Collected:** 14/11/2007 16:17:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
N/A	N/A	X-3105546	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
N/A	14/11/2007 16:17:00	N/A	15/11/2007 17:06:37	Active

Report**XRAY TYPE**

[Summary Report]

History: Cough, sputum. Non smoker. Not responding to co-amoxiclav.
 Bibasal creps R >/L. Nil cardiac and no haemoptysis.

[CHEST]

CHEST : Poor inspiration achieved, this may in part be due to the patient's body habitus. There is an impression of some very minor increased opacification in the left lower zone, however in view of the poor inspiration I suspect this is just due to under inflation. No focal collapse or consolidation identified.

Last 3 users to access this result

Name	System	Location	Time
Robin Duncan	Fife NHS	SCI Store	17/03/2008 16:58:00
Robin Duncan		SCI Store	26/11/2007 11:30:57
David Gilmore		SCI Store	15/11/2007 17:27:56

Printed By: Sharon Keatings on 26/05/2026 12:33:56

SCI Store - Patient Result Report

Report ID: X-3107519

Sample Collected: 18/11/2007 11:19:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
N/A	N/A	X-3107519	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
N/A	18/11/2007 11:19:00	N/A	21/11/2007 14:26:42	Active

Report**XRAY TYPE**

[CHEST]
 CHEST : Obese patient. Normal heart and mediastinal contours.
 The lung fields appear clear.
 Verified, off site, by reporting Radiologist.

Last 3 users to access this result

Name	System	Location	Time
Robin Duncan	Fife NHS	SCI Store	17/03/2008 16:58:35
Robin Duncan		SCI Store	26/11/2007 11:30:35
Doug Main		SCI Store	23/11/2007 12:53:24

Printed By: Sharon Keatings on 26/05/2026 12:34:12

SCI Store - Patient Result Report

Report ID: E-02633536

Sample Collected: 31/10/2008 00:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Sitaram, SHARMA, Sunil	(F704HORTV) VHK ORTHOPAEDIC	E-02633536	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
XRAY TYPE	31/10/2008	31/10/2008 11:12:27.073	31/10/2008 11:11:53	Active

Report**XRAY TYPE****Colin Anderson**

CT Chest :

No focal rib lesion identified in particular no evidence of previous fracture. No evidence of previous sternal or thoracic spine fracture. The lungfields are clear.

Reported by: REID, William Dr and BLANK RADIOL

Last 3 users to access this result

Name	System	Location	Time
Stuart Oglesby	Fife NHS	SCI Store	27/10/2009 15:47:01
Robin Duncan	Fife NHS	SCI Store	31/03/2009 10:42:05
Lynsey Adams	Fife NHS	SCI Store	01/12/2008 16:07:15

Printed By: Sharon Keatings on 26/05/2026 12:34:27

SCI Store - Patient Result Report

Report ID: E-02633536

Sample Collected: 31/10/2008 00:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH

Name Changed

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Sitaram, SHARMA, Sunil	(F704HORTV) VHK ORTHOPAEDIC	E-02633536	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
XRAY TYPE	31/10/2008	31/10/2008 11:12:27.073	31/10/2008 11:11:53	Active

Report**XRAY TYPE****Colin Anderson**

CT Chest :

No focal rib lesion identified in particular no evidence of previous fracture. No evidence of previous sternal or thoracic spine fracture. The lungfields are clear.

Reported by: REID, William Dr and BLANK RADIOL

Last 3 users to access this result

Name	System	Location	Time
Stuart Oglesby	Fife NHS	SCI Store	27/10/2009 15:47:01
Robin Duncan	Fife NHS	SCI Store	31/03/2009 10:42:05
Lynsey Adams	Fife NHS	SCI Store	01/12/2008 16:07:15

Printed By: Sharon Keatings on 26/05/2026 12:34:27

SCI Store - Patient Result Report

Report ID: E-03492259

Sample Collected: 11/11/2009 00:00:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
Stuart, OGLESBY,	(F805HSURQ) QMH SURGICAL	E-03492259	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
XRAY TYPE	11/11/2009	12/11/2009 18:04:41.447	12/11/2009 18:02:17	Active

Report**XRAY TYPE****Colin Anderson**

Clinical History : Chronic left upper quadrant pain. Occurred 6 months following road traffic accident. ? diaphragmatic hernia. ?? splenic or renal cyst.

CT Abdomen & pelvis with contrast : The spleen appears normal. There is mild fatty infiltration of the liver but no focal lesion. Normal appearances of both kidneys, the pancreas and the adrenal. No colonic mass seen. No abdominal lymphadenopathy. The diaphragms appear normal. No significant bony or lung base abnormality. A 78 mm x 30 mm lipoma is noted deep to left latissimus dorsi muscle.

Conclusion: No convincing cause for pain seen.

Reported by: SERHAN, Jonathan Dr and BLANK RADIOL

Last 2 users to access this result

Name	System	Location	Time
Dr Prabhu Nesargikar	Fife NHS	SCI Store	01/02/2011 16:02:40
Robin Duncan	Fife NHS	SCI Store	06/01/2010 14:40:34

Printed By: Sharon Keatings on 26/05/2026 12:34:42

SCI Store - Patient Result Report

Report ID: E-04108107

Sample Collected: 23/02/2012 11:46:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
Mcgregor, DEWAR, Colin	(F805HAEQ) QMH A&E	E-04108107	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	23/02/2012 11:46:00	24/02/2012 15:17:10.457	24/02/2012 15:17:14	Active

Report**XR Finger ring Lt****Colin Anderson****Clinical History :**

Struck on tip of finger by basketball last night, on examination swelling and bruising of proximal interphalangeal joint and middle phalanx of ring finger.? Fracture.

XR Finger ring Lt :

Mild soft tissue swelling is demonstrated overlying the proximal interphalangeal joint of the left ring finger, there is an undisplaced avulsion fracture of the volar aspect of the base of the middle phalanx of the ring finger.

Reported by: DIAMOND, Margaret**Verified by:** DIAMOND, Margaret**Last 2 users to access this result**

Name	System	Location	Time
Lyndsey Whitson	Fife NHS	SCI Store	02/03/2012 13:57:04
Subba Raou Penemasta	Fife NHS	SCI Store	27/02/2012 09:34:06

Printed By: Sharon Keatings on 26/05/2026 12:35:01

SCI Store - Patient Result Report**Report ID:** E-05425780**Sample Collected:** 17/11/2015 21:43:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
Kate, SEARLE,	(F805HAEQ) QMH A&E	E-05425780	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	17/11/2015 21:43:00	18/11/2015 10:28:03.817	18/11/2015 10:31:46	Active

Report**XR Finger ring Lt****Colin Anderson****Clinical History :**

describes dislocation of left ring finger at ?PIPJ - immediately straightened finger. Tender PIPJ and middle phalanx

XR Finger ring Lt :

Marked soft tissue swelling is demonstrated overlying the middle phalanx of the left ring finger, there is a minimally displaced spiral fracture of the shaft of the middle phalanx.

Prov A&E Opinion - Agree

Reported by: DIAMOND, Margaret

Verified by: DIAMOND, Margaret

Printed By: Sharon Keatings on 26/05/2026 12:35:12

SCI Store - Patient Result Report

Report ID: E-05598479

Sample Collected: 21/08/2016 19:42:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
Dr, CURRER, Margaret	(F805HAEQ) QMH A&E	E-05598479	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	21/08/2016 19:42:00	22/08/2016 15:44:12.877	22/08/2016 15:43:26	Active

Report**XR Finger little Rt****Colin Anderson**

Clinical History :

injured right little finger when playing american football today. Tender PIPJ

XR Finger little Rt :

There is an avulsion fracture of the volar aspect of the base of the middle phalanx of the right little finger, with marked soft tissue swelling demonstrated overlying this area.

Prov A&E Opinion - Agree

Reported by: DIAMOND, Margaret

Verified by: DIAMOND, Margaret

Printed By: Sharon Keatings on 26/05/2026 12:35:30

SCI Store - Patient Result Report

Report ID: E-05605033

Sample Collected: 31/08/2016 10:02:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	ReportIdentifier	Discipline	Referral Source
G, WEIR, Ian	(F805HORTQ) QMH ORTHOPAEDIC	E-05605033	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	31/08/2016 10:02:00	31/08/2016 16:40:55.747	31/08/2016 16:40:18	Active

Report**XR Finger little Rt****Colin Anderson**

Clinical History :

Fractured base of middle phalanx.

XR Finger little Rt :

Comparison is made with previous imaging from 21/08/2016. The avulsion fracture of the volar aspect of the base of the middle phalanx of the right little finger has not been demonstrated on today's images.

Reported by: DIAMOND, Margaret**Verified by:** DIAMOND, Margaret

Printed By: Sharon Keatings on 26/05/2026 12:35:42

SCI Store - Patient Result Report

Report ID: E-06740817

Sample Collected: 18/10/2021 15:21:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
Fahim, ANSARI, Fraz	(F805HSURQ) QMH SURGICAL	E-06740817	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	18/10/2021 15:21:00	18/10/2021 15:59:06.873	18/10/2021 15:59:13	Active

Report**US Groin Lt****Colin Anderson**

Clinical History:

Left inguinal hernia repair 2019. Now presents with significant left groin pain. To check for recurrence please. Tx. I would appreciate it if this could be done on a priority basis please
 Ordered by Ansari Fraz Fahim Uddin (ansarif)
 ~~(Information via Order Comms)

US Groin Lt:

No evidence of herniation within the left groin on either relaxation or increased intra-abdominal pressure.
 No evidence of femoral hernia.

Small superficial lymph node within the left groin one measuring 4.4 mm AP diameter x 7.8 mm in length and 8.8 mm AP diameter x 20.7 mm in length. Lymph nodes have maintained fatty hilum and vascularity and outlined normally.

Reported by:
 Gillian Rooney
 Superintendent Radiographer
 RA25236

Reported by: Gill Rooney

Reported by: ROONEY, Gill and ROONEY, Gill
Verified by: ROONEY, Gill

Last 2 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	10/12/2021 11:49:24
ChemoCare ADT Interface	syscode		29/10/2021 12:11:29

SCI Store - Patient Result Report

Report ID: E-06740817

Sample Collected: 18/10/2021 15:21:00

Fife SCI Store Live

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant	Ward/Location
COLIN ANDERSON	0301690472	03/01/1969	57	Aitchison, Hannah	New Park Medical Practice	DEWAR, C	(QACC) Accident and Emergency QMH
Name Changed							

Report Details

Report Requestor	Requestor Location	Report Identifier	Discipline	Referral Source
Fahim, ANSARI, Fraz	(F805HSURQ) QMH SURGICAL	E-06740817	Radiology	N/A
Sample Type	Sample Collected	Sample Received	Processed Into Store	Status
IMAGING	18/10/2021 15:21:00	18/10/2021 15:59:06.873	18/10/2021 15:59:13	Active

Report**US Groin Lt****Colin Anderson**

Clinical History:

Left inguinal hernia repair 2019. Now presents with significant left groin pain. To check for recurrence please. Tx. I would appreciate it if this could be done on a priority basis please
 Ordered by Ansari Fraz Fahim Uddin (ansarif)
 ~~~(Information via Order Comms)

## US Groin Lt:

No evidence of herniation within the left groin on either relaxation or increased intra-abdominal pressure.  
 No evidence of femoral hernia.

Small superficial lymph node within the left groin one measuring 4.4 mm AP diameter x 7.8 mm in length and 8.8 mm AP diameter x 20.7 mm in length. Lymph nodes have maintained fatty hilum and vascularity and outlined normally.

Reported by:  
 Gillian Rooney  
 Superintendent Radiographer  
 RA25236

Reported by: Gill Rooney

**Reported by:** ROONEY, Gill and ROONEY, Gill  
**Verified by:** ROONEY, Gill

**Last 2 users to access this result**

| Name            | System   | Location | Time                |
|-----------------|----------|----------|---------------------|
| Clinical Portal | Orion CP | Location | 10/12/2021 11:49:24 |
| ChemoCare ADT   | syscode  |          | 29/10/2021 12:11:29 |
| Interface       |          |          |                     |

**SCI Store - Patient Result Report**

Report ID: E-06760063

Sample Collected: 09/11/2021 07:52:00

Fife SCI Store Live

**Patient**

| Patient Name   | CHI        | Date Of Birth | Age | GP                | GP Practice               | Consultant | Ward/Location                     |
|----------------|------------|---------------|-----|-------------------|---------------------------|------------|-----------------------------------|
| COLIN ANDERSON | 0301690472 | 03/01/1969    | 57  | Aitchison, Hannah | New Park Medical Practice | DEWAR, C   | (QACC) Accident and Emergency QMH |
| Name Changed   |            |               |     |                   |                           |            |                                   |

**Report Details**

| Report Requestor    | Requestor Location       | Report Identifier       | Discipline           | Referral Source |
|---------------------|--------------------------|-------------------------|----------------------|-----------------|
| Fahim, ANSARI, Fraz | (F805HSURQ) QMH SURGICAL | E-06760063              | Radiology            | N/A             |
| Sample Type         | Sample Collected         | Sample Received         | Processed Into Store | Status          |
| IMAGING             | 09/11/2021 07:52:00      | 15/11/2021 17:26:01.857 | 15/11/2021 17:26:02  | Active          |

**Report****MRI Groin Left****Colin Anderson****Clinical History**

Left groin pain post inguinal hernia repair. Tender adductor longus tendon and pubic tubercle. No evidence of inguinal / femoral hernia recurrence. ? Groin strain

Ordered by Ansari Fraz Fahim Uddin (ansarif)

~~(Information via Order Comms)

**MRI Groin Left**

Wasting of LT pyramidalis.- significance?

Scarring just lateral to pubic tubercle but no cord deviation. No oedema.

No herniation but supine and relaxed.

Normal hips. No effusion. No labral ganglion.

Pelvic ring intact. Normal marrow. Normal sacroiliac joints.

Minimal lower lumbar facet joint changes.

No loco regional lymphadenopathy.

The adductor insertions are equal. Minor degenerative changes consistent for age at the pubic cleft.

The lesser gluteal and short rotators are well preserved.

No inguinal or scrotal abnormality is identified.

Not my preferred sequences but no structural cause seen to explain pain.

Dr John Miller. GMC: 3291168

Consultant Radiologist. WGH Edinburgh. john.miller@nhslothian.scot.nhs.uk

Reported by: Dr JOHN MILLER

**Reported by:** MILLER, John and MILLER, John

**Verified by:** MILLER, John

Last 2 users to access this result

| Name                          | System   | Location | Time                   |
|-------------------------------|----------|----------|------------------------|
| Clinical<br>Portal            | Orion CP | Location | 10/12/2021<br>11:48:59 |
| ChemoCare<br>ADT<br>Interface | syscode  |          | 24/11/2021<br>17:35:39 |

**Printed By:** Sharon Keatings on 26/05/2026 12:36:17

**SCI Store - Patient Result Report****Report ID:** E-06996221**Sample Collected:** 19/11/2022 15:43:00

Fife SCI Store Live

**Patient**

| Patient Name   | CHI        | Date Of Birth | Age | GP                | GP Practice               | Consultant | Ward/Location                     |
|----------------|------------|---------------|-----|-------------------|---------------------------|------------|-----------------------------------|
| COLIN ANDERSON | 0301690472 | 03/01/1969    | 57  | Aitchison, Hannah | New Park Medical Practice | DEWAR, C   | (QACC) Accident and Emergency QMH |
| Name Changed   |            |               |     |                   |                           |            |                                   |

**Report Details**

| Report Requestor | Requestor Location        | ReportIdentifier        | Discipline           | Referral Source |
|------------------|---------------------------|-------------------------|----------------------|-----------------|
| Wail, AHMED,     | (F805HNEUQ) QMH NEUROLOGY | E-06996221              | Radiology            | N/A             |
| Sample Type      | Sample Collected          | Sample Received         | Processed Into Store | Status          |
| IMAGING          | 19/11/2022 15:43:00       | 27/11/2022 11:28:01.633 | 27/11/2022 11:28:15  | Active          |

**Report****MRI Head****Colin Anderson****Clinical History**

53 man with recurrent stereotyped events- impaired hearing perceptions followed by tiredness that could be of temporal lobe origin.

BG -Obesity and HTN

Ordered by Ahmed Wail (ahmedw)

~~~(Information via Order Comms)

MRI Head

Normal appearances. Brain volume normal. A few tiny deep white matter signal hyperintensities are present, likely representing very minor small vessel disease (only just beyond what is normal for age).

No mass lesion, no collection, no blood product deposition and no infarct.

No cortical lesion.

Temporal lobes normal.

Imaged soft tissues normal.

Opinion:

No epileptogenic focus demonstrated.

Dr Nicholas Dobbs. GMC: 7075055

Consultant Neuroradiologist. WGH Edinburgh. nicholas.dobbs@nhslothian.scot.nhs.uk

Reported by: Dr Nicholas Dobbs

Reported by: DOBBS, Nicholas and DOBBS, Nicholas

Verified by: DOBBS, Nicholas

Last 2 users to access this result

| Name | System | Location | Time |
|----------------|----------|-----------|---------------------|
| Dulcie Fleming | Fife NHS | SCI Store | 15/01/2023 16:57:26 |

| | |
|-------------------|------------|
| ChemoCare syscode | 02/12/2022 |
| ADT | 11:53:01 |
| Interface | |

Printed By: Sharon Keatings on 26/05/2026 12:36:40

SCI Store - Patient Result Report

Report ID: E-06996221

Sample Collected: 19/11/2022 15:43:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|----------------|------------|---------------|-----|-------------------|---------------------------|------------|-----------------------------------|
| COLIN ANDERSON | 0301690472 | 03/01/1969 | 57 | Aitchison, Hannah | New Park Medical Practice | DEWAR, C | (QACC) Accident and Emergency QMH |

Name Changed

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|---------------------------|-------------------------|----------------------|-----------------|
| Wail, AHMED, | (F805HNEUQ) QMH NEUROLOGY | E-06996221 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 19/11/2022 15:43:00 | 27/11/2022 11:28:01.633 | 27/11/2022 11:28:15 | Active |

Report**MRI Head****Colin Anderson**

Clinical History

53 man with recurrent stereotyped events- impaired hearing perceptions followed by tiredness that could be of temporal lobe origin.

BG -Obesity and HTN

Ordered by Ahmed Wail (ahmedw)

~~(Information via Order Comms)

MRI Head

Normal appearances. Brain volume normal. A few tiny deep white matter signal hyperintensities are present, likely representing very minor small vessel disease (only just beyond what is normal for age).

No mass lesion, no collection, no blood product deposition and no infarct.

No cortical lesion.

Temporal lobes normal.

Imaged soft tissues normal.

Opinion:

No epileptogenic focus demonstrated.

Dr Nicholas Dobbs. GMC: 7075055

Consultant Neuroradiologist. WGH Edinburgh. nicholas.dobbs@nhslothian.scot.nhs.uk

Reported by: Dr Nicholas Dobbs

Reported by: DOBBS, Nicholas and DOBBS, Nicholas

Verified by: DOBBS, Nicholas

Last 2 users to access this result

| Name | System | Location | Time |
|----------------|----------|-----------|---------------------|
| Dulcie Fleming | Fife NHS | SCI Store | 15/01/2023 16:57:26 |

| | |
|-------------------|------------|
| ChemoCare syscode | 02/12/2022 |
| ADT | 11:53:01 |
| Interface | |

Printed By: Sharon Keatings on 26/05/2026 12:36:40

SCI Store - Patient Result Report**Report ID:** E-07177019**Sample Collected:** 10/07/2023 15:02:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|-------------------|------------|---------------|-----|----------------------|---------------------------------|------------|--------------------------------------|
| COLIN
ANDERSON | 0301690472 | 03/01/1969 | 57 | Aitchison,
Hannah | New Park
Medical
Practice | DEWAR, C | (QACC) Accident and
Emergency QMH |
| Name
Changed | | | | | | | |

Report Details

| Report Requestor | Requestor Location | ReportIdentifier | Discipline | Referral Source |
|------------------|---------------------|------------------------|----------------------|-----------------|
| Melvin, CAREW, | (F805HAEQ) QMH A&E | E-07177019 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 10/07/2023 15:02:00 | 10/07/2023 15:49:03.11 | 10/07/2023 15:49:10 | Active |

Report**XR Foot Rt****Colin Anderson****Clinical History:**

foot went under patient when he stood up from sitting , tender 1st mt 1stmtpj and whole great toe ?#

Ordered by Candlish Roy (NMR) (CandlishR)

~~(Information via Order Comms)

XR Foot Rt:

No bony injury demonstrated.

Provisional A&E opinion-Agree

Reported by:

Margaret Diamond

Consultant Radiographer

RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret**Verified by:** DIAMOND, Margaret**Printed By:** Sharon Keatings on 26/05/2026 12:37:08

OUTPATIENT DEEP VEIN THROMBOSIS SERVICE

DATE of APPT

19/2/20

COLIN
ANDERSON

03-01-1969



0301690472

PATIENT DETAILS:

AGE:

51

SEX:

M

TELEPHONE NUMBER:

01592
842658

WELLS SCORE:

0

D-DIMER RESULT:

237

ULTRASOUND SCAN DAY 1 RESULT:

ULTRASOUND SCAN DAY 7 RESULT:

ULTRASOUND SCAN 6 WEEKS RESULT:

GP NAME & ADDRESS:

New Park.

Wells Pre-Test Scoring

Clinical Feature

| | |
|--|----|
| Active Cancer (treatment ongoing or within previous 6 months or palliative) | 1 |
| Paralysis, paresis or recent plaster immobilisation of the lower extremities | 1 |
| Recently bedridden for more than 3 days or major surgery within 4 weeks | 1 |
| Localised tenderness along the distribution of the deep venous system | 1 |
| Entire leg swollen | 1 |
| Calf swelling by more than 3cm when compared with the asymptomatic leg (measured 10cm below the tibial tuberosity) | 1 |
| Pitting oedema (greater in the symptomatic leg) | 1 |
| Collateral superficial veins (non-varicose) | 1 |
| Previous DVT/PE | 1 |
| Alternative diagnosis is likely as or greater than that of deep vein thrombosis | -2 |

Left calf 45 1/2 cm

Left thigh 60 cm

Right calf 47 cm

Right thigh 60 cm

Emergency Care Assessment Document

NHS Fife Victoria Hospital Kirkcaldy KY2 5AH

COLIN
Address: ANDERSON

03-01-1969



0301690472

Date: 19/2/20

Time of Arrival:

BP

Temp

Pulse

RR

SpO2

BM

Nurse:

History and Clinical Examination

GP referral. Inguinal hernia repair 12wks
ago. Last few weeks of left thigh
pain.
o/e No swelling of left leg.
Nil to see.
Calf soft + non tender

Wells score 0

D Dimer: 237

DVT highly unlikely

Dx to G.P.

G.A.S.

Impression and Management plan

| | | | | | |
|---------|------|-------|--|-----------------|--|
| Name: | | Sign: | | Designation: | |
| WBC | 8.6 | CRP | | CXR | |
| HB | 143 | ALB | | | |
| MCV | 87.2 | ALP | | | |
| PLT | 320 | ALT | | ECG | |
| DDIMER | | BIL | | | |
| INR | | Urea | | | |
| TSH | | Na+ | | CT/ Echo/ Other | |
| Trop | | K+ | | | |
| Glucose | | Creat | | | |

Review

HISTORY/CONTINUATION SHEET

Ward/Clinic Anderson
Hosp.....Colin
18 Alford Way
DUNFERMLINE
Surname...KY11 8BF
First Name
Address...
Occupat
G.P. & Address

0301690472

GE Murdoch

USE BLOCK CAPITALS

UNIT/WARD/DEPT

DATE

24/10/22
@ 11.25

HT - 173 kg
WT - 144.4 kg
BP - 153/97

HCSLW
MCKENZIE
EMC

→ S3 Health Physics. - under
submarine
Recent HTN ← sample
← Amblyopia

ED 22/2/ Son 28
@ work Epilepsy.

→ zapping - so hearing
light. muffled. - 2-3 min.
feel hinder

NO WC /

→ 2-3 yrs random. (in frequent)

→ Seen optician 2/12 OK.

→ unlikely epileptic ? Vascular.

① MRI-Brain

Dr. Wail Ahmed
Consultant Neurologist
GMC 7388353

OPERATION NOTE

ANDERSON, COLIN

Male 03/01/1969 0301690472

Diagnosis Symptomatic Left Inguinal Hernia
Operation Left Inguinal Hernia Repair

| | | | |
|--------|------------|-------------|----------|
| Date | 04/11/2019 | Urgency | Elective |
| Start | 11:00 | ASA | 2 |
| Finish | 12:35 | Anaesthetic | General |

Cons Surg Mr Yalamarthi
Cons Anaes Dr Swerczewska

Surgeon Mr Ansari
Assistant Ms Kremel
Anaesthetist Dr Swerczewska

DVT Proph Stockings, Pneumatic
Antibiotics Nil

Indication Symptomatic left inguinal Hernia. Weight 127 Kg

Position Supine

Incision Suprainguinal oblique incision

Findings 15 x 7 cm lipoma of the cord.
Small indirect sac with more fat posteroinferior to the cord at the deep ring.
Lax posterior wall

Procedure The incision was deepened through fat and Scarpa's fascia to reveal the external oblique aponeurosis which was split in line of its fibres. The superficial veins were controlled with ligation. The ilioinguinal nerve was identified and preserved. The spermatic cord was fully mobilised and explored to reveal an indirect hernia sac at the deep ring posteroinferior to the cord which was dissected free and reduced. Deep ring plicated with Vicryl 2/0 suture to maintain reduction. Lax posterior wall.
A ProGrip mesh was starting from just medial to the pubic tubercle to lateral to the deep ring along the rolled edge of the inguinal ligament, snug reconstruction of the deep ring with the mesh flap. 3/0 Prolene tack sutures to medial point, lateral inferior point and to secure the two flaps together to maintain deep ring reconstruction. Hemostasis confirmed.
The external oblique aponeurosis was repaired using 2/0 PDS to give a snug superficial ring with Vicryl 2/0 to Scarpa's fascia and 3/0 monocryl to skin. 20mls 0.5mg/ml chirocaine to skin with mepore dressing. SNI correct.

Blood loss Minimal
Transfusion Nil

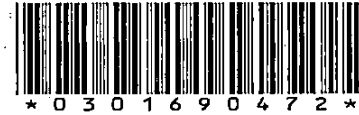
Post-op Eat and drink when awake.
DVT prophylaxis and analgesia.
Home later if well and use TEDS for 2 weeks.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of General Surgery
Tel: 01592 643355 Ext 28959
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472
AMCM/LT

Letter ID: 3574621

Dear Dr Murdoch

Clinic Date: 11/09/2019

Date: 13/09/2019

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Thank you for referring this patient who has a reducible left inguinal hernia. He gets a dull ache from this. He is 127kgs and I discussed open repair with him today. Despite the above I would hope to do this as a day case. I discussed recovery, driving and the use of mesh. He wishes to go ahead.

Yours sincerely

Alasdair Macmillan
General Surgeon

This document has NOT been verified.

HISTORY/CONTINUATION SHEET

Ward/Clinic/ Hosp Cons.
 Surname Anderson Unit No. 0301690472
 First Name Colin D. of B.
 Address 18 Alford Way M. State
 DUNFERMLINE Sex
 KY11 8BF
 Occupation GE Murdoch
 G.P. & Address
 USE BLOCK CAPITALS

Surgeon UNIT/WARD/DEPT

DATE

11/5/69
1400.

Left hospital home. 127kg.

Full ache. N. hand/leg symptoms.

Drugs N.I. NKA PNH.
N.I.

su. Work = health symptoms.

 Shortness of breath
hair
Tender neck.

Don't go against him op. Despite anxiety, could
be done as a day case. Don't rush, really, doing

He wishes to go ahead. A. Macdonald

HISTORY/CONTINUATION SHEET

genburg

UNIT/WARD/DEPT

DATE

Ward/Clinic/

Hosp

Cons.

COLIN

03-01-1969

Surname

ANDERSON

Unit No.

First Name

D. of B.

Address

M. State



0301690472

Sex

Occupation

G.P. & Address

BLOCK CAPITALS

HISTORY/CONTINUATION SHEET

Ward/Clinic/ Hosp V501947H HL Cons.
 Surname Unit No.
 First Name Colin Andersen D. of B.
 Address M. State
 Occupation 030169042 Sex
 G.P. & Address USE BLOCK CAPITALS

DATE

27/4/21

ANSWER

① fine gran.
 but little regan
 similar to fine before
 the heavy reg-



under @
 ② protruding
 no weight increase

→ Cocodamol.

→ IBUPROFEN /
 API.

③

→ USS

→ Equip Clinic / telephone

[Handwritten signature]

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Day Surgery Unit
Routine Calls & Enquiries
Queen Margaret Hospital: 01383 627010
Victoria Hospital: 01592 729151
Alternatively telephone NHS24: 111
<http://www.nhsfife.scot.nhs.uk>



Dr GE Murdoch
New Park Medical Practice
163 Robertson Road
Dunfermline
Fife
KY12 0BL



CHI: 0301690472

Letter ID: 100289185

Date: 04/11/2019

Dear Dr Murdoch

Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

Date of Birth: 03/01/1969

Date of Admission: 04/11/2019

Date of Discharge: 04/11/2019

Your patient was admitted for surgery under the care of Mr Anasari.

Diagnosis: Left Inguinal hernia

Operation: Open repair of left Inguinal hernia under general anaesthetic

Medicines on Discharge: Ibuprofen 400mg and Cocodamol 30/500mg pre-pack supplied

Further information:

Information and contact numbers supplied

Follow advice sheet supplied

Sutures: Absorbable (3/0 Monocryl)

Mepore dressing to wound, renew dressing after 48 hours as instructed

TED stockings to be worn for 5 days

No heavy lifting for 6-8 weeks

Follow up not required

Yours sincerely

Jackie Stecka
Nurse Practitioner

Authorised on 04/11/2019 16:38:31 by Jackie Stecka.

(P) Colin Anderson, 18 Alford Way, Dunfermline, Fife, KY11 8BF

**DAY CASE / 23 HOUR STAY
RECORD BOOKLET**

COLIN
ANDERSON

03-01-1969



0301690472

Patient Name

Unit Number

PRE-ASSESSMENT DOCUMENT

| | | |
|---|--|------------------------------------|
| Surname
COLIN 03-01-1969 | | Next of Kin / Relationship
Wife |
| For ANDERSON

Address 0301690472
18 Alfred Way
Duncrobie | | Name
Alison Anderson |
| Telephone No (DAY)
07842 889737 | | Address |
| Telephone No (NIGHT)
01383 727325 | | Likes to be known as |
| Telephone No
07843112992 | | Marital status
married |
| Gender
male | | Ethnic origin
British |
| Religion | | Mother in law Norma |
| GP Details | | |
| General Practice
Dr Murdoch
new park mfp | | Telephone No |
| Operation Details | | |
| Diagnosis / Symptoms
Left Inguinal Hernia | | |
| Planned procedure
open Left Inguinal Hernia repair | | |
| Proposed Date
4.11.11 | | |

Alison Anderson

Mr Ansari

Patient Name

COLIN
ANDERSON

03-01-1969



0301690472

Social Status

| | Yes | No |
|---|---------------------------|----|
| Is patient's first language English? | / | |
| If no, is an interpreter required? | | ✓ |
| Lives alone | | ✓ |
| Postoperative carer available (24 hours) | wife | |
| Telephone at home | mobile | |
| Help at home | | / |
| Meals on wheels | | ✓ |
| Easy access to lavatory | / | |
| Needs district nurse post-operatively | | / |
| Is ambulance required for admission or discharge? | | ✓ |
| Ambulance type | | |
| Booked for | | |
| By | | |
| How long is your journey home? | Mother inlaw will collect | |

ALLERGIES

None ☒

Drugs

Latex ☐

Metals ☐

Elastoplast ☐

Iodine ☐

Patient Name

Unit Number

Current medication*

Name / Dose / Frequency

1. Nasal
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

*Patients with coronary stents on Clopidogrel should be discussed with an anaesthetist.

Anaesthetic information

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Previous general anaesthetic? | ☒ | ☐ |
| Previous anaesthetic problems? | ☐ | ☒ |
| Any relatives / family history of anaesthetic problems? | ☐ | ☒ |
| Intolerant (indigestion, peptic ulcers, breathing problems) of NSAIDs (Aspirin, Ibuprofen, Diclofenac....)? | ☐ | ☒ |
| Loose teeth / caps / crowns / dentures? | ☐ | ☒ |
| Alcohol consumption (if yes, how many units per week: _____) | <u>socially</u> | ☐ |
| Smoking (if yes, how many per day: _____) | ☐ | ☒ |

Patient Name



0301690472

Basic health questionnaire

| | Yes | No |
|--|-----|----|
| High blood pressure | | ✓ |
| Controlled? | | |
| Uncontrolled? | | |
| Ischemic heart disease, chest pain, angina (last episode: _____) | | ✓ |
| Only at exertion | | |
| During normal daily activities | | |
| At rest | | |
| Any change in severity or frequency recently? | | |
| Heart attack or heart surgery (CABG, valve-replacements....) | | ✓ |
| Within the last 3 months | | |
| Insertion of coronary stents | | |
| Within the last year | | |
| Other cardiovascular disease (aortic stenosis, peripheral vascular disease, heart failure....) | | ✓ |
| Heart murrur not previously investigated | | ✓ |
| Diabetes Type 1 (Insulin-dependant): well controlled? | | ✓ |
| poorly controlled? | | |
| Diabetes Type 2 (Insulin-dependant) | | |
| Tablets (Metformin, Glucophage...) | | |
| Diet only | | |
| Asthma, chronic bronchitis, emphysema | | ✓ |
| Inhaler therapy only | | |
| Systemic steroid therapy | | |
| Hospital admissions in the past? | | |
| Other lung diseases (tuberculosis, asbestosis, cystic fibrosis, sarcoidosis...) | | ✓ |
| Neuromuscular disease / malignant hyperthermia | | ✓ |
| Liver disease (hepatitis, liver cirrhosis, jaundice...) | | ✓ |
| Kidney disease (renal impairment, transplant kidney...) | | ✓ |
| Bleeding disorder, blood disorder | | ✓ |

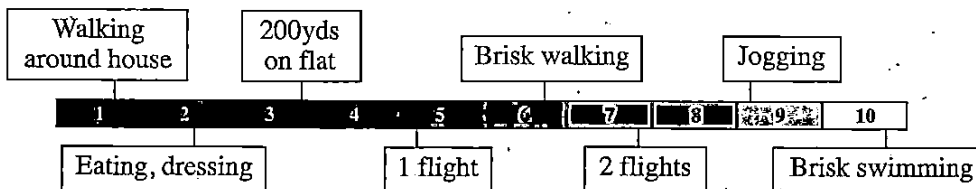
Patient Name

Unit Number

| | Yes | No |
|--|-----|-----|
| Recent weight loss / malnutrition | | ✓ |
| Osteoarthritis | | ✓ |
| Chronic pain | | ✓ |
| Neurological diseases | | ✓ |
| Stroke, TIA | | ✓ |
| -within the last 3 months? | | ✓ |
| Alzheimer, dementia | | ✓ |
| Parkinson's disease | | ✓ |
| Epilepsy | | ✓ |
| -poorly controlled? | | ✓ |
| Fainting, blackouts | | ✓ |
| Any other condition, disease or weakness not mentioned above | | ✓ |
| Female patients only: pregnancy possible? | | N/A |

Functional capacity

- a) Occupation Health physics trained monitor
- b) Maximum Equivalent Activity



- c) Estimated METS score 7-8
- If Mets score lower than 4 go to refer to Anaesthetist

- d) What prevents further activities?

- Arthritis or leg pain
- Angina
- SOB
- Other _____

- e) Does Patient use walking aid?

- f) Has patient experienced falls in the last year? Yes / No No
- In addition to a METS score below 4 referral to physio indicated

walks 1 hour 3 times per week.
coach for american football.

Patient Name

COLIN
ANDERSON

03-01-1969



0301690472

Base line observations

| | |
|----------------|--|
| Pulse | Weight 127 kg |
| Blood pressure | Height 5'7" |
| Temperature | BMI |
| O2 Sat. | Blood Glucose (Diabetic patients only) |

Investigations

| Test | | Test | |
|--------------------|--|--------------------|----------|
| Full blood count | | ECG | 29/10/19 |
| U + E's | | Echo | |
| Coag screen | | Lung function test | |
| Liver function | | Chest X-Ray | |
| Arterial blood gas | | Urinalysis | |
| Other | | Other | |

Pre-admission summary

| | | | |
|--------------------------|---------------|---|--|
| Investigations reviewed | Yes / No / NA | Anticoagulants (Warfarin, Heparin, LMWH...) | |
| ECG reviewed | Yes / No / NA | Antiplatelet-therapy (Clopidogrel, Dipyridamole...) | |
| METS score (estimated) | | Antihypertensive drugs | |
| Referral to Anaesthetist | Yes / No / NA | OCP | |
| Referral to Cardiology | Yes / No / NA | Insulin | |
| | | Systemic Steroids (Prednisolone, Dexamethasone....) | |

Problems:

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

Action taken

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Patient Name

Unit Number

| | |
|--|--|
| Should patient remain on waiting list? | Yes ☒ / No ☐ / NA ☐ |
| Back to General Practitioner | Yes ☐ / No ☐ / NA ☒ |
| If patient is not suitable for waiting list, how are they to be managed? | |
| Admission type | Day case ☒ 23 hour stay ☐
In patient ☐
Pending anaesthetic consultation ☐ |
| Admission date | 4/11/19 |
| Anaesthetic consultation date | |
| Consent obtained | Yes ☐ / No ☒ |
| Date given for operation | Yes ☒ / No ☐ |
| Information leaflets given | Yes ☒ / No ☐ |
| Name <u>E Bailly</u> | Designation <u>S/N</u> |
| Signed <u>E Bailly</u> | Date <u>29/10/19</u> |

Comments

Patient Name

COLIN
ANDERSON

03-01-1969



0301690472

Nursing notes
Admission Day

Admission date 4-11-19

Named nurse Emma Harley

Transport Car

Escort's name and telephone number Family - patient will contact

Nursing notes

Admitted for theatre today - Fr + well
Np J. Sreed

Medical examination

| | | | |
|--------|------|--------|--------------|
| C.V.S. | H.S. | J.V.P. | Ankle oedema |
|--------|------|--------|--------------|

| | | | |
|------|----------------------|--------------|---------|
| R.S. | Reasonable air entry | Crepitations | Rhonchi |
|------|----------------------|--------------|---------|

Additional information and comments

Signature

(Printed name)

Medication
(Day Surgery patients only)

| Drug | Dose | Method | Time | Dr. Signature | Nurse's Signature |
|---------------------|------|--------|---------|---------------|-------------------|
| TEDS | TT | TSP | 830 | | J. Sreed |
| Paracetamol | 1g | orl | post op | | Emma 1815 |
| Codaine | 60mg | orl | post op | | Emma 1815 |
| Oil of sweet almond | 4-2 | orl | post op | | |
| Lidocaine | 50mg | l.m. | post op | | |

Ibuprofen 400mg ORAL 1630 J. Sreed J. Sreed

FRAZ TO OO SICK LINE

Fife Acute Hospital

Pre-operative

NHS

03-01-1969

Fife

Check list for pre-operative patients to be completed and signed by the registered nurse or appropriately trained unregistered staff preparing patient and re-checked in theatre.

ALLERGIES AND IRREGULARITIES MUST BE WRITTEN IN RED ON CHECK LIST

Religion

S
F
D
D

COLIN ANDERSON

0301690472

| | | WARD | THEATRE |
|----|---|-------|---------|
| 1 | Establish that this is the correct patient. Are the identity bracelets x2 in situ upper and lower limbs with date of birth and CHI number
Patient demographic labels in notes ☒ | Yes | Yes |
| 2 | Ensure that red alert wrist band is in situ, confirm any allergies with patient and check health record. Note allergies here. | None | NKA |
| 3 | Does the operation consent form, AWI form match the theatre list?
Is the operation consent form signed and confirmed with patient. | Yes | Yes |
| 4 | Is the operation site correctly marked (if applicable) <u>Inguinal SK</u> | Noted | Yes |
| 5 | Are notes with patient including Medicine Kardex, Risk Assessment Form, I.V. infusion charts and fluid balance chart, Anaesthetic Chart Getting to know me booklet, DNACPR completed <u>CJD Risk questionnaire</u> (Circle if applicable) | Noted | NOTED |
| 6 | Are prescribed pre-medication and routine medication given? | None | NOTED |
| 7 | Note: (All except weight within 2 hours before coming to theatre.)
<u>BPI 168/88 T 37.4 P 75 R 14 Weight 127 O2 Sats 95</u> | Noted | NOTED |
| 8 | Is patient diabetic?
Note BM results/time within 2 hours prior to theatre maximum | No | NOTED |
| 9 | Has jewellery been removed and rings taped?
Have body piercings been taped or removed? | None | NOTED |
| 10 | Have hairclips and all makeup been removed including nail varnish (fingers and toes)? Shellac or Gel, check with anaesthetist | None | NOTED |
| 11 | Have contact lenses and prostheses been removed?
Note any items accompanying patients to theatre <u>spectacles, artificial eyes, wig, hearing aid, Reading</u> | Noted | NOTED |
| 12 | Note position of metalwork or any other implants? | None | NOTED |
| 13 | Is the patient correctly dressed for theatre (cotton/disposable underwear only, bra removed)? Please tick the box if the patient is wearing TEDS ☒ | Yes | NOTED |
| 14 | Patient skin inspection, checked for redness/bruising/dyscolouration
Visual Check Verbal Check ☒ Patient on SSKIN bundle Yes/NO If yes PURA and SSKIN Bundle with patient to theatre and is up to date _____
Note area at risk e.g. heels, sacrum etc | None | NOTED |
| 15 | Please circle: - Pacemaker, AWI, urinary catheter in situ.
Document any other relevant information to patient care e.g. Musculoskeletal. | None | NOTED |
| 16 | Inhalers and GTN Spray should accompany patients to theatre. | None | NOTED |
| 17 | Note time and date of last food. <u>1030 PM 31/1/19</u>
Note time and date of last drink. | Noted | NOTED |
| 18 | Note position of caps, crowns, loose teeth, dentures and bridges
(Dentures may accompany patient) | None | NOTED |
| 19 | Does the patient have an infection if yes please state type infection here in red. | None | NOTED |
| 20 | Pregnancy status Not Pregnant ☐ Pregnant ☐ | | |
| 21 | OBSTETRICS/GYNAE ONLY - Has patient been rhesus tested? | | |

Signature:

WARD NURSE

Designation

Date

THEATRE PERSONNEL

Designation

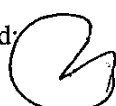
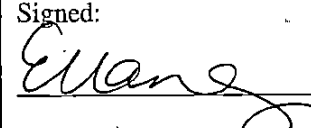
Date

NHS FIFE OPERATIONAL DIVISION
PRE-OPERATIVE MARKING VERIFICATION CHECKLIST

Please refer to NHS Fife Operational Policies:

C24 PROCEDURE FOR CHECKING IN PATIENTS IN THEATRE RECEPTION

07 POLICY FOR THE IDENTIFICATION OF SIDE OF PAIRED ORGANS OR LIMBS

| | RESPONSIBILITY | SIGNATURE TO CONFIRM CHECK COMPLETED |
|--|---|---|
| CHECK 1 <ul style="list-style-type: none"> Check the patient's identity Check reliable documentation and/or images to ascertain intended surgical site Mark the intended site with an arrow using an indelible pen | The operating surgeon, or nominated deputy, who will be present in the theatre at the time of the patient's procedure | Signed: 
Print Name: <u>D. McNamee</u> |
| CHECK 2 <ul style="list-style-type: none"> Prior to leaving ward/day care area the mark is inspected and confirmed against the patient's supporting documentation Relevant imaging studies accompany patient or are available in operating theatre or suite | Ward or day care nursing staff | Signed: 
Print Name: <u>E. McNamee</u> |
| CHECK 3 <ul style="list-style-type: none"> In the anaesthetic rooms and prior to anaesthesia, the mark is inspected and checked against the patient's supporting documentation Ensure imaging studies accompany patient and are checked against the patient's supporting documentation The availability of the correct implant (if applicable) | Operating surgeon or a senior member of the operative team | Signed: _____
Print Name: _____ |
| CHECK 4
The surgical, anaesthetic and theatre team involved in the intended operative procedure prior to commencement of surgery should pause for verbal briefing to confirm: <ul style="list-style-type: none"> Presence of the correct patient Marking of the correct site Procedure to be performed | Theatre staff directly involved in the intended operative procedure | Signed: _____
Print Name: _____ |

Pre-operative Check List Overleaf

Patient's Name



| Time/Date | 245 | 50 | 55 | 100 | 05 | 10 | | | | | |
|------------------------|-----|------|-----|-----|-----|-----|-----|--|--|--|--|
| LM / ETT / Oral Airway | ETT | ETT | ETT | == | == | == | | | | | |
| S. V/IPPV/Re-Breathe | RB | RB | RB | SW | SW | SW | | | | | |
| Oxygen Therapy [L/min] | 10 | 10 | 10 | 5 | 5 | 5 | | | | | |
| Oxygen Saturation | 82 | 94 | 100 | 100 | 100 | 100 | | | | | |
| Respirations | 18 | 10 | 16 | 13 | 10 | 12 | | | | | |
| ET CO2 | 7.5 | 11.3 | 9.9 | - | - | - | | | | | |
| Conscious Level | 1 | 1 | 1 | 2 | 2 | 2 | | | | | |
| 5 Second headlift | X | X | X | ✓ | ✓ | ✓ | | | | | |
| Pain Score | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| Wound / Drain Check | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | |
| Nausea Score | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| CVP | | | | | | | | | | | |
| | 88 | 61 | 113 | 110 | 106 | 112 | 112 | | | | |

Conscious Level

- 1 - Unconscious
- 2 - Asleep + rousable
- 3 - Awake + orientated

Pain Score

- 0 - No Pain / Asleep
- 1 - Mild Pain (Discomfort)
- 2 - Moderate Pain (Fairly sore / unable to settle)
- 3 - Severe Pain (very sore / unwilling to move / unable to sleep)
- 4 - Excruciating Pain (unbearably sore / agitated)

Nausea Score

N - Nausea
V - Vomiting
O - Neither

TEMP'

220

200

180

160

140

120

100

80

60

40

TEMP

220

200

180

160

140

120

100

80

60

40

4

Comments / Drugs

Items returned to ward
with Patient

| | |
|-------|--------|
| PreOp | BE6P/R |
|-------|--------|

Summary / Evaluation

General Anaesthesia

~~Donner~~ @ se mi in ricordo

Pink Vester D hand.

Mapone dressings intact

No bleeding noted

IT sleepy but rousable

Signature _____

Boomer

WARD POST-OPERATIVE RECOVERY RECORD

Observations

Time:

Pulse:

B.P.:

Wound Check:

Pain Score:

Nausea Score:

| | | | | | | |
|------|--|--|--|--|--|--|
| 1355 | | | | | | |
| 84 | | | | | | |
| 110 | | | | | | |
| ✓ | | | | | | |
| 2/10 | | | | | | |
| 0/10 | | | | | | |

Sats 95 (A) RR 15 Temp 37.0

VENFLON SITE

| LEFT | RIGHT | NONE |
|------|-------|------|
| | | |

PACKS ETC.:

| SITE | IN SITU | REMOVED |
|------|---------|---------|
| | | |

SPECIFIC CARE (If applicable)

COMMENTS

1355 04/11/19

(5) Patient arrived safely back to ward after procedure, (1) Inguinal hernia repair under general anaesthetic

(13) pmr Nil to nil. No allergies known.

(11) Feels OK = All observations stable, no overan concerns. Pain score 2/10 refused analgesia. No complaints of any nausea. Dressing dry & intact, no swelling or bruising

(12) Continue ongoing care. ———— E Marey JH

O2 therapy commenced via SL via Flm due to patient de saturation. ———— E Marey JH

04/11/19 1515 patient received 6mg of codeine & 9 of paracetamol Pain Score 5/6 O2 10 F10

DAY SURGERY DISCHARGE PRESCRIPTION

COLIN
ANDERSON

03-01-1969



0301690472

Hospital

Qmuh

Unit

DS

Adult pain relief

Paracetamol 500mg, 1-2 tablets QDS 32 tablets

Tick

Prescriber's signature

Date

☐

Ibuprofen 400mg, 1 tablet TDS 21 tablets

☒

Diclofenac 50mg, 1 tablet TDS 21 tablets

☐

Paracetamol 500mg / Codeine 8mg, 1-2 tablets QDS 32 tablets

☐

Paracetamol 500mg / Codeine 30mg, 1-2 tablets QDS 30 tablets

☒

Tramadol 50mg, 1 tablet QDS 28 tablets

☐

Antibiotics

Amoxicillin 250mg, 1 capsule TDS 21 tablets

☐

Co-Amoxiclav 375mg, 1 tablet TDS 21 tablets

☐

Ciprofloxacin 500mg, 1 tablet BD 10 tablets

☐

Trimethoprim 200mg, 1 tablet BD 6 tablets

☐

Metronidazole 200mg, 1 tablet TDS for 5 days 21 tablets

☐

Chlorhexidine Mouthwash, 10ml rinse TDS 300ml

☐
☐

NP [Signature]

[Signature]
17

DISCHARGE RECORD

| SPECIFIC CARE (If applicable) | YES | NO | COMMENTS |
|---|-----|----|---|
| Stable observations | ✓ | | Few 0 |
| Can walk without feeling faint | ✓ | | No issues |
| Minimal nausea/no vomiting | ✓ | | None |
| Orientated in space and time | ✓ | | Alert + orientated |
| Has passed urine | ✓ | | Voiding well |
| Tolerating fluids/diet | ✓ | | No issues |
| Wounds/plaster checked | ✓ | | Dry + intact. |
| Circulation/sensation/movement | ✓ | | Satisfactory |
| Pain relief adequate | ✓ | | No pain |
| Written post-operative instructions explained to patient/relative | ✓ | | OK letter, gen surg letter
hernia letter. Verbal + written |
| Advice re: wound care | ✓ | | Verbal + written |
| Mobilisation | ✓ | | Independent |
| Further appointment | ✓ | ✓ | Discharge NOT needed |
| Take home analgesia or prescription | ✓ | | as prescribed |
| Confirm has someone to stay with them for 24 hours | ✓ | | Family |
| G.P./District Nurse notified where necessary | ✓ | | OK letter |
| Transport arranged | ✓ | | Mother in law |
| Venflon removed | ✓ | | See R/C bundle |

Seen by Medical Staff

Discharge Time:

Transfer to Ward:

Time:

Relatives Informed:

| | |
|-----|----|
| YES | NO |
| | |

Nurse's Signature:

FIFE EARLY WARNING SCORE

COLIN

03-01-1969

ANDERSON



0301690472

WD.

DSU

CONS.

FA

FEWS KEY

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| | | | |

FEWS ≥ 3

FOLLOW FEWS

FLOWCHART

| DATE | | 4/4/19 | | 4/11/19 | | | | | | | | | | | |
|--------------------------------|--------|--------|--|---------|--|----|--|------|--|----|--|----|--|------|--|
| FREQUENCY | | | | | | | | | | | | | | | |
| TIME | | 08 | | 13 | | 14 | | 1420 | | 15 | | 16 | | 1640 | |
| TEMP. | 40° | | | | | | | | | | | | | | |
| | 39° | | | | | | | | | | | | | | |
| | 38° | | | | | | | | | | | | | | |
| | 37° | | | | | | | | | | | | | | |
| | 36° | | | | | | | | | | | | | | |
| | 35° | | | | | | | | | | | | | | |
| | 210 | | | | | | | | | | | | | | |
| | 200 | | | | | | | | | | | | | | |
| | 190 | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | |
| BLOOD PRESSURE | 170 | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | |
| FEWS SCORE
uses Systolic BP | 70 | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | |
| HEART RATE | 100 | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | |
| | 30 | | | | | | | | | | | | | | |
| | 20 | | | | | | | | | | | | | | |
| | SpO2 | 95+ | | | | | | | | | | | | | |
| 90-94 | | | | | | | | | | | | | | | |
| 85-89 | | | | | | | | | | | | | | | |
| FiO2 | < 85 | | | | | | | | | | | | | | |
| RESP. RATE | 40 | | | | | | | | | | | | | | |
| | 36 | | | | | | | | | | | | | | |
| | 32 | | | | | | | | | | | | | | |
| | 28 | | | | | | | | | | | | | | |
| | 24 | | | | | | | | | | | | | | |
| | 20 | | | | | | | | | | | | | | |
| | 16 | | | | | | | | | | | | | | |
| | 12 | | | | | | | | | | | | | | |
| | < 8 | | | | | | | | | | | | | | |
| | NEURO. | Awake | | | | | | | | | | | | | |
| Verbal/Confu | | | | | | | | | | | | | | | |
| Pain | | | | | | | | | | | | | | | |
| Unresp | | | | | | | | | | | | | | | |
| FEWS SCORE: | | | | | | | | | | | | | | | |
| BM: | | | | | | | | | | | | | | | |
| Signature/initials | | | | | | | | | | | | | | | |

MS2191

| Age Group | 2003 | 2004 | 2005 |
|-----------|------|------|------|
| 18-29 | ~85 | ~88 | ~90 |
| 30-49 | ~75 | ~78 | ~80 |
| 50-69 | ~65 | ~68 | ~70 |
| 70+ | ~55 | ~58 | ~60 |

CONS.

| | | | |
|---|---|---|---|
| 0 | 1 | 2 | 3 |
| | | |  |

FOLLOW FEWS FLOWCHART

| DATE | | | | | | | | | | | | | |
|--------------------------------|--------------|-----|--|--|--|--|--|--|--|--|-------|-----------------|-----|
| FREQUENCY | | | | | | | | | | | | | |
| TIME | | | | | | | | | | | | | |
| TEMP. | 40° | | | | | | | | | | | 40° | |
| | 39° | | | | | | | | | | | 39° | |
| | 38° | | | | | | | | | | | 38° | |
| | 37° | | | | | | | | | | | 37° | |
| | 36° | | | | | | | | | | | 36° | |
| | 35° | | | | | | | | | | | 35° | |
| BLOOD PRESSURE | 210 | | | | | | | | | | | 210 | |
| | 200 | | | | | | | | | | | 200 | |
| | 190 | | | | | | | | | | | 190 | |
| | 180 | | | | | | | | | | | 180 | |
| | 170 | | | | | | | | | | | 170 | |
| | 160 | | | | | | | | | | | 160 | |
| | 150 | | | | | | | | | | | 150 | |
| | 140 | | | | | | | | | | | 140 | |
| | 130 | | | | | | | | | | | 130 | |
| | 120 | | | | | | | | | | | 120 | |
| | 110 | | | | | | | | | | | 110 | |
| FEWS SCORE
uses Systolic BP | 80 | | | | | | | | | | | 80 | |
| | 70 | | | | | | | | | | | 70 | |
| | 60 | | | | | | | | | | | 60 | |
| | 50 | | | | | | | | | | | 50 | |
| | 170 | | | | | | | | | | | 170 | |
| | 160 | | | | | | | | | | | 160 | |
| | 150 | | | | | | | | | | | 150 | |
| | 140 | | | | | | | | | | | 140 | |
| | 130 | | | | | | | | | | | 130 | |
| | 120 | | | | | | | | | | | 120 | |
| | 110 | | | | | | | | | | | 110 | |
| HEART RATE | 100 | | | | | | | | | | | 100 | |
| | 90 | | | | | | | | | | | 90 | |
| | 80 | | | | | | | | | | | 80 | |
| | 70 | | | | | | | | | | | 70 | |
| | 60 | | | | | | | | | | | 60 | |
| | 50 | | | | | | | | | | | 50 | |
| | 40 | | | | | | | | | | | 40 | |
| | 30 | | | | | | | | | | | 30 | |
| | 20 | | | | | | | | | | | 20 | |
| | SpO2 | 95+ | | | | | | | | | | | 95+ |
| | 90-94 | | | | | | | | | | | 90-94 | |
| 85-89 | | | | | | | | | | | 85-89 | | |
| FiO2 | < 85 | | | | | | | | | | | < 85 | |
| RESP. RATE | 40 | | | | | | | | | | | 40 | |
| | 36 | | | | | | | | | | | 36 | |
| | 32 | | | | | | | | | | | 32 | |
| | 28 | | | | | | | | | | | 28 | |
| | 24 | | | | | | | | | | | 24 | |
| | 20 | | | | | | | | | | | 20 | |
| | 16 | | | | | | | | | | | 16 | |
| | <8 | | | | | | | | | | | <8 | |
| NEURO. | Awake | | | | | | | | | | | Awake | |
| | Verbal/Confu | | | | | | | | | | | Verbal/Confused | |
| | Pain | | | | | | | | | | | Pain | |
| | Unresp | | | | | | | | | | | Unresp | |
| FEWS SCORE: | | | | | | | | | | | | | |
| BM: | | | | | | | | | | | | | |
| Signature/initials | | | | | | | | | | | | | |

COLIN
ANDERSON

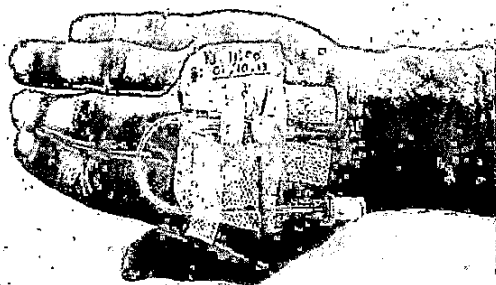
03-01-1969



0301690472

(Use addressograph label)

Reduce the risk of PVC exit site infections



Note:

1. PVC dressing has date and time written on it
2. Short arm extension is taped down & not left to dangle freely
3. Exit site visible

Reason for insertion:

Theatre

Gauge/Colour:

20

Position:

Left hand

Hand hygiene performed

Yes

No

Skin cleansed with antiseptic & left to dry prior to insertion

Yes

No

Aseptic technique throughout

Yes

No

Sterile transparent semi-permeable dressing dated & timed

Yes

No

Date inserted:

4/11/19

Time:

10:50

Inserted by:

Please print clearly

V Pemberton

Designation:

AA

Department:

Anaesthetics

MUST be REMOVED by:

Date:

Time:

MUST be removed **before** 72 hour deadline. If next PVC review is due after the 72 hour expiry time then it should be removed on the earlier review

| | 0 to 24 hours
from insertion
<i>reviews commence on
day of insertion</i> | | 25 to 48 hours
from insertion | | 49 to 72 hours
from insertion | |
|---|--|-------------------------|----------------------------------|-------------------------|----------------------------------|-------------------------|
| Record date & time of inspection | Date: 4/11/19
Time: 1335 | Date:
Time: | Date:
Time: | Date:
Time: | Date:
Time: | Date:
Time: |
| Need for IV therapy (including antibiotics) has been made by clinical staff and is still required | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO |
| Absence of inflammation / extravasation | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO |
| Transparent semi-permeable dressing intact, dated AND timed | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO |
| Inserted for less than 72 hours | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO |
| Short arm extension (Bionector Octopus) in place AND tubing is securely taped down | N/A
YES / NO | YES / NO | YES / NO | YES / NO | YES / NO | YES / NO |
| Action taken – if removed, complete "Removal of PVC" section | Left in situ
Removed | Left in situ
Removed | Left in situ
Removed | Left in situ
Removed | Left in situ
Removed | Left in situ
Removed |
| Signature / Initials: | JA | | | | | |

REMOVAL OF PVC

Date:

4/11/19

Time:

(24 hr clock) 1600

Signature:

Please print clearly

J. Stead

Designation:

NP

Reason for removal:

Discharge

PVC patent and working:
Yes / NoIf No record actions in
patient records.

PERIPHERAL VASCULAR CATHETER (PVC) INSERTION:

- Ensure a PVC is clinically indicated for the patient (*Health Protection Scotland. NHS National Services Scotland*)
- Short arm extension to be attached – tubing to be securely taped down and NOT left to dangle freely
- Avoid feet and flexor creases if possible
- Fully complete the "insertion" and "must be removed by" sections of the Peripheral Vascular Catheter Insertion and Maintenance Care Plan

| | | |
|---|---|--|
| 1. Discuss with patient: <ul style="list-style-type: none">• Confirm with patient the reason why they are having a PVC inserted• Explain the insertion procedure• Provide the patient with a copy of NHS Five's Caring for your Cannula Patient Information leaflet or show them where they can find it e.g. head of bed | 3. Aseptic technique throughout procedure: <ul style="list-style-type: none">• Do NOT touch the vascular access device or associated equipment until you have performed hand hygiene• Gloves and apron must be worn when undertaking any interaction with this vascular device / associated equipment• Protect key parts from unintentional touch contamination• Sterile equipment used appropriately | 5. Dressing: <ul style="list-style-type: none">• Must be sterile, transparent and semi-permeable• Exit site should be visible• Date and time of insertion must be clearly annotated |
| 2. Gather your materials:
Disposable gloves, apron, tourniquet, gauze, alcohol wipes, appropriate size IV cannula, Bionector octopus when relevant, sterile transparent semi-permeable dressing, tape, 10mL syringe, 5 -10mLs 0.9% sodium chloride for intravenous use, sharps container | 4. Skin preparation:
Clean skin with 70% isopropyl alcohol for 30 seconds and allow to dry for 30 seconds. | 6. Flushing: <ul style="list-style-type: none">• Flush the vascular catheter with sodium chloride 0.9% for intravenous use• Use a push / pause turbulent positive pressure flush |

PATIENT TRANSFERRED TO YOUR WARD

- Ask the discharging ward if the patient has a PVC in situ – ensure documentation in case notes matches PVC(s) in situ
- Receiving ward must check the patient for device(s) – ensure documentation in case notes matches PVC(s) in situ
- Where a device is not required remove it immediately
- If 72 hours or more have elapsed since insertion remove PVC immediately

Patient arrives in your ward with a PVC in situ but without a care plan - if from the dressing the date and time of insertion can be identified start a PVC Insertion and Maintenance Care Plan. Insert the date and time of insertion, gauge, position and department where the PVC was inserted onto the care plan and commence twice daily maintenance reviews at the appropriate time. The care plan can be annotated to indicate the date the patient was transferred to the ward and the checks commenced.

Where a PVC is inserted and there is no record – DATIX the error and request the SCN and CNM in the discharging ward to investigate the error in their area.

If there is ANY ambiguity on the date, time of insertion, gauge, position and / or how aseptically the procedure was performed (e.g. inserted during a resuscitation event) it is safest to remove the PVC.

PERIPHERAL VASCULAR CATHETER (PVC) MAINTENANCE:

MUST be removed **BEFORE** 72 hour deadline

- Aseptic technique throughout procedure(s) – see bullet 3 within "Insertion" section above
- Clinical need for intravenous therapy, including antibiotics, is reviewed and documented daily – switch to oral as soon as possible – think DRIFT:
 - D – Diagnosis
 - R – Resuscitation
 - I – Intravenous medication
 - F – Fluids
 - T – Transfusion
- Dressing – if loose and / or contaminated replace immediately – remember to annotate date and time of PVC insertion
- PVC access – scrub the hub with 70% isopropyl alcohol for 30 seconds and allow to dry

PERIPHERAL VASCULAR CATHETER (PVC) REMOVAL

- | | | |
|---|---|--|
| • Discard sharps <u>immediately</u> into a sharps container | • Ensure site is clean and dry, cover with a sterile dressing as required | • Complete "Removal of PVC" section in care plan |
|---|---|--|

Do NOT:

- Take blood cultures through the PVC
- Keep in situ "just in case"
- Keep in situ for more than 72 hours

note

03-01-1969



0301690472

GENERAL SURGERY CARE PLAN

DATE: 04/11/19

THEATRE No

SCRUB NURSE: SN Stirluna

FLOOR NURSES: APHLOSS

SURGEONS:

ONS: MIR Ansari / MS Khatia

| | | | | | | | |
|--|---|---------------------------------------|---------------------------------|--|--|--|-----------|
| OPERATION PERFORMED | open repair left inguinal hernia | | | | | | |
| POSITION | ☒ SUPINE ☐ LEFT LATERAL ☐ TRENDLENBERG
☐ PRONE ☐ RIGHT LATERAL ☐ EXTENDED LITHOTOMY
☐ OTHER _____ | | | | | | |
| DIATHERMY | ☒ LEFT ☒ THIGH ☐ BIPOLAR
NONE ☐ ☐ RIGHT ☐ BUTTOCK OTHER _____ | | | | | | |
| FLOWTRON BOOTS | ☒ YES ☐ NO | | | | | | |
| SKIN PREPARATION | ☐ BETADINE ANTISEPTIC ☐ TISEPT
☒ CHLORHEXIDINE 0.5% STAINED
☐ OTHER _____ | | | | | | |
| PRESSURE + TEMPERATURE CARE | ☐ SPENCO MATTRESS ☒ BAIR HUGGER
☐ HEEL BAR ☐ PILLOW BETWEEN KNEES
☐ NO MATTRESS AT SURGEONS REQUEST | | | | | | |
| CATHETER | 2 WAY FOLEY SIZE FG BALLOON INFLATION | | | | | | MLS WATER |
| ☒ NONE | LOT: No EXP. | | | | | | |
| DRAINS | MEDINORM 10CH ☐ | WALLACE 16CH ☐ | T TUBE ☐ | | | | |
| ☒ NONE | 16CH ☐ | 22CH ☐ | 30CH ☐ | | | | |
| OTHER ☐ | DRAIN STITCH ☐ | | | | | | |
| SKIN CLOSURES | ☐ STAPLES ☐ LEUKOSTRIP | | | | | | |
| ☐ NONE | ☒ SUTURES 3/0 MONOCRYL ☐ SUBCUTICULAR | | | | | | |

28300

Anaesthetic Record

| | | | |
|---|--|--|--|
| Date <u>4/11/19</u>
Pre-assessed by <u>Penbston</u>
Anaesthetist
Surgeon <u>Ansari</u>
Operation <u>open left inguinal hernia</u> | | Identification label
COLIN ANDERSON
03-01-1969

0301690472 | |
| Preoperative information
BP Height Weight <u>127</u>
<u>prev GA - problems</u>
<u>opmtl.</u>
<u>reflux</u>

<u>ET - walks 1 hour x 3 weeks</u>
<u>osdo</u>

ASA <u>2</u> NCEPOD <u>elect</u> | | Issues discussed
Monitoring ☒
Analgesia ☒
PONV ☒
Dental Damage ☒
Sore Throat ☒

Regional ☒
Nerve Damage ☒
Headache ☒
Itch ☐
Failure ☐

Recovery ☒
Any Questions ☐ | |
| Investigations
Hb Platelets INR APTT

Na K Ur Cr
<u>ECG SL</u>
Other | | Allergies/Social History
Smoking ☒
Alcohol ☐
Substance abuse ☒

Airway assessment
<u>own teeth</u>
<u>MPS 2</u>
<u>neck ext - good</u>
<u>ULBT - ✓</u>
Dentures ☐
GORD ☐
Full Stomach ☐ <u>Fasted</u>
Premedication

Preferred Fasting Time for
Solids
Fluids

Instructions on stopping any
regular medication | |
| Notes and remarks <u>↑BMI</u> | | | |
| Consent for anaesthesia | | | |
| Post operative instructions
Oxygen therapy
Analgesia
Commencement of oral feed/fluids | | Physiological parameters
HR
MAP
Urine output | |
| Anaesthesia Summary
Uneventful
Yes No
Comments | | | |

| | | | | | |
|--|--|--|--|--|--|
| Identification label | | Anaesthetist 1 <u>S. Wiercinska</u> Grade <u>CONS</u>
Anaesthetist 2 <u>Pemberton</u> Grade <u>AA</u>
Named anaesthetic consultant
O.D.P. <u>Hynd</u> | | Date
Operation
Surgeon
Start time
End time | |
| Conduct of Anaesthesia
Induction ☒
PreO ₂ ☒ RSI ☐ Cricoid ☐
Drugs
<u>Fentanyl 100mcg</u>
<u>propofol 20mcg</u>
<u>ROcuronium 50mcg</u>
Maintenance <u>Sevoflurane</u>
Reversal <u>Glycopyrrolate + neostigmine</u> | | Monitoring
ECG ☒ PAW ☒
SpO ₂ ☒ Disconnect ☒
NIBP ☒ NMB ☒
FiO ₂ ☒ Temp ☒
EtCO ₂ ☒ Urine ☐
Agent ☒
Anaesthetic depth ☒
Other ☐ | | Airway
Face mask ☐
Oral airway ☐
Nasal airway ☐
LMA Type Size
(ETT) Type Size <u>8.0</u>
Airway management
Laryngoscopy grade <u>1</u> 2 3 4
Any relevant information
<u>+ BURP VP</u> | |
| Machine Check
Anaesthetic Room ☒
Theatre ☒
Position
<u>Supine</u>
Eye care ☒
Pressure care ☒
Fluid warmer ☐
Warming blanket ☒ | | Prophylaxis
Antibiotics
1.
2.
3.
DVT
Flowtrons ☒
TEDS ☒
Heparin ☐
PONV
1. <u>dexamethasone 6mg</u>
2. <u>ondansetron 4mg</u>
3. | | Regional anaesthesia
Vascular Access
PVC Site time / initials
Cannula 1 <u>20G @ hand VP 10.50</u>
Cannula 2
Cannula 3
Arterial line
CVP
500 ml 0.9%NaCl for A-line
500 ml 0.9%NaCl for CVP-line
Ultra sound guidance for CVP yes no
Please insert orange sticker in patient's notes. | |

| | | | | | |
|------|-------|-------|-------|-------|-------|
| Time | 10:30 | 11:00 | 11:30 | 12:00 | 12:30 |
|------|-------|-------|-------|-------|-------|



100

NHS FIFE ANAESTHETIC

COLIN
ANDERSON

03-01-1969

ANAESTHETIST: DR Swieczeska
 ODP / NURSE: AN Pemberton
 ESCORT: SN Huns
 PROCEDURE: Open repair left inguinal
 TYPE OF ANAESTHETIC (Tick all that apply) Hemig

PATI

CHI:



GENERAL ☒ ETT Size 8 Cuff Pressure 26

LMA Size..... Cuff Pressure

Please state any airway equipment required:

EPIDURAL 16g ☐ 18g ☐ Top-Up ☐

SPINAL 22g/90mm ☐ 25g/90mm ☐ 27g/90mm ☐

22g/120mm ☐ 25g/120mm ☐

SE 26g/16g ☐ 27g/18g ☐

I.V. Sedation ☐

Regional Block

Right Arm ☐ Left Arm ☐ Right Leg ☐ Left Leg ☐

Nerve Stimulator used:

Needle Type /Size:

Equipment used. (Tick all that apply)

Fluid warmer ☐ Bair Hugger ☐ Flowtrons ☐

-Standard ☐ -Torso ☐ -Both Legs ☐

-Highflow ☐ -Upper ☐ -Left Leg ☐

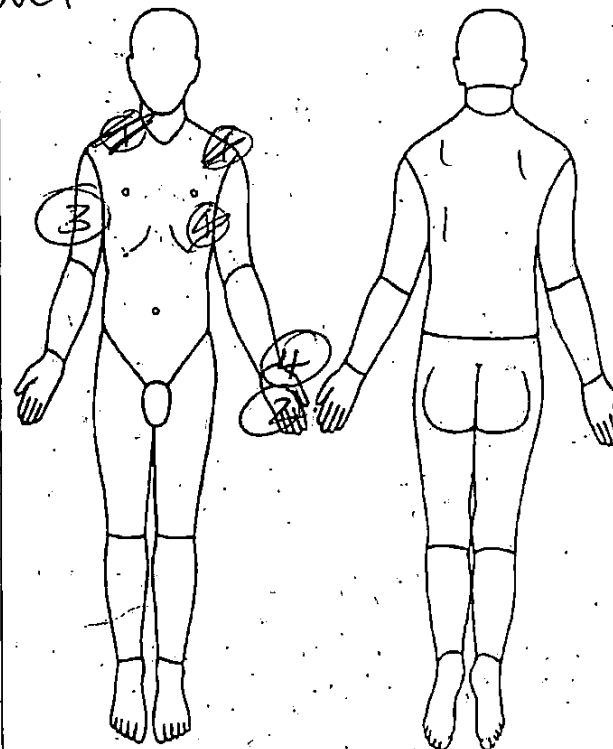
-Lower ☐ -Right Leg ☐

Straps - Arms ☐ Arm Skis ☐ Headring ☐

Hips ☐ Shoulder Support -Left Side ☐

Thighs ☐ -Right Side ☐

Prone Pillow ☐



Mark appropriate number on diagram:

1.ECG 2.SpO₂ 3.BP Cuff 4.I.V. Cannula

5.A-line 6.CVP 7.Tourniquet

- Pressure:

- Coplus Applied ☐

8.Eyes- Vita-POS Applied ☐ 9.Diathermy Pad ☒

Tape Applied ☐

Eye pads ☐

Patient Temperature Recordings Intra-Op

| Time | Temp | Action Required |
|-------|-------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Position (please tick)

| | |
|--|---|
| Supine ☒ | Prone ☐ |
| Right Lateral ☐ | Left lateral ☐ |
| Lithotomy ☐ | Deck chair ☐ |
| Lloyd Davis ☐ | Trauma table ☐ |
| Left Lateral Tilt ☐ | Sandbags used ☐ |
| -Supports used ☐ | |
| Hand Table - Right ☐ | Hand table - Left ☐ |
| Right arm on chest ☒ | Left arm on chest ☒ |
| Right arm at side ☐ | Left arm at side ☐ |
| Right arm on board ☐ | Left arm on board ☐ |

NHS FIFE ANAESTHETIC CARE PLAN

| Patient Belongings | | | Traceability Labels |
|---|--------------------------|--------------------------|---------------------|
| Item | Labeled | Returned with Patient | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| | ☐ | ☐ | |
| Notes/Comments | | | |
| Date: <u>4/11/19</u> Print Name: <u>S. N. Y. P.</u> Signature: <u>[Signature]</u> | | | |

| | | | | | | |
|-------------------------|------|---------------|-----|------------|-----|----------|
| Patient Details: | Name | MENZIES, Mary | DOB | 29/06/1964 | Age | 60 years |
| | CHI | 2906640360 | | | | |
| Comments | | | | | | |

| | | |
|----------------------|------------------|---|
| Completed By: | Name & Job Title | Vasu Reddy, MSK Advanced Practice Physiotherapist |
| | Date & Time | 21/07/2025 14:31:00 |

| | |
|--|---------------------------------------|
| End of Revision | |
| Subjective | ☐ Hide Section |
| pain is same not any better, could not do exercises as it was painful. | |

| | |
|---|---------------------------------------|
| Red Flags Serious Pathology / General Health Screening Questions | ☐ Show section |
|---|---------------------------------------|

| |
|------------------|
| Objective |
|------------------|

| |
|------------------|
| Treatment |
|------------------|

| | |
|---|---------------------------------------|
| Assesment | ☐ Hide Section |
| normal gait, did not examine, offered an injection but patient wanted to think about it- agreed. advised to keep going with exercises as much as she can. | |

| | |
|---|---------------------------------------|
| Plan | ☐ Hide Section |
| Plan injection?

Patient agreed Yes ☒ No ☐
Review Yes ☒ No ☐
Review type F2F
Timescale 1 Month
Comments | |

| | | |
|--------------------|------------------|---|
| Started By: | Name & Job Title | Vasu Reddy, MSK Advanced Practice Physiotherapist |
| | Date & Time | 16/06/2025 14:39:00 |

| | |
|-----------------|--|
| End of Revision | |
|-----------------|--|

MFD: v0.6

Fife Physiotherapy MSK Discharge Summary

Physio MSK Service
Rosewell Clinic
2 Ballingry Road
LOCHORE
Fife KY5 8ET
Tel: 01592 860236

Dr Tamsin Malham
Benarty Medical Practice
54-58 Lochleven Road
Lochore

KY5 8DA

Patient's Name: Mary Menzies

Address: 37 Ballingry Crescent , Ballingry , Lochgelly , , KY5 8JB

CHI: 2906640360

Clinical Impression

L-GTPS

Body Region

Hip

Laterality

Left

Onset of Symptoms to Treatment (range)

Over 6 months

Date of Discharge 16/10/2025

Outcome of Intervention

Person did not attend

Methods of Intervention

Home Exercise Plan

Injection therapy

Comments/Wellbeing concerns

L-GTPS- stopped attending after an injection.

Letter authorised on: 16/10/2025 at 10:00 by, Vasu Reddy, MSK Advanced Practice
Physiotherapist



| | | | | |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

| | |
|---------------------|--|
| Transport required? | Unique Care Pathway Number: 1010395037891
REFERRAL LETTER
MEDICAL IN CONFIDENCE |
|---------------------|--|

| | | |
|--|--|--|
| REFERRAL TO | | |
| Adult MSKR5F2
Fife General Referral | | Consultant / receiving practitioner and/or specialty clinic |
| Physiotherapy Booking Unit
Queen Margaret Hospital
Dunfermline
Fife | | Hospital and hospital address
Hospital unit no.
F015G
Email address |
| Urgency of referral Routine | | |

| | | |
|------------------------|-------------|---|
| PATIENT DETAILS | | Patient's address |
| Surname | Menzies | 37 Ballingry Crescent
BALLINGRY LOCHGELLY
Fife
KY5 8JB |
| Forename(s) | Mary | |
| Title | Mrs | |
| Sex | Female | |
| Date of birth | 29-Jun-1964 | |
| CHI no. | 2906640360 | Contact number(s)
Voice: 07935398919 |

| | | | | |
|------------------------------|------------------------|---------|-------|--|
| REGISTERED GP DETAILS | | | | Practice address |
| Name | Dummy Reg GP name | | | Dummy GP Address

Contact number(s)
Voice: 01234 567890 |
| GMC code | 123456 | GP code | 12345 | |
| Practice name | Dummy GP Practice Name | | | |
| Practice code | 000000 | | | |

| | | | | |
|---------------------------------------|----------------------------------|---------|---|--|
| REFERRING PRACTITIONER DETAILS | | | | Practice address |
| Name | Dr. Susan Filsell | | | 54-58 Lochleven Road
Lochore
Fife
KY5 8DA
Contact number(s)
Voice: 01592 860463 |
| GMC code | 4737917 | GP code | - | |
| Practice name | Benarty Medical Practice (21421) | | | |
| Practice code | 21421 | | | |

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Left hip pain

Comment: Thank you for seeing this 61 year old.

On this occasion she gives a 6 week history of pain around her left hip which can radiate down the back and side of the thigh towards the knee. There has been no injury. She is ok when she is up and walking but it is painful when she sits too long, when she tries to get up and in bed at night.

She saw physio last year but did not find the exercises very helpful as she found them too painful to do. She then had a hip injection which was very successful. She has started to try the exercises again but is not getting very far with them.

On examination there is some tenderness around the hip but very good movement at the hip joint. She is hoping to discuss the possibility of another steroid injection if appropriate.

Thank you.

Yours sincerely

Dr T A Malham

Examinations and Investigations

| | | |
|------------------------------------|------------|---|
| Blood Pressure (systolic): | 136 | - |
| Blood Pressure (diastolic): | 86 | - |
| Height (m): | 169 | - |
| Weight (kg): | 96 | - |
| Body Mass Index: | 33.61 | - |
| Ex smoker: | 2025-03-19 | |
| Alcohol consumption, 0 units/week: | 2025-03-19 | |
| Aerobic exercise 1 time/week: | 2014-01-28 | |

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions**

| Description | Laterality | Modifier | Extension | Date of onset |
|------------------------------|------------|----------|------------------|---------------|
| Fibromyalgia | - | - | - | 05-Dec-2014 |
| Non-alcoholic fatty liver | - | - | - | 17-Jun-2013 |
| Psoriasis NOS | - | - | - | 19-Feb-2013 |
| Type 2 diabetes mellitus | - | - | - | 26-Apr-2012 |
| Asthma | - | - | - | 23-Mar-2012 |
| Dyspepsia | - | - | - | 19-Sep-2008 |
| Essential hypertension | - | - | - | 16-Dec-2004 |
| Poisoning - self-inflicted | - | - | ranitidine | 25-Jun-2000 |
| Poisoning - self-inflicted | - | - | paracetamol | 03-Sep-1999 |
| H/O: depression | - | - | - | 16-Apr-1999 |
| Poisoning - self-inflicted | - | - | paracetamol | 31-Mar-1999 |
| Poisoning - self-inflicted | - | - | chlordiazepoxide | 30-Mar-1999 |
| Pustular psoriasis | - | - | - | 31-Mar-1998 |
| Atopic dermatitis/eczema | - | - | - | 16-Apr-1986 |
| Spontaneous vaginal delivery | - | - | male | 24-Jan-1985 |
| Chickenpox | - | - | - | 01-Apr-1965 |

Past procedures

| Description | Laterality | Modifier | Date performed |
|--|------------|----------|----------------|
| Combined photochemotherapy and UVA light therapy to skin | - | - | 14-Oct-2014 |

Current and recent medication

| <u>Drug name</u> | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> |
|--|------------------|--------------------|---|------------------|-----------------------|-----------------|
| Relvar Ellipta Dry Powder Inhaler 92 micrograms + 22 micrograms/dose | - | 30 dose | ONE DOSE TO BE INHALED ONCE DAILY | - | 16-Jun-2025 | - |
| Sertraline Hydrochloride Tablets 100 mg | 0403030Q0AAABAB | 2*28 tablet | TWO TO BE TAKEN EACH DAY | - | 31-May-2023 | - |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 112 TABLET | TWO TO BE TAKEN TWICE A DAY - VIA COMPLIANCE AID | - | 15-Jun-2021 | - |
| Co-Codamol 30/500 Caplets | 0407010F0AAAHAAH | 168 tablet | TWO TABS THREE TIMES DAILY | - | 30-Jan-2020 | - |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 CAPSULE | ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID | - | 24-Mar-2016 | - |
| Ramipril Capsules 10 mg | - | 28 CAPSULE | ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID | - | 24-Mar-2016 | - |
| Amlodipine Tablets 5 mg | - | 28 TABLET | ONE TO BE TAKEN DAILY - VIA COMPLIANCE AID | - | 24-Mar-2016 | - |
| Atorvastatin Tablets 10 mg | 0212000B0AAAAAAA | 28 TABLET | ONE TO BE TAKEN EACH DAY - VIA COMPLIANCE AID | - | 24-Mar-2016 | - |
| Furosemide Tablets 20 mg | - | 28 TABLET | ONE TO BE TAKEN EACH MORNING - VIA COMPLIANCE AID | - | 24-Mar-2016 | - |
| Amoxicillin Capsules 500 mg | - | 15 CAPSULE | ONE TO BE TAKEN THREE TIMES A DAY | - | 19-Mar-2026 | 5 Days |

Clinical warnings

Smoking status

Alcohol consumption

Lifestyle risksNumber per day
? (not known)Units per day
? (not known)

Exercise status: Not Known

Additional relevant information**Administrative information**

Suspected Cancer Site: NOT A CANCER REFERRAL

Patient Contact: N/A Not a cancer referral

Has the patient been advised they are being referred with a suspicion of cancer?: N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations?: N/A Not a cancer referral

Patient can accept a short notice appointment: yes

Interpreter Required: no



Fife

Victoria Hospital

IMMEDIATE DISCHARGE DOCUMENT

Version: 1

| | | | |
|---------------|------------|----------|-----------------------|
| Surname | Menzies | Address | 37 Ballingry Crescent |
| Forename | Mary | | Ballingry |
| CHI No. | 2906640360 | | Lochgelly |
| Date of birth | 29/06/1964 | Postcode | KY5 8JB |

GP Copy

Page 1 of 2

| | | | |
|--|---|------------------|--|
| Admission Date | 12 Jan 2022 | GP | Dr.T Malham |
| Admission Type | Emergency Non-Injury (e.g. Stroke, MI, Ruptured Appendix) | GP Address | Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA |
| Reason for Admission / Transfer | Acute Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified | GP Practice Code | 21421 |
| Discharge Date | 12-Jan-22 | Patient's Weight | 0 kg |
| Discharge Ward | V AU1 Red Assessment | Compliance Aid | No |
| Discharge To | Home | | |
| Discharging Consultant | Dr Murugan | | |
| Specialty | Acute Medicine | | |
| Community Pharmacy | | | |
| A further transfer/discharge communication will follow this document | | | |

| |
|----------------------|
| Presenting Complaint |
| Shortness of breath |
| Principal Diagnosis |
| LRTI |

| |
|---|
| Clinical Summary |
| Dear Doctor |
| Ms. Menzies was admitted to red AU1 at VHK on 12/01/22 with shortness of breath on a background of asthma and covid positive. |
| A chest x-ray showed left basal consolidation in keeping with infection. A d-dimer ruled out PE as a potential cause. Oxygen saturations on discharge were >94%. |
| She was treated with oral courses of antibiotics and steroids. Inflammatory markers were not raised and IV treatments were not required. A repeat chest x-ray has been organised for 4-6 weeks time. An appointment letter for this will be sent out in due course. |
| No changes were made to regular medication. |
| Many thanks for your ongoing care
Red AU1, VHK |

| Drug / Type of Preparation | Form | Route of Admission | Dose | Frequency | Course Length | Quantity Supplied |
|----------------------------|---------|--------------------|-------|------------|---------------|-------------------|
| DOXYCYCLINE 100mg CAPSULES | CAPSULE | Oral | 100mg | Once Daily | 7 days | 7 days |
| PREDNISOLONE 5mg TABLETS | TABLET | Oral | 30mg | Once Daily | 5 days | 5 days |

| Action | Drug Type of Preparation | Reason |
|---------|----------------------------|--------|
| Started | DOXYCYCLINE 100mg CAPSULES | LRTI |
| Started | PREDNISOLONE 5mg TABLETS | LRTI |

Unless otherwise stated, a minimum of 7 days supply has been given for each of the prescribed medicines

| |
|-----------------------|
| Pharmacist's Comments |
| |

| | Sign | Print | Date |
|-----------------------|------|-------|------|
| Pharmacist Assessment | | | |
| Dispensed By | | | |
| Checked By | | | |

| | | | |
|--------------------|------------------|--------------------|------------------------|
| Prescriber's name | Callum Alexander | Prescriber Tel No. | Prescriber's Signature |
| Prescriber's grade | FY1 | 0000 | |

Please remember to bring your own medications into hospital if you are admitted



Fife

Victoria Hospital

IMMEDIATE DISCHARGE DOCUMENT

Version: 1

| | | | |
|---------------|------------|----------|-----------------------|
| Surname | Menzies | Address | 37 Ballingry Crescent |
| Forename | Mary | | Ballingry |
| CHI No. | 2908640360 | | Lochgelly |
| Date of birth | 29/06/1964 | Postcode | KY5 8JB |

GP Copy

Page 2 of 2

| | | |
|--|--------------------------|------------|
| Allergies | NKDA | |
| Other Diagnoses | covid-19 | |
| Principal Operation | Date | Consultant |
| Other Operations | | |
| Clinical Progress and Results Awaited / Investigations Pending | | |
| Patient Information Transfer/Discharge Summary not given to patient and/or carer or relative | | |
| Explanation Given to patient | | |
| Follow Up Arrangements | | |
| Medication not currently prescribed by day hospital | | |
| Fitness note not issued | Duration of Fitness Note | |

| | | | |
|--------------------|------------------|--------------------|------------------------|
| Prescriber's name | Callum Alexander | Prescriber Tel No. | Prescriber's Signature |
| Prescriber's grade | FY1 | 0000 | |

Please remember to bring your own medications into hospital if you are admitted

SCI Store - Patient Result Report

Report ID: E-04499681

Sample Collected: 17/06/2013 10:01:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|----------------|--------------------------|------------|---------------------------------------|
| MARY CUNNINGHAM MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham, Tamsin | Benarty Medical Practice | UNKNOWN, - | (WHYRHE) Rheumatic Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | ReportIdentifier | Discipline | Referral Source |
|------------------|-----------------------------------|------------------|------------|-----------------|
| Daniel, CARLIN, | (F21421) BENARTY MEDICAL PRACTICE | E-04499681 | Radiology | N/A |

| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
|-------------|---------------------|-------------------------|----------------------|--------|
| IMAGING | 17/06/2013 10:01:00 | 17/06/2013 12:08:10.827 | 17/06/2013 12:09:02 | Active |

Report**US Abdomen****Mary Gray**

CLINICAL INFORMATION : Chronic elevation of liver enzymes. No pain. No history of nausea or vomiting. ? fatty liver.

US Abdomen :

Poor quality Images obtained due to patient body habitus. On views seen the liver is enlarged. There is a marked increase to the echogenicity of the liver, the most common cause is fatty infiltration. The posterior aspect of the liver was very difficult to visualise, however there are no obvious liver lesions identified. No obvious calculi within the gallbladder. No gross dilatation to the biliary tree. The right kidney measures 10 cm in length and the left kidney 11.3 cm. No focal abnormality or hydronephrosis noted. Spleen is within normal limits. Aorta and pancreas could not be visualised due to overlying bowel gas. No abdominal free fluid.

CONCLUSION :

Hepatomegaly. Diffuse increase to the echogenicity of the liver in keeping with fatty infiltration.

Scanned by Justine Campbell, Clinical Specialist II Sonographer.

Reported by: CAMPBELL, Justine

Verified by: CAMPBELL, Justine

Last 1 users to access this result

| Name | System | Location | Time |
|-----------------|----------|-----------|---------------------|
| Sally McCormack | Fife NHS | SCI Store | 30/09/2014 10:03:11 |

Printed By: Sharon Keatings on 25/05/2026 10:02:07

SCI Store - Patient Result Report**Report ID:** E-05664742**Sample Collected:** 05/12/2016 13:02:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|----------------|--------------------------|------------|---------------------------------------|
| MARY CUNNINGHAM MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham, Tamsin | Benarty Medical Practice | UNKNOWN, | (WHYRHE) Rheumatic Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|-----------------------------------|-------------------|------------|-----------------|
| Eileen, BROWN, | (F21421) BENARTY MEDICAL PRACTICE | E-05664742 | Radiology | N/A |

| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
|-------------|---------------------|-------------------------|----------------------|--------|
| IMAGING | 05/12/2016 13:02:00 | 08/12/2016 11:13:07.227 | 08/12/2016 11:12:17 | Active |

Report**XR Pelvis****Mary Gray**

XR PELVIS:

The hips and SI joints look normal.

Reported by: GRIEVE, Douglas Dr**Verified by:** GRIEVE, Douglas Dr**Printed By:** Sharon Keatings on 25/05/2026 10:02:21

SCI Store - Patient Result Report**Report ID:** E-06805458**Sample Collected:** 12/01/2022 15:32:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|----------------|--------------------------|------------|---------------------------------------|
| MARY CUNNINGHAM MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham, Tamsin | Benarty Medical Practice | UNKNOWN, | (WHYRHE) Rheumatic Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | ReportIdentifier | Discipline | Referral Source |
|------------------|-----------------------------------|-------------------------|----------------------|-----------------|
| James, WOODS, | (F704HMAU1) VHK ADMISSIONS UNIT 1 | E-06805458 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 12/01/2022 15:32:00 | 13/01/2022 07:48:01.807 | 13/01/2022 07:48:16 | Active |

Report**XR Chest****Mary Menzies**

XR Chest:

Heart size normal. Lungs clear.

Reported by:
Dr William Reid
Consultant Radiologist
GMC 2333885

Reported by: Dr William Reid

Reported by: REID, William Dr and REID, William Dr
Verified by: REID, William Dr

Last 1 users to access this result

| Name | System | Location | Time |
|---------------|----------|-----------|---------------------|
| Kathryn Smart | Fife NHS | SCI Store | 01/03/2022 15:00:58 |

Printed By: Sharon Keatings on 25/05/2026 10:02:36

SCI Store - Patient Result Report**Report ID:** E-06805618**Sample Collected:** 17/02/2022 11:33:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|----------------|--------------------------|------------|---------------------------------------|
| MARY CUNNINGHAM MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham, Tamsin | Benarty Medical Practice | UNKNOWN, | (WHYRHE) Rheumatic Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|-----------------------------------|-------------------------|----------------------|-----------------|
| James, WOODS, | (F704HMAU1) VHK ADMISSIONS UNIT 1 | E-06805618 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 17/02/2022 11:33:00 | 21/02/2022 18:28:08.827 | 21/02/2022 18:28:12 | Active |

Report**XR Chest****Mary Menzies****Clinical History**

57F with asthma and LRTI. Would like repeat CXR in 4-6 weeks please

Many thanks

Ordered by Alexander Callum (alexanderc)

~~(Information via Order Comms)

XR Chest

Normal cardiac and mediastinal contours.

Lungs and pleural spaces clear with normal pulmonary vascularity.

No change to previous.

Dr Allan Green. GMC: 7264761

Consultant Radiologist. WGH Edinburgh. allan.green@nhslothian.scot.nhs.uk

Reported by: ALLAN GREEN

Reported by: GREEN, Allan and GREEN, Allan**Verified by:** GREEN, Allan**Last 1 users to access this result**

| Name | System | Location | Time |
|---------------|----------|-----------|---------------------|
| Kathryn Smart | Fife NHS | SCI Store | 01/03/2022 15:01:08 |

Printed By: Sharon Keatings on 25/05/2026 10:02:47

SCI Store - Patient Result Report

Report ID: E-07135782

Sample Collected: 15/05/2023 19:41:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|-------------------|--------------------------------|------------|--|
| MARY
CUNNINGHAM
MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham,
Tamsin | Benarty
Medical
Practice | UNKNOWN, | (WHYRHE) Rheumatic
Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|---------------------|------------------------|----------------------|-----------------|
| Bappa, ROY, | (F805HAEQ) QMH A&E | E-07135782 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 15/05/2023 19:41:00 | 16/05/2023 12:08:02.43 | 16/05/2023 12:08:08 | Active |

Report**XR Humerus Lt****Mary Menzies**

Clinical History:

FOOSH injury 3 days ago. Pain proximal humerus and distal radius

Ordered by Mowbray Carole (NMR) (MowbrayCa)

~~(Information via Order Comms)

XR Humerus Lt:

No fracture. Normal joint alignment.

XR Wrist Lt

No bone or joint abnormality. No fracture. Normal carpal bone alignment.

Reported by:

Catherine Payne
Radiology Registrar
GMC 7582420

Reported by: Catherine Payne

Reported by: PAYNE, Catherine and PAYNE, Catherine

Verified by: PAYNE, Catherine

Printed By: Sharon Keatings on 25/05/2026 10:02:59

SCI Store - Patient Result Report

Report ID: E-07236858

Sample Collected: 13/10/2023 13:40:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|-------------------|--------------------------------|------------|--|
| MARY
CUNNINGHAM
MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham,
Tamsin | Benarty
Medical
Practice | UNKNOWN, | (WHYRHE) Rheumatic
Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|--------------------------------------|-------------------|------------|-----------------|
| Tasmin, BEAL, | (F21421) BENARTY MEDICAL
PRACTICE | E-07236858 | Radiology | N/A |

| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
|-------------|---------------------|----------------------------|------------------------|--------|
| IMAGING | 13/10/2023 13:40:00 | 13/10/2023
22:26:02.943 | 13/10/2023
22:26:05 | Active |

Report**XR Chest****Mary Menzies**

Clinical History:

XR Chest:

The heart and mediastinal contours are normal.
The lungs and pleural spaces are clear.
The bony thorax is intact.

Reported by:
Dr Javed Rehman
Consultant Radiologist
GMC 4366843

Reported by: Dr Javed Rehman

Reported by: REHMAN, Javed and REHMAN, Javed
Verified by: REHMAN, Javed

Last 1 users to access this result

| Name | System | Location | Time |
|---|--------|--|------------------------|
| SCI-DC
Network
SCI-Store
Interface | SCI-DC | CTC,
Ninewells
Hospital,
Dundee | 13/10/2023
22:36:30 |

Printed By: Sharon Keatings on 25/05/2026 10:03:12

SCI Store - Patient Result Report

Report ID: E-07596968

Sample Collected: 06/03/2025 11:24:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|-------------------|--------------------------------|------------|--|
| MARY
CUNNINGHAM
MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham,
Tamsin | Benarty
Medical
Practice | UNKNOWN, | (WHYRHE) Rheumatic
Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|--------------------------------------|----------------------------|------------------------|-----------------|
| Susan, FILSELL, | (F21421) BENARTY MEDICAL
PRACTICE | E-07596968 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 06/03/2025 11:24:00 | 10/03/2025
09:39:00.403 | 10/03/2025
09:39:06 | Active |

Report**XR Pelvis****Mary Menzies**

Clinical History:

XR Pelvis:

Mild bilateral coxa valga.

Arthrosis of the apophyseal joints at lumbosacral junction.

Normal hip and sacroiliac joints for age with preserved joint spaces, normal femoral heads, and mild, normal, subchondral sclerosis of the superior lips of the acetabula.

No other significant bone, joint or soft tissue abnormality

No significant change from the previous radiograph of 05/12/2016.

Reported by

Dr Colin M Turnbull

Consultant Radiologist

GMC 1327812

Reported by: Dr Colin Turnbull

Reported by: TURNBULL, Colin Dr and TURNBULL, Colin Dr**Verified by:** TURNBULL, Colin Dr**Last 2 users to access this result**

| Name | System | Location | Time |
|-----------|---------|----------|------------|
| ChemoCare | | | 14/03/2025 |
| ADT | syscode | | 14:35:42 |
| Interface | | | |
| | SCI-DC | | |

SCI Store - Patient Result Report

Report ID: E-04078764

Sample Collected: 30/01/2012 10:16:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|----------------|--------------------------|------------|---------------------------------------|
| MARY CUNNINGHAM MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham, Tamsin | Benarty Medical Practice | UNKNOWN, | (WHYRHE) Rheumatic Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|-----------------------------------|------------------------|----------------------|-----------------|
| Eileen, BROWN, | (F21421) BENARTY MEDICAL PRACTICE | E-04078764 | Radiology | N/A |
| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
| IMAGING | 30/01/2012 10:16:00 | 01/02/2012 11:13:08.29 | 01/02/2012 11:16:21 | Active |

Report**XR Chest****Mary Gray**

XR Chest : Heart and mediastinal normal.
The lungs are clear.

Reported by: GRIEVE, Douglas Dr

Verified by: GRIEVE, Douglas Dr

Last 1 users to access this result

| Name | System | Location | Time |
|-----------------|----------|----------|---------------------|
| Clinical Portal | Orion CP | Location | 12/01/2022 15:58:10 |

Printed By: Sharon Keatings on 25/05/2026 10:01:41

SCI Store - Patient Result Report**Report ID:** E-04484992**Sample Collected:** 26/03/2013 11:38:00

Fife SCI Store Live

Patient

| Patient Name | CHI | Date Of Birth | Age | GP | GP Practice | Consultant | Ward/Location |
|---|------------|---------------|-----|-------------------|--------------------------------|---------------|--|
| MARY
CUNNINGHAM
MENZIES
Name Changed | 2906640360 | 29/06/1964 | 61 | Malham,
Tamsin | Benarty
Medical
Practice | UNKNOWN,
- | (WHYRHE) Rheumatic
Diseases Viewforth |

Report Details

| Report Requestor | Requestor Location | Report Identifier | Discipline | Referral Source |
|------------------|--------------------------------------|-------------------|------------|-----------------|
| Peter, ROBSON, | (F21421) BENARTY MEDICAL
PRACTICE | E-04484992 | Radiology | N/A |

| Sample Type | Sample Collected | Sample Received | Processed Into Store | Status |
|-------------|---------------------|----------------------------|------------------------|--------|
| IMAGING | 26/03/2013 11:38:00 | 27/03/2013
10:48:07.367 | 27/03/2013
10:48:13 | Active |

Report**XR Hand Both****Mary Gray**

XR Hands and Wrists Both : Bones look very slightly osteoporotic. There are minimal OA changes in one or two of the DIP joints. No erosive arthropathy.

XR Foot Both : No evidence of an arthropathy.

Reported by: GRIEVE, Douglas Dr

Verified by: GRIEVE, Douglas Dr

Last 2 users to access this result

| Name | System | Location | Time |
|-------------------|----------|-----------|------------------------|
| John McLaren | Fife NHS | SCI Store | 22/05/2013
09:18:27 |
| Sabita
Rossvan | Fife NHS | SCI Store | 09/04/2013
08:30:09 |

Printed By: Sharon Keatings on 25/05/2026 10:01:55

HISTORY/CONTINUATION SHEET

Ward/Clinic/

Hosp

Cons.

Surname

Unit No.

First Name

GRAY

V755521A

D. of B.

Address

MARY

M. State

91 Martin Crescent

Sex

Occupation

BALLINGRY

29/06/1964

KY5 8QB

2906640360

G.P. & Address

USE BLOCK CAPITAL!

PAIN

UNIT/WARD/DEPT

DATE

13/6/17

28/9/17

DNA PHYSIO AX

18/1/18 (10am)

DNA PHYSIO AX

18/1/18 (3.00)

PT ATTENDED PHYSIO AX @ INITIAL APPT TIME

AS HAS NOT RECEIVED REARRANGED APPT LETTER.

PHYSIO AX COMPLETED

RX COMMENCED.

29/3/18

VITA - FAMILY BEREAVEMENT - REAPPOINTED

10/5/18

PHYSIO / ONGOING RX

9/8/18

PHYSIO / DNA

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife

KY12 0SU

Consultant:

Dr Jane Timperley (Lead Clinician)

Clinical Service Lead:

Mrs Fran Proctor

Chronic Pain Management Service
Tel: 01383 623623 ext 24749
<http://www.nhsfife.scot.nhs.uk>



Chronic Pain Read Code:1M52

Dr EC Brown
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA



CHI: 2906640360
FP/MHD

Letter ID: 100152393

Dear Dr Brown

Clinic Date: 13/06/2017

Date: 15/06/2017

Mary Gray, 91 Martin Crescent, Ballingry, Lochgelly, Fife, KY5 8QB
Date of Birth: 29/06/1964

Thank you for referring this lady to the Fife Pain Management Service with fibromyalgia, I saw her today in the Nurse led Pain management clinic.

Mary states that pain problem began some years ago, she was given a diagnosis of Fibromyalgia when seen by the Rheumatology service in 2014. I note her past medical history of type 2 diabetes.

She describes the pain as a constant deep ache with throbbing type sensations. It is aggravated by activity, she has not found anything which provides any short term relief, though the medications do help a little. She has been seen by a physiotherapist in the past and given exercises to do.

Mary lives with her partner and two grandsons aged 16 and 15yrs in 2 storey accommodation. She does struggle with the stairs, finding it more difficult to climb up than to come down. She struggles with her personal care achieving this by doing things slowly. She does what she can to achieve the housework, but in the main her family help out including the cooking and the shopping. Her diet is healthy, her fluid intake is good. She does not smoke having stopped 8 yrs ago and only drinks alcohol occasionally.

She is in part time employment, working as a Home Carer 24 hrs per week. Her sleep is poor being disturbed by the pain, she feels she gains around 6 hrs of unrefreshed sleep a night and she feels drowsy through the day. Her mood she feels is fine, there is no history of anxiety or depression. Her mobility is poor being only able to walk short distances and tends to lean on the shopping trolley which makes shopping easier for her.

She states to be presently taking for pain relief:

Co-codamol 15/500 2 qds
Pregablin 50mgs 1 bd
Sertraline 150mgs daily
She finds these helpful.

Aim

Mary would like to improve her management of her pain to improve her quality of life. She accepts that there is no cure. She does try to exercise but finds this aggravates her pain.

Plan

I have discussed with her the limited effect medication has on persistent pain and that her focus should be on implementing the pain self management strategies. I have stressed to her that these strategies and the lifestyle changes that will be needed, require discipline and commitment in order for benefits to be gained and improvement in her quality of life to be achieved. Her medications are helpful at this time so I have not suggested any changes.

Mary will gain the most by adopting a rehabilitation based approach to managing her pain; with this in mind I will refer her for an assessment by one of our Specialist Physiotherapists in the first instance.

I have not arranged to see her again but will hear how she progresses in due course.

Yours sincerely

Fran Proctor

Clinical Service Lead & Nurse Specialist

Authorised on 15/06/2017 15:57:11 by Typist Margaret Donaldson, on behalf of Fran Proctor.

(P) Mrs Fiona McAslan, Pain Management Physiotherapist, Pain Management Service, Queen Margaret Hospital, Whitefield Road, Dunfermline, KY12 0SU P/S - 10 PSEQ - 16 GAD-7 - 6 PHQ-9 - 19

⇒ 2 CARE 8/5/17
(FP)

Page 1 of 6

870/6/900

| | | | | |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

V755521A

Unique Care Pathway Number: 101013496044N

VHL

| | | |
|---------------------|---|---|
| Transport required? | REFERRAL LETTER
MEDICAL IN CONFIDENCE | Suspected Cancer Site:
NOT A CANCER REFERRAL |
|---------------------|---|---|



PAIN-MANAGEMENT

| | | |
|---|--|---|
| REFERRAL TO | | |
| Pain Management C31
Fife General Referral | | Consultant / receiving practitioner and/or specialty clinic |
| Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU | | Hospital and hospital address
Hospital Location Code
F805H
Email address |
| Urgency of referral
Routine | | |

| | | |
|------------------------|------------------|---|
| PATIENT DETAILS | | Patient's address |
| Surname | Gray ✓ | 91 Martin Crescent
Ballingry
Lochgelly
KY5 8QB

QUEST 27/4/17
CONS. FP TO SEE

Contact number(s)
Voice: 07935398919 861055 ✓ |
| Forename(s) | Mary | |
| Title | Ms | |
| Sex | Female | |
| Date of birth | 29-Jun-1964 (52) | |
| CHI no. | 2906640360 | |

| | | | |
|---------------------------------------|--------------------|---------|-------|
| REFERRING PRACTITIONER DETAILS | | | |
| Name | Dr. Eileen Brown ✓ | | |
| GMC code | 3258655 | GP code | 90107 |

| | |
|------------------------------|---|
| Practice address | RIVERS INFO Regus
RIVERS DNA INFO - NOEDN |
| 54-58 Lochleviv
Lochore ✓ | 755521A
D 602545M
TRAK / DAYES/NO
Pt on W/List YES/NO
FIPMS YES/NO
PAIN D/BASEYES/NO
SEND OUTS YES/NO |

| | | |
|---------------|----------------------------------|---------------------|
| Practice name | Benarty Medical Practice (21421) | Fife
KY5 8DA |
| Practice code | 21421 | Contact number(s) |
| | | Voice: 01592 860463 |

Date submitted by practice: 24-Apr-2017

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Administrative Information

Suspected Cancer Site: NOT A CANCER REFERRAL

Patient Contact: N/A Not a cancer referral

Does the patient need to be seen in clinic following any investigations: N/A Not a cancer referral

Patient can accept a short notice appointment: yes

Interpreter Required: no

Stylesheet version: 16.0.1.3 25-Mar 2013 Comments to: fife-uhb.fifecc@nhs.net

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results**Presenting complaint**

Description: On going problems with fibromyalgia pain

Comment: Dear Colleague,

I would be grateful if you could see this lady, who is having on going problems with pain which is both predominately and secondary to fibromyalgia. The pain affects both hip and shoulder girdles bilaterally, it also affects the neck and lower back. She has tried a variety of anti-inflammatories, analgesics, amitriptyline and more recently pregabalin. She was previously referred to pain clinic but was unable to attend. Ms Gray has expressed that she is keen to attend the pain clinic now. I would be grateful for your input with this patient.

Kind regards,

Alice Cheape

5th Year Medical Student.

Examinations and Investigations

| | | |
|------------------------------------|-------------|---|
| Blood Pressure (systolic): | 130 | - |
| Blood Pressure (diastolic): | 82 | - |
| Height (m): | 168 | - |
| Weight (kg): | 94.3 | - |
| Body Mass Index: | 33.41 | - |
| Ex smoker: | 20-Jul-2015 | |
| Alcohol consumption, 0 units/week: | 28-Jan-2014 | |
| Aerobic exercise 1 time/week: | 28-Jan-2014 | |

Past Medical History**Pre-existing conditions (High and Medium Priority)**

| <u>Description</u> | <u>Modifier</u> | <u>Comment</u> | <u>Date Recorded</u> |
|----------------------------|-----------------|----------------|----------------------|
| Fibromyalgia | - | - | 05-Dec-2014 |
| Non-alcoholic fatty liver | - | - | 17-Jun-2013 |
| Psoriasis NOS | - | - | 19-Feb-2013 |
| Type 2 diabetes mellitus | - | - | 26-Apr-2012 |
| Asthma | - | - | 23-Mar-2012 |
| Dyspepsia | - | - | 19-Sep-2008 |
| Essential hypertension | - | - | 16-Dec-2004 |
| Poisoning - self-inflicted | - | ranitidine | 25-Jun-2000 |

| | | | |
|------------------------------|---|------------------|-------------|
| Poisoning - self-inflicted | - | paracetamol | 03-Sep-1999 |
| H/O: depression | - | - | 16-Apr-1999 |
| Poisoning - self-inflicted | - | paracetamol | 31-Mar-1999 |
| Poisoning - self-inflicted | - | chlordiazepoxide | 30-Mar-1999 |
| Pustular psoriasis | - | - | 31-Mar-1998 |
| Atopic dermatitis/eczema | - | - | 16-Apr-1986 |
| Spontaneous vaginal delivery | - | male | 24-Jan-1985 |
| Chickenpox | - | - | 01-Apr-1965 |

Past Procedures (High and Medium priority)

| <u>Description</u> | <u>Modifier</u> | <u>Comment</u> | <u>Date Recorded</u> |
|--|-----------------|---------------------------------|----------------------|
| Combined photochemotherapy and UVA light therapy to skin | - | palmar
plantar
pustulosis | 14-Oct-2014 |

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

| <u>Drug name</u> | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Freq</u> |
|--|-----------------|--------------------|----------------------------------|-------------|
| Pregabalin Capsules 50 mg | - | 672 capsule | ONE TO BE TAKEN TWICE A DAY | |
| Co-Codamol 15/500 Tablets | - | 2688 tablet | TWO TO BE TAKEN FOUR TIMES A DAY | |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 672 tablet | ONE TO BE TAKEN TWICE A DAY | |
| Amlodipine Tablets 5 mg | - | 336 tablet | ONE TO BE TAKEN DAILY | |
| Atorvastatin Tablets 10 mg | 0212000B0AAAAAA | 336 tablet | ONE TO BE TAKEN EACH DAY | |
| Furosemide Tablets 20 mg | - | 336 tablet | ONE TO BE TAKEN EACH MORNING | |
| | 0103050P0AAAGAG | 336 capsule | 1 Cap Daily | |

Omeprazole Capsules
(Gastro-Resistant) 20
mg

Ramipril Capsules 10
mg

336
capsule

ONE TO
BE TAKEN
DAILY

Qvar Easi-Breathe
Breath-Actuated
Inhaler (Cfc-Free)
100
micrograms/actuation

1 inhaler

TWO
PUFFS TO
BE
INHALED
TWICE A
DAY

Salamol Easi-Breathe
Cfc-Free Breath-
Actuated Inhaler 100
micrograms/puff

1 inhaler

ONE OR
TWO
PUFFS TO
BE
INHALED
WHEN
REQUIRED

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

| <u>Drug name</u> | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Cost</u> |
|--|-----------------|--------------------|---|------------------|-------------|
| Sertraline
Hydrochloride
Tablets 100
mg | 0403030Q0AAABAB | 2*28 tablet | ONE TO
BE
TAKEN
EACH
DAY | - | 12 |
| Pregabalin
Capsules 50
mg | - | 672
capsule | ONE TO
BE
TAKEN
TWICE
A DAY | - | 31 |
| Laxido
Orange Oral
Powder
Sachets
Sugar Free | - | 30 sachet | 1
SACHET
TWICE
DAILY | - | 31 |
| Sertraline
Hydrochloride
Tablets 100
mg | 0403030Q0AAABAB | 2*28 tablet | ONE TO
BE
TAKEN
EACH
DAY | - | 31 |
| Co-Codamol
15/500
Tablets | - | 2688 tablet | TWO
TO BE
TAKEN
FOUR | - | 19 |

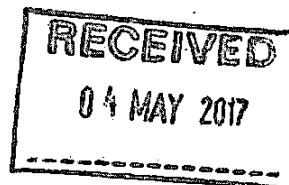


NOTE: If you suddenly develop any of the following new symptoms, you should visit your GP as soon as possible:

- Loss or decreased sensation around the buttock area.
- Inability to hold on to your urine or bowels.
- Inability to pass urine or get an erection.
- Pain into both legs.
- Progressive weakness in the legs.

Fife Integrated Pain Management Service

Pre Clinic Questionnaire



Name MARY GRAY

Date: 2-15-17

Address 91 MARTIN

D/O/B 29.6.64

Crescent
Ballingry
Lochgelly

Post code: KV5 8QB
Tel. No: 01592 861055

G.P. DR. BROWN
Surgery Benarty medical centre

1. How did your problem start? When did it start?
Doctor thought it was Rheumatoid Arthritis but was diagnosed Fibromyalgia About 4-5 years
2. What does your pain feel like?
it a ache from my shoulders down to my feet constant
3. What makes the pain feel worse?
first thing in the morning going up down stairs sitting any length of time
4. What makes the pain feel better?
once I'm on the move it eases or when I take my medication (cocodamol) - 15/500
5. Does your pain vary during the day or night? When is it at its best and worst?
In the morning threw out the day.
6. Has the pain got better or worse over time, or is it much the same?
Its about the same

7. What treatment are you having for the pain just now? Please give details.
Do any of the treatments help?

Medicines (please list name, dose and how many taken each day).

Cocodomal 15/500mg. 2 x 4 times daily
Sertraline 100mg 1 x daily

Physiotherapy.

yes got exercises to do
then discharged.

Other therapies: Acupuncture, T.E.N.s, X-Pain 2000, Chiropractic,
Osteopathy, Homeopathy or herbal treatment.

No

Corset, splint etc.

8. Do you suffer from any other medical condition not related to the pain, or are you receiving medical treatment, including medicines from your own doctor? (Please write dose and frequency of taking medicines.)

Metformin 1 x 2 daily

9. Are you allergic to anything including Elastoplasts, iodine, antiseptics or antibiotics?

Augmentin

10. Are you waiting to see any other specialist or to have an operation because of the pain? If so please state the Hospital and Specialist.

No

11. What do you think is causing your pain?

fibromyalgia

12. Do you need help to look after yourself because of the pain? If so, please give details.

Sometimes my partner helps if needed

13. Do you need to use aids or appliances (wheelchair, crutches, walking stick etc.) because of the pain?

No

14. What have you had to give up because of the pain (job, friends, family commitment, social life etc.)?

No don't go out much.

15. Are you employed? Yes

What are you employed as? I-I cover

Are you part time or full time?

Part time

16. How much of a reduction in your pain would be worthwhile?

25%

50%

75%

100% (Please put a circle around one.)

17. What questions would you like to ask us about your pain?

18. Have you ever attended a Pain Clinic/ Programme before?

YES / NO

Where?

When?

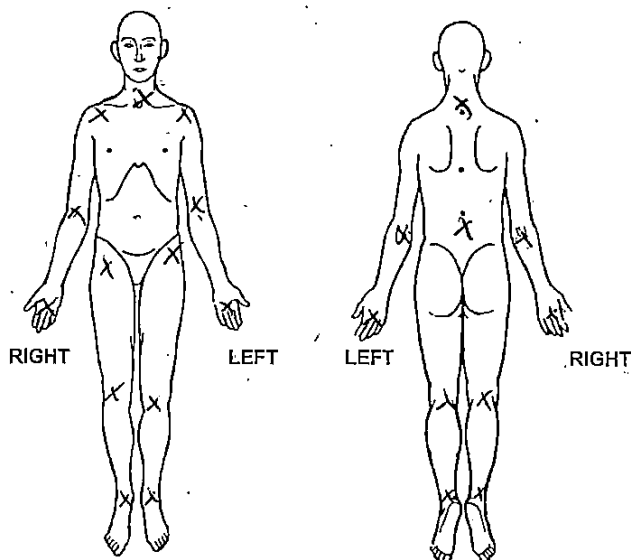
PAIN DIAGRAM

Mark the areas of your body where you feel the following sensations:

| Numbness | Pins and Needles | Ache | Pain |
|----------|------------------|-------------|-------|
| ===== | o o o o o o | x x x x x x | ///// |
| ===== | o o o o o o | x x x x x x | ///// |

ON A SCALE OF 0 - 10 MARK ON THE LINE BELOW WHERE YOU FEEL YOUR PAIN LEVEL IS?

0 10
 (0 = NO PAIN) (10 = WORST PAIN)



PAIN WORDS

Circle any words which describe your pain, you may choose as many as you like.

Aching Agonising Annoying Beating Blinding Boring Burning
 Cold Cool Cramping Cruel Crushing Cutting Drawing Dreadful
 Drilling Dull Exhausting Fearful Flashing Flickering Freezing
 Frightful Gnawing Grueling Heavy Hot Hurting Intense Itching
 Jumping Killing Lacerating Lancing Miserable Nagging Nauseating Numb
 Penetrating Piercing Pinching Pressing Pricking Pulling Pulsing
 Punishing Quivering Radiating Rasping Scalding Searing Sharp
 Shooting Sickening Smarting Sore Splitting Spreading Squeezing
 Stabbing Stinging Suffocating Taut Tearing
 Tender Terrifying Throbbing Tight Tingling Tiring Torturing
 Troublesome Tugging Unbearable Vicious Wrenching Wretched

How does your pain change with time?

Which word or words would you use to describe the pattern of your pain?

Brief Constant Continuous Intermittent Momentary Periodic Rhythmic Steady
 Transient

PAIN SELF EFFICACY QUESTIONNAIRE (PSEQ)

M.K.Nicholas (1989)

NAME: MARY GRAY DATE: 2.5.17

Please rate how **confident** you are that you can do the following things at present, despite the pain. To indicate your answer circle **one** of the numbers on the scale under each item, where 0 = not at all confident and 6 = completely confident.

For example:

0 1 2 3 4 5 6
Not at all Completely
Confident confident

Remember, this questionnaire is **not** asking whether or not you have been doing these things, but rather **how confident you are that you can do them at present, despite the pain.**

1. I can enjoy things, despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident confident

2. I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident confident

3. I can socialise with my friends or family members as often as I used to do, despite the pain.

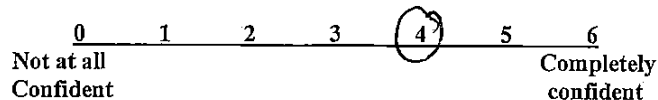
0 1 2 3 4 5 6
Not at all Completely
Confident confident

4. I can cope with my pain in most situations.

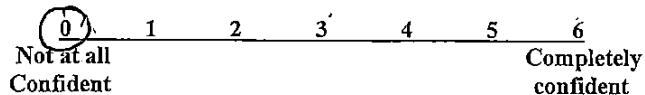
0 1 2 3 4 5 6
Not at all Completely
Confident confident

Turn over

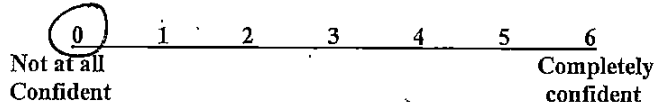
5. I can do some form of work, despite the pain. ("work" includes housework, paid and unpaid work).



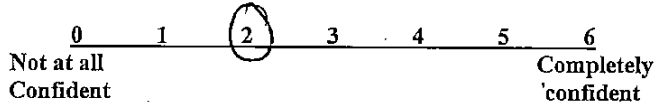
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.



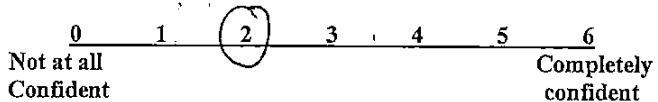
7. I can cope with my pain without medication.



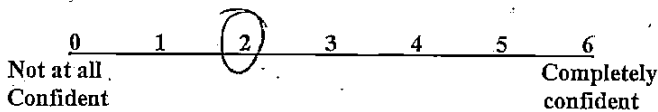
8. I can still accomplish most of my goals in life, despite the pain.



9. I can live a normal lifestyle, despite the pain.



10. I can gradually become more active, despite the pain.



16
60

RAND 36-Item Short Form Health Survey (SF-36) 1.0 Questionnaire Items

This tool was developed at RAND Health as part of the Medical Outcomes Study.

Instructions: This set of questions asks for your views about your health. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

1. In general, would you say your health is: (Please tick **one** box)

| | |
|-----------|-------------------------------------|
| Excellent | ☐ |
| Very Good | ☐ |
| Good | ☒ |
| Fair | ☐ |
| Poor | ☐ |

2. Compared to one year ago, how would you rate your health in general now? (Please tick **one** box)

| | |
|---------------------------------------|-------------------------------------|
| Much better now than one year ago | ☐ |
| Somewhat better now than one year ago | ☐ |
| About the same | ☒ |
| Somewhat worse now than one year ago | ☐ |
| Much worse now than one year ago | ☐ |

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? so, how much? Circle one number on each line.

| | Yes, Limited
a Lot | Yes, Limited
a Little | No, Not limited
at All |
|--|-----------------------|--------------------------|---------------------------|
| 3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| 4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 5. Lifting or carrying groceries | 1 | 2 | 3 |
| 6. Climbing several flights of stairs | 1 | 2 | 3 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 |
| 8. Bending, kneeling, or stooping | 1 | 2 | 3 |
| 9. Walking more than a mile | 1 | 2 | 3 |
| 10. Walking several blocks | 1 | 2 | 3 |
| 11. Walking one block | 1 | 2 | 3 |
| 12. Bathing or dressing yourself | 1 | 2 | 3 |

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Circle one number on each line.

| | Yes | No |
|--|-----|----|
| 13. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 14. Accomplished less than you would like | 1 | 2 |
| 15. Were limited in the kind of work or other activities | 1 | 2 |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 2 |

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Circle one number on each line.

| | Yes | No |
|---|-----|----|
| 17. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 18. Accomplished less than you would like | 1 | 2 |
| 19. Didn't do work or other activities as carefully as usual | 1 | 2 |

| | | | | | |
|---|-------------------|-----------------|------------------|----------------|------------------|
| 20. During the past 4 weeks , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Circle one number. | | | | | |
| 1
None | 2
Very mild | 3
Mild | 4
Moderate | 5
Severe | 6
Very severe |
| 21. How much bodily pain have you had during the past 4 weeks ? Circle one number. | | | | | |
| 1
None | 2
Very mild | 3
Mild | 4
Moderate | 5
Severe | 6
Very severe |
| 22. During the past 4 weeks , how much did pain interfere with your normal work (including both work outside the home and housework)? Circle one number. | | | | | |
| 1
Not at all | 2
A little bit | 3
Moderately | 4
Quite a bit | 5
Extremely | |

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks** ... Circle one number on each line.

| | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
|---|-----------------|------------------|------------------------|------------------|----------------------|------------------|
| 23. Did you feel full of pep? | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | |
|---|-----------------------|-----------------------|---------------------------|-----------------------|
| 32. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Circle one number. | | | | |
| 1
All of the time | 2
Most of the time | 3
Some of the time | 4
A little of the time | 5
None of the time |

How TRUE or FALSE is each of the following statements for you. Circle one number on each line.

| | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
|--|-----------------|-------------|------------|--------------|------------------|
| 33. I seem to get sick a little easier than other people | 1 | 2 | 3 | 4 | 5 |
| 34. I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| 35. I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 36. My health is excellent | 1 | 2 | 3 | 4 | 5 |

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING

0 + — + 4 + 15
=Total Score: 19

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| | | | |
|--|---|--|---|
| Not difficult at all
☐ | Somewhat difficult
☒ | Very difficult
☐ | Extremely difficult
☐ |
|--|---|--|---|

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

| | Not
at all | Several
days | More than
half the
days | Nearly
every day |
|--|---------------|-----------------|-------------------------------|---------------------|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

(For office coding: Total Score T 6 = — + — + 6)



PATIENT CONSENT

Consent to providing information for the Fife Integrated Pain Management Service.

Please read, complete, and sign the consent form. Should you require clarification of any statement, please contact the Service.

1. I agree that any information collected by the Fife Integrated Pain Management Service may be entered in a computer database and used to help plan and improve health services locally, and nationally. The data may also be used in research projects approved by the appropriate Research Ethics Committee. Details identifying me will be removed from any information used for this purpose (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

2. I agree that members of the Fife Integrated Pain Management Service may contact me in the future in relation to my experience in the service, for research purposes (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

Please note that you can withdraw your consent at any time, and are not obligated to take part in any future research. This will not affect the treatment you receive.

3. I agree, if it is required, for purposes relating to my pain management that a named Community Pharmacist who is part of the Community Pharmacy Pain Network may access my GP/Hospital medical records. (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

4. I agree that members of the Fife Integrated Pain Management Service may refer me to Pain Association Scotland and/or Active Options for ongoing management of my pain if deemed appropriate. (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

Patient:

Print Name

MARY GRAY

Signature

Mary Gray

Date

2/5/19

Clinical Service Lead:

Print Name:

Fran Proctor

Signature

Fran Proctor

Thank You



FIFE INTEGRATED PAIN MANAGEMENT SERVICE
Rivers Pain Programme



Fife Integrated Pain Service
Queen Margaret Hospital
Whitefield Road
Dunfermline
KY12 0SU
TEL: 01383 623623 ext 20903
Email: Fife-UHB.RiversTeam@nhs.net

Date: 10/07/15

Dear Dr Robson

Name: Mary Gray

CHI: 2906640360

The above patient:

Chose not to participate in the RIVERS programme ☐

Did not attend the information sessions & made no contact ☒

Attended the information sessions then did not attend the following: ☐

Physiotherapy assessment:

Pharmacy Med Review assessment:

And has made no further contact

Couldn't take part in the progr



Did not respond to any contact

Started the programme but did

Was assessed for the program

They have now been discharged

Yours sincerely,
RIVERS Pain Team

cc:

As requested by
Jacquie

Sheena

Contact UNISON Direct on 0800 0 857 857

**Kirkcaldy & Levenmouth
Community Health Partnership**

Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
KIRKCALDY
Fife
KY1 2ND

902/3/100
NHS

Our Ref: HH/KK/D602545M/ref1

Enquiries To: ext 21294

Date Typed: 17 March 2015

Tel: 01592 648193
Fax: 01592 265967

01/04/15

Date Rec RIVERS:

Logged on DB: ☒

Invite sent: ☒

Attended info 1:

UTA- PA:

DNA letter sent:

Pre-assessment date:

Discharged (non participant):

Pain Clinic
Queen Margaret Hospital
Whitefield Road
Dunfermline

Dear Colleague,

Mary Gray - DOB: 29/06/1964

91 Martin Crescent, Ballingry, KY5 8QB Tel:- (01592) 861055 ✓

CHI No: 2906640360

Occupation: Carer

DIAGNOSES:

Persistent somatoform pain disorder

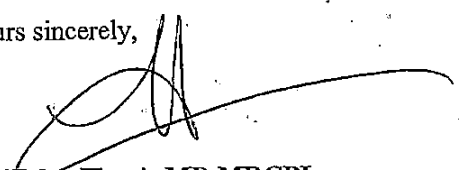
Psoriasis

NIDDM

Hypertension

I would be most grateful if you could consider enrolling Mrs Gray in the RIVERS Pain Management Programme as she has had fibromyalgic pain for four years now.

Yours sincerely,


Dr. Helen Harris MD MRCP
Consultant Rheumatologist

CC:

MEDICATIONS:

Amitriptyline 10mg tablets nocte - see text

Cocodamol 2 tablets qds

Furosemide 1 tablet od

Metformin

Omeprazole 20mg capsules od

Ramipril 1 tablet od

Rosuvastatin 1 tablet od

RECEIVED

20 MAR 2015

24/3/15 ✓

| | |
|-----------------------|--|
| NOT ON WL QMHA or VHK | |
| D602545M Scanned | |
| OASIS | |
| YES/NO | |
| FIPMS | |
| YES/NO | |
| PAIN BASE | |
| YES/NO | |

**Kirkcaldy & Levenmouth
Community Health Partnership**

Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
KIRKCALDY
Fife
KY1 2ND



Our Ref: HH/KK/D602545M/1

Tel: 01592 648193
Fax: 01592 265967

Enquiries To: EXT 21294

Date Typed: 17 March 2015

Clinic Date: 05 December 2014

Location: Queen Margaret Hospital

Dr. Robson
Benarty Medical Centre
54 - 58 Lochleven Road
Lochore
KY5 8DA

Dear Dr. Robson,

Mary Gray - DOB: 29/06/1964

91 Martin Crescent, Ballingry, KY5 8QB Tel:- (01592) 861055

CHI No: 2906640360

Occupation: Carer

DIAGNOSES:

Persistent somatoform pain disorder

Psoriasis

NIDDM

Hypertension

Asthma

HISTORY:

Mrs Gray was referred to the rheumatology clinic by my colleagues in dermatology when she had a positive FRDU screening questionnaire. She complains of pain everywhere apart from her elbows. This started four years ago when she gave up cigarette smoking and began to have a poor sleep pattern. Her husband reports that she snores and this has become worse recently especially as she has gained some weight.

Mrs Gray has a very poor sleep pattern, wakes frequently through the night and wakes totally unrefreshed, sore and stiff.

Mrs Gray has active psoriasis which has caused some inflammation of the skin of her left thumb which she has difficulty in flexing. Mrs Gray has noted that she struggles with activities of daily living and has reduced short term memory particularly as her sleep pattern has worsened.

EXAMINATION:

Examination today reveals that she has reduced range of movement at the left thumb IP joint where there is active psoriasis with full range of movement at all her other upper and lower limb joints.

Mrs Gray has 14/18 fibromyalgic trigger points.

Ultrasound examination of the left thumb revealed no active synovitis.

MANAGEMENT PLAN:

I have explained the diagnosis of fibromyalgia to Mrs Gray and suggested that she commence

MANAGEMENT PLAN:

I have explained the diagnosis of fibromyalgia to Mrs Gray and suggested that she commence Amitriptyline 10 mg nocte escalating the dose by 10 mg each week either until the restorative sleep is achieved or until the maximum dose of 100 mg nocte is reached.

I have referred Mrs Gray to the pain clinic where she may be a good candidate for the RIVERS Pain Management Programme.

Due to her snoring I have asked ENT to rule out polyps as she has a history of asthma.

Mrs Gray scored only 4/24 on the Epworth Sleepiness Scale but in view of her snoring I have asked the sleep clinic to consider whether they need to undertake a sleep study.

I have not arranged further follow-up in rheumatology at the moment but would be happy to reassess should the need arise.

I have recommended that Mrs Gray visits www.Fibromyalgia.org for further information on the painful condition.

FOLLOW UP:

Not arranged.

Yours sincerely,



Dr. Helen Harris MD MRCPI

Consultant Rheumatologist

CC:

Mrs Gray

Dr Mackay, Sleep Study Laboratory, New Royal
Infirmary, Edinburgh

ENT, VHK

Pain Clinic, QMH

MEDICATIONS:

Amitriptyline 10mg tablets nocte - see text

Cocodamol 2 tablets qds

Furosemide 1 tablet od

Metformin

Omeprazole 20mg capsules od

Ramipril 1 tablet od

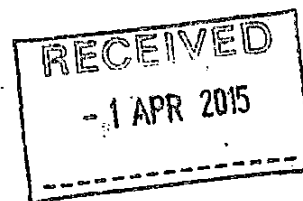
Rosuvastatin 1 tablet od

NOTE: If you suddenly develop any of the following new symptoms, you should visit your GP as soon as possible: 28/3/15 (902/3/100)

- Loss or decreased sensation around the buttock area.
- Inability to hold on to your urine or bowels.
- Inability to pass urine or get an erection.
- Pain into both legs.
- Progressive weakness in the legs.

Fife Integrated Pain Management Service

Pre Clinic Questionnaire



Name Mary Gray

Date: 28/3/15

Address 91 Martin

D/O/B 29/6/64

Crescent Ballingry
Fife

Post code: KY5 8QB

G.P. Dr Robson
Surgery Benarty Medical
Lochore

Tel. No:

1. How did your problem start? When did it start?

About 4 years ago
Don't know why
it started.

2. What does your pain feel like?

Its really sore.

3. What makes the pain feel worse?

When I been sitting
then try to get up.

4. What makes the pain feel better?

Nothing it sore all the time

5. Does your pain vary during the day or night? When is it at its best and worst?

Morning all day. it doesn't get better
it's the same paracetamol doesn't help the pain but it's

6. Has the pain got better or worse over time, or is it much the same? Where all the time

Sometime its worse than other days

7. What treatment are you having for the pain just now? Please give details.
Do any of the treatments help?

Medicines (please list name, dose and how many taken each day).

Paracetamol got doctors on 14.3.15
because paracetamol not working

Physiotherapy.

Had physio they gave me exercises
which I can't do when the pain is painful

Other therapies: Acupuncture, T.E.N.s, X-Pain 2000, Chiropractic,
Osteopathy, Homeopathy or herbal treatment.

Corset, splint etc.

8. Do you suffer from any other medical condition not related to the pain, or
are you receiving medical treatment, including medicines from your own
doctor? (Please write dose and frequency of taking medicines.)

Diabetes, fibromyalgia, High blood pressure.
appointment on 14.3.15 for stronger pain killer

9. Are you allergic to anything including Elastoplasts, iodine, antiseptics or
antibiotics?

Augmentin

10. Are you waiting to see any other specialist or to have an operation
because of the pain? If so please state the Hospital and Specialist.

No

11. What do you think is causing your pain?

fibromyalgia. Just been diagnosed on Dec 14

12. Do you need help to look after yourself because of the pain? If so, please give details.

My partner on bad days

13. Do you need to use aids or appliances (wheelchair, crutches, walking stick etc.) because of the pain?

Sometimes when out I need my partner to help me.

14. What have you had to give up because of the pain (job, friends, family commitment, social life etc.)?

15. Are you employed? *yes*

What are you employed as?

Support worker

Are you part time or full time?

Part time.

16. How much of a reduction in your pain would be worthwhile?

25%

50%

75%

100% (Please put a circle around one.)

17. What questions would you like to ask us about your pain?

18. Have you ever attended a Pain Clinic/ Programme before?

YES / NO

Where?

When?

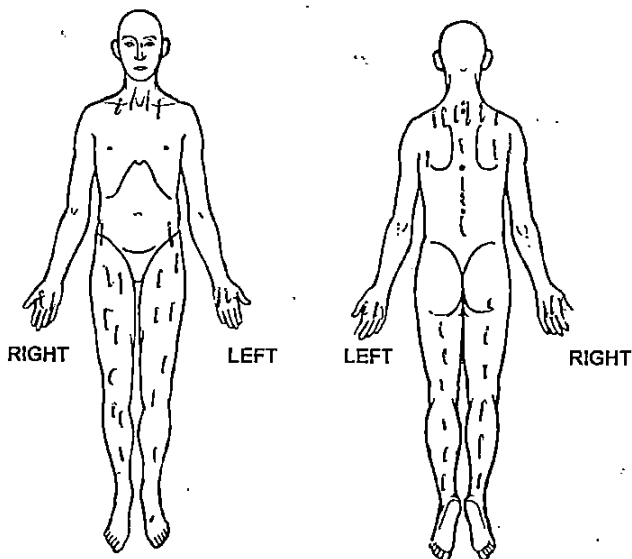
PAIN DIAGRAM

Mark the areas of your body where you feel the following sensations:

| <u>Numbness</u> | <u>Pins and Needles</u> | <u>Ache</u> | <u>Pain</u> |
|-----------------|-------------------------|-------------|-------------|
| ===== | o o o o o o | x x x x x x | / / / / / / |
| ===== | o o o o o o | x x x x x x | / / / / / / |

ON A SCALE OF 0 - 10 MARK ON THE LINE BELOW WHERE YOU FEEL YOUR PAIN LEVEL IS?

0 8 10
(0 = NO PAIN) (10 = WORST PAIN)



PAIN WORDS

Circle any words which describe your pain, you may choose as many as you like.

Aching Agonising Annoying Beating Blinding Boring Burning
 Cold Cool Cramping Cruel Crushing Cutting Drawing Dreadful
 Drilling Dull Exhausting Fearful Flashing Flickering Freezing
 Frightful Gnawing Grueling Heavy Hot Hurting Intense Itching
 Jumping Killing Lacerating Lancinating Miserable Nagging Nauseating Numb
 Penetrating Piercing Pinching Pressing Pricking Pulling Pulsing
 Punishing Quivering Radiating Rasping Scalding Searing Sharp
 Shooting Sickening Smarting Sore Splitting Spreading Squeezing
 Stabbing Stinging Suffocating Taut Tearing
 Tender Terrifying Throbbing Tight Tingling Tiring Torturing
 Troublesome Tugging Unbearable Vicious Wrenching Wretched

How does your pain change with time?

7

Which word or words would you use to describe the pattern of your pain?

Brief Constant Continuous Intermittent Momentary Periodic Rhythmic Steady
 Transient

PAIN SELF EFFICACY QUESTIONNAIRE (PSEQ)

M.K.Nicholas (1989)

NAME: Mary Gray DATE: 28.3.15

Please rate how **confident** you are that you can do the following things at present, despite the pain. To indicate your answer circle **one** of the numbers on the scale under each item, where 0 = not at all confident and 6 = completely confident.

For example:

0 1 2 3 4 5 6
Not at all Completely
Confident confident

Remember, this questionnaire is **not** asking whether or not you have been doing these things, but rather **how confident** you are that you can do them at present, despite the pain.

1. I can enjoy things, despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident confident

2. I can do most of the household chores (e.g. tidying-up, washing dishes, etc.), despite the pain.

0 1 2 3 4 5 6
Not at all Completely
Confident confident

3. I can socialise with my friends or family members as often as I used to do, despite the pain.

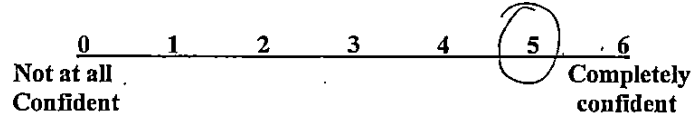
0 1 2 3 4 5 6
Not at all Completely
Confident confident

4. I can cope with my pain in most situations.

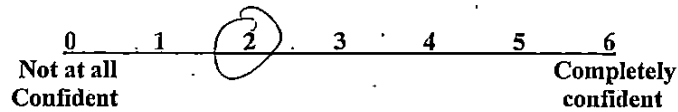
0 1 2 3 4 5 6
Not at all Completely
Confident confident

Turn over

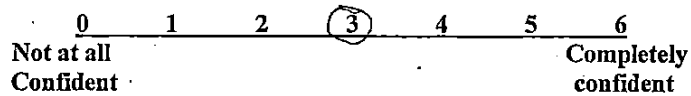
5. I can do some form of work, despite the pain. ("work" includes housework, paid and unpaid work).



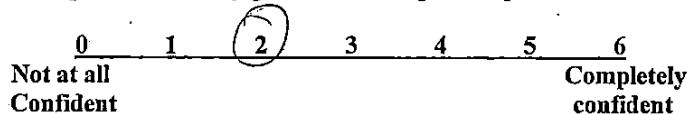
6. I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.



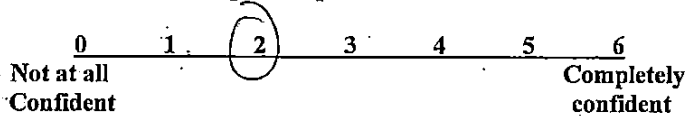
7. I can cope with my pain without medication.



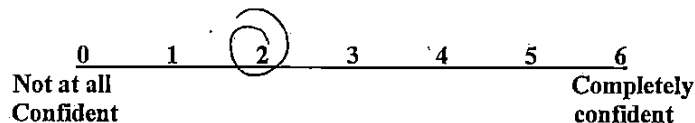
8. I can still accomplish most of my goals in life, despite the pain.



9. I can live a normal lifestyle, despite the pain.



10. I can gradually become more active, despite the pain.



29/60

RAND 36-Item Short Form Health Survey (SF-36) 1.0 Questionnaire Items

This tool was developed at RAND Health as part of the Medical Outcomes Study.

Instructions: This set of questions asks for your views about your health. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

1. In general, would you say your health is: (Please tick **one** box)

| | |
|-----------|-------------------------------------|
| Excellent | ☐ |
| Very Good | ☐ |
| Good | ☐ |
| Fair | ☒ |
| Poor | ☐ |

2. Compared to one year ago, how would you rate your health in general now? (Please tick **one** box)

| | |
|---------------------------------------|-------------------------------------|
| Much better now than one year ago | ☐ |
| Somewhat better now than one year ago | ☐ |
| About the same | ☐ |
| Somewhat worse now than one year ago | ☒ |
| Much worse now than one year ago | ☐ |

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? so, how much? **Circle one number on each line.**

| | Yes, Limited
a Lot | Yes, Limited
a Little | No, Not limited
at All |
|---|-----------------------|--------------------------|---------------------------|
| 3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| 4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 5. Lifting or carrying groceries | 1 | 2 | 3 |
| 6. Climbing several flights of stairs | 1 | 2 | 3 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 |
| 8. Bending, kneeling, or stooping | 1 | 2 | 3 |
| 9. Walking more than a mile | 1 | 2 | 3 |
| 10. Walking several blocks | 1 | 2 | 3 |
| 11. Walking one block | 1 | 2 | 3 |
| 12. Bathing or dressing yourself | 1 | 2 | 3 |

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? **Circle one number on each line.**

| | Yes | No |
|---|-----|----|
| 13. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 14. Accomplished less than you would like | 1 | 2 |
| 15. Were limited in the kind of work or other activities | 1 | 2 |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 2 |

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? **Circle one number on each line.**

| | Yes | No |
|--|-----|----|
| 17. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 18. Accomplished less than you would like | 1 | 2 |
| 19. Didn't do work or other activities as carefully as usual | 1 | 2 |

| | | | | | |
|--|-------------------|-----------------|------------------|----------------|------------------|
| 20. During the past 4 weeks , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Circle one number. | | | | | |
| 1
None | 2
Very mild | 3
Mild | 4
Moderate | 5
Severe | 6
Very severe |
| 21. How much bodily pain have you had during the past 4 weeks ? Circle one number. | | | | | |
| 1
None | 2
Very mild | 3
Mild | 4
Moderate | 5
Severe | 6
Very severe |
| 22. During the past 4 weeks , how much did pain interfere with your normal work (including both work outside the home and housework)? Circle one number. | | | | | |
| 1
Not at all | 2
A little bit | 3
Moderately | 4
Quite a bit | 5
Extremely | |

These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks** ... **Circle one number on each line.**

| | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
|---|-----------------|------------------|------------------------|------------------|----------------------|------------------|
| 23. Did you feel full of pep? | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. Did you feel worn out? | 4 | 2 | 3 | 4 | 5 | 6 |
| 30. Have you been a happy person? | 4 | 2 | 3 | 4 | 5 | 6 |
| 31. Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | |
|---|-----------------------|-----------------------|---------------------------|-----------------------|
| 32. During the past 4 weeks , how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Circle one number. | | | | |
| 1
All of the time | 2
Most of the time | 3
Some of the time | 4
A little of the time | 5
None of the time |

How **TRUE** or **FALSE** is each of the following statements for you. **Circle one number on each line.**

| | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False |
|--|-----------------|-------------|------------|--------------|------------------|
| 33. I seem to get sick a little easier than other people | 1 | 2 | 3 | 4 | 5 |
| 34. I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| 35. I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 36. My health is excellent | 1 | 2 | 3 | 4 | 5 |

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + 1 + 2 + 6
=Total Score: 9

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| | | | |
|--|---|--|---|
| Not difficult at all
☐ | Somewhat difficult
☒ | Very difficult
☐ | Extremely difficult
☐ |
|--|---|--|---|

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

| | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

(For office coding: Total Score T 3 = 0 + 0 + 3)

PATIENT CONSENT

Consent to providing information for the Fife Integrated Pain Management Service.

Please read, complete, and sign the consent form. Should you require clarification of any statement, please contact the Service.

1. I agree that any information collected by the Fife Integrated Pain Management Service may be entered in a computer database and used to help plan and improve health services locally, and nationally. The data may also be used in research projects approved by the appropriate Research Ethics Committee. Details identifying me will be removed from any information used for this purpose (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

2. I agree that members of the Fife Integrated Pain Management Service may contact me in the future in relation to my experience in the service, for research purposes (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

Please note that you can withdraw your consent at any time, and are not obligated to take part in any future research. This will not affect the treatment you receive.

3. I agree, if it is required, for purposes relating to my pain management that a named Community Pharmacist who is part of the Community Pharmacy Pain Network may access my GP/Hospital medical records. (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

4. I agree that members of the Fife Integrated Pain Management Service may refer me to Pain Association Scotland and/or Active Options for ongoing management of my pain if deemed appropriate. (Please tick the relevant box).

YES, I agree to the above

☒

NO, I do not agree

☐

Patient:

Print Name

MARY GRAY

Signature

Mary Gray

Date

28-3-15

Clinical Service Lead:

Print Name:

Fran Proctor

Signature

Fran Proctor

Thank You

MARY MENZIES

T700128

Age: 57

Date of birth: 29/06/1964

Report Date: 02/06/2022

Tester: DW

OTOSuite



Report Comments:

CHI:2906640360

Otосcopy: Clear canals bilaterally - good light reflexes - slight sore on edge of left concha

Tympanometry:

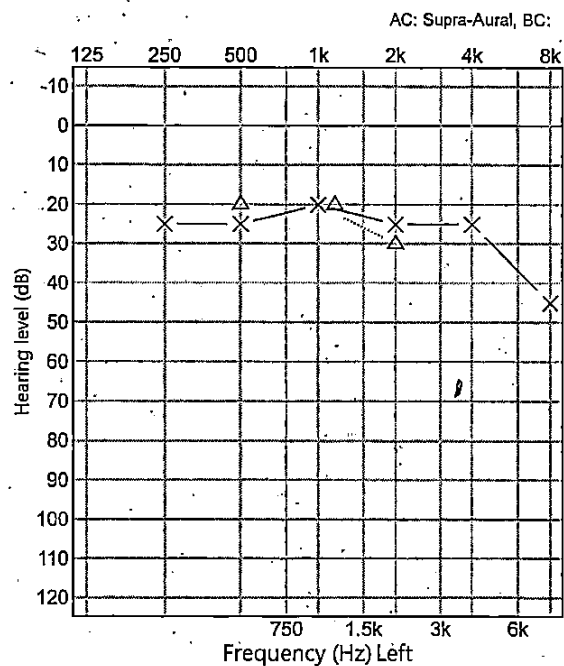
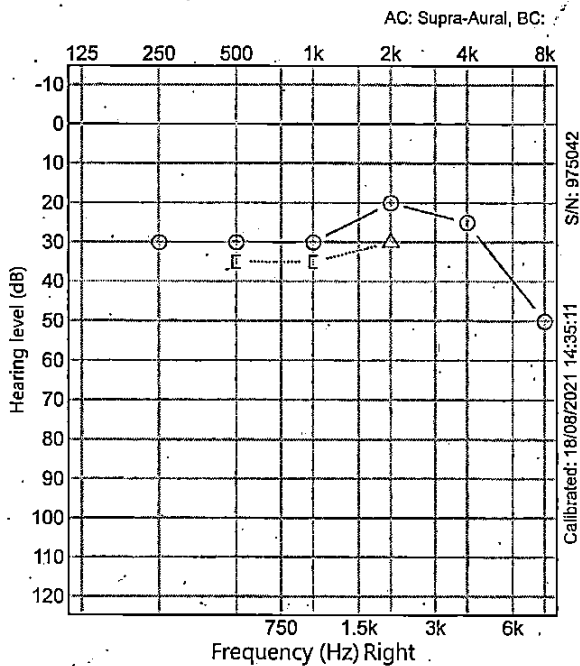
Normal volume compliance and pressure right

Normal volume and pressure with low compliance (0.1ml) left

Vertigo during and after COVID-19

RIGHT 02/06/2022

LEFT 02/06/2022



| Legend | | | |
|---------------------|---|--------|---|
| L | R | Masked | |
| X | O | AC | ● |
| Δ | Δ | BC | □ |
| S | S | SF | ⊗ |
| M | M | MCL | |
| └ | └ | UCL | |
| ↘ | ↘ | NR | |
| PTA AC: 500, 1k, 2k | | | |
| BC: 500, 1k, 2k | | | |
| Aud Method: | | | |

| PTA (dB HL) / AI (%) | | |
|----------------------|----|----|
| | AC | BC |
| Right | 27 | 33 |
| Left | 23 | 23 |

Signed by:

DW/nw

Menzies
 Patient Mary
 37 Ballingry Crescent
 Ballingry
 LOCHGELLY
 KY5 8JB
 2906640360
 SS Filsell

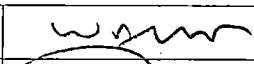
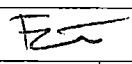
PRESCRIPTION RECOMMENDATION FOR ACTION BY GENERAL PRACTITIONER

48231

N.B. If the medicine needs to be started within 3 working days, it should be prescribed on a HBP
 prescription for supply from a community pharmacy or if it is a hospital only medicine a White
 Hospital prescription form.

I recommend the following change in prescribed medicine(s) for the above named patient

| Product Description Form & Strength | Action – Stop /
Start / Change | Required
Dose | Required
Frequency | Expected
Duration | Formulary
Y/N | Indication / Rationale for Stopping or
Justification for Non Formulary Recommendation |
|-------------------------------------|-----------------------------------|------------------|-----------------------|----------------------|------------------|--|
| Betahistine | STOP | | | | | |
| Stemetil | STA | 5mg | TID | 5 days | | Buccal pain |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | |
|-----------------|--|-------------------------------------|--|----------------|--------|
| Prescriber Name |  | Clinic/Dept |  | Date | 2/6/22 |
| Signature: |  | Professional
Registration Number | | Contact Number | 28625 |

WHITE COPY: General Practitioner

BLUE COPY: Patient's Notes

PINK COPY: Pharmacy department

MS1402A

**Kirkcaldy & Levenmouth
Community Health Partnership**

Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
KIRKCALDY
Fife
KY1 2ND



Our Ref: HH/KK/D602545M/ref2

Tel: 01592 648193

Enquiries To: ext 21294

Fax: 01592 265967

Date Typed: 17 March 2015

ENT Surgeons
ENT Department
Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Colleagues,

Mary Gray - DOB: 29/06/1964

91 Martin Crescent, Ballingry, KY5 8QB Tel:- (01592) 861055

CHI No: 2906640360

Occupation: Carer

DIAGNOSES:

Persistent somatoform pain disorder

Psoriasis

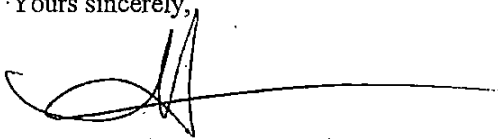
NIDDM

Hypertension

Mrs Gray is an ex smoker who has a history of asthma and now is snoring quite a bit. I would be grateful if you could investigate her upper airway for any evidence of mechanical obstruction.

Best wishes.

Yours sincerely,


Dr. Helen Harris MD MRCPI
Consultant Rheumatologist

CC:

CRN: ✓ 755521AH/L - B/O - NewNotes
Address inc POSTCODE: ☒
Home & Mobile nos inc STD: ☒
Interpreter Required Yes/No
BSL / Face to Face / Language Line
Referral Diagnosis completed: ☒
Ticked the RTT box on Partial Booking ☒
Clinic: ENT Date or W/L: 15/5
Staff member initials: LC

MEDICATIONS:

Amitriptyline 10mg tablets nocte - see text

Cocodamol 2 tablets qds

Furosemide 1 tablet od

Metformin

Omeprazole 20mg capsules od

Ramipril 1 tablet od

Rosuvastatin 1 tablet od

Mr Kellin

Flno 15/5/15

10.30

QmH

Stor Bouch

**Kirkcaldy & Levenmouth
Community Health Partnership**

Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
KIRKCALDY
Fife
KY1 2ND



Our Ref: HH/KK/D602545M/1

Tel: 01592 648193

Enquiries To: EXT 21294

Fax: 01592 265967

Date Typed: 17 March 2015

Clinic Date: 05 December 2014

Location: Queen Margaret Hospital

Dr. Robson
Benarty Medical Centre
54 - 58 Lochleven Road
Lochore
KY5 8DA

Dear Dr. Robson,

Mary Gray - DOB: 29/06/1964

91 Martin Crescent, Ballingry, KY5 8QB Tel:- (01592) 861055

CHI No: 2906640360

Occupation: Carer

DIAGNOSES:

Persistent somatoform pain disorder

Psoriasis

NIDDM

Hypertension

Asthma

HISTORY:

Mrs Gray was referred to the rheumatology clinic by my colleagues in dermatology when she had a positive FRDU screening questionnaire. She complains of pain everywhere apart from her elbows. This started four years ago when she gave up cigarette smoking and began to have a poor sleep pattern. Her husband reports that she snores and this has become worse recently especially as she has gained some weight.

Mrs Gray has a very poor sleep pattern, wakes frequently through the night and wakes totally unrefreshed, sore and stiff.

Mrs Gray has active psoriasis which has caused some inflammation of the skin of her left thumb which she has difficulty in flexing. Mrs Gray has noted that she struggles with activities of daily living and has reduced short term memory particularly as her sleep pattern has worsened.

EXAMINATION:

Examination today reveals that she has reduced range of movement at the left thumb IP joint where there is active psoriasis with full range of movement at all her other upper and lower limb joints.

Mrs Gray has 14/18 fibromyalgic trigger points.

Ultrasound examination of the left thumb revealed no active synovitis.

MANAGEMENT PLAN:

I have explained the diagnosis of fibromyalgia to Mrs Gray and suggested that she commence

MANAGEMENT PLAN:

I have explained the diagnosis of fibromyalgia to Mrs Gray and suggested that she commence Amitriptyline 10 mg nocte escalating the dose by 10 mg each week either until the restorative sleep is achieved or until the maximum dose of 100 mg nocte is reached.

I have referred Mrs Gray to the pain clinic where she may be a good candidate for the RIVERS Pain Management Programme.

Due to her snoring I have asked ENT to rule out polyps as she has a history of asthma.

Mrs Gray scored only 4/24 on the Epworth Sleepiness Scale but in view of her snoring I have asked the sleep clinic to consider whether they need to undertake a sleep study.

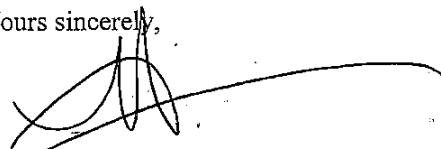
I have not arranged further follow-up in rheumatology at the moment but would be happy to reassess should the need arise.

I have recommended that Mrs Gray visits www.Fibromyalgia.org for further information on the painful condition.

FOLLOW UP:

Not arranged.

Yours sincerely,



Dr. Helen Harris MD MRCP
Consultant Rheumatologist

CC:

Mrs Gray

Dr Mackay, Sleep Study Laboratory, New Royal
Infirmary, Edinburgh

ENT, VHK

Pain Clinic, QMH

MEDICATIONS:

Amitriptyline 10mg tablets nocte - see text

Cocodamol 2 tablets qds

Furosemide 1 tablet od

Metformin

Omeprazole 20mg capsules od

Ramipril 1 tablet od

Rosuvastatin 1 tablet od

HISTORY/CONTINUATION SHEET

Ward/Clinic/ Hosp Cons.
 Surname Unit No.
 First Name D. of B.
 Address GRAY V755521A M. State.
 Occupation MARY Sex
 91 Martin Crescent
 BALLINGRY 29/06/1964
 KY5 8QB 2906640360
 G.P. & Address BLOCK CAPITALS

ENT UNIT/WARD/DEPT

DATE

7/6/72

Cold in Throat

- d & t felt eyes spinning

- on strong felt to walk
 spinning

2/72 started as - d & t
 felt it of head

- not so spinning

1 - t he if t & p
 quite good. now a @ 72
 in left.

Felt sh on staggered out - t below
 Felt settled in but as stagger back
 a bit. After being had staggered

Ang t m 1 down

TBP

SH LRA under
 m m m

THY September
 L 10 am
 T m m
 RPI m m m
 P m m m
 S m m

P70

2/6/72

(Cox)

① ✓ ② was

Coral reef
 Community
 Habitat
 structure
 Pattern
 } all in

M. Smith

- Ocean

① was
 ②

2/6/72

GOST 2 letter

like sand ② or in, cross + me-ashly

Round DAE trim

Small cut of wave left close to trim under to

Set safety

Arrived one and drop pt 1

arguing wire



Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

ENT Department
Tel: 01383 623623 Ext 28625
Lorraine Neal
<http://www.nhsfife.scot.nhs.uk>



Dr Helen Harris
Consultant Rheumatologist
Fife Rheumatic Diseases Unit
Whyteman's Brae Hospital
Whyteman's Brae, Kirkcaldy
KY1 2ND

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1508679

Dear Dr Harris

Clinic Date: 15/05/2015

Date: 22/05/2015

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

This lady failed to appear for her appointment today. She was referred because of snoring. She has a body mass index of in excess of 35. Unless she has specific nasal symptoms ENT referral for this symptom would not be considered unless she drops her weight to below a body mass index of 30.

Yours sincerely

Mr Ray Kelleher
Consultant Otolaryngologist

This document has NOT been verified.

(D) Dr EC Brown, Benarty Medical Practice, 54-58 Lochleven Road, Lochore, Fife, KY5 8DA

EPWORTH SLEEPINESS SCALE

GRAY
MARY
Name: 91 Martin Crescent
BALLINGRY
Date: KY5 8QB

V755521A

29/06/1964
2906640360

Your age (Yr): Your sex (Male = m / Female = F):

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

- 0 = Would never doze
- 1 = Slight chance of dozing
- 2 = Moderate chance of dozing
- 3 = High chance of dozing

| Situation | Chance of Dozing |
|---|------------------|
| Sitting and reading | |
| Watching TV | |
| Sitting, inactive in a public place (e.g. a theatre or a meeting) | |
| As a passenger in a car for an hour without a break | |
| Lying down to rest in the afternoon when circumstances permit | |
| Sitting and talking to someone | |
| Sitting quietly after a lunch without alcohol | |
| In a car, while stopped for a few minutes in the traffic | |

Thank you for your cooperation

GRAY
MARY
91 Martin Crescent
BALLINGRY
KY5 8QB

V755521A
29/06/1964
2906640360



CJD Risk Questionnaire

Guidance on completion of this risk assessment is available in the CJD section of the NHS Fife Infection Control Manual.

| Question 1: To the patient | Response
(circle one only) |
|--|--|
| "Have you ever been notified by your GP or another doctor that you are at increased risk of CJD or vCJD? (also known as "mad cow" disease) | YES
NO
UNSURE
UNABLE TO RESPOND |
| Question 1 MUST be completed. Any experienced member of staff can ask the patient the question, sign and date below to confirm this has been done | |
| Signed.....Print Name.....Post.....Date..... | |

| Question 2: To be answered by Maxillofacial and ENT surgeons | Response
(circle one only) |
|---|-------------------------------|
| <p>Will the procedure potentially involve contact with any of the following high risk tissue?</p> <p>☐ Brain, Spinal cord, Dura mater</p> <p>☐ Cranial nerves, specifically:
-any part of the optic nerve
-intracranial components of the other cranial nerves</p> <p>☐ Cranial nerve ganglia</p> <p>☐ Posterior eye specifically*:
-posterior hyaloid face, retina, retinal pigment epithelium, choroid, subretinal fluid, optic nerve</p> <p>☐ Pituitary gland</p> | YES

NO |
| Question 2 MUST be completed by the patient's Consultant. It can be delegated to any competent member of NHS Fife staff if the consultant is sure the member of staff understands the procedure. Sign and date below for completing question 2: | |
| Signed.....Print Name.....Post.....Date..... | |

* Question 2 is not required for ophthalmology patients as single use instruments are used during all operations on high risk tissue.

NOTE: In Scotland, instruments used in any procedure involving adenotonsillar tissues must be single use or disposed of after use. See CMO letter 8th July 2003.

| Q1
Patient's
response | Q2
Surgeon's
response | Action to be taken |
|-----------------------------------|-----------------------------|--|
| No | No | Surgery or endoscopy can proceed using standard procedures. |
| Unsure or
unable to
respond | No | Surgery or endoscopy can proceed using standard procedures. |
| Yes | No | Patient's risk already established. Seek advice from the duty microbiologist |
| No | Yes | Surgery or endoscopy can proceed using normal procedures. |
| Unsure or
unable to
respond | Yes | Surgery can proceed, but all instruments must be quarantined following the procedure. Contact the duty microbiologist during normal working hours for management of the instruments. See Annex J (2010) paragraphs J2 and J7-J10 |
| Yes | Yes | Contact the duty microbiologist & follow national guidance on control measures for CJD/vCJD |

This questionnaire **MUST** be retained in the medical notes as part of the patient's medical record.

| | | |
|-------------------|-------------|-----------------------|
| Author: AK Morris | Page 1 of 1 | Issue date: Oct 2011 |
| Version: 2 | | Review date: Nov 2012 |

MS2609

Dermatology Department,
Victoria Hospital
Kirkcaldy

Date ... 21/4/15 ...

GRAY
MARY
91 Martin Crescent
BALLINGRY
KY5 8QB

V755521A

29/06/1964
2906640360

Dear Doctor,

Your patient was seen at the clinic today.

The Diagnosis is ... Hand Eczema ...

Could you prescribe the following:-

1. Silo pads
2. QV wash
3. Hydromol ointment
4. Elocor

Yours Sincerely



Operational Division

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone 01592 643355

Date: 10.11.15

GRAY
MARY
91 Martin Crescent
BALLINGRY
KY5 8QB

V755521A

29/06/1964
2906640360

Addressograph label

Dear Dr BROWN

The above patient has attended the dermatology department for the following treatment and has now been discharged back to your care.

Cryotherapy / Dressings / Nurse led Clinic NURSE MANAGEMENT

Your patient has been discharged using the following treatments:

DNA X 2 NURSE MANAGEMENT

DISCHARGED

Yours sincerely

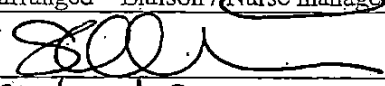
SIN A. DUNN

Consultant: DR McCORMACK

NURSE MANAGEMENT REFERRAL FORM

| | | | |
|--|--|---|--|
| AD
GRAY
MARY
91 Martin Crescent
BALLINGRY
KY5 8QB | | V755521A

29/06/1964
2906640360 | HOME TEL NO:

WORK TEL NO: 01592861055 |
| DIAGNOSIS:
Hand psoriasis
Acral Dermatitis of Hallopeau | | CONSULTANT:
M'carmack | |
| SYSTEMIC TREATMENTS:
/ | | KNOWN ALLERGIES: | |
| TOPICAL TREATMENTS:
FACE | | HANDS: Silo pads
QV wash
Hydromed ant
Eucerin | |
| TRUNK & LIMBS | | FEET | |
| SCALP | | FLEXURES | |
| FUTURE PLANS / TREATMENT OPTIONS:
Please ensure & working & getting
creams from GP
? DIC to GP / rth to my clinic if
worse | | | |
| REASON FOR REFERRAL: | | | |
| General advice & information | | ☒ YES ☐ NO | |
| Advice on emollient use | | ☒ YES ☐ NO | |
| Advice on topical treatment use | | ☒ YES ☐ NO | |
| Follow up arranged - Liaison / <u>Nurse management</u> / Dermatologist / GP | | | |
| Signature:  | | | |
| Date: 21/4/15 | | | |

17/15 Reviewed today at Nurse Led Clinic.

Mary is managing well with treatment.

Thumb on (L) Hand - active, itchy & inflamed -
topical steroid increased to Dermovate x 2 daily for 2 weeks
then reduce back to Elocon for a further 2 weeks.
All other areas improved - Mary will gradually reduce
use of Elocon. QV Wash & hydrommol ointment continues.
Given cotton gloves to wear under rubber gloves for
any wet work.

S/N S Dybidge
(SHIRLEY DYBURGH)

18/15

Returned for review today - thumb on (L) hand had
improved but over the past week had flared - very dry,
active & feels very tight - dermavate & Ichthammol dressing
applied to this area only. Mary will carry out at home
with help of husband. She is aware of how to
reduce use of topical steroid, ~~return~~ Today there is
no active areas on scalp given Emulsifying in
coconut lotion, Alphosyl 2:1 shampoo & Locoid Crelo
with full instructions of how to use. Returning 4/52
for ? final review.

S/N S Dybidge
(SHIRLEY DYBURGH)

1.9.15

Left thumb remains active - very dry and feels tight.
All other areas clear. Mary will try Diprosone ointment
& Ichthammol in VSP twice daily for 1 week then once
daily for 1 week, then gradually reduce Given Silopads
Review 4/52

S/N S. Keddie

S/N S. Keddie

9.10.15 S/NA. F/A. SENT

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr EC Brown
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1474207

Dear Dr Brown

Clinic Date: 21/04/2015

Date: 29/04/2015

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

Diagnosis: Acrodermatitis hallopeau

Treatment:

1. Silopad
2. Emollients with hydromol ointment
3. QV wash
4. Elocon ointment

I reviewed Mary in the dermatology clinic today. She informed me she has stopped her Acitretin as she was concerned about her hair thinning a few weeks ago. She has also not been using any topical creams at all as she had run out and did not realise she could get further supplies from yourself. I have today given her a hand written note for the above ointment and also given her a small supply and urged her to hand the hand written note in so that she has these creams on repeat prescription.

I have arranged for her to be reviewed in the nurse management clinic in 8 weeks time and with myself if required thereafter.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 05/05/2015 11:49:17 by Dr Sally McCormack.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr EC Brown
Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1353310

Dear Dr Brown

Clinic Date: 20/01/2015

Date: 02/02/2015

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

DIAGNOSIS – 1. ACRAL DERMATOSIS OF HALLOPEAU

TREATMENT – 1. ACITRETIN 20 MG
2. SILOPADS
3. EMOLLIENTS

I am delighted to report that the Acitretin 25 mg had an excellent response removing all pustules from this lady's hands, however her hands have been slightly dry with the Acitretin and I suspect the dose is maybe just slightly too high for her. We have therefore reduced down her Acitretin dose and I have given her Silopads to use to three of her fingers which have extreme dryness and some cracking present. She found these symptomatically very good and she will have her fasting bloods checked in due course and I will review her back in 3 months.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

This document has NOT been verified.

Summary Sheet

CHI NUMBER: 2906640360

NAME: MARY GRAY

| | | |
|---------------------------|---------------------------|-----------------------------------|
| PHOTOTHERAPY (UVB) | Total Treatments: | 0 (0 Whole Body, 0 Localised) |
| PHOTOCHEMOTHERAPY (PUVA) | Total Treatments: | 17 (0 Whole Body, 17 Localised) |
| PHOTOTHERAPY (UVA1) | Total Treatments: | 0 (0 Whole Body, 0 Localised) |
| SKIN TYPE: | 1 | OCCUPATION: carer |
| CENTRE REFERRED TO: | Victoria | |
| DIAGNOSES: | Palmar Plantar Pustulosis | |
| GENERAL RISKS: | | |
| SKIN CANCER RISK FACTORS: | | |

PHOTOCHEMOTHERAPY (PUVA)

| | | | | | TOTAL DOSE (J/cm ²) | | | | | | |
|-----------------------|---|----|------------|------------|---------------------------------|-------|------|-------------------------|-------------|--------------|------------------------|
| Treatment Area + Freq | | | Start | Finish | 8-MOP | 5-MOP | BATH | Localised Topical Soaks | Face Shield | No. of trmts | Result/Adverse effects |
| 1 | H | 2x | 18/07/2014 | 03/10/2014 | 0 | 76.02 | 0 | 0 | | 17 | Minimal Improvement |

New PUVA treatment

DATE LAST SEEN: 07/08/2014

FORM 3 - PUVA/UVA1/UVB SUMMARY

Operational Division
Victoria Hospital

Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone 01592 643355
www.show.scot.nhs.uk/fahit



Dr Eileen Brown
Drs Robson & Brown
Benarty Medical Centre
54-58 Lochleven Road

Victoria
Hayfield Road
Kirkcaldy

Ky2 5AH

KY5 8DA

14 October 2014

Dear Dr Eileen Brown

Ref: Mary Gray, 2906640360

Your patient Mary Gray attended for a course of Photochemotherapy for Palmar Plantar Pustulosis.

She received 17 treatments resulting in minimal improvement.

She has been reviewed by Dr McCormack on 30/09/2014 and commenced on neotigason 25mg. A further review has been arranged for 13/01/2015.
Many thanks S/N S Dryburgh.

A handwritten signature in cursive script, appearing to read 'Shirley Dryburgh', enclosed in a large, loopy circular flourish.

Yours sincerely

Gail Mitchell

Chief Executive Mr John Wilson
Victoria Hospital is part of The Operational Division
of NHS Fife

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Drs Robson, Carlin & Brown
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1209773

Dear Dr Robson

Clinic Date: 30/09/2014

Date: 13/10/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

DIAGNOSIS – 1. ACRAL DERMATOSIS OF HALLOPEAU

TREATMENT – 1. TRIAL OF ACITRETIN 25 MG

I reviewed Mary in the Dermatology Clinic today at the request of my nurses. She has been having PUVA phototherapy to her hands for some time now and unfortunately it is not giving us the result we would have wished. In view of her other medications I have opted to give her a trial of Acitretin and I will do her fasting bloods in due course and then review her in the clinic.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

This document has NOT been verified.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 Ext 28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Drs Robson, Carlin & Brown
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1063827

Dear Dr Robson

Clinic Date: 10/06/2014

Date: 11/06/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I reviewed Mrs Gray back in the Dermatology Clinic today, while she attended for dressings. Her hands are improving however she did have a swollen thumb which was suggestive of infection and I have therefore started her on some oral Flucloxacillin. I will review her as planned in a few weeks' time.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

This document has NOT been verified.

SKIN

GRAY
MARY
91 Martin Crescent
BALLINGRY
KY5 8QB

V7555 21A

29/06/964
290610361

DATE

NOTES

10/6/14

Attending dressings for PPP.
hands have been improving
with add set back.

On review informed @
thumbs

O/E

Tense mass

→ sterile lance with green
needle → only blood but
came out under pressure
& gave relief.

→ fluclox 800 qds 7/7

→ CIT dressing & PLV
as planned

all
m'cannick

11/15

On Acthetate 28mg
 Hands now no pustules

② thumb & ring finger still
 dry +++

Plan:

- ↓ Acthetate to 20mg
- Rpt Bloods
- Site pads
- ~~swabs~~
- EIV 8/12

82

12/15

Bloods 29/11

→ 4 ALT 96 ? w/h ↓ = ↓ Acthetate

11-15 DHA x2 Nurse Management spoke to Dr McCormack
 NFA Discharge to GP

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Dermatology
Tel: 01592 643355 28634
<http://www.nhsfife.scot.nhs.uk>



Dr PG Robson
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

CLINIC LETTER



CHI: 2906640360
Hospital ID: V755521A

Letter ID: 1099603

Dear Dr Robson

Clinic Date: 08/07/2014

Date: 09/07/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I reviewed Mary back at the dermatology clinic today. Unfortunately whilst her skin has improved with regular dressings of Dermovate and coal tar as soon as she has missed the dressings for any reason over the 2 month period her skin has flared significantly. She is now quite hampered with discomfort in three of the fingers of her left hand and for that reason we are changing her to a trial of PUVA phototherapy. If this is unsuccessful we will have to move on to systemic treatment for this problem.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

This document has NOT been verified.

ANOTHER COPY OF THIS LETTER
SENT 23/11/14 AS NCVH2 RECEIVED
NO FRDU TO RE-SEND.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Tel: 01592 643355 Ext:28634
<http://www.nhsfife.scot.nhs.uk>



CHI: 2906640360
Hospital ID: V755521A

CLINIC LETTER

Dr PG Robson
Drs Robson, Carlin & Brown
Benarty Medical Centre
54-58 Lochleven Road
Lochore
KY5 8DA

Letter ID: 1001013

Dear Dr Robson

Clinic Date: 24/04/2014

Date: 28/04/2014

Mary Gray, 91 Martin Crescent, Ballingry, Fife, KY5 8QB

Date of Birth: 29/06/1964

I reviewed the above patient in the dermatology clinic today. As you will be aware she has had problems with pustular psoriasis of the fingers for approximately 3 years now since she stopped smoking. She had had previous episodes of this in the past. Of note she has also noticed joint pains over the past year and I understand she has been diagnosed as diabetic and with hypertension. Her DLQI today was 15 and her FRDU screening questionnaire was positive.

On examination she had marked scaling and flaking of the first, second and 4th digit on her left hand and a 4th digit on her right hand and also pustules present. I understand she has failed to respond to Diprosalic and Betnovate and I have therefore in the first instance started her on Dermovate dressings with introduction of tar and I will review her thereafter as to whether PUVA phototherapy is worthwhile. I will also refer her on to the rheumatologists in view of her positive FRDU screening questionnaire.

Yours sincerely

Dr Sally McCormack
Consultant Dermatologist

Authorised on 29/04/2014 09:33:06 by Dr Sally McCormack.

(P) Dr Helen Harris, Consultant Rheumatologist, Fife Rheumatic Diseases Unit, Whyteman's Brae Hospital, Whyteman's Brae, Kirkcaldy, KY1 2ND (Encs FRDU)

Screening Notes

| | |
|--------------------------------|---------|
| Ambulance required | No |
| Redirected between specialties | No |
| Redirected between locations | No |
| Clinic booking recommendation | Yes |
| Cancelled | No |
| Manual entry to Topas | Unknown |

BOOKING DETAILS

| | | | |
|------------------------|--|-----------------|--------------------------------|
| CLINIC: | VHK - Photobiology Clinic Thursday pm clinic | | |
| DATE: | 02/04/2014 | SCREENED BY: | Catriona Duncan:Screening User |
| SPECIALTY: | F704H_A7 | | |
| ORIGINAL URGENCY: | Routine | LATEST URGENCY: | Routine |
| INSTRUCTIONS: | None entered | | |
| SUGGESTED CLINICIAN: | Catriona Duncan | | |
| CLINICAL INSTRUCTIONS: | None entered | | |

FLAG HISTORY

| | Date flagged | Flagged to | Flagged By | Cancelled | Cancelled by | Flag information |
|---|------------------|-----------------|----------------|-----------|--------------|------------------|
| 1 | 02/04/2014 12:55 | Catriona Duncan | Sheena Russell | - | - | None entered |

CRN: V7555214 H/L - B/O - NewNotesAddress inc POSTCODE: ☒Home & Mobile nos inc STD: ☒Interpreter Required Yes/No NoBSL / Face to Face / Language Line SRReferral Diagnosis completed: ☒Ticked the RTT box on Partial Booking ☒Clinic: Woburn Date or W/L: 24/4/14Staff member initials: SR



| | | | | |
|-------------------|--------|----------|------|--------------|
| Hospital use only | Clinic | Day Date | Time | Hospital No. |
|-------------------|--------|----------|------|--------------|

Unique Care Pathway Number: 101006987263A

Transport required?
No

REFERRAL LETTER
MEDICAL IN CONFIDENCE

DERMATOLOGY

REFERRAL TO

Dermatology A7
Fife General Referral

Consultant / receiving practitioner
and/or specialty clinic

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Hospital and hospital address

Hospital Location Code

F704H

Email address

Urgency of referral

Routine

PATIENT DETAILS

Surname

Gray

Forename(s)

Mary

Title

Ms

Sex

Female

Date of birth

29-Jun-1964

CHI no.

2906640360

Patient's address

91, Martin Crescent
Ballingry
Lochgelly
KY5 8QB

Contact number(s)

Voice: 07935398919 861055

REFERRING PRACTITIONER DETAILS

Name

Dr. Peter Robson

GMC code

2549334

GP code

93807

Practice name

Drs Robson, Carlin & Brown (21421)

Practice code

21421

Practice address

Benarty Medical Centre
54-58 Lochleven Road
Lochore

Contact number(s)

Voice: 01592 860463

Date submitted by practice: 02-Apr-2014

Reason for referral

Care type requested: Out Patient

Expected outcome: Advise

Administrative Information

Patient can accept a short notice appointment: yes

Interpreter Required: no

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: pustular psoriasis both hands

Comment: Dear Doctor Thank you for seeing this 49 year old woman who has been attending Moira Gilles, Dermatology Nurse Practitioner with pustular psoriasis of both hands. She was previously treated with Dovobet and moisturisers and was changed by Moira to Diprosalic, Betnovate RD and Ichthopaste bandaging. Moira has requested referral for consultant opinion due to the lack of improvement. Yours sincerely Dr G Robson

Examinations and Investigations

Blood Pressure (systolic): 123 -
 Blood Pressure (diastolic): 84 -
 Height (m): 168 -
 Weight (kg): 100.5 -
 Body Mass Index: 35.61 -
 Ex smoker: 28-Jan-2014
 Alcohol consumption, 0 units/week: 28-Jan-2014
 Aerobic exercise 1 time/week: 28-Jan-2014

Past Medical History**Pre-existing conditions** (High and Medium Priority)

| Description | Modifier | Comment | Date Recorded |
|------------------------------|----------|------------------|---------------|
| Non-alcoholic fatty liver | - | - | 17-Jun-2013 |
| Psoriasis NOS | - | - | 19-Feb-2013 |
| Type 2 diabetes mellitus | - | - | 26-Apr-2012 |
| Asthma | - | - | 23-Mar-2012 |
| Dyspepsia | - | - | 19-Sep-2008 |
| Essential hypertension | - | - | 16-Dec-2004 |
| Poisoning - self-inflicted | - | ranitidine | 25-Jun-2000 |
| Poisoning - self-inflicted | - | paracetamol | 03-Sep-1999 |
| H/O: depression | - | - | 16-Apr-1999 |
| Poisoning - self-inflicted | - | paracetamol | 31-Mar-1999 |
| Poisoning - self-inflicted | - | chlordiazepoxide | 30-Mar-1999 |
| Pustular psoriasis | - | - | 31-Mar-1998 |
| Atopic dermatitis/eczema | - | - | 16-Apr-1986 |
| Spontaneous vaginal delivery | - | male | 24-Jan-1985 |
| Chickenpox | - | - | 01-Apr-1965 |

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

| Drug name | BNF code | Formulation | Dosage | Frequency | Course started | Duration |
|---|-----------------|-------------|---------------------------------------|-----------|----------------|----------|
| Furosemide Tablets 20 mg | - | 28 TABLET | ONE TABLET IN THE MORNING | - | 07-Feb-2014 | - |
| Betamethasone Dipropionate And Calcipotriol Gel 0.05 % 50 micrograms/gram | - | 120 GRAM | APPLY THINLY ONCE DAILY | - | 10-Jan-2014 | - |
| Hydromol Cream | 130201000BBBRA1 | 500 gram | APPLY TWICE A DAY | - | 19-Feb-2013 | - |
| Tubifast 2-Way Stretch Gloves Medium/Large Adult | - | 3*2 device | USE AS DIRECTED | - | 19-Feb-2013 | - |
| Atorvastatin Tablets 10 mg | 0212000B0AAAAA | 28 tablet | ONE TO BE TAKEN EACH DAY | - | 28-Sep-2012 | - |
| Amlodipine Tablets 5 mg | - | 28 tablet | ONE TABLET DAILY | - | 23-May-2012 | - |
| Metformin Hydrochloride Tablets 500 mg | 0601022B0AAABAB | 56 tablet | 1 TAB WITH BREAKFAST AND EVENING MEAL | - | 26-Apr-2012 | - |

| | | | | | | |
|---|-----------------|------------|--|---|-------------|---|
| Qvar Easi-Breathe Breath-Actuated Inhaler (Cfc-Free) 100 micrograms/actuation | - | 1 inhaler | TWO PUFFS TO BE INHALED TWICE A DAY | - | 28-Mar-2012 | - |
| Salamol Easi-Breathe Cfc-Free Breath-Actuated Inhaler 100 micrograms/puff | - | 1 inhaler | ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED | - | 25-Jan-2012 | - |
| Omeprazole Capsules (Gastro-Resistant) 20 mg | 0103050P0AAAGAG | 28 capsule | 1 Cap Daily | - | 09-Feb-2011 | - |
| Ramipril Capsules 10 mg | - | 28 CAPS | 1 Tab Daily | - | 18-Oct-2010 | - |

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

| <u>Drug name</u> | <u>BNF code</u> | <u>Formulation</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Course started</u> | <u>Duration</u> |
|------------------------------------|-----------------|--------------------|---|------------------|-----------------------|-----------------|
| Orlistat Capsules 120 mg | 0405010P0AAAAAA | 84 CAPSULE | ONE TO BE TAKEN IMMEDIATELY BEFORE, DURING OR UP TO 1 HOUR AFTER EACH MAIN MEAL | - | 21-Feb-2014 | 0 Days |
| Otosporin Ear-drops | 1201010Q0BCAAAC | 10 ml | TWO DROPS TO BE USED IN THE AFFECTED EAR(S) FOUR TIMES A DAY | - | 11-Feb-2014 | 42 Days |
| Bendroflumethiazide Tablets 2.5 mg | - | 28 TABS | 1 Tab In the morning | - | 18-Oct-2010 | - |

Lifestyle risks

Exercise status: Not Known

HISTORY/CONTINUATION SHEET

derm

UNIT/WARD/DEPT

Ward/Clinic/

Hosp

Cons.

Surname GRAY

Unit No.

First Name MARY

D. of B.

Address 91 Martin Crescent

V755521A

M. State

BALLINGRY

Sex

Occupation KY5 8QB

29/06/1964

2906640360

G.P. & Address

USE BLOCK CAPITALS

DATE

24/4/14

- (49) - Support worker
 + - previously had MR
 - stopped smoking 3yr ago
 & reclaimed
 - @ handed R

Amthx

- Joint pains past yr
 - DM
 - 4 BP

DE 15 - PROUD
 DE

marked finger discolouration
 of MR @ hand



Plan

- Trial of Serravallo + Tar
 @ chemistry

RW, Ref Chem. J

1/5/14

#18P

new index finger had been
 v. erythematous had now
 settled no sign of
 atelectasis → c/t in
 during

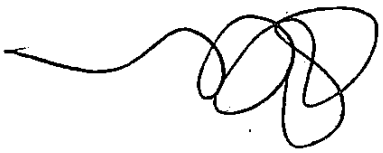


M. Carter

8/7/14

No news from them - at the
 this had deteriorated at the
 helping but flow of 2/7
 with out & had a few
 2/12 11

→ Riva



M. Carter

HISTORY/CONTINUATION SHEET

DERMATOLOGY.

UNIT/WARD/DEPT

Ward/Clinic/

Hosp

Cons.

Surr

First GRAY

V755521A

Unit No.

Addr MARY

D. of B.

... 91 Martin Crescent

M. State

Occu BALLINGRY

29/06/1964

Sex

... KY5 8QB

2906640360

G.P.

USE BLOCK CAPITALS

DATE

30/9/14

Now have 17 R PVM

No lasting improvement still very
eleven @ night

R metformin

BP 130/80

Furosemide

Atorvastatin

Amlodipine

Omeprazole

Ramipril

Ciclo + Ramipril can → ↑ KT
(ACEI / ANGI inh)Ciclo + Atorvastatin → ↑ chance
myopathyPlan

102kg

56 1/2

BMI

35.7

1. Trial Acetaminophen

(Lipids OK
LFTs slightly)

Bloods 1/12

RV 2-3/12

DATE

3/1/15

CNA - F/A 20/01/15

20/1/15

14/15

Stopped Actinetrin 2/52 ago
as hair thinning

→ OV wash
~~Hydro~~ Hydromel oral
elocan
solo pads

→ Nurse Mx.



Michaela

1/6/15

CNA.

6/10/15

CNA - F/A 5/11

HISTORY/CONTINUATION SHEET

DERMATOLOGY.

UNIT/WARD/DEPT

Ward/Clinic/

Hosp

Cons.

Surname

GRAY

Unit No.

First Name

MARY

V755521A

D. of B.

Address

91 Martin Crescent

M. State

BALLINGRY

Sex

Occupation

KY5 8QB

29/06/1964

2906640360

G.P. & Address

CK CAPITALS

DATE

IMMEDIATE DISCHARGE DOCUMENT

V7SSS21A

QMH called notes

| | | | |
|---------------|------------|----------|-----------------------|
| Surname | Menzies | Address | 37 Ballingry Crescent |
| Forename | Mary | | Ballingry |
| CHI No. | 2906640360 | | Lochgelly |
| Date of birth | 29/06/1964 | Postcode | KY5 8JB |

Casenote Copy Reprint - Warning: Changes may have been made since last printed!

Page 1 of 2

| | | | |
|---------------------------------|---|------------------|--|
| Admission Date | 12 Jan 2022 | GP | Dr.T Malham |
| Admission Type | Emergency Non-Injury (e.g. Stroke, MI, Ruptured Appendix) | GP Address | Benarty Medical Practice
54-58 Lochleven Road
Lochore
Fife
KY5 8DA |
| Reason for Admission / Transfer | Acute Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified | GP Practice Code | 21421 |
| Discharge Date | 12-Jan-22 | Patient's Weight | 0 kg |
| Discharge Ward | V AU1 Red Assessment | Compliance Aid | No |
| Discharge To | Home | | |
| Discharging Consultant | Dr Murugan | | |
| Specialty | Acute Medicine | | |
| Community Pharmacy | | | |

A further transfer/discharge communication will follow this document

Presenting Complaint

Shortness of breath

Principal Diagnosis

LRTI

Clinical Summary

Dear Doctor

Ms. Menzies was admitted to red AU1 at VHK on 12/01/22 with shortness of breath on a background of asthma and covid positive.

A chest x-ray showed left basal consolidation in keeping with infection. A d-dimer ruled out PE as a potential cause. Oxygen saturations on discharge were >94%.

She was treated with oral courses of antibiotics and steroids. Inflammatory markers were not raised and IV treatments were not required. A repeat chest x-ray has been organised for 4-6 weeks time. An appointment letter for this will be sent out in due course.

No changes were made to regular medication.

Many thanks for your ongoing care
Red AU1, VHK

| Drug / Type of Preparation | Form | Route of Admission | Dose | Frequency | Course Length | Quantity Supplied |
|----------------------------|---------|--------------------|-------|------------|---------------|-------------------|
| DOXYCYCLINE 100mg CAPSULES | CAPSULE | Oral | 100mg | Once Daily | 7 days | 7 days |
| PREDNISOLONE 5mg TABLETS | TABLET | Oral | 30mg | Once Daily | 5 days | 5 days |

| Action | Drug Type of Preparation | Reason |
|---------|----------------------------|--------|
| Started | DOXYCYCLINE 100mg CAPSULES | LRTI |
| Started | PREDNISOLONE 5mg TABLETS | LRTI |

Unless otherwise stated, a minimum of 7 days supply has been given for each of the prescribed medicines

Pharmacist's Comments

| | Sign | Print | Date |
|-----------------------|------|-------|------|
| Pharmacist Assessment | | | |
| Dispensed By | | | |
| Checked By | | | |

| | | | |
|--------------------|------------------|--------------------|------------------------|
| Prescriber's name | Callum Alexander | Prescriber Tel No. | Prescriber's Signature |
| Prescriber's grade | FY1 | 0000 | |

Please remember to bring your own medications into hospital if you are admitted



Fife

Victoria Hospital
IMMEDIATE DISCHARGE DOCUMENT

Version: 1

| | | | |
|---------------|------------|----------|-----------------------|
| Surname | Menzies | Address | 37 Ballingry Crescent |
| Forename | Mary | | Ballingry |
| CHI No. | 2906640360 | | Lochgelly |
| Date of birth | 29/06/1964 | Postcode | KY5 8JB |

Casenote Copy Reprint - Warning: Changes may have been made since last printed!

Page 2 of 2

| | | |
|--|--------------------------|------------|
| Allergies | NKDA | |
| Other Diagnoses | | |
| covid-19 | | |
| Principal Operation | Date | Consultant |
| Other Operations | | |
| Clinical Progress and Results Awaited / Investigations Pending | | |
| Patient Information Transfer/Discharge Summary not given to patient and/or carer or relative | | |
| Explanation Given to patient | | |
| Follow Up Arrangements | | |
| Medication not currently prescribed by day hospital | | |
| Fitness note not issued | Duration of Fitness Note | |

| | | | |
|--------------------|------------------|--------------------|------------------------|
| Prescriber's name | Callum Alexander | Prescriber Tel No. | Prescriber's Signature |
| Prescriber's grade | FY1 | 0000 | |

Please remember to bring your own medications into hospital if you are admitted

Detailed Print

Case Details:

Case No. 53913
User Description WILKIEE

Patient's Name: Mary C Menzies
Address: 37 Ballingry Crescent BALLINGRY
Fife
KY5 8JB

Date of Birth: 29/06/1964
Own Doctor: Malham, T.
Surgery: Benarty Medical
Confidential: False

Tel: 01592 860463
Call Origin GP Surgery
Caller Name: Karen Gold

Tel: 01592 860463

WILKIEE
Case initially received
Symptoms: 60min Priority

Start Time: 11:45 12/01/2022
End Time: 11:47 12/01/2022

WILKIEE
Case type set to Telephone/Virtual Assessment

Start Time: 11:47 12/01/2022
End Time: 11:47 12/01/2022

WILKIEE
Priority On reception set to Within 4 Hours

Start Time: 11:47 12/01/2022
End Time: 11:47 12/01/2022

WILKIEE
Case status set to OLC

Start Time: 11:47 12/01/2022
End Time: 11:47 12/01/2022

Detailed Print

Case Details:

| | |
|-----------------|------------------|
| Case No. | User Description |
| 53913 | |

| | |
|------------------------|----------------|
| Patient's Name: | Mary C Menzies |
|------------------------|----------------|

| | |
|-----------------------|------------|
| Date of Birth: | 29/06/1964 |
|-----------------------|------------|

| | |
|-----------------|---------------------------------|
| Address: | 37 Ballingry Crescent BALLINGRY |
|-----------------|---------------------------------|

| | |
|--------------------|-----------|
| Own Doctor: | Malham, T |
|--------------------|-----------|

| | |
|-----------------|-----------------|
| Surgery: | Benarty Medical |
|-----------------|-----------------|

| | |
|--|---------|
| | Fife |
| | KY5 8JB |

| | |
|----------------------|-------|
| Confidential: | False |
|----------------------|-------|

| | |
|-------------|--------------|
| Tel: | 01592 860463 |
|-------------|--------------|

| | |
|--------------------|------------|
| Call Origin | GP Surgery |
|--------------------|------------|

| | |
|---------------------|------------|
| Caller Name: | Karen Gold |
|---------------------|------------|

| | |
|-------------|--------------|
| Tel: | 01592 860463 |
|-------------|--------------|

| | |
|-------------------|--|
| PATERSONSH | |
|-------------------|--|

| | |
|--------------------|------------------|
| Start Time: | 11:47 12/01/2022 |
|--------------------|------------------|

| | |
|---|--|
| Consultation Telephone/Virtual Assessment by Paterson, Shelley | |
|---|--|

| | |
|------------------|------------------|
| End Time: | 11:58 12/01/2022 |
|------------------|------------------|

Detailed Print

Case Details:

Case No. 53913
User Description PATERSONSH

Patient's Name: Mary C Menzies

Date of Birth: 29/06/1964

Address: 37 Ballingry Crescent BALLINGRY

Own Doctor: Malham, T.

Surgery: Benarty Medical

Fife
KY5 8JB

Confidential: False

Tel: 01592 860463

Call Origin GP Surgery

Caller Name: Karen Gold

Tel: 01592 860463

Emergency Care Summary

Start Time: 11:50 12/01/2022

End Time: 11:50 12/01/2022

PATERSONSH

Case type set to Acute Admissions

Start Time: 11:58 12/01/2022

End Time: 11:58 12/01/2022

PATERSONSH

Priority After assessment set to Routine - Within 4 Hours

Start Time: 11:58 12/01/2022

End Time: 11:58 12/01/2022

Special Patient Notes

Detailed Print

Case Details:

Case No. 53913 **User Description**

Patient's Name: Mary C Menzies

Date of Birth: 29/06/1964

Address: 37 Ballingry Crescent BALLINGRY

Own Doctor: Malham, T

Surgery: Benarty Medical

Fife
KY5 8JB

Confidential: False

Tel: 01592 860463

Call Origin GP Surgery

Caller Name: Karen Gold

Tel: 01592 860463

History: AU1 RESPIRATORY within 4 hours via own transport, does not live alone, summary to come with patient

PC: SOBOE, worsening cough

HPC: Covid positive 6/1/22. Now feels breathless on exertion and worsening cough, feels generally unwell.

Reduced air entry and crackles on auscultation.

Poorly managed asthmatic with no steroid inhaler use recently.

Has tried back to back nebuliser with no improvement

BP: 151/98, P: 112, O2: 98, RR: 12 at rest, no IWOB or respiratory distress, T: 37.2

FEWS: 1

PHM: asthma, non-alcoholic fatty liver, T2DM, hypertension

PROV Dx: ? pneumonia, ? infective exacerbation of asthma

COVID SCREENING SYMPTOMS: YES

ALT PATHWAYS: N/A

Re-direction ie specialty advice, surgeons required: no

AU1 Respiratory (VAU1AX) pathway patient

LIVES ALONE: N

Patient will arrive by OWN TRANSPORT

SUMMARY: PATIENT EMAIL N/A OTHER

WORSENING STATEMENT GIVEN BY GP TO PATIENT/CARER: YES

Registration Details - Patient No: 778

| Personal details... | | Address details... | |
|---------------------|------------------|--------------------|-----------------------|
| Date of birth | 29/06/1964 | Post Code | KY5 8JB |
| Sex | F | House Name Flat No | |
| Surname | Menzies | No and Street | 37 Ballingry Crescent |
| Previous Surname | Paterson | Village | BALLINGRY LOCHGELLY |
| Forenames | Mary C | Town | Fife |
| Calling Name | Mary | County | |
| Title | Mrs | | |
| Birth Surname | | | |
| Marital Status | Married | | |
| Ethnic Origin | (White) Scottish | | |

| HA/HB Details... | | Contact details... | |
|------------------|--------------------------|--------------------|-------------|
| Trading partner | Fife | Home Tel No | 07935398919 |
| Registered GP | Dr T Malham | Work Tel No | |
| Usual GP | Dr T Malham | Mobile Tel No | |
| Residential Inst | | E Mail Address | |
| Branch Surgery | Benarty Medical Practice | Next of Kin | |
| CHI Number | 2906640360 | | |
| NHS Number | S442/64/808 | | |

| Practice Information... | | Distances | |
|-------------------------|------------------------|------------------|--|
| Dispensing | N | Rural Mileage | |
| Hospital Number | | Blocked Special | |
| Records At | Benarty Medical Centre | Walking Quarters | |

| Further Information | | Upload Consent | |
|-------------------------|------------|----------------|---------------------------|
| Long/Short stay or Dead | | SCI-DC Consent | Implied Consent (default) |
| Date of registration | 03/08/2021 | | |

| AMS/CMS Details | | ECS (GP Summary) Consent | |
|-------------------------|--|--------------------------|---------------------------|
| AMS Consent | Yes | Patient Consent | Implied Consent (default) |
| Pharmacy Details | Barrie Dear Ltd-60 Lochleven Road,Lochore,(KY5 8DA)(Org Id - 6260) | | |
| Item Collected Check | Yes | | |
| CMS Suitability Status | 0 | | |
| CMS Registration Status | 2 | | |

Medical Record

Problems

| Active Problems | | Authorised By | Code |
|-----------------|---------------------------|----------------|-------|
| 05/12/2014 | Fibromyalgia | Miss Gilfillan | N248 |
| 17/06/2013 | Non-alcoholic fatty liver | Miss Gilfillan | J61y1 |
| 19/02/2013 | Psoriasis NOS | Miss Gilfillan | M161z |
| 26/04/2012 | Type 2 diabetes mellitus | Mrs McLeod | C10F |
| 23/03/2012 | Asthma | Mrs Black | H33 |
| | Dyspepsia | Mrs Black | J16y4 |

19/09/2008

16/12/2004 Essential hypertension

Dr Brown

G20

31/03/1998 Pustular psoriasis

Dr Brown

M161D

| Past Problems | Authorised By | Code |
|---|----------------|------------|
| 13/10/2021 Excluded 2019-nCoV (novel coronavirus) infection | Mrs Leslie | EMISNQEX59 |
| 14/10/2014 Combined photochemotherapy and UVA light therapy to skin palmar plantar pustulosis | Miss Gilfillan | 7G0E2 |
| 25/06/2000 Poisoning - self-inflicted ranitidine | Mrs Simon | TK |
| 03/09/1999 Poisoning - self-inflicted paracetamol | Mrs Simon | TK |
| 16/04/1999 H/O: depression | Mrs Simon | 1465 |
| 31/03/1999 Poisoning - self-inflicted paracetamol | Mrs Simon | TK |
| 30/03/1999 Poisoning - self-inflicted chlordiazepoxide | Mrs Simon | TK |
| 16/04/1986 Atopic dermatitis/eczema | Dr Brown | M111 |
| 24/01/1985 Spontaneous vaginal delivery male | Dr Brown | L20 |
| 01/04/1965 Chickenpox | Dr Brown | A52 |

| Due Diary Entries | Authorised By | Code |
|--|---------------|-----------|
| 31/12/2099 Key information summary, special note expiry date | Mrs Macrae | EMISNQKE5 |

| Overdue Diary Entries | Authorised By | Code |
|---|---------------|-----------|
| 25/11/2021 Diabetic annual review OVERDUE | Mrs Gold | 66AS. |
| 12/11/2021 Asthma annual review OVERDUE | Mrs Dailly | 66YJ. |
| 12/11/2021 Medication review OVERDUE 10/01/2022 | Mrs Dailly | 8B314 |
| 03/04/2021 Key information summary review date OVERDUE | Mrs Macrae | EMISNQKE7 |
| 22/01/2021 No response to bowel cancer screening programme invitation OVERDUE
Bowel Cancer Screening Exclusion | Mrs McDonald | 9Ow2. |
| 29/06/2014 No response to bowel cancer screening programme invitation OVERDUE
Bowel Cancer Screening Exclusion | Mrs Macrae | 9Ow2. |

| Alerts | Authorised By | Code |
|--------|---------------|------|
| None | | |

| Drug Allergies | Authorised By | Code |
|----------------|---------------|------|
| None | | |

| Non Drug Allergies | Authorised By | Code |
|--------------------|---------------|------|
| None | | |

| Health Status | |
|---------------|--|
| 03/10/2014 | Cervical smear
result Cervical
smear: negative |
| 16/02/2005 | Notes summary on
computer |
| 05/11/2018 | Height 169 cm |
| 11/05/2021 | Weight 102 Kg |
| 11/05/2021 | Body Mass Index
35.71 kg/m2 |
| 12/01/2022 | Blood pressure
reading 151/98 mm
Hg |
| 08/01/2013 | Blood pressure
reading O/E : BP
reading |
| 12/11/2020 | Smoking Status Ex
smoker |
| 12/11/2020 | Alcohol
consumption 0 |

28/01/2014

23/11/2010

units/week

Exercise grading
Aerobic exercise 1
time/week
FH: Ischaemic heart
dis. <60

| Consultations | |
|------------------|--|
| 12/01/2022 | <u>Mrs Karen Gold at Benarty Medical Practice</u> |
| History | Attends as per tc. Struggling to walk and talk in sentences, slow walk RR-16 on exertion. feels struggling to breathe past 48hrs, cant seem to get breath in, coughing ++ but unable to expectorate feels as if lungs being pressed stopping inspiration. Flushed sweating profusely. Poorly controlled asthmatic not had inhalers for months. Given SABA x10 puffs via aerochambetr but not feeling benefit to this. |
| Examination | Blood pressure reading 151/98 mm Hg
O2 saturations 98% HR 112 RR 12 after 5 minutes
Chest examination - reduced A/E bi-paternal lower bases with loud expiratory crackles no wheeze, no dullness on percussion. |
| Comment | Spoke with med ANP admit AU1 respirator red zone patient will be taken by husband within 1 hour. |
| 12/01/2022 | <u>Mrs Karen Gold at Telephone Consultation</u> |
| Comment | Spoke with patient - reports +ve for covid via LFT on 06/01/22 feeling very SOB, coughing constantly just not feeling well, most other symptoms have cleared up feels a bit panicked. Agreed F2F. |
| 23/12/2021 | <u>Dr T Malham at Telephone Consultation</u> |
| Comment | sertraline request. phoned again and left further message to contact surgery for r/v. Rx issued this time as so near Xmas |
| 20/12/2021 | <u>Dr T Malham at Data Entry</u> |
| Comment | sertraline request, phoned pt to try and r/v, left message to call back, nothing issued meantime-was advised last time to make r/v appt |
| 16/11/2021 16:45 | <u>Mrs Lorna Thomson at Benarty Medical Practice</u> |
| Comment | Pharmacists
Telephone encounter
Patient advises she has been forgetful with her medication and has spoken to Deas who have agreed to dispense her medication via a weekly nomad. Prescriptions amended and issued. Deas will commence nomad in 3 - 4 weeks time as patient has just collected a 4 week supply of CMS medication. Patient confirms she will continue to take Co-codamol PRN so is happy for these to continue outwith nomad. |
| Medication | Sertraline Hydrochloride Tablets 100 mg 56 TABLET TWO TO BE TAKEN EACH DAY - DISPENSE WEEKLY VIA COMPLIANCE AID
Amlodipine Tablets 5 mg 28 TABLET ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID
Atorvastatin Tablets 10 mg 28 TABLET ONE TO BE TAKEN EACH DAY - DISPENSE WEEKLY VIA COMPLIANCE AID
Clenil Modulite Cfc-free inhaler 50 micrograms/actuation 1 INHALER ONE PUFF TO BE INHALED TWICE A DAY
Furosemide Tablets 20 mg 28 TABLET ONE TO BE TAKEN EACH MORNING - DISPENSE WEEKLY VIA COMPLIANCE AID
Metformin Hydrochloride Tablets 500 mg 112 TABLET TWO TO BE TAKEN TWICE A DAY - DISPENSE WEEKLY VIA COMPLIANCE AID
Omeprazole Capsules (Gastro-Resistant) 20 mg 28 CAPSULE ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID
Ramipril Capsules 10 mg 28 CAPSULE ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID
Salbutamol Cfc-free inhaler 100 micrograms/puff 1 inhaler TWO PUFFS AS REQUIRED |

Medication

| |
|---------|
| Current |
|---------|

| Date Commenced | Drug Details | Date Last Issue | Authorised By | Type |
|----------------|--|-----------------|---------------------|--------|
| 16/11/2021 | Sertraline Hydrochloride Tablets 100 mg TWO TO BE TAKEN EACH DAY - DISPENSE WEEKLY VIA COMPLIANCE AID 56 TABLET | 23/12/2021P | Dr T Malham | ACUTE |
| 20/10/2014 | Acitretin Capsules 25 mg ONE TO BE TAKEN EACH DAY 0.1 capsule | Not Issued | Dr Alison Caldicott | ACUTE |
| 15/06/2021 | Metformin Hydrochloride Tablets 500 mg TWO TO BE TAKEN TWICE A DAY - DISPENSE WEEKLY VIA COMPLIANCE AID 112 TABLET | 20/12/2021P | Dr T Malham | REPEAT |
| 12/11/2020 | Clenil Modulite Cfc-free inhaler 50 micrograms/actuation ONE PUFF TO BE INHALED TWICE A DAY 1 INHALER | 11/01/2022P | Dr T Malham | REPEAT |
| 12/11/2020 | Salbutamol Cfc-free Inhaler 100 micrograms/puff TWO PUFFS AS REQUIRED 1 inhaler | 11/01/2022P | Dr T Malham | REPEAT |
| 30/01/2020 | Co-Codamol 30/500 Caplets TWO TABS THREE TIMES DAILY 168 tablet | 10/01/2022P | Dr T Malham | REPEAT |
| 24/03/2016 | Amlodipine Tablets 5 mg ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID 28 TABLET | 20/12/2021P | Dr T Malham | REPEAT |
| 24/03/2016 | Atorvastatin Tablets 10 mg ONE TO BE TAKEN EACH DAY - DISPENSE WEEKLY VIA COMPLIANCE AID 28 TABLET | 20/12/2021P | Dr T Malham | REPEAT |
| 24/03/2016 | Furosemide Tablets 20 mg ONE TO BE TAKEN EACH MORNING - DISPENSE WEEKLY VIA COMPLIANCE AID 28 TABLET | 20/12/2021P | Dr T Malham | REPEAT |
| 24/03/2016 | Omeprazole Capsules (Gastro-Resistant) 20 mg ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID 28 CAPSULE | 20/12/2021P | Dr T Malham | REPEAT |
| 24/03/2016 | Ramipril Capsules 10 mg ONE TO BE TAKEN DAILY - DISPENSE WEEKLY VIA COMPLIANCE AID 28 CAPSULE | 20/12/2021P | Dr T Malham | REPEAT |
| 19/02/2013 | Tubifast 2-Way Stretch Gloves Medium/Large Adult USE AS DIRECTED 3*2 device | 06/01/2016P | Dr T Malham | REPEAT |

PATIENT CARE ASSESSMENT AND ADMISSION RECORD



PATIENT DATA: Patient label or write

PATIENT NAME:

DATE OF ARRIVAL: 12/1/22

PATIENT CHI: 5

TIME OF ARRIVAL: 12.50

DATE OF BIRTH:

Menzies

2906640360

SOURCE OF REFERRAL: GP ED OTHER

ADDRESS:

Mary
37 BALLINGRY CRESCENT
BALLINGRY
LOCHGELLY
KY5 8JB
KY5 8JB

ESTIMATED DISCHARGE DATE:

PHONE NUMBER:

07935398919

NAME OF ADMITTING CONSULTANT:

GP PRACTICE:

Bengarty Medical Practice

WARD CONSULTANT:

NEXT OF KIN:

NAME:

Scott Menzies

RELATIONSHIP:

Husband

ADDRESS:

as above

FEWS on ADMISSION:

If FEWS ≥ 3 , complete the

'SCOTTISH STRUCTURED RESPONSE'

TEL:

Patient consent to inform of admission:

☒ YES

☐ NO

Next of kin informed:

☒ YES

☐ NO

Nurse in charge informed: ☐ YES ☒ NO

ePCS/eKIS reviewed (acute admissions wards only):

☐ YES ☐ NO ☐ N/A

Please provide an explanation in the Continuation Notes for points 1 to 7, utilising the 'SSR Sticker'

1. Screened for Sepsis
2. Appropriate care givers have met and discussed plan
3. Documentation of active problems, working diagnosis, management plan and review time
4. Patienttrack observation profiles / flags reviewed
5. Escalation ceiling recorded
6. Early referral to higher level of care considered and documented
7. DNACPR considered and completed if appropriate

ALTERNATIVE CONTACT

NAME:

RELATIONSHIP:

ADDRESS:

TEL:

Patient consent to inform of admission:

☐ YES

☐ NO

Contact person informed:

☐ YES

☐ NO

ETHNIC STATUS: (see ETHNIC STATUS KEY information, held at nurses' station)

FIRST LANGUAGE

☐ English

☐ Other: (specify)

Does this person require an interpreter? ☐ YES ☐ NO If yes, specify:

ACUTE DIVISION

BED BUREAU MUST BE PHONED WITHIN 15 MINUTES OF PATIENT'S ADMISSION

BED BUREAU TEL: 29964 29965 29026 29027

Tick when completed: ☐ CONFIRM PATIENT DETAILS

☐ BED BUREAU INFORMED OF ADMISSION

☐ PATIENT NAME / FEWS ON DOCTORS BOARD

SIGNED:

This record is a LEGAL DOCUMENT. Your signature indicates that you have reviewed and updated the record, and it is a true reflection of the treatment and care given by you or delegated by you. Whenever anyone writes in this record for the first time, they should fill in their details below:

This record is a LEGAL DOCUMENT. Your signature indicates that you have reviewed and updated the record, and it is a true reflection of the treatment and care given by you or delegated by you.

Whenever anyone writes in this record for the first time, they should fill in their details below:

[illegible]

ASSESSMENT

PRACTITIONERS NAME:

NSHARR-

DATE:

12/1/22

TIME COMMENCED:

1400.

JOB TITLE:

INT. 1

LOCATION:

AUL.

PRESENTING COMPLAINT

SOB.

Card rev

HISTORY OF PRESENTING COMPLAINT

Let flow the on 12/1/22

No PCE.

U70 vaccines (2+ booster)

Gravid at prior also tre.

Cyph. feverish with loss of smell

Since 6/1/22

2h of SOB.

Normally no inhalers at work at ship without SOB

Today SOB on walk from bedroom to bathroom

→ SOB impact after inhalers from GP.

Plumbe. Left Subscapular m. fully

→ non radiating.

feels generally lethargic/light headed.

→ No syncope

no palpitations

no leg swelling

Cough dry.

No hemoptysis

No history of VTE

Not on HRT.

No other PE

BB

Asthma

→ No inhalers

→ this present at ship.

NAPLO.

T2DM

HTN.

Non smoker.

CHECKLIST

CVS

Chest Pain

SOB

PND/Orthopnoea

Palpitations

Ankle Swelling

Claudication

RS

Cough

Sputum

Wheeze

Haemoptysis

GI

Anorexia/Weight loss

Abdominal Pain

Nausea/Vomiting

Dysphagia

Heartburn

Diarrhoea

Constipation

PR Bleeding

GUS

Dysuria

Nocturia

Frequency/Urgency

Haematuria

Incontinence

Last menstrual period

Cervical smear

Contraception

CNS

Headache

Dizziness

Fits/Blackouts

Memory Problems

Visual Problems

Hearing Problems

Weakness

Paraesthesia

MS

Joint pains

Joint stiffness

(You must complete below **AND** print ECS checklist)

Must be at least 2 of the following:

Patient Consent for ECS ☐ YES ☐ NO

Patient's Own Drugs / Compliance Aid ☐ YES ☐ NO

Nursing Home Chart ☐ YES ☐ NO

Repeat Prescription ☐ YES ☐ NO

C: Continue

Compliance Aid ☐ YES ☐ NO

W: Withhold.

Community Pharmacy (please specify which Pharmacy):

A: Amend

St : Stop

(Tick appropriate box)

Allergies: Other

Dose

Route

Freq

C

W

A

St

Comments

SEE ECS

Verdex Not filled in
as aimy (11)

Over the counter / Illicit substances / Herbal remedies / Homeopathic drugs

Medicine reconciliation completed by:

Date:

Sign:

Designation:

Pharmacy Review

Comments:

Date:

Sign:

Designation:

FOR ORTHOPAEDICS: SEE MEDICATION GUIDANCE, PAGE 8
INFORMATION ON 'PATIENTS ON ANTICOAGULATION': SEE PAGE 8

EXAMINATION

General Appearance:

Hydration Status:

Is this patient SEPTIC?

☐ YES

☐ NO

T °C: 38.0

SpO₂: 95

F_iO₂: air

BP: 173/66

HR: 92

RR: 21

BM:

FEWS
SCORE:

1

CARDIOVASCULAR

Pulse

JVP

Oedema

RS 1.11 to
AR 1.11
CWP
CWP SMC
CWP pedal oedema

RESPIRATORY

clear
RR 18

ABDOMEN

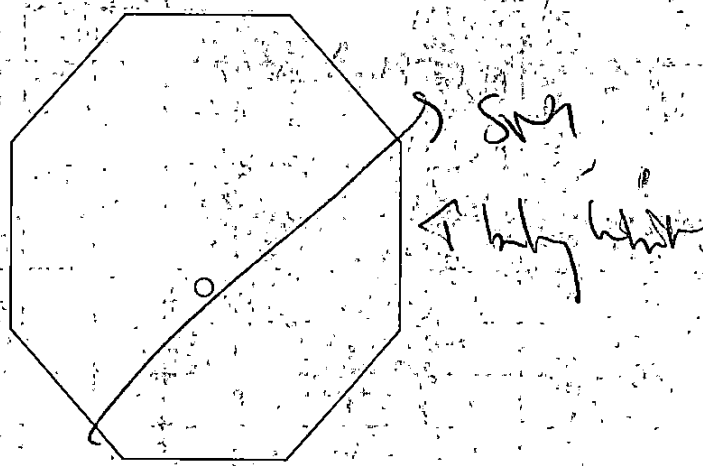
Mouth

Herniae

Genitalia

- Speculum Exam
- VE

PR / Anal Tone



CIRCULATION

Capillary Refill _____

Pedal pulses

MUSCULOSKELETAL / SKIN

Describe (use diagrams where appropriate), joint examination

BREASTS

PERIPHERAL LYMPH NODES

INVASIVE DEVICES (eg Hickman line, catheter, pacemaker)

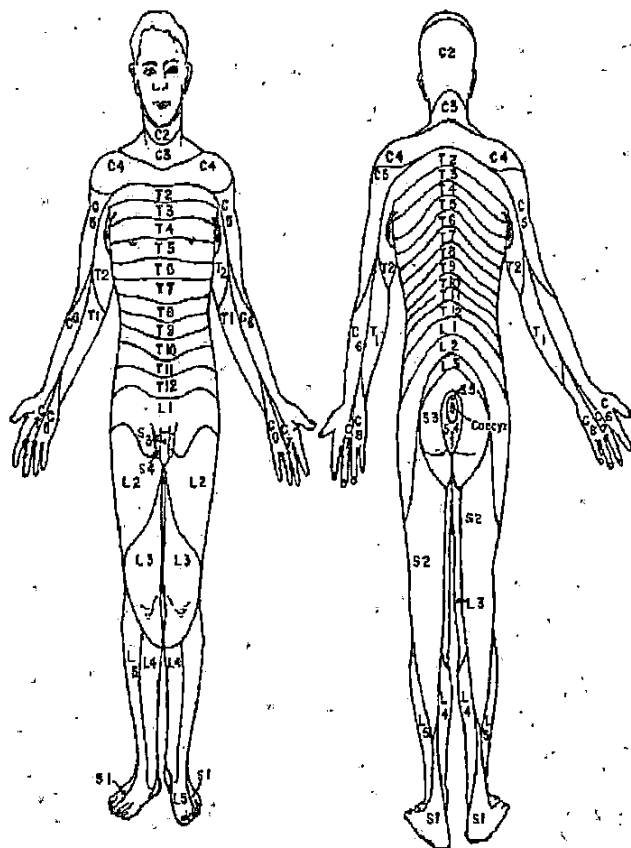
EXAMINATION

NEUROLOGY: Full neurological assessment is not required on all patients. However, general assessment of Tone, Reflexes, Power and Sensation should be documented to exclude acute neurology and as a baseline to assess any subsequent neurological decline. Full assessment is required in all patients admitted with spinal trauma or back pain.

| | | | | |
|----------------------------|----------------|-----------------------------|-------------------|-----------------------|
| GCS | EYE | VERBAL | MOTOR | CRANIAL NERVES |
| | OPENING | RESPONSE | RESPONSE | |
| | Spontaneous =4 | Orientated =5 | Obeys =6 | II |
| | To command =3 | Confused =4 | Localises pain =5 | III, IV, VI |
| | To pain =2 | Random =3 | Withdraws =4 | V |
| | None=1 | Incomprehensible sounds = 2 | Flexes to pain =3 | VII |
| | | None =1 | Extends to pain=2 | VIII |
| | | | None =1 | IX, X |
| | | | | XI |
| | | | | XII |
| TOTAL <i>15</i> /15 | | | | |

| | | | | | | | | | | | |
|--------------|--------------------|---------------|----------------|-------------------|--------------------|-----------------|--------------------|-------------|--------------|-------------|--|
| TONE | <i>tick</i> | <i>normal</i> | <i>flaccid</i> | <i>spasticity</i> | <i>clonus</i> | REFLEXES | <i>Please tick</i> | | <i>right</i> | <i>left</i> | |
| | Right UL | | | | | | Mark: | Biceps | C6 | | |
| | Left UL | | | | | | -- = absent | Triceps | C7 | | |
| | Right LL | | | | | | - = reduced | Knee | L3, L4 | | |
| | Left LL | | | | | | + = normal | Ankle | S1, S2 | | |
| | | | | | | ++ = brisk | Plantar response | | | | |
| POWER | <i>Please tick</i> | | <i>right</i> | <i>left</i> | <i>Please tick</i> | | <i>right</i> | <i>left</i> | | | |
| | Shoulder abduct | C5 | | | Hip flexion | L2, 3 | | | | | |
| | Elbow flex | C5, 6 | | | Knee ext | L3, 4 | | | | | |
| | Wrist ext | C6, 7 | | | Foot dorsal | L4, 5 | | | | | |
| | Elbow ext | C7, 8 | | | EHL | L5 | | | | | |
| | Grip | C7, 8 | | | Knee flex | L5, S1 | | | | | |
| | Finger abduction | T1 | | | Foot plant flex | S1, S2 | | | | | |

SENSATION mark areas reduced and absent sensation



ABBREVIATED NEUROLOGICAL ASSESSMENT
(comment on PTRS in all limbs)

DIFFERENTIAL DIAGNOSIS AND PROBLEM LIST

Grid are
need to exclude PE

MANAGEMENT PLAN (REMEMBER: FEWS of 3 or more = Scottish Structured Response)

CXR

Add D-Dimer

Ⓟ to continue drippers if no
abnormalities on bloods/CXR seen

FLUIDS / FASTING Allow clear fluids until 2 hrs pre op. Allow normal diet until 6 hrs pre op.

Anticipated op time: _____ am / _____ pm

Fast for theatre: ☐ YES ☐ NO

Clear fluids until: _____

Fasting from: _____

Clerking Practitioner Sign off

Tick Box

Completed: VTE risk assessment

Prescribed Dalteparin if indicated

Completed: medicines
reconciliation and kardex written

Clerking complete

Name:

WMP

Signature:

[Signature]

Job Title:

10/11/1

Date:

12/6/22

Time:

1430

RESULTS

| XR | CT | MRI | USS | ECG | ABG |
|----|----|-----|-----|-----|---|
| | | | | | FiO2
pH
BE
HCO3
pCO2
pO2 |

Blood Results (previous results in shaded area)

| Date | | Date | | Date | |
|--------|--|----------------------|--|-----------|--|
| WCC | | Na | | Alb | |
| Neut | | K | | Protein | |
| Lymph | | Urea | | Alk Phos | |
| Hb | | Creat | | GGT | |
| MCV | | eGFR | | ALT | |
| PLT | | HCO3 | | Bilirubin | |
| Ddimer | | Cor Ca ²⁺ | | Amylase | |
| PT | | Phos | | CRP | |
| APTT | | Mg | | Serum HCG | |
| INR | | TSH | | Adm Trop | |
| B12 | | Glucose | | 12h Trop | |
| Folate | | Lactate | | CK | |

CONSULTANT (REGISTRAR) WARD ROUND

Consultant Name: MURUGAN

(57) Background T2DM + asthma
 ↓ No asthma related hospital admissions
 Admits to poor compliance w/ inhalers
 works in care (H) + tested +ve on LFT 6/1/22.
 Anosmia. SOB, wheeze, nonproductive cough +
 RSV. ↓ intake but managing fluids.
 Does not know usual Peakflow - has not checked
 OIE (L) pleuritic CP. J-AIE. SpO₂ - 95 on RA.
 WNP
 Looks well. (L) base

HR - 92/min
 BP - 123/66 CRP awaited D-dimer - 203
 WCC - 6.1 CXR - (L) basal consolidation

IMPRESSION (to be completed by Consultant / Registrar only)

Symptomatic COVID
 (L) CAP on B/O asthma

CONSULTANT SIGN OFF (to be completed by Consultant only)

PLAN: Recheck SpO₂ if >94 - allow on RA -
 allow (H)

RO abx + steroids

Repeat CXR in 4-6/52.

check CRP

PT advised that if worsening sx or
 lack of improvement - to represent.

| | | | | | |
|---|---|--|--|------------------------------|--|
| Analgesia considered | ☒ YES | ☐ NO | Med rec complete | ☐ YES | ☒ NO |
| CXR seen | ☒ YES | ☐ NO | Remove unwanted PVCs | ☐ YES | ☒ NO |
| ECG seen | ☒ YES | ☐ NO | AWI required | ☐ YES | ☒ NO |
| Bloods seen | ☒ YES | ☐ NO | Oxygen prescribed | ☐ YES | ☒ NO |
| VTE Risk assessment | ☒ YES | ☐ NO | Target saturations | Other | 94% 88% - 92% |
| Dalteparin prescribed | ☐ YES | ☒ NO | IV fluid prescription considered | Yes | ☐ NO |
| Resuscitation and Escalation status | | | Discussed with patient / family / POA: ☐ Family phoned, but not contactable
☐ Yes ☐ To be discussed (state time of discussion:) ☐ No | | |
| ☒ For CPR | ☐ Not for CPR | DNACPR form completed | ☐ YES ☒ NO | <48 hour stay | |
| ☐ ICU | ☐ MHDU | ☐ Ward level care | | | |
| Escalation Plan: | | | | Specialty | |
| | | | | | |
| Consultant Name: MURUGAN | | | Sign:  | Date: 12/1/22 | Time: 1620 |

FRAILTY SCREENING TOOL

Would this person benefit from Comprehensive Geriatric Assessment? If answered "Yes" to any of the following questions please refer to the Integrated Assessment Team

Practitioner Signature: 

Date: 12.01.22 Time: 13.30

| | |
|--|---|
| 1. Has the patient been admitted from a nursing or residential home? | ☐ YES ☒ NO |
| 2. Does the patient have NEW functional decline? | ☐ YES ☒ NO |
| 3. Dementia diagnosis or are there any concerns about memory/cognition? | ☐ YES ☒ NO |
| 4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual? | ☐ YES ☒ NO |
| 5. Has the patient fallen in the past 3 months or is a fall the reason for admission? | ☐ YES ☒ NO |
| 6. Does the patient attempt to walk alone although unsteady or unsafe? | ☐ YES ☒ NO |
| 7. Does the patient or their relatives have fear or anxiety re falling? | ☐ YES ☒ NO |
| If YES to Question 3, 4 or 5: Complete 4AT below. THINK DELIRIUM
Initiate FALLS PATHWAY if FALLS and COGNITIVE questions positive | |
| FALLS PATHWAY initiated | ☐ YES ☒ NO |

| 4AT | | SCORE |
|---|--|--------------------------|
| 1 | Alertness:
This includes patients who may be markedly drowsy (eg difficult to rouse &/ or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep attempt to wake with speech or gentle touch on shoulder. Ask patient to state their name and address to assist rating <ul style="list-style-type: none"> Normal (fully alert, but not agitated throughout assessment) Mild sleepiness for 10 secs after waking, then normal Clearly abnormal | 0
1
4 |
| 2 | AMT 4:
Age, DOB, place name and current year AMT score= /4 <ul style="list-style-type: none"> No mistakes 1 mistake 2 or more mistakes/untestable | 0
1
2 |
| 3 | Attention:
Ask the patient: "Please tell me the months of the year backwards starting at December" You can assist with 1 prompt of "What is the month before Dec?" <ul style="list-style-type: none"> Achieves 7 or more Starts but score <7 months/refuses to start Untestable (cannot start because unwell, drowsy, inattentive) | 0
1
2 |
| 4 | Acute change or fluctuating course:
Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg paranoia, hallucinations arising over last 2 weeks and evident in last 24 hours) <ul style="list-style-type: none"> No Yes | 0
4 |
| 4AT score
4 or above: possible delirium+/- cognitive impairment: THINK DELIRIUM - initiate TIME BUNDLE
1-3: possible cognitive impairment
0: delirium or severe cognitive impairment unlikely (but delirium still possible if question 4 Information incomplete) | | Total score:
0 |

Infection Prevention and Control Clinical Risk Assessment (CRA): Multi-Drug Resistant

Organism (MDRO) Admission Screening

Hospital + Ward/Dept: _____

Admission date: _____ Time: _____

Patient Name: _____
(or place patient sticker here)

CPE Clinical Risk Assessment (on admission)

Date of Screen: _____ Time: _____ Signature: _____

1. Patient has history of CPE colonisation or infection at any time in the past (confirm by checking systems for flags/results and ask patient if no record on system) (Y/N)

☒

If **YES**, patient should be managed as a CPE positive case + **must** be placed in a single room, and the case discussed with IPCT

2. In the past 12 months (this will most often require asking the patient):

- Patient has been an inpatient outside Scotland ☒
- Patient has received holiday dialysis outside Scotland ☒
- Patient has been close contact of someone with CPE ☒

☒
☒
☒

If **YES** to any, patient is at increased risk of CPE colonisation, + **must** be placed in a single room and the case discussed with IPCT

Discussed with patient and provided information sheet ☐

1. PATIENT PLACEMENT (Single room)

Date _____ Signature _____
Reason patient not placed in a single room (if applicable) and risk assessment completed: _____

AND

2. SAMPLES FOR TESTING (Y/N)

Rectal swab (or stool sample) ☐

AND

Wound swab, if present ☐

AND

Invasive device site swab, if present (exc urinary catheter site) ☐

AND

CSU if catheterised ☐

Date _____ Signature _____

MRSA Clinical Risk Assessment

Date of Screen: _____ Time: _____ Signature: _____

1. Patient has history of MRSA colonisation or infection at any time in the past (confirm by checking systems for flags/results and ask patient if no record on system) (Y/N)

☒

If **YES** to any, patient is at increased risk of MRSA colonisation

2. Patient admitted from somewhere other than home e.g. another hospital, care home (confirm by checking admission documentation/systems)

☒

If **NO** to all AND patient is in high impact specialty*

3. Patient has wound/ulcer or invasive device present before admission (may require physical inspection)

☒

Discussed with patient and provided them with leaflet ☐

1. PATIENT PLACEMENT (Single room/cohort/separated- refer to protocol)

Single ☐

Cohort* ☐

Separated* ☐

If placement not possible as per protocol, undertake risk assessment and document reasons below: _____

2. SAMPLES FOR TESTING

Nasal + perineal swabs (or nasal + throat swabs*) ☐

AND

Wound/skin break swab, if present ☐

AND

Invasive device site swab, if present (exc urinary catheter site) ☐

AND

CSU if catheterised ☐

Date _____ Signature _____

* High impact specialties refers to: Intensive Care, Orthopaedics, Renal Medicine, Vascular Surgery and Cardiothoracic Surgery

* MRSA patients nursed together, with dedicated nursing

* MRSA patients physically separated, no dedicated nursing

Only to be used when nasal/perineal swabs are not possible

NURSING ASSESSMENT – INITIAL ASSESSMENT ON ADMISSION

| | | | | | |
|------------------------|---|--|-----------------------------------|-------------|------------------|
| Belongings (tick) | With patient | With family | In safe | Bagged | Labelled |
| Own medication | ☐ YES | ☒ NO | | | |
| Name band | ☒ YES | ☐ NO | | | |
| Patient fasted | ☐ YES | ☒ NO | Food time: | Fluid time: | See also page 9. |
| Relatives with patient | ☐ YES | ☒ NO | ☐ Informed | | |

| | | |
|----------------------|---|---|
| Home circumstances: | ☐ Lives alone | Lives with: <u>Husband</u> |
| Living Arrangements: | ☒ Own Home | ☐ Sheltered ☐ Care Home ☐ Homeless |
| Care Package: | ☐ Yes ☒ No | Frequency: |
| Family Support: | Details: | |

CAPACITY AND CONSENT

| | | | | |
|--------------|--|--|--|---|
| Mental State | Orientated ☒ YES ☐ NO | Confused ☐ YES ☒ NO | Distressed ☐ YES ☒ NO | Unconscious (GCS $\leq$ 9) ☐ YES |
|--------------|--|--|--|---|

Consider if the patient has capacity to consent. If the patient's ability to consent is in doubt refer to medical staff to assess and then complete the following:

Is there a concern that the patient is at risk?

| | |
|--|---|
| 1. Are they unable to safeguard their own wellbeing, property rights or other interests? | ☐ YES ☒ NO |
| 2. Are they at risk of harm? | ☐ YES ☒ NO |
| 3. Are they affected by disability, mental disorder, illness, physical or mental infirmity which makes them more vulnerable to harm than adults not affected in this way | ☐ YES ☒ NO |

If the patient meets all 3 points, follow NHS Five Adult Protection and Support process

| | | |
|---|---|-----------------------------|
| Does patient require supervision / special observation? | ☐ YES ☒ NO | Refer to Supervision Policy |
|---|---|-----------------------------|

Consider need for Violence and Aggression Risk Assessment

| | | |
|---|--|-------|
| Adults With Incapacity (AWI) form completed | ☐ YES ☒ NO ☐ N/A | Date: |
| Discussed with and signed by family / carer | ☐ YES ☒ NO ☐ N/A | Date: |
| Date treatment plan in place? | ☐ YES ☒ NO ☐ N/A | Date: |
| Is Welfare Power of Attorney held? | ☐ YES ☒ NO ☐ N/A | Date: |
| Has copy been requested? | ☐ YES ☒ NO ☐ N/A | Date: |

Does the patient consent to us sharing information with:

| | | | | | |
|----------------------------|---|--------|---|--------|---|
| Other Health Professionals | ☒ YES ☐ NO | Family | ☒ YES ☐ NO | Carers | ☐ YES ☒ NO |
|----------------------------|---|--------|---|--------|---|

Specify:

SPIRITUAL CARE & PSYCHOLOGICAL SUPPORT

| | | | |
|---|---|----------------|-------------------------------|
| Does the patient want you to contact their spiritual or religious leader? | ☐ YES ☒ NO | Name: | |
| | | Phone: | |
| | | Date: | |
| Does the family / carer want support from Spiritual Care Team (Chaplain)? | ☐ YES ☐ NO | | |
| Reason for referral (please circle): | Patient support | Family Support | Religious care (faith group?) |
| Refer to Spiritual Care Team: | ☐ YES ☒ NO | Date: | Time: |

NURSING ASSESSMENT – INITIAL ASSESSMENT ON ADMISSION

PAIN ASSESSMENT ON A SCALE OF 0 – 10 WHERE '0' = NO PAIN & '10' = WORST IMAGINABLE OR
FACE LEGS ACTIVITY CRYING AND CONSOLABILITY (F.L.A.C.C. SCORE 0 - 10)

Does the patient have pain? *Chest tightness* ☒ YES ☐ NO If 'Yes' initiate pain assessment chart

SWALLOWING

Does patient have any risk factors that would affect their ability to swallow? (e.g. previous or suspected stroke) ☐ YES ☒ NO Follow 'Compromised Swallow Assessment Flow chart' or 'Stroke Swallow Assessment' if stroke suspected

Swallow Screen Checklist completed? ☐ YES ☒ NO If Nil By Mouth ensure essential medicines and hydration are prescribed via an appropriate route

ORAL HEALTH (IF YES TO ANY OF THE FOLLOWING IMPLEMENT THE ORAL HYGIENE TOOL)

Does the patient have dentures? Full Partial ☒ No Tongue coated? ☐ YES ☒ NO

Are there any issues with oral health? ☐ YES ☒ NO Lips dry and cracked? ☐ YES ☒ NO

PRESSURE ULCER RISK ASSESSMENT (PURA)

Mobility: Patient is fully mobile without equipment/ assistance (Y/N)

Continence: Person is fully continent (Y/N)

Nutrition: Person appears well nourished and able to eat and drink (Y/N)

Record answer in grid below Y=Yes N=No

If the answer is **NO** to any assessments, commence SSKIN bundle

Remember

- People who are overweight may not be well nourished
- Please sign after each check

| DATE | TIME | MOBILITY | CONTINENCE | NUTRITION | SKIN INSPECTED | SSKIN BUNDLE COMMENCED | SIGNATURE/ PRINT |
|--------|------|----------|------------|-----------|----------------|------------------------|--------------------|
| 2.1.22 | 1345 | Y | Y | Y | Repa's intact | N | <i>[Signature]</i> |

Name: Signature: Date: Time complete:

FALLS (see 'Falls History' Page 12)

Please score through any part of the following that is not used

URINALYSIS

| Glucose | Bilirubin | Ketones | SG | Blood | PH | Protein | Urobilinogen | Nitrates | Leuco-cytes | Date | Initials |
|---------|-----------|---------|----|-------|----|---------|--------------|----------|-------------|------|----------|
| | | | | | | | | | | | |

MSU – Culture and Sensitivity

Chlamydia (P.C.R.)

What was the date of the patient's Last Menstrual Period?

Ask the patient if there is any possibility that they may be pregnant

Pregnancy Status on Admission (Female patients over 12 years) – please tick box

Pregnant Not Pregnant Don't know Not applicable

A pregnancy test must be carried out if the patient is uncertain/states that they are pregnant.

Ask the patient for verbal consent for a urine pregnancy test

Pregnancy test results Negative Positive

DATE

TIME

PROGRESS / CONTINUATION / EVALUATION OF CARE

Please use 24-hour clock and sign each entry. Insert your details on 'Signature' sheet.

COVID-19 Testing

Emergency & Elective Inpatients

On Admissions Screen:

Date: / / Signed: _____

2nd Screen - due day 5 from admission date:

Date: / / Signed: _____

+ve Lft

on Thursday

6/01/22

(S) 57 year old female admitted
with SOB

B PMH in Dr's notes

(A) FEWS 1 ↑ Resps

Airway Patent

Big asthma, though doesn't
use inhalers, SOB relieved after GP gave
albuterol No O2 Req. Salbutamol

Alert & orientated

Independently mobile

Continant

Rpts skin intact.

Fife Area Laboratory

CLINICAL BIOCHEMISTRY

Surname: GRAY Forename: Mary D.o.B.: 29 Jun 1964 Sex: F Case No: 2906640360
 Address: 91 MARTIN CRESC BAILLINGRY Post code: KY5 8QB CHI: 2906640360
 Cons/GP: Dr S MCCORMACK Source: Skin Clinic
 Victoria Hospital.

Current clin. details: ????? FASTED

| Date | 29/01/15 | 31/10/14 | 19/09/14 | 23/05/14 | 28/01/14 |
|---------------------------|-----------|-----------|-----------|-----------|-----------|
| Time | | 09:15 | 11:25 | 09:11 | |
| Labno. | 005056714 | C7770677B | C7701451A | C7481757N | C6208004W |
| Sodium | 145 | | 139 | 139 | |
| (133-146 mmol/L) | | | | | |
| Potassium | 5.0 | | 4.1 | 4.4 | |
| (3.5-5.3 mmol/L) | | | | | |
| Urea | 5.6 | | | | |
| (2.5-7.8 mmol/L) | | | | | |
| Creatinine | 72 | | 69 | 71 | |
| (50-100 umol/L) | | | | | |
| eGFR | > 60 | | > 60 | > 60 | |
| (mL/min) | | | | | |
| Glucose | | | | 8.7H | |
| (3.3-6.1 mmol/L) | | | | | |
| HbA1C (IFCC) | | | 48H | 55H | |
| (31.0-44.3 mmol/mol) | | | | | |
| Albumin | 47 | 43 | 45 | 44 | 45 |
| (35-50 g/L) | | | | | |
| Protein (Total) | 77 | 71 | 73 | 79 | 74 |
| (60-80 g/L) | | | | | |
| Alkaline phosphatase | 122 | 114 | 133H | 169H | 144H |
| (30-130 U/L) | | | | | |
| Gamma-Glutamyltransferase | | | 47H | 61H | 63H |
| (7-33 U/L) | | | | | |
| Alanine transaminase | 96H | 57H | 65H | 60H | 68H |
| (5-55 U/L) | | | | | |
| Bilirubin (Total) | 12 | 11 | 10 | 10 | 10 |
| (0-20 umol/L) | | | | | |
| Cholesterol | 4.6 | 4.4 | | 4.2 | |
| (3.3-6.5 mmol/L) | | | | | |
| Triglyceride | 1.26 | 0.95 | | 0.98 | |
| (0.85-2.0 mmol/L) | | | | | |
| HDL Cholesterol | 1.32 | 1.32 | | 1.36 | |
| (0.8-2.2 mmol/L) | | | | | |
| LDL Cholesterol | 2.7 | 2.7 | | 2.4 | |
| (1.0-4.2 mmol/L) | | | | | |
| Cholesterol/HDL ratio | 3.5 | 3.3 | | 3.1 | |

notes please

C005056714 29/01/15 LDL calculation is only valid if patient is fasting.
 C7770677B 31/10/14 LDL calculation is only valid if patient is fasting.
 C7481757N 23/05/14 LDL calculation is only valid if patient is fasting.

3/2

[Signature]

ALL RESULTS APPLY TO SERUM/PLASMA UNLESS OTHERWISE INDICATED

Current Items Reported : EL LF CHDL TG SARC UR

Current Items Requested: EL LF CHDL TG SARC UR

Current Spec. Rec'd: 15:09 29 Jan 2015

Printed: 29 Jan 2015

Authorised by:

NHS
Fife

| INSTRUCTIONS FOR USE | Place Any Additional Stickers Here |
|--|---|
| <ul style="list-style-type: none">• Use of this prescription must follow the Code of Practice Medicines.• Use the Approved Drug name and print each entry LEGIBLY IN CAPITAL LETTERS in indelible ink.• NEVER alter existing instructions, write a new entry.• To stop a prescription, score a single line through both drug and administration sections, sign and date.• When a dose is administered the person doing so must initial the appropriate box.• When prescribing new medicines be mindful of administration times and if necessary prescribe a dose in the once only section to ensure patients do not miss doses. | |

| CHARTS IN THE BOOKLET | Additional Charts (Attached) | ✓ | Date started | Date finished | Codes for Drugs Not Administered |
|------------------------------------|------------------------------|---|--------------|---------------|---|
| Thromboprophylaxis | Warfarin | | | | A - Patient refused
B - Patient Unavailable
C - Instructions not clear / legal
D - Medicine not available
E - Nil by mouth
F - Once only / pm given
G - Dose withheld – Prescriber's instructions
H - Self-administered by patient
I - Nausea / Vomiting
J - Unable to swallow
K - No intravenous access
L - Other |
| Oxygen Prescriptions | Subcutaneous Insulin | | | | |
| Regular Prescriptions | Intravenous Insulin | | | | |
| As Required/
Symptomatic Relief | Intravenous Fluid | | | | |
| | Syringe Driver | | | | |
| | Others | | | | |

[illegible]