A&E Records

Surname/Forename	Stewart, Tracey
UHPI Number	800547297W

Episode Number	E1029466

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1029466 Dr P Freeland 2/29/08 17:45	A&E Doctor 1: DR T WARD,Time Seen: 22:45,Alcohol: 0,Provisonal Diagnosis: 14PT,Drug 1: Nil ,Investigation 1: Nil ,Destination: H,Examination: NECK/SHOCK,Primary Diagnosis: NO INJURIES

Surname/Forename	Stewart, Tracey
UHPI Number	800547297W

Episode Number	E1029466

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1029468 Dr P Freeland 2/29/08 17:45	A&E Doctor 1: DR P HISHAMUDDIN,Time Seen: 00:30,Alcohol: 0,Provisonal Diagnosis: 16DA,Drug 1: Nil ,Investigation 1: Plain X-Ray ,Destination: ,Examination: ASSAULT,Primary Diagnosis: ALLEGED ASSAULT

Surname/Forename	Stewart, Tracey
UHPI Number	800547297W

Episode Number	E1029466

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1029467 Dr P Freeland 2/29/08 17:45	Time Seen: ,Alcohol: ,Provisonal Diagnosis: 21AA,Drug 1: Nil ,Investigation 1: Nil ,Destination: WD21,Examination: R CHEST PAIN/SOB,Primary Diagnosis: DIRECT TO WARD

Surname/Forename	Stewart, Tracey
UHPI Number	800547297W

Episode Number	E1029466

Note Details	Clinical Notes
Historic SJH A&E Conversion Data Episode/Ref: E1029469 Dr P Freeland 2/29/08 17:45	A&E Doctor 1: TRIAGE NURSE,Time Seen: ,Alcohol: ,Provisonal Diagnosis: 21AA,Destination: ,Examination: PAIN/SWOLLEN,Primary Diagnosis: DIRECT REFERRAL TO OW

Surname/Forename	Stewart, Tracey
UHPI Number	800547297W

Episode Number	E1029466

Note Details	Clinical Notes
Emergency Care Note Episode/Ref: E1228086 Dr V-Liem Soon 4/13/08 Michelle Wilkins	?DVT

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date: 14/05/2013

Emergency Discharge Summary

Patient	Tracey Stewart 37 Old Well Place Bathgate EH48 2XG	**CHI**	**1709821280**
		Date of Birth / Age	17/09/1982 (30 years)
		UHPI	800547297W
		A&E Attendance Number	E2459882
Attendance Date	26/04/2013		
Attendance Time	13:30		
Mode of Arrival			
Source of Referral	General Practitioner		
Discharge Date	26/04/2013		
Discharge To		**Final Triage**	4 - Standard
		Attendances in the last 12 months	1

Dear Dr Thomson

Presentation:	chest pain
Diagnosis:	None
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Ibuprofen Tablets	400 MG	THREE times DAILY	Short Term	
Omeprazole Capsules	20 MG	ONCE DAILY	Long Term	

PRINCIPAL DIAGNOSIS/PROCEDURE
This 30 year old female was admitted with a eight day history of retrosternal pleurtic chets pain radiating to her right hemi- throax. No SOB. but shallow breathing. Pain is improved on leaning forward.Patient denies any recent cough or cold.
CXR - normal
PMH asthma
ECG ST elevation saddle changes St elevation in I, II, AVF V4- V6
Bloods: -ve d- dimer, otherwise normal
IMP pericarditits
TREATMENT

ibuprofen and omperazole
FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
one week review
CHANGES TO DRUGS SINCE ADMISSION
We have added NSAID and PPI
PREVIOUS ADVERSE DRUG REACTIONS
amxoicillin penicillin mepore
SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
NIL
GP to please consider the following...

Should you need further information please contact...

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

Yours sincerely.....

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

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

Patient/Carer Signature.....

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

Yours Sincerely,

Dr Ali Harmouche, Consultant

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date: 09/05/2013

Emergency Discharge Summary

Patient	Tracey Stewart 37 Old Well Place Bathgate EH48 2XG	**CHI**	**1709821280**
		Date of Birth / Age	17/09/1982 (30 years)
		UHPI	800547297W
		A&E Attendance Number	E2464728
Attendance Date	03/05/2013		
Attendance Time	10:24		
Mode of Arrival	Walked		
Source of Referral	Planned Return		
Discharge Date	03/05/2013		
Discharge To		**Final Triage**	4 - Standard
		Attendances in the last 12 months	2

Dear Dr Thomson

Presentation:	review
Diagnosis:	None
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

FINAL DISCHARGE SUMMARY

Diagnosis:

Pericarditis

Current Medication:

Ibuprofen 400 mg three times daily short term
Omeprazole 20 mg once daily

Your patient attended the Primary Assessment Area for further review following recent admission with pleuritic type chest pain which was suggestive of pericarditis. She tells me his symptoms are possibly pretty much the same and she is still taking Ibuprofen, Paracetamol and Omeprazole. Examination today was unremarkable and her ECG was normal. Her observations were fine. I have asked her to continue her painkillers and she will return to PAA in a week's time for further review and if her symptoms persist I might consider an echocardiogram. Please do not hesitate to contact me if you need any further assistance.

Yours sincerely

Dr Ali Harmouche
Acute Physician

AXH/BL
Enquiries to Beth Love (Tel:01506 523025)

Yours Sincerely,

Dr Ali Harmouche, Consultant

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date: 07/08/2013

Emergency Discharge Summary

Patient	Tracey Stewart 37 Old Well Place Bathgate EH48 2XG	**CHI**	**1709821280**
		Date of Birth / Age	17/09/1982 (30 years)
		UHPI	800547297W
		A&E Attendance Number	E2469921
Attendance Date	10/05/2013		
Attendance Time	10:04		
Mode of Arrival			
Source of Referral	General Practitioner		
Discharge Date	10/05/2013		
Discharge To		**Final Triage**	4 - Standard
		Attendances in the last 12 months	3

Dear Dr Thomson

Presentation:	review
Diagnosis:	None
Procedures:	None
Drugs given in A&E:	None

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info

I am writing to let you know that your patient failed to attend an appointment for an Echocardiogram investigating recent admission with possible pericarditis. I will not arrange a further appointment unless she is symptomatic.

Yours sincerely

Dr Ali Harmouche
Acute Physician

AXH/BL
Enquiries to Beth Love (Tel:01506 523025)

Yours Sincerely,

Dr Ali Harmouche, Consultant

Clinic Letters

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Gynaecology

Dr McNutt
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created: 21/01/2010
Date/Time Printed: 08/06/2026 09:07
Our Ref: 800547297W
CHI: 1709821280

Patient:	Miss Tracey Stewart 37 Old Well Place West Lothian Bathgate EH48 2XG	**UHPI:**	800547297W
		Date of Birth:	17/09/1982
Specialty:	Gynaecology	**Consultant:**	Gynaecology Team (SJH)

Thank you for referring this 27 year old lady requesting termination of pregnancy. She is a Para 2, both deliveries by caesarean section and she had a bladder injury during the second operation. She is also a bronchial asthmatic, which is well controlled with inhalers. She is allergic to penicillin and amoxicillin (develops a rash).

Scan, done today, confirms an intrauterine gestational sac of 5+3 weeks. She had chlamydial swabs and a FBC and G&S done today. She is absolutely certain that she wants the termination of pregnancy for social reasons. She actually missed an injection of Depo Provera. She smokes about 5 per day. She has been with her partner for 9 years. She is going to go back on the Depo Provera for contraception, which she will start at the second part of termination. Her husband will get a vasectomy in the near future. She will have her first part today, 21.1.10, and the second part of 23.1.10.

Yours sincerely

Dr Viswapriya Sivashanmugarajam
ST4 to Dr MacLeod
OBS AND GYNAE
(EG)

NHS Lothian

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date: 15/05/2013

Outpatient Clinic Letter

Patient	Tracey Stewart 37 Old Well Place Bathgate EH48 2XG	**CHI** **Date of Birth / Age** **UHPI**	**1709821280** 17/09/1982 (30 years) 800547297W
Specialty	SJH PAA	**Attendance Date**	
Consultant	Dr Ali Harmouche		

Dear Dr Thomson

I am writing to let you know that your patient attended the Primary Assessment Area for review following recent admission with symptoms suggestive of pericarditis. I was pleased to see that your patient was feeling better but was still having some occasional sharp twinges. She had no shortness of breath and no exertional chest pain. Her examination was unremarkable. Observations were fine. I have requested an echocardiogram and I will keep you updated. I will not arrange further follow-up but I would be more than happy to see your patient again if necessary.

Yours sincerely

Dr Ali Harmouche
Acute Physician

AXH/BL
Enquiries to Beth Love (Tel:01506 523025)

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Cardiac Physiology/ECG

Dr McNutt
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created: 14/10/2014
Date/Time Printed: 08/06/2026 09:08
Our Ref: 800547297W
CHI: 1709821280

Patient:	Miss Tracey Stewart 37 Old Well Place West Lothian Bathgate EH48 2XG	**UHPI:** **Date of Birth:**	800547297W 17/09/1982
Specialty:	Cardiac Physiology/ECG	**Consultant:**	SJH GP Tape Physiologist

Many thanks for your referral to LARS dated 3 September. Miss Stewart attended for a 24-hour tape on the 25th.

As you will see from the enclosed, the tape demonstrated sinus rhythm and sinus tachycardia with appropriate slowing at night.

There were scattered supraventricular and ventricular ectopics and couplets, but no significant disturbances of cardiac rhythm.

Symptoms corresponded both to normal sinus rhythm and to isolated ectopics.

I would reassure Miss Stewart that her palpitations are due to ectopics which are benign and for which no treatment is required.

She should be reminded also that cigarettes contain Nicotine which is a cardiac stimulant.

With best wishes.

Yours sincerely

Dr A J Jacob
Consultant Cardiologist
Enquiries: 01506 523869

AJJ/LG-dictated 290914, typed 141014

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Obstetrics

Dr McNutt
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created: 17/02/2015
Date/Time Printed: 08/06/2026 09:08
Our Ref: 800547297W
CHI: 1709821280

Patient:	Miss Tracey Stewart 37 Old Well Place West Lothian Bathgate EH48 2XG	**UHPI:**	800547297W
		Date of Birth:	17/09/1982
Specialty:	Obstetrics	**Consultant:**	Dr TK Cooper

I apologise for the delay in getting back in touch with you but I have been on annual leave and your notes have only just been returned to me. If you would like an appointment to discuss the management of your pregnancy and delivery I would be happy to meet with you. Please contact my secretary if you would like such an appointment.

Please accept my condolences on the loss of your baby.

Yours sincerely

DR T K COOPER
CONSULTANT GYNAECOLOGIST

cc
Dr Thomson
Simpson Medical Group
Bathgate

Referrals

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	27/07/2012
Date submitted	27/07/2012

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr. Clare Hayward (GMC: 3141603)
Practice:	SIMPSON MEDICAL GROUP (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Pelvic organs (Gynaecology)**

Reason for Request: Pelvic Pain This 43 year old lady has been suffering from lower abdominal pain and dyspareunia over the past four to five months. She also has some post coital bleeding. She is on the Depo Provera injection for contraception and has no regular periods. On vaginal examination the cervix was normal. However she was tender on uterine palpation and on the right adnexal region. There was no obvious adnexal mass. I have treated her for pelvic inflammatory disease but would be grateful for an ultrasound scan to look for any alternative cause for her pelvic pain.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms :	four to five months	

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:19-Jul-2012
Alcohol history (Encounters):Drinks rarely Date recorded:6-May-2003
Exercise history (Encounters):Exercise grading Date recorded:6-May-2003
Patient Weight in Kilograms:49.442
Patient Height in Metres:1.626

NHS Lothian - Referral Letter

Referral To	St John's Hospital Cardiology L Arrythmia Referral Service
Urgency of referral	Routine
Date of referral	03/09/2014
Date submitted	03/09/2014
UCPN	101007830826C

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lorna Heath (GMC: 4532473)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

CLINICAL INFORMATION

Reason for Referral: daily palpitations - feels irregular at times, occ assoc sob/sweating

Main Referral Text: This 31 year old female had an episode of pericarditis in June 2013 and since then feels that she has been getting episodes where she feels her heart is beating faster and more irregularly than usual. This can be associated with sharp L sided chest pains which are shortlasting. Occasionally when she has runs of palpitations she feels short of breath and sweaty. She has suffered from anxiety at times but doesn't feel that the episodes are triggered by this. The episodes are worse with caffeine but she has reduced this to try to control her symptoms.

On examination her pulse was 74 and regular. Her blood pressure was 129/85 and heart sounds and chest examination were normal. She has had a normal ECG this year.

I wonder whether her symptoms may be related to increased awareness of ectopics following her episode of pericarditis but in view of the occasional episodes where she is also short of breath and sweaty I feel she would benefit from a 24 hour tape.

Investigations

Description	Result	Date
Regular Pulse :	true	
Frequency of Palpitations :	Daily	
Previous referral for Ambulatory Monitor :	No	
Echocardiogram in last year :	Yes	
Which hospital :	ST Johns Hospital ?date June/July 2014 - our notes have letter saying DNA but pt adamant had test.	
Interpreter required :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Acute pericarditis		seen by SJH and given ibuprofen and omeprazole. Still working but feels terrible. Advised to rest and to increase ibuprofen to max till pain settles.	30/04/2013	30/04/2013
Caesarean delivery		Female	06/05/2008	06/05/2008
Asthma resolved		no medication for over 12mths	05/11/2007	05/11/2007
Melanocytic naevi of skin		left angle of jaw	20/08/2005	20/08/2005
Asthma resolved			10/05/2004	10/05/2004

Caesarean delivery		Female	01/02/2000	01/02/2000
Migraine		focal	18/05/1999	18/05/1999
Absence of menstruation		FOR IPT	19/10/1998	19/10/1998
Infectious mononucleosis			03/08/1998	03/08/1998
[redacted]			01/01/1997	01/01/1997
Asthma NOS		MILD	07/08/1996	07/08/1996
Maltreatment syndromes			01/01/1991	01/01/1991
Chickenpox - varicella			28/05/1987	28/05/1987
Eczema NOS		Dermatitis	26/01/1987	26/01/1987
Enuresis			16/12/1986	16/12/1986
Chickenpox - varicella			19/04/1984	19/04/1984
MEASLES	New event		11/01/1984	11/01/1984
Acute bronchiolitis			02/01/1983	02/01/1983
[redacted]			01/10/1982	01/10/1982
Burn of the arm (excluding wrist and hand)		cigarette burn	01/10/1982	01/10/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Excision of lesion of jaw NEC	left		20/08/2005	20/08/2005
Emergency caesarean section	for fetal distress baby Lauren		01/02/2000	01/02/2000

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK...	dose	INHALE 1 DOSE AS NEEDED		11/04/2012		19/02/2014
Depo-Provera 150mg/1ml suspension for injection pre-fille...	pre-filled disposable injection	FOR ADMIN		10/01/2012		19/02/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	[TRUNCATED]Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: [D]Rash and other nonspecific skin eruption [R021.00], Certainty of allergy: Likely, Sev			07/01/2013
Adverse reaction to trimethoprim	Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Mild.			08/11/2001
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Cefalexin 250mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Moderate.			08/11/2001
Adverse reaction to flucloxacillin	Drug code for allergy: Flucloxacillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.			14/09/1999
ALLERGY NICKEL	Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.			24/07/1998

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:11-Apr-2013
Alcohol history (Encounters):Drinks rarely Date recorded:06-May-2003
Exercise history (Encounters):Exercise grading Date recorded:06-May-2003
Patient Weight in Kilograms:49.442
Patient Height in Metres:1.626

NHS Lothian - Referral Letter - Information only from GP

Referral To	St John's Hospital Obstetrics L 1st Maternity Appointment
Urgency of referral	Routine
Date of referral	14/10/2014
Date submitted	14/10/2014
UCPN	101008049502N

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr. Deirdre Hay (GMC: 2619109)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

CLINICAL INFORMATION

Reason for Referral: booking appointment

Investigations

Description	Result	Date
Referral Source : Information only from GP		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Acute pericarditis		seen by SJH and given ibuprofen and omeprazole. Still working but feels terrible. Advised to rest and to increase ibuprofen to max till pain settles.	30/04/2013	30/04/2013
Caesarean delivery		Female	06/05/2008	06/05/2008
Asthma resolved		no medication for over 12mths	05/11/2007	05/11/2007
Melanocytic naevi of skin		left angle of jaw	20/08/2005	20/08/2005
Asthma resolved			10/05/2004	10/05/2004
Caesarean delivery		Female	01/02/2000	01/02/2000
Migraine		focal	18/05/1999	18/05/1999
Absence of menstruation		FOR IPT	19/10/1998	19/10/1998
Infectious mononucleosis			03/08/1998	03/08/1998
[redacted]			01/01/1997	01/01/1997
Asthma NOS		MILD	07/08/1996	07/08/1996
Maltreatment syndromes			01/01/1991	01/01/1991
Chickenpox - varicella			28/05/1987	28/05/1987
Eczema NOS		Dermatitis	26/01/1987	26/01/1987
Enuresis			16/12/1986	16/12/1986
Chickenpox - varicella			19/04/1984	19/04/1984
MEASLES	New event		11/01/1984	11/01/1984
Acute bronchiolitis			02/01/1983	02/01/1983

[redacted]		01/10/1982	01/10/1982
Burn of the arm (excluding wrist and hand)	cigarette burn	01/10/1982	01/10/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Excision of lesion of jaw NEC	left		20/08/2005	20/08/2005
Emergency caesarean section	for fetal distress baby Lauren		01/02/2000	01/02/2000

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluticasone propionate 250micrograms/dose dry powder inhaler	dose	1 PUFF TWICE A DAY		16/09/2014		16/09/2014
Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK...	dose	INHALE 1 DOSE AS NEEDED		11/04/2012		19/02/2014

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Folic acid 400microgram tablets	tablet	1 TABLET(S) DAILY		13/10/2014		13/10/2014
Cyclizine 50mg tablets	tablet	1 TABLET(S) UP TO EVERY 8HRS		13/10/2014		13/10/2014
Doxycycline 100mg capsules	capsule	2 TABS DAY 1 THEN 1 EVERY DAY		06/10/2014		06/10/2014
Naproxen 500mg tablets	tablet	1 TABLET TWICE DAILY		16/09/2014		16/09/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	[TRUNCATED]Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: [D]Rash and other nonspecific skin eruption [R021.00], Certainty of allergy: Likely, Sev			07/01/2013
Adverse reaction to trimethoprim	Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Mild.			08/11/2001
Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Cefalexin 250mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Moderate.			08/11/2001
Adverse reaction to flucloxacillin	Drug code for allergy: Flucloxacillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.			14/09/1999
ALLERGY NICKEL	Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.			24/07/1998

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:11-Apr-2013
Alcohol history (Encounters):Drinks rarely Date recorded:06-May-2003
Exercise history (Encounters):Exercise grading Date recorded:06-May-2003
Patient Weight in Kilograms:49.442
Patient Height in Metres:1.626

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology L Radiology - Ultrasound
Urgency of referral	Urgent
Date of referral	02/02/2015
Date submitted	02/02/2015

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr Joanna Norwood (GMC: 6157055)
Practice:	Simpson Medical Group
Phone:	Voice : 01506654444

Practice address

BATHGATE PRIMARY CARE CENTRE
WHITBURN ROAD
BATHGATE
WEST LOTHIAN
EH48 2SS

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Gynaecology (Pelvic Organs)**
Reason for Request:	32 year old lady now 3 weeks post miscarriage at 23+3 weeks, prolonged rupture of membranes, snapped umbilical cord and piecemeal placenta on delivery and patient became septic post delivery with WCC >40 and Hb down to 69. Now at home, Hb improving slowly now 85, WCC coming down, but bleeding getting heavier with some clots, also some crampy abdo pain. Had discussed with consultant who says retained placenta is a possibility in this case due to presentation and advised urgent OP USS if bleeding not settling. Many thanks.

CLINICAL INFORMATION

Additional information

Smoking history (Encounters):Cigarette smoker	Date recorded:11-Apr-2013
Alcohol history (Encounters):Drinks rarely	Date recorded:06-May-2003
Exercise history (Encounters):Exercise grading	Date recorded:06-May-2003

Patient Weight in Kilograms:49.442
Patient Height in Metres:1.626

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Urgent
Date of referral	25/03/2022
Date submitted	25/03/2022
UCPN	101025913557F

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Home) : 01506 336855
Voice (Mobile) : 07384649418

REFERRING PRACTITIONER DETAILS

Name:	Dr. Lorna Heath (GMC: 4532473)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

INVESTIGATION REQUESTED

Test Requested:	**Ultrasound Gynaecology (Pelvic Organs)**
Reason for Request:	RIF pain intermittent past 2 years, gripping pain, had sterilisation in 2016, also likely premature ovarian failue diagnosed 2020. OE abdo soft, tender RIF, uterus not enlarged, tender and ?fullness R adnexa ?ovarian pathology

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : ANN		

Investigations

Description	Result	Date
Duration of Symptoms :	over 1yr	
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does the patient have impaired renal function? :	No	
Does this patient weigh more than 20 stone? :	No	

Additional information

Patient Weight in Kilograms:46
Patient Height in Metres:1.626
Patient BMI:17.3
Patient Blood Pressure (Systolic):114
Patient Blood Pressure (Diastolic):68
Smoking history (Screening):Ex smoker Date Recorded:17-Jul-2020
Smoking history (Encounters):Ex smoker Date Recorded:17-Jul-2020
Alcohol history (Screening):Drinks rarely Date Recorded:06-May-2003
Alcohol history (Encounters):Drinks rarely Date Recorded:06-May-2003
Exercise history (Screening):Exercise grading Date Recorded:06-May-2003
Exercise history (Encounters):Exercise grading Date Recorded:06-May-2003

NHS Lothian - Imaging Request

Referral To	St John's Hospital Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Urgent - Suspected Cancer
Date of referral	04/11/2024
Date submitted	04/11/2024
UCPN	101034677767Y

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Home) : 01506 336855
Voice (Mobile) : 07496308343

REFERRING PRACTITIONER DETAILS

Name:	Dr. Christopher Gall (GMC: 7554537)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	pt presented with pain at the right pectoralis major. chest is clear, but have noticed finger clubbing to both hands. no lymphadenopathy. ?sinister pathology

CLINICAL INFORMATION

Examinations and Investigations

Description	Result	Date
Middle name : ANN		

Investigations

Description	Result	Date
Please provide smoking status :	Ex-Smoker	
Suspected :	Mass/swelling	
Could the patient be pregnant? :	No	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	01620 642 732
Lauriston Building	8:30am - 4:00pm	0131 536 2942
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	8:30am - 4:00pm	0131 454 1045
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 312 0880
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 242 3700
St John's Hospital	8:30am - 5:00pm	01506 524 339 or 01506 524 350

Western General Hospital	8:30am - 5:00pm	0131 537 2054

Maternity Notes

Mother

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
800547297W	1709821280	Tracey	Stewart	9/17/82

Children

UHPI Number	CHI Number	First Forename	Surname	Date of Birth
701143576L	2510165844	Thea	Paterson-Stewart	10/25/16
701143580E	2510165860	Ayla	Paterson-Stewart	10/25/16

Reason for Referral

Reason for Referral	Previous C/S x 2 Previous pregnancy loss at 23 wks in 2015 in SJH (not keen to have care in SJH as Twin Pregnancy
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 11:48
Last Update User/Date/Time	Kirsten B Cliff - 20/10/2016 - 16:46

Special Features Plan

Special Features Plan	F/H of Diabetes (Brother) - GTT at 28 wks Cons appointment required Twin Pregnancy 18/7/16 - MAT B1 given
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 11:47
Last Update User/Date/Time	Gillian J Lamb - 18/07/2016 - 12:16

Obstetric Management Plan

Risk categories	Other
Obstetric Management Plan	2 previous CS and bladder injury at CS CS to be performed by Senior ST/Consultant DCDA twins normal FA scan Not on aspirin- now 20 weeks Discussed delivery by CS 37-38 weeks if all well Stopped smoking when found out was pregnant Discussed increased risks of PET/ GDM/ IUGR/ PTL P: DCDA pathway see 28 weeks. 31+5wks- both twins FGR with normal LV and dopplers Increased surveillance- weekly Doppler, growth every 2wks Likely preterm CS delivery- steroids given 31+5wks For delivery by CS plus sterilisation- understands irreversibility and failure rate (1 in 100) Updated: NP 17/10 Raised Doppler Twin 2, Normal LV For twice weekly DAU assessment, weekly LV and doppler and fortnightly growth scan, ELCS form rcd and CS booked-NK- cancelled UPDATE 241016 - static growth 4wks both twins EFW 1.2kg < 5th C, normal UA Doppler and LV, MCA PI <5thC. Twins active. Had steroids 2wks ago. for delivery by CS within 24hrs. CTG first, water only until reviewed. Requested paeds review. will need AN check and FBc, G&S and consent completed.
Create User/Date/Time	E Sarah Cooper - 22/06/2016 - 15:21
Last Update User/Date/Time	Dr Shona Cowan - 24/10/2016 - 10:50

Neonatal Management Plan

Neonatal Management Plan	Daughter had Congenital Dislocation of Hips & in Malmo splint for 3 months.
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 11:49
Last Update User/Date/Time	Margaret Cefferty - 17/05/2016 - 11:49

AN Booking Part 1

Height (in metres)	1.604
Weight (in Kgs)	51
BMI	19.8
Blood Group	A
Rhesus status	Rh Positive
Occupation	Customer Advisor
Have you been taking Folic acid?	Yes
Folic acid dose	Preconception 400mcg
Have you been taking vitamin D	Y
Have you been taking Healthy Start vitamins	N
Have you been taken any other pregnancy vitamins/supplements	N
What do you know about healthy eating during pregnancy?	eats healthy diet
Do you have any special dietary needs?	none
Dietetic referral made	
Dietetic details	
What do you know about the benefits of physical activity in pregnancy?	walks daily
Advice given	
Do you go to the Dentist regularly	yes
Are there any health and safety issues related to your work?	none

AN Booking Part 1

Previous history	
Age >35	
BMI >30	
Parity >4	
Medical history	
Other	
Thrombosis Risk	Low
Have you ever had a general anaesthetic	No
Previous difficult intubation	
Sensitivity to anaesthetic drugs	
Abnormal spinal, neck or facial anatomy	
Family/personal history of Suxamethonium apnoea or malignant hyperpyrexia	
weight> 120kg	
Anaesthetic referral sent?	
Have you ever had a cervical smear?	Yes
Date of smear	2016
Comments (inc colposcopy referral/treatment)	none
Next smear due?	2017
What do you know about drinking alcohol in pregnancy?	not to drink
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an	0

AN Booking Part 1

average week	
If drinking, are you drinking at home, in clubs/ pubs	no
Offer patient a brief intervention if pregnant and drinking alcohol	N
Offer patient a brief intervention if prior to pregnancy alcohol consumption above recommended limits	N
Referral for advice on reducing drinking	No
Consent for follow up	No
What do you know about smoking in pregnancy?	not to smoke
Have you smoked in the 12 months prior to pregnancy?	Current smoker
Date stopped	
Number per day	3
CO level	2
CO Date	5/17/16
Do you or anyone in the household currently smoke?	Y
Are you interested in getting help to stop?	
Referral made to smoking cessation service	Yes
Smoking Brief Intervention offered	N
Risks on exposure to cigarette smoke whilst pregnant explained	
Have you used any street drugs, gas or glue in the last year?	No
If yes - are you currently using any street drugs, gas or glue?	No

AN Booking Part 1

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

AN Booking Part 1

Details of any agency providing mental health support	
Are they aware of current pregnancy?	
MH referral needed	
MH referral details	
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:05
Last Update User/Date/Time	Margaret Cefferty - 23/05/2016 - 17:02
****** Archive Data ******	
Cervical smear	
Pattern of alcohol use	
Oral drug misuse(inc. Dispensing)	
Other Intravenous drug use	
How many units of alcohol were you drinking prior to pregnancy being confirmed	
Referred to CDPS	
Risks explained	Yes
Are you exposed to cigarette smoke at home?	
How many units of alcohol did you drink each week before you became pregnant	
What was the maximum units of alcohol you would drink per day before you became pregnant	
Have the risks of drinking alcohol in pregnancy been explained to you	

AN Booking Part 2

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

AN Booking Part 2

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

AN Booking Part 2

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

AN Booking Part 2

Talking about postnatal depression	
How to stop smoking & stay stopped	
Any other information leaflets given	
Importance of skin to skin contact	Yes
Baby led feeding	Yes
Rooming in / Keeping baby near	Yes
Benefits of B/F to the baby	Yes
Benefits of B/F to mother	Yes
Effective positioning & attachment	Yes
Effect of teats, dummies & nipple shields	Yes
No other food or drink needed for 6 months	Yes
DVD - From Bump to Breastfeeding	
DVD discussed - date	
If mother declines any part of feeding discussion - please detail	
Comments	Planned pregnancy, good support from partner & family, wishes to go
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:15
Last Update User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:15
****** Archive Data ******	
Attended Infertility clinic	
RS	
Breasts	
CNS	

AN Booking Part 2

CVS	
Are you affected by Domestic abuse	
Breast feeding discussed/charter	
Other screening	
HEBS leaflet	
Folic Acid supplements	
Female genital cutting or piercing	
Female genital cutting or piercing Comments	
Help available with feeds	
Baby's sleeping place	
Infant feeding check list	
Your baby your choice	
Routine Blood tests inc. HIV	
Hospital information	
Vitamin K information	
Health in Pregnancy Grant	

Antenatal check

Gestation (in weeks)	10.4
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	too early
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Too early
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	0
Maximum units per day - Currently	0
Systolic Blood Pressure	114
Diastolic blood pressure	68
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Protein++
Comments	Proteinuria, ? UTI, msu to lab. Feeling okay but tired, had Asthma attack this morning, seen GP. Booking bloods, LFT's, U&E's & blood glucose taken with consent. Consent obtained for 1st/2nd trimester screening. Wishes to deliver at NRIE.
Plans for care	mw 6 wks
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:34
Last Update User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:34

Antenatal check

Gestation (in weeks)	16.0
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Too early
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Too early
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	106
Diastolic blood pressure	69
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Protein+
Comments	Well. Occ nausea/vomitting. Headaches-has cocodamol but no effect. Twin preg-DCDA. Care discussed. MSU sent Prev bladder problems. feels always has proteinuria. has ?? migraine- discussed amitryptiline if paracetalamol ineefective For delivery by CS NB previous bladder injury prev loss at 17 weeks after SRM, subsequently developed sepsis mxc of twin pregnancy discussed
Plans for care	18/7/16 after FA scan

Antenatal check

MW Countersigning StM signature	
Create User/Date/Time	Pamela J Lamont - 22/06/2016 - 14:41
Last Update User/Date/Time	E Sarah Cooper - 22/06/2016 - 15:20

Antenatal check

Gestation (in weeks)	17
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	too early
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	144
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Too early
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	0
Maximum units per day - Currently	0
Systolic Blood Pressure	110
Diastolic blood pressure	62
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Trace Protein
Comments	C/O headaches, advised to increase fluid intake & given Co-Codamol by GP. Feeling movement from both babies. Twin 1 FH = 144 Twin 2 FH = 160, both heard with sonicaid. Attending twin clinic at NRIE.
Plans for care	mw 7 wks
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 29/06/2016 - 09:56
Last Update User/Date/Time	Margaret Cefferty - 29/06/2016 - 09:56

Antenatal check

Gestation (in weeks)	19+5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	106
Diastolic blood pressure	58
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	TWINS ANC Feels well, has been having some photo-optic migraines - had these prior to pregnancy. some lightheadedness associated with same last week. tkaing paracetamol but not helping much. good movements from both babies. MAT B1 given no concerns voiced
Plans for care	
MW Countersigning StM signature	
Create User/Date/Time	Gillian J Lamb - 18/07/2016 - 12:13
Last Update User/Date/Time	Gillian J Lamb - 18/07/2016 - 12:15

Antenatal check

Gestation (in weeks)	24
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	24
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	142
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	0
Maximum units per day - Currently	0
Systolic Blood Pressure	104
Diastolic blood pressure	64
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Protein++
Comments	Twin 2 135 bpm, Feeling plenty of movement from babies. Feeling fine today, still vomiting in morning. AFFIRM, contraception, DVD & BF discussed. Fetal Movements 1. Discussed: the link between fetal movements and fetal well-being. 2. A decrease or cessation of fetal movements maybe associated with a risk of stillbirth. 3. Each baby's movements are unique, Tracey knows to be aware of them and contact the maternity unit immediately if fetal movements decrease or stop.
Plans for care	mw 4 wks
MW Countersigning StM signature	

Antenatal check

Create User/Date/Time	Margaret Cefferty - 17/08/2016 - 09:41
Last Update User/Date/Time	Margaret Cefferty - 17/08/2016 - 09:41

Antenatal check

Gestation (in weeks)	27.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Already done
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	110
Diastolic blood pressure	73
Oedema	No
Oedema present	
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Attended for growth scan and Doppler today. See twin 2 Doppler. Growth scan ordered for 32 wks. Well. FMF. 28 wks bloods sent reassured re scan result but we will repeat in 2 weeks wishes CS at RIE
Plans for care	2 weeks after scan
MW Countersigning StM signature	
Create User/Date/Time	Pamela J Lamont - 12/09/2016 - 10:19
Last Update User/Date/Time	E Sarah Cooper - 12/09/2016 - 10:40

Antenatal check

Gestation (in weeks)	29
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	32
Lie	Longitudinal
Back on	Right
Presentation	Cephalic
Presentation /5ths palpable	Free
Position	
Fetal heart rate	139
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Already done
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	0
Maximum units per day - Currently	0
Systolic Blood Pressure	112
Diastolic blood pressure	80
Oedema	Yes
Oedema present	ankles
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Twin 1 FH 123-148 bpm Twin 2 FH 120-145 bpm Feeling plenty of movement from both babies, feeling fine, vomited this morning. C/O Sciatica, advised to go to early physio class. Bloods taken on Monday.
Plans for care	mw 2 wks
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 21/09/2016 - 10:56
Last Update User/Date/Time	Margaret Cefferty - 21/09/2016 - 10:56

Antenatal check

Gestation (in weeks)	29.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	110
Diastolic blood pressure	66
Oedema	Yes
Oedema present	ankles
Urinalysis	NAD
Urinalysis abnormalities	
Comments	twin pregnancy clinic growth scan today no concerns happy with movements Murray ST5 para 2 - 2 prev CS 29+5 weeks gestation for el cs today growth ok but Doppler raised in twin 1 and growth lookst like it has swapped around since last week Boby babies nmoving well LV normal Plan d/w SC - go to DAU for CTG and repeat Doppler - if normal see in 2 weeks for scan and apt (iordered on trak but please ask Tracey to

Antenatal check

	book appts) if Doppler raised - return to DAU in 1 weeks for repeat LV and Doppler and see in clinic Hollie Cumming RM EDD by USS:7.12.16 Gestation by USS:29.5 Presentation: Twin 1: Cephalic (presenting, mat left), Twin 2, cephalic mat right. DCDA twins. Fetal heart pulsations, Stomachs and bladders seen x2 . Asked to repeat twin dopplers, already done today. Twin 1 : Doppler raised- RI 0.79, intermittent absent EDF Twin 2: Doppler raised (off the scale) RI 0.97, intermittent absent EDF For MR
Plans for care	growth scan for 32 weeks
MW Countersigning StM signature	
Create User/Date/Time	Nicola Iveson - 26/09/2016 - 11:25
Last Update User/Date/Time	Hollie M Cumming - 26/09/2016 - 17:55

Antenatal check

Gestation (in weeks)	31.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Already done
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	128
Diastolic blood pressure	80
Oedema	Yes
Oedema present	fingers/hands,ankles
Urinalysis	abnormalities
Urinalysis abnormalities	Trace Protein
Comments	Been feeling generally unwell. Has cold and had vomiting bug. Now settled but has sore throat. Itch and slight rash over abdo and legs. FBC U&Es and LFTs sent. Dr Cowan review FGR both twins- tail off in growth Normal LV and dopplers x2 FMF ++ - feels can distinguish between twins well. bloods awaited re. BP/ itch For DAu CTG today for steroids today and tomorrow at SJH DBA Aware likely to need preterm CS delivery if this growth path continues.

Antenatal check

Plans for care	Repeat LV and Doppler twin list 10am 17/10 Repeat growth 10am 24/10 twin list -both scans booked
MW Countersigning StM signature	
Create User/Date/Time	Pamela J Lamont - 10/10/2016 - 10:57
Last Update User/Date/Time	Dr Shona Cowan - 10/10/2016 - 11:14

Antenatal check

Gestation (in weeks)	32.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	np
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	Yes
Is Follow Up to Brief Intervention required?	
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	122
Diastolic blood pressure	55
Oedema	No
Oedema present	
Urinalysis	abnormalities
Urinalysis abnormalities	Protein+
Comments	Well active babies I note last growth scan Doppler today raised in twin 2, normal twin 1 Normal LV both twins Plan repeat growth next Monday to return if concerned re movements needs CTG todfay
Plans for care	24/10/16 at 10am
MW Countersigning StM signature	
Create User/Date/Time	E Sarah Cooper - 17/10/2016 - 11:42
Last Update User/Date/Time	E Sarah Cooper - 17/10/2016 - 11:42

Antenatal check

Gestation (in weeks)	33.5
Weight in late pregnancy (Kg)	
Has thrombosis risk changed?	
Fundal height (Archived)	N/P
Lie	
Back on	
Presentation	
Presentation /5ths palpable	
Position	
Fetal heart rate	
Fetal movement felt (Archived)	Yes
Normal fetal movement discussed & 'Your Baby's Movements' leaflet given? (Archived)	No
Is Follow Up to Brief Intervention required?	No
Alcohol units per week - Currently	
Maximum units per day - Currently	
Systolic Blood Pressure	126
Diastolic blood pressure	84
Oedema	Yes
Oedema present	fingers/hands
Urinalysis	NAD
Urinalysis abnormalities	
Comments	Admitted to LW for CTG for static growth of DCDA twins. CTG normal MEWS of 0 Feeling well
Plans for care	
MW Countersigning StM signature	
Create User/Date/Time	Kirsty A Mason - 24/10/2016 - 12:58
Last Update User/Date/Time	Kirsty A Mason - 24/10/2016 - 12:58

Antenatal tests - planning

Booking bloods & MSU - Offered	Y
Booking bloods & MSU - Accepted	Y
Booking bloods & MSU - Date taken	5/17/16
Repeat BI Group & Antibody check - Offered	
Repeat BI Group & Antibody check - Accepted	
Repeat BI Group & Antibody check - Date taken	
Repeat FBC - Offered	
Repeat FBC - Accepted	
Repeat FBC - Date taken	
Have you received info on Pertussis vaccine ?	Y
Have you received the Pertussis vaccine?	
Pertussis Vaccine Date	
Repeat RBG - Offered	
Repeat RBG - Accepted	
Repeat RBG - Date taken	
Prophylactic Anti D - Req'd /discussed	
Prophylactic Anti D - Offered	
Prophylactic Anti D - Accepted	
Prophylactic Anti D - Date taken	
Prophylactic Anti D - Gestation	
Prophylactic Anti D - Batch	
Prophylactic Anti D - Dose	
Has the Anti D info leaflet been given?	
Chlamydia - opportunistic testing for < 20 yr olds - Offered	
Chlamydia - opportunistic testing for < 20 yr olds - Accepted	
Chlamydia - opportunistic testing for < 20 yr olds - Date taken	
Which tests declined - inc reason	
HIV - Discussed & offered	Y
HIV - Date discussed & offered	5/17/16

Antenatal tests - planning

HIV - Accepted	Yes
HIV recounselled	
HIV - Date taken	5/17/16
HIV - Comments	
HIV - Result returned	
HIV - Actioned if abnormal	
Hepatitis B - Discussed & offered	Y
Hepatitis B - Date discussed & offered	5/17/16
Hepatitis B - Accepted	Yes
Hepatitis B recounselled	
Hepatitis B - Date taken	5/17/16
Hepatitis B - Comments	
Hepatitis B - Result returned	
Hepatitis B - Actioned if abnormal	
Hepatitis C - Discussed & offered	
Hepatitis C - Date discussed & offered	
Hepatitis C - Accepted	
Hepatitis C recounselled	
Hepatitis C - Date taken	
Hepatitis C - Comments	
Hepatitis C - Result returned	
Hepatitis C - Actioned if abnormal	
Syphilis - Discussed & offered	Y
Syphilis - Date discussed & offered	5/17/16
Syphilis - Accepted	Yes
Syphilis recounselled	
Syphilis - Date taken	5/17/16
Syphilis - Comments	
Syphilis - Result returned	
Syphilis - Actioned if abnormal	
Rubella - Discussed & offered	Y
Rubella - Date discussed & offered	5/17/16
Rubella - Accepted	Y
Rubella - Date taken	5/17/16
Rubella - Comments	
Rubella - Result returned	
Rubella - Actioned if abnormal	

Antenatal tests - planning

Rubella - Actioned if abnormal	
Haemoglobinopathy - Have you been screened for Haemoglobinopathy before?	Y
Haemoglobinopathy - Date	
Haemoglobinopathy - Status	
Haemoglobinopathy - Has baby's father been offered screening?	
Haemoglobinopathy - Date father offered screening	
Thalassaemia - Discussed & offered	Y
Thalassaemia - Date discussed & offered	5/17/16
Thalassaemia - Accepted	Y
Thalassaemia - Date taken	5/17/16
Thalassaemia - Comments	
Thalassaemia - Result returned	
Thalassaemia - Actioned if abnormal	
Sickle Cell - Discussed & offered	Y
Sickle Cell - Date discussed & offered	5/17/16
Sickle Cell - Accepted	Y
Sickle Cell - Date taken	5/17/16
Sickle Cell - Comments	
Sickle Cell - Result returned	
Sickle Cell - Actioned if abnormal	
Written information given and discussed (FTS)	
Date discussed and offered (FTS)	
Accepted and consented (FTS)	Y
Accepted and consented to (FTS)	
Comments (FTS)	
Result returned (FTS)	
Actioned if abnormal (FTS)	
Date consented (FTS)	5/17/16
Date sample taken (FTS)	
Written information given and discussed (STS)	
Date discussed and offered (STS)	
Accepted and consented (STS)	Y
Accepted and consented to (STS)	

Antenatal tests - planning

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

Antenatal tests - planning

Growth Scan 3 - Date arranged for	
Growth Scan 3 - Comments	
Other Scans	
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:29
Last Update User/Date/Time	Margaret Cefferty - 17/05/2016 - 12:29
**** Archive Data ****	
Screening for Spina Bifida due	
Repeat FBC - Due	
Screening for Down's syndrome - due	
Repeat BI group and Antibody check - due	
Screening for Haemaglobinopathy - due	
Screening for Edwards Syndrome - Due	
Repeat Random Blood Glucose - due	
Screening for Haemaglobinopathy - done	
Screening for Haemoglobinopathy required	
Repeat Random Blood Glucose required	
Repeat FBC required	
Repeat Blood group and Antibody check Required	
Screening for Spina Bifida - Done	
Screening for Edwards Syndrome - Done	
Chlamydia (if under 25) required	
Woman has information for vaccination programme	
Have you been vaccinated recently for swine flu?	
Swine flu vacc date	
Down's Syndrome offered	Y
Down's Syndrome offered date	5/17/16
Down's -2- offered	Y
Down's -2- offered date	5/17/16

Fetal Medicine

Incoming Call (IC)	
IC - Date	
IC - Time	
IC - Gestation	
IC - Caller	
IC - Call Reason	
IC - Clinical Note/detail of discussion	
IC - Plan	
IC - Appointment Date	
Outgoing Call (OC)	
OC - Date	
OC - Time	
OC - Gestation	
OC - Call Recipient	
OC - Call Reason	
OC - Clinical Note/detail of discussion	
OC - Plan	
OC - Appoinment Date	
Attendance	
Attendance - Date	10/24/16
Attendance - Time	10:00
Attendance - Gestation	33+5
Attendance - Reason for attendance	Multiple pregnancy
Attendance - Relevant history	DCDA twins, static growth
Attendance - Clinical Note/detail of discussion	Attended for scan, see report. IUGR, for CTG and delivery within
Attendance - Plan	No further appt given
Attendance - Appointment Date	
Create User/Date/Time	Mary E Simpson - 24/10/2016 - 11:22
Last Update User/Date/Time	Mary E Simpson - 24/10/2016 - 11:22

Day Assessment Unit

Referred by	Out of Area
Referred by - Other	
Reason for referral	Multiple Pregnancy
Gestation (in weeks)	29.5
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	10
Diastolic BP - Electronic	66
Visual disturbance	No
Headaches	No
Epigastric Pain	No
How are you feeling	Well
Urinalysis	NAD
Urinalysis - abnormalities	
Oedema	Present
Oedema present	Ankles
Blood Pressure Profile performed	Yes
Fundal height	np
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	

Day Assessment Unit

Fetal movements felt (by mother)	
CTG required	Yes
Fetal heart baseline	144
3 accelerations	Yes
Unreactive	
Variability	5-10
Decelerations	None
Acceptable	Yes
Difficult to interpret	Yes
No of Contractions in 10 mins	none
Baseline FH2	128
3 Accelerations - FH2	Yes
Unreactive - FH2	
Variability - FH2	5-10
Decelerations - FH2	
Acceptable - FH2	Yes
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^'Fetal Tone Score' Blank value for variable
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	

Day Assessment Unit

Comments	Para 2+2 previous c/s attended twin Clinic this morning and at DAU for CTG and dopplers Feels well antenatally CTG commenced to assess fetal wellbeing Twin 1 145 baseline variability 5-10 no decells accelerations present Twin 2 128 baseline variability 5-10 no decells accelerations present Both babies very active and trace very difficult to record Tracey anxious to get home for her children from school lives in Bathgate Does not wish to stay for repeat dopplers and left for home I have contact number Dr Cowan wishing review of Doppler Phoned Tracey advising her to come back in . She will phone back Dr Campbell review Note above and clinic review this morning CTG x2 normal FMs normal Doppler this pm intermittent absent diastolic flow in both twins. However I note that this is intermittent and that this is not a persistent finding and therefore I am not concerned that this requires any action this even I will d/w Dr Cooper tomorrow and discuss on going management and find out whether any follow further Doppler is necessary prior to next Monday
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Elaine AC Murdock - 26/09/2016 - 15:33
Last Update User/Date/Time	Alastair Campbell - 26/09/2016 - 19:20

Day Assessment Unit

Referred by	West Lothian 1 - 01506 771871
Referred by - Other	
Reason for referral	Multiple Pregnancy
Gestation (in weeks)	31.5
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	not measured
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^'Fetal Tone Score' Blank value for variable
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	2+2 31.5

Day Assessment Unit

Comments	2 previous CS and bladder injury at CS CS to be performed by Senior ST/Consultant DCDA twins Attended twin clinic this morning Had growth scan today Tail off in growth noted on both twins Referred to DAU for CTG and 1st dose of dexamethasone CTG normal and reactive x2. Plenty of fetal movement felt 1st dose of steroids given
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Helen F Gray - 10/10/2016 - 11:55
Last Update User/Date/Time	Helen F Gray - 10/10/2016 - 12:31

Day Assessment Unit

Referred by	West Lothian 1 - 01506 771871
Referred by - Other	
Reason for referral	Other
Gestation (in weeks)	31.6
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	nm
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

CTG required	
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^'Fetal Tone Score' Blank value for variable
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	To day bed for 2nd dose of steroids as obs plan

Day Assessment Unit

Comments	2nd dose of steroids given as per medication kardex
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Michelle Gheel - 11/10/2016 - 12:53
Last Update User/Date/Time	Michelle Gheel - 11/10/2016 - 12:53

Day Assessment Unit

Referred by	West Lothian 1 - 01506 771871
Referred by - Other	ANC
Reason for referral	Multiple Pregnancy
Gestation (in weeks)	35.5
Maternal Temperature	
Pulse	66
Systolic Blood Pressure	122
Diastolic Blood Pressure	55
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	No
Headaches	Yes
Epigastric Pain	No
How are you feeling	Well
Urinalysis	Abnormalities
Urinalysis - abnormalities	Protein+
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	34
Lie	Longitudinal
Presentation	Cephalic
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	5/5ths palpable
Membranes	Intact
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	

Day Assessment Unit

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

Day Assessment Unit

Comments	Doppler and l/v this morning plenty fetal movements seen by Dr Couper repeat growth scan Monday 24th then twin clinic ctg difficult to pick up twin 2 Tracey aware of both babies moving +++ toco held on by midwife trace seen by Dr Couper short 20mins trace but not clear if same twin asked for USS to check fetal movements Inge Groen RM 34 year old 2+2 at 32.5 weeks gestation On scan Twin 1 on maternal right, cephalic, Fetal heart, stomach and bladder seen, movements and breathing noted. Twin 2 on maternal left, breech, Fetal heart, stomach and bladder seen. Movements and breathing noted.
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Gill Ferguson - 17/10/2016 - 11:54
Last Update User/Date/Time	Inge Groen-van den Berg - 17/10/2016 - 13:39

Day Assessment Unit

Referred by	West Lothian 1 - 01506 771871
Referred by - Other	
Reason for referral	Multiple Pregnancy
Gestation (in weeks)	33+1
Maternal Temperature	
Pulse	
Systolic Blood Pressure	
Diastolic Blood Pressure	
Systolic BP - Electronic	
Diastolic BP - Electronic	
Visual disturbance	
Headaches	
Epigastric Pain	
How are you feeling	
Urinalysis	
Urinalysis - abnormalities	
Oedema	
Oedema present	
Blood Pressure Profile performed	
Fundal height	np
Lie	
Presentation	
ECV discussed/info given	
ECV offered	
ECV Accepted	
ECV Details	
Fetal Position	
Presenting part /5ths palpable	
Membranes	
Membrane rupture date	
Membrane rupture time	
Liquor	
Fetal Heart	
Fetal movements felt (by mother)	Yes

Day Assessment Unit

CTG required	Yes
Fetal heart baseline	
3 accelerations	
Unreactive	
Variability	
Decelerations	
Acceptable	
Difficult to interpret	
No of Contractions in 10 mins	
Baseline FH2	
3 Accelerations - FH2	
Unreactive - FH2	
Variability - FH2	
Decelerations - FH2	
Acceptable - FH2	
Difficult to interpret - FH2	
Amniotic fluid index	
Amniotic Fluid Score	
Fetal Tone Score	
Fetal Movement Score	
Fetal Breathing Score	
Bio-physical score	<BLANK>^'Fetal Tone Score' Blank value for variable
Score	0.00
VE Indication	
Verbal consent obtained	
Cervical position	
Cervical consistency	
Cervical effacement/length	
Cervical dilation	
Presenting part	
Relation to Ischial Spines	
Fetal position	
Caput	
Moulding	
Fetal heart after exam	
	Attending today for CTG DCDA twin pregnancy attending fetal medicine for scans weekly feels well today both babies active

Day Assessment Unit

Comments	CTG performed and appears satisfactory for gestation Twin 1-130 bpm variability satisfactory accelerations to 160 bpm no decelerations audible Twin 2- baseline approx. 145 bpm variability satisfactory accelerations to 160 bpm no decelerations has return apt Monday at RIE
Follow up	
Diagnosis	
M/W countersigning STM	
Create User/Date/Time	Leigh-Ann Gallagher - 20/10/2016 - 14:26
Last Update User/Date/Time	Leigh-Ann Gallagher - 20/10/2016 - 15:10

Operation note

Category of C/S	Category 2 - Urgent
Date of Decision	10/25/16
Time of Decision	
Decision made by	
Date of start of procedure/ incision	10/25/16
Time of start of procedure/ incision	07:45
Procedure concluded date	
Procedure concluded time	
Delay Reason	
Surgical Pause completed?	Y
Gestation (in weeks)	33.6
Presentation	
Position	
Liquor colour	Clear
Procedure	Emergency LUSCS
Findings	Twin 1 cephalic Twin 2 breech Both twins born in good condition. Delayed cord clamping for both twins Uterus tubes ovaries normal EBL 500 mLS
Delivery Indication	
Obstetrician	
Grade	
Consultant present	
Assistant	
Anaesthetist	
Type of Anaesthetic	
Operation Note	Cleaned and draped after passing indwelling catheter. Abdomen opened in layers by excising the previous scar. Peritoneal entry under direct vision. UV fold dissected and and bladder pushed down. Lower uterine segment incised in a curvilinear fashion.

Operation note

	Twin 1 delivered as cephalic. Twin 2 delivered by breech extraction. Placenta by CCT. Lower uterine segment closed in 2 layers with vicryl 1. Both fallopian tubes sterilised using Modified Pomeroys technique and segments sent for histology Hemostasis and counts verified. Rectus sheath closed with vicryl 1. Skin closed with beaded prolene 2-0. Tisept. Dressing Vaginal toilet EBL 500 MLS Catheter clear at the end of the procedure.
Additional Procedures	**CAESAREAN SECTION + BILATERAL TUBAL STERIL
Antacids prior to surgery	Ranitidine
Other antacid	
Prophylactic antibiotics given at ind	Yes
Time antibiotics given (hh:mm)	
Type of Antibiotic	Clyndamycin 600mg
Sutures used	Vicryl,Prolene
Swabs, Instruments and needles co	Yes
Packs used?	No
Tubes normal?	Yes
Tubes abnormal	
Ovaries normal?	Yes
Ovaries abnormal	
Uterus normal?	Yes
Uterus abnormal	
Blood Loss	500
Colour of urine draining via cathete	Urine Clear
Vaginal toilet performed?	Yes
Lochia	Average
Is an Oxytocic infusion required	Yes
Foley Catheter	Yes
Duration of Catheter	Routine
Are phrophylactic antibiotics requir	No
Prophylactic Antibiotic Details	
Thromboprophylaxis prescribed	Yes
Observations	
Analgesics	

Operation note

Routine FBC	Yes
Routine FBC Details	Day 1
Is DATIX required & completed?	Not required
Create User/Date/Time	Dr Rohan Ravindra Chodankar - 25/10/2016 - 09:12
Last Update User/Date/Time	Dr Rohan Ravindra Chodankar - 25/10/2016 - 09:12
****** Archive Data ******	
Operation Performed	
Obstetrician Grade	
Operative Delivery Indication	

Daily P/N Maternal Checks

No. of days postnatal	2
Temperature check	36.6
Respirations	15
Pulse	66
Systolic BP	126
Diastolic BP	86
Lochia	Red/Pink minimal odourless
Fundus - involuting	At umbilicus
Fundus	Central
Fundus - other observations	Firm
Type of Feeding	Breast Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	Not visualised
Wound	
General wellbeing & pain assessment	dry cough burning sensation at scar wound clean and dry no redness for medical review
Adequate analgesia	Yes
Sutures to be removed	
Have sutures been removed	
Legs	Oedema mild
Mobility exercises & prevention of clots explained	Yes
Revised Thrombosis Risk	High Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	
Bowels Moved	No
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	Yes
Postnatal HB last taken	10/26/16
Summary of Assessment & Care	c/o cough pain at ribs burning sensation @ wound area over scar no rednes aprexical wound claen and dry for medical review

Daily P/N Maternal Checks

	MEWS0 exp for twins in NNU
MW Countersigning StM signature	
Create User/Date/Time	Angela J Scott - 26/10/2016 - 14:26
Last Update User/Date/Time	Angela J Scott - 26/10/2016 - 14:26
****** Archive Data ******	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	3
Temperature check	36.7
Respirations	16
Pulse	56
Systolic BP	130
Diastolic BP	77
Lochia	Average
Fundus - involuting	3 cm below umbilicus
Fundus	
Fundus - other observations	
Type of Feeding	Breast Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	Well and mobile.
Adequate analgesia	Yes
Sutures to be removed	
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	
Revised Thrombosis Risk	High Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	
Haemorrhoids problem	
Problem controlling bowels?	
Pelvic floor exercises discussed?	
Pelvic floor problems?	
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	Appears well at time of check. Extra analgesia given for wound pain. Expressing for twins in NNU at 33+6wks.
MW Countersigning StM signature	
Create User/Date/Time	Joanna M Harper - 27/10/2016 - 10:06
Last Update User/Date/Time	Joanna M Harper - 27/10/2016 - 10:06

Daily P/N Maternal Checks

**** Archive Data ****	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Daily P/N Maternal Checks

No. of days postnatal	11
Temperature check	35.8
Respirations	20
Pulse	98
Systolic BP	110
Diastolic BP	76
Lochia	Red/Pink minimal odourless
Fundus - involuting	
Fundus	
Fundus - other observations	
Type of Feeding	Breast Feeding - Exclusive
Breasts	Comfortable
Management	
Perineum	
Wound	Clean and dry
General wellbeing & pain assessment	Feels fine, mood okay, appetite fine.
Adequate analgesia	Yes
Sutures to be removed	No
Have sutures been removed	
Legs	Oedema none
Mobility exercises & prevention of clots explained	
Revised Thrombosis Risk	Low Risk
LMWH Required	
Passed urine post delivery	Yes
PU problems	No
Bowels Moved	Yes
Haemorrhoids problem	No
Problem controlling bowels?	No
Pelvic floor exercises discussed?	No
Pelvic floor problems?	No
FBC test	
Postnatal HB last taken	
Summary of Assessment & Care	Well, visits babies daily in SCBU, continues to express and babies going to breast occasionally. Continues Dalteparin.
MW Countersigning StM signature	
Create User/Date/Time	Margaret Cefferty - 04/11/2016 - 15:36
Last Update User/Date/Time	Margaret Cefferty - 04/11/2016 - 15:36

Daily P/N Maternal Checks

**** Archive Data ****	
Retaining urine	
Catheter inserted	
Catheter in situ	
Catheter removed	
Treatment required - Bowels	
Treatment required - Haemorrhoids	
General wellbeing and pain assessment	

Postnatal Discharge checks

Thromboembolic prophylaxis	Yes
Irregular maternal antibodies	No
Details for irregular antibodies	
Anti D Needed	No
Anti D given	
Anti D batch number	
Rubella vaccine needed	No
Rubella vaccine given	
Is cervical smear due?	
When is cervical smear due?	
Risk of passive smoking to baby explained	
Current smoker (no. per day)	
Smoker during pregnancy	Yes
Date if stopped smoking	
Importance of healthy eating and maintaining a healthy weight discussed	
Discussion details	
Is there an increased risk of P/N depression?	
Contact made with Perimental Health Team?	
6 week P/N check required?	Yes
Postnatal check arrangements	C/Mw to arrange visits.
Discharge medication	Yes
Discharge from community care	Yes
Date of discharge from community care	11/4/16
Handover to HV complete	Yes
Handover to HV details	Mum well, both babies still in SCBU.
GIRFEC Lead professional (if relevant)	
Did the woman attend Antenatal classes?	
Contraception/Sexual Health discussed?	No
Details	
Contraceptive method chosen	Female sterilisation
Other method chosen	
Contraception method given	At C/Section sterilisation
Other contraception given	
Reason not given	
Follow-up appt details	GP
Follow-up appt - other details	

Postnatal Discharge checks

CE discussed	
CE discussion	
CE given	
Reversible contraception discussed	
P/N Blood transfusion given?	
Repeat Hb required?	
Hb date due	
Last Hb date taken	10/26/16
Last Hb result	111
Renal tract dilatation	
Details for Renal tract dilatation	
Mother Infection	
Details for Mother infection	
Underwent routine AN screening	
Details for AN screening	
Pelvic Floor	No
Pelvic Floor details	
Passing Urine	No
Passing Urine details	
Bowel Function	No
Bowel Function details	
Breasts	No
Breasts details	
Perineum/Abdomen	No
Perineum/Abdomen details	
Were any signs of a wound infection detected?	N
Date infection identified	
Involves only skin and subcutaneous tissue of the incision	
Please select all of the symptoms applicable	
Lochia/Menstruation	No
Lochia/Menstruation details	
Further contraception discussion required	No
Contraceptive method given.	
Other contraception	
Reason not given.	
Follow-up appt details.	
Follow-up appt - other details.	
Sterilisation After Delivery	Sterilisation with C/S

Postnatal Discharge checks

Diabetes- SMR02	No
Additional info for Mother & Baby	Tracey appears well at time of discharge. Sterilisation at c/s. MEWS 0. Will go to relatives room until babies can be transferred to StJohn's NNU. 04/11/16 Well, visiting babies daily in SCBU.
M/W countersigning STM	
Create User/Date/Time	Joanna M Harper - 27/10/2016 - 14:00
Last Update User/Date/Time	Margaret Cefferty - 04/11/2016 - 15:32
****** Archive Data ******	
Postnatal infection	
Oral contraceptives discussed	
Barrier contraceptives discussed	
Feeding at discharge from Hospital	
Baby-1 Discharged To	
Health Visitor Base baby is transferred to	
Baby-2 Discharged To	
Baby-3 Discharged To	
BCG vaccination given	
Feeding at discharge from Community Care	
Baby discharge medication (please list medications)	
Baby first medical check	
Hepatitis B vaccination needed?	
Hepatitis B vaccination given	
Reason for Hep B vaccine	
Was HBIG given to baby?	
Date HBIG given	
Vitamin K 2nd oral dose arranged	
Vitamin K 2nd oral dose date	
Discharge medication details (please list medications)	

Obstetric Notes - 800547297W

As at 08/06/2026 09:19

Stewart, Tracey CHI - 1709821280

Date	Time	User	Occupation	Notes
12/15/14	7:11 PM	Kate L Darlow	Doctor	Tracey has declined admission adviced to stay in ward - may miscarry aware needs to return if pain/bleeding etc. PLAN "scan booked for tomorrow " to call LW mane - MW Donna Andrews will arrange DBU appointment needs to see medical staff after to discuss plan
12/17/14	11:33 AM	Dr Alison MacLeod	Consultant	Seen by AJM Hx since Sunday of ?SRM - NOT confirmed on speculum. US shows oligohydramnios with single pool of 8mm. Kidneys and bladder seen on scan. Have explained to couple re prognosis if SRM - particularly re risk of preterm delivery and lung hypoplasia. Also explained poor porgnosis if oligohydramnios persists even if NO SRM. Discussed possible management plans - including conservative and TOP Plan - to lie flat for one hour and then repeat speculum. Continue with management as per PPROM. "Review at her consultants AN clinic (TKC) " Repeat LV scan one week - if wishes conservative Mx Complete FAS 2 weeks as per suggestion by Xray
12/17/14	12:50 PM	Piyal D Perera	Doctor	R/V by Perera "For speculum examination as per Dr.AJM " "Speculum with consent ,asepsis and Chaperoned " normal vulva and vagina Cervix more than 3 long posterior "External os no evidence of SROM ,Bleeding " HVS taken as there were some discharge at posterior fornix "Plan " As per Dr.AJM instruction. Continue with management as per PPROM. "Review at her consultants AN clinic (TKC) " Repeat LV scan one week - if wishes conservative Mx Complete FAS 2 weeks as per suggestion by Xray
12/17/14	2:03 PM	Siobhan Serafini	Midwife	" return appointment given for friday 19/12/14 to dbu at 1400"

1/13/15	10:56 PM	Catherine Lawson	Midwife	" 22.00 tracey given analgesia " "uss for liquor volume and fetal well being " "hvs taken at speculum -same sent " "bloods taken for u and es and fbc "
1/14/15	1:10 AM	Catherine Lawson	Midwife	"in summary " "further uss by rregistrar shows cepphalic presentation " "reduced liquor " "speculum examination shows cervix 2cm long 2cm dilated " "impression " "Tracey is in preterm labour with expected delivery " "DISCUSSION WITH tRACY DR MILLS AND MYSELF " "tRACY AWARE THAT THE BABY IS PREVIABLE IF BORN TODAY AND RESUSCITATION WOULD NOT BE ATTEMPTED survival would be further complicated by preterm rupture of membranes at 17wks affecting maturity and development of respistarory system " "liasion with dr cooper and dr valentinne all are in agrreement with proposed plan of management " Discussion with traceys partner upon his return to room heia in agreementwith plan although deeply saddened and had hoped to continue pregnancy until steroids which wereto commence on Monday 19/1/15 " " "PLAN FOR SUPPORTIVE care during labour and after with no further intervention by paediatricians "
1/14/15	1:14 AM	Catherine Lawson	Midwife	"00.00maternal obbs satisfactory no systemic signs of sepsis apyrexial " "TRACEY HAS had some fresh red pv loss about teaspoonful continues to contract 1 in5 now lasying 45secs " "00.30 Tracey requesting analgesia unsure what " "MORPHINE 10MGG AND CYCCLIZINE 50MG GIVEN IM " "01.00 analgesia having some effect but Tracey very distressed by prospect of a preterm delivery "
1/14/15	1:18 AM	Paul Mills		CONS RV MILLS Para 2 CS 23+3 weeks attended contracting 1/5 "VE 2-3cm " SRM at 17 weeks and no liquor since then USS confirms FHR and no liquor cephalic presentation Otherwsie stable and no signs of infection bloods taken Case discussed with Dr D Valentine Cons Paed and DR T Cooper Clinical lead Obstetrics All in agreement that delivery at this gestation with SRM since 17 weeks is not compatible with survival and that care should be supportve in nature to parents and child Not for active resusciataion and parents wwarned of stillbirth and that no monitoring during the labour as would not perform CS at this gestation for fetal distress. I have discussed this with the parents and they are accepting of our approach and there questions were answered. Plan

				analgesia and support likely labour and delivery overnight. Midwofery team happy with this plan and will call if any concerns. PMILLS
1/14/15	1:51 AM	Catherine Lawson	Midwife	" blood review show increase in wcc to 28 from 17 yesterday " "for discussion with dr to assess whether antibiotics are required "
1/14/15	2:46 AM	Catherine Lawson	Midwife	" 02.30following discussion with reg " "in view of increase in wcc " "bloods taken for crp and lactate " "as urgent abx dependent on results " remains apyrexial at 37 pulse 60-65 -raised on admission due to maternal anxiety - "contractions appear to be reducing in strength and frequency "
1/14/15	3:23 AM	Catherine Lawson	Midwife	"03.00 no systemic evidence of infection apyrexial p 65 normotensive liquor not offensive " "blood results awaited for further infection markers " "sews score 0 contractions remain 1-5-7 lasting 30-45secvs " "ndo not appear any stronger on palpation " plan for further analgesia
1/14/15	3:36 AM	Catherine Lawson	Midwife	"03.35 MORPHINE 10MG GIVEN AS ANALGESIA "
1/14/15	4:28 AM	Catherine Lawson	Midwife	"0405 dr informed crp12 " lactate 0.7 i "therefore no additional markersof ongoing infection " swsscore 0 at 04.00 "04.15 vomited 300mls of undigestedfood stuffs " "04.25 becoming increasingly distressed with contraction " "happy to try entonox same provided and explained "
1/14/15	5:10 AM	Catherine Lawson	Midwife	"05.00 tracey increasingly distressed by pain unable to tolerate same " "unable to use entonox and too soon for further opiates " "despit explanations and reassurances " "Rreg contacted and prescribed synto metrine for third stage " "05.10 anaesthetist contacted to review pain control as tracey concerned re previous adhesions and uterine scar "
1/14/15	5:36 AM	Catherine Lawson	Midwife	"05.20 traceys abdomen soft and non tender between contractions but remains tender supra pubically at most times obs satisfactor05.25 anaesthetist into room 05.30 paracetamol1 g iven orally " "05.35 5mg morphine given iv " 05.36 "rgistrar into room to determine cause of pain "
1/14/15	5:42 AM	David Peter Hall	Doctor	Anaesthetics - Hall CT2 Pre-term labour at 23 weeks following SRM at 17 weeks with non-viable fetus 2x previous LSCS "Very sore last few hours - complaining predominantly of scar pain. " 2x i.m. morphine (last 0335) with little relief O/E Soft abdomen. Tender suprapublically. HR 60/min, BP satisfactory. Lactate 0.7

				Plan: IV access and IV morphine titrated to effect Oral paracetamol Obstetric review to exclude uterine rupture Consider one off dose of IV clonidine if further analgesia req'd
1/14/15	6:01 AM	Piyal D Perera	Doctor	Reg R/V by Perera " severe pain" to exclude uterine dehision Notes R/V complaint contraction no pain in between contractions "O/E " No palour obs stable "abd " "soft " none tnder "uterus soft/none tendei in between contraction " contractions 2 to 3 in 10 min suprapubic tenderness Speculum with consent,Asepsis and chaperone normal vulva and vagina unable to see cervix os was dilated and fetal scalp seen (4-5 cm in diameter) no memranes seen no active bleeding seen Imp no clinical evidence of uterine dehision Plan 1 Cont Obs 2Adequate pain releif 3.R/V if required
1/14/15	8:11 AM	Catherine Lawson	Midwife	"06.10 membranes visible at introitus " "nil else " "Tracey having excellent effect from analgesia " "contns 2 in 10moderate lasting 45 secs " 06.20 " loop of cord visible at introitus " "palpated gently cold and no pulsation felt " "commenced active pushing " "tracey very sleepy and reluctant " "vomiting frequently query opiate " "06.30 lengthening of cord whemn active pushing successful " "06.40 prepared for delivery " "in out catheter passed as tracey insistent she needs to pass urine 100mls of clear urine passed " "06.50 vx visible alongside cord at introitus 06.58 vx visible at introitus crowned " "07.02 svd of a dead male "

				"no signs of life at delivery " "baby cold with bruising visible to parietal regions " "cord clamped and cut given to parents " 07.04 "im syntometrine given 1ml with consent " "07.15 placenta separated delivery attempted with controlled cord traction " "umbilical cord snapped " "clamps applied to proximal end of cord " "placenta delivered piecemeal by maternal effort " "edge of placenta visible registered b doubtful placenta and membranes " "retained for pathology " "perineal review -intact no suturing required " "maternal obs satisfactory pulse elevated at 100 as persistent vomiting secondary to ergometrine " "temp 36.7 bp unable to be assessed adue to frequency of maternal vomiting " "fundal edge felt at pubis " "lochia minimal " "assisted up to toilet clothing changed as has been vomited upon " "baby in room with parents " "baby wrapped in blanket of love "
1/14/15	8:33 AM	Elaine Lawson	Midwife	per 08:05 Care taken over by Elaine Lawson & introductions made. Condolences given & accepted.Tracey very tired & continues to vomit. 08:15 Ondansetron 4 mg given IV by anaesthetist.
1/14/15	10:17 AM	Margaret Anne Sterrick	Midwife	"0945 iv fluids commenced as vomiting. feels unwell . rigouring " "obs as chart sews score 4, rr28. temp 34.8,(both ears and two separate thermometers) sho contacted to review , catheter to urinary bladder inserted ,10 mls concentrated urine obtained, for hourly vols " "sho contacter micro re ab's suitable . for gentamycin , vancomycin and metronidazole "
1/14/15	10:53 AM	Laura J Telford	Doctor	SHO TELFORD "32 yr old " Para 2+ 1 Admitted through the night in labour. Known SRM at 17 weeks. Has been attending day assessment since then. Saw Dr Cooper last week. Discussed option of ending pregnancy- pt decided to continue and see what happens. Aware of high risk of preterm labour and poor outcome. Asked to see pt post natal period as hypothermic and tachypnoeic. Sepsis 6 commenced. Iv fluids. O2 therapy. Cultures and bloods started. Pt is penicillin and cephalosporin allergic- breathing difficulties. d/w micro Dr Laurenson History revisited.

				Likely endometritis but technically unknown source. Due to allergies advised metronidazole, stat gent and vancomycin. To rediscuss at later date. Dose calculators filled and printed out. "Await bloods. "
1/14/15	10:56 AM	Tara K Cooper		Seen briefly post delivery Condolences offered Being treated for potential sepsis Placenta needs to go to histology No real need for full PM but suggested external only - will consider
1/14/15	12:09 PM	Elaine Lawson	Midwife	09:00 T 35 P 60 BP 84/53. Fundus firm @ umbilicus - 3 fb,lochia average.Vomiting has settled.Tracey feels cold ,shivery & unwell.Needs medical review. Dr Cunningham & Dr Cooper informed of Tracey's condition. For IV fluids & SHO review.
1/14/15	12:30 PM	Laura J Telford	Doctor	SHO TELFORD Call from labs to say that WCC are 44. Pt has had metro and gent about to commence. Has had 1l IV fluids thus far. Pt looks much better SEWS now 0. HR 67, RR 16, sats 98 on air, T 36.1 Pt feels better. Denies any SOB/CP/difficulty breathing. Plan cont with current mx plan "please alert if SEWS increases again. "
1/14/15	6:34 PM	Dr Jessica S Rose	Doctor	ATSP re drop in BP to 78 systolic alert orientated, moving around bed and asking for cathetar out HR 65, temp 37, rr 14, sat 99% nil complaints other than cathetar giving sensation of needing to pass urine cathetar flowing freely, clear in tubing, dark in bag no dizzyness reported to me although stated was dizzy to midwife no chest pain P - stat ~400ml in current bag IVs recheck BP - ?different cuff - states has had issues in past due to slim arm
1/14/15	6:37 PM	Margaret Anne Sterrick	Midwife	"1820 obs as sews chart. sho asked to review see above "
1/14/15	7:15 PM	Elaine Lawson	Midwife	*Written in retrospect due to high ward activity ,emergencies & caring for other patients* Tracey has been attended to throughout the day by various members of staff.Refreshments have been offered throughout the day & same refused. Analgesia has been offered & declined.Baby was with Tracey until lunchtime when she then requested baby be taken out of room. Baby has been in cool cot since then . Tracey has been tearful at times & support given.

1/14/15	7:56 PM	Dr Yvonne C Cunningham	Associate Specialist	Cunningham Asked to review antibiotic regime. Anaphylactic reaction to penicillin and cephalosporins. Microbiology advice was for metronidazole, gentamicin and vancomycin. Has had dose of metronidazole at 1000, gentamicin at 1225 and vancomycin at 1425. Has no further since. Antibiotic algorithms reviewed. Vancomycin should be given 12 hourly, with trough dose prior to 3rd dose. Gentamicin should be given 24 hourly and needs level 6-14 hours post dose. (1825 - 0225) Plan - - 500mg metronidazole now and at 0200, then usual 0800/1400/2200 regime - needs gentamicin level between 1825 and 0230 - repeat FBC, U+E, LFT, CRP, lactate with gentamicin level and 0700 - 1250mg vancomycin at 0230 - discuss with microbiology in morning - if to remain on vancomycin and gentamicin: - 280mg gentamicin at 1030 - trough vancomycin level at 1400 - 1250mg vancomycin at 1430 - if deteriorates overnight, will need further discussion with microbiology
1/14/15	8:50 PM	Mary Hearse	Midwife	Care taken over by S/M M Hearse Has not had any further antibiotics discussed with Dr Cunningham and regime prescribed Metronidazole 500mgs in progress Observations now stable SEWS = 0 BP 103/68 Minimal lochia on pad Diuresis greatly improved 200mls over past hour Tracey aware of a headache Paracetamol given and now resolved Refreshments offered but declined Tracey tolerating juice with no further nausea Baby remains in L/W Tracey and Colin have decided that they do not wish to see baby again and that he can go to the motuary
1/14/15	10:07 PM	Mary Hearse	Midwife	22.00 Observations remain stable SEWS = 0 Good diuresis 300mls clear urine drained in past 90 mins Tracey very uncomfortable with SRC in situ and wants it removed ASAP Tracey feeling much better and has been up and mobilising in room
1/14/15	11:19 PM	Mary Hearse	Midwife	23.00 Gentamicin levels taken and sent to lab SRC discussed with Reg Dr Perera and can be removed Tracey delighted to have catheter taken out- asked to use bedpans overnight to keep an accurate monitor of output Tracey very keen to get home tomorrow but explained in view of sepsis this may not be the case but will be moved to family room if remains stable overnight Tracey has decided that the baby will NOT have a post mortem and that she would like to arrange the cremation /burial once decided Baby has been transferred to the motuary
1/15/15	3:08 AM	Mary Hearse	Midwife	03.00 Tracey trying to sleep but just dozing Vancomycin in progress as prescribed in left arm - venflon insertion site comfortable and not red/inflammed to

				be observed closely during infusion Observations remain stable SEWS = 0 Has been up to the toilet and voided urine since removal of SRC
1/15/15	6:47 AM	Mary Hearse	Midwife	06.30 Bloods taken as requested Tracey has slept periodically overnight "Observations remain stable SEWS = 0-1 " Abdomen soft to palpate and uterus firm Lochia average "Has voided urine " "Comfortable and keen to go home ASAP " To have Vancomycin levels taken prior to administration at 14.30
1/15/15	8:25 AM	Piyal D Perera	Doctor	Reg R/V by Perera " Hb 74" feels better keen to go home no abd pain Obs Stable " " ?cause for low HB To D/W Cons
1/15/15	9:36 AM	Kirsten Hainey	Doctor	WR Sahota/Hainey/M/W Andrews"History reviewed. ""Feels well. "No abdominal pain."Small amount of PV bleeding - changing pad every few hours. No offensive odour noted. "No cough/sputum/SOB."No shivers/chills. ""No fever. ""SEWs stable - normothermic since 11am yesterday. Other observations stable. ""O/E: "Good CPRT
1/15/15	10:13 AM	Donna Andrews		Care assumed by SM D Andrews at 0730hrs. Condolences offered. Tracey reports she feels well this am. Upset and very keen for home today, stating she will self discharge if advised against same. Observations stable as per SEWS chart, SEWS score=1 as systolic BP 94 (normal for Tracey). Abdo soft, non tender. Lochia minimal. Up to toilet and passing good volumes of urine. Oral paracetamol 1g given for afterpains. IV metronidazole 500mgs commenced as prescribed. Blood results available; Hb 74 (101) WCC 26.1 (33.6) Plts 232 (300) Urea 1.3 (2.5) Na 139 K 3.8 CRP 59 (42)

				Awaiting gentamycin levels. For r/v on ward round this am.
1/15/15	10:28 AM	Donna Andrews		GP informed of pregnancy loss. Message left with com m/w D Coyle, to call back for information. Medical photography will attend for photographs at 1200hrs, baby now back on LW from mortuary. Tracey declines further time with baby at present. Placenta sent to NRIE for pathology. Bounty suppression complete.
1/15/15	11:09 AM	Donna Andrews		Tracey and Colin declines post mortem for baby Connor, Dr Cooper has discussed this with them. Form sent to Dr Evans in NRIE along with examination of placenta form.
1/15/15	11:19 AM	Kirsten Hainey	Doctor	FY2 Hainey Discussed with microbiology (Dr Olsen): - History discussed and updated re: clinical progress "- Explained patient very keen to go home " "No cultures back as yet. " "Would advise continue IV antibiotics for 48 hours until culture results available. " If for switch to orals, in light of allergies would advise: CLINDAMYCIN 450mg QDS AND "CIPROFLOXACIN 750mg BD " "to complete seven day course. " "However these are both C.difficile-ogenic drugs, so there is a risk assocated with this combination. " "Dr Olsen advised discussing with Dr McIntosh, Infectious diseases, consultant to see what she would suggest. " "I have contacted OPAT who informed me that Dr McIntosh is off sick today and that I should contact ID at the WGH instead. " "Unable to contact ID reg via the WGH switchboard. Phonecall to ID ward at WGH - discussed with FY2 who took history. " "Will discuss with his seniors and get back to us. " "Registar Sahota aware of progress thus far. " "Plan to give IV antibiotics at afternoon dose and await further advice. "
1/15/15	11:54 AM	Sukhwinder Sahota		ST4 SAhota "In attendance with MW D Andrews to discuss antibiotics. " "Suggested Tracey stay to cmoplete 48hrs IV antibiotics then oral Abs for a single dose. Tracey adamant does not want to stay. " "Explained we will d/w consultant for best care if goes home. " "D/W ID consultant: suggests further gentamycin dose + metronidazole then change to oral clindamycin + ciprofloxacin as per micro advise. " "She will kindly review patient. " "Plan: ID review, needs follow up bloods until WCC normal. "

1/15/15	12:02 PM	Sukhwinder Sahota		Infectious Diseases- pt aware that the safest option is to stay in for 48hrs IV antibiotics and monitoring. The 'second' safest option is: 2nd dose gentamicin at lunch time today and discharge home on po clindamycin and ciprofloxacin to complete a 7 day course of antibiotics. No cough/ SOB, no calf tenderness/ swelling. No pus around still born child. I am told post partum examination is normal. Coryzal symptoms pre presentation (but none now) - send VTS for flu If micro samples flag pathogens or she deteriorates clinically she will need to re attend the hospital. Midwife to check bloods in 48hrs. Pt aware of risk of GI upset on this regime- will call GP if this is problematic.
1/15/15	12:03 PM	Dr Rebecca K Sutherland	Consultant	apologies- Infectious Diseases consultant for note above- Dr R sutherland
1/15/15	1:08 PM	Kirsten Hainey	Doctor	"Antibiotics prescribed as per microbiology/infectious diseases advice. " "- Further gentamicin prescribed as per calculator. " "- Orals ciprofloxacin and clindamycin prescribed for this evening as per micro. " - To have further dose of metronidazole and then discontinue
1/15/15	2:54 PM	Donna Andrews		IV gentamycin and metronidalzole administered as prescribed. For oral abx at 1800hrs. Tracey remains tired but well. SEWS score=0. Oral anagesia given for afterpains. Lochia minimal, not offensive smelling.
1/15/15	4:00 PM	Donna Andrews		D/C script sent to pharmacy. Tracey remains well at present. Perinatal loss bloods obtained by Dr Cunningham and sent to lab. Plan on discharge if for community midwife visit on Saturday 17/1/15 for PN check, bloods for FBC, U+E, LFT and CRP, and to chase cultures. I have spoken to com m/w A Henderson who is on call on Saturday and is happy to do this. Tracey will also arrange a follow up apt with her GP for the middle of next week to r/v bloods and repeat if required to ensure infection markers and improving. Information for community midwives in d/c folder on ward 11.
1/15/15	6:30 PM	Donna Andrews		Tracey remains well. Observations stable as per SEWS chart, SEWS score=0. Oral abx given as prescribed - clindamycin 450mgs and ciprofloxacin 750mgs. Tracey aware to contact staff if feeling unwell or showing signs of reaction with same. D/C script given for oral abx, FeSO4 and simple analgesia. "All paperwork now discussed and complete. Tracey remains undecided re burial or cremation. She is aware that if she decides on cremation she should contact Marion Sneddon for cremation paperwork. " Medical photography will bring photographs to labour ward tomorrow and these are to be taken to Tracey by com m/w on Saturday.
1/15/15	6:57 PM	Donna Andrews		Tracey remains well, no obvious adverse effectf from abx as yet. SIMBA box with momentos given. "For home later this evening. "
1/15/15	8:13 PM	Mary Hearse	Midwife	20.00 Care taken over by S/M M Hearse Tracey feeling well - no adverse side effects from oral antibiotics All observations stable SEWS = 0 Abdomen remains soft non tender Minimal lochia - not offensive Passing good volumes of urine Venflon removed from roght hand Tracey advised that if she feels unwell/offensive lochia /pain to seek medical attention

				Has TTOs /paper work and SIMBA box Will contact Marion Sneddon when decisiom made re cremationor burial Home with advice
8/1/16	3:01 PM	Elaine Jack		RESEARCH, STOPPIT2, Elaine Jack Research Midwife Approached on 18th July 2016 and given PIS version 3.1_24th Sep 2015 for the STOPPIT2 study (R&D project number 2014/0334). Patient advised that she would get in touch if keen to participate in the study. She did not get in touch by 20+6 weeks therefore ineligible. No further participation involved.
10/3/16	1:02 PM	Kirsten B Cliff	Midwife	Attended for scan with fetal medicine today - see report. This was for dopplers as previously noted raised dopplers. Normal today. For scan in 1 week for growth as already organised.
10/11/16	11:06 AM	M/W Alleson E McNeill	Midwife	"Discussed blood results with Dr Cooper urea 1.6 no action required "
10/17/16	12:04 PM	Kirsten B Cliff	Midwife	Attended for scan today - see report - also see obstetric management plan - for CTG and review in twin clinic and twice weekly monitoring in DAU for L/V and Doppler and CTG. Further scan appt given with Fetal Medicine for 1 week at 10 am on 24th October.
10/20/16	4:44 PM	Kirsten B Cliff	Midwife	M/W K Cliff - discussed with Dr Cooper re Tracey this morning as was concerned she was not booked to come back until Monday 24th October and she had a raised Doppler at last visit on Monday 17th Oct. Dr Cooper has re-assessed Tracey's notes and asked for her attend either STJ or RIE today for a further CTG - and if normal just to come as planned back to Fetal Medicine on Monday 24th October. I have liaised throughout the day with Day bed at SJH and RIE DAU, but it was more convenient for Tracey to go to SJH today (although originally she had not been keen to attend there as she found it upsetting to return back there - I have passed this onto Linda in Day Bed so she is aware).
10/24/16	11:29 AM	Dr Shona Cowan	Consultant	Dr Cowan entryadmitted from USS deptUPDATE 241016 - static growth 4wks both twins EFW 1.2kg
10/24/16	12:37 PM	Kerrie MF Thompson	Doctor	"R/V THOMPSON. " Note history. "Active babies. " "CTG Reactive and reassuring. " "Had steroids 2 weeks ago. " BP 126/84 "Consent- including sterilisation which was rediscussed. " "C/S bloods taken. " "Plan: " "as per Dr Cowan- can E and D. " "Neonatal review. " "Delivery within 24 hours. " "Rpt CTG on ward. "
10/24/16	1:07 PM	Kirsty A Mason	Midwife	CTG discontinued, normal trace of both twins. MEWS of 0 Can go home to get hospital bag, to return to ward 119 as discussed with Dr Cowan. Bloods taken and sent. Paed registrar in to chat to couple (came previously but had to attend an emergency). To contract ward 119 who will advise whether to come straight to ward 119 or CTG in DAU or triage.

10/24/16	4:07 PM	Lauren Shaw	Doctor	Neonatal Discussion "Introductions made. " Explained to parents: 1) Most babies at this gestation do not require intensive care treatment but will hopefully be cared for in our high dependency unit "2) The Neonatal team will be present at delivery " "3) Depending on how babies are we may need to support their breathing, this can range from extra oxygen to a need for extra pressure (CPAP) to needing support with a breathing machine. " 4) We will need to help keep babies warm, particularly if they are small and this will likely mean caring for them in an incubator. 5) Feeding - we fully support and encourage Mum in her eagerness to breastfeed. Babies unlikely to be able to suck feed at this gestation and we will need to go slowly with feeding due to small babies/IUGR. Can be given EBM as soon as available if otherwise well. 6) Length of stay will depend on how babies are and how feeding is going. Parents satisfied with discussion.
10/24/16	6:49 PM	Annie Ramsey-Stagg		"Tracey admitted to ward 119, bed 33 for observation until cs tomorrow. " "Introductions made and orientated to the ward. History noted. P2+2, prev cs. DCDA twins, fetal growth restriction- static growth over last 4weeks. " "Tracey feeling well today, offering no concerns at present. MEWS=0. CTG commenced with consent. Aware of lots of fetal movements. "
10/24/16	7:40 PM	Dr Shona Cowan	Consultant	Reviewed on ward Dr Cowan 19.30 Normal CTg x2, then FMF ++ with ? LOC/ ? decel x1 continue for further 20 mins- if normal can stop. then CTG tds. Eat & drink normally tonight early breakfast 06.00, then water only until 10.00 Discuss cot availability with NNU 8-9am aim CS delivery (+ sterilisation) 12-2pm if cots available d/w Dr Julie-Clare Becher this evening - hopes this will be possible If NNU have no availability then consider delaying delivery until wed but no longer Would need to stay as IP with CTGs tds. If delivery not possible on site then may need to consider transfer in utero.
10/24/16	7:44 PM	Emily McLean Lobban	Midwife	Below entry by St/MW Ramsay Stagg
10/24/16	8:47 PM	M/W Fiona M White	Midwife	"Care on night shift by Fiona White (RM), CTG on and in progress, wishing off as has been on for a long time. " "Fetal moveents felt ++ by both twins. " CTG review twin 1 : DR: preterm static growth C: nil BRA:130bpm V:>5bpm A:Accelerations present "D: nil decelerations "

				O: normal CTG "Loss of contact but CTG overall normal. " twin 2: DR: preterm, static growth C: nil BRA:140bpmn V:>5bpm A:Accelerations present D: nil decelerations O: normal CTG Going to mobilise. "For obs and FH before bed. "
10/24/16	11:23 PM	M/W Fiona M White	Midwife	21:45 "In to see Tracy this evening, feels well, babies still very active. No concerns at present. Understands that can have breakfast at 6am then only sips of water until 10am. Plan for delivery tomorrow afternoon. MEWS 0. No other concerns. If has any concerns will buzz but will try to sleep. CTG this evening normal, for repeat in the morning. "
10/25/16	1:27 AM	M/W Fiona M White	Midwife	Tracey asleep left undisturbed.
10/25/16	3:52 AM	M/W Fiona M White	Midwife	*written in retrospect* "02:00 Tracy remains asleep- left undisturbed. "
10/25/16	5:10 AM	M/W Fiona M White	Midwife	05:00 "Tracey has slept most of the night, woken for CTG as 8 hours since last and for TDS CTG monitoring as per consultant plan. " "Up to toilet to pass urine prior to CTG. " Twin 1 maternal left- breech- FH147bpm "Twin2 cephalic maternal right- FH136bpm " "Fetal movements felt in general by Tracey, CTG commenced to assess fetal wellbeing. MP80bpm. Tracey for breakfast at 06:00. "
10/25/16	5:49 AM	M/W Fiona M White	Midwife	05:45 MEWS 0, palpable tightenings noted. 3:10 lasting 20seconds. Tracey quite uncomfortable with these. Registrar bleeped to review, plan for speculum. SHO will attend. CTG review: Twin 1- DR: static growth, C; 3:10 mild tightenings BRA:135bpm V:>5bpm A:accels present D: nil decels O: normal CTG Twin 2- DR: static growth C: 3:10 mild tightenings BRA:130bpm V:>5bpm A:Accelerations present D: nil decels O: normal CTG "Some loss of contact noted on CTG with fetal movements. "
10/25/16	6:34 AM	Dr Rohan Ravindra Chodankar	Doctor	ST3 Chodankar Para 2 (Previous 2 CS) 33.6 DCDA Twins with Static growth For planned CS today. ATSP : ? Labour Examined with consent + chaperone

				p/A - soft NT uterus contracting 3:10 Twin 1 cephalic no scar tenderness v/E - Cx dil 3 cms/ 1cm long soft Vx -3 Tense bag of membranes + Plan "Cat 2 CS + Sterilisation " "Consent " Anaesth IV access Confirm GS
10/25/16	6:52 AM	M/W Fiona M White	Midwife	*written in retrospect* "05:55 Medical review- SHO. Unable to visualise os on speculum. " 06:15 Oral analgesia given as per kardex "06:20 Registrar VE 2-3cm dilated. 06:30 Cannulated in left hand, G+S available, suitable for electronic release. " "06:50 awaiting transfer to theatre. Theatre checklist complete. "
10/25/16	9:24 AM	M/W Joanna Boyd	Midwife	DELIVERY SUMMARY 0707 into theatre 0723 spinal sited 0741 knife to skin 0747 EMCS live girl, cephalic, twin 1 0749 EMCS live girl, breech, twin 2 0753 placenta and membranes delivered piecemeal, membranes wragged, consultant informed, happy cavity empty placenta for pathology 0835 into recovery obs as per MEWS double pump commenced for expressing Recovery uneventful, transferred to ward
10/25/16	11:04 AM	Ruby Elise Scott		"Tracey transferred to ward 119, bed 29 from theatre recovery " "EMLUSCS twins @0747 @0749 25/10/16 " Orientated, buzzer system shown, iced water provided Tracey vomiting, feeling sick ++ "MEWS-0 " "Fundus F+C, Lochia minimal, Catheter 80mls concentrated urine, " "wound clean and dry " "Not requiring pain relief at present " "Wishes to go to the neonatal unit. Will phone unit to organise " "Aware to buzz if requiring assistance. "

10/25/16	1:05 PM	Angela J Scott	Midwife	"MEWS0 " "cathweter in situ " "lochia minmal " "helped exp " "taken on bed to NNU " "to see twins "
10/25/16	1:13 PM	Ruby Elise Scott		"Assisted to hand express for twins, expressed .5ml EBL in syringe. " "Taken Tracey and Partner to see twins in NNU " Meds as per kardex @1200
10/25/16	2:46 PM	Angela J Scott	Midwife	"remains in NNU "
10/25/16	4:41 PM	Angela J Scott	Midwife	"has been along in NNU visiting with both babies in NNU " "back on ward1600 " "MEWS0 " "catheter remains in situ " "dsraining good volume " "fundus firm " "lochia average " "analgesia as charted " "given breast pump duo " "had used earlier today and hand expreseed " "IV// " "MEWS0 "
10/25/16	6:10 PM	Angela J Scott	Midwife	"MEWS0 " "dry cough " "astmatic on inhalers " "tolerates ibuprofen " "wound slight spotting " "catheter in situ " "had bladder issues last C?S damaged baldder " "declined bed bath " "wishes up for skower later " "venflon dislodged " "exp good vols for twins in NNU "
10/25/16	7:24 PM	Angela J Scott	Midwife	"catheter emptied 800mls by tracey and partner " "advised to buzz or assistance " "taken to NNU in chair " "remains aprexical " "dry cough " "1xvomit " "decline antiemetic as going to NNU " " "
10/25/16	7:49 PM	Angela J Scott	Midwife	"back from NNU " "MEWS0 " "wound sore ++ " "vomited x1 declines antiemetics " "SHO aware for review " "wound dressing slight spotting "

				"had sterilaization " "declindwd dyhydrocodeine " "c/o dry cough sats 100% on air "
10/25/16	8:57 PM	M/W Fiona M White	Midwife	20:30 "Care resumed by Fiona White (RM), I looked after Tracey last night so known to me. On taking over Tracey very upset and rolling around bed in pain. Vomiting and coughing. Has declined anti emetics this evening but encouraged to take as this will help with the vomiting and hopefully the pain that vomiting causes. " "Cyclizine 50mg given IM. " "Wound observed, small amount of dry soakage noted. " "Catheter draining clear urine. " "Pads checked, lochia very minimal. " Legs NAD. "Breasts feel comfortable, has been expressing for babies and will try to do this overnight when more comfortable. " "Has quite a dry cough. " "For further analgesia once vomiting settled. " "MEWS 0. " "Medical review required for on going pain/cough. "
10/25/16	10:47 PM	M/W Fiona M White	Midwife	*written in retrospect* "21:00 Dihydrocodeine 30mg given orally as not vomited again. " "22:00 Paracetamol 1g, ibuprofen 400mg and tramadol 50mg given orally, not vomited again. Milk given to drink with tablets. appears more comfortable. " "22:45 SHO present to review as Tracey has been in a lot of pain. C/O upper maternal right abdominal pain. ? wind. For peppermint water and oramorph. Managing to sip at water and lucozade. "
10/26/16	12:39 AM	M/W Fiona M White	Midwife	"In to see Tracey, has been asleep for 2 hours. Advised to try to sleep again. "
10/26/16	2:01 AM	M/W Fiona M White	Midwife	"Tracey much more comfortable, going to express now then wishes to go to NNU to see babies. MEWS 0. Catheter draining clear urine. ? to be removed in morning, will check op note. "
10/26/16	2:58 AM	M/W Fiona M White	Midwife	"Managed to express 5mls EBM, going to unit when feels able to. "
10/26/16	4:19 AM	M/W Fiona M White	Midwife	04:00 MEWS 0 "Feels very tired and a bit nauseas, advised to try to eat something as has not eaten since delivered yet. Tea and toast provided but only managed half a slice. Wishes to try to sleep. Lights off, will wake for drug round at 7am unless needs me before then. "
10/26/16	7:49 AM	M/W Fiona M White	Midwife	"MEWS 0 this morning. Tracey feeling much better this morning. Oral analgesia given as per drug chart. Bloods obtained with consent for FBC, U+Es and CRP. "
10/26/16	7:50 AM	M/W Fiona M White	Midwife	"Catheter removed with consent, aware of voiding guidelines. "
10/26/16	9:00 AM	Angela J Scott	Midwife	"pud small amount aware to measure further void " "having shower then plans to go to NNU "
10/26/16	11:58 AM	Angela J Scott	Midwife	"Taken to NNU " "analgesia given prior to going to NNU exp for twins " "wound clean and dry " "remains in NNU "
10/26/16	12:42 PM	Angela J Scott	Midwife	"remains in NNU telephoned unit @ lunch time to return for lunch " "if required " remains in NNU

				"discussed @ WR " "re tender wound claen and dry " "additional analgesia prescribed "
10/26/16	2:04 PM	Angela J Scott	Midwife	"back from NNU " "using breast pump had analgesia " "for maternal check " "needs obs " "Tracey aware " "has been oin NNU " "all morning " "stoill c/o chesty cough non productive has asthma using inhalers " "for maternal check and MEWS " "for medical review "
10/26/16	2:21 PM	Angela J Scott	Midwife	"MEWS0 " "pud x2 good amounts " "no concerns " "c/o pain below ribs no SOB " "chesty cough non productive non-smoker " "feels worse lying down " "wound claen and dry " "c/o burning sensation no redness noted " "for medical review SHO aware " "exp for twins in NNU " "Tracey aware medical staff to review "
10/26/16	3:03 PM	Dr Emem Usoro	Doctor	Dr Usoro ST1 ATSP - Right thorax pain D1 post em c/s twins ptl EBLI 500ml Describes pleuritic pain since delivery + non-productive cough. No palpitations. Light lochia. Bowels yet to open O/E chest clear, no wheeze mews=0 Soft abdomen, well contracted uterus. Scar healing well no stigmata of infection. Bowel sounds normal. Anticipatory pain + guarding RUQ Calves soft, none-tender. No swelling. Pt describes swollen painful right calf prior to admission which has since settled Impression: pleuritic chest pain, PE can't be excluded Plan Up-to-date weight (please inform SHO when done) Therapeutic dalteparin CTPA ?PE Repeat FBC, U/E, CRP mane sputum sample if expectorates please prn salbutamol
10/26/16	4:10 PM	Angela J Scott	Midwife	"MEWS0 " "had chest x ray " "allowed to go to NNU " "taken on chair "

				"needs venflon sited " "aware to return to ward @ 1800 for treatment levels datrepain "
10/26/16	5:21 PM	Dr Emem Usoro	Doctor	Dr Usoro ST1 Telephone call from radiologist. As CXR normal and clinically well he feels risk of radiation does not outweigh benefit. They will put CTPA on hold and we can contact them if patient's symptoms not improving. Discontinue therapeutic dalteparin for now, may continue on prophylactic dose
10/26/16	5:50 PM	Luke McIlwain	Doctor	--- McIlwain - ST2 34 year old Para 2+2 Delivered Under Ix for ?PE? Has had a normal CXR, but no further IX. Apparently the radiologist has requested to discontinue LMWH at treatment dose, but without any advanced imaging and has discontinued CTPA. I have suggested to the M/W that she give the LMWH tonight and await consultant r/v mane. I note the CXR has not been reported, but I do note there is some free air under diaphragm as would be expected post cs PLAN: - Give treatment dose LMWH tonight. - R/v mane and regular obs please - 2-3 hours, checking O2 sats. - Consultant r/v mane before discontinuing lmwh - Bleep if concerns ---
10/26/16	6:14 PM	Angela J Scott	Midwife	treatment dose 6000 iu dalteparin given @ 1800 as directed by ST2 "for review on WR mane "
10/26/16	6:33 PM	Ruby Elise Scott		"Obs taken, MEWS 1- Due to low BP, recheck in 30 mins "
10/26/16	10:54 PM	Janet S MacDonald	Midwife	has been in nnu till now meds given as charted obs nad mews=0
10/27/16	7:55 AM	Janet S MacDonald	Midwife	0700 obs nad mews = 0 has had 6000iu daltaparin as charted meds as charted expessing for nnu
10/27/16	10:03 AM	Joanna M Harper	Midwife	Care taken over for day shift and introductions made. Called to room as Tracey standing beside bed and c/o severe pain/stinging around wound. Wound satisfactory, clean and dry. Oromorph 10mgs given as per kardex. Tracey then seemed immediately better after this and moving freely around on bed. MEWS 0. Daily check satisfactory. Passing urine with no problems. NBO and unaware if passed wind as yet. Eating and drinking normally. Not c/o any other chest/upper abdo pain. Expressing good amount for babies in NNU. Shown how to clean expressing equipment.

10/27/16	1:53 PM	Joanna M Harper	Midwife	Tracey was for review on ward round but Consultant busy and not been seen as yet. Tracey back from NNU and says babies are being transferred to St Johns and she is going with them in ambulance. SHO paged and has come to do discharge. Tracey advised she should wait to see Consultant. Does not want transferred to St John's postnatal ward.
10/27/16	2:11 PM	Dr Dominique Elizabeth Baker	Doctor	D Baker ST1 ATSP for discharge check On dalteparin treatment dose for ? PE - pleuritic chest pain CTPA cancelled by radiologist - high dose radiation. "Tracey wanting to leave with twins who are being transferred today. " "Will self discharge " Explained risk of PE can be life threatening. requesting transfer to St John's for V/Q scans
10/27/16	2:21 PM	Dr Dominique Elizabeth Baker	Doctor	WR Dr Fankham Day 3 post c/s On treatment dose dalteparin ?PE CTPA request rejected by radiology due to radiation dose Had chest tightness yesterday, no SOB some cough but no pain now PMH: asthma O/E speaking in full sentences Chest - wheezing and crackles calves soft, non-tender abdomen soft, scar healing, non-tender, uterus firm Impression: asthma exacerbation Plan: if CXR normal will be medically fit for discharge inhalers stop treatment dose dalteparin
10/27/16	3:01 PM	Joanna M Harper	Midwife	Seen by Consultant as documented below. Suitable for discharge if Chest X ray satisfactory. Discharge paperwork and medication arranged.
10/27/16	3:03 PM	Dr Jane Sehgal	Doctor	CXR - no acute issue noted. Lung fields clear. Free air under diaphragm - as expected for C-section.
10/27/16	3:04 PM	Joanna M Harper	Midwife	Tracey has just been to inform me that babies cannot now be transferred to St John's NNU today due to staffing issues. Tracey to see NNU staff about relatives room.
10/27/16	5:50 PM	Joanna M Harper	Midwife	Tracey discharged to relatives room. Paperwork and medication given.
10/27/16	5:56 PM	Joanna M Harper	Midwife	Ward 11 at St Johns phoned to inform of discharge to relatives room in RIE.
		Eileen Ross	Doctor	

Obstetric Case Notes vol 1

West Lothian Healthcare NHS Trust
St. John's Hospital at Howden
Livingston EH54 6PP (01506) 422756

Clinical Biochemistry

(A CPA Accredited Laboratory)

S547297 F 17 Sep 1982
1709821280
STEWART Tracey
C/O 42 WHITELAW DRIVE
EH48 1RQ

Consultant/G.P.
Dr P. DEWART
Ward 10 St John's

Clinical details: RVQ PAIN

Tests (Reference values, units) Reported values are shown in left column

Date	02/02/00
Time	
Labno.	C0030495
Sodium (136-146 mmol/L)	138
Potassium (3.5-5.1 mmol/L)	4.2
Chloride (98-107 mmol/L)	106
CO2 (24-30 mmol/L)	23 L
Urea (2.6-7.0 mmol/L)	3.2
Creatinine (70-125 umol/L)	56 L
Total Bilirubin (5-24 umol/L)	5
ALP (30-120 U/L)	194 H
ALT (4-40 U/L)	7
Total protein (65-83 g/L)	57 L
Albumin (40-50 g/L)	33 L
GGT (9-40 U/L)	16
Amylase (10-100 U/L)	17

H: High result SC: Sample clotted HS: Haemolysed sample TL: Too late for analysis
L: Low result ND: Not detected LP: Lipaemic sample NS: No sample received
TF: To follow IC: Icteric sample IS: Insufficient sample NI: Test not indicated

Date printed
02 Feb 2000
Page number

C0030495

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St. John's Hospital at Howden
Livingston EH54 6PP (01506) 422756

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Date printed
02 Feb 2000
Page number

C0030495

St John's Hospital at Howden, Livingston, EH54 6PP. Tel: 01506 422757

Haematology
(CPA Accredited)

S547297 Sex F Date of Birth 17 Sep 1982
1709821280

Surname STEWART Forename Tracey

Address C/O 42 WHITELAW DR
EH48 1RQ

Consultant/GP
Dr P. DEWART
Ward 10 St John's

Date Printed : 03 Feb 2000

Clinical Details RUQ PAIN - POST C-SECTION

Specimen collection	Date	03/02/00				
	Time					
	Labno.	H0020073				
Prothrombin	(11.0-15.0 secs)	12.4				
APTT	(26-36 secs)	28				
Fibrinogen	(1.5-4.0 g/1)	6.9				

Comment

Reference Range is age, sex, method and reagent related and is linked to the current result.

St John's Hospital at Howden, Livingston, EH54 6PP. Tel: 01506 422757

Haematology
(CPA Accredited)

S547297 Sex F Date of Birth 17 Sep 1982
1709821280

Surname STEWART Forename Tracey

Address C/O 42 WHITELAW DRIVE
EH48 1RQ

Consultant/GP
Dr P. DEWART
Ward 10 St John's

Date Printed : 02 Feb 2000

Clinical Details RUQ pain ++ 2/7 post C section

Specimen collection		Date Time Labno.	02/02/00 22:30 H0020019	01/02/00 05:15 H0019252
Hb	(115-165 g/l)		91	103
RBC	(3.80-5.80 x 10^{12}/l)		2.94	3.30
Hct	(0.370-0.470)		0.270	0.301
MCV	(80-99 fl)		92	91
MCH	(27.0-32.0 pg)		31.0	31.2
WBC	(4.0-11.0 x 10^{9}/l)		15.2	12.9
Neutrophils	(2.0-7.5 x 10^{9}/l)		12.0	10.6
Lymphocytes	(1.5-4.0 x 10^{9}/l)		2.1	1.4
Monocytes	(0.2-0.8 x 10^{9}/l)		0.4	0.2
Eosinophils	(0.0-0.4 x 10^{9}/l)		0.4	0.4
Basophils	(0.0-0.1 x 10^{9}/l)		0.3	0.3
Platelets	(150-450 x 10^{9}/l)		208	228

Morphology / Comment

Reference Range is age, sex, method and reagent related and is linked to the current result.

Haematology

St. John's Hospital at Howden
Livingston (01506) 419666

Patient No. 547297 | Sex S F | DoB 17-SEP-1982

STEWART TRACEY ANN

Consultant / GP: Thomson P G Dr

St John's Hospital
Ward 11

Clinical Details: UTI

Date	12Sep97	17Aug99	19Nov99			
Time		10:00				
Specimen Number	076631	080562	115200			
Hb g/l [M 130 - 180 : F 115 - 165]	130	108	104			
RBC $x10^{12}$/l [M 4.5 - 6.5 : F 3.8 - 5.8]	4.22	3.37	3.19			
Hct [M 0.40 - 0.54 : F 0.37 - 0.47]	0.382	0.311	0.298			
MCV fl [80 - 99]	90.4	92.5	93.5			
MCH pg [27 - 32]	30.8	32.0	32.6			
Retic $x10^9$/l [10 - 100]						
WBC $x10^9$/l [4.0 - 11.0]	9.4	10.0	14.9			
Neutrophils $x10^9$/l [2.0 - 7.5]	5.3	7.2	9.8			
Lymphocytes $x10^9$/l [1.5 - 4.0]	3.0	2.0	4.2			
Monocytes $x10^9$/l [0.2 - 0.8]	0.7	0.4	0.6			
Eosinophils $x10^9$/l [<0.4]	0.3	0.4	0.1			
Basophils $x10^9$/l [<0.1]	0.1	0.0	0.1			
Myelocytes $x10^9$/l			0.0			
Blasts $x10^9$/l			0.0			
NRBC/100 WBC			0			
Platelets $x10^9$/l [150 - 450]	254	221	297			
ESR mm/hour [M 1 - 10 : F 3 - 15]						
I.M. Screen						

Morphology/Comment:

Lab.No 076631:

Lab.No 080562:

Lab.No 115200:

CPA Accredited Laboratory

Character Codes

CS = Clotted specimen	OS = Overfilled specimen	NF = No form received
HS = Haemolysed specimen	PC = Platelets clumped	NS = No sample received
IS = Insufficient specimen	LP = Lipaemic plasma	UF = Unlabelled form
LS = Leaking specimen	LA = Late for analysis	US = Unlabelled specimen
WS = Wrong specimen type	TE = Technical error	XX = Mismatched specimen/form

Date Printed : 20Nov99
Time Printed : 10:00
Page Number: FBC 1

DISCARD PREVIOUS PAGE FBC 1
XXXXXXXXXXXXXXXXXX

Haematology

St. John's Hospital at Howden
Livingston (01506) 419666

Patient No.	Sex	DoB	Consultant / GP
	F	17-SEP-1982	Dewart P Dr
STEWART		TRACY ANN	St John's Hospital Ward 11

Clinical Details: ? infection

		03Aug98	22Sep99				
Date							
Time							
Specimen Number		069415	092365				
Hb g/l	[M 130 - 180 : F 115 - 165]	133	105				
RBC $x10^{12}$/l	[M 4.5 - 6.5 : F 3.8 - 5.8]	4.34	3.20				
Hct	[M 0.40 - 0.54 : F 0.37 - 0.47]	0.386	0.294				
MCV fl	[80 - 99]	89.0	92.1				
MCH pg	[27 - 32]	30.8	32.8				
Retic $x10^9$/l	[10 - 100]						
WBC $x10^9$/l	[4.0 - 11.0]	35.0	15.4				
Neutrophils $x10^9$/l	[2.0 - 7.5]	2.9	10.3				
Lymphocytes $x10^9$/l	[1.5 - 4.0]	31.6	3.6				
Monocytes $x10^9$/l	[0.2 - 0.8]	0.2	0.9				
Eosinophils $x10^9$/l	[<0.4]	0.0	0.6				
Basophils $x10^9$/l	[<0.1]	0.0	0.0				
Myelocytes $x10^9$/l		0.3					
Blasts $x10^9$/l		0.0					
NRBC/100 WBC		0					
Platelets $x10^9$/l	[150 - 450]	111	251				
ESR mm/hour	[M 1 - 10 : F 3 - 15]						
I.M. Screen		+ve					

Morphology/Comment:

Lab.No 069415: Atypical Mononuclear Cells present.

Cons Comment: Consistent with infectious mononucleosis.

Lab.No 092365:

CPA Accredited Laboratory

Character Codes

CS = Clotted specimen	OS = Overfilled specimen	NF = No form received
HS = Haemolysed specimen	PC = Platelets clumped	NS = No sample received
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LS = Leaking specimen	LA = Late for analysis	US = Unlabelled specimen
WS = Wrong specimen type	TE = Technical error	XX = Mismatched specimen/form

Date Printed : 22Sep99
Time Printed : 08:00
Page Number: FBC 1

DISCARD PREVIOUS PAGE FBC 1
XXXXXXXXXXXXXXXXX

BLOOD TRANSFUSION

ST. JOHN'S HOSPITAL AT HOWDEN
LIVINGSTON 01506 419666

Patient No.	Sex	D.o.B.	Consultant / GP
547297	S F	17-SEP-1982	Macleod A J Dr
STEWART		TRACEY ANN	St John's Hospital E P A U Ward 11

Clinical Details: PV bleed.

Patient's Blood Group: A RH (D) POS

Lab No: 99103761

Date and Time Required: 08-JUL-1999 10:17

Product	Product Blood Group	Pack Number	Medical Officer Ordering	Intended Duration of Infusion	Set Up By	Checked By	Date	Time Started
		1						

Comments

MLSO Signature

Date Printed 08-JUL-1999
Time Printed 11:08

RCC = Red Cell Concentrate
PAED RCC = Pedipack
WB = Whole Blood
PLT = Platelet Concentrate
FFP = Fresh Frozen Plasma
CRYO = Cryoprecipitate

The persons administering the blood must confirm that the identification of the patient, the name, PAS number and DoB of the patient on the selected Blood Pack and the information on this report (including the Blood Pack Number) all agree and that the pack is not time expired.

In the event of a transfusion reaction, this report should be returned to the Blood Bank along with a Reaction Report form, all Blood Packs, plus 20 ml clotted blood and a 2.7ml EDTA blood specimen.

CPA Accredited Laboratory

IN CONFIDENCE

West Lothian NHS Trust

IMMEDIATE DISCHARGE LETTER

WLT 14

NAME & ADDRESS OF GENERAL PRACTITIONER:

DR Thomson
Bathgate

Please use BLOCK LETTERS

SJ 54297A F 1709782
STEWART
TRACEY ANN
C/O 42 WHITELAW DRIVE
BATHGATE EH48 1RQ

UNIT No.

BIRTH:

HOSPITAL: ST. JOHN'S | WARD/DEPT.: 11 | CONSULTANT: P. DEWART

DISCHARGE:

Your Patient { Attended / Was admitted } on Ward 11 and was discharged { Home / To } 22 09 94 On

PRINCIPAL DIAGNOSIS/OPERATION:

Abdo pain at 22/40
Probable UTI

TREATMENT/COMMENTS:

Cepradine 5/7

DIAGNOSIS DISCUSSED

G.P.	
Patient	
Next of Kin	

FOLLOW-UP

HOSPITAL

Further Review { Place / Date / Time }

Further Investigations Pending:

G.P.
Further Treatment Advised:

To attend G P. Surgery	
Unable to attend Surgery	
Follow-up not required	

DOMICILIARY SUPPORT

Arranged by Hospital:

Recommended:

MEDICATION ON DISCHARGE

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION					Anticipated Length of Course	Quantity of Drugs Requested from Pharmacy
CEPHALEXIN	tab	500mg	one	✓		✓	✓	✓	5 days	20

DRUG SENSITIVITY: PENICILLIN

CHILD-PROOF CONTAINER YES/NO

A DISCHARGE LETTER WILL/WILL NOT FOLLOW _____ Medical Officer.

PHARMACY: A 5 (number) day course has been dispensed. Special Formulation of Medicine { Yes – see att. details / No }

Date Dispensed 22/9/94

Authorised Signature _____

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.

WHITE COPY – Given to Patient for Delivery to G.P. **PINK COPY** – TO BE RETAINED IN CASE NOTES. **BLUE COPY** – TO BE RETAINED BY PHARMACY.

WLT 426

WEST LOTHIAN HEALTHCARE NHS TRUST

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

West Lothian District

SJ 547297A F 17/09/82
STEWART
TRACEY ANN
C/O 42 WHITELAW DRIVE
BATHGATE EH48 1[illegible]

Age Marital Status

Hospital St Johns Hosp Ward 10 Date of Discharge 4.2.00

Home Address ..... G.P. Dr Thomson

..... Address Bathgate H/C

Tel. No: 631148 .....

Temp. Address ....

....

Tel. No: ..... Tel. No: 630771

Parity 0+0 No. of Living Children ..... Comments .....

Early Discharge ..... Booked/Unbooked ..... Blood Group A POS

Ante-natal complications .....

MOTHER

Date of delivery 1.2.00 Time 0445 Length of labour 8 9/60 Spontaneous/Induced

Method of delivery: Spontaneous ..... Other Entonox Indication Fetal distress 2nd stage R.O.P position

Complications ..... Blood loss 200mls

Placenta Appeared complete Membranes Ruptured

State of perineum on discharge Intact Hb 11g/dl

Treatment and/or complications .....

Almevax: Immune Anti-D Immunoglobulin: N/A

BABY

Sex F Apgar score 9.9 Gestation T+15

Weight at birth 3620 OFC 35.1 Length 52 Cord On Guthrie Test: YES/NO

Weight on discharge 3640 Feeding A/F on demand

Any special problems two front teeth (Bottom) secure

Treatment and/or complications .....

M 'W's Signature L. V. Murphy

EARLY DISCHARGE Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO Female genitalia

Testes Descended R. YES/NO .....

Hips R. L. NORMAL/ABNORMAL Infant S/B, pad physio, fitted w

Hips L. R. NORMAL/ABNORMAL Pavlik harness. Follow-up appointments arranged

Signature .....

WLT 426

WEST LOTHIAN HEALTHCARE NHS TRUST

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

West Lothian ..... District

SJ 547297A F 17/09/82
STEWART
TRACEY ANN
C/O 42 WHITELAW DRIVE
BATHGATE EH48 1RQ
Marital Status

Hospital St John Hosp Ward 10 Date of Discharge 4:2:00

Home Address ..... G.P. Dr Harmon

..... Address Bathgate H/C

Tel. No: 631108 .....

Temp. Address ....

....

Tel. No: ..... Tel. No: 630771

Parity 0+0 No. of Living Children ..... Comments .....

Early Discharge ..... Booked/Unbooked ..... Blood Group A POS

Ante-natal complications .....

MOTHER

Date of delivery 1.2.00 Time 0445 Length of labour 8 4/60 Spontaneous/Induced

Method of delivery: Spontaneous ..... Other Entonox Indication Fetal distress 2nd stage R.O.P. position

Complications ..... Blood loss 200mls

Placenta Apparent Complete Membranes Rupt. ✓

State of perineum on discharge Intact Hb 11.9 dl

Treatment and/or complications .....

Almevax: Immune Anti-D Immunoglobulin: N/A

BABY

Sex F Apgar score 9 9 Gestation T+1

Weight at birth 3620 OFC 35:1 Length 52 Cord On Guthrie Test: YES/NO

Weight on discharge 3640 Feeding A/F on demand

Any special problems two front teeth (Bottom) secure

Treatment and/or complications .....

M 'W's Signature J V Murphy

EARLY DISCHARGE Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO Female genitalia

Testes Descended R. YES/NO .....

Hips R L. NORMAL/ABNORMAL Infant s/b pred physio, fitted w

Hips L R. NORMAL/ABNORMAL Pavlik harness. Follow-up appointments arranged.

Signature .....

IN CONFIDENCE

11/46/17

IMMEDIATE DISCHARGE LETTER

West Lothian Healthcare Division

WLT 14

NAME & ADDRESS OF GENERAL PRACTITIONER:

800547297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Whitburn,
Bathgate,
West Lothian, EH47 8HQ
CHI 1709821280

SURNAME: Mr Mr Mi
FIRST NAME(S)
ADDRESS:
IRTH:

HOSPITAL: SJH | WARD/DEPT.: ~~HE~~ 11 | CONSULTANT.:

DISCHARGE:

Your Patient { Attended / Was admitted } on 6/5/18 and was discharged { Home / ~~To~~ } 8/5/18. On _____

PRINCIPAL DIAGNOSIS/OPERATION:

Emergency LUSCS 6/5/18 → live female.
Bladder trauma sustained - repaired

TREATMENT/COMMENTS: IDC inserted. To be removed by community midwife 16/5/18. To review ward 11 19/5/18 for cystogram

DIAGNOSIS DISCUSSED

G.P.	
Patient	
Next of Kin	

FOLLOW-UP

HOSPITAL

Further Review { Place / Date / Time }

Further Investigations Pending:

G.P.
Further Treatment Advised:

To attend G.P. Surgery	
Unable to attend Surgery	
Follow-up not required	

DOMICILIARY SUPPORT

Arranged by Hospital:

Recommended:

MEDICATION ON DISCHARGE

PM check AM 8/5/18

DRUGS	Form of Preparation e.g. Tabs.	Strength	Dose	TIMES OF ADMINISTRATION					Anticipated Length of Course	Quantity of Drugs Requested from Pharmacy
CEFALEXIN	ORAL		500mg	0800		1400		2200	7	21
PARACETAMOL	ORAL		1g	0800	1200		1800	2200	7	24 x 500mg
DICLOFENAC	ORAL		50mg	0800		1400		2200	7.	28

DRUG SENSITIVITY:

CHILD-PROOF CONTAINER YES/NO

A DISCHARGE LETTER WILL/~~WILL NOT~~ FOLLOW WRATE Medical Officer.

PHARMACY: A 7 (number) day course has been dispensed. Special Formulation of Medicine { Yes – see att. details / No }

Date Dispensed 08/5/08 Authorised Signature _____

NOTE. If drugs are required, all three copies should be sent to Pharmacy for completion.

WHITE COPY – Given to Patient for Delivery to G.P. **PINK COPY** – TO BE RETAINED IN CASE NOTES. **BLUE COPY** – TO BE RETAINED BY PHARMACY.

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

West Lothian District

800547297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Whitburn,
Bathgate,
West Lothian, EH47 8HQ
CHI 1709821280
78132 J Thomson

Hospital St Johns Hospital Ward 11 Date of Discharge 6/5/08

Home Address 1= Above G.P. Dr Simpson Thomson

Address Simpson Practice

Tel. No: 07969145358 Bathgate Primary

Temp. Address Care Center

Tel. No: Tel. No: 01506 651828

Parity 1+0 No. of Living Children 1 Comments

Early Discharge Booked/~~Unbooked~~ Blood Group A pos

Ante-natal complications DVT

MOTHER

Date of delivery 6/5/08 Time 14:45 Length of Labour Spontaneous/Induced

Method of delivery: Spontaneous Other EMLSCS Indication Scar Pain

Complications Bladder Injury Blood loss 500mls

Placenta Appd Complete Membranes Appd Complete

State of perineum on discharge staples to skin Hb 108 g/l

Treatment and/or complications Bladder injury during CS, see in situ for 10 days, see re removed 16/5/08 by CMW.

Almevax: Immune Anti-D Immunoglobulin: N/A

BABY

Sex Female Apgar score 9@9@5 Gestation 39wks

Weight at birth 2.770g OFC 33.5cm Length 47.5cm Cord N Guthrie Test: YES/NO

Weight on discharge BW Feeding Breast

Any special problems fow hy DDH hips (N USS @ 2-4wks

Treatment and/or complications

M 'W's Signature CC — CM (RGN)

EARLY DISCHARGE

Has G.P. been telephoned? YES/NO By whom?

Testes Descended L. ~~YES/NO~~

Testes Descended R. ~~YES/NO~~

Hips L. NORMAL/ABNORMAL

Hips R. NORMAL/ABNORMAL

gwen to Ann -

Signature

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

..... District

800547297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Whitburn,
Bathgate,
West Lothian, EH47 8HQ
CHI 1709821280
78132 J Thomson

Hospital ..... Ward ..... Date of Discharge .....

Home Address ..... G.P. .....

..... Address .....

Tel. No: ....

Temp. Address ....

....

Tel. No: ..... Tel. No: .....

Parity ..... No. of Living Children ..... Comments .....

Early Discharge ..... Booked/~~Unbooked~~ ..... Blood Group .....

Ante-natal complications .....

MOTHER

Date of delivery ..... Time ..... Length of Labour ..... Spontaneous/~~Induced~~

Method of delivery: Spontaneous ..... Other ..... Indication .....

Complications ..... Blood loss .....

Placenta ..... Membranes .....

State of perineum on discharge ..... Hb .....

Treatment and/or complications .....

Almevax: ..... Anti-D Immunoglobulin: .....

BABY

Sex ..... Apgar score ..... Gestation .....

Weight at birth ..... OFC ..... Length ..... Cord ..... Guthrie Test: YES/NO

Weight on discharge ..... Feeding .....

Any special problems .....

Treatment and/or complications .....

M 'W's Signature .....

EARLY DISCHARGE

Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO .....

~~Testes Descended~~ R. ~~YES/NO~~ .....

Hips L. NORMAL/ABNORMAL .....

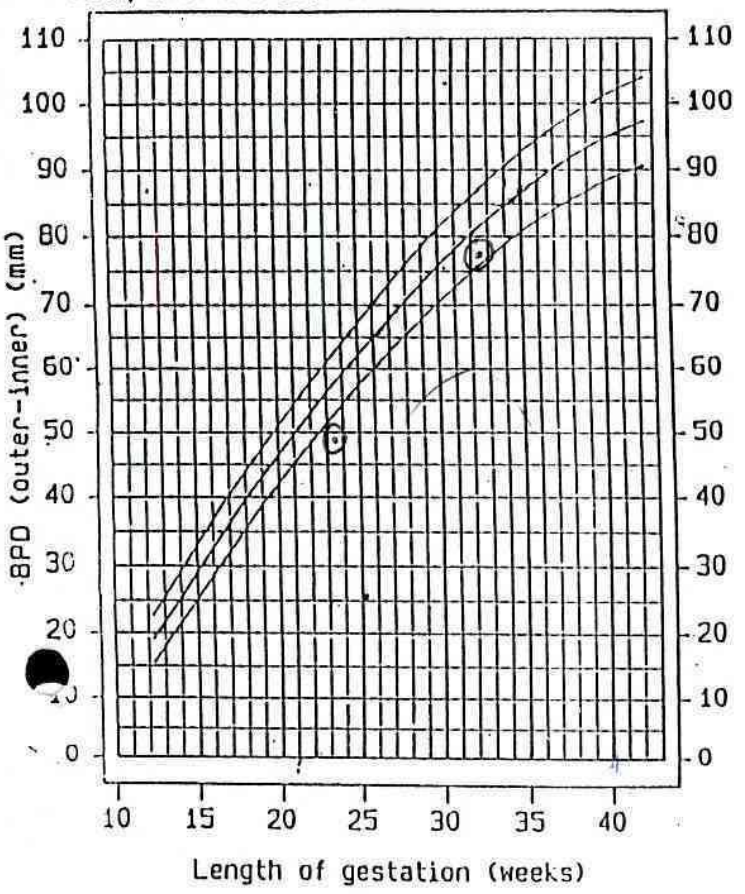
Hips R. NORMAL/ABNORMAL .....

Signature .....

NAME Tracey Ann Stewart. EDD 17 Jan 2000.

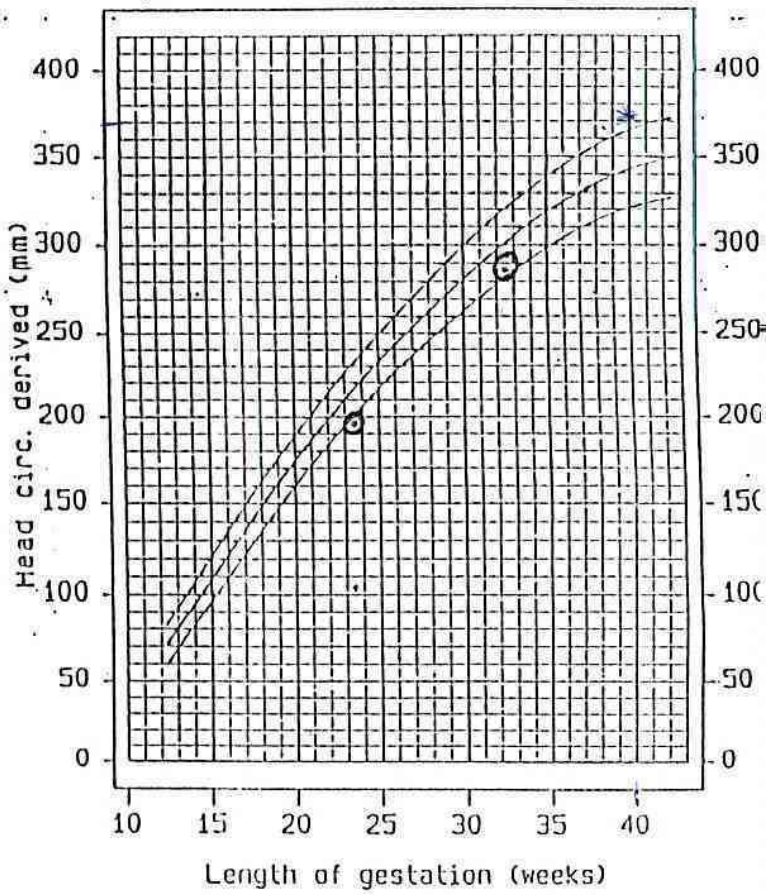
BIPARIETAL DIAMETER (outer-inner)

5th, 50th and 95th centiles



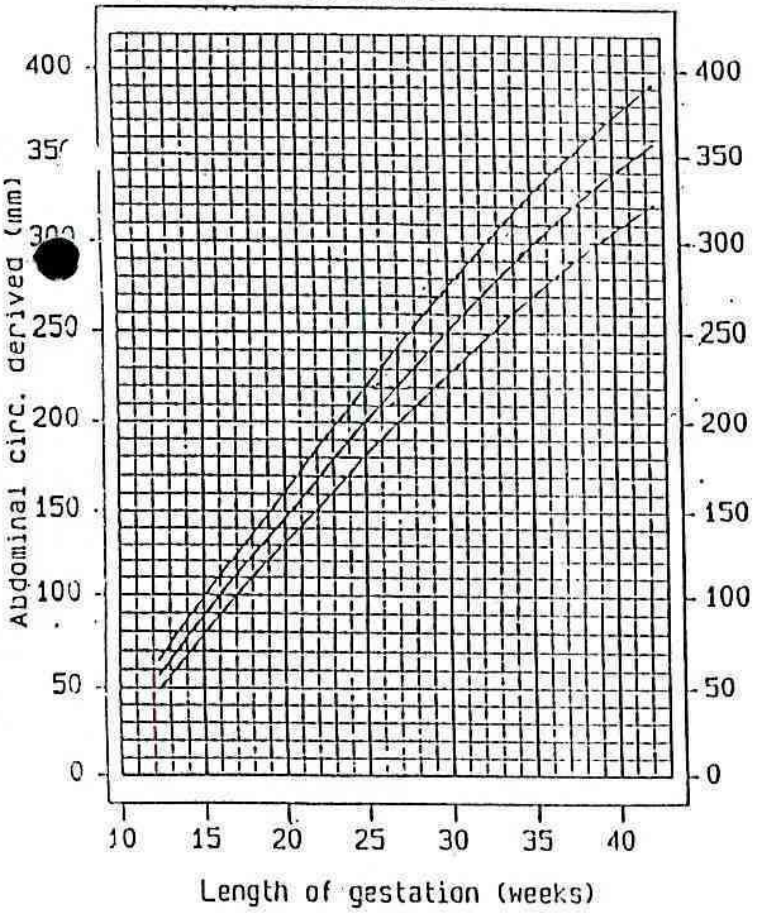
HEAD CIRCUMFERENCE (derived)

5th, 50th and 95th centiles



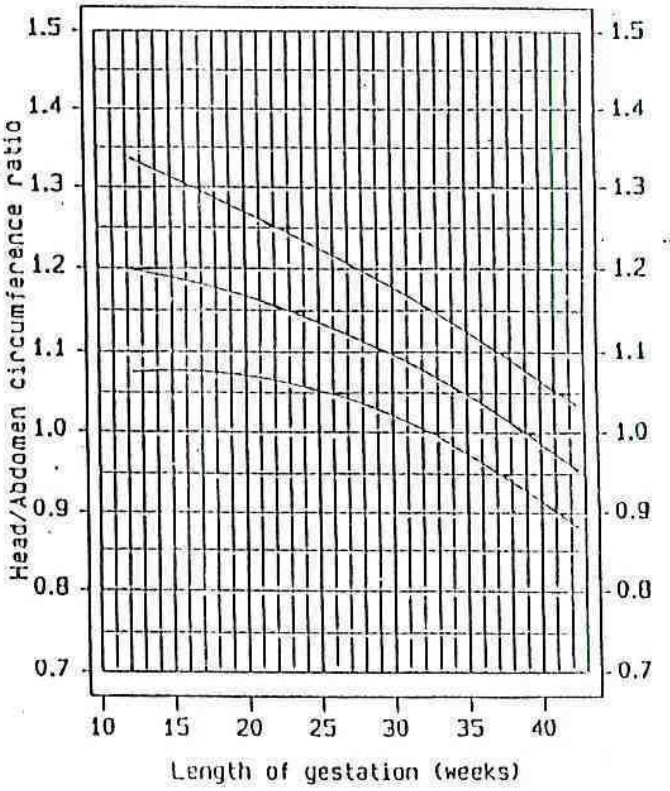
ABDOMINAL CIRCUMFERENCE (derived)

5th, 50th and 95th centiles



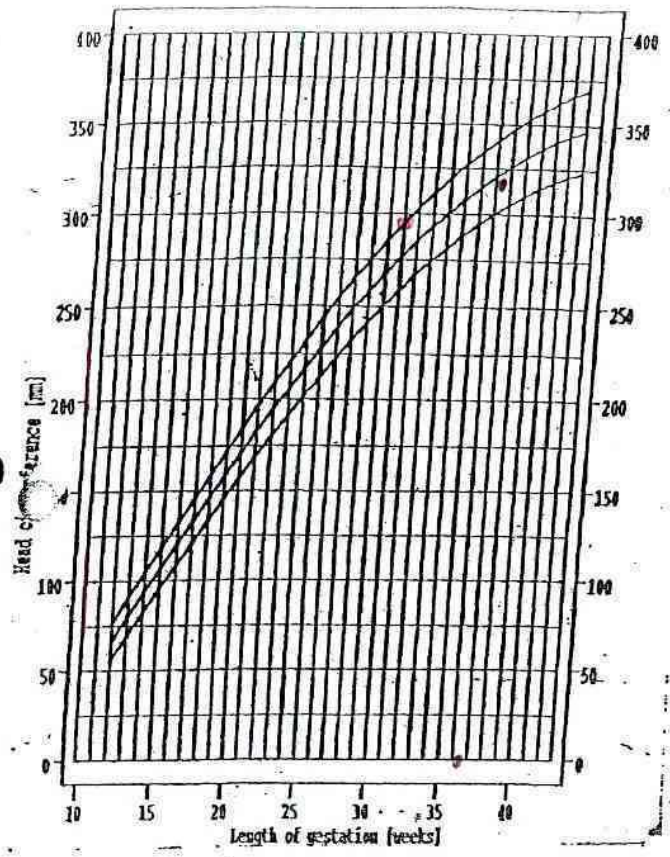
HEAD/ABDOMEN CIRCUMFERENCE RATIO

5th, 50th and 95th centiles

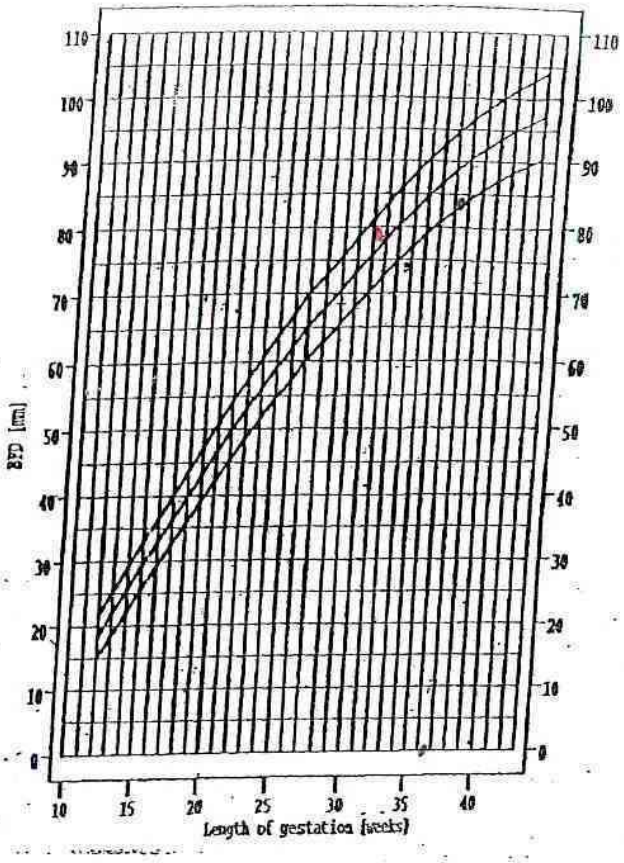


S1 5475975F 1709821280
STEWART
TRACEY ANN F 17/09/82
7 RAEBURN CRESCENT
WHITBURN
BATHGATE EH47 8HQ

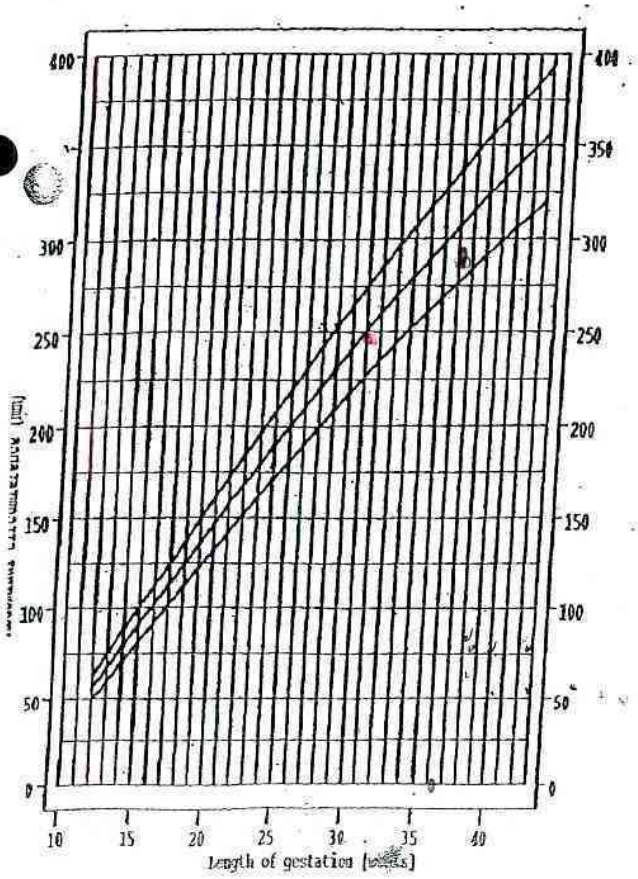
4. Head circumference (derived from diameters)
(b) using biparietal diameter outer–inner



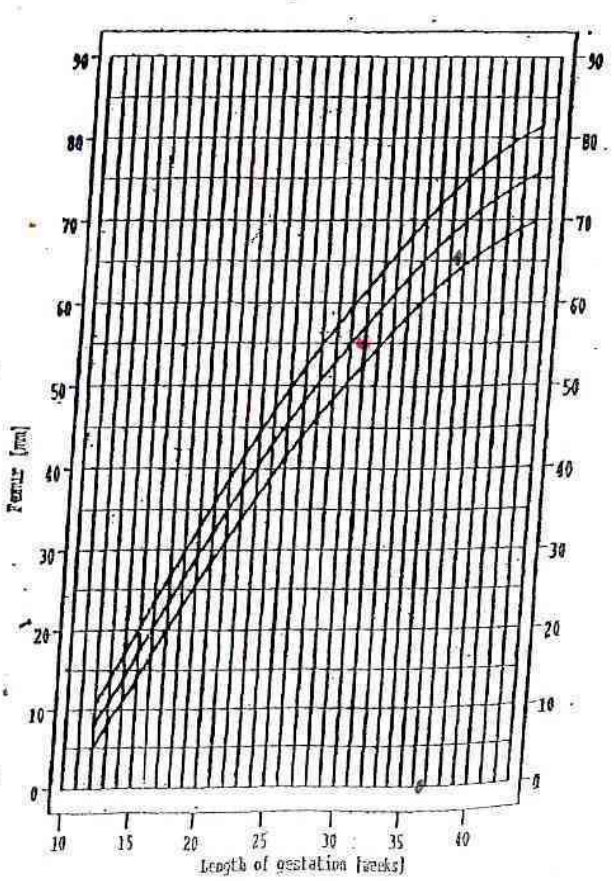
2. Biparietal diameter (outer–inner)



5. Abdominal circumference (derived from diameters)



7. Femur length



RADIOMETER ABL 700 SERIES

ABL700 Labour Ward		14:46:00	06/05/2008
PATIENT REPORT	Cord Gas - S.85ul	Sample #	13278

Identifications

Patient ID	800547297
Patient Last Name	stewart
Operator	karen bryson
Sample type	Arterial

Blood Gas Values

pH	7.312	
pCO_2	45.3	mmHg
pO_2	16.0	mmHg

Acid Base Status

$cBase(Ecf)_c$	-3.0	mmol/L
$cHCO_3^-(P,st)_e$	19.6	mmol/L

Notes

c Calculated value(s)
e Estimated value(s)

Printed 14:47:48 06/05/2008

RADIOMETER ABL 700 SERIES

ABL700 Labour Ward		14:49:00	06/05/2008
PATIENT REPORT	Cord Gas - S.85uL	Sample #	13279

Identifications

Patient ID	800547297
Patient Last Name	stewart
Operator	karen bryson
Sample type	Venous

Blood Gas Values

pH	7.346	
pCO_2	38.8	mmHg
pO_2	25.6	mmHg

Acid Base Status

$cBase(Ecf)_c$	-4.0	mmol/L
$cHCO_3^-(P,st)_e$	19.9	mmol/L

Notes

c Calculated value(s)
e Estimated value(s)

Printed 14:50:10 06/05/2008

AFFIX ADDRESSOGRAPH LABEL

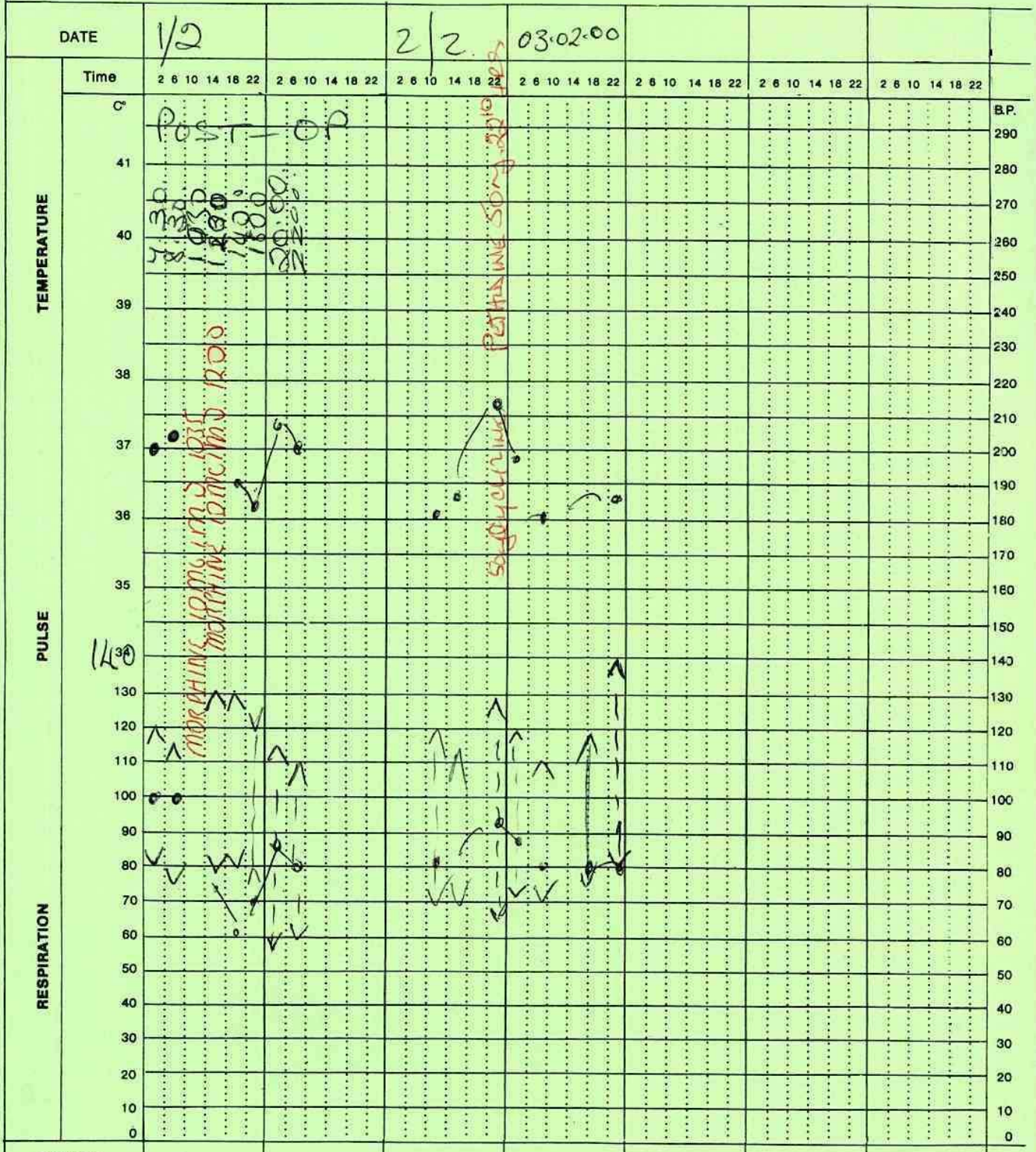
SJ 547297A F 17/09/82
STEWART
TRACEY ANN
C/O 42 WHITELAW DRIVE
BATHGATE EH48 1RQ

WARD/O

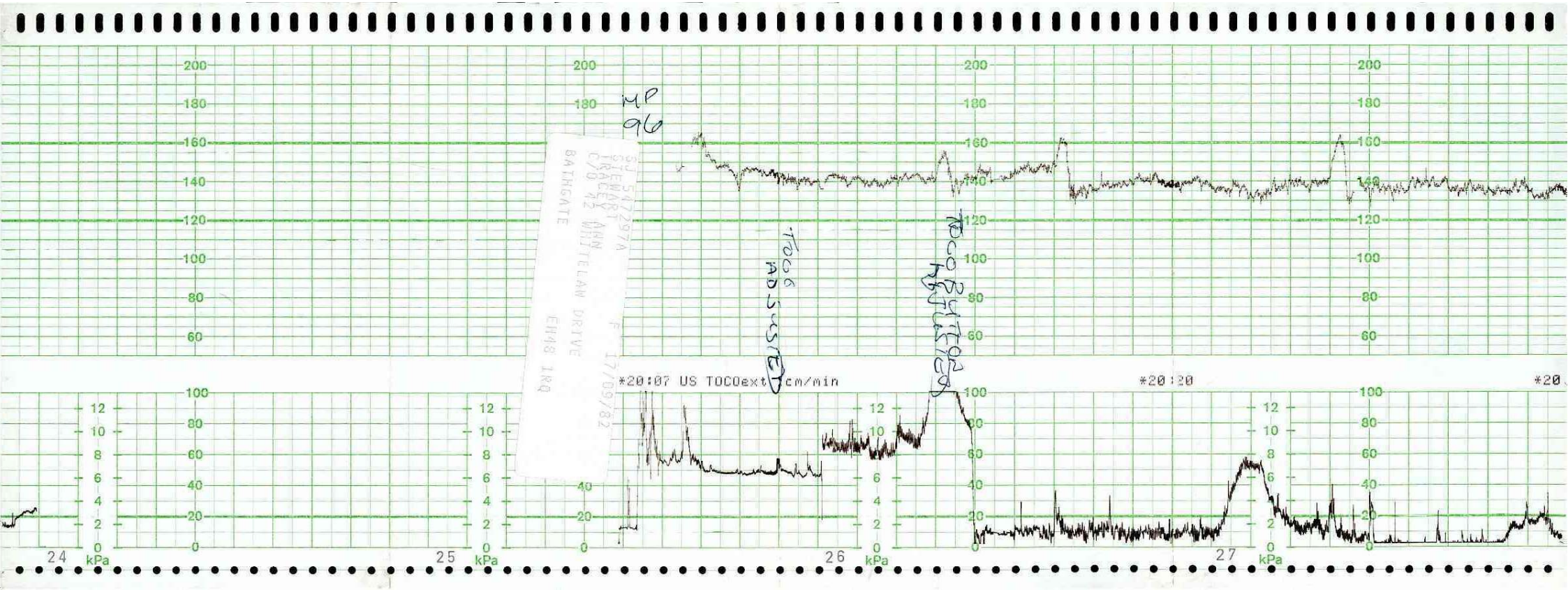
CONSULTANT DR Dewart

DATE OF ADMISSION

WT. ON ADMISSION



WLT464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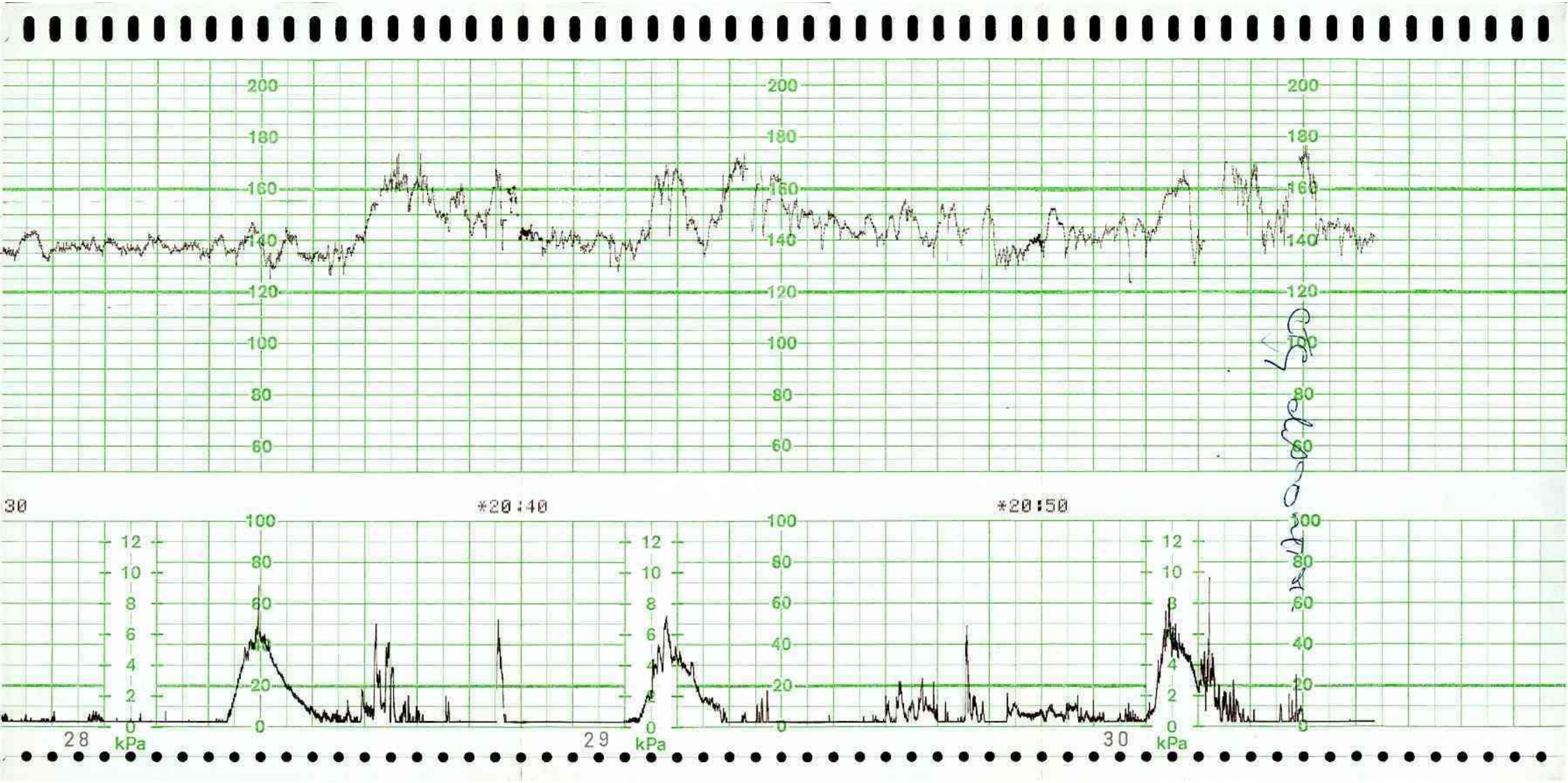
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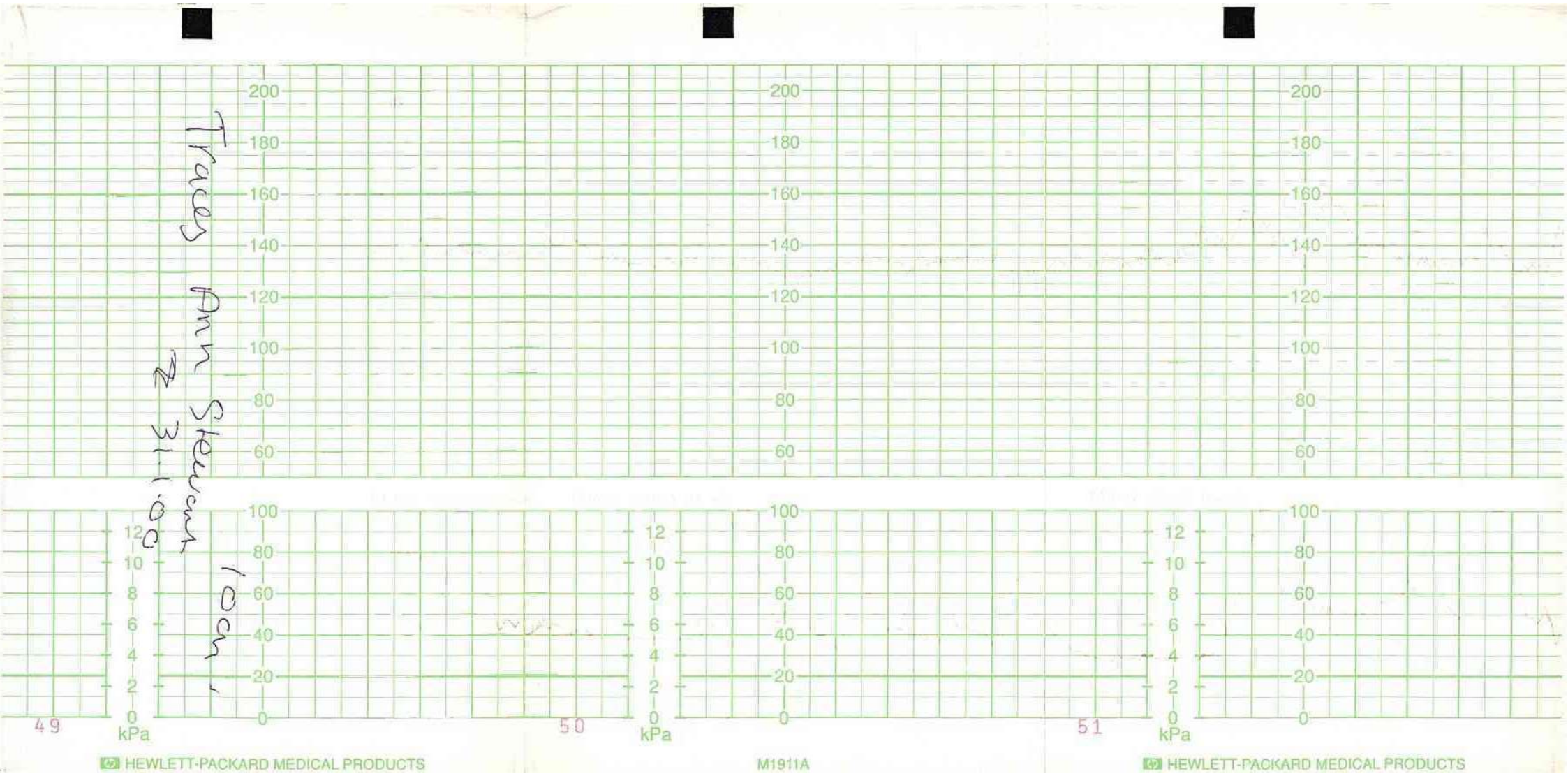
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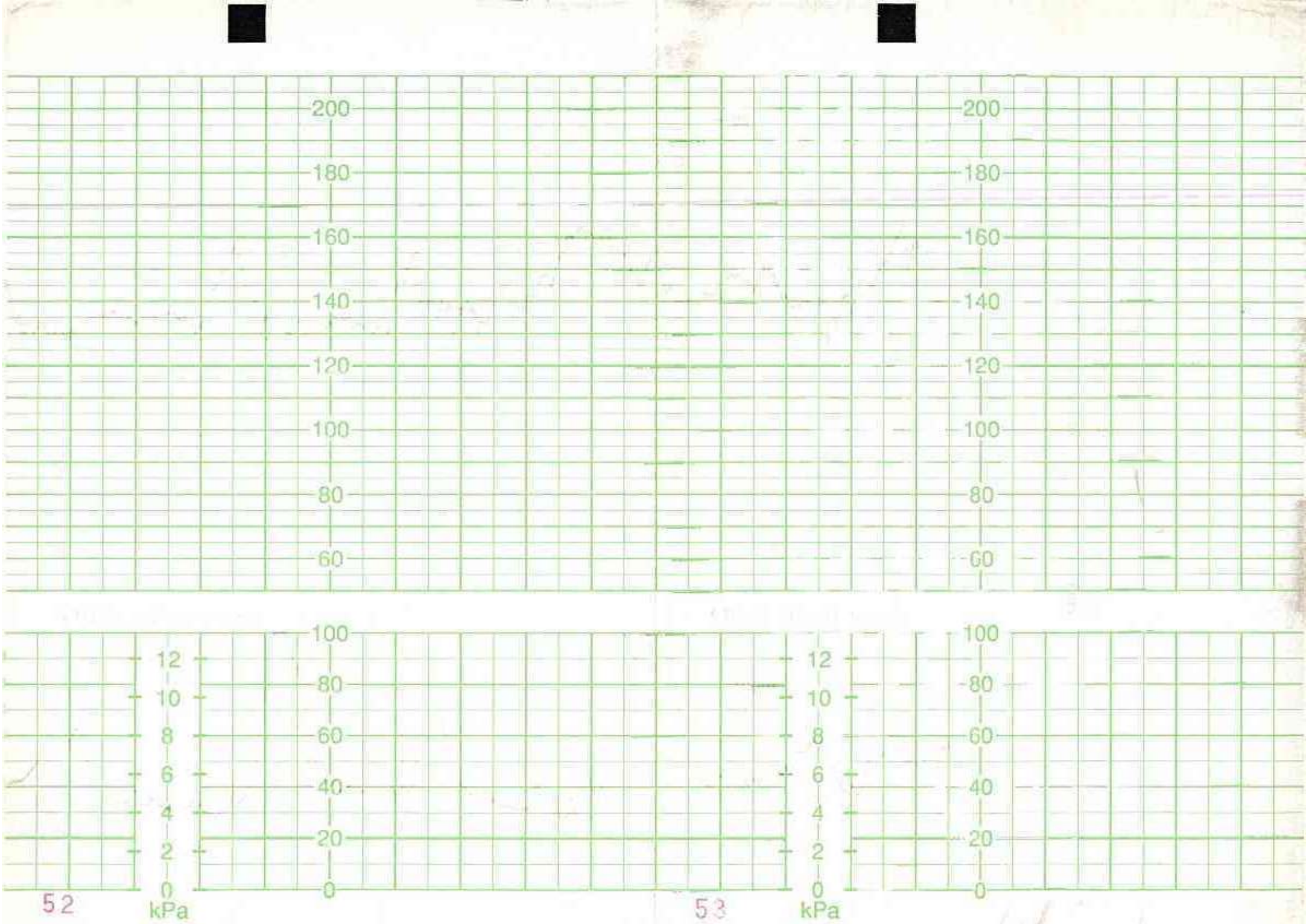
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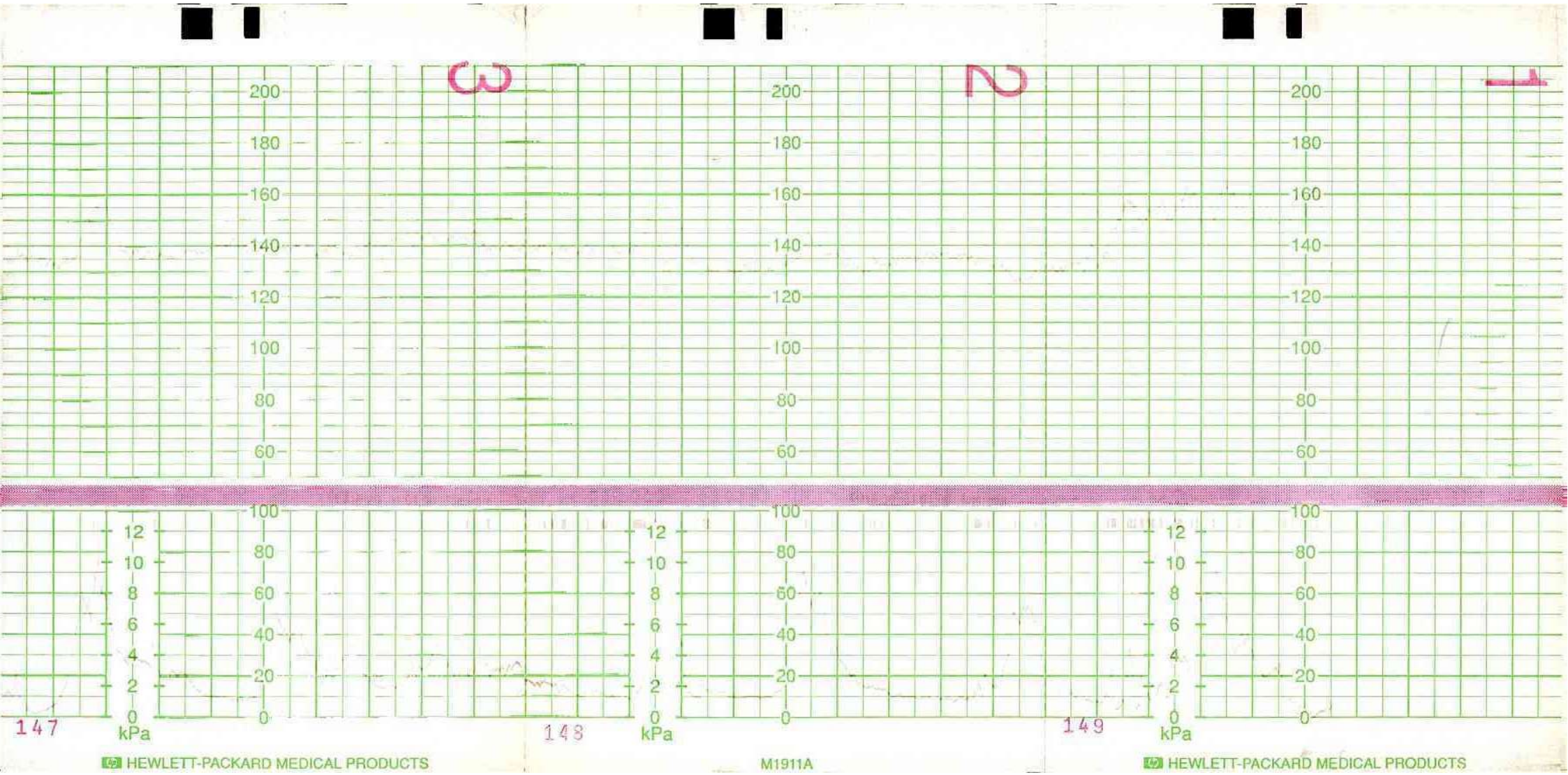
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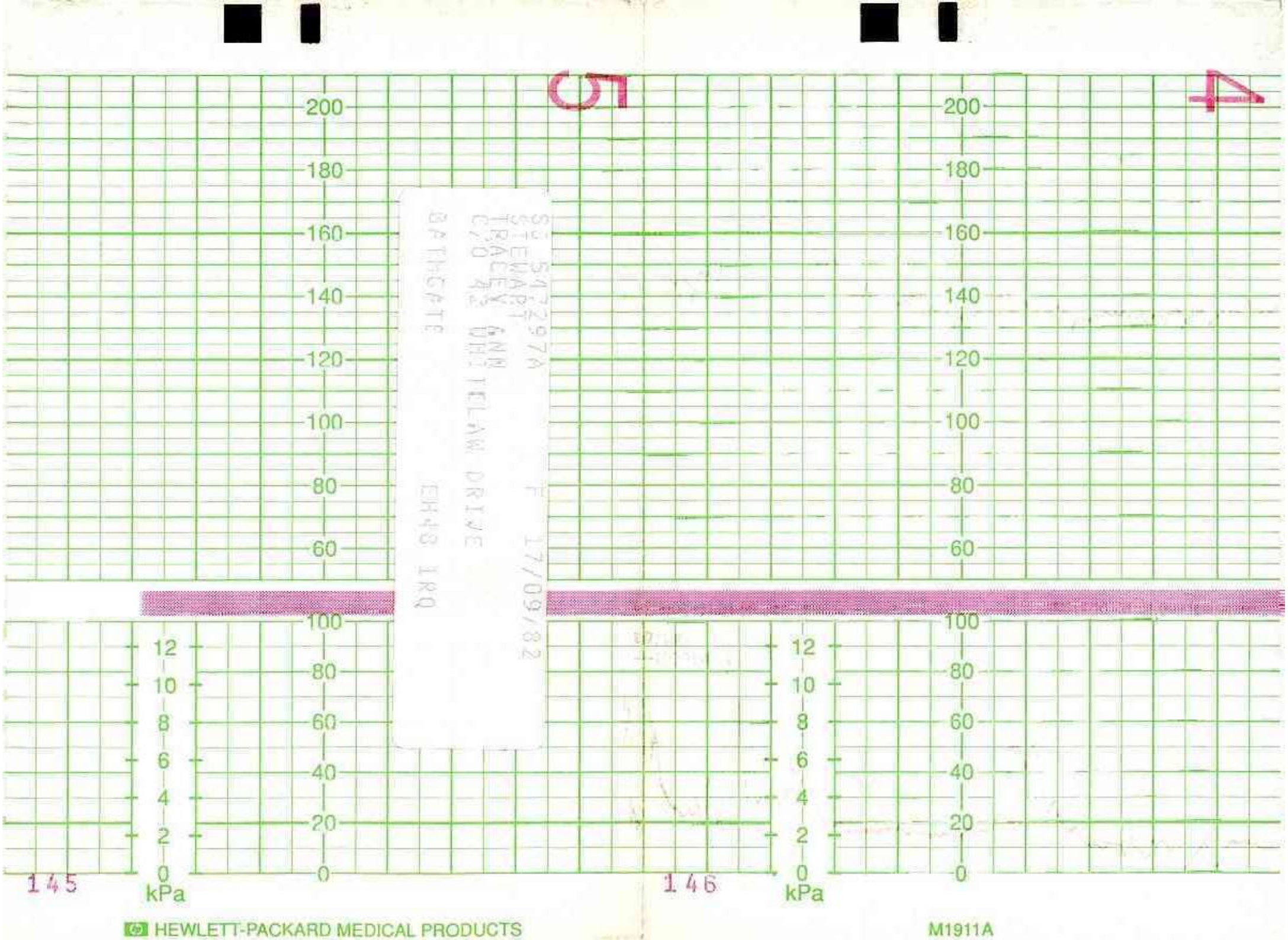
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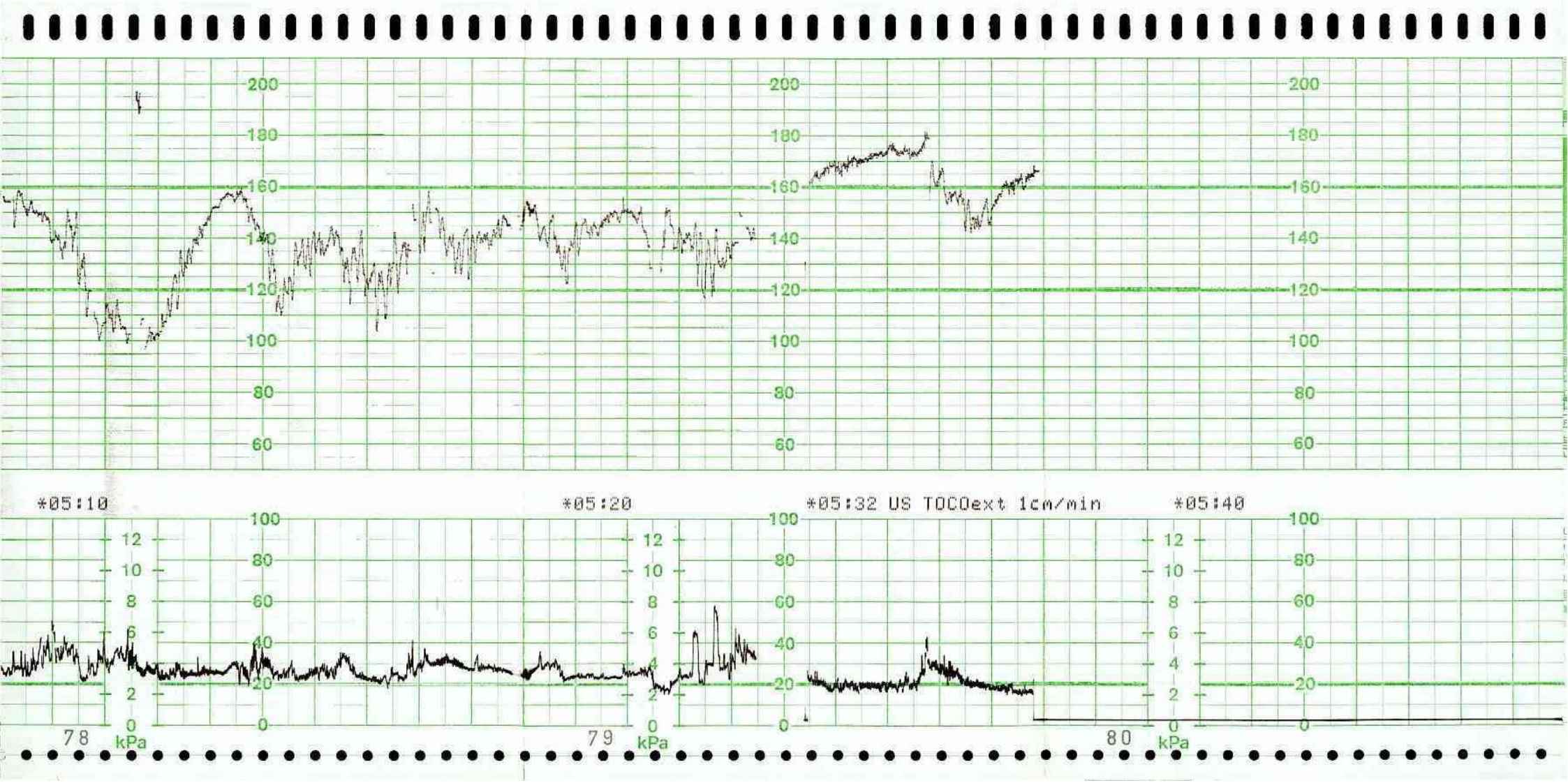
S.E. STEWART
TRACEY & ANN
C/O 82 WHITELAW DRIVE
BATHGATE
EH48 1RQ
17/09/82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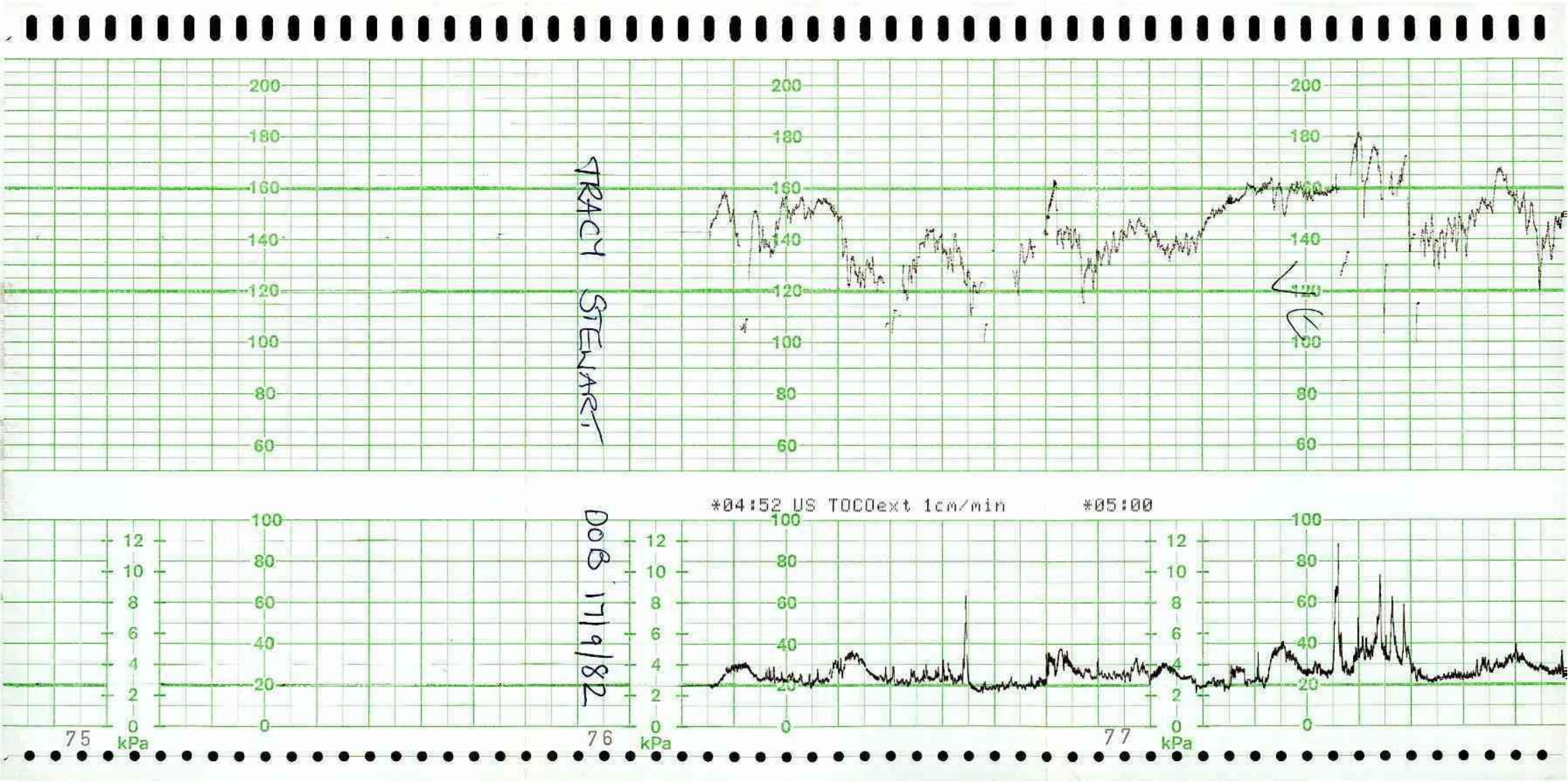
TRACY STEWART
DOB 17/9/82
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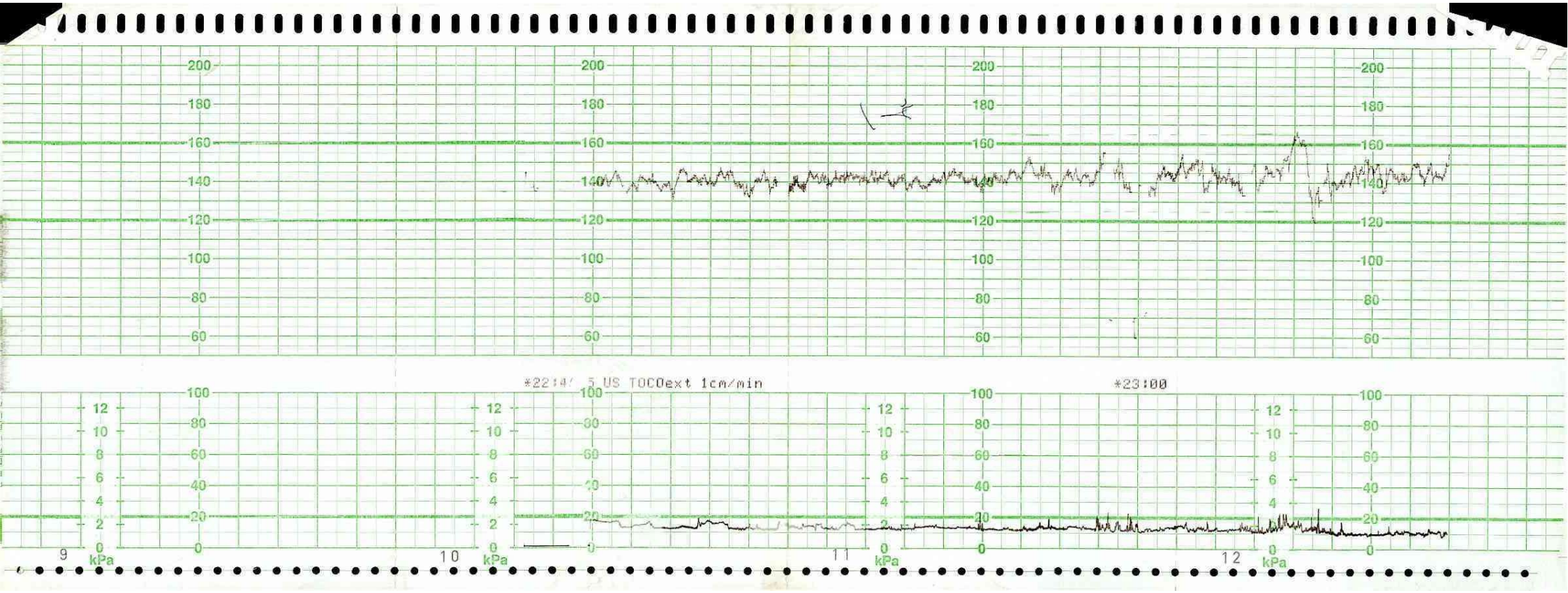
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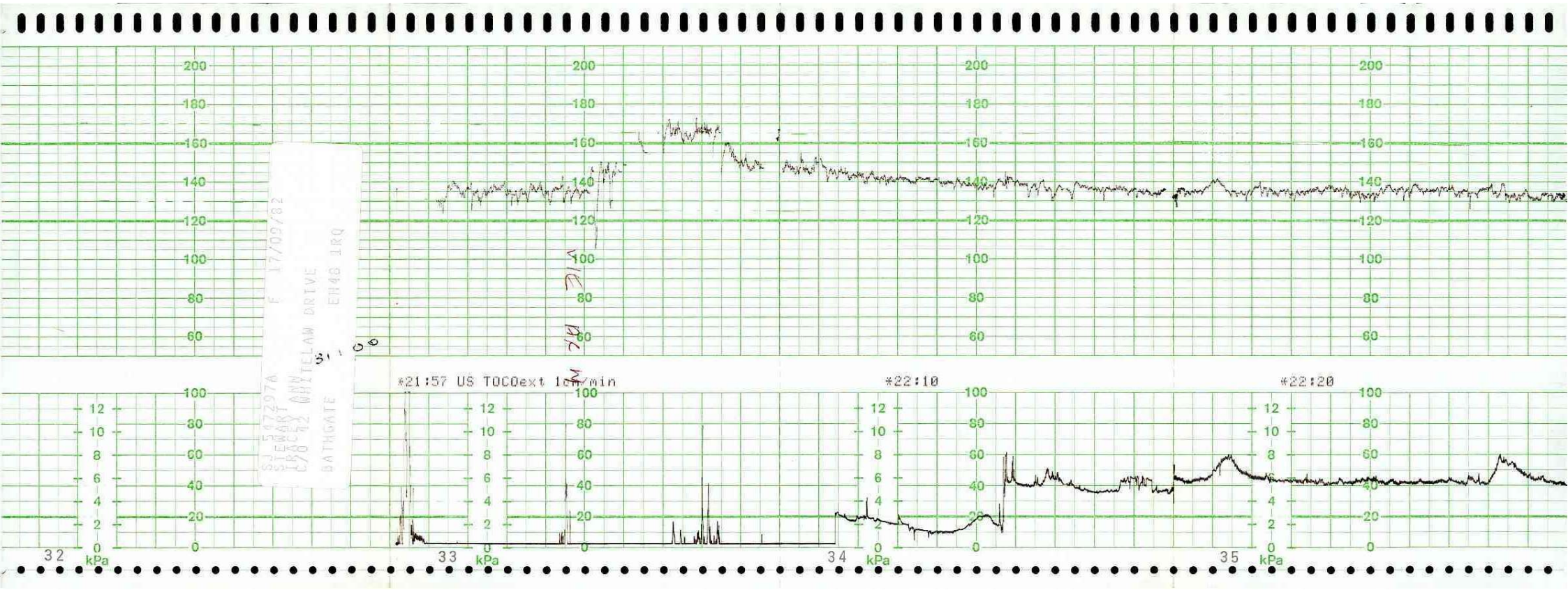
11 kPa
12 kPa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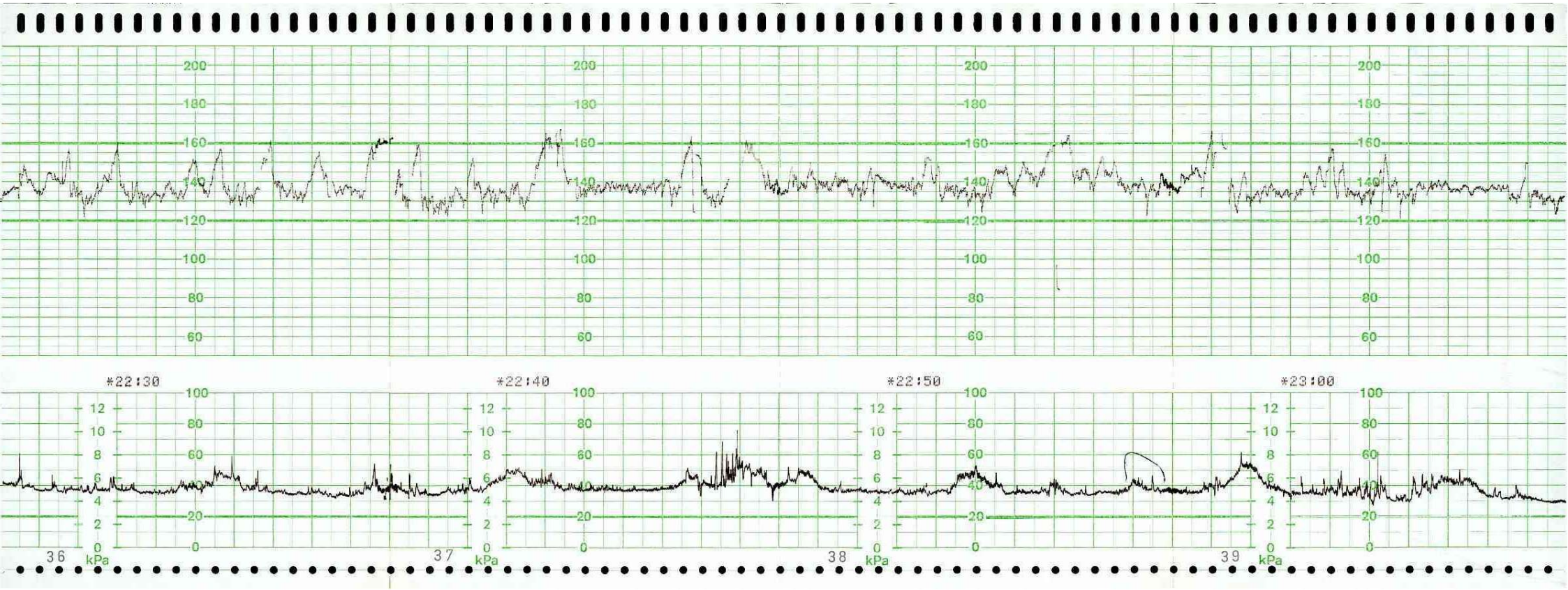
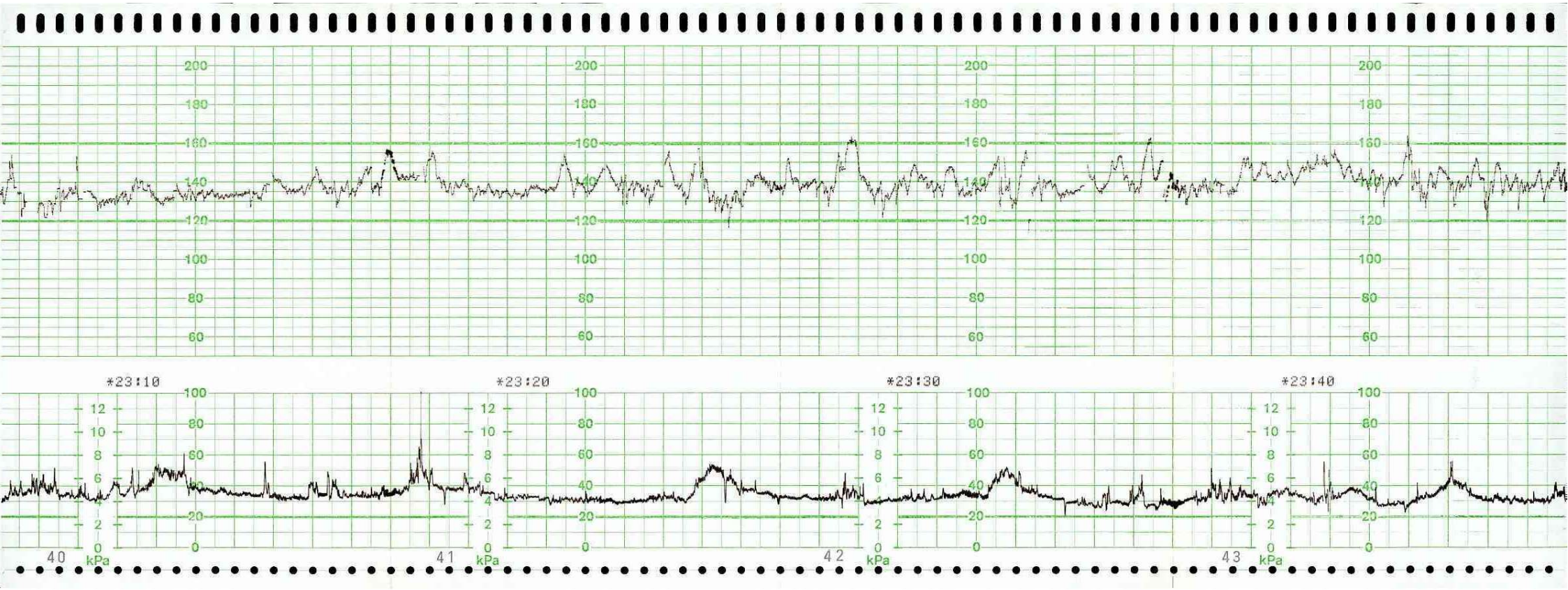
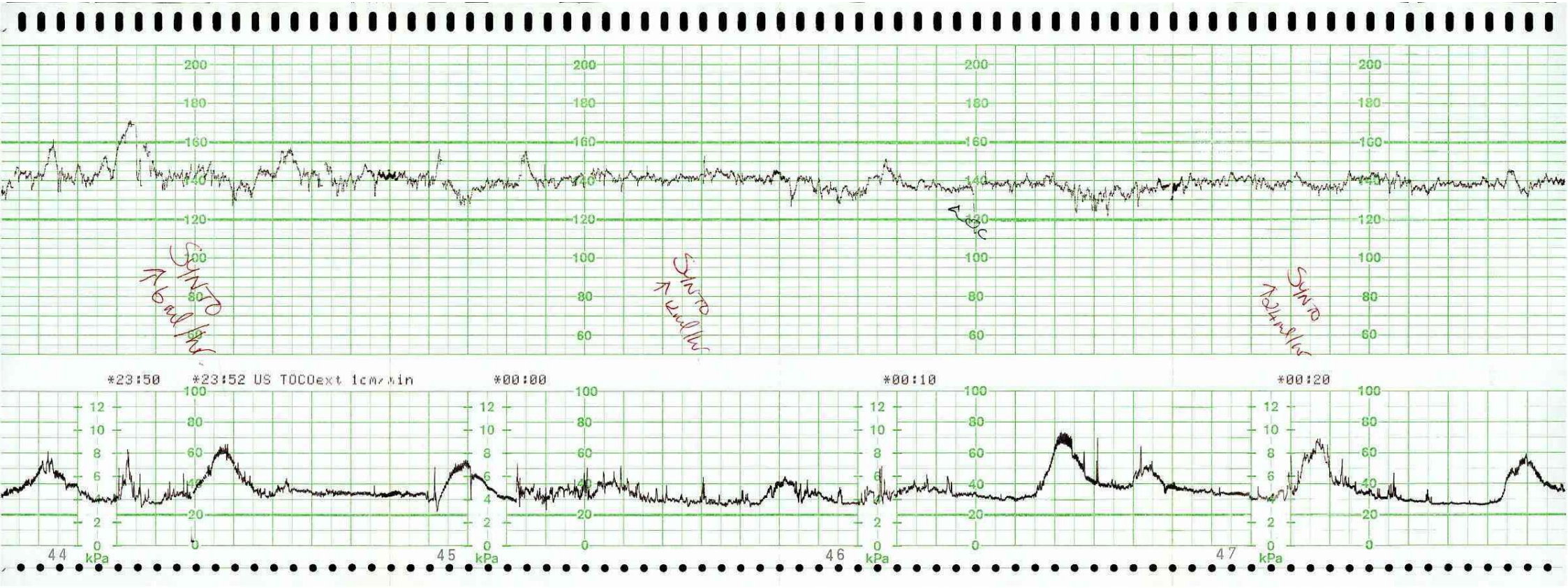
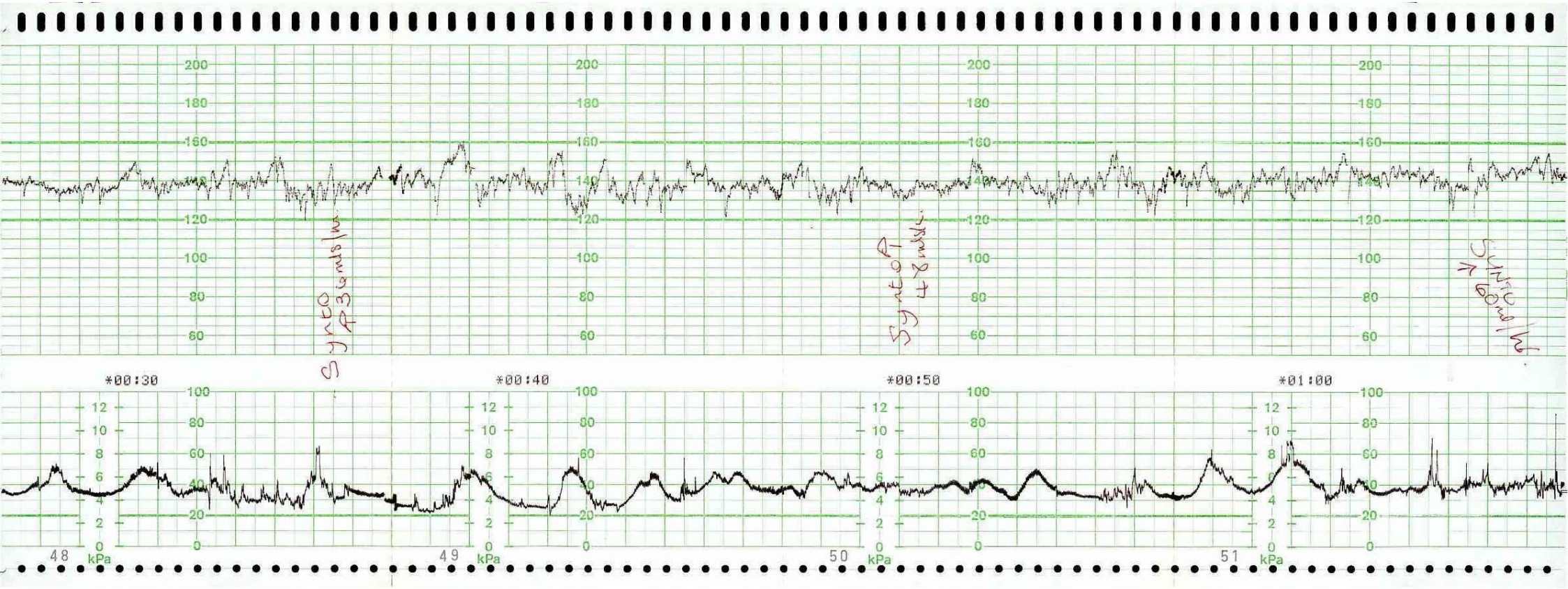
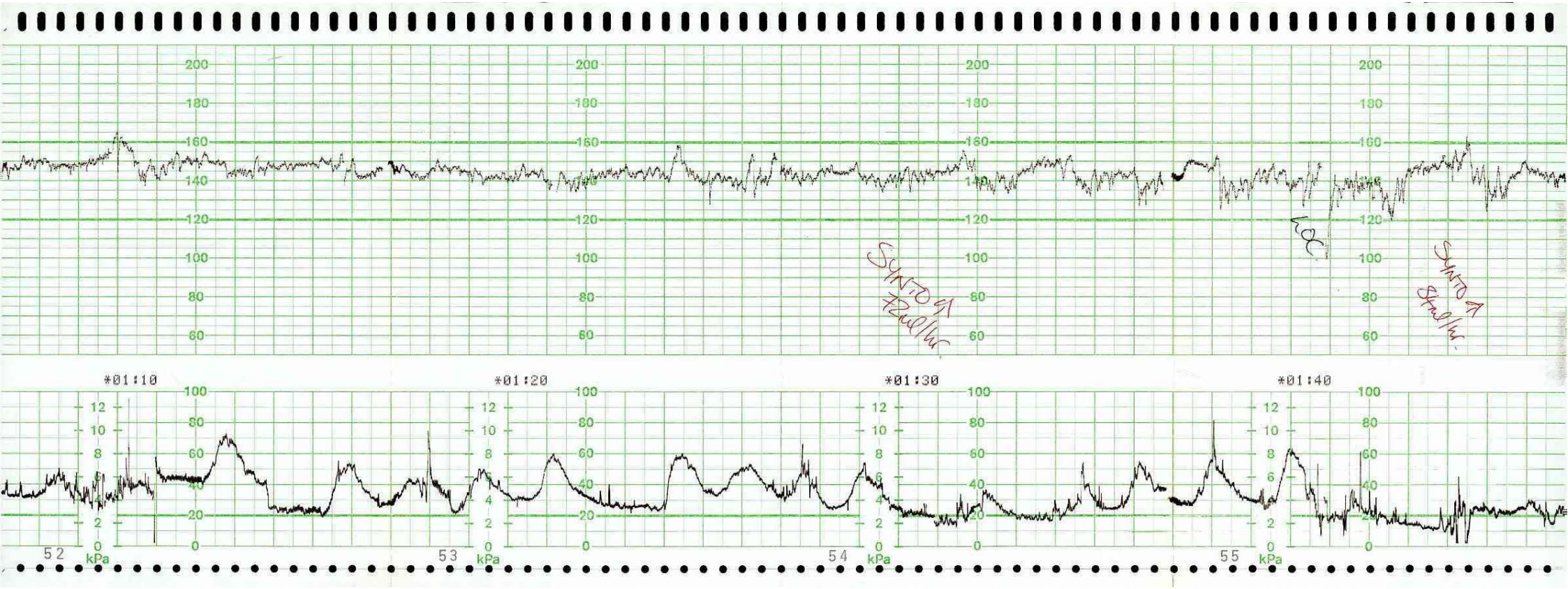
*22:10
*22:20
32 kPa
33 kPa
34 kPa
35 kPa

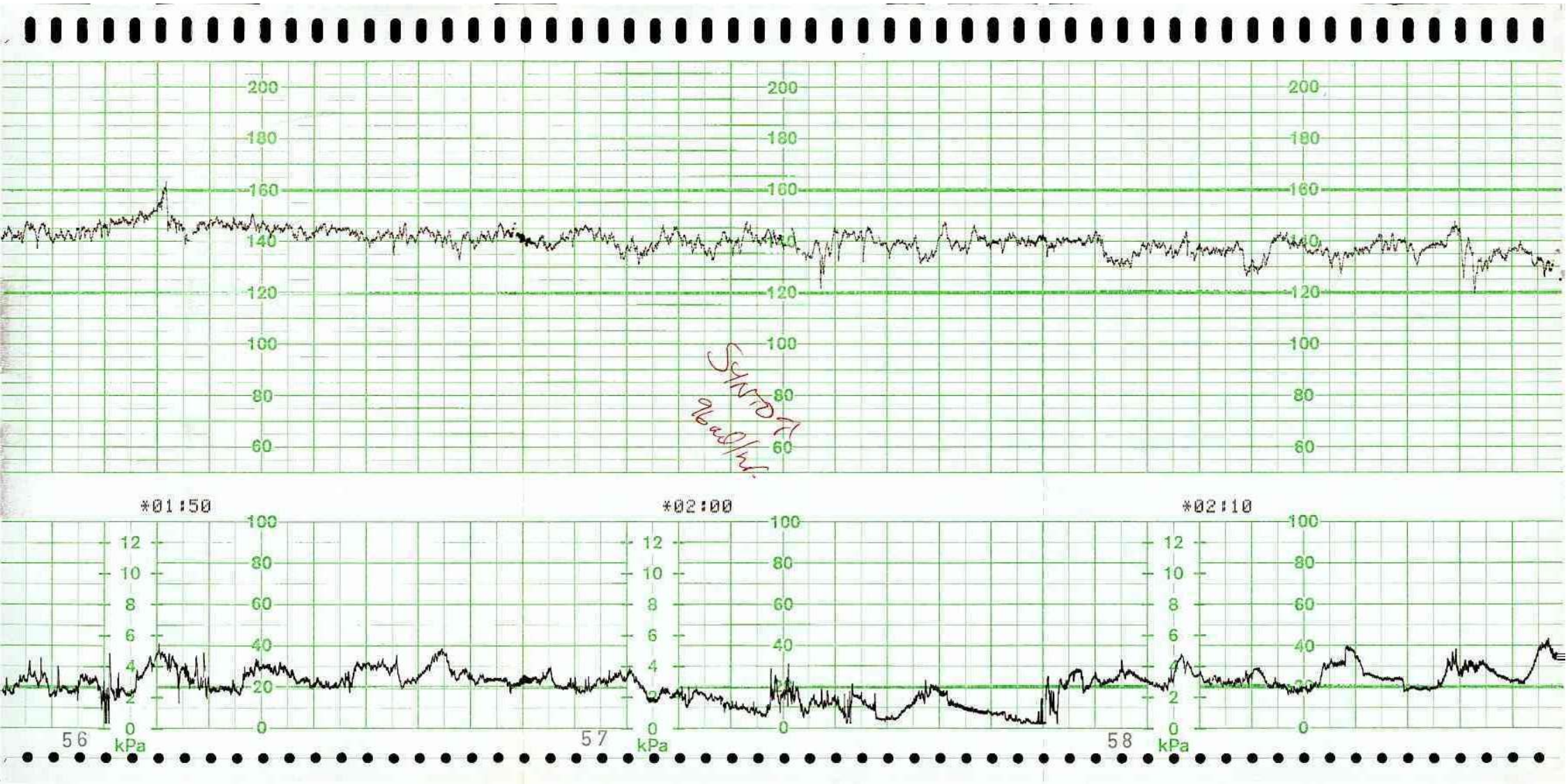

200
180
160
140
120
100
80
60
*22:30
*22:40
*22:50
*23:00
12
10
8
6
4
2
0
100
80
60
40
20
0
36 kPa
37 kPa
38 kPa
39 kPa

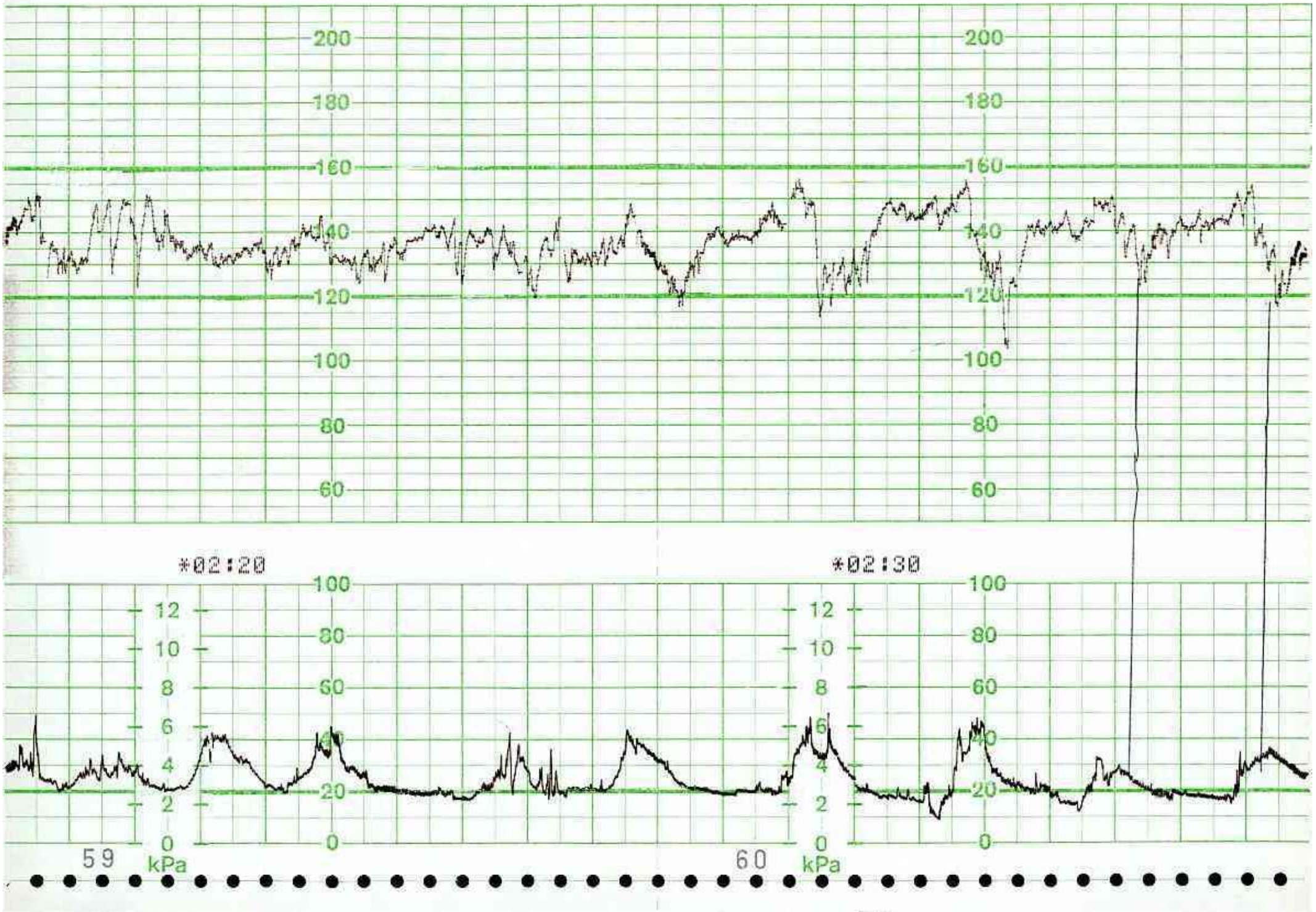

200
180
160
140
120
100
80
60
*23:10
*23:20
*23:30
*23:40
12
10
8
6
4
2
0
100
80
60
40
20
0
40 kPa
41 kPa
42 kPa
43 kPa

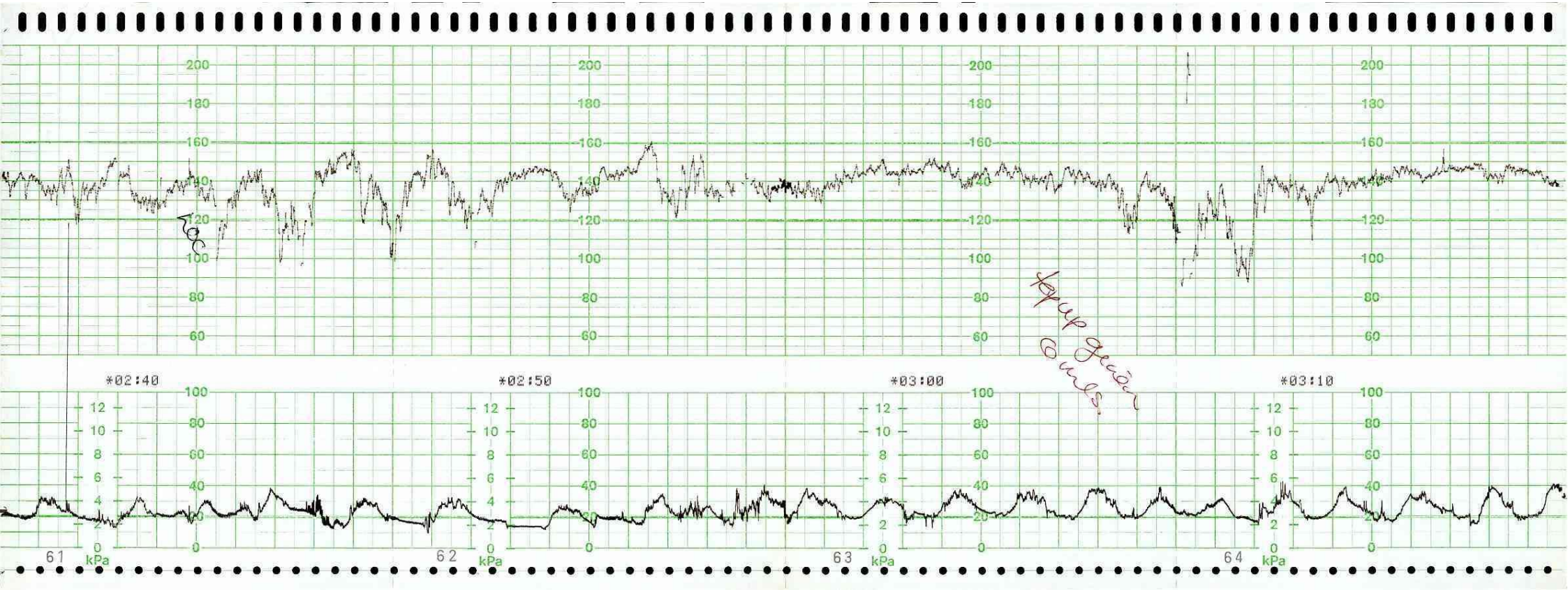

*23:50
*23:52 US TOCOext 1cm/min
*00:00
*00:10
*00:20
44
45
46
47
kPa

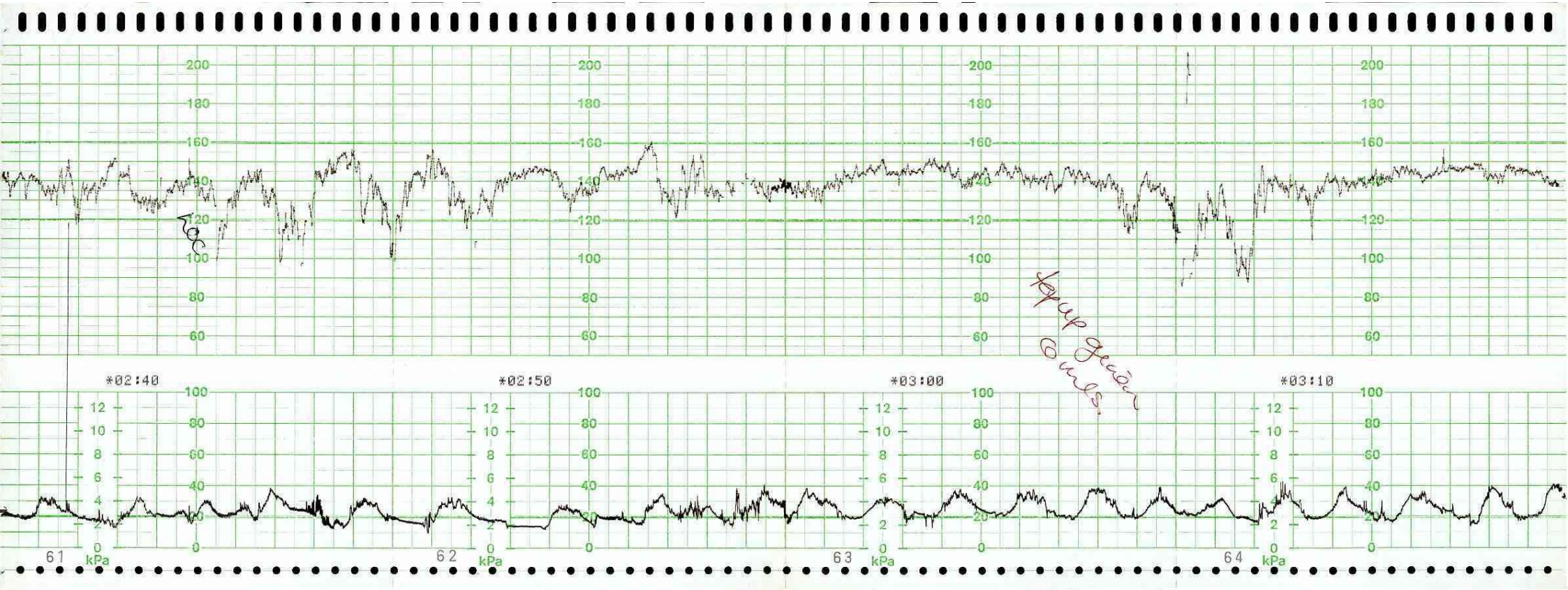

200
180
160
140
120
100
80
60
*00:30
*00:40
*00:50
*01:00
12
10
8
6
4
2
0
48 kPa
49 kPa
50 kPa
51 kPa

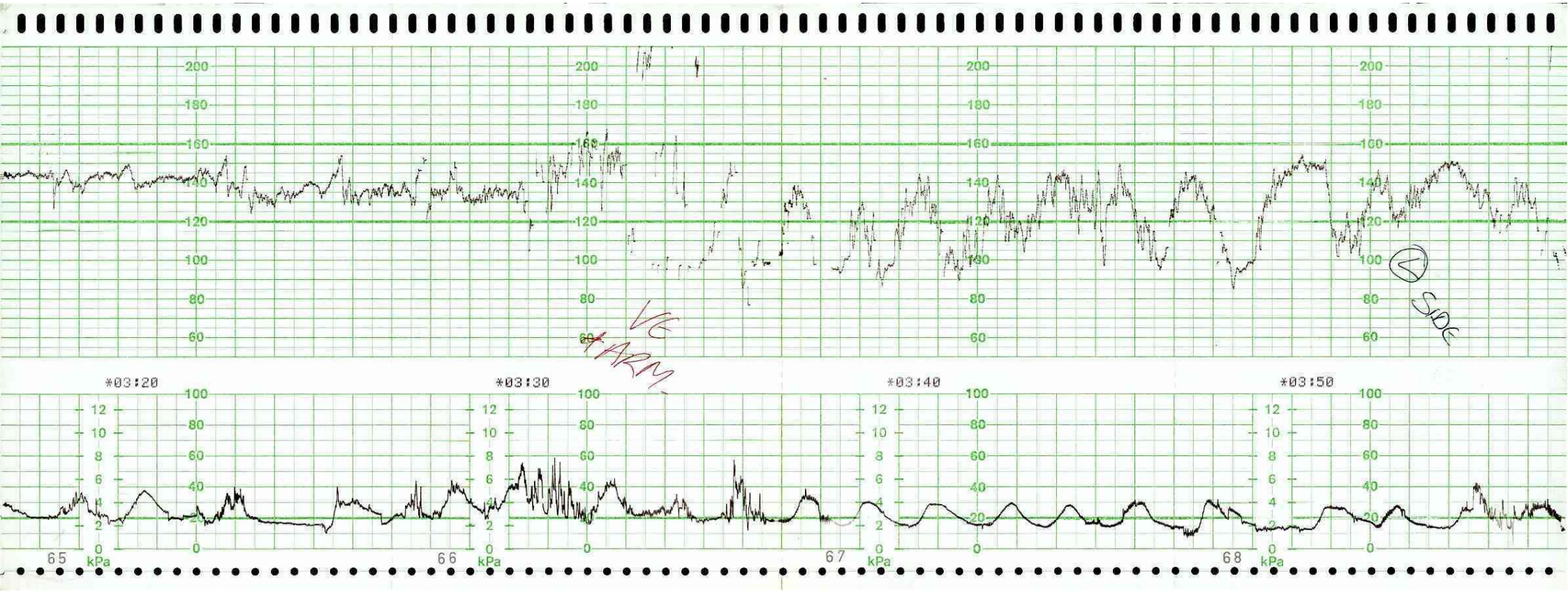

200
180
160
140
120
100
80
60
*01:10
*01:20
*01:30
*01:40
12
10
8
6
4
2
0
kPa
52
53
54
55

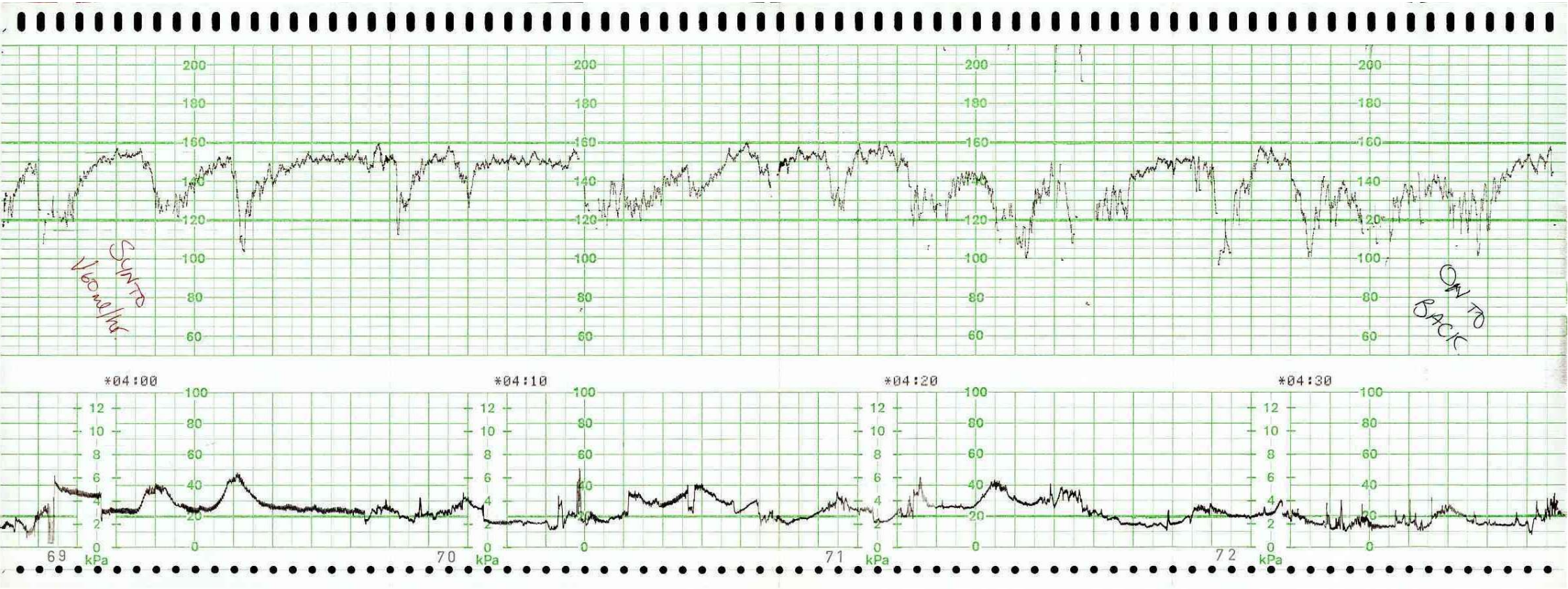

200
180
160
140
120
100
80
60
*01:50
*02:00
*02:10
12
10
8
6
4
2
0
56 kPa
57 kPa
58 kPa

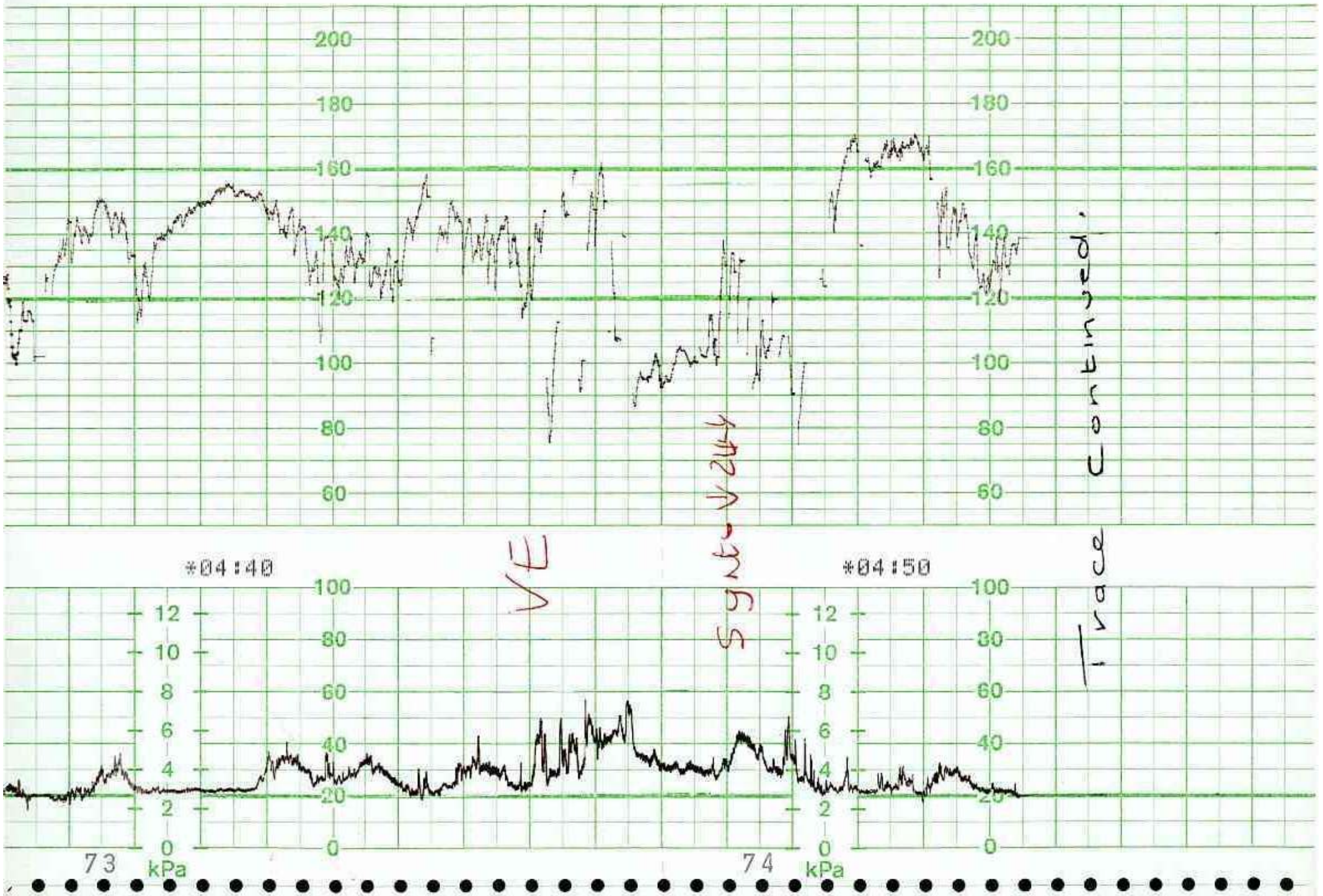

200
180
160
140
120
100
80
60
*02:20
*02:30
12
10
8
6
4
2
0
59
kPa
60
kPa


200
180
160
140
120
100
80
60
*02:40
*02:50
*03:00
*03:10
12
10
8
6
4
2
0
61
62
63
64
kPa

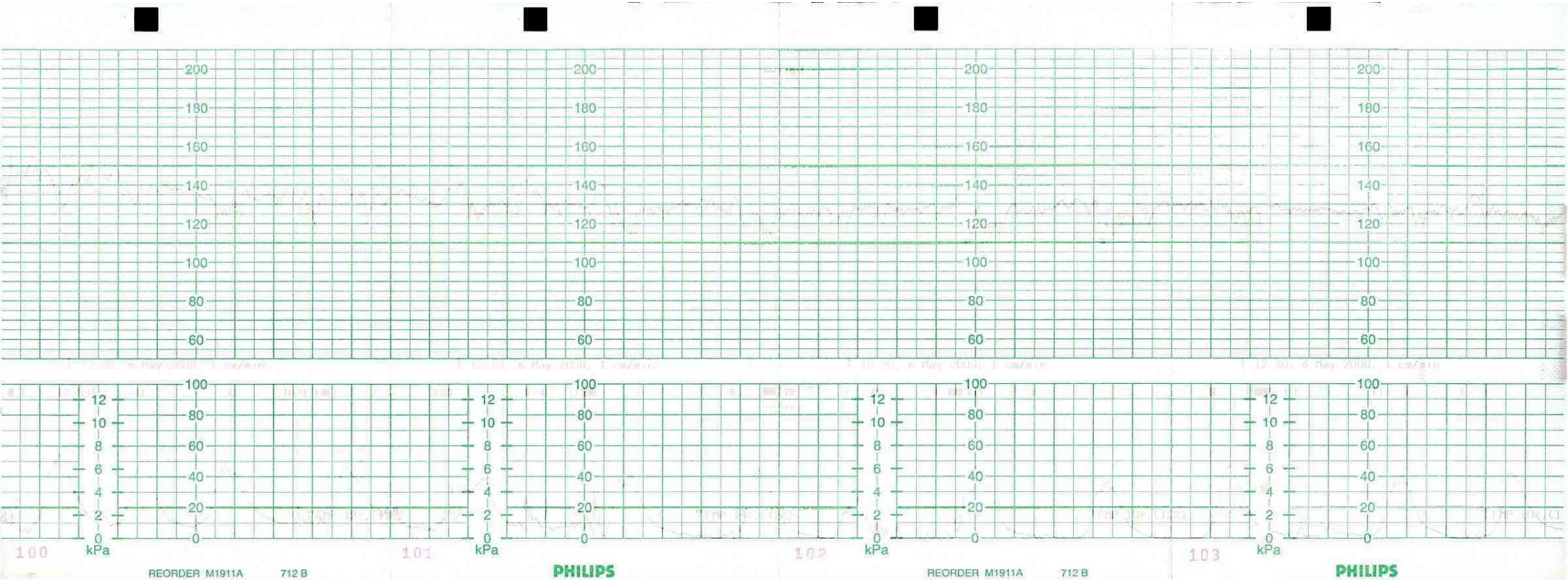

200
180
160
140
120
100
80
60
*02:40
*02:50
*03:00
*03:10
12
10
8
6
4
2
0
61
62
63
64
kPa

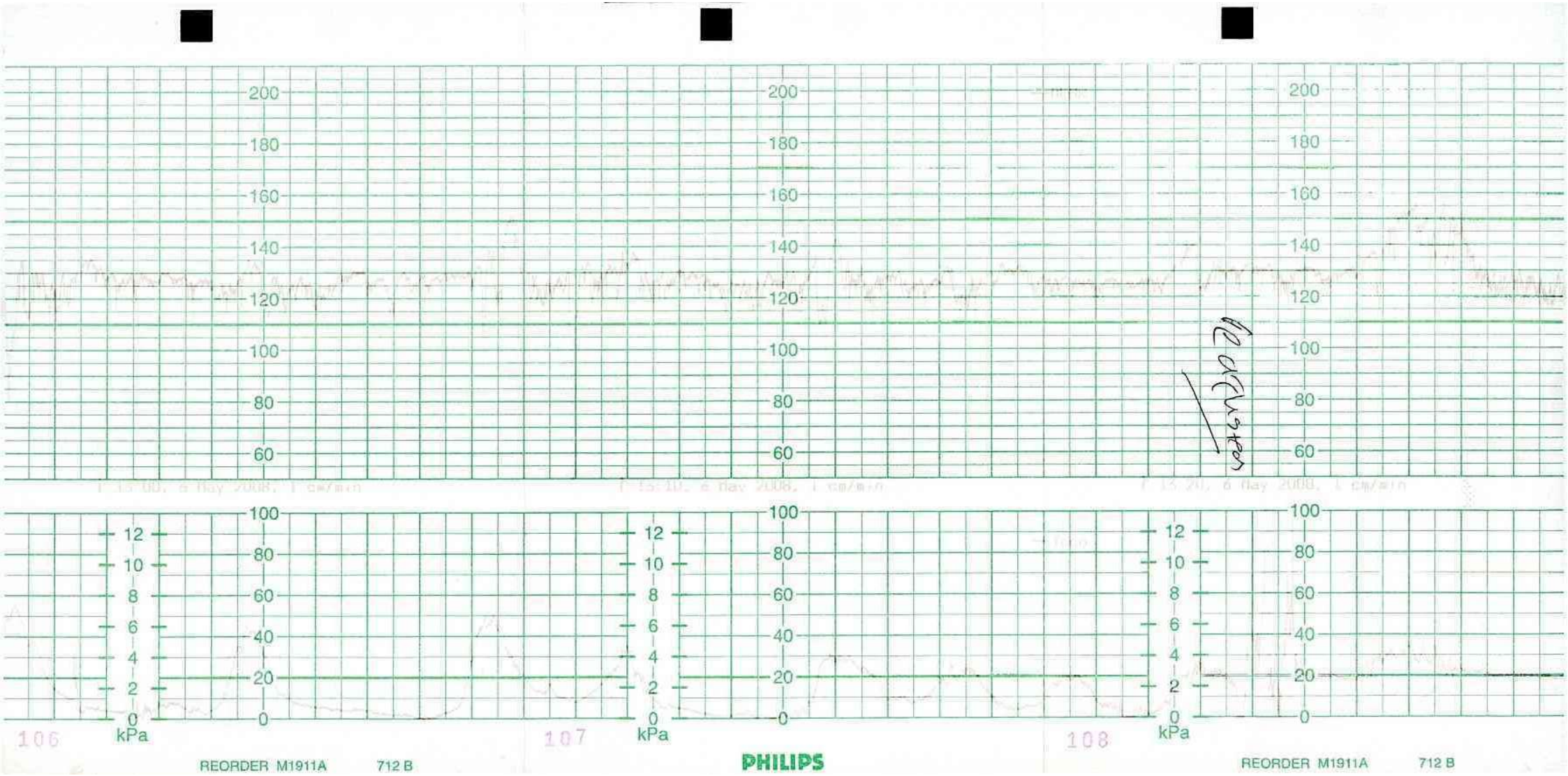

200
180
160
140
120
100
80
60
VE
HARM
L SIDE
*03:20
*03:30
*03:40
*03:50
12
10
8
6
4
2
0
65 kPa
66 kPa
67 kPa
68 kPa

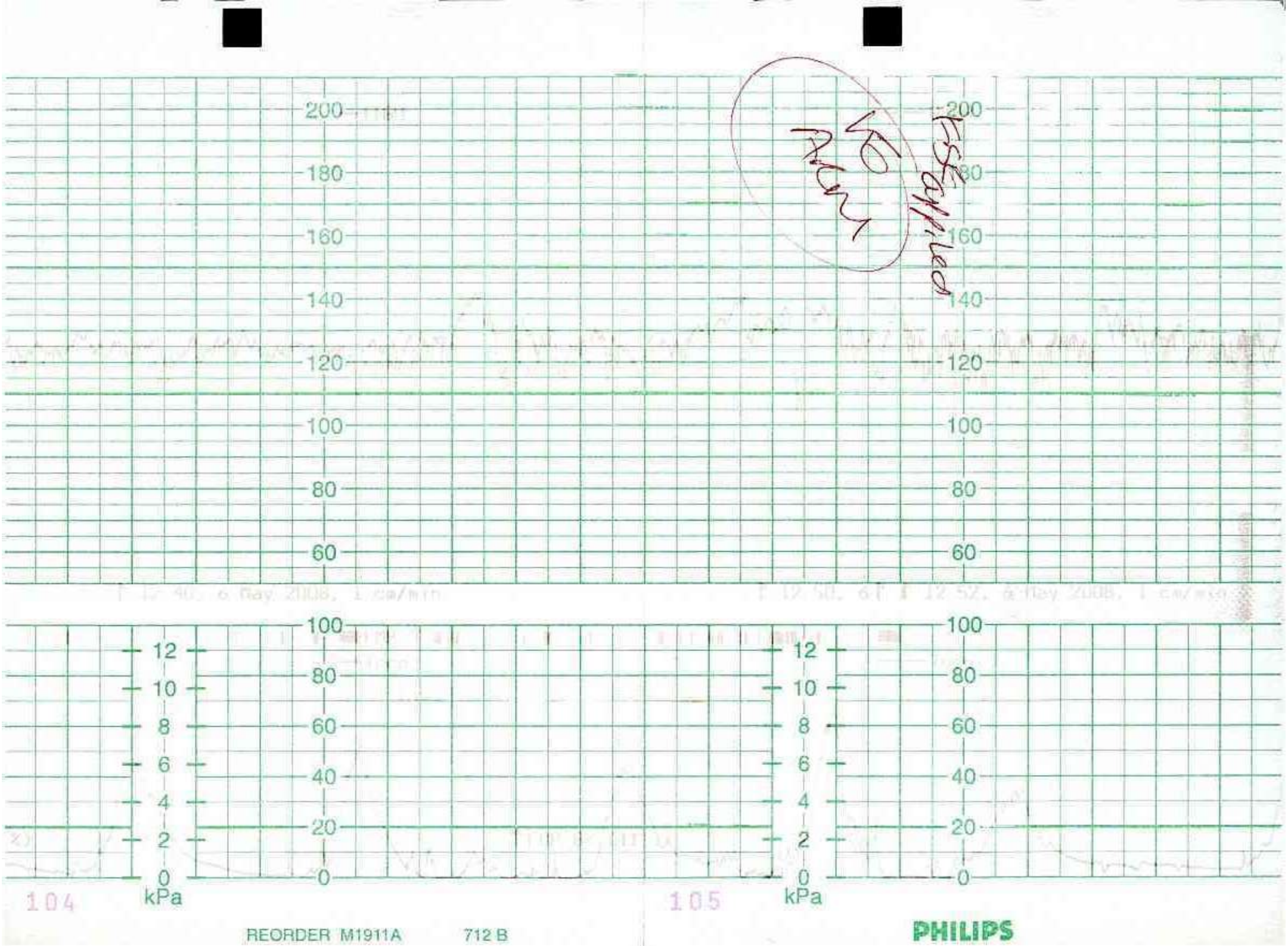

200
180
160
140
120
100
80
60
SYNTO
V60 ml/hr
ON TO
BACK
*04:00
*04:10
*04:20
*04:30
12
10
8
6
4
2
0
100
80
60
40
20
0
69
70
71
72
kPa

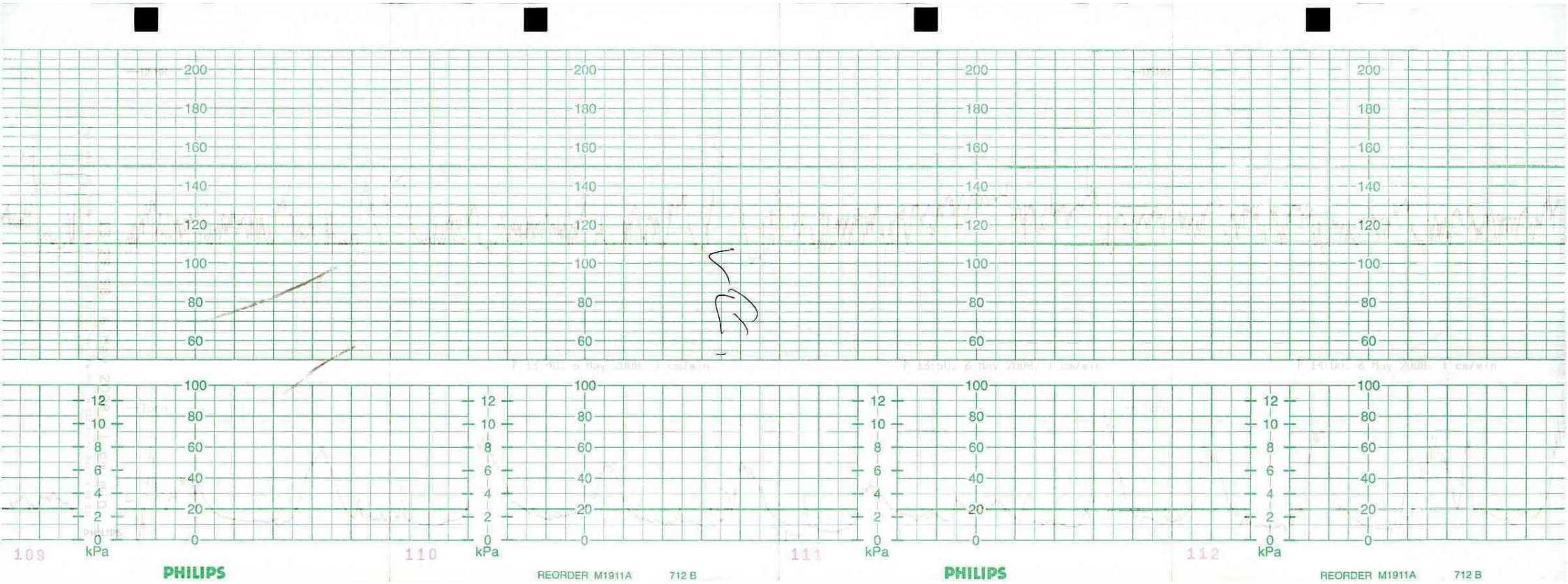

200
180
160
140
120
100
80
60
Continued
*04:40
*04:50
VE
Sync-V24
Trace
12
10
8
6
4
2
0
100
80
60
40
20
0
73 kPa
74 kPa

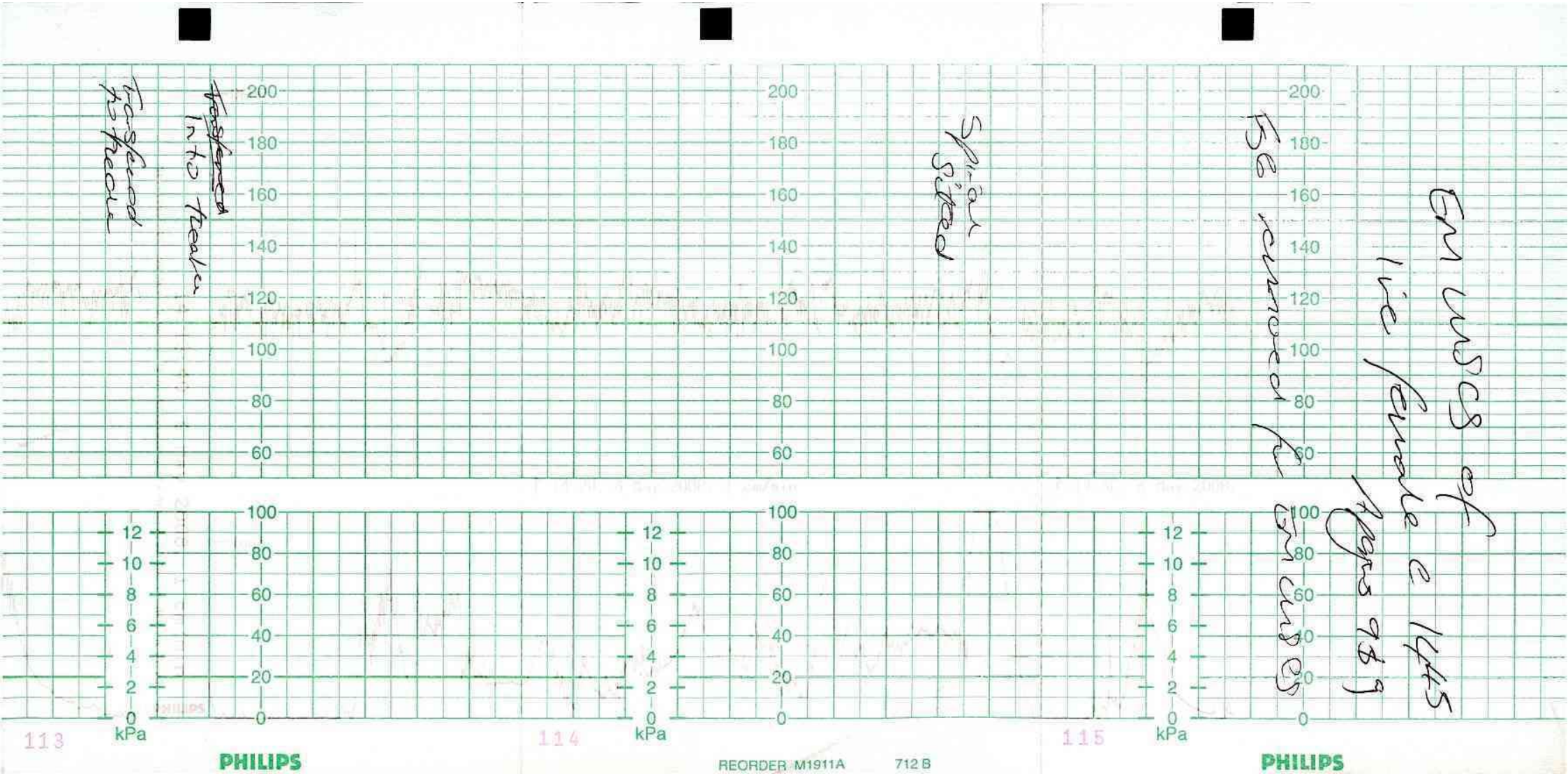
800547297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Whitburn,
Bathgate,
West Lothian, EH47 8HQ
CHI 1709821280
78132 J Thomson
200
180
160
140
120
100
80
60
12
10
8
6
4
2
0
kPa
96
REORDER M1911A 712 B
97
PHILIPS
98
REORDER M1911A 712 B
99
PHILIPS


200
180
160
140
120
100
80
60
100
80
60
40
20
0
12
10
8
6
4
2
0
100
kPa
101
kPa
102
kPa
103
kPa
REORDER M1911A 712 B
PHILIPS
REORDER M1911A 712 B
PHILIPS


200
180
160
140
120
100
80
60
100
80
60
40
20
0
12
10
8
6
4
2
0
kPa
106
107
108
REORDER M1911A 712 B
PHILIPS
REORDER M1911A 712 B

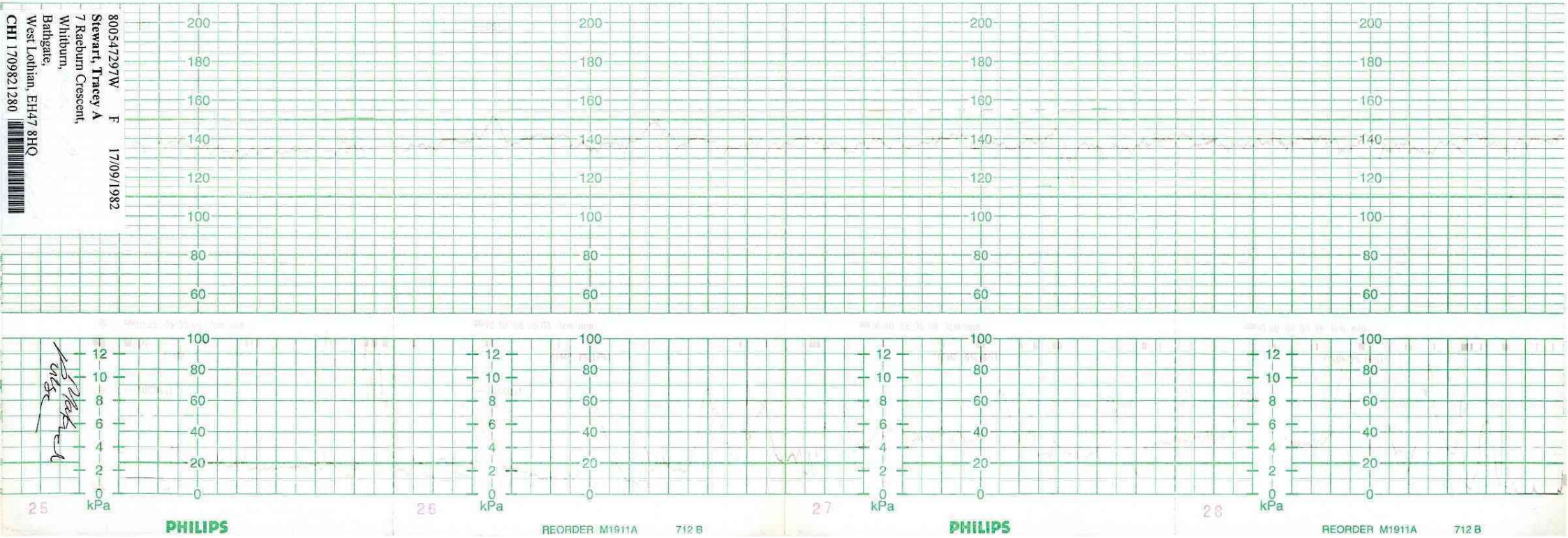

200
180
160
140
120
100
80
60
100
80
60
40
20
0
12
10
8
6
4
2
0
kPa
104
105
REORDER M1911A 712 B
PHILIPS

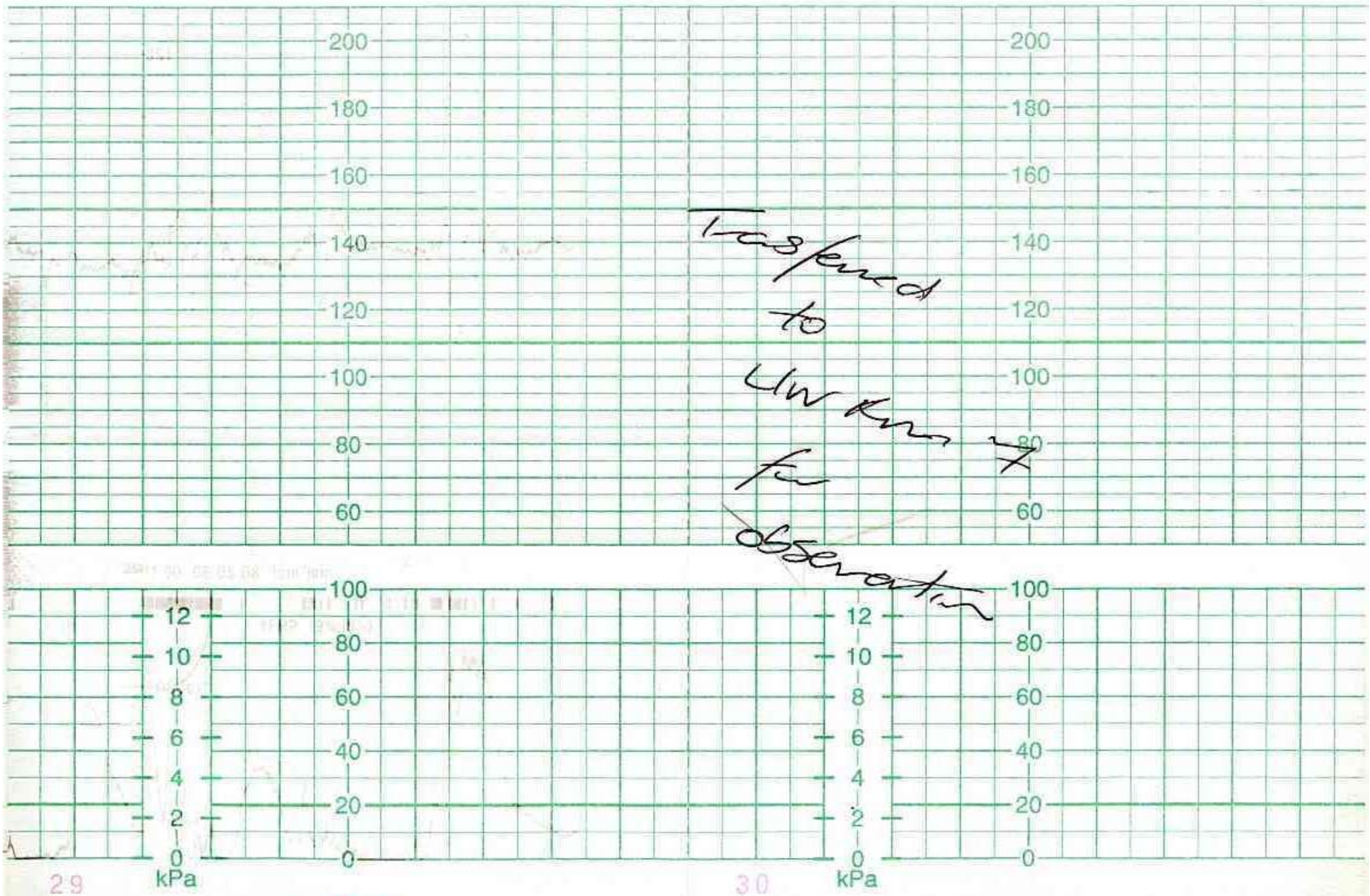

200
180
160
140
120
100
80
60
100
80
60
40
20
0
12
10
8
6
4
2
0
kPa
109
PHILIPS
110
REORDER M1911A 712 B
111
PHILIPS
112
REORDER M1911A 712 B


Transfusion into Heater
Transfused RBC Rate
Spin-bar Stirred
EM under GA for live donor kidney Tx 9/8/9
EM under GA for live donor kidney Tx 14/4/5
200
180
160
140
120
100
80
60
100
80
60
40
20
0
12
10
8
6
4
2
0
kPa
113
114
115
PHILIPS
REORDER M1911A 712 B
PHILIPS

[redacted]

8005472297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Whitburn,
Bathgate,
West Lothian, EH47 8HQ
CHI 1709821280




200
180
160
140
120
100
80
60
100
12
10
8
6
4
2
0
80
60
40
20
0
kPa
29
30
transferred to ICU known for observation
PHILIPS
REORDER M1911A
712 B

Observation Chart

NHS Lothian

Consultant: _____

Date chart commenced: 9/5/08

This is chart number (1) **this admission**

Actual or estimated patient weight _____ **kgs**

ASU: _____

Attach a patient Addressograph here

800547297W F 17/09/1982
Stewart, Tracey A
7 Raeburn Crescent,
Name: Whitburn,
Bathgate,
DOB: West Lothian, EH47 8HQ
Unit N **CHI** 1709821280
78132 J Thomson

An Early Warning Score (SEWS) must be calculated every time patient observations are recorded.
If SEWS score 4 or more then call the appropriate doctor and nurse in charge using the guidelines below.
Increased frequency of observations (minimum hourly) should be commenced and a detailed report in the patient's medical notes should be completed.

Early Warning Score 4 or more
or concern with a patients condition.

↓

Call Junior Doctor & Senior Nurse/Nurse Practitioner
If Dr cannot attend within 20 mins, they should arrange a Deputy.

↓

Practitioner/Dr unable to attend within 20 mins **or** SEWS increased by 2 **or** patient deteriorating.

↓

Early Warning Score 6 or more
or rapidly deteriorating patient.

↓

Call appropriate SHO/Registrar & Senior Nurse/Nurse Practitioner

↓

Dr unable to attend within 10 mins **or** SEWS increased by 2 **or** patient deteriorating.

↓

Call appropriate Registrar/Consultant
Consider ICU referral/review of treatment plan

Persistent Pain – 6 or above and unresponsive to guidelines

↓

Call Medical Staff/Senior Nurse/Nurse Practitioner

↓

For further advice contact:

ACUTE	CANCER-RELATED
Mon- Fri: Bleep Acute Pain Team	**Mon- Fri: Bleep Palliative Care Team**
Out of hours: On-call anaesthetist	**Out of hours: via switchboard**

Reorder Ref: WLT1016-Rev. 05/07

How to calculate SEWS Score

- **Do not add pain score to SEWS Score.**
- Record standard observations (RR, SpO_2, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24	Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy
If SpO_2 sats <93%	Review probe ? accurate Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.
If Temp >38	Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.
If Systolic BP<100	Review monitoring *(cardiac / oximetry / urine output / invasive BP etc).* IV Access Review patient / drug kardex.
Consider:	IV fluid bolus and reassess. TREAT UNDERLYING CAUSE

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

If Pulse >130	Review monitoring *(cardiac monitor indicated)* IV Access Review patient / ECG / electrolytes → Definitive Therapy
If responds to pain only or unresponsive	Assess airway, BM, GCS, neuro observation chart, review patient / kardex.
If BM <4	Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.

Pain Assessment & Management Guidelines

How to score pain:

Cancer-related pain: **Always** score **worst** pain in last 24 hours or since last assessment.
Acute pain: Score **current** pain on movement e.g. deep breathing.

Pain Score:		Action:
0	**NONE**	Continue to assess pain with every set of observations (**must be** at least daily).
1-3	**MILD**	Continue to assess pain with every set of observations (**must be** at least daily).
4-5	**MODERATE**	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.
6-10	**SEVERE**	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.

PERSISTENT SEVERE PAIN (6 OR ABOVE), WHICH DISTRESSES THE PATIENT: REFER.
SEE FLOW CHART OVER.

Lothian Guidelines

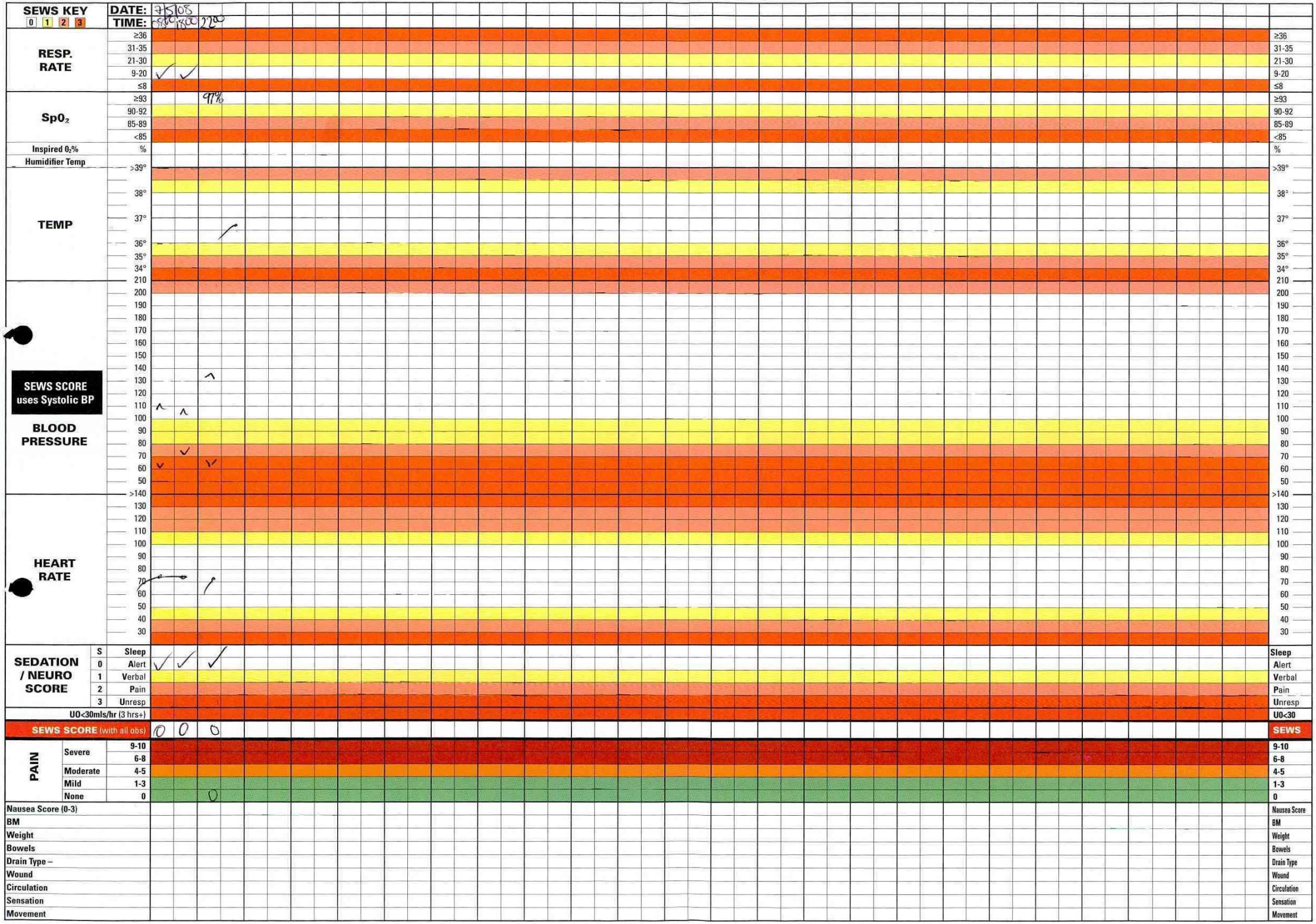
Cancer-related pain: Initiate Edinburgh Pain Assessment Tool (EPAT©) for pain score of 4 or above.
Use Palliative Care Guidelines.
Acute pain: Use Acute Pain Guidelines.

Nausea Score (0-3)

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

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

© Quality Improvement Scotland (QIS) Illness Severity Criteria Subgroup, February 2005.
Edinburgh Pain Assessment Tool (EPAT©)


SEWS KEY
0 1 2 3
DATE: 7/5/05
TIME: 0800 1800 2200
RESP. RATE
≥36
31-35
21-30
9-20
≤8
SpO2
≥93
90-92
85-89
<85
99%
Inspired O2%
%
Humidifier Temp
>39°
TEMP
38°
37°
36°
35°
34°
SEWS SCORE uses Systolic BP
BLOOD PRESSURE
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
>140
HEART RATE
SEDATION / NEURO SCORE
S Sleep
0 Alert
1 Verbal
2 Pain
3 Unresp
U0<30mls/hr (3 hrs+)
SEWS SCORE (with all obs)
PAIN
Severe 9-10
Moderate 6-8
Mild 4-5
None 1-3
0
Nausea Score (0-3)
BM
Weight
Bowels
Drain Type –
Wound
Circulation
Sensation
Movement

LABOUR WARD

Anaesthetist(s):

Supervising Consultant:

Grade:

Informed: Y ☐ N ☐

Technique			Patient Position	
Epidural	16g	☐	Sitting	☐
	18g	☐	Lateral	☐
Spinal	24g	☐		
	25g	☐		
Other		☐		
CSE		☐		
Interspace				
Asepsis		☐		

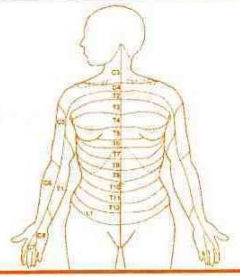
Loss of Resistance

Air ☐

Saline ☐

Depth of space _____ cm

Catheter mark @ skin _____ cm



Test Doses

Pain/paraesthesia on insertion

Complications/Comments

Time	1600						
LABOUR WARD ONLY — SBP [mmHg] - v, DBP [mmHg] - ^, Pulse [bpm] - • (200 / 150 / 100 / 50 / 0)							
Top Up PCEA							
Total boluses delivered							
Total volume infused							
Block Height (R/L)							
Pain Score ½ hrly							
Sedation Score ½ hrly							
Bromage (R/L)							

Top Up	Vol	Drug / Concentration	Time	Given by	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						

Pain Score
0 no pain
1 mild pain
2 moderate pain
3 severe pain
S sleeping

Sedation Score
0 alert, orientated
1 drowsy, easily roused
2 rouses only to pain
3 unrousable
S sleeping

Bromage
1 unable to move feet or knees
2 able to move feet only
3 just able to move knees
4 full flexion of knees & feet

Call Anaesthetist:

if pain score ≥ 2 30 minutes after top-up
if BP less than 100 mmHg
if block ≥ T6

THEATRE

Anaesthetist(s): Scott

Supervising Consultant: Carragher

Grade: SpR

Informed: Y ☑ N ☐

Anaesthetic		Airway/Breathing		Monitoring			Regional Technique		
Na⁺ citrate	☐	Facemask	☐	Machine check/Initial	☑		Sitting	☐	Midline ☑
Ranitidine	☑	Oral/Nasal Airway	☐	Minimal monitoring	☐		Lateral	☐	Paramedian ☐
		LMA	☐	ECG	☑	PAW ☐	Asepsis	☑	Interspace L3-4
Induction (I)		Size		SpO_2	☑	Disconnect ☐		GG/MM CD	
Pre O_2	☐	ETT	☐	NIBP	☑	PNS ☐	Spinal		Epidural
Cricoid Pressure	☐	Size		FiO_2	☐	Steth ☐	24g	☐	16g ☐
				$ETCO_2$	☐	Temp ☐	25g	☑	18g ☐
Maintenance		Laryngoscopy Grade		Agent	☐	Urine ☐	Other		CSE ☐
Agents		1 2 3 4					Complications/comments		
Gas Flow		S.V. ☐	I.P.P.V. ☐	CVP	☐	A-line ☐	1ml to skin.		
		Circuit		Initial		Initial	1st pass success		
Reversal (R)		Ventilator		Fluid warmer	☐	Eye care ☐	clear CSF + pain/paraesthesia		
				Warming blanket	☐	Pressure care ☐	2·2 mls 0·5%. heavy.		
				Patient/limb position			0·4mg ~~Bupi~~ Diamorph.		

Final Bromage R ☐ L ☐ Sacral block ☐ @ Time

Time	1430	1500				
Sensory block height R / L						
Modality						
SBP [mmHg] - v, DBP [mmHg] - ^, Pulse [bpm] - • (150 / 100 / 50 / 0)						
EVENTS	A B					
SpO_2	99					
$ETCO_2$						
FiO_2						
Vol Volatile						
Ventilation						
PAW						
CVP						
Fluids 1	16g @ hand CSL →					
Fluids 2						
Urine						
Blood Loss						
Drugs						
Phenylephrine mls/hr	80 — 40 — 5	40 V in 500 mls —				
Oxytocin						
Antibiotic	15 —					
Paracetamol		1g PR.				
Diclofenac		100mg PR.				
Bupivacaine (spi/~~epi~~)	2·2 mls 0·5%.					
Diamorphine (spi/~~epi~~)	0·4					
Glycopyrolate	200 200					

EVENTS

A spinal.
B Delivery & tie
C
D
E
F
G
H
I
J
K
L

TOTALS

DRUG DISPOSAL	Total drug given = 0·4 ml	Total drug discarded = 4·5ml	
WITNESSED BY:	1) John R Scanlon	2)	DATE: 6/5/9

RECOVERY ROOM

TIME IN:

TIME OUT:

Name:

Hospital Number:

Date of Birth:

Affix Label

	TIME	15:44	15:50	15:55	16:00	16:05	16
	Airway	SV	SV	SV	SV	SV	
	Oxygen Therapy	Air	Air	Air	Air	Air	
	Sats	99%	97%	98%	96%	97%	
	Respiration	14	18	16	14	14	
	Pain Score	0	0	0	0	0	
	Nausea Score	0	0	0	0	0	
	Sedation Score	0	0	0	0	0	
	Urine Volume	200ml					
	Wound Check	✓					
	Drains						
	Temperature	35.7°c					
	Lochia						

A Obstetrician explained postnap care after
B Emergency caesarean section
C and nicking bladder, catheter visits 10 days.
D
E
F

200 / 150 / 100 / 50 / 0

SBP - v
MAP - x
DBP - ^
Pulse - •

Events							
Fluids							
Drugs							

Pain Score
0 No Pain
1 Mild Pain
2 Moderate Pain
3 Severe Pain
S Sleeping

Nausea Score
0 None
1 Mild
2 Moderate
3 Severe
T Requiring Treatment
S Sleeping

Sedation Score
0 Alert, orientated
1 Drowsy, easily roused
2 Rouses only to pain
3 Unrousable
S Sleeping

RECOVERY COMMENTS

Theatre recovery at 15.44 pm after undergoing an Emergency Caesarean Section under Spinal. Spinal Diamorphine Intrathecal 0.4mg. IV fluids continued via Theatre, Syntocinon 40 units Hartmanns continued via Gemini Pump over 4°. Size 16 catheter inserted draining light hazy urine. Minimal PV loss post-op at 16.05pm. T Black 5

Name Signature

ANAESTHETIC INSTRUCTIONS

Oxygen
Routine monitoring at 5 min intervals x ½ hr ☐
Fluids — As charted ☐
Analgesia — As charted ☐
Antiemetics — As charted ☐
Special Instructions

Destination: Day case ☐ Ward ☐ HDU ☐ ITU ☐

Name Signature

Contact No.

NHS LOTHIAN — OBSTETRIC ANAESTHETIC RECORD

Proposed operation:

Date:

Time called:

Urgency: I - stat II - urgent III - scheduled IV - elective

N 800547297W F 17/09/1982
Stewart, Tracey A
H 7 Raeburn Crescent,
Whitburn,
D Bathgate,
West Lothian, EH47 8HQ
A **CHI** 1709821280

ANAESTHETIC ASSESSMENT

Assessor: Cons ☐ SAS ☐ SPR ☐ SHO ☐ Other

Consent form signed and checked ☐ Date: Location:

Medical History (& see care pathway)

Asthma. ° hospitalisat°s.
Prev. LSCS via spinal - 12/12 bony pain in back where spinal went in → then resolved spontaneously.

Obstetric History

Preg OK.

? Pre-eclampsia ☐ Placental position

small APH in 100 mls.

Examination

HR BP

Booking Weight Height

BMI

Medications

salbutamol.

Herbal medicines

Allergies

Penicillin → rash + N&V

ASA Grade

I II III IV V E

Airway Assessment

Neck mobility
TM distance
Mallampati
Mouth opening
Jaw protrusion
Teeth own

Previous anaesthetics ☐

Uneventful ☐

Family History

Alcohol
Smoking 3/day
Drugs
Reflux/GORD
Fasted ✓

Investigations

FBC
U+E's Urate
Coagulation
G+S
Other

Information Given to Patient

PDPH	✓	Nerve damage	☐
Hypotension	✓	Pushing and pulling	✓
Nausea & Vomiting	✓	Risk of inst. del.	☐
Failure	☐	PR drug administration	✓
Pruritus	☐	not ~~to~~ wish to know more.	

Post-operative Remarks

	Y	N
★ *Uneventful anaesthetic*	☐	☐
★ *Significant events*		
★ *Critical Incidents*		
★ *Warnings/Hazards*		

Top up prescription

1) _____ mls 0.1% bupivacaine + fentanyl 2 mcg/ml
for _____ doses, interval 30 min., posture: not supine
Signature Name

2) _____ mls 0.1% bupivacaine + fentanyl 2 mcg/ml
for _____ doses, interval 30 min., posture: not supine
Signature Name

PCEA / epidural infusion prescription

0.1% bupivacaine + fentanyl 2 mcg/ml
Bolus amount _____ ml
Time lockout _____ min
Infusion rate _____ ml / hour
Signature Name

..... HOSPITAL

UNIT No.
NAME

CONSENT FOR OPERATION

SJ 5472974 F 17/09/82
STEWART
TRACEY ANN
I. C/O 42 WHITELAW DRIVE
BATHGATE EH48 1RQ

_____ hereby consent to

*(undergo
(the submission of my *(child _____ to undergo
(ward Myself.

the operation of Caesarean Section

the nature and purpose of which have been explained to me by *Dr/Mr LOVE

I also consent to such further or alternative operative measures as may be found necessary during the course of the above-named operation and to the administration of general, local or other anaesthetics for any of these purposes.

No assurance has been given me that the operation will be performed by any particular practitioner.

Date. 1/2/00 Signed P.A Stewart
* Patient/Parent/Guardian

I confirm that I have explained the nature and purpose of this operation to the *patient/parent/guardian

Date 1/2/00 Signed _____
Medical/Dental practitioner

*DELETE AS APPROPRIATE

ANY DELETIONS, INSERTIONS OR AMENDMENTS TO THE FORM ARE TO BE MADE BEFORE THE EXPLANATION IS GIVEN AND THE FORM SUBMITTED FOR SIGNATURE.

WLT 338

OPERATION NOTES

WLT534

NUMBER
SJ 547297A F 17/09/82
STEWART
TRACEY ANN
C/O 42 WHITELAW DRIVE
BATHGATE EH48 1RQ

DATE	PACK	DRAIN	CATHETER
IN			
OUT			

SURGEON	Dr. C. Love
ASSISTANTS	Dr. J. McTernish
ANAESTHETIST	Dr. W. Buglass
ANAESTHETIC	Epidural
CHARGE NURSE	
DATE	1/2/00
OPERATION	Emergency Caesarean Section

Findings

EBL = 250ml

Cx fully dilated
ROT
Sp -1 / spines
Clear liquor.

Procedure

Routine prep + drape. Catheters in situ
Lower transverse incision to skin + routine entry to abdomen
Bladder well reflected
Lower transverse incision to uterus. Cephalic extraction ♀ → paeds
Placenta by CCT. Cavity swabbed.
Uterus closed in 2 layers + vicryl. Haemostasis
Vicryl to sheath
12 staples to skin.

100mg PR Voltarol

Love (SpR)

SPECIMEN SENT TO PATHOLOGY YES/NO
(DELETE)

LOTHIAN UNIVERSITY HOSPITALS N.H.S. TRUST
Western General Hospital
Department of Clinical Biochemistry

SJ547297 STEWART TRACEY F 17/09/1982
SJH - Antenatal Clinic Dr P Dewart

MATERNAL SERUM SCREENING REPORT

12/8 30/9
PT

Date of sample	17/08/1999
Date sample received	18/08/1999
Sample number	QC544687C
EDD	19/01/2000
Gestation	17 weeks 6 days
Maternal weight	54 kg
Weight adjusted AFP MOM	1.51
Weight adjusted HCG MOM	1.13
NTD Risk	Not increased
Trisomy 21 Risk	Not increased
Trisomy 18 Risk	Not increased

Comments

The maternal weight, date of sampling, date of birth and the EDD are all used to calculate the risks. If the incorrect information is supplied, the reported interpretation may be invalid. For further details refer to The Guidelines for Users dated 16/03/1998 (revised 10/09/1998).

Date of report : 19/08/1999 Time 18:21 Authorised by :

For enquiries please phone 0131 537 1900

23/8

St John's Hospital, Livingston, EH54 6PP. Tel: 01506 419666

Blood Transfusion

(CPA Accredited)

S547297 Sex F Date of Birth 17 Sep 1982

Surname STEWART Forename Tracey

Address C/O 42 WHITELAW DR
EH48 1RQ

Consultant/GP
Dr P. DEWART
Delivery Suite St John's

Date Printed : 01 Feb 2000
File permanently

Clinical Details C/S

Specimen collection date 01 Feb 2000
time 05:00
Lab no. T0000930

Products required on 01 Feb 2000
at 06:00

Blood Group A Rh D Pos
Antibody screen Negative

Medical Officer Ordering	Intended Duration of Trans.	Set up by	Checked by	Date started	Time started

Comment

BMS Signature N. Ahmed

RCC = Red Cell Concentrate PAED RCC = Pedipack	WB = Whole Blood PLT = Platelet Concentrate	FFP = Fresh Frozen Plasma CRYO = Cryoprecipitate

The persons administering the blood must confirm that the identification of the patient, the name, the hospital number, and DOB of the patient on the selected blood pack and the information on this report (including the blood pack number) all agree and that the pack is not time expired.

In the event of a transfusion reaction, this report should be returned to the Blood Transfusion Laboratory with a Reaction Report form, all blood packs plus 2 blood transfusion specimen tubes.

St John's Hospital, Livingston, EH54 6PP. Tel: 01506 419666

Blood Transfusion

(CPA Accredited)

S547297 Sex F Date of Birth 17 Sep 1982

Surname STEWART Forename Tracey

Address C/O 42 WHITELAW DR
EH48 1RQ

Consultant/GP
Dr P. DEWART
Ward 10 St John's

Date Printed : 03 Feb 2000
File permanently

Clinical Details CS

Specimen collection date time 03 Feb 2000
Lab no. T0000980

Products required on at 03 Feb 2000

Blood Group A Rh D Pos ✓
Antibody screen Negative

Medical Officer Ordering	Intended Duration of Trans.	Set up by	Checked by	Date started	Time started

Comment

BMS Signature Sheena Turpie

RCC = Red Cell Concentrate PAED RCC = Pedipack	WB = Whole Blood PLT = Platelet Concentrate	FFP = Fresh Frozen Plasma CRYO = Cryoprecipitate

The persons administering the blood must confirm that the identification of the patient, the name, the hospital number, and DOB of the patient on the selected blood pack and the information on this report (including the blood pack number) all agree and that the pack is not time expired.

In the event of a transfusion reaction, this report should be returned to the Blood Transfusion Laboratory with a Reaction Report form, all blood packs plus 2 blood transfusion specimen tubes.

Maternity Case Notes vol 1

SCREENING FOR HAEMOGLOBINOPATHIES - Family Origin Questionnaire (FOQ)

NHS SCOTLAND

AFFIX PRINTED LABEL	AFFIX PRINTED LABEL	REQUEST DETAILS
CI [redacted] 800547297W F 17/09/1982 Stewart, Tracey A 37 Old Well Place, Bathgate, West Lothian, EH48 2XG Fo CHI 1709821280 78132 J Thomson	Community Midwives Bathgate Primary Care Centre Whitburn Road Bathgate EH48 2SS ☎ 01506 651828 Please complete section at bottom of form	FBC Date collected: 03 / 11 / 14 Time collected: 16 : 30 (24hr) Estimated Delivery Date: 06 / 05 / 15 Specimen type: ○ Blood ☐ FBC iLab Code = HFB LAB USE ONLY

What are your family origins? **Screening test declined** ☐

Please tick all boxes in ALL sections that apply to the woman and the baby's father

This form must be used for routine FBC requests for antenatal booking blood samples only. A separate standard form should be supplied for any other additional requests. A second copy of the form should be added to the patient's maternity record. The completion of this form is an ESSENTIAL part of the screening process. See reverse of form for further guidelines.

	Woman	Baby's Father
A: AFRICAN OR AFRICAN CARIBBEAN (BLACK)		
1. Caribbean Islands	☐	☐
2. Africa (excluding North Africa)	☐	☐
3. Any other African or African-Caribbean family origins *[please state]*		
B: SOUTH ASIAN (ASIAN)		
1. India or African-Indian	☐	☐
2. Pakistan	☐	☐
3. Bangladesh	☐	☐
C: SOUTH EAST ASIAN (ASIAN)		
1. China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2. Thailand, Indonesia, Burma	☐ #	☐ #
3. Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4. Any other Asian family origins (eg. Caribbean-Asian) *[please state]*		
D: OTHER NON-EUROPEAN (OTHER)		
1. North Africa, South America etc.	☐	☐
2. Middle East (Saudi Arabia, Iran etc.)	☐	☐
3. Any other Non-European family origins *[please state]*		
E: SOUTHERN AND OTHER EUROPEAN (WHITE)		
1. Sardinia	☐ #	☐ #
2. Greece, Turkey, Cyprus	☐ #	☐ #
3. Italy, Portugal, Spain	☐	☐
4. Any other Mediterranean country	☐	☐
5. Albania, Czech Republic, Poland, Romania, Russia etc.	☐	☐
F: UNITED KINGDOM (WHITE) *		
1. Scotland, England, Wales, N Ireland	☐ ✓	☐ ✓
G: NORTHERN EUROPEAN (WHITE) *		
1. Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2. Scandinavia, Switzerland etc.	☐	☐
3. Any other European family origins, refer to chart (eg. Australia, N America, S Africa) *[please state]*		
* Hb variant screening requested by **F** and / or **G** *(ie. request from low risk group)*	☐	☐
# Higher risk for alpha zero thalassaemia		
H: DON'T KNOW (Including pregnancies with donor egg / sperm)	☐	☐
I: DECLINED TO ANSWER	☐	☐
J: ESTIMATED DELIVERY DATE (if not completed above)	/ /	
K: GESTATION AT TIME OF TEST	13/40	

OFFER Hb variant screening to all women if they or their baby's father have answers in a shaded box

This section to be completed by Health Care Professional

Signed: [redacted] **Print Name:** [redacted]

Job Title: MW **Contact Tel. No:** 01506 651828 **Date:** 03 / 11 / 14

Guidance for Health Care Professionals

Screening and Diagnostic Uses of the Family Origin Questionnaire

The Family Origin Questionnaire (FOQ) is principally used as a tool to identify women who are at highest risk of being a carrier or having a baby with a haemoglobin variant or disorder.

The FOQ is also used as a tool by laboratory staff to help with the interpretation of results, particulary those indicating possible alpha or beta thalassaemia. The family origin is also relevant in the interpretation of red blood cell indices and essential for accurate prenatal diagnosis. More information about its use can be found in the laboratory handbook at: http://sct.screening.nhs.uk/publications

Therefore, you need to ask for the family origins of both the woman **AND** the baby's father going back at least two generations (or more if possible).

Women with Sickle Cell Disease

Screening will also identify women with sickle cell disease, who should be considered 'high risk' requiring specialist care during pregnancy from an Obstetrician and Haematologist, and who should be booked for a hospital delivery.

'Low Risk' Family Origins

People with family origins from the countries listed below are considered at low risk for haemoglobin variants:

United Kingdom (White)
England, Scotland, Northern Ireland, Wales.

Northern European (White)
Austria, Belgium, Denmark, Greenland, Iceland, Ireland (Eire), Finland, France, Germany, Luxembourg, Netherlands, Norway, Sweden, Switzerland.

Some populations of the following countries have Northern European origin (countries listed above) and are also at low risk for haemoglobin variants:

Northern European Origin (White)
Australia, North America (USA, Canada), South Africa, New Zealand.

ssue date: April 2012
/ersion: 1.0

NHS
SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

PLEASE U: 800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J.Thomson

RD
QJ

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.
You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:-

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
(3)	16/1/15	T 36.1 120/68 P70. P Pale + Tired, BP c/o backache / rib RR discomfort - Paracetamol + Bruffen as required.	Revised postnatal thrombosis risk legs now fully mobile + antibiotics	soft + comfy	SP+2 Ab - non tende
		T Understands tiredness + achy - ? due to lack of sleep P fatigue + emotional exhaustion. MW reviewing BP tomorrow to repeat bloods as requested. RR			
(4)	17/1/15	T 35.5 P 78 BP Pale, on Iron at HB 72 dd. RR tired but babe's have settled today.	legs NAD	Soft comfy.	N/P
		Continued to take medication as required. Bloods taken for UOE, LFT, CRP & FBC. to return to GP. Throat swab also taken refused Chlamydia screening			
(9)	22/1/15	Pale + Tired - T 36.3 BP 108/62 P80. Antibiotics now completed continues on Iron therapy	legs	Soft - comfy	just palpable non - tende
		Have been in touch w GP - bloods improving - wishes them repeated on Monday when she is being seen			
		Seeing undertaker on Monday to discuss arrangements.			

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
Loder Ave small clot x1.	Intact – Achy	~~PU~~ PU + small BO. Appetite could be better – medication as prescribed.		
Red/Pink clot last night now reduced labia	–	PU BO.	C/M planned to visit again during coming week	
Red/Brown intermittent – no clots.	Intact + comfy	PU & BO. Eating as able.	Discharged from M&C care – has appt w GP Monday.	

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
A HENDERSON	AHenderson	CJM

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date ...../...../..... Days postnatal .....

Special features identified (please sign and date each entry) .....

.....

.....

.....

.....

BP ...../.....

General wellbeing and mental health

.....

.....

.....

.....

.....

.....

.....

Contraception

Longer acting contraception (LAC) discussed Yes ☐ No ☐

Reversible contraception discussed Yes ☐ No ☐

Has LAC contraception been provided Yes ☐ No ☐

It is recommended that you commence a reliable method of contraception by Day 21

.....

.....

.....

.....

Sexual health (www.sexualhealthscotland.co.uk)

.....

.....

.....

.....

.....

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☐ No ☐

.....

.....

.....

Current smoker? ☐ No ☐ Yes ..... /day

Has risk of passive smoking to baby been explained? ☐ No ☐ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.

Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth. See www.readysteadybaby.org.uk

	Any problems		Details
Passing urine	☐ No	☐ Yes	.....
Pelvic floor	☐ No	☐ Yes	.....
Bowel function	☐ No	☐ Yes	.....
Breasts	☐ No	☐ Yes	.....
Perineum/abdomen	☐ No	☐ Yes	.....
Lochia/menstruation	☐ No	☐ Yes	.....
Cervical smear due	☐ No	☐ Yes	.....

Concerns

.....

.....

.....

Handover to health visitor completed ☐ No ☐ Yes Details .....

Health Plan Indicator allocated (circle as appropriate): core additional **Include in handover to health visitor**

Six week follow-up appointment discussed/arranged ☐ No ☐ Yes Details .....

Signed ..... Print name ..... Designation .....

Please complete the "Whose Signature" page at the back of the record

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful.
The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)	...../...../.....	...../...../.....
Handling my baby safely	...../...../.....	...../...../.....
Choosing nappies for my baby	...../...../.....	...../...../.....
Changing my baby's nappies	...../...../.....	...../...../.....
Caring for my baby's cord	...../...../.....	...../...../.....
A 'top and tail' wash/caring for my baby's skin	...../...../.....	...../...../.....
Bathing my baby	...../...../.....	...../...../.....
How to reduce the risk of cot death	...../...../.....	...../...../.....
Signs that my baby is well	...../...../.....	...../...../.....
Signs that my baby may be ill	...../...../.....	...../...../.....
Car safety and home safety	...../...../.....	...../...../.....
Registering the birth/registering with a GP	...../...../.....	...../...../.....
Social support	...../...../.....	...../...../.....

Other things I want to ask about: .....

.....

.....

.....

.....

.....

Information for you (indicate when received) ☐ ..../...../.....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit	...../...../.....	...../...../.....
The importance of good hand hygiene	...../...../.....	...../...../.....
Sterilising equipment	...../...../.....	...../...../.....
Making up a formula feed correctly and safely (always following the manufacturer's instructions)	...../...../.....	...../...../.....
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required	...../...../.....	...../...../.....
Giving a formula feed correctly and safely	...../...../.....	...../...../.....
Winding my baby	...../...../.....	...../...../.....
My baby's feeding and sleeping patterns for the first few days	...../...../.....	...../...../.....
'Baby led' feeding	...../...../.....	...../...../.....
'Rooming in' at the maternity unit	...../...../.....	...../...../.....
Sharing a bed with my baby - the risks discussed	...../...../.....	...../...../.....

Further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Choosing the right type of milk for my new baby (whey based)	...../...../.....	...../...../.....
Signs that my baby is feeding well and thriving	...../...../.....	...../...../.....

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

.....

.....

.....

.....

.....

.....

Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding	..../...../.....	..../...../.....
Positioning my baby for breastfeeding	..../...../.....	..../...../.....
Principles of good attachment	..../...../.....	..../...../.....
How to recognise that my baby is feeding well including effective milk transfer	..../...../.....	..../...../.....
My baby's feeding and sleeping patterns for the first few days	..../...../.....	..../...../.....
'Baby led' feeding	..../...../.....	..../...../.....
When my milk 'comes in'	..../...../.....	..../...../.....
Rooming in at the maternity unit	..../...../.....	..../...../.....
Sharing a bed with my baby - the risks discussed	..../...../.....	..../...../.....

further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Winding my baby	..../...../.....	..../...../.....
My baby's needs (exclusive breastmilk for around the first six months of life)	..../...../.....	..../...../.....
Why dummies or teats should not be used	..../...../.....	..../...../.....
How to hand express my breastmilk	..../...../.....	..../...../.....
Expressing breastmilk a) washing & dry storing equipment	..../...../.....	..../...../.....
b) safe storage	..../...../.....	..../...../.....
Signs that my baby is feeding well and thriving	..../...../.....	..../...../.....
Monitoring for wet and dirty nappies	..../...../.....	..../...../.....
Breastfeeding support in my community	..../...../.....	..../...../.....

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding	..../...../.....	..../...../.....

Other things that I want to ask about: .....

.....

.....

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
			Revised postnatal thrombosis risk		

Please complete the "Whose Signature" page at the back of the record

PT O/C THURS 15/1/15 FOR COM M/V. VISIT TKE SEC
* ON SAT. 17/1/15 PLEASE *

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

..... District

CASE REFE 800547297W F 17/09/1982
Name Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
Age CHI 1709821280

THURS 9

Hospital SJH Ward L&W Date of Discharge .....

Home Address As above G.P. Dr Thomson

Address Simpson medical Group

Tel. No: 01506 794715

Temp. Address .....

Tel. No: ..... Tel. No: .....

Perity 2+0 No. of Living Children x 2 Comments .....

Early Discharge NO Booked/Unbooked Blood Group A POS

Ante-netel complications SRM at 17/40. spont labour at 23/40

MOTHER

Date of delivery 14/1/15 Time 0702 Length of Labour ..... Spontaneous/Induced

Method of delivery: Spontaneous SVD Other ..... Indication .....

Complications ..... Blood loss minimal

Placenta edges visible but Recieved placenta and membranes Membranes

State of perineum on discharge intact Hb 77 g/L

Treatment and/or complications Septic post delivery. IV abx → oral abx

Almevax: immune Anti-D Immunoglobulin: N/A

BABY *100 AT 23/40 *

Sex Boy Apgar score ✓ Gestation 23+3

Weight at birth 615g OFC ..... Length ..... Cord ..... Guthrie Test: YES/NO

Weight on discharge ..... Feeding .....

Any special problems .....

Treatment and/or complications .....

M 'W's Signature CAndrews (ANDREWS SM.

EARLY DISCHARGE Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO .....

Testes Descended R. YES/NO .....

Hips L. NORMAL/ABNORMAL .....

Hips ~~R.~~ NORMAL/ABNORMAL .....

Signature .....

POST NATAL VISITS
MOTHER AND BABY

Date	Day		Signature

NHS Lothian - Referral Letter - Information only from GP

Referral To	St John's Hospital Obstetrics L 1st Maternity Appointment
Urgency of referral	Routine
Date of referral	14/10/2014
Date submitted	14/10/2014
UCPN	101008049502N

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr. Deirdre Hay (GMC: 2619109)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

CLINICAL INFORMATION

Reason for Referral: booking appointment

Investigations

Description	Result	Date

Referral Source : Information only from GP

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Acute pericarditis		seen by SJH and given ibuprofen and omeprazole. Still working but feels terrible. Advised to rest and to increase ibuprofen to max till pain settles.	30/04/2013	30/04/2013
Caesarean delivery		Female	06/05/2008	06/05/2008
Asthma resolved		no medication for over 12mths	05/11/2007	05/11/2007
Melanocytic naevi of skin		left angle of jaw	20/08/2005	20/08/2005
Asthma resolved			10/05/2004	10/05/2004
Caesarean delivery		Female	01/02/2000	01/02/2000
Migraine		focal	18/05/1999	18/05/1999
Absence of menstruation		FOR IPT	19/10/1998	19/10/1998
Infectious mononucleosis			03/08/1998	03/08/1998
[redacted]			01/01/1997	01/01/1997
Asthma NOS		MILD	07/08/1996	07/08/1996

Maltreatment syndromes			01/01/1991	01/01/1991
Chickenpox - varicella			28/0S/1987	28/0S/1987
Eczema NOS		Dermatitis	26/01/1987	26/01/1987
Enuresis			16/12/1986	16/12/1986
Chickenpox - varicella			19/04/1984	19/04/1984
MEASLES	New event		11/01/1984	11/01/1984
Acute bronchiolitis			02/01/1983	02/01/1983
[redacted]			01/10/1982	01/10/1982
Burn of the arm (excluding wrist and hand)		cigarette burn	01/10/1982	01/10/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Excision of lesion of jaw NEC	left		20/08/200S	20/08/200S
Emergency caesarean section	for fetal distress baby Lauren		01/02/2000	01/02/2000

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Fluticasone propionate 2S0micrograms/dose dry powder inhaler	dose	1 PUFF TWICE A DAY		16/09/2014		16/09/2014
Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK...	dose	INHALE 1 DOSE AS NEEDED		11/04/2012		19/02/2014

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Folic acid 400microgram tablets	tablet	1 TABLET(S) DAILY		13/10/2014		13/10/2014
Cyclizine S0mg tablets	tablet	1 TABLET(S) UP TO EVERY 8HRS		13/10/2014		13/10/2014
Doxycycline 100mg capsules	capsule	2 TABS DAY 1 THEN 1 EVERY DAY		06/10/2014		06/10/2014
Naproxen S00mg tablets	tablet	1 TABLET TWICE DAILY		16/09/2014		16/09/2014

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	[TRUNCATED]Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: [D]Rash and other nonspecific skin eruption [R021.00], Certainty of allergy: Likely, Sev			07/01/2013
Adverse reaction to trimethoprim	Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Mild.			08/11/2001

Drugs and other substances-adverse effects in theraputic use	Drug code for allergy: Cefalexin 250mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Moderate.	08/11/2001
Adverse reaction to flucloxacillin	Drug code for allergy: Flucloxacillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	14/09/1999
ALLERGY NICKEL	Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.	24/07/1998

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:11-Apr-2013

Alcohol history (Encounters):Drinks rarely Date recorded:06-May-2003

Exercise history (Encounters):Exercise grading Date recorded:06-May-2003

Patient Weight in Kilograms:49.442

Patient Height in Metres:1.626

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Not given		**Date Taken:**	15/12/2014
		Time Taken:	00:47
Address: Ward 11, St John's Hospital		**Date Received:**	15/12/2014
		Time Received:	11:36
		Date Reported:	17/12/2014

Lab. Ref. No.:JG503365V Spec.:High vaginal swab
Micro,Culture & Sensitivities
Microscopy :
No Leucocytes seen
Culture :
No significant growth
No Yeasts isolated

Authorised By: Background Authorisation for Dr K MacSween

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

22/12

www.edinburghlabmed.co.uk

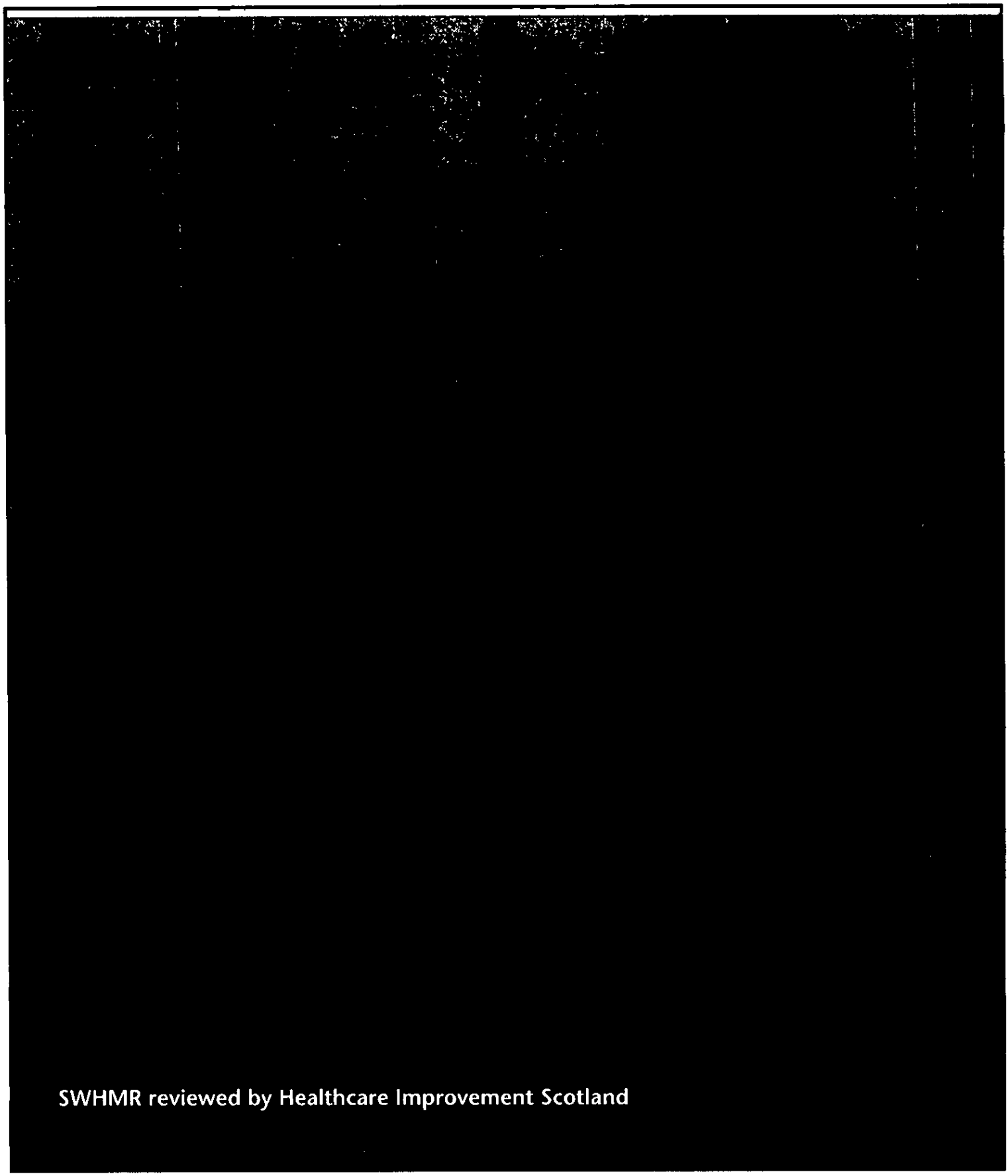
Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:** 01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female	
Report to: Not given		**Date Taken:** 17/12/2014
		Time Taken: 12:46
Address: Ward 10 OPD, St John's Hosp		**Date Received:** 17/12/2014
		Time Received: 13:53
		Date Reported: 19/12/2014

Lab. Ref. No.:JG503416B Spec.:High vaginal swab
Micro,Culture & Sensitivities
Microscopy :
Moderate numbers of Leucocytes seen
Culture :
No growth
No Yeasts isolated

Authorised By: Background Authorisation for Dr K MacSween

Version 6



SWHMR reviewed by Healthcare Improvement Scotland

Department of Laboratory Medicine Dr Cooper Labour Ward **Haematology, RIE**

PATIENT:	STEWART, TRACEY ANN	**UPI:** 1709821280	**CHI:** 1709821280
DOB:	17/09/1982 **SEX:** F	**CONSULTANT/GP:**	Consultant Haematolo
SOURCE:	Haematology OPD, St John's	**SENDER:**	

CLINICAL DETAILS: IUD @ 23 wks

Date: 16/01/2015
Time: 12:08
Specimen No.: HN596310M

Lupus Screening Test	Negative		
Anticardiolipin IgG	1.4	GPL	(0 - 13.3)
Anticardiolipin IgM	0.8	MPLU/ML	(0 - 9.8)
ATIII Activity	1.13	iu/ml	(0.80 - 1.20)
Protein C Activity	1.13	iu/ml	(0.67 - 1.38)
Free Protein S Immune	0.69	u/ml	(0.54 - 1.23)
Prothrombin 20210 G to A	Homozygous negative		
Factor V (Leiden)	Homozygous negative		

Comments:

NOTE: Specimen type is BLOOD unless otherwise stated.

DATE PRINTED: 02/02/2015
TIME PRINTED: 16:51

LOTHIAN UNIVERSITY HOSPITALS DIVISION

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Department of Laboratory Medicine — **Biochemistry, SJH**

PATIENT:	STEWART, TRACEY ANN	**UPI:** 8005472 97W	**CHI:** 1709821280
DOB:	17/09/1982 **SEX:** F	**CONSULTANT/GP:**	Dr TK Cooper
SOURCE:	Labour Ward, St John's Hosp.	**SENDER:**	mary hearse

CLINICAL DETAILS: post dose levels

SB413626M

Collection Date/Time			
14/01/2015 22:57			
Gentamicin	<0.5	mg/L	(a)
Specimen Type	Peak		

(a) For once daily dosing use the GGC NOMOGRAM (sample 6-14 hours after dose). Adjust interval as indicated on the nomogram. Patients with a creatinine clearance of <21ml/minute consider using an alternative drug, however, if gentamicin is used NO further gentamicin can be given until a trough of <1mg/L is obtained. Using for synergy with a beta-lactam (i.e. treatment of streptococcal/enterococcal endocarditis with penicillin and gentamicin) aim for a trough of < 1 mg/L and a peak of between 3 and 5 mg/L. Patients on other regimens refer to local protocols for levels.

Specimen type is serum, plasma or blood unless otherwise stated

DATE PRINTED: 16/01/2015
TIME PRINTED: 09:45

INDEX OF COMMENT CODES

HM Haemolysed	IS Insufficient	UNK Unknown	LP Lipaemic	NDET Not Detected
T/F Results to Follow	TL Too late for satisfactory analysis		TC Test Cancelled	SB See Comment Below

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MEDICAL MICROBIOLOGY SERVICES

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Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Dr TK Cooper		**Date Taken:**	14/01/2015
		Time Taken:	15:03
Address: Labour Ward, St John's Hosp.		**Date Received:**	14/01/2015
		Time Received:	16:38
		Date Reported:	15/01/2015

Lab. Ref. No.:JU324132Y Spec.:Catheter specimen urine
Urine Micro Culture & Sens
Culture :
No growth

Authorised By: Background Authorisation for Dr K MacSween

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Clinical Bacteriology, St Johns's Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 170982128	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Dr TK Cooper		**Taken:**	14/01/2015 10:39
Address: Labour Ward, St John's Hosp.		**Received:**	14/01/2015 11:08
	Clinical Details:	**Date Reported:**	16/01/2015
	septic..		

Lab. Ref. No.:JB035827A Spec.:BC,adult set,peripheral
Blood Culture

Both Blood cultures NEGATIVE after 2 days incubation
a further report will follow if growth occurs

Authorised by : Background Authorisation for Dr K MacSween

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MEDICAL MICROBIOLOGY SERVICES

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Clinical Bacteriology, St Johns's Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 170982128	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Dr TK Cooper		**Taken:**	13/01/2015 22:39
Address: Labour Ward, St John's Hosp.		**Received:**	14/01/2015 11:01
	Clinical Details:	**Date Reported:**	16/01/2015
	query infection		

Lab. Ref. No.:JG503707H Spec.:High vaginal swab
Micro,Culture & Sensitivities
Microscopy :
Large numbers of Leucocytes seen
Culture :
No significant growth
No Yeasts isolated

Authorised by : Background Authorisation for Dr K MacSween

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHI: 1709821280 / 1709821280 **D.O.B:** 17/09/1982	**Tel:** 0131 242 6048 Internal 26048
Patient: STEWART, TRACEY ANN **Sex:** Female	
Report to: Dr TK Cooper 54125..	**Date Taken:** 15/01/2015
	Time Taken: 15:05
Address: Labour Ward, St John's Hosp.	**Date Received:** 16/01/2015
	Time Received: 08:58
P2 SRM at 17/40, SVD at 23+. No signs of life	**Date Reported:** 19/01/2015
Sending Laboratory Reference Number:	

Laboratory Number: MS342715Z Specimen: Clotted blood for serology

CMV IgG Antibody :	250	AU/mL
CMV IgG Antibody :	POSITIVE (>5.9 AU/mL)	

Authorised by: Background Authorisation for Dr K E Templeton

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

Lothian University Hospitals Division PRIVATE

NHS Lothian

RECORD OF PREGNANCY LOSS OR NEONATAL DEATH

MOTHERS DETAILS (to be completed in the ward by named midwife who should then inform the unit co-ordinator on bleep 635)

Mother's Name: TRACEY STEWART	Religion:
Father's name COLIN PATERSON	
Address: 37 OLD WELL PLACE, BATHGATE, WEST LOTHIAN, EH48 2XG	
Date of Birth: 17.09.82	Unit No: 8005472970
Telephone Number: 01506 794715	
Consultant Obstetrician: DR COOPER	G.P. DR J. THOMSON
Community Midwife:	Tel: No: 01506 654444.

BABY'S DETAILS (to be completed by named midwife)

Baby's Name CONNOR	
Date of Birth: 14.01.15	Gestation: 23+4
Under 24 weeks sex cannot be determined without further tests.	Weight 615gms.
Is baby going for Post-mortem? o Yes (o No)	
Form faxed to NRIE o Yes o No	Date faxed: _____
Signature _____ (please sign and print name)	

FUNERAL ARRANGEMENTS (to be completed by named midwife)

Funeral to be arranged by: □ Hospital ☑ Private

Type of funeral requested: □ Cremation □ Burial (Adambrae or other)

Or *(if no burial /cremation requested)* UNDECIDED DN 15/1/15

□ Baby for sensitive disposal

- **All parents will be contacted by the funeral director unless stated otherwise.**
- **If parents do not wish to be contacted by funeral director please tick** □

Parents wish to attend? □ Yes □ No □Undecided

When to be contacted: □ Day □Evening □ Other

How to be contacted: □ Home Phone _____ □ Mobile _____

□Other _____

Any comments:

PAPERWORK REQUIRED

Please complete the relevant paperwork and give to **MARION SNEDDON**, Maternity Admin, Ward 11 for collection by the funeral director

If baby is for burial (the following paperwork is required)

- Consent for Funeral Form (if hospital arranging funeral/cremation or sensitive disposal) **(13)**
  *(Not required if parents are making their own funeral arrangements) ☐Yes ☐ No
- Certificate of Medical Practitioner or Registered Midwife
  in Respect of a Pre-Viable Foetus*(under 24 wks) **(10)** ☐Yes ☐ No

OR

- Stillborn Child – Certificate by Registered Medical Practitioner
  Present at Birth (Cremation only) ☐Yes ☐ No
- Death Certificate/Certificate of Stillbirth
  (parents obtain from registry office >24 weeks) ☐Yes ☐ No

If baby is for cremation (the following paperwork is required)

- Consent for Funeral Form (if hospital arranging funeral/cremation or sensitive disposal) **(13)**
  *(Not required if parents are making their own funeral arrangements) ☐Yes ☐ No
- Application for Cremation Form A **(14)** (Cremation only) ☐Yes ☐ No
- Application for Cremation Form B & C, (Mortonhall Crematorium Form
  (Neonatal Death or babies <24 weeks who show sustained signs of life) **(15)** ☐Yes ☐ No
- Certificate of Medical Practitioner or Registered Midwife
  in Respect of a Pre-Viable Foetus*(under 24 wks) **(10)** ☐Yes ☐ No
- Death Certificate/Certificate of Stillbirth
  (parents obtain from registry office >24 weeks) ☐Yes ☐ No

OR

- Certificate of Medical Practitioner in Respect of a Non Viable Fetus **(30)**
  Mortonhall Cremation form ☐Yes ☐ No
- Stillborn Child – Certificate by Registered Medical Practitioner
  Present at Birth (over 24 weeks) **(31)** ☐Yes ☐ No

***please note if baby is for sensitive disposal (<24 weeks only) the mortuary should be informed and the following paperwork should accompany baby to the mortuary**

- Consent for funeral form ☐Yes ☐ No
- Disposal of Products of Conception Form ☐Yes ☐ No
  (to be sent to mortuary with baby) **(33)**

***Please ensure midwife who completes form signs this part.**

Paperwork completed by Sign: DAndrews (ANDREWS)

Please print name after signature: 15/1/15

Date and Time mortuary informed of decisions:

CONTACT WITH FUNERAL DIRECTOR (to be completed either by Frances McGuire /Unit Co-ordinator/Marion Sneddon)

Information telephoned to Funeral Director

□ Co-op □ WLT Dunbar □ Other _____

Date: _____ Time: _____ By whom: _____

Any eomments:

Community Midwife informed if there are any problems:

Date: _____ Time: _____ By whom: _____

Any comments:

DETAILS OF FUNERAL SERVICE (to be completed by Maternity Admin)

Date: _____ Day: _____ Time: _____

Place: □ Adambrae □ Other_____

Ward 10 Staff (Name) _____ informed of funeral arrangements:

Date: _____ Time: _____ By whom: _____

Community Midwife_____ informed of funeral arrangements:

Date: _____ Time: _____ By whom: _____

ANY OTHER COMMENTS/CONTACT DETAILS

Date of contact	With Whom	Contact Details	By Whom (signature)

Lothian University Hospitals Division

NHS Lothian

CONSENT FOR FUNERAL FORM

I intend to arrange a private burial ☐
(I will contact a funeral director of my choice)

I intend to arrange a private cremation ☐
(I will contact a funeral director of my choice)

WILL ORGANISE HERSELF BUT UNSURE IF BURIAL OR CREMATION

OR

I wish NHS Lothian to arrange the burial ☐

I wish NHS Lothian to arrange the cremation ☐

OR

I consent for sensitive disposal ☐

Parent Signature

Sign: T Stewart Print: TRACEY STEWART

Midwife Signature

Sign: D Andrews Print: D. ANDREWS

Date: 15.1.15

TRACEY UNDECIDED RE BURIAL OR CREMATION. SHE WILL CONTACT MARION SNEDDON IF DECIDES ON CREMATION FOR RELEVANT PAPERWORK

1A

West Lothian Crematorium

CONFIDENTIAL

To.....Crematorium

Certificate of Medical Practitioner or Midwife in respect of foetal remains:

Mother's Name Tracey Stewart

Of:

Address: 37 OLD WELL PLACE
BATHGATE
EH48 2XG

Delivered on: 14/1/15 at 07.02 am/pm

Of 23+4 weeks gestation and which at no time showed any visible life signs.

I know of no reason why any further enquiry or examination should be made.

Print name: Catherine Lawson

Signature: Catherine Lawson

Date:

Address:

Telephone Number: 01506-412919

Registered Qualifications: Registered Midwife

CERTIFICATE OF MEDICAL PRACTITIONER OR REGISTERED MIDWIFE IN RESPECT OF A PRE-VIABLE FETUS

I HEREBY CERTIFY that I have examined the Pre-Viable Fetus

Of TRACEY STEWART

Address 37 OLD WELL PLACE

BATHGATE, WEST LOTHIAN EH48 2XQ

delivered on 14/1/15 **at** 07:02 am

and that it was less than the legal gestation period on delivery and therefore no further examination is necessary.

NAME Catherine Lawson **SIGNATURE** Catherine Lawson

ADDRESS 56, Stanhan Rise Dedridge

Livingston

DATE 14/1/15 **TELEPHONE NO** 01506 411919

REGISTERED QUALIFICATIONS R.M.N.

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of Obstetrics and Gynaecology

Miss Stewart & Mr Paterson
37 Old Well Place
Bathgate
EH48 2XG

Date First Created	17/02/2015
Date Authorised	
Date/Time Printed	17/02/2015 11:51
Our Ref	800547297W
CHI	1709821280

Patient:	Miss Tracey Stewart 37 Old Well Place Bathgate EH48 2XG	**UHPI:**	800547297W
		Date of Birth:	17/09/1982
Clinic Code:		**Attendance Date:**	
Specialty:	Obstetrics		
Consultant:	Dr TK Cooper		

Dear Miss Stewart & Mr Paterson,

I apologise for the delay in getting back in touch with you but I have been on annual leave and your notes have only just been returned to me. If you would like an appointment to discuss the management of your pregnancy and delivery I would be happy to meet with you. Please contact my secretary if you would like such an appointment.

Please accept my condolences on the loss of your baby.

Yours sincerely

DR T K COOPER
CONSULTANT GYNAECOLOGIST

cc
Dr Thomson
Simpson Medical Group
Bathgate

Dr P J Dewart (Consultant)
Dr Paul Mills (Consultant)
Secretary Mrs Waddell
Tel: 01506 523988

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

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

Dr S M Rane (Consultant)
Dr Anne Armstrong (Consultant)
Secretary Mrs Wharram
Tel: 01506 523990

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

Outpatient Clinic Letter

PATHOLOGY

NHS Lothian, University Hospitals Division, 51 Little France Crescent, Edinburgh EH16 4SA
RIE: 0131 242 7147/8
RHSC: 0131 242 7147/8

STEWART, TRACEY ANN
CHI Number 1709821280
Patient Number 1709821280
Date of Birth 17/09/1982
Date Received 23/01/2015

Specimen: UB001451K/15
Dr TK Cooper
Labour Ward, St John's Hosp.

Date Reported 20/02/2015
Time Reported 08:14

Clinical Summary

This is the third pregnancy of Tracey Stewart, date of birth 17.09.82. Previous livebirths by emergency section at 42 weeks in 2000 and 38 weeks in 2008. This current pregnancy was booked with an LMP of 01.07.14 giving an EDD of 01.05.15. SRM at 17 weeks gestation, delivery at 23 weeks.

Specimen

Placenta.

Macroscopy

The specimen received is a fragmented placenta which may not be complete along with a 26 cm length of cord with seven coils. One false knot is noted. We cannot comment on insertion as the cord is detached from the placenta. It measures 1.5 cm in cross section. The trimmed fixed weight of the placenta is 78 g and it measures 5 x 4 x 1 cm. Random sections taken.

Specimen trimmed by: Dr M J Evans.

Microscopy

Histologcial sections of umbilical cord confirm the presence of three vessels. There is a vasculitis and funisitis, this effects two vessels and is noted in both levels of cord sampled. Sections of the extraplacental membranes show an appropriate structure of the amnion with a subacute chorioamnionitis. In some areas, the amnion shows quite marked reactive change with heaping squamous metaplasia and columnar metaplasia. Sections of the placenta show premature villi with widespread dystrophic calcification and perivillous fibrin deposition suggestive of intrauterine death prior to the onset of labour. Along the fetal surface, there is evidence of an acute chorioamnionitis though this is very patchy in nature. It does not breach the chorion. Widespread intravillous trophoblast inclusions are noted, these are seen more frequently in cases of chromosomal aneuploidy, is there any history of this?

Placenta - Delivery at 17 weeks gestation, vasculitis and funisitis. No acute chorioamnionitis. Intravillous trophoblast inclusions identified.

Pathologists
Paediatric Pathology Team

STEWART, TRACEY ANN **Specimen No: UB001451K/15**
CHI Number: 1709821280

Dr Margaret J Evans

Clinically Approved
Approved for printing by: Dr Margaret J Evans

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of Obstetrics and Gynaecology

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created 15/01/2015
Date Authorised
Date/Time Printed 28/01/2015 13:53
Our Ref 800547297W
CHI 1709821280

Patient: Tracey A Stewart
37 Old Well Place
Bathgate
EH48 2XG

UHPI: 800547297W
Date of Birth: 17/09/1982

Ward: SJH Labour Suite

Admission Date: 13/01/2015

Consultant: Dr TK Cooper

Discharge Date: 15/01/2015

Discharge Medication	Dose	Frequency	Duration	Additional Info
Clindamycin Capsules	450 MG	FOUR times daily	Short Term	To complete 5 day course - 20/01/15 Strength:150mgs Amount Dispensed:60
Ciprofloxacin Tablets	750 MG	TWICE DAILY	Short Term	To complete 5 day course - 20/01/15 Strength:750mgs Amount Dispensed:10
Ferrous Sulphate Tablets	200 MG	THREE times DAILY	Short Term	Hb 79. GP please recheck within 4 weeks. Strength:200mgs Amount Dispensed:28
Paracetamol Tablets	1000 MG	FOUR times daily	Short Term	Strength:500mgs Amount Dispensed:2 x 32
Ibuprofen Tablets	400 MG	THREE times DAILY	Short Term	Strength:400mgs Amount Dispensed:24

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

PRINCIPAL DIAGNOSIS/PROCEDURE
Spontaneous vertex delivery at 23 weeks + 3 days.
Still born infant - male.

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

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

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

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

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

Inpatient Discharge Summary

Cont'd... **Ref:** 800547297W **Patient Name:** Tracey A Stewart

Inpatient Discharge Summary

32 year old female patient, Para 2 + 1 admitted to St Johns Hospital labour ward 14/01/15 in labour at gestation 23 + 3. Seen earlier in pregnancy due to spontaneous rupture of membranes at approximately 17 weeks gestation. Potential complications surrounding the risks of continuing with this pregnancy were explored and discussed with patient at this time.

Patient gave birth to a still born infant on 14/01/15. Following delivery, the umbilical cord snapped and patient delivered placenta which was noted to be ragged and peicemeal by midwifery staff.

In the immediate postnatal period patient unwell with vomiting. She was hypothermic at 34.8 degrees and tachypnoeic at 28 breaths per minute. Discussed with microbiology in view of history of pregnancy with prolonged SRM, doubtful membranesand placenta on delivery and multiple drug allergies to antibiotics including penicillin and cephalosporins. Received stat bolus of IV fluids and commenced on IV vancomycin, metronidazole and gentamicin. Blood cultures, urine cultures and HVS taken.

Bloods: WCC 42.1, CRP 42, Lactate 0.9.

Patient remained in labour ward for IV antibiotics but is extremely keen for discharge 24hours later due to home circumstances and dependent children. This discharge is against medical advice and the risks of potential Group B streptacoccus, post partum haemorrhage and sepsis have been discussed. Discussed with infectious diseases and appropriate oral antibiotic therapy was recommended - clindamycin 450mg qds for 5 days and ciprofloxacin bd 750mg for 5 days. This decision has been made in the absence of reported results from cultures previously sent. The risk of subsequent C.difficile infection has been discussed.

At discharge patient is apyrexial and haemodynamically stable. Bloods: Hb 71, WCC 26.1 and CRP 59. Remains on oral antibiotics and given iron replacement therapy. Community midwife will follow-up with blood tests and assessment on 17/01/15. Please note that blood, urine, throat and HVS cultures are still to be reported.

TREATMENT
Spontaneous vertex delivery - 14/01/15
Analgesia
Anti-emetics
Thromboprophylaxis
IV fluids
IV Metronidazole
IV Gentamicin
IV Vancomycin
Ciprofloxacin
Clindamycin
Ferrous sulphate

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
As per community midwife follow-up.

CHANGES TO DRUGS SINCE ADMISSION

Cont'd... **Ref:** 800547297W **Patient Name:** Tracey A Stewart

To complete 5 day course of clindamycin 450mg qds - 20/01/15
To complete 5 day course of ciprofloxacin 750mg bd - 20/01/15.
Ferrous sulphate 200mg tds - GP please check Hb within 4 weeks.
Analgesia.

PREVIOUS ADVERSE DRUG REACTIONS
Penicillin - Anaphylaxis
Trimethoprim
Cefalexin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil.

GP to please consider the following...
Please be aware of outstanding culture results.

Should you need further information please contact...
Dr TK Cooper's team. Labour ward. St Johns Hospital.

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

Yours sincerely.....
Dr Pete Cummings - FY2 Obstetrics and Gynaecology
15/01/15.

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

Inpatient Discharge Summary

Consent for photography of your baby

NHS Lothian

We would like to offer you the opportunity to have photographs taken of your baby. Although you may wish to take photographs yourself, the medical photographer or your midwife can arrange to do these for you. Photographs will only be taken with your written consent.

Photographs will be taken digitally, then downloaded onto a computer for printing. The images will be password protected and stored indefinitely, In line with LUHD Medical Photography Policies and Procedures. They will not be used for any other purpose.

In view of the explanation given by the following health worker

Name MARY HOARDE Designation MIDWIFE

78132 J Thomson
800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

I / We consent to photographs

- [x] of my / our baby
- [ ] baby with parent/s
- [ ] baby with wider family

Should you stay overnight in hospital Monday to Friday, it may be possible to return your baby's photographs before being discharged from hospital. Please state how you wish to receive the photographs.

- [ ] The photographs returned before leaving hospital
- [ ] By contacting Medical Photography at a later date to arrange collection
- [x] The photographs returned by Community Midwife.

Name TRACEY STEWART Signature T. Stewart Date 14/01/15

Name CECILIA THOMSON Signature C. Thomson Date 14/01/15

For Department Use Only

Photographer	Camera/Smart card No	Job Ref	Comments
MH		15-00612	
Image Date	No of Images	Date Printed	
15-1-15	10 6 reprint		

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

Department of Obstetrics and Gynaecology

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created 15/01/2015
Date Authorised
Date/Time Printed 15/01/2015 18:34
Our Ref 800547297W
CHI 1709821280

Patient: Tracey A Stewart
37 Old Well Place
Bathgate
EH48 2XG

UHPI: 800547297W
Date of Birth: 17/09/1982

Ward: SJH Labour Suite

Admission Date: 13/01/2015

Consultant: Dr TK Cooper

Discharge Date: 15/01/2015

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

PRINCIPAL DIAGNOSIS/PROCEDURE
Spontaneous vertex delivery at 23 weeks + 3 days.
Still born infant - male.

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

Inpatient Discharge Summary

Cont'd... **Ref:** 800547297W **Patient Name:** Tracey A Stewart

Inpatient Discharge Summary

32 year old female patient, Para 2 + 1 admitted to St Johns Hospital labour ward 14/01/15 in labour at gestation 23 + 3. Seen earlier in pregnancy due to spontaneous rupture of membranes at approximately 17 weeks gestation. Potential complications surrounding the risks of continuing with this pregnancy were explored and discussed with patient at this time.

Patient gave birth to a still born infant on 14/01/15. Following delivery, the umbilical cord snapped and patient delivered placenta which was noted to be ragged and peicemeal by midwifery staff.

In the immediate postnatal period patient unwell with vomiting. She was hypothermic at 34.8 degrees and tachypnoeic at 28 breaths per minute. Discussed with microbiology in view of history of pregnancy with prolonged SRM, doubtful membranesand placenta on delivery and multiple drug allergies to antibiotics including penicillin and cephalosporins. Received stat bolus of IV fluids and commenced on IV vancomycin, metronidazole and gentamicin. Blood cultures, urine cultures and HVS taken.

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Patient remained in labour ward for IV antibiotics but is extremely keen for discharge 24hours later due to home circumstances and dependent children. This discharge is against medical advice and the risks of potential Group B streptococcus, post partum haemorrhage and sepsis have been discussed. Discussed with infectious diseases and appropriate oral antibiotic therapy was recommended - clindamycin 450mg qds for 5 days and ciprofloxacin bd 750mg for 5 days. This decision has been made in the absence of reported results from cultures previously sent. The risk of subsequent C.difficile infection has been discussed.

At discharge patient is apyrexial and haemodynamically stable. Bloods: Hb 71, WCC 26.1 and CRP 59. Remains on oral antibiotics and given iron replacement therapy. Community midwife will follow-up with blood tests and assessment on 17/01/15. Please note that blood, urine, throat and HVS cultures are still to be reported.

TREATMENT
Spontaneous vertex delivery - 14/01/15
Analgesia
Anti-emetics
Thromboprophylaxis
IV fluids
IV Metronidazole
IV Gentamicin
IV Vancomycin
Ciprofloxacin
Clindamycin
Ferrous sulphate

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
As per community midwife follow-up.

CHANGES TO DRUGS SINCE ADMISSION

University Hospitals Division

St John's Hospital at Howden
Howden West
Livingston
West Lothian
EH54 6PP

NHS Lothian

To complete 5 day course of clindamycin 450mg qds - 20/01/15
To complete 5 day course of ciprofloxacin 750mg bd - 20/01/15.
Ferrous sulphate 200mg tds - GP please check Hb within 4 weeks.
Analgesia.

PREVIOUS ADVERSE DRUG REACTIONS
Penicillin - Anaphylaxis
Trimethoprim
Cefalexin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil.

GP to please consider the following...
Please be aware of outstanding culture results.

Should you need further information please contact...
Dr TK Cooper's team. Labour ward. St Johns Hospital.

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

Yours sincerely.....
Dr Pete Cummings - FY2 Obstetrics and Gynaecology
15/01/15.

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

Inpatient Discharge Summary

1/2

26028

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward: St John Consultant: TRE

Weight: 53 Height: 156

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed: Completed by:

Name of Pati 800547297W F 17/09/1982
Stewart, Tracey A
CHI Number: 37 Old Well Place,
Bathgate,
D.O.B. West Lothian,
EH48 2XG
CHI 1709821280
78132 I Thomson

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☐			
		Medicine / Agent	Description of reaction		
		Cefuroxin			
		Fucloxacillin			
		Tr. mem/sulf			
		Penicillin		Andrew (MORGAN)	15/12/14

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

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
13/1/15		Dimenhydrinate	50mg	oral		22.10	
14/1/15	0030	MORPHINE	10mg	IM		0050	
14/1/15	0630	CYCLIZINE	50mg	IM	PHD 101	0826	
14/1/15	0335	MORPHINE	10mg	IM		0335	
		[illegible]					
14/01/15		SYNTOMETRINE 500/5	1 ml	IM	PEARSON		
14/1/15	0540	MORPHINE	5mg	iv	Hall	0540	
14/1/15	0815	ONDANSETRON	4mg	IV	Hall	0815	
14/1/15	1000	METRONIDAZOLE	500mg	IV	RT TELFORD	1025	
14/1/15		VANCOMYCIN	1000mg	IV	RT TELFORD	14:30	
14/1/15		GENTAMYCIN	280mg	IV	RT TELFORD	1225	
			give over 2 hours				
15/1/15	0230	VANCOMYCIN	1250mg	iv		0230	
15/1/15	1430	VANCOMYCIN	1250mg	iv			
14/1/15	2000	METRONIDAZOLE	500mg	IV		1900	
15/1/15	0200	METRONIDAZOLE	500mg	iv		0200	

LAWRENSON

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

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → 15/1/15

Time ↓

Medicine (Approved Name): erythromycin
Dose: 250mg **Route:** PO
Notes/Indication for antibiotic: **Start Date:** 15/12/14
Prescriber - sign + print:
For use / Date / Quantity / Stop Date / Pharmacy
Times: 6, 8, 12, 14, 18, 22

Medicine (Approved Name): METRONIDAZOLE
Dose: 500mg **Route:** IV
Notes/Indication for antibiotic: **Start Date:** 15/1/15
Prescriber - sign + print: CUNNINGHAM
For use / Date / Quantity / Stop Date / Pharmacy
Times: 6, 8, 12, 14, 18, 22
8: 10/1/15 — 12: GIVE — 14: 10/1/15

Medicine (Approved Name): CLINDAMYCIN
Dose: 450mg **Route:** ORAL
Notes/Indication for antibiotic: for 5 days **Start Date:** 15/1/15
Prescriber - sign + print: HAINEY
For use / Date / Quantity / Stop Date / Pharmacy
Times: 6, 8, 12, 14, 18, 22
8: X — 12: X — 18: 10/1/15

Medicine (Approved Name): CIPROFLOXACIN
Dose: 750mg **Route:** ORAL
Notes/Indication for antibiotic: for 5 days **Start Date:** 15/1/15
Prescriber - sign + print: HAINEY
For use / Date / Quantity / Stop Date / Pharmacy
Times: 6, 8, 12, 14, 18, 22
8: X — 18: 10/1/15

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

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → 15/1/14														
Medicine (Approved Name) IBUPROFEN		For use / Date	6														
Dose 400mg	Route ORAL	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date 15/01/15	Stop Date	14		PO												
Prescriber - sign + print PETE CUMMINGS		Pharmacy	18														
			22														
Medicine (Approved Name) FERROUS FUMARATE		For use / Date	6														
Dose 210 mg	Route ORAL	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date 15/01/15	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														
Medicine (Approved Name)		For use / Date	6														
Dose	Route	Quantity	8														
			12														
Notes/Indication for antibiotic	Start Date	Stop Date	14														
Prescriber - sign + print		Pharmacy	18														
			22														

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

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

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

REGULAR THERAPY

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

TURN OVER →

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

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY													
Medicine (Approved Name) paracetamol		For use	Date	14/11	15/11	15/11	15/11									
			Time	05:30	19:40	08:00	13:50									
Dose + frequency + max 1g	Route PO	Quantity	Dose	1g	1g	1g	1g									
			Initials													
Indication + notes 4hrly	Start Date 15/12/14	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name) dihydrocodeine		For use	Date	14/11/15												
			Time	0900												
Dose + frequency + max 30mg	Route PO	Quantity	Dose	60												
			Initials													
Indication + notes 6-8hrly	Start Date 15/12/14	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													
Medicine (Approved Name)		For use	Date													
			Time													
Dose + frequency + max	Route	Quantity	Dose													
			Initials													
Indication + notes	Start Date	Date	Date													
			Time													
Prescriber - sign + print		Pharmacy	Dose													
			Initials													

2/2

PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward:	Consultant:
Weight:	Height:
If re-written, date:	
DISCHARGE PRESCRIPTION	
Date completed:	Completed by:

Name of P... 800547297W F 17/09/1982
Stewart, Tracey A
CHI Numb... 37 Old Well Place,
Bathgate,
D.O.B. West Lothian,
EH48 2XG
CHI 1709821280

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☐			
		Medicine / Agent	Description of reaction		
		CEFALEXIN			
		FLUCLOXACILLIN			
		TRIMETHOPRIM		HATTON	07
		PENICILLIN			

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
15/1/15	13 30	GENTAMICIN	280mg	IV OVER 30 MINS	HAINEY	1340	

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

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

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

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

REGULAR THERAPY

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

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

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

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

REGULAR THERAPY

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

TURN OVER →

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

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

.....HOSPITAL

24 HOUR FLUID BALANCE CHART

DATE 14.1.15

800547297W F 17/09/1982
Sl Stewart, Tracey A
Fi 37 Old Well Place,
Bathgate,
U West Lothian,
EH48 2XG
W CHI 1709821280
78132 - J Thomson

Previous 24 Hour Intake:- Output:- Balance:-

Oral Intake			Intravenous Intake				Output							
Time	Nature	Vol	Time	Nature	Line 1 Vol	Line 2 Vol	Time	Urine	Gastric	1 Drain	2 Drain	Use as required		
			09[30]	A	500		SRC in Drain							
			10[30]	B	500		10[00]		Vomited		300mls Haartmann			
							11[00]	25	/25					
12[30]	Juice	150	12[40]	C	500		12[00]	0	/25					
							13[00]	3	/28					
			14[40]	D			14[00]	5	/33					
							15[00]	6	/39					
							16[00]	4	/43					
	Juice	600					17[40]	200	/243					
			18[15]	E	500		18[15]	105	/348					
19[30]	Juice	330.					19[30]	440	/788					
							20[30]	200	/988					
							22[00]	300	on Acute Drainage					
23[00]	Juice	500					23[00]	200	/ 1188					
								SRC Removed						
TOTAL		1480	TOTAL		2000			1188	+	800	=	1988		

Total Intake 3480

Total Output 1988

BALANCE

WLT 343

.....HOSPITAL

24 HOUR FLUID BALANCE CHART

DATE 15.1.15

Surname TRACEY STEWART

First Name

Unit No. 8005472974

Ward 4W

Previous 24 Hour Intake:- Output:- Balance:-

Oral Intake			Intravenous Intake				Output							
Time	Nature	Vol	Time	Nature	Line 1 Vol (L)	Line 2 Vol (L)	Time	Urine	Gastric	1 Drain	2 Drain	Use as required		
			0200	METRONIDAZOLE	100		0130	200						
0200	Juice	300	0230	VANCOMYCIN	~~350~~ → 350									
0630	Juice	100					0500	280						
0800	JUICE	200					0800	PU						
1100	JUICE	200					1100	300						
TOTAL			TOTAL											

Total Intake

Total Output

BALANCE

WLT 343

GENTAMICIN DOSE CALCULATOR FOR ADULT PATIENTS

Produced by:
NHS Lothian AMT (Using GG&C Template designed by A.Thomson)
Contact: AMT Administrator Linda M Robertson@luht scot nhs.uk
Calculator Version: Aug 2011 V1.2
Current Date: 14/01/2015 10:10

Patient Name:	Tracey Stewart
CHI Number:	1709821280

After printing patient label may be affixed above if available.

Type in the data into shaded blue boxes and press <enter>

Recommended doses and dosage intervals are shown in red

Creatinine Clearance (ml/min)	
Age* (years)	32
Height* (cm)	156
OR Height* (feet)	
(inches)	
Actual Body Weight* (kg)	53.0
Sex* (m/f)	f
Creatinine* (µmol/L) *Caution if not stable*	45
Creatinine Clearance (ml/min)	99

INITIAL GENTAMICIN DOSAGE REGIMEN	
Dose (mg) Add to 100ml sodium chloride 0.9% or glucose 5%	280
Duration of infusion	30 min
Interval (hours)	24

Fields marked with * are mandatory (height can be recorded in either cm OR feet & inches)

Gentamicin dose is based on actual body weight

Print this form then use table below to record dosage given and monitoring. File the form with current drug Kardex.

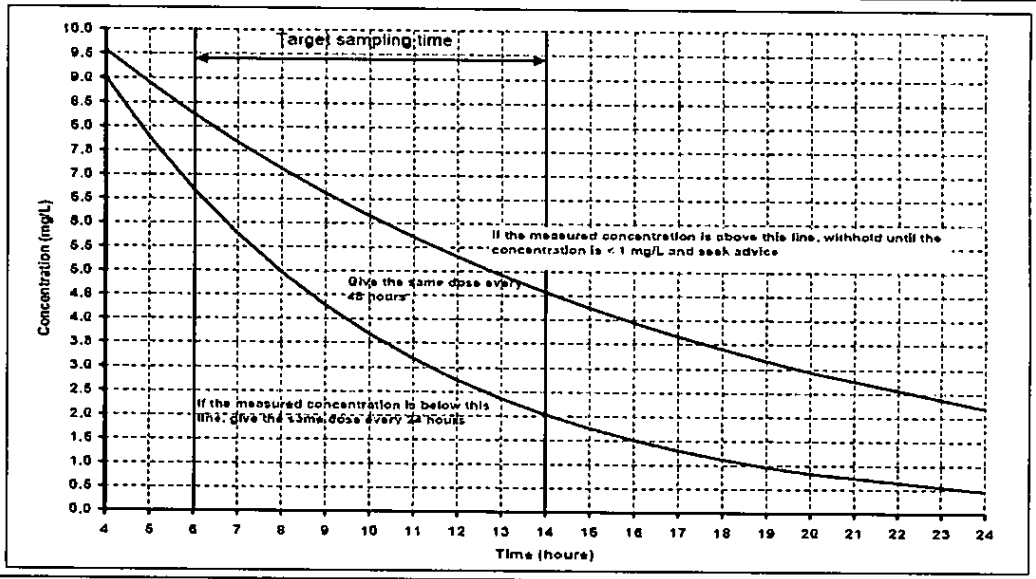
MONITORING OF GENTAMICIN CONCENTRATIONS

- Make sure all doses are documented with the date and time of administration
- Take a sample 6 - 14 hours after the start of the first infusion and every infusion thereafter
- Record the exact time of the dose and sample
- Plot the concentration measurement on the GGC graph
  The plot will indicate one of 3 options: (1) continue present dosage regimen, (2) adjust dosage interval or (3) withhold and resample after 24 hours
- If the concentration falls exactly on the line choose the option above the line.
- Seek advice if you are unsure how to interpret the result
- Monitor serum creatinine concentrations daily
- Take a further sample 6-14 hours after each dose

DO NOT CONTINUE TREATMENT FOR MORE THAN 3 DAYS UNLESS RECOMMENDED BY A SPECIALIST CONSULTANT, ID PHYSICIAN OR MICROBIOLOGY

DOSING				MONITORING		
Gentamicin Dose	Date	Time infusion started	Time Sample Due	Date	Time of Sample	Level
280mg	14/1/15	12^{00}		14/1/15	24^{00}	<0.5
280mg	15/1/15					

GGC Monitoring Graph



Calculated by:	Checked by:

Lothian University Hospitals Division

NHS Lothian

CONSENT FOR FUNERAL FORM

I intend to arrange a private burial ☐
(I will contact a funeral director of my choice)

I intend to arrange a private cremation ☐
(I will contact a funeral director of my choice)

WILL ORGANISE HERSELF BUT UNSURE IF BURIAL OR CREMATION

---------- **OR** ----------

I wish NHS Lothian to arrange the burial ☐

I wish NHS Lothian to arrange the cremation ☐

---------- **OR** ----------

I consent for sensitive disposal ☐

Parent Signature

Sign: T Stewart Print: TRACEY STEWART

Midwife Signature

Sign: D Andrews Print: D. ANDREWS

Date: 15·1·15

TRACEY UNDECIDED RE BURIAL OR CREMATION. SHE WILL CONTACT MARION SNEDDON IF DECIDES ON CREMATION FOR RELEVANT PAPERWORK

ST JOHN'S HOSPITAL AT HOWDEN

CHECKLIST FOR PREGNANCY LOSS 14-24WEEKS

CHI NUMBER 1709821280 UHPI NUMBER 8005472970

MOTHERS FULL NAME TRACEY STEWART
FATHERS FULL NAME COLIN PATERSON.

HOME ADDRESS
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
POSTCODE EH48 2XG

DISCHARGE ADDRESS
POSTCODE

CONTACT NUMBER 01506 794715 MOBILE

G.P. NAME DR THOMSON
G.P.ADDRESS SIMPSON M.P. BATHGATE
G.P.CONTACT 01506 654444

CMW NAME Debbie Coyle
CMW CONTACT ~~07740 841~~ 692.

NAMED CONSULTANT DR COOPER.

DATE INFORMED 13.1.15.

PARITY 2+1 GESTATION 23+4

OBSTETRIC HISTORY

	Date	Gestation	Delivery	Outcome	Sex
1.	1.2.00	42	EM C/S	LB	F
2.	6.5.08	38	EM C/S	LB	F.
3.					
4.					

SIGNATURES OF ALL STAFF INVOLVED AND COMPLETING THIS CHECKLIST

DATE	DESIGNATION	PRINT NAME	SIGNATURE	INITIALS
14.1.15	SLM	MARY HOARE	M. Hoare	MH.
15/1/15	OM	DONNA ANDREWS	DAndrews	DA.

ESSENTIAL TASKS FOR MIDWIVES TO COMPLETE

First Stage - NOT APPLICABLE

TASKS	TICK	DATE AND TIME	SIGNATURE
ON DIAGNOSIS -			
Patients named consultant informed (to find named consultant check appt list on trak or go by area of GP) If named consultant unavailable inform on call consultant on call or ST6/7 **Midwife name** ---------- **Signature** ---------- **Date** ---------- **Consultant name** _____ **Signature** _____	✓		
IF MTOP GREEN CONSENT FORM MUST BE COMPLETED PRIOR TO ADMINISTRATION OF ANY MEDICATION. Green form available in pack and should be signed by 2 doctors Please document date time and location this form is completed. Then file in front of patients blue notes. (only required for MTOP)			
Give SANDS information leaflet with contact details			
Give post mortem information leaflet			
Medical staff explained procedure for delivery and patient consents to continue			
BLOODS – *TO BE TAKEN BEFORE DELIVERY for all women.* **FBC** **KLEIHAUER** **CLOTTING SCREEN G + S**			
Anti D must now be given within 72 hours of diagnosis of fetal demise. **Therefore please consider if woman RH neg order and give anti D with first stage management prior to discharge home.**			

Commence checklist for <24 weeks			
FIRST STAGE OF MIFEPRISTONE AND MISOPROTOL COMMENCED			
Staff in ward 11 aware and Family room available for re admission for 2nd stage (If family room unavailable other arrangements made) Readmission on - Date_____ Time_____			
Please contact CMW and inform them of IUD and expected management **Date informed** _____ By whom _____			

CONSULTANT ZONES – WEST LOTHIAN

When trying to find a patients named consultant admitting FIRST check in the 'app list' to determine which consultant they have seen in the antenatal clinic, if they have not been seen by a consultant then admit under the consultant linked to their health centre.

PLEASE NOTE:

ALL INSULIN DEPENDANT DIABETICS (pre existing and gestational) should be admitted under Dr A J Macleod.

ALL TWIN PREGNANCIES should be admitted under Dr S Rane

ZONE 1 Dr Macleod (AJM) and Dr Court (SJXC) • South Queensferry • Ratho • Carmondean (also Dr Mills) • Broxburn • Kirkliston • Ladywell • Fife	ZONE 3 Dr Cooper (TKC) • Bathgate • Linlithgow • Falkirk, Boness, Grangemouth Dr Armstrong (RAAR) • Armadale • Whitburn • Stoneyburn • Blackridge + Fauldhouse
ZONE 2 Dr Rane (SMR) • Pentlands • East Calder • Dedridge • Blackburn Dr Kallat (SXXK) • West Calder • Craigshill • Murieston • Howden	EDINBURGH Dr Coutts (SXMC) LANARK Dr Mills (PIM)

ESSENTIALTASKS FOR MIDWIVES TO COMPLETE

Second Stage

TASKS	TICK	DATE AND TIME	SIGNATURE
Second stage begins as per protocol ***Please ensure patients consultant has been informed of fetal demise and admission to ward.***	✓	14.1.15	M. Hee
Patient informed to use bedpans at all times.		✓	
DELIVERY Date 14.1.15 Time 07.02 Placenta time 07.15 Sex MALE Baby weight 615gm			
PLACENTA PLACED IN X2 CLEAR PLASTIC BAGS THEN INTO WHITE TUB WITH PATIENT ADDRESSOGRAPH ON TOP AND BLANK LABEL MARKED FAO DR M EVANS NRIE PAEDIATRIC PATHOLOGY THEN SENT TO MORTUARY *(White tubs available in SR4 opposite family room)* *(NO PAPERWORK TO ACCOMPANY PLACENTA OR BABY TO MORTUARY)* *(if mon – fri 9 – 4pm contact mortuary and inform them placenta to be sent ASAP to NRIE FAO Dr M Evans and hand deliver form to mortuary)*	✓	14.1.15 20.30	
Parents given the opportunity of having time alone with their baby	✓	14.1.15	
Commence – • Record of pregnancy loss • Request for examination of placenta FOR ALL DELIVERIES once completed place in small brown envelope for attention of Dr M Evans at NRIE Paediatric pathology and sent to mortuary with other relevant paperwork asap If parents wish to spend time with the baby ensure placenta is sent to pathology asap • Certificate of medical practitioner present at birth (must be completed by delivering midwife) If parents decide on cremation delivering midwife must sign Form 1A for west Lothian crematorium	✓ ✓ ✓	15/1/15	Dandrew. SM LAWSON

ESSENTIAL TASKS FOR MIDWIVES TO COMPLETE

TASKS	TICK	DATE AND TIME	SIGNATURE
BABY TO MORTUARY Contact porters to bring transport to ward 11 (EXT 52084) Contact Alex at mortuary to inform of transport (Ext 52022) • Baby should be placed in appropriate sized coffin (available from SR4 ward 10)	✓	14.1.15	M. Heaz
IN THE COFFIN – • X2 name band's with baby's name and date and time of birth / death • X1 body tag with all available details filled in	✓	14.1.15	M. Heaz
ON THE COFFIN – • X1 body tag with all available details filled in Give 3rd body tag to the porter transporting baby to mortuary **NO PAPERWORK SHOULD GO IN THE TRANSPORT WITH THE BABY. ALL PAPERWORK TO BE PLACED IN A BROWN ENVELOPE AND HAND DELIVERED TO ALEX IN THE MORTUARY DURING OFFICE HOURS OF Mon Fri 9am – 5pm!!!!**	✓	14.1.15	M. Heaz
Do parents have information on post mortem?	Declined ✓	14.1.15 20:00	
MEDICAL PHOTOGRAPHY OFFERED • Information leaflet given • Consent form signed • Contact and arrange appointment (Ext 52142)	✓ photos taken 15/1/15.	14.1.15	M. Heaz
Mementos offered – SIMBA BOX Containing – • X2 name bands • X1 cot card • A blanket of love • A Simba teddy SIMBA ENVELOPE • Certificate • Hand and foot prints • Lock of hair if appropriate	✓ ✓ ✓ ✓ ✓	14.1.15	M. Heaz

Offered service of blessing by our hospital chaplain or priest. Or attendance by their own religious adviser		✓	
Ensure I.U.D blood investigations obtained • BTS – anti body screen ***BLUE TUBE*** • Antiphospholipid antibodies thrombophylia - ***2 GREEN TUBES, 1 BROWN, 1 RED*** • Anti Cardiolipin Antibodies – ***X1 WHITE TUBE BTS*** • Glycosylated Hb ***SMALL RED TUBE – Clinical Chemistry*** • Torch/Parvovirus Screen – ***x1 WHITE TUBE – Virology*** • LVS • LFT's – **x1 BROWN TUBE TO Clinical Chemistry** • Cytogenetics • Glucose • Low Vaginal Swab •	✓	15/1/15	Taken by Dr Cummings
POST MORTEM • Post mortem should be discussed by named consultant where possible. Discussed by Name DR COOPER Grade CONSULTANT Named Consultant informed yes / No • Authorisation for Post Mortem form completed : • TOP COPY – Given to parents • MIDDLE COPY – To be sent to Mortuary • BACK COPY – Filed in patients blue notes Assure parents informed that the results of post mortem will take 10 – 14 weeks to be returned to named consultant and as soon as they have been reviewed they will be contacted to attend appointment with consultant to discuss results. (please remember this is a legal document and all information needs to be legible)	✓	DECLINED P.M.	M. Hoss
If For post mortem Complete Fax form and fax to NRIE			

TRAK – • Complete registration of pregnancy loss <24 weeks • Complete Checklist for pregnancy loss <24 weeks (see TRAK help sheet)	✓		SM LAWSON. & DOndrews SM.
Complete Examination of fetus form if baby for post mortem		N/A	
If Post Mortem **DECLINED** ask parents to sign form to confirm they have declined this and photocopy form place x 1 copy in notes and send x 1 copy to NRIE FAO Dr M Evans.	✓	14.1.15	M. Heaps.
G.P informed by phone Date 15/1/15 Time 1020hrs (this is not essential as carbon copy letter sent to GP on discharge)	✓	15/1/15	DOndrews.
CMW informed by phone Date 15/1/15 Time 1500hrs (preferably this should have been done at stage 1)	✓	15/1/15	SM A. Henderson Will visit 19/1/15
Complete triplicate carbon copy letter of discharge as normal – • Place ***BLUE*** copy in discharge folder to phone out to CMW and inform if patient does or does not wish a home visit following discharge. (all patients should have at least one post natal visit by CMW) • Place ***White*** copy in envelope addressed to GP and sent through internal mail. • Place ***Yellow*** copy into envelope and send to CMW • ***PINK*** copy in maternal notes		d/c Script via trak copy for GP ✓ copy for com m/w ✓	DOndrews
Complete Bounty Mailing suppression form and place in bounty mail box in ward 11.	✓	15/1/15	DOndrews.
Complete Bereavement Information sheet photocopy place x 1 in notes and x 1in Bereavement Information folder in family room tray in ward 11 office.	✓	15/1/15	DOndrews
Give parents Book of Remembrance form to complete at their leisure and send back to maternity admin.	✓	15/1/15	DOndrews

Ensure parents complete Consent for Funeral form?	✓	undecided re burial or cremation. Parents wishing to arrange private funeral. They will contact Marion Sneddon if wishing cremation.	
Do parents wish to attend? Ensure parent's wishes and contact information completed on record of pregnancy loss form.			
CONSENT FOR FUNERAL ***Parents arranging Burial –*** • Consent for funeral form completed to indicate private funeral • Certificate of medical practitioner completed by delivering midwife Give this to the parents to take to the funeral director of their choice • Record of pregnancy loss completed to indicate a private burial. (please still complete Patient details) ***Parents arranging Cremation –*** • Consent for funeral form completed to indicate private cremation • Complete form 1A both sides – West Lothian Crematorium confidential – Certificate of Medical Practitioner or midwife in respect of foetal remains - Give to the parents to take to the funeral director of their choice • West Lothian Council Form A This needs to be completed by A midwife and signed by the patient then given to parents to take to funeral directors • Preliminary Application for cremation form also must be completed BY THE PARENTS (The midwife DOES NOT need to sign this however if the parents do not complete this form the cremation cannot take place) If it is the case the families DO NOT WISH TO ATTEND the funeral or cremation the hospital can then arrange the funeral please follow the steps below			
CONSENT FOR FUNERAL – HOSPITAL ARRANGEMENT AS PARENTS **DO NOT WISH TO ATTEND ONLY!!** ***NHS Lothian to arrange Burial*** • Consent for funeral form completed to indicate NHS Lothian to arrange burial and parents DO NOT WISH to			

attend • Complete Certificate of Medical Practitioner or registered midwife for Marion Sneddon • Complete record of pregnancy loss to indicate NHS Lothian arranging funeral and INVOICE expected for cost to Marion Sneddon ***NHS Lothian to arrange Cremation*** • Consent for funeral form completed to indicate NHS Lothian to arrange cremation as parents DO NOT WISH to attend • Complete form 1A – West Lothian Crematorium Confidential – Certificate of Medical Practitioner or registered midwife for Marion Sneddon • West Lothian Council Form A – This should be completed by A midwife and Signed by the patient for Marion Sneddon • Preliminary Application for cremation THIS FORM MUST BE FILLED IN AND SIGNED ON BOTH SIDES BY THE PARENTS OR CREMATION CANNOT TAKE PLACE For Marion Sneddon • Complete Record of pregnancy loss to indicate NHS Lothian arranging cremation and INVOICE expected for cost to Marion Sneddon			
Sensitive Disposal • Complete Consent for Funeral form to indicate Sensitive disposal • Complete form for Sensitive Disposal and send to mortuary with other relevant paperwork			
Once all paperwork completed ensure notes returned to named consultant secretary.			

original copy sent to Dr Evans 15/1/15 Randrew SM.

Copy

Lothian University Hospitals Division

NHS Lothian

PLEASE COMPLETE
IN ALL CASES WHERE THE WOMAN AND HER PARTNER DECLINE POST MORTEM EXAMINATION FOR THEIR BABY

Photocopy the original of this form and file in the case notes
Photocopy the original of this form and offer a copy to the woman and her partner

RETURN THE ORIGINAL FORM TO

DR EVANS PAEDIATRIC PATHOLOGIST
[illegible] Thomson HOLOGY

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

WOMANS NAME : ..... **DOB**: .....
PLEASE PRINT OR ATTACH

DATE OF DELIVERY: 14.1.15 **GESTATION**: 23+4

Person with parental rights and responsibilities
I have decided NOT to have a post-mortem examination performed on my baby/fetus.
I have had the opportunity to read the information leaflet and discuss the issues with:
Dr....Cooper..... Consultant Obstetrician/Paediatrician and I understand
(Please print name)
the implications for this choice.

Signature: ..... Date: 14.1.15

Name: TRACEY STEWART Relationship: MOTHER
(To the baby)

Witnessed by

Signature: ..... Date: 14.1.15

Name: MARY HOARSE Relationship: MIDWIFE

Lothian University Hospitals Division

original sent by post on 15/1/15. copy.

NHS Lothian

REQUEST FOR EXAMINATION OF A PLACENTA

Thomson

Department of Paediatric Pathology
Royal Infirmary Edinburgh

Tel: Fax:
Answer phone after working hours:

Unit Number 800547297W F 17/09/1982

First Names Stewart, Tracey A

Address 37 Old Well Place, Bathgate, West Lothian, EH48 2XG

CHI 1709821280 ex

PREVIOUS PREGNANCIES

	Date	Gestation	Labour	Puerperium	Sex	Hospital	Obstetrician	Ward	Outcome
1	01.02.2000	42	EM	LSCS	F	SJH	DR Cooper	4W	L.B.
2	06.05.2008	38	EM	LSCS	F				LB
3									
4									

PRESENT PREGNANCY

Booked/Unbooked, Contraception (Yes/No Type) Date of Delivery: 14.1.15

INFECTION RISK High/Low

Reason Scan at 17/40.

LMP 1/7/14 EDD 1/5/15

Clinical gestation 23+4 w. USS w.

Threatened Abortion: Yes/No When? w

Amniocentesis: Yes/No Why?

Hypertension: Yes/No

US Scan: Yes/No Why? Scan at 17/40.

Pre-eclamptic Toxaemia: Yes/No

AFP: Normal/High/Low/Not Done

IUGR: Yes/No

Blood Group: A Pos.

Polyhydrammnios: Yes/No

Maternal Pyrexia: Yes/No When? following Delivery.

Antepartum Haemorrhage: Yes/No Source

Other Problem When?

FOR PATHOLOGY USE ONLY

Trimmed wt: g Measurements: x x cm Cord Length: cm

Cord Insertion: central/eccentric/marginal/velamentous

Membranes: complete/incomplete Cord Vessels: 2/3

: Translucent/opaque green/brown

Placenta form: normal/circummarginate/circumvallate

Maternal surface: complete/incomplete

Infarcts: none/fresh/old largest measuring x x cm

Infarcts occupy placental volume: <50% <10% <20% <50% 50%+

Other:

Twin Placentas: monochorionic monoamniotic

Membranes: dichorionic diamniotic

Consent for photography of your baby

NHS Lothian

We would like to offer you the opportunity to have photographs taken of your baby. Although you may wish to take photographs yourself, the medical photographer or your midwife can arrange to do these for you. Photographs will only be taken with your written consent.

Photographs will be taken digitally, then downloaded onto a computer for printing. The images will be password protected and stored indefinitely, in line with LUHD Medical Photography Policies and Procedures. They will not be used for any other purpose.

In view of the explanation given by the following health worker

Name MARY HOARDE Designation MIDWIFE

78132 J Thomson
800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

I / We consent to photographs

- [x] of my / our baby
- [ ] baby with parent/s
- [ ] baby with wider family

Should you stay overnight in hospital Monday to Friday, it may be possible to return your baby's photographs before being discharged from hospital. Please state how you wish to receive the photographs.

- [ ] The photographs returned before leaving hospital
- [ ] By contacting Medical Photography at a later date to arrange collection
- [x] The photographs returned by Community Midwife.

Name TRACEY STEWART Signature T Stewart Date 14/01/15

Name COLIN PATERSON Signature Colin Paterson Date 14/01/15

For Department Use Only			
Photographer	Camera/Smart card No	Job Ref	Comments
Image Date	No of Images	Date Printed	

Lothian University Hospitals Division

NHS Lothian

Application for Sensitive Disposal of Fetal Remains following pregnancy loss (< 24 weeks gestation)

The following copies are required:

1) Copy sent to Mortuary

2) Original filed in Mother's notes

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 I Thomson

Complete either Section A or Section B whichever is applicable

---

Section A:

The options for disposal have been explained to me Yes☑ No☐

I give authorisation for the pregnancy loss to be managed by the hospital in accordance with the procedure outlined Yes☐ No☐

If no, please indicate if:

1) Not yet decided – Having not given authorisation, I understand that if I change my mind, I can phone the hospital within six weeks, however after that time it will be too late and the products will have been cremated.

   Yes☐ No ☐

2) I will make my own arrangements through a funeral director

   Yes☑ No ☐

3) I wish to take the pregnancy loss out of the hospital and accept responsibility by signing below

   Yes☐ No ☐

Section B:

I have declined to discuss this matter and recognise that the hospital will proceed according to their standard procedure. ☐

Signature of the woman .....T Stewart.....

Date Signed .....14/01/15.....

Witness Signature: .....M. Hearns.....

Witness Name (block capitals): .....HEARNS..... Designation: .....MIDWIFE.....

/8152 J Thomson
800547297W F 17/09/1982 **ement Information**

Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

Consultant -: Dr Cooper
Community midwife -:
G.P -: Dr Thomson

Patient contact numbers -:

Please circle appropriate
Misc / TOP / IUD / STILLBIRTH

Parity -: 2+1 Gestation -: 23+4

Details of events and findings -:
SROM at 17/40 SPONT LABOUR AND DELIVERY AT 23+4

Date of Delivery -: 14.1.15 Time of Delivery -: 07.02
Sex of baby -: MALE Birthweight -: 615grams.

Is baby for post mortem? Yes / (NO)
If yes has post mortem consent form been signed? YES / NO - Date and sign -:
Top copy to parents YES / NO - Date given and sign -:
2nd copy into notes - Date and sign -:
3rd copy to mortuary - Date and sign -:

Is Hospital arranging Funeral YES (NO)

FORMS TO GO TO MORTUARY	Please tick		Forms to Marion	Please Tick
3rd copy of post mortem form	NO PM.		Record of pregnancy loss	✓
Request for examination of placenta	✓		Consent for funeral form	✓
Request for perinatal autopsy	declined		Appropriate crematorium form	
Sensitive disposal			Still birth / Death certificate	N/a
			Certificate of Medical practitioner or midwife in respect of pre viable fetus	✓
Date and sign 15/1/15			Date and Sign	15/1/15

undecided re burial or cremation. Private funeral

Mementoes given to parents – please circle what has been given – Simba box -pack
Hand and foot prints / hair / pictures / cot card / name bands / blanket of love
Date and sign when given -: 15/1/15 Andrews SM.

Notes to Consultant office -: date and Sign

NOT REQUIRED AS ONLY PLACENTA SENT TO MORTUARY RDM Andrews 8/1.

Lothian University Hospitals Division

NHS Lothian

FACSIMILE TRANSMISSION
ST JOHN'S HOSPITAL AT HOWDEN
Telephone: 01506-523000 Fax No: 01506-522203

From: Autopsy Unit, St John's Hospital at Howden

To: Paediatric Pathology Department, RIE Little France

Fax No: 27178

Date:

The ~~baby/fetus and~~ placenta of the patient named below will be transported to Pathology Department, RIE, Little France, Edinburgh by St John's Hospital Transport Service on 15/1/15 (date).

Please Print:

Mothers Full name TRACEY STEWART. Father's full name COLIN PATERSON	Unit No 800547297W	Baby/Fetus	DOB	Sex
Autopsy and Permission Forms completed and must accompany baby to RIE,	YES/NO	WARD: Labour Ward Other _____		

Form checked and Fax sent .....(Signature)

Name and Designation .....(Print)

Date .....

Any other relevant information:

INTRAVENOUS VANCOMYCIN DOSE CALCULATOR FOR ADULT PATIENTS

Produced by:
NHS Lothian AMT (Using CG3C Template designed by A Thomson)
Contact:
AMT Administrator Linda M Robertson@luht.scot.nhs.uk
Calculator Version Aug 2011 V1.2
Date & Time 14/01/2015 10:12

Patient Name :
Tracey Stewart
CHI Number :
1709821280

Type in the data into shaded blue boxes and press <enter>
Recommended doses and dosage intervals are shown in red

Age* (years)	32	**INITIAL VANCOMYCIN IV LOADING DOSE**	
Height* (cm)	156	1000 mg over 2 hours	
OR Height* (feet)		**REGULAR VANCOMYCIN IV MAINTENANCE DOSE**	
(inches)		Mode of administration	Intermittent Infusion
Actual Body Weight* (kg)	53.0	Time from start of loading to start of maintenance infusion (hours)	12
Sex* (m/f)	f	Maintenance Dose (mg)	1250
Creatinine* (µmol/L) *Caution if not stable*	45	Dosage Interval (hours)	12
Creatinine CL (ml/min)	99	Duration of infusion (hours)	2.5

Fields marked with * are mandatory (height can be recorded in either cm OR feet & inches)

Vancomycin loading dose is based on actual body weight

Print this form then use monitoring sheet on next page to record dose & monitoring times. Keep with current drug Kardex

Monitoring of vancomycin concentrations

- Make sure all doses are documented with the date and time of administration
- Record on the request form, blood sample tube and on monitoring sheet: start time of last dose & time blood sample taken
- Take a trough sample at the end of the dosage interval (see above):
  - In patients on a 48 hourly regimen, take a level just before the first maintenance dose (i.e. 48hrs after start of loading dose)
  - For all other patients, take a trough sample just before the second maintenance dose
- Target trough concentration: 10 – 15 mg/L (may need a target of 15-20 mg/L for deep seated infections)
- If a patient is seriously ill or failing to respond to vancomycin discuss with microbiology
- Trough concentration result will indicate one of 3 options:
  - <10 mg/L - Increase dose by one dose band (see table below)
    Resample after 24hrs and again 24hrs later. Do not increase dose before second sample.
  - 10-20 mg/L - Maintain the present dose
    Resample every 2 days if renal function stable or daily if renal function deteriorating.
  - >20 mg/L - Stop
    Resample every 24 hrs until <20 mg/L then restart at one dose band lower (see table below)
    Take a trough level 24hrs after restarting and again 24hrs later to check the new dose is suitable
- Seek advice from pharmacy or microbiology if you need help to interpret the result

VANCOMYCIN DOSE BANDING - For dosage adjustment in response to levels

Dose, volume of sodium chloride 0.9% or glucose 5% (max conc 5mg/ml) & duration (max rate 10 mg/min)	Dose Interval
500 mg in 250 ml over 1 hour	48 hours
500 mg in 250 ml over 1 hour	24 hours
750 mg in 250 ml over 1.5 hours	24 hours
500 mg in 250 ml over 1 hour	12 hours
750 mg in 250 ml over 1.5 hours	12 hours
1000 mg in 250 ml over 2 hours	12 hours
1250 mg in 500 ml over 2.5 hours	12 hours
1500 mg in 500 ml over 3 hours	12 hours
1000 mg in 250 ml over 2 hours	8 hours
1250 mg in 500 ml over 2.5 hours	8 hours
1500 mg in 500 ml over 3 hours	8 hours

Vancomycin Dosing & Monitoring Sheet

Patient Name	Tracey Stewart
Patient CHI Number	1709821280
Calculated by:	Checked by:

Dosing			Monitoring		
Date	Dose	Start Time	Date	Time of Sample	Level
14/1/15.	1000mg.	14 SC			
15/1/15	1250mg	02[30].			
15/1/15 TRACEY LEVEL CHECK	1250mg				

02[30]

14[30].

Tracey Stewart
1709821280

SEPSIS SIX

ARE YOU ON TARGET?

SIRS 2 OR MORE ASSESS FOR SEPSIS

Patient Name -

CHI -

SEPSIS 6 TRIGGER CRITERIA A PATIENT ONLY NEEDS SEPSIS 6 ACTION IF THEY MEET BELOW CRITERIA Date – 14/1/15. Time - 0945		Please tick boxes triggered and initial
1	SEWS score = 4 or more	3.
2	SIRS =2 or more	
	• RR>20	28.
	• HR> 100bpm	
	• TEMP <36 or > 38	34.8
	• WCC <4 or > 16	27.4
	• Altered mental state	
3	INFECTION PROBABLE OR POSSIBLE	✓
EXCLUSIONS Decision not to escalate		
DELIVER SEPSIS 6 WITHIN 1 HOUR OF TRIGGER TIME		

SEPSIS SIX Please write time action taken (0100). All should be completed within 1 hour.		
1	OXYGEN Correct hypoxia – Aim for O2 SATS 94 – 98%	10.00
2	FLUID RESUSUTATION Start IV Fluids – 20ml/kg	0950
3	LACTATE Obtain whole blood lactate, urgent FBC, U+E's, CRP and coag	10.10
4	URINE OUTPUT/FLUID BALANCE MEASUREMENT Monitor fluid balance/consider urinary catheter	10.00 CSH 11.15.
5	INFECTION SCREEN Blood cultures done in all patients, mssu, (consider LVS if risk factors)	10.10.
6	DRUG THERAPY IV Antibiotics Give stat as per NHS Lothian Anti Microbial guidance	10.25.

INSTRUCTIONS FOR MODIFIED GLUCOSE TOLERANCE TEST

1. Please do not eat from 9.00 P.M. the previous night You may drink water or black tea or coffee with no sugar.

2. Please bring Lucozadë (Original) with you. **EITHER 2 small or 1 large bottle**. A can is not enough.

3. A blood sample will be taken and you will be asked to drink 410mls of Lucozade (Original) within 10 minutes after blood being taken.
4. A second blood test will be taken 2 hours later after with you may go home

N.B. You may go home between blood tests if you wish, but you should or drink anything during this time

12/2/15 09.00 – 11.10

SURNAME Mr Mrs Miss	FIRST NAMES (Block letters)	UNIT NUMBER
STEWART	TRACEY	CH1 1709821280

a) This is to certify that I am taking my own discharge from this hospital, against the advice of the Medical Staff.

Signature T Stewart ..... Date 8/10/15

b) This is to certify that I am taking (patient's name)

..... away from this hospital on my own responsibility and against the advice of the Medical Staff.

Signature ..... Date .....

Relationship .....

Delete a) or b) as necessary

WLT 593

LEAVING AGAINST ADVICE

800547297W F 17/09/1982

Stewart, Tr[illegible] A

37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG

CHI 1709821280

78132 J Thomson

CONTINUATION SHEET

Date and Time	Name No.	Signature and Designation
	ALICE HENDERSON WILL VISIT TRACEY ON SAT 17/1.	

Hi Alice,

Thank you for visiting Tracey, save her coming back into the hospital. ☺

The plan is for bloods today (17/1) - FBC, U&E, LFT and CRP. Tracey will then arrange follow up with her GP midweek.

Could you possibly chase culture results from 14/1/15 - blood cultures, & HVS, and throat swab from 15/1/15.

Medical photography photos are in the envelope just to hand in to Tracey.

Thanks again!

Hope you had a lovely christmas!

Could you also do a throat swab. Thanks

Donna H.

PTO →

WLT 467

	CONTINUATION SHEET	
Date and Time	Name No.	Signature and Designation
	[redacted]	[redacted]
	[redacted]	[redacted]
	16/1/15 Donna informed mother's medical	[redacted]
	photography husband returned the	
	photos.	[redacted]
	Urine – no growth	
	Blood cultures – Neg	
	HVS – Neg	

SURNAME	FIRST NAMES (Block letters)	UNIT NUMBER
Mr Mrs Miss STEWART	TRACEY	CH1 1709821280

a) This is to certify that I am taking my own discharge from this hospital, against the advice of the Medical Staff.

Signature T Stewart ..... Date 8/10/15

b) This is to certify that I am taking (patient's name)

..... away from this hospital on my own responsibility and against the advice of the Medical Staff.

Signature ..... Date .....

Relationship .....

Delete a) or b) as necessary

WLT 593

LEAVING AGAINST ADVICE

800547297W F 17/09/1982
Stewart, Tr[illegible] A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG

CHI 1709821280
78132 J Thomson

WLT 414

West Lothian Hospitals

FLUID (ADDITIVE MEDICINE) PRESCRIPTION SHEET

NAME J Thomson

UNIT No.

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Addressograph Label

	DATE	FLUID (USE BLOCK LETTERS) ADDITIVE MEDICINE	Vol. (ml) Dose (mg)	Route of Admin.	Dur. of ★ Admin.	SIGNATURE	Serial No. Batch No.	Time Begun	Given by Added by
A	14/1/15	0.9% NaCl	500ml	iv	1°		1451 4T2F	09.30	MS
B	14/1/15	0.9% NaCl	500ml	iv	1°		4J14 T2F 20/16	10.50	MS
C	14/1/15	Plasmalyte	500	IV	2°	CT	4492874D 6/2016	12.40	CT
D	14/1/15	Plasmalyte	500	IV	Stat	CT	4492874D 6/16	14.40	CT MS
E	14/1	Plasmalyte	500	IV	stat			18.15	CT
F									
G									
H									
I									
J									
K									
L									
M									
N									
O									

★ RATE OF FLOW = VOL. OF FLUID (ml) x 15
(Drops/Min.) Duration (Mins.)
(1ml = 15 drops)

Approximate Rate for 500ml
1 hr. = 120 Drops/min. 6 hr. = 22 Drops/min.
4 hr. = 30 Drops/min. 8 hr. = 15 Drops/min.

KNOWN DRUG/MEDICINE SENSITIVITY
1 2

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 32 Parity: 2 + 1 EDD: 09/05/2015 Blood Gp: A Rh Positive

Appt Date/Time	03/11/2014 16:30	11/11/2014 21:57	04/12/2014 11:28	15/12/2014 00:16	15/12/2014 17:26	16/12/2014 15:40	19/12/2014 15:25	23/12/2014 14:38
Venue	Antenatal Check	Triage and Assessment	Antenatal Check	Triage and Assessment	Triage and Assessment	Day Assessment Unit	Day Assessment Unit	Day Assessment Unit
Weeks Pregnant	13.2	14.3	17.5	19.2	19.2	19.3	19.6	20.3
Blood Pressure	120/68	109/74	108/60	107/65	110/60	/	98/59	109/64
Urinalysis		NAD	NAD					
Oedema (swelling)								
Height of uterus	n/p	np	4fb below umbilicus	19	20	not measured	= dates	= dates
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat			140		150		155	
Baby's movements felt	Too early		Yes		Yes		Yes	Yes
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By		Self		Self	Self	West Lothian 1 - 01501 773046	West Lothian 1 - 01501 773046	West Lothian 1 - 01501 773046
Reason For Referral		SRM?		Preterm SRM	SRM?	SRM?	Other	SRM definite

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

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 32 Parity: 2 + 1 EDD: 09/05/2015 Blood Gp: A Rh Positive

Appt Date/Time	26/12/2014 12:58	30/12/2014 17:22	02/01/2015 12:29	02/01/2015 16:28	04/01/2015 14:39	06/01/2015 17:24	08/01/2015 01:51	08/01/2015 10:31
Venue	Day Assessment Unit	Day Assessment Unit	Day Assessment Unit	Day Assessment Unit	Triage and Assessment	Triage and Assessment	Triage and Assessment	Antenatal Check
Weeks Pregnant	20.6	21.3	21.6	21.6	22.1	22.3	22.5	22.5
Blood Pressure	110/70	/	125/70	112/63	115/70	112/73	121/67	120/70
Urinalysis						Trace Protein		
Oedema (swelling)								
Height of uterus	not measured	not measured	= dates	NP	20	20	21	19
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's heartbeat								148
Baby's movements felt	Yes		Yes		Yes	Yes		Yes
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes						Blood stained 31/12/1840 00:00	Blood stained 31/12/1840 00:00	
CTG								
VE								
Referred By	West Lothian 1 - 01501 773046	West Lothian 1 - 01501 773046	West Lothian 1 - 01501 773046	West Lothian 1 - 01501 773046	Self	Day Assessment Unit	Self	

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W **Age:** 32 **Parity:** 2 + 1 **EDD:** 09/05/2015 **Blood Gp:** A Rh Positive

Reason For Referral	Preterm SRM	Preterm SRM	Preterm SRM	Preterm SRM	Preterm SRM	Preterm SRM	PV Bleed	

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NHS Lothian - Antenatal Appointment Record

Namc: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 32 Parity: 2 + 1 EDD: 09/05/2015 Blood Gp: A Rh Positive

Appt Date/Time	12/01/2015 11:24							
Venue	Day Assessment Unit							
Weeks Prcgnant	23.2							
Blood Pressure	/							
Urinalysis								
Oedema (swelling)								
Height of uterus	nm							
Fetal lie/position								
Presenting part								
Fifths Palpable								
Baby's hcartbeat	144							
Baby's movements felt	Yes							
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profilc Score								
Membranes								
CTG	No							
VE								
Referred By	West Lothian 1 - 01501 773046							
Reason For Referral	SRM definite							

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 32 Parity: 2 + 1 EDD: 09/05/2015 Blood Gp: A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
03/11/2014 16:30	Antenatal Check	Surprised to be pregnant, attended with urine infection initially then discovered was pregnant, scan at that time confirmed ongoing IUP of 12 weeks, brought forward booking appointment and scan to tomorrow. Has multiple allergies mainly to antibiotics . booking bloods and msu taken with consent, screening discussed and consented to both CUBS and FA scan. continues on Cyclizine at present for nausea. is aware will have consutant led care, appointment will come via post	scan tomorrow, mw @ 16 weeks then consultant @ 20 weeks
11/11/2014 21:57	Triage and Assessment	Para 2+1 - prev x2 c/s, 14+3 weeks. Hx = felt pop and gush of fluid at approx 21.00 - soaked underwear and jeans, put on sani pad and felt fluid continued to drain. Did not think it was urine. Was at GP earlier today for ? UTI MSSU was sent but no tx commenced, urine spec tonight NAD. Given hx of right sided kidney pain since yesterday however has felt it less painful today. No pain when passing urine. Anxious ? reason for tachy pulse @ 103, T 37.6 - informs me had flu jag at GP today and has felt a little unwell since having same this pm. No abdo pain 21.55 Reg informed and coming to r/v ST6 Giamougiannis 14+3, P2 (LSCS x 2) ? SRM earlier today no pv bleeding/abdominal pain Speculum (consented, chaperoned) no liquor some watery white pv discharge (HVS taken) healthy Cx, os closed Imp: no SRM Plan: allow home Following speculum, HVS sent. Advised to return to cmw care but to contact ward if any further worries or concerns. Also to chase MSSU from GP and contact sooner if symptoms worsen.	
04/12/2014 11:28	Antenatal Check	All booking results discussed and filed in notes as no action is required. Reassured by recent low risk	FA scan 22/12 then TKC 8/1/15. GTT

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

		CUBS and auscultation today, reports fleeting FM recently. Reports she still has increased vaginal discharge some days. non offensive. troubled by headache for last 4-5 days, saw GP yesterday who prescribed Naproxin for same, to stop once headache is resolved. Has a history of migraines. Info issued re GTT @ 28 weeks. Had had seasonal flu jab 2 weeks ago. Is aware will need hosp review to discuss mode of delivery.	booked for 28 weeks.
15/12/2014 00:16	Triage and Assessment	Self referral from home H/O feeling gush of fluid while putting up xmas tree. Fluid is pinkish. In last few mins she has felt sharp shooting pains in lower abdomen. No urinary symptoms bowels active has becn aware of FM Was seen on 11/12/14 with similar symptoms but it was a watery discharge and discharged home. Feels different this time. Urinalysis + blood SHO asked to review. S. ALI SHO Background --- -32 year old para 2+1 (2 x emlucs at term, 1 x TOP) -Currently 19+2 weeks gestation -Normal booking scan -Prescnted one month ago with ?SRM, had normal examination, dischargcd home. HVS normal at thc time Presentation --- -Presents with history of a trickling of fluid down hcr leg at 2300hrs this evening -Went to bathroom, noticed pinkish fluid, no blood -Mild pains in groins bilatcrally -No urinary or bowel symptoms -Pt states that she is aware of fetal movements Examination --- -Observations unremarkable -Abdomen soft non tender -Speculum (consented, chaperone Helen Waddell) - cervix posterior, long, os closed. Evidence of small amount of watery discharge, no evidence of liquor in vault	

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		Impression ---------- -2nd episode of ?SRM Plan ----- -Admit -Observe pads -LV sean mane -Pt would like to go home, safety netted to return if symptoms reeur	
15/12/2014 17:26	Triage and Assessment	P2+1 19+2 A Rh Pos Attended LW for USS with Dr Darlow following ?SRM last night. Traeey reports she is still draining pinkish fluid pv. aware of FM today. FHHR with sonieaid at 150-160bpm. ST7 Review Para 2 previous CS 19+2 presented on Nov 11th and last night with history of ?SRM has not required to wear a pad - but regular gushes now pinky fluid lower pelvic pain - irreg, mild feels well obs normal US Scan - cephalie, no liquor, FH+, bladder seen speeulum - parous ex, no liquor seen I have informed Tracey and her partner of anhydramnios - poor outeome, pulmonary hypoplasia ete. May misearry spontaneously as yet I have not diseussed the option of mif/miso PLAN admit to ward erythromyein FBC and CRP formal scan tomorrow if formal scan confirms above findings - to d/w couple option of expeetant vs medieal mx 1900hrs	

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

		Blood obtained and sent for FBC and CRP. Haematology available; Hb105 WCC 13.1 Plts 283. Awaiting biochemistry. Tracey is understandably very upset. Declines admission to ward overnight despite advice to stay. DW Dr Darlow. For dept uss mane, Tracey to call ward manc for scan time. Telephone numbers given.	
16/12/2014 15:40	Day Assessment Unit	to dba today following uss for review. Report Single fetus - FH seen. Oligohydramnios - a single pool of less than 8mms identified. UA doppler - EDF present HC 162mms FL 30.6 mms AC 125 mms AC just above the 5th centile Placental site: posterior, leading edge currently reaches the internal os. Anatomy checked = cerebellum,, 4 chamber heart, stomach, kidneys, anterior abdominal wall, bladder, No gross abnormality demonstrated within the limitations of the scan. The remaining anomaly check can be completed at her next growth scan. I note there is an anomaly scan booked for Monday 18th - it would probably be better to wait and complete checks in 2 weeks - please let us know if you are happy with this and we will change the appointment.. Review arun 16.12.2014 1930 patient went home already at 5 pm . Seen her noted in trak , D/W Dr Mills, cons on call . Bloods noted . Plan : To make sure she is taking antibiotic . To be seen by consultant tomorrow to discuss management options . Called her - apologized for delay - appointment at day bed unit at 10-30 am on 17/12/2014 . It will be good if she could be seen on priority basis as she has waited for long hours today .	
19/12/2014 15:25	Day Assessment Unit	p2+1 19w6d. SRM feels well, aware of fetal movements. FHHR with 145 -162bpm. observations as charted. Bloods repeated today for CRP and fbc. continues on oral antibiotics. Plan to return on tuesday 23/12/14@14.00 for antenatal check and lv scan which has been requested on trak. urine sample sent for C&S	
23/12/2014 14:38	Day Assessment	Return appointment at dbu . pre-term srm.	

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	Unit	continues on oral antibiotics erythromycin 250mg QDS. Continues to have small leakages of fluid/discharge pv, pink watery. bloods taken on friday 19/12/14 . booked for USS this afternoon. Report Gestation by EDD = 20w 3d. Single fetus. FH seen. Presentation: Transverse. Liquor volume: Oligohydramnios. AFI = 2.1cm. The umbilical artery demonstrates a normal waveform with no loss of end diastolic flow. return appointment for 26/12/14 @12.00 need bloods repeated	
26/12/2014 12:58	Day Assessment Unit	return appt to dba today for weekly bloods. hx of PSRM. attending dba twice weekly. o/a aware of fm movment. obs stable and satis. urine spec not provided. mssu sent on- NAD. fhhr with sonicaid over 3 mins. blood obtained with consent and sent for fbc and crp. return appt to dba on tues 30/12 for ctg and anamoly uss to be completed. uss requested but no appt available as yet. advised to contact dba on tues morning to obtain uss appt and dba appt accordingly.	
30/12/2014 17:22	Day Assessment Unit	to dba today following completion of anomaly uss. hx of srm. Report Gestation by EDD = 21 w Single fetus. FH seen. HC 190mms FL 35.5mms AC 160mms Measurements = 21 weeks Placental site: posterior - the lower edge is completely covering the os. There is a small anechoic area suspicious of a small haematoma. Liquor volume: oligohydramnios. Single pool of 1.6cms No obvious abnormality seen within the limitations of the scan. Bladder and kidneys seen. Anterior abdominal wall pathology not excluded. TVS - normal appearances cervix - no funnelling. Cervix length = 41mms. unable to wait to be seen. uss checked by dr momin (reg). asked if i could at least check temp prior to discharge- 36.4. attending anc on 08/01 with dr cooper. return appt to dba on fri 02/01 for weekly bloods.	
02/01/2015 12:29	Day Assessment Unit	Para 2+1 at 21.6.Attending x 2 weekly with PSROM FBC and CRP obtained today	

		FHH and regular with sonicaid Feeling well. Has red watery fluid 1st thing in mornings but nil else for rest of day Dr Darlow obs reg aware of this but Tracey to inform us if becomes fresh red blood as has low lying placenta To phone direct phone no 01506 524024 this afternoon for blood results Return appts made for Tues 6/1/15 to phone 01506 524024 at 0930 to be told what time to come in for scan Fri 9/1/15 at 2pm To contact us any sooner re worries WBC-17.5 and CRP-14,D/W Dr Darlow obs reg Plan- DARLOW raised WCC d/w Dr Smyth advised to ask patient to attend today for HVS and MSU review in 48hrs - repeat bloods and chase swab results to attend sooner if symptomatic	
02/01/2015 16:28	Day Assessment Unit	Re attended for MSU and HVS On Sun 4/1/15 at 1000 to phone direct phone no 01506 524125 to find out whether to be seen in D/S or ward 11 to have FBC/CRP and HVS results to be checked SPECULUM by SHO HVS taken and sent to the lab. MSSU sent.	
04/01/2015 14:39	Triage and Assessment	P2 +1 x 2 sect at term 22+1 SRM AT 19+ WEEKS attending DBU At DBU Friday bloods taken CRP & WBC Raised at this time TCI today for repeat bloods Has a cold and other children have cold FH 133 149 for 1 min aware of FM Fundus = 20cm bloods taken for fbc CRP Lactate urine hvs from fri Neg Has follow up tues can go home to phone in for blood results as discussed with DR dhawle	

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		WCC13.3 HB 105 WAS 17.5 Crp 14 Lactate 1	
06/01/2015 17:24	Triage and Assessment	P2+1 PROM 2300 15/12/2015) now 22+3 weeks, attending regular day bed appointments bd tuesday and friday, has an appointment with Dr Cooper on Thursday 8/1/15, SM Lourie advises no further appointments at present, awaiting plan of care from Dr Cooper. AN check as above raises no concerns. uss noted LV increased to 9.8 from 8, today. fbc and crp taken and sent, Tracey will phone in for results later from home. Reports GP has prescribed ferrous fumarate 210mg as advised, unable to tolerate same, advised following advice from Dr Ali to request ferrous sulphate script tomorrow. Bloods reviewed by Dr Ali and happy with same. crp 7 wcc 17. hb 117.	
08/01/2015 01:51	Triage and Assessment	Self referral from home giving h/o getting up from sofa and felt sharp pain across lower abdomen. When she went to the toilet she felt fluid coming away and when she looked it was fresh red loss apporx egg cup full. SRM,d at 17 weeks and has been aware of pv loss - straw colour. Passing urine spontaneously. Bowels active. Normally keeps well. Observations stable. Awaiting urine sample Will inform medical staff for review. FHHR Mum aware of FM. 02:00 shahina momin 3558 informed by Mw regarding pts arrival on ward 11 S- Was watching tele - sudden loss of watery red fluid pv , and mild pain across lower abdomen Amount of blood loss is aprox - an egg cup B- para 2 ,prev 2 CS 22.5 wks pregnant confirmend SRM from 17 wks pt being followed up in DBU Anomaly scan shows placenta covering os lv scan done recently recent Bloods - normal A- all obs stable p/a soft nad	

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		fh heard by MW while examining pt explained the need to stay in for overnight observation and also would need a cannula in situ as low lying placenta - pt suddenly became angry saying it wasnt clear at the start of my conversation that she was staying in , then argued how a cannula is important , she muttered that none of this was done before to her partner ...I explained my reasons as placenta was low and APH but pt said with No eye contact that she doesnt want to talk about it anymore and stopped me from finding out what was so upsetting. I tried to find out if futher needle pricks was not acceptable but pt refused to answer . I then asked Mw Leigh to speak to pt and explore her issues - has children at home , wants to come back tomorrow to ANC etc and seems to have had difficult experiences before .....understandably stressed about the PPROM Pt wanted to sign against medical advice as she feels that her pain and bleeding is subsided. I have explained that monitoring overnight and iv access is safe in case further bigger bleed. Pt has taken discharge against medical advice , knows to come if further concern. 02:25 - Dr Momin in to see Tracey who became upset as she does nto wish to stay in hospital overnight and does not want to have a cannula sited. I have spoken with Tracey and she is very upset at other visits to hospital she has had and feels upset at what information has been given to her tonight. Wishing to go home. I have discussed with her our concerns re placental site and bleeding and Tracey appears sensible and understands reasons for our advice however still wishes to go home. I returned with Dr Momin to discuss self-discharge and Tracey happy to sign paperwork.	
08/01/2015 10:31	Antenatal Check	Known PROM Advised re risks to baby - preterm delivery, poor lung development, possible flexion deformities of limbs Wishes to continue with pregnancy as long as possible Good fetal movements Aware also of low lying placenta and need to report any further bleeding APH For 2 weekly liquor volume scans and growth from 28 weeks, continue to attend DAU x 2 per week Steroids at 24 weeks Has had antibiotics	As above
12/01/2015 11:24	Day Assessment Unit	return patient as known PSSROM - see below for plan Bloods taken with cemsent Feels well - nil signs of infection PV loss - still leaking liquor same remains clear pinkish no offensive discharge Aypyrexial FH auscillated with onicaid FH 145bpm Known PROM Advised re risks to baby - preterm delivery, poor lung development, possible flexion deformities of limbs	

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NHS Lothian - Antenatal Appointment Record

NHS Lothian

		Wishes to continue with pregnancy as long as possible Good fetal movements Aware also of low lying placenta and need to report any further bleeding APH For 2 weekly liquor volume scans and growth from 28 weeks, continue to attend DAU x 2 per week Steroids at 24 weeks Has had antibiotics Plan delivery date later - note had bladder injury at previous section Return day bed appointment given for thursday 14/01/15 at 1200 USS at 1100 on 19/01/15 and day bed for steroids	

Future Appointments

12/02/2015
09:00
ANC Bathgate HC Simpson
Medical Practice

12/02/2015
11:00
ANC Bathgate HC Simpson
Medical Practice

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This is your pregnancy record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team. Some women may prefer not to carry their pregnancy record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice. Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible. Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.
Please feel free to write in your record where indicated.
Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)
Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality - it's your right'. This is available from your midwife, GP practice or on-line at <http://www.hris.org.uk>. Follow the links on confidentiality, consent and having your say.

Help and advice: Please use the following services: West Lothian 1 - 01501 773046

Contact Details

Maternity Unit: Telephone no for Labour ward	St John's Hospital at Howden 01506 524 125	**Named Midwife:** **Midwifery Team:**	Debbie Coyle 01506 651828 West Lothian 1- 01501 773046
Antenatal Clinic: Tel:	St John's Hospital at Howden 01506 524 111	**Base:**	Bathgate PCC 01506 651828
Delivery suite Tel:	St John's Hospital at Howden 01506 524 125	**General Practitioner:** **Address:**	J Thomson Simpson Medical Group, Bathgate Primary Care Centre, Whitburn Road, Bathgate,Bathgate,EH48 2SS
Ultrasound Dept: Tel:	St John's Hospital at Howden 01506 524 350		
Health Visitor: **Base:** Tel:		Tel: Practice Code GP Informed of Pregnancy:	01506 654444 78132/1 Yes Date
		Care Provider: **Base:** Tel:	Dr TK Cooper St John's Hospital at Howden 01506 524 125
Social Worker Contact Details			

Domestic Abuse Helpline: 0800 027 1234 (24 hours) **Rape Crisis Scotland Helpline: 08088 01 03 02 (free number)**
Scottish Women's Aid: www.scottishwomensaid.co.uk **6pm to midnight**
NHS 24: 08454 24 24 24 **Email: info@rapecrisisscotland.org.uk**

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

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

Getting it right for every child (GIRFEC)

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

The principles of GIRFEC include
- The use of the wellbeing indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included - to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains - How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions
- Early assessment, early support, early intervention, multiagency approach are key to implementing GIRFEC.
- Consider the woman's and family's strengths and pressures.

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

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

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

Outcome of referral: Health Plan Indicator allocated:

Gestation at allocation: weeks

Health Visitor/Public Health Nurse details -

Name:

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

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

Booking Status: Red

Date/Location of Booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked with Midwife/Obstetrician
03/11/2014	13.5	Consultant	prev c/s	Dr TK Cooper

Subsequent

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

Thrombosis Risk - Low

R.E. (See Maternity summary record) **Date**

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

Date flu vaccine administered -

Important Information

Surname / family name:	Stewart
First name:	Tracey
Previous Name:	
Likes to be called:	
Date of Birth:	17 Sep 1982
Your address:	37 Old Well Place, Bathgate, West Lothian, EH48 2XG
Home tel:	01506 794715
Other tel:	
Occupation:	customer advisor
Planned place of birth:	Consultant Unit
Lead Professional:	Consultant

Your Partner/Supporter for this pregnancy

Name:	Colin Paterson
Occupation:	plant operator
Relationship to you:	Partner
Partners date of birth:	18 November 1973
Address:	37 Old Well Place, Bathgate, West Lothian, EH48 2XG
Home tel:	01506 794715
Other tel:	07955467609

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

Name:	Laura Scott
Relationship to you:	Friend
Address:	
Home tel:	
Other tel:	

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

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

Agreed EDD:	06 May 2015	Use this EDD in all communication
Date of the first day of bleeding of your last menstrual period (LMP):	01 Jul 2014	
How sure are you of this date:	Fairly sure	
Average number of days between the first day of each period (monthly cycle):	monthly	
Comments	post depo	
Have you had any vaginal bleeding since your last menstrual period:	No	
Had you been using any contraception:	Yes	
Type:	Injection	
Date Stopped:	01 Jun 2013	
Provisional EDD based on LMP and monthly cycle:	07 Apr 2015	
EDD using dating scan:		
Your body mass index (BMI)	21.8	**BMI = weight[kg]/height[m]2**
Weight at booking (kg) / Height(m)	53 / 1.56	
History taken by / Agreed	Deborah Coyle	
Date of Booking Appointment	03/11/2014	

Your previous pregnancies
Is Current Pregnancy with a New Partner? No

Parity: 2+1

Pregnancy 1

Full Name	Lorin Stewart	Date of birth	01 Feb 2000
Sex	Female		
Birth Weight	3620	Gestation	42
Type of Birth	Emergency LUSCS	Place of Birth	SJH
		Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	Epidural
Any Complications	Normal	Perineum	
Breast	No	Bottle	Yes

Comments (inc AN, PN or Psychological problems):

Pregnancy 2

Full Name	Emma Paterson-Stewart	Date of birth	06 May 2008
Sex	Female		
Birth Weight	2700	Gestation	38
Type of Birth	Emergency LUSCS	Place of Birth	SJH
		Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	Epidural
Any Complications	APH	Perineum	
Breast	Yes	Bottle	No

Comments (inc AN, PN or Psychological problems):
adhesions noted at time of C/S

Your health - any current or previous health problems

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

Allergies: (Cefalexin);
(Flucloxacillin);
(Trimethoprim);
Surgical tape

	Description	Inactive
Diseases/Operations	Asthma	N
Details	inhalers Salmutamol & Flixotide	
Condition		
Diseases/Operations	Disorder of kidney and ureter	N
Details	since bladder trauma following C/S, Catheter in situ for 2/52 post del. recurrant UTI's	
Diseases/Operations	Varicella without complication	Y
Details		
Diseases/Operations	Acute pericarditis	N
Details	"April 2013, resolved "	

Date of your last cervical smear	2012
Details	
Next smear due	2015

Family Health (inc. Mental health)

Disease/	Non-insulin-dependent diabetes mellitus without complications (Brother)/
Details	Tablet controlled
	Congenital dislocation of hip (Daughter)/ malmo splint
Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness	No
Are you and your baby's father blood relatives?	No

Ethnic origin

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

How do you describe your ethnic origin	Unknown
How do you describe baby's father's ethnic origin	White British
What language do you usually use at home	
Do you need help with interpreting, communicating	
What is your current religion or faith, if any	No Religious Affiliation
Is blood transfusion acceptable to you	Yes
Comments	
Female genital cutting or piercing	No
Comments	
Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet	
Are you a refugee or asylum seeker	
Have you had a full medical examination since arriving in the UK?	

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

No TB Risk

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	No

Other Health Related Questions

Have you been taking folic acid	Yes
Started	< 12weeks 400mcg
Vitamin D (10mcg/day)	Yes
Helthy Start vitamins	No
Other vitamins/Supplements	No
What do you know about healthy eating during pregnancy	eats healthily
Do you have any special dietary needs?	no
Dietetic referral made	No
Dietetic referral details	

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

What do you know about the benefits of physical activity in pregnancy?	avtive with kids / swimming etc
Advice given	
Do you go to the dentist regularly	y

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

Are there any health and safety issues related to your work?	no
What do you know about drinking alcohol in pregnancy?	aware of guidlines
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an average week	1
If drinking, are you drinking at home, in clubs/pubs	socially

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

Referral for advice on reduced drinking	
What do you know about smoking in pregnancy?	aware of guidelines
Have you smoked cigarettes in the 12 months prior to pregnancy.	Stopped - 01/08/2013 CO level 15 Date 03/11/2014
Current smokers: cigarettes smoked per day	
Former smoker: date stopped	01/08/2013
Do you or anyone in your household currently smoke?	Yes **We encourage you to keep your baby smoke free before and after birth.**
Are you interested in getting help to stop?	No
Referral made to smoking cessation service	
Have you used any street drugs, gases or glue in the last year?	No

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

Medication

Are you taking any medication prescribed to you by a doctor, or have you stopped any medication recently	SalbutamolFlixotideCyclizine 50mgsNitroflurantion - completedParacetamol
Over the counter medications	

Your Mental Health

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

No Home circumstances and support needs

Tests during pregnancy

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

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

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

Test	Gestation when test(s) taken	Accepted / Reason if declined	Date taken
Blood group at bookng Antibody screen 28 weeks			
Full blood count			
Rubella status			
Syphillis			
Hepatitis B			
HIV			
Haemoglobinopathy - sickle cell			
Haemoglobinopathy - Thalassaemia			
Please document outcome in the Neonatal Management Plan			
Screening for Fetal anomalies ultrasound			Please see Radiology results in ePR
Screening for Downs Syndrome -1st trimester			
Screening for Downs Syndrom - 2nd trimester			
Random blood glucose Chlamydia (opportunistic if under 20 yrs old)			
Mid stream urine specimen for bacteriology			
CVS - Indication:		Results normal (Y/N)	
Amniocentesis:		Results normal (Y/N)	
CO level	13.5	15	03/11/2014
Additional information on tests declined			
Test Results - action			

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

Has this been discussed / plans made Prophylactic 'Anti-D' given Gestation and Dose	 weeks & Dose
Signed (for above)/Date	

COMMENTS	

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

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

		Given
Leaflets given and discussed		Yes
Forms	FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)	Yes
Benefits and Entitlements	Parent's guide to Money 'A Guide to Maternity Benefits' N1 17A www.dwp.gov.uk 'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk	
Screening tests in pregnancy	'Your guide to screening tests during pregnancy'	Yes
Pregnancy, babycare and breastfeeding	'Ready, Steady, Baby!' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' Information on wearing a car seat belt safely during pregnancy. See 'Ready, Steady, Baby' 'Reduce the Risk of Cot Death' www.sidscotdeathtrust.org 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.heathscotland.org 'Breastfeeding and Returning to Work' www.healthscotland.com " Your Guide to Newborn screening tests' 'Your Baby's Hearing screen' 'BCG and your baby' www.healthscotland.com 'Talking about postnatal depression' www.healthscotland.com 'How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start' Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk	Yes
A/N education sessions discussed Booked to attend Comments	Yes Date No	

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

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

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

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

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

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

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Signature: ..... Date ../../..

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera • • • •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads • • • • • •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies • • •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 1709821280 / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Midwife		**Date Taken:**	03/11/2014
		Time Taken:	u/k
Address: Bathgate, Simpson Med Pract.		**Date Received:**	04/11/2014
		Time Received:	13:42
		Date Reported:	05/11/2014

Lab. Ref. No.:JU315101M Spec.:Urine, ante-natal

Urine Micro Culture & Sens
Culture :
No growth

MC

Authorised By: Background Authorisation for Dr K MacSween

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

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Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Not given		**Date Taken:**	11/11/2014
		Time Taken:	22:13
Address: Ward 11, St John's Hospital		**Date Received:**	12/11/2014
		Time Received:	11:40
		Date Reported:	14/11/2014

Lab. Ref. No.:JG502954R Spec.:High vaginal swab
Micro,Culture & Sensitivities
Microscopy :
No Leucocytes seen
Culture :
No growth
No Yeasts isolated

MC

Authorised By: Background Authorisation for Dr K MacSween

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MEDICAL MICROBIOLOGY SERVICES

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Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Not given		**Date Taken:**	19/12/2014
		Time Taken:	15:34
Address: Ward 10 OPD, St John's Hosp		**Date Received:**	19/12/2014
		Time Received:	16:40
		Date Reported:	22/12/2014

Lab. Ref. No.:JU321302B Spec.:Mid stream urine
Urine Micro Culture & Sens
Culture :
No growth

Authorised By: Background Authorisation for Dr K MacSween

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

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Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHI: 1709821280 / 1709821280 **D.O.B:** 17/09/1982	**Tel:** 0131 242 6048 Internal 26048
Patient: STEWART, TRACEY ANN **Sex:** Female	
Report to: Midwife	**Date Taken:** 03/11/2014
	Time Taken: u/k
Address: Bathgate Primary Care Centre	**Date Received:** 04/11/2014
	Time Received: 15:06
Sending Laboratory Reference Number:	**Date Reported:** 06/11/2014

Laboratory Number: MS326457H Specimen: Clotted Blood

Hep B surface Ag qualitative 0.16 S/CO
Hepatitis B surface Antigen : NEGATIVE

HIV Ag/Ab COMBO: 0.20
HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)

CMIA for Rubella IgG Antibody:217.8 IU/mL
Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)

Rubella antibodies present

Anti-Treponemal IgG Antibody: 0.02
Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)

Authorised by: Background Authorisation for Dr A P Gibb

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

Department of Laboratory Medicine **Biochemistry, WGH**

PATIENT:	STEWART, TRACEY ANN	**UPI:** 1709821280	**REF:**
DOB:	17/09/1982 **SEX:** F	**CONSULTANT/GP:** Midwife	
SOURCE:	Bathgate Primary Care Centre	**SENDER:**	

ANTENATAL SCREENING REPORT FOR FETAL DOWN'S SYNDROME

Combined chance of Down's Syndrome at term (1 in 100000)

The outcome of the screening test has shown that your baby has only a low chance of Down's Syndrome. Therefore no further action is needed. Please remember that this is a screening test and does not completely rule out the presence of this condition.

TEST DETAILS PROVIDED		LABORATORY DATA	
Date of sample	04/11/2014	Date of sample receipt	05/11/2014
Date of scan	04/11/2014	Gestation at sample date	13 wks 3 days
Crown rump length	74 mm	Maternal age at EDD	32.64 yrs
Nuchal translucency	2.2 mm	Age related chance	1 in 668
Current smoker	No	Free beta HCG mom	0.59
Maternal weight	53 kg	PAPPA mom	1.08
Family origin	Caucasian	Nuchal translucency MOM	1.14

mc

Comments

Please check this report carefully and ensure that the test details provided have been recorded correctly. If incorrect information has been used the screening test result may be invalid.

For more information refer to the National Protocol: Fetal Anomaly amd Down's Syndrome Screening (2010).

Sample number : QC827967N
Date of report : 07/11/2014 Time 12:22

Please file in notes

Thanks

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU Tel: 0131 537 1909

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine

Biochemistry, SJH

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp **SENDER:**

CLINICAL DETAILS: routine.

Date Collected		08/10/2007	08/10/2007	13/04/2008	26/04/2013	24/10/2014
Time Collected		19:55	19:55	21:10	13:35	16:11
Date Received		08/10/2007	08/10/2007	13/04/2008	26/04/2013	24/10/2014
Time Received		20:30	20:30	21:28	14:09	16:47
Specimen Number		SB084105R	SB084106X	SB232070Q	SB800594J	SB337228K
Urea	2.5-6.6 mmol/L	3.1		2.2 L	3.4	2.2 L
Creatinine	60-120 umol/L	49 L		51 L	59 L	46 L
eGFR (/1.73m2)	ml/min	>60		>60	>60	>60
Sodium	135-145 mmol/L	138		133 L	139	137
Potassium	3.6-5.0 mmol/L	4.1		3.6	4.3	3.5 L
TCO2	22-30 mmol/L	26		20 L	23	20 L
Chloride	95-107 mmol/L	108 H		105		
Glucose	3.9-5.6 mmol/L		4.9			
Glucose spec.	type		Unknown			
Bilirubin	3-21 umol/L	5		6	7	5
ALT	10-50 U/L	12		9 L	8 L	9 L
Alk.Phos	40-125 U/L	50		191 H	79	81
GGT	5-55 U/L	14		8		
Albumin	35-50 g/L	43		30 L		
Total Protein	60-80 g/L	69		66		
C-Reactive Prot	0-5 mg/L	1			1	92 H

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 25/10/2014
TIME PRINTED: 10:05

Specimen type is serum, plasma or blood unless otherwise stated

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Department of Laboratory Medicine — **Biochemistry, SJH**

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp **SENDER:** 54024 svs2

CLINICAL DETAILS: p2+1 20 wks preg. srm

Date Collected		13/04/2008	26/04/2013	24/10/2014	15/12/2014	19/12/2014
Time Collected		21:10	13:35	16:11	18:18	15:33
Date Received		13/04/2008	26/04/2013	24/10/2014	15/12/2014	19/12/2014
Time Received		21:28	14:09	16:47	18:37	16:06
Specimen Number		SB232070Q	SB800594J	SB337228K	SB388016J	SB392789D
Urea	2.5-6.6 mmol/L	2.2 L	3.4	2.2 L		
Creatinine	60-120 umol/L	51 L	59 L	46 L		
eGFR (/1.73m2)	ml/min	>60	>60	>60		
Sodium	135-145 mmol/L	133 L	139	137		
Potassium	3.6-5.0 mmol/L	3.6	4.3	3.5 L		
TCO2	22-30 mmol/L	20 L	23	20 L		
Chloride	95-107 mmol/L	105				
Bilirubin	3-21 umol/L	6	7	5		
ALT	10-50 U/L	9 L	8 L	9 L		
Alk.Phos	40-125 U/L	191 H	79	81		
GGT	5-55 U/L	8				
Albumin	35-50 g/L	30 L				
Total Protein	60-80 g/L	66				
C-Reactive Prot	0-5 mg/L		1	92 H	13 H	8 H

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 20/12/2014
TIME PRINTED: 10:05

Specimen type is serum, plasma or blood unless otherwise stated

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:
STEWART TRACEY
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN

EH48 2XG
Sex: Female
D.O.B.: 17/09/1982 CHI / Unit No.: 1709821280

EDD / Gest^{n}: 06/05/2015 - 14weeks
Date Specimen Received: 04/11/2014 16:48
Report Date: 05/11/2014 12:11
SNBTS No.: 9006577319

Results for Sample Number: 10320039114217
Date Drawn: 03/11/2014 16:30 Date Received: 04/11/2014 16:48

ABO : A
Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Signed: Clare Bovard

Report Destination:
MIDWIFE IN CHARGE
RECEPTION
Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

Copies of Report to:
Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501
Request for Further Serological Investigation

Specimen Number:
Bar Code

Name (Surname & Forename) & Address:
STEWART, TRACEY
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN

EH48 2XG
Sex: Female

D.O.B.: 17/09/1982 SNBTS No.: 9006577319
Unit No.: 1709821280

Time & Date Specimen Received:

Report Destination:
MIDWIFE IN CHARGE
Bathgate Primary Care Centre
Whitburn Road
Bathgate EH48 2SS

Copies of Report to:

Please detail any additional information or changes since last sample:

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

EDD / Gest^{n}: 06/05/15 Date Sample Taken: ..... Requested By: .....

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, SJH**

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp **SENDER:** 54024 svs2

CLINICAL DETAILS: p2+1 20 wks preg. srm

Date Collected		26/04/13	24/10/14	03/11/14	15/12/14	19/12/14
Time Collected		13:35	16:11	16:30	18:18	15:33
Date Received		26/04/13	24/10/14	04/11/14	15/12/14	19/12/14
Time Received		14:10	16:49	14:38	18:35	15:58
Specimen Number		SH512692	SH756766	HR970007	SH783704	SH786248
Haemoglobin	115-160 g/L		121	115	105	104
Red cell count	3.8-5.8 10 ^12/		3.41	3.38	3.17	2.94
Haematocrit	0.37-0.47 Ratio		0.326	0.356	0.307	0.280
Mean cell volume	78-96 fl		96.0	105	97.0	95.0
Mean cell Hb.	27.0-32.0 pg		35.5	34.0	33.1	35.4
Mean cell Hb conc.	310-360 g/L		371	323	342	371
White cell count	4.0-11.0 10^9/l		12.6	13.2	13.1	13.7
Neutrophil Count	2.0-7.5 10 ^9/L		9.04	8.95	9.30	10.00
Lymphocyte Count	1.5-4.0 10 ^9/L		2.47	3.43	3.04	2.85
Monocyte Count	0-0.8 10 ^9/L		0.95	0.67	0.54	0.62
Eosinophil Count	0-0.5 10 ^9/L		0.09	0.16	0.16	0.15
Basophil Count	0-0.1 10 ^9/L		0.03	0.03	0.04	0.03
Platelet count	150-400 10 ^9/l		309	358	283	283
Prothrombin Time	10.5-13.5 s	11				
INR (Warfarin)		0.9				
APTT	26-36 s	31				
APTT Ratio	0.8-1.2	1.0				
Fibrinogen (Clauss)	1.5-4.0 g/l	3.6				
VTE Exclusion	0-230 ng/ml	40				

COMMENTS:

DATE PRINTED: 20/12/2014
TIME PRINTED: 09:30

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, RIE**

PATIENT: STEWART, TRACEY ANN **UPI:** 1709821280 **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Midwife

SOURCE: Bathgate Primary Care Centre **SENDER:**

CLINICAL DETAILS:

Date Collected		21/01/10	26/04/13	26/04/13	24/10/14	03/11/14
Time Collected		15:37	13:35	13:35	16:11	16:30
Date Received		21/01/10	26/04/13	26/04/13	24/10/14	04/11/14
Time Received		16:32	14:10	14:10	16:49	14:38
Specimen Number		SH179138	SH512691	SH512692	SH756766	HR970007
Haemoglobin	115-160 g/l	131	146		121	115
Red cell count	3.8-5.8 x10^12/	3.76	4.33		3.41	3.38
Haematocrit	0.37-0.47 ratio	0.366	0.422		0.326	0.356
Mean cell volume	78-98 fl	97.4	98.0		96.0	105
Mean cell Hb.	27.0-32.0 pg	34.9	33.7		35.5	34.0
White cell count	4-11 10^9/L	12.1	8.8		12.6	13.2
Neutrophil Count	2-7.5 10^9/L	8.50	4.73		9.04	8.95
Lymphocyte Count	1.5-4 10^9/L	2.80	3.17		2.47	3.43
Monocyte Count	0.2-0.8 10^9/L	0.60	0.51		0.95	0.67
Eosinophil Count	0.04-0.4 10^9/L	0.10	0.28		0.09	0.16
Basophil Count	0.01-0.1 10^9/L	0.10	0.09		0.03	0.03
Platelet count	150-400 x10^9/l	253	271		309	358
Prothrombin Time	10.5-13.5 s			11		
INR (Warfarin)				0.9		
APTT	26-36 s			31		
APTT Ratio	0.8-1.2			1.0		
Fibrinogen (Clauss)	1.5-4.0 g/l			3.6		

COMMENTS:

DATE PRINTED: 05/11/2014
TIME PRINTED: 15:45

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

PATIENT:	STEWART, TRACEY ANN	**PIN:**	1709821280	**CHI:**	1709821280
DOB:	17/09/1982	**SEX:**	F	**CONSULTANT/GP:**	Midwife
SOURCE:	Bathgate Primary Care Centre			**SENDER:**	

CLINICAL DETAILS:

Date: 04/11/2014
Time: 14:38
Specimen No.: HR970007C

ANTENATAL HAEMOGLOBINOPATHY SCREEN

Haemoglobin	115	g/l	(115 - 160)
Red cell count	3.38	x10^12/l	(3.8 - 5.8)
Mean cell volume	105	fl	(78 - 98)
Mean cell Hb.	34.0	pg	(27.0 - 32.0)
Comment:	Further tests not required		
Family Origin Questionnaire	Yes		
FOQ Risk Identification	No risk (FOQ pink box not ticked)		

Comments:

No evidence of thalassaemia.

Not tested for haemoglobin variants as mother and baby's father from low risk area on family origin questionare.

Testing of baby's father NOT required.

gl

Please note: Specimen type is blood unless otherwise stated

DATE PRINTED:	06/11/2014
TIME PRINTED:	10:48

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Department of Laboratory Medicine — **Haematology, RIE**

PATIENT: STEWART, TRACEY ANN **UPI:** 1709821280 **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Midwife

SOURCE: Bathgate Primary Care Centre **SENDER:**

CLINICAL DETAILS:

Date Collected		21/01/10	26/04/13	26/04/13	24/10/14	03/11/14
Time Collected		15:37	13:35	13:35	16:11	16:30
Date Received		21/01/10	26/04/13	26/04/13	24/10/14	04/11/14
Time Received		16:32	14:10	14:10	16:49	14:38
Specimen Number		SH179138	SH512691	SH512692	SH756766	HR970007
Haemoglobin	115-160 g/l	131	146		121	115
Red cell count	3.8-5.8 10 ^12/	3.76	4.33		3.41	LA
Haematocrit	0.37-0.47 Ratio	0.366	0.422		0.326	LA
Mean cell volume	78-96 fl	97.4	98.0		96.0	LA
Mean cell Hb.	27.0-32.0 pg	34.9	33.7		35.5	LA
White cell count	4.0-11.0 10^9/l	12.1	8.8		12.6	
Neutrophil Count	2.0-7.5 10 ^9/L	8.50	4.73		9.04	
Lymphocyte Count	1.5-4.0 10 ^9/L	2.80	3.17		2.47	
Monocyte Count	0-0.8 10 ^9/L	0.60	0.51		0.95	
Eosinophil Count	0-0.5 10 ^9/L	0.10	0.28		0.09	
Basophil Count	0-0.1 10 ^9/L	0.10	0.09		0.03	
Platelet count	150-400 10 ^9/l	253	271		309	LA
Prothrombin Time	10.5-13.5 s			11		
INR (Warfarin)				0.9		
APTT	26-36 s			31		
APTT Ratio	0.8-1.2			1.0		
Fibrinogen (Clauss)	1.5-4.0 g/l			3.6		

COMMENTS:

DATE PRINTED: 04/11/2014
TIME PRINTED: 15:45

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, SJH**

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp EPU **SENDER:**

CLINICAL DETAILS: routine.

Date Collected		07/05/08	21/01/10	26/04/13	26/04/13	24/10/14
Time Collected		08:19	15:37	13:35	13:35	16:11
Date Received		07/05/08	21/01/10	26/04/13	26/04/13	24/10/14
Time Received		09:34	16:32	14:10	14:10	16:49
Specimen Number		SH015385	SH179138	SH512691	SH512692	SH756766
Haemoglobin	115-160 g/L	**108**	131	146		121
Red cell count	3.8-5.8 10 ^12/	**3.18**	3.76	4.33		**3.41**
Haematocrit	0.37-0.47 Ratio	**0.317**	0.366	0.422		**0.326**
Mean cell volume	78-96 fl	**99.7**	**97.4**	**98.0**		96.0
Mean cell Hb.	27.0-32.0 pg	**34.1**	**34.9**	**33.7**		**35.5**
Mean cell Hb conc.	310-360 g/L					**371**
White cell count	4.0-11.0 10^9/l	**16.4**	**12.1**	8.8		**12.6**
Neutrophil Count	2.0-7.5 10 ^9/L	**12.40**	**8.50**	4.73		**9.04**
Lymphocyte Count	1.5-4.0 10 ^9/L	3.20	2.80	3.17		2.47
Monocyte Count	0-0.8 10 ^9/L	0.60	0.60	0.51		**0.95**
Eosinophil Count	0-0.5 10 ^9/L	0.10	0.10	0.28		0.09
Basophil Count	0-0.1 10 ^9/L	0.00	0.10	0.09		0.03
Platelet count	150-400 10 ^9/l	263	253	271		309
Prothrombin Time	10.5-13.5 s				11	
INR (Warfarin)					0.9	
APTT	26-36 s				31	
APTT Ratio	0.8-1.2				1.0	
Fibrinogen (Clauss)	1.5-4.0 g/l				3.6	
VTE Exclusion	0-230 ng/ml				40	
Mean cell Hb conc.	31.0-36.0 g/dl	34.2	**35.8**	34.6		

COMMENTS:

DATE PRINTED: 25/10/2014
TIME PRINTED: 09:30

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

ST JOHN'S HOSPITAL AT HOWDEN
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280
Order Items:
US Liquor Volume

Clinical details

US Liquor Volume
Para 2 (previous CS) 19+2 Hx of possible SRM, No liquor on SRM, scan in LW- no liquor Pt self discharged but coming to DBU 16/12/14

Report

Single fetus - FH seen.
Oligohydramnios - a single pool of less than 8mms identified.

UA doppler - EDF present
HC 162mms FL 30.6 mms AC 125 mms
AC just above the 5th centile
Placental site: posterior, leading edge currently reaches the internal os.

Anatomy checked = cerebellum,, 4 chamber heart, stomach, kidneys, anterior abdominal wall, bladder,

No gross abnormality demonstrated within the limitations of the scan. The remaining anomaly check can be completed at her next growth scan. I note there is an anomaly scan booked for Monday 18th - it would probably be better to wait and complete checks in 2 weeks - please let us know if you are happy with this and

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	Dr TK Cooper
Order Patient Location:	SJH Labour Suite
Receiving Location:	SJH - US

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Liquor Volume	19678365	16/12/2014	Dr Kate L Darlow

D.O.R:		Reporting Radiologist:	Suzanne McHattie
D.O.T:	16/12/2014	Overseen by Radiologist:	
D.O.V:	16/12/2014	Verifying Radiologist:	Suzanne McHattie
		Typist/Secretary:	Suzanne McHattie
		Radiologist Signature:	

Printed 16/12/2014 15:10:31

TKC ANC 8/1/2015

ST JOHN'S HOSPITAL AT HOWDEN
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280
Order Items:
US Liquor Volume

---

we will change the appointment..

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	Dr TK Cooper
Order Patient Location:	SJH Labour Suite
Receiving Location:	SJH - US

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Liquor Volume	19678365	16/12/2014	Dr Kate L Darlow

D.O.R:		Reporting Radiologist:	Suzanne McHattie
D.O.T:	16/12/2014	Overseen by Radiologist:	
D.O.V:	16/12/2014	Verifying Radiologist:	Suzanne McHattie
		Typist/Secretary:	Suzanne McHattie
		Radiologist Signature:	

Printed 16/12/2014 15:10:31

EPU HANDOVER SUMMARY
(all visits/investigations on TRAK)

Situation

No infertility tx.
No pelvic infection
Non Smoker.

Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson
800547297W F 17/09/1982
Stewart, Tracey A

Date 24·10·14
Consultant RAH. HP.

Referred by GP. 10/7 day tx of urine infection.
Loin pain 5/7 wks. Seen by GP again today

No vaginal bleeding. Continues to have right sided loin pain.

Background

Currently taking.
Nitrofurantoin.
cyclizine.
Folic Acid
Cocodamol.

Parity: LMP: ?Aug Date of +ve PT +HCG. + Protein. + Ketones
2 17·2·2000 Emcls fetal distress
2 16·5·2008 Emcls. Term.
1x ToP. 2010..

Drug Allergies: Penicillin. Amoxicillin. Trimethoprim

Assessment

27/10/14

T 37.1 P. 92. BP 120/72.
Ongoing IUP of 12w 4d.

Recommendations

Advised by sonographer to contact C/M & bring forward booking appt. They will then try & accomodate with an earlier booking scan at appropriate gestation

SBAR/Notes to Consultant for letter ☐ __/__/__ Copy to midwife/GP yes/no
TRAK updated ☐ __/__/__
To DOSA/Ward 12 ☐ __/__/__ Pre-viable ☐
Volume 1 notes ordered ☐ __/__/__ Pregnancy Closed on TRAK

☐

2 COPIES OF CONSENT FOR DISPOSAL ESSENTIAL FOR PREGNANCY LOSS
(A 3RD IS NEEDED IF POC TAKEN HOME)

ST JOHN'S HOSPITAL AT HOWDEN
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280
Order Items:
US Obstetric (Other)

Clinical details
Medical review in epu on 24/10/14 with right sided loin pain.Unsure of dates. Treated for UTI. Pain settled over weekend.

Report
Single active fetus. FH seen.

CRL = 60.6 mms
US measurements suggest a gestation of 12 weeks 4 days

No adnexal masses, cysts or free fluid seen.
No cause for symptoms identified.

Due to the later than expected gestation, Tracey will contact her Community Midwife to try and re-arrange her initial Booking appointment. We will then try to accommodate Tracey with an USS at the appropriate gestation once she has contacted us.

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	Obstetrician Triage (EPU)
Order Patient Location:	SJH Obste OP EPU - Obstetrics OP EPU
Receiving Location:	SJH - US

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric (Other)	19265403	27/10/2014	M/W Kirsten R Elliott

D.O.R:		Reporting Radiologist:	Alison Bridge
D.O.T:	27/10/2014	Overseen by Radiologist:	
D.O.V:	27/10/2014	Verifying Radiologist:	Alison Bridge
		Typist/Secretary:	Alison Bridge
		Radiologist Signature:	

Printed 27/10/2014 10:32:01

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'Your Guide to Screening Tests During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

- ☑ I wish ☐ I do not wish to be tested for Blood Group antibody screen
- ☑ I wish ☐ I do not wish to be tested for Full Blood Count
- ☑ I wish ☐ I do not wish to be tested for Rubella status
- ☑ I wish ☐ I do not wish to be tested for Syphilis
- ☑ I wish ☐ I do not wish to be tested for Hepatitis B
- ☑ I wish ☐ I do not wish to be tested for HIV
- ☑ I wish ☐ I do not wish to be tested for Haemoglobinopathies Partner required testing Yes ☐ No ☐
- ☐ I wish ☐ I do not wish to be tested for blood glucose levels
- ☐ I wish ☐ I do not wish to be tested for _____
- ☐ I wish ☐ I do not wish to be tested for _____

Signature: X [signature] Date: [illegible]

Witness: [signature] (Health professional)

Designation: MW Date 03/11/14

Screening tests in pregnancy

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local midwifery team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are (tick as appropriate):

- ☑ Dating scan
- ☑ Nuchal translucency scan 11-13 weeks
- ☑ Fetal anomaly scan
- ☐ Detailed scan at ___ weeks
- ☐ Growth scans as required
- ☐ Placental site scan as required
- ☑ Other

Consent for screening tests offered in pregnancy (Down's Syndrome)

☑ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome.

Signature: X [signature] Date: [illegible]

Witness: [signature] (Health professional)

(Please sign and print name)

Designation: MW Date 3/11/14

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Biochemistry, SJH**

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp **SENDER:** 54024 c.lourie

CLINICAL DETAILS: para 2+1. 23+2. psrm.

Date Collected		02/01/2015	04/01/2015	04/01/2015	06/01/2015	12/01/2015
Time Collected		12:16	14:43	14:43	16:45	11:28
Date Received		02/01/2015	04/01/2015	04/01/2015	06/01/2015	12/01/2015
Time Received		13:28	15:13	15:13	17:07	12:43
Specimen Number		SB401304B	SB401883Q	SB401884E	SB404428Y	SB409581F
Lactate	0.6-2.4 mmol/L			1.0		
C-Reactive Prot	0-5 mg/L	14 H	14 H		7 H	4

COMMENTS: Only comments on the most recent result are printed

DATE PRINTED: 13/01/2015
TIME PRINTED: 10:05

Specimen type is serum, plasma or blood unless otherwise stated

LOTHIAN UNIVERSITY HOSPITALS DIVISION

www.edinburghlabmed.co.uk

Department of Laboratory Medicine — **Haematology, SJH**

PATIENT: STEWART, TRACEY ANN **UPI:** 800547297W **CHI:** 1709821280

DOB: 17/09/1982 **SEX:** F **CONSULTANT/GP:** Not given

SOURCE: Ward 10 OPD, St John's Hosp **SENDER:** 54024 c.lourie

CLINICAL DETAILS: para 2+1. 23+2. psrm.

Date Collected		26/12/14	02/01/15	04/01/15	06/01/15	12/01/15
Time Collected		12:38	12:16	14:43	16:45	11:28
Date Received		26/12/14	02/01/15	04/01/15	06/01/15	12/01/15
Time Received		16:06	13:30	15:31	17:13	12:49
Specimen Number		SH788906	SH791421	SH791883	SH793390	SH796247
Haemoglobin	115-160 g/L	119	110	105	117	111
Red cell count	3.8-5.8 10 ^12/	3.34	3.10	2.97	3.35	3.38
Haematocrit	0.37-0.47 Ratio	0.323	0.301	0.289	0.325	0.328
Mean cell volume	78-96 fl	97.0	97.0	97.0	97.0	97.0
Mean cell Hb.	27.0-32.0 pg	35.6	35.5	35.4	34.9	32.8
Mean cell Hb conc.	310-360 g/L	368	365	363	360	338
White cell count	4.0-11.0 10^9/l	13.1	17.5	13.3	17.1	18.2
Neutrophil Count	2.0-7.5 10 ^9/L	10.19	14.21	10.32	12.76	14.11
Lymphocyte Count	1.5-4.0 10 ^9/L	2.20	2.49	2.22	3.40	2.87
Monocyte Count	0-0.8 10 ^9/L	0.54	0.60	0.62	0.72	0.98
Eosinophil Count	0-0.5 10 ^9/L	0.11	0.18	0.15	0.14	0.20
Basophil Count	0-0.1 10 ^9/L	0.03	0.03	0.03	0.05	0.08
Platelet count	150-400 10 ^9/l	318	288	282	324	311

COMMENTS:

DATE PRINTED: 13/01/2015
TIME PRINTED: 09:30

Results outwith the reference range are highlighted in BOLD

NOTE: Specimen type is BLOOD unless otherwise stated.

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

T

Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Not given		**Date Taken:**	02/01/2015
		Time Taken:	16:37
Address: Ward 10, St John's Hospital		**Date Received:**	03/01/2015
		Time Received:	12:25
		Date Reported:	05/01/2015

Lab. Ref. No.:JU322591D Spec.:Mid stream urine
Urine Micro Culture & Sens
Culture :
No significant bacteriuria

Authorised By: Background Authorisation for Dr K MacSween

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, St Johns Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 800547297W / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY ANN	**Sex:** Female		
Report to: Not given		**Date Taken:**	02/01/2015
		Time Taken:	16:37
Address: Ward 10, St John's Hospital		**Date Received:**	03/01/2015
		Time Received:	15:02
		Date Reported:	05/01/2015

Lab. Ref. No.:JG503586Q Spec.:High vaginal swab
Micro,Culture & Sensitivities
Microscopy :
No Leucocytes seen
Culture :
No significant growth
No Yeasts isolated

Authorised By: Background Authorisation for Dr K MacSween

Named Midwife

Visit	Gestation	Type of Appointment	Clinic	What to Expect	Date
1	8 - < 12	Booking	Midwife	Maternal history	3/11/14
	12	Scan Xray SJH	Hospital	Confirm EDD NT screening if wishing	4/11/14 @ 1A 2 0pm
2	16-18	Antenatal Clinic	Midwife	Discuss Results Guide to Fetal Movement and Parentcraft class info	
	18-22	Scan	Hospital	FAS if wished	
3	22-25	Antenatal Clinic	Midwife	Mat B1 given BF DVD	
4	28	Antenatal Clinic	Midwife	Routine bloods offered	
5	32	Antenatal Clinic	Midwife	Routine antenatal checks	
6	35/36	Antenatal Clinic	Midwife	Routine antenatal checks Weight and Newborn Screening	
7	37/38	Antenatal Clinic	Midwife	Routine antenatal checks	
8	39/40	Antenatal Clinic	Midwife	Routine antenatal checks	
9	40	Antenatal Clinic	Midwife	Routine antenatal checks – offer membrane sweep info given on I.O.L	
10	41	Antenatal Clinic	Midwife	Routine antenatal checks – offer membrane sweep arrange I.O.L	

Maternity Information Pack

Congratulations on your pregnancy

Becoming a parent brings new needs, not only in health care and adjusting to the obvious changes at home, but also changes to what happens here at work.

We know you've got lots to think about and plan for, so to try and make things a little easier we've prepared this pack.

We've answered some of the questions you may have about what time off and pay you'll get from us once you've given birth.

If after reading this pack, you still have some questions, please give us a call on +44 (0)844 822 2020 or send us an email to HR2020@bskyb.com.

Kind Regards

HR2020

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Glossary

We've kept it simple by giving you a Glossary of some of the common terms used when you're preparing to go on your leave.

What it's called	What this really means
AML Additional Maternity Leave	This is the extra period of time off from work you're entitled to take, which is set at a further 26 weeks.
Average Weekly Pay	This is the average weekly pay you'll receive across all payments made, including allowances in the last 2 months before the end of your Qualifying Week.
Basic Weekly Pay	This is the basic weekly pay you'll receive from all your permanent payments, including any allowances.
CMP Company Maternity Pay	This is the basic pay that you'll receive from us when you're on maternity leave.
Continuous Service	This is your total length of employment from when you first joined Sky. If you've left Sky, then you've had a break in service.
Earliest Start Date of Maternity	This is the earliest date possible that you're allowed to start your leave from.
EWC Expected Week of Childbirth	This is the 7 day period, starting from the Sunday of the week you are due to give birth.
KIT Days Keep In Touch Days	These are days that we'll pay you for in order for you to come in to work during your leave, to "keep in touch" with us.
MA Maternity Allowance	This is a payment that you may receive from the Dept. of Social Security, if you're not being paid any Statutory Maternity Pay from us.
MATB1	This is the certificate that your Midwife or GP will give you to confirm your pregnancy.
MLP Maternity Leave Period	Regardless of how long you've been employed with us, this is the time off from work you're allowed to take, up to a maximum of 52 weeks.
MPP Maternity Pay Period	This is the total period of time when you're on leave that you can receive a payment for.
OML Ordinary Maternity Leave	This is the minimum time off from work you're entitled to take, which is set at 26 weeks.
QW Qualifying Week	This is the 7 day period which is 15 weeks before your Expected Week of Childbirth. We'll use this date to work out what we'll pay you when you're on your leave.
SMP Statutory Maternity Pay	This is a payment you'll receive from us which is set at a specific rate by the Government.

What time off am I allowed for Antenatal Care?

Throughout your pregnancy you'll have regular care, either at a hospital antenatal clinic, or with your own GP / Midwife.

If you've made an appointment for antenatal care, then you've the right to reasonable time off with pay to attend the appointment (subject to business needs).

Usually preparation for labour classes are held at hospitals, local clinics and health centres, and most of these classes will take place in your last 3 months of pregnancy. You might have already started your maternity leave by the time you attend these classes, but if you've chosen to work later into your pregnancy then we'll also pay you for reasonable time off to attend these classes as well.

At your first medical appointment, we'd recommend you ask for confirmation of your pregnancy and an appointment card so you can show you're line manager when you need time off for your appointments.

Please give your line manager as much notice as possible for your appointments, and where possible we'd ask you to mindful of the needs of the business, and to try and schedule your appointments at a time that has the least impact on your department.

If the father, or your partner or nominated carer works here at Sky as well, then we'd suggest they speak with their line manager about the options available to them if they want to attend the antenatal care with you.

What about my Health & Safety when I'm at work?

As a mum to be, your health & safety at work's important to us - that's why we've emailed your line manager and asked them to take you through a New & Expectant Mother's Risk Assessment.

We want to make sure your working safely and comfortably, so please make sure you complete this with your line manager as soon as possible.

When you're back at work after your leave, or if you're using one of your KIT days you're able to arrange with our Occupational Health team to be provided with a private room and fridge which you can use to express and store milk.

We do ask that you give prior notice to our Occupational Health & Wellbeing team by giving them a call on +44 (0)844 822 2020, Option 3 for Occupational Health.

What Pay & Leave am I entitled to?

You might already be starting to think about what pay you'll get from us, and how long you'll take off work when you go on your maternity leave.

Don't worry - we'll send you a letter to let you know about your pay and leave, but in the meantime we've given you an idea of what to expect over the next few pages.

There are some things we'd like to let you know about before we move onto your pay & leave:

- It doesn't matter how long you've been employed by us, you're allowed to take 26 weeks OML, and 26 weeks AML.
- You can't start your maternity leave any earlier than 11 weeks before your EWC, unless you've given birth before this date
- Your leave can start on any day of the week.
- You have to take a minimum of 2 weeks maternity leave from the actual date of birth - that's not our rule, its legislation.
- We can't work out how much to pay you when you're on leave unless you provide us with your MATB1 Certificate - so it's important that you get this to us as soon as you receive it from your GP / Midwife.
- You'll still continue to receive any allowances you were paid when you were at work, during your maternity leave
- If you're not able to come to work at any time after your 36th week of pregnancy due to a pregnancy related illness, we'll automatically start your maternity leave from the first day of absence

What Pay & Leave am I entitled to? Cont'd

What's my length of Continuous Service?	What Pay & leave am I entitled to?
Less than 26 weeks service **Or** **More than 26 weeks service but earns less than £107 per week**	You haven't worked for us for long enough to qualify for Maternity Pay or you don't earn enough to qualify for Maternity Pay. To qualify for Maternity Pay, you need to earn on average at least the Lower Earnings Limit for National Insurance Contributions. Currently the Lower Earnings Limit is £107 per week. You may however be entitled to a payment from the government called Maternity Allowance. You'll receive 52 weeks unpaid maternity leave which includes 26 weeks OML, immediately followed by 26 weeks AML.
More than 26 weeks service and earns more than £107 per week	**Statutory Maternity Pay (SMP)** SMP is six weeks at 90% of your average weekly pay plus 33 weeks at the weekly rate set by the government. Currently the weekly rate of SMP is £136.78 or 90% of your average weekly earnings if you earn less than £136.78 per week. Your average gross weekly pay is worked out based on an eight week period. The eight week period ends with the Saturday at the end of your qualifying week. Your qualifying week is the 15th week before your expected week of childbirth. Any leave after 39 weeks will be unpaid. SMP can't start any earlier than the 11th week before your baby is due and you need to have stopped working because of your pregnancy to qualify for it. You'll receive 52 weeks unpaid maternity leave which includes 26 weeks OML, immediately followed by 26 weeks AML.
More than one year's service	**Company Enhanced Maternity Pay** Our enhanced maternity pay is: • 26 weeks' salary at basic weekly pay. The first six weeks will be paid at 90% of average earnings if this is greater than weekly pay); and • Thereafter the next 13 weeks at standard rate of Statutory Maternity Pay or 90% of earnings for 13 weeks if this is less than £136.78 per week. • Any Maternity Leave after 39 weeks will be unpaid. You'll receive 52 weeks unpaid maternity leave which includes 26 weeks OML, immediately followed by 26 weeks AML.

Special Circumstances

We sincerely hope that your pregnancy and forthcoming birth goes smoothly for you, but if something should go wrong, you need to know what happens to your pay and leave.

We need to let you know that if your pregnancy should end after the start of your 25th week, then you still have the option to take 26 weeks maternity leave, and you'll still receive any SMP that you'd be entitled to dependant on your length of Continuous Service.

How is my pay worked out?

You currently get paid once a month by us and your maternity pay is paid in exactly the same way - the only difference is how we need to work out what to pay you.

Your CMP and SMP are worked out as a weekly payment rather than a monthly payment, but we'll still pay you once a month.

We'll use Sunday as the day to work out when your QW is, however if your SMP / MPP starts on a day of the week that isn't Sunday, then a week in your MPP means a 7 day period that starts from the day of the week your MPP began - for example if your MPP starts on a Thursday, your weeks for pay purposes will run from a Thursday to a Wednesday.

What does this mean for me?

Well, it means that instead of you receiving the same amount each month in your monthly pay, one month you will receive 4 weeks' pay, the next month you may receive 5 weeks' pay.

March

	Su	M	Tu	W	Th	F	Sa
Wk1	27	28	1	2	3	4	5
Wk2	6	7	8	9	10	11	12
Wk3	13	14	15	16	17	18	19
Wk4	20	21	22	23	24	25	26
	27	28	29	30	31		

April

	Su	M	Tu	W	Th	F	Sa
Wk1	27	28	29	30	31	1	2
Wk2	3	4	5	6	7	8	9
Wk3	10	11	12	13	14	15	16
Wk4	17	18	19	20	21	22	23
Wk5	24	25	26	27	28	29	30

In the example above, you'll see that the weeks run from Sunday 27th February, through to Saturday 26th March. This means that in March's pay, you'll have been paid for a 4 week month. If your weekly pay worked out to be £200 per week, then you'd be paid £800 for this 4 week month.

For April's pay however, as it runs from Sunday 27th March through to Saturday 30 April, you'll have been paid for a 5 week month. With your weekly pay working out to be £200 per week, then you'd be paid £1000 for this 5 week month.

Normally MPP works on a 4 week + 4 week + 5 week cycle, so this means that every 13 weeks you'll have received the equivalent of 3 month's pay.

It's important to think about this when you're planning to come back to work - if you come back to work, even for the last Saturday during your final week of SMP, we'll not pay you any SMP for that full week.

What happens to my other benefits when I'm on leave?

When you're on OML or AML, your Contractual benefits will all remain in place, and you'll continue to receive these benefits as if you were still at work.

The only exception to this is your normal pay, as there are different conditions attached to what we'll pay you when you're on leave, as we've mentioned earlier in this pack.

Remember you can still access you total reward statement from www.myskyrewards.com - you might need to change you email address on this site though as it will still show your BskyB.com one.

What's the benefit?	What does this mean?
Holiday Entitlement	You'll continue to accrue holidays and bank holidays during your leave and accrued holidays can be taken immediately before or after your leave. Accrued holidays can't be taken whilst you are on leave. You won't receive a payment for any holidays that you haven't taken unless you choose not to come back to work. In this case, any untaken holidays will be paid in your final salary
Healthcare	If you're a member of our Healthcare plan, cover will continue during your leave. If you're eligible for Family cover, you can apply for this once your baby has been born or has been matched with you for adoption - contact HR2020 who will forward the relevant healthcare forms to you. You need to complete these with the child's full name and date of birth and send them back to HR within three months of your child's birth to ensure that your application can be considered. HR will pass the information on to the healthcare plan provider on your behalf.
Sick Pay	You aren't entitled to Company Sick Pay during your leave.
Sharesave Scheme	You can't vary your contributions to the Sharesave scheme, however, while on leave you can opt to freeze your contributions for six months, or you can arrange a direct debit out of another bank account. For information on how to organise this, please give us a call.
Car Allowance	We'll continue to pay your Car Allowance to you each month during your leave, if you currently get one. This will still be subject to normal tax and National Insurance deductions; however we won't pay for private fuel use.

Company Car	You'll continue to keep your Company Car during your leave, if you currently have one; however we won't pay for private fuel use.
Company Mobile Phones	You'll continue to keep your Company mobile phone during your leave if you currently have one; however we won't pay for personal calls.
Free Sky Products	You'll continue to keep your free Sky Products subscriptions during your leave
SMART Pension	If you're already in SMART Pensions you can opt out of the salary sacrifice for 'lifestyle changes'. This is to give you the chance to maximise your entitlement to SMP. If you'd like to opt out you need to let us know no later than the 16th week of pregnancy - this is because we calculate your average earnings at this point. Give us a call if you'd like to find out more.
Member of Pension / Opted out of SMART Pensions	During the paid part of your leave, we'll continue to make our contributions into your pension scheme at the same rate as when you're working normally and receiving your normal pay. Your contributions will be made based on the actual amount of pay you receive. If this is less than your normal contributions, then we'll make up any shortfall so there is no loss to you. For any period of unpaid leave, contributions won't be made by you or us. You'll still be a member of the Plan. Other benefits associated with your membership, such as Death-in-Service Life Assurance cover, Spouse's/Dependant's Pension and Income Protection benefit will also stay in place.
Life Assurance Cover	If you're a member of our pension scheme, life assurance cover will continue during your leave. If you're not a member of the pension scheme you may be eligible for life assurance during your leave in line with rules of the Company Life Assurance Scheme that applies to you.
Sky Choices - **Choosebikes** - **Choosetravel** - **Choosehealthcare**	Your salary reductions will continue as long as there's enough salary including statutory payments available. If not the deductions will be suspended and when you come back to work, your reductions will start again until a total of 12 reductions have been made. If you choose not to return to work any outstanding

	payments will be taken from your final salary.
Sky Choices - **Choosevouchers**	Your salary deductions will carry on as long as there's enough salary available. If not the deductions will be suspended and will re-start when you return to work. If you choose not to come back to work any outstanding payments will be taken from your final salary.
Sky Choices - **Choosechildcare** - **Choosephones**	Your salary reductions will continue to be taken from salary as long as there's enough salary, not including any statutory payments available. If there is not enough salary available we'll make your payments until you return to work. This only applies to the salary sacrifice element of the deduction. The payments we make replace the salary reduction and will be based on an average of the salary reductions three months before the start of your leave. If you choose not to come back to work all payments will stop.

What if I want to come in to work when I am on leave?

We know that when you're starting to think about coming back to work you might like to come in for a period of time to catch up, attend some training, or even to do your job as normal - so we've given you 10 KIT days to be able to do this, and we'll pay you for them!

Don't worry though - you won't lose any of your statutory pay, and you won't be bringing your leave to an end by coming in for KIT days.

You can take the days one by one, or together, with your line manager's agreement, but you can't come in on a KIT day during the first 2 weeks after child birth. If you do decide to come in for KIT days, then this doesn't extend your overall period of leave.

Your line manager will record your KIT days on the People Portal, and we'll arrange to pay you the days used at your normal rate of pay.

If you just want to maintain reasonable contact, but not actually use KIT days, then this is fine, and we won't use any KIT days for this purpose. Please discuss with your manager what reasonable contact looks like and agree together how this will happen.

You need to be aware though that we'll only pay you for KIT days when you actually come into work - you won't be paid for them if you don't, and they won't be added to your holiday entitlement either.

What happens when I want to return from Maternity Leave

If you're intending to come back to work before the end of your maternity leave, then we'd appreciate you giving us at least 3 weeks' notice - please remember you have to have a minimum of 2 weeks after childbirth as maternity leave, it's a legal obligation.

We need you to give us written confirmation that you're coming back - we've given you email and postal address you need under the Contacts section of this pack.

You might also be thinking about coming back to work on a different working pattern, or hours - if this is the case, you might want to consider completing a Flexible Working Application before your return. Please speak with your line manager for some more information on this.

What if I've still got some questions?

How do I arrange to take time off for Antenatal care?

You'll need to let your manager know when these appointments are, and show them your appointment card. You can submit a request for Special Leave in the People Portal, or your manager can add this request for you.

What happens to my pay & leave if I give birth earlier or later than I expected?

You'll still be entitled to your maternity leave; however what we'll pay you may change. This is because we'll work out what to pay you based on your EWC.

If this date changes, and it changes the amount of Continuous Service that you'll have by your 15th week before your EWC, then your pay may change as a result.

Please let either your line manager, or us know of any changes that happen.

What happens if I am off sick immediately before my maternity leave starts?

If you're off sick from work at any point in the 4 weeks before your EWC, then we'll start your maternity leave early.

What happens if I am off sick at the end of my leave, and can't come back to work when I expected?

We'll treat you as if you are off sick from work and you should report your sickness absence in the normal way to your line manager.

What happens if something goes wrong, and I have a miscarriage or still birth?

We sincerely hope that your pregnancy will run smoothly for you, however if something should go wrong, and your pregnancy ends after the start of your 25th week, then you still have the option to take 26 weeks maternity leave, and you'll still receive your SMP during this time.

Do I still pay tax and National Insurance when I'm on leave?

Yes, these will continue to be deducted as if you were still at work.

When can I start my leave?

Your leave can't start any earlier than the 11th week before your EWC. You can also continue to work right up until your Expected Birth Date if you want to.

What should I do with my MATB1 certificate?

You need to send the original document to us as soon as possible after you've been given it from your Midwife / GP. We need this to work out what pay and leave you should get.

How do I access my E-payslip when I'm on leave?

We'll keep sending your E-payslip notification email to the email address you're currently receiving them to - if you want to change this email, then you can update this by logging into the People Portal, then select the Employee tab.

Click on the E-payslip icon, and you'll be taken to the E-pay website - you can change your email address under the My Details section.

Remember you can also access your E-payslip through the external web link:
https://www.viewandprint.comBskyB

Can I work from home when I'm on leave?

No, you're not allowed to carry out any work for the company when you're on leave. If you do, you could risk your leave being brought to an end.

Can I change my working hours when I come back?

You should discuss this with your line manager, and consider a Flexible Working Application.

Can I take holidays immediately before, or after my leave?

Yes you can, and you can book holidays before your leave in the way you normally would request a holiday.

If you'd like to take holidays at the end of your leave, and these holidays fall into the next holiday year, then speak to your line manager about carrying these holidays over. If agreed, your line manager can then arrange for these days to be carried over for you.

Can I carry over holidays to the end of my leave?

If your leave runs over 2 holidays years (from 1st July to 30th June), and you've not taken all your holidays before going on leave, then you should speak with your line manager about carrying these over. If agreed, your line manager can then arrange for these days to be carried over for you.

I've heard of KIT days - what are they?

KIT days are where you can come into work for up to 10 days and be paid for them, without bringing your leave or any payments you may be receiving to an end. They're there for you to keep in touch with us, to come in and attend team meetings, training sessions, or just to come in and do your job as normal. Please discuss with your line manager when is a convenient time for both you and the business for you to come in.

What happens to my benefits when I'm on leave?

You're still entitled to receive your benefits as if you were still at work - it's best to check the Family & Special Leave policy for more detailed information, or refer to the "What happens to my other benefits?" section in the Maternity Information pack.

I'm a member of the Healthcare plan, can I add to my cover when I'm on leave?

If you're eligible, and want to add your child / children on to your Healthcare Cover, you can update the healthcare details on the People Portal. As long as this is submitted within 3 months of the birth, your child /children will be covered immediately.

To check if you're eligible to add dependants, you can login to the People Portal and select the Employee tab, click the Healthcare Summary.

Alternatively, you can contact HR2020 to ask for a HealthCare Amendment form to be sent out to your home address. You can contact HR2020 by either calling +44 (0) 844 822 2020, or by sending an email to HR2020@bskyb.com.

What if I leave Sky at the end of my leave?

If you leave Sky at the end of your leave, you'll not need to pay anything back. If you've accrued holidays and not taken them, then we'll pay you for them in your final pay. If you've taken too many holidays by the date that you leave us, then we'll deduct them accordingly from your final pay.

Contact Information

HR2020	+44 (0) 844 822 2020 (Option 1) HR2020@bskyb.com HR Services Watermark House Alba Campus Livingston West Lothian EH54 7HH
Healthcare Plan	+44 (0) 800 046 8312
Occupational Health & Wellbeing	+44 (0) 844 822 2020 (Option 3)
Sky Support Service Direct Helpline	+44 (0) 800 247 1802 www.skywellbeing.co.uk (User ID: skywellbeing, Password: bskyb)
My Sky Rewards	www.myskyrewards.com
Sky Pension	www.bskybpensionplan.com

MATERNITY SAYE (SHARESAVE) INSTRUCTIONS TO PAYROLL

If you are a member of the Company's Sharesave Scheme, you may wish to suspend your contributions during the unpaid portion of your maternity leave up to a maximum of 6 months. You should contact the Company Secretary's Department 020 770S 6822 to discuss your Sharesave payments whilst on maternity leave, and to ask any questions. To advise of your decision in relation to your Sharesave scheme, please complete this Sharesave form and send it to HR2020.

Name		**Shift / Hours**	
Start date		**NI Number**	
Employee No.		**Line Manager**	
Department		**Work Extension**	

SAYE Instruction	**Please sign Preference**
I confirm that SAYE contributions should be suspended during the unpaid portion of my maternity leave as I wish to defer for a maximum of 6 months	
I confirm that SAYE contributions should be continued during the unpaid portion of my maternity leave and I will submit a cheque, on a monthly basis, to cover these deductions in full. I undertake to send this cheque to the payroll department no later than 10 days prior to the payday in which the SAYE deductions is due to be made. (I understand that late receipt of my cheques may result in my SAYE contributions being suspended)	
I do not have any SAYE accounts that will be active during my maternity leave	

I confirm that this notification will be actioned by payroll when my salary falls below the contribution threshold.

Signed Date

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

..... District

CASE RI 800547297W F 17/09/1982
Name **Stewart, Tracey A**
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
Age **CHI** 1709821280

Hospital SJH Ward L&D Date of Discharge .....

Home Address ..... G.P. Dr Thomson

As above Address Simpson Medical Group

Tel. No: 01506 794715

Temp. Address .....

Tel. No: ..... Tel. No: .....

Parity 0+0 No. of Living Children x2 Comments .....

Early Discharge NO Booked/Unbooked ..... Blood Group A POS

Ante-natal complications SRM at 17/40. Spont labour at 23/40

MOTHER

Date of delivery 14/1/15 Time 0702 Length of Labour ..... Spontaneous/Induced

Method of delivery: Spontaneous SVD Other ..... Indication .....

Complications ..... Blood loss minimal

Placenta edges visible but Decemeal placenta and membranes

State of perineum on discharge intact. Hb 77 g/L

Treatment and/or complications Septic post delivery. IV abx ⇒ oral abx

Almevax: immune Anti-D Immunoglobulin: N/A

BABY

x100 wt 23/40 *

Sex Boy Apgar score ✓ Gestation 23+3

Weight at birth 615g OFC ✓ Length ✓ Cord ✓ Guthrie Test: YES/NO

Weight on discharge ..... Feeding ✓

Any special problems .....

Treatment and/or complications .....

M 'W's Signature C Andrews (RNDR2(NS) SM.

EARLY DISCHARGE

Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO .....

Testes Descended R. YES/NO .....

Hips L. NORMAL/ABNORMAL .....

Hips R. NORMAL/ABNORMAL .....

Signature .....

MC 17/1/15

PT O/C THURS 15/1/15. FOR COM WITH VIS SAT: 17/1/15 PLEASE * ON

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

P District

CASE F

Name

Age

78132 J Thomson
800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Hospital SJH Ward L&W Date of Discharge

Home Address As above G.P. Dr Thomson

Address Simpson medical Group

Tel. No: 01506 794715

Temp. Address

Tel. No: Tel. No:

Parity 2+0 No. of Living Children x2 Comments

Early Discharge NO Booked/Unbooked Blood Group A POS

Ante-natal complications SPM at 17/40. spont labour at 23/40

MOTHER

Date of delivery 14/1/15 Time 0702 Length of Labour Spontaneous/Induced

Method of delivery: Spontaneous SVD Other Indication

Complications Blood loss minimal

Placenta edges visible but Piecemeal placenta and membranes Membranes

State of perineum on discharge intact. Hb 77 g/L

Treatment and/or complications Septic post delivery. IV abx ⇒ oral abx

Almevax: immune Anti-D Immunoglobulin: N/n

BABY

*IUD AT 23/40 *

Sex Boy Apgar score Gestation 23+3

Weight at birth 615g OFC Length Cord Guthrie Test: YES/NO

Weight on discharge Feeding

Any special problems

Treatment and/or complications

M 'W's Signature CAndrews (ANDREWS SM)

EARLY DISCHARGE

Has G.P. been telephoned? YES/NO By whom?

Testes Descended L. YES/NO

Testes Descended R. YES/NO

Hips L. NORMAL/ABNORMAL

Hips R. NORMAL/ABNORMAL

Signature

WLT 426

WEST LOTHIAN HEALTHCARE DIVISION

GENERAL PRACTITIONER AND COMMUNITY MIDWIFERY DISCHARGE TRANSFER FORM

..... District

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

CASE
Name
Age

Hospital ..... Ward ..... Date of Discharge .....

Home Address ..... G.P. .....

..... Address .....

Tel. No: .....

Temp. Address .....

.....

Tel. No: ..... Tel. No: .....

Parity ..... No. of Living Children ..... Comments .....

Early Discharge ..... Booked/Unbooked ..... Blood Group .....

Ante-natal complications .....

MOTHER

Date of delivery ..... Time ..... Length of Labour ..... Spontaneous/Induced

Method of delivery: Spontaneous ..... Other ..... Indication .....

Complications ..... Blood loss .....

Placenta ..... Membranes .....

State of perineum on discharge ..... Hb .....

Treatment and/or complications .....

Almevax: ..... Anti-D Immunoglobulin: .....

BABY

Sex ..... Apgar score ..... Gestation .....

Weight at birth ..... OFC ..... Length ..... Cord ..... Guthrie Test: YES/NO

Weight on discharge ..... Feeding .....

Any special problems .....

Treatment and/or complications .....

M 'W's Signature .....

EARLY DISCHARGE

Has G.P. been telephoned? YES/NO By whom? .....

Testes Descended L. YES/NO .....

Testes Descended R. YES/NO .....

Hips L. NORMAL/ABNORMAL .....

Hips R. NORMAL/ABNORMAL .....

Signature .....

Obstetric Observation Chart

NHS Lothian

Consultant: TLC

Date chart commenced: 13/1/15

This is chart number 01 this admission

Booking weight 53. kgs BMI 21.8

ASU: MAU

Attach a patient Addressograph here
or

Name: Tracey Stewart

DOB: 17/09/82

CHI No: 1709821280

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

SEWS >=4	SEWS>=6 or rapid deterioration
↓	↓
Inform midwife in charge and obstetric senior trainee	Inform obstetric and anaesthetic senior trainees (consultants if above not readily available)

CAUTION

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

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

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

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

IMPORTANT

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

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

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

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

Reorder Ref: WLT1016-Obs

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

- **Do not add pain score to SEWS Score.**
- Record standard observations (RR, SpO_2, Temp, BP, HR, AVPU).
- Note whether observation falls in shaded "At Risk Zone". Score as per SEWS key.
- Add points scored and record total "SEWS Score" in bottom row of chart.
- Action as per guidelines on front of chart.

If RR >24	Review patient / CXR +/- gases / PEF (Peak Expiratory Flow) etc → Definitive Therapy			
If SpO_2 sats <93%	Review probe ? accurate Review patient → prescribe oxygen on drug chart if indicated, consider ABGs.			
If Temp >38	Blood cultures Other cultures Early antibiotic therapy if sepsis suspected.			
If Systolic BP<100	Review monitoring *(cardiac / oximetry / urine output / invasive BP etc).* IV Access Review patient / drug kardex.			
Consider:	IV fluid bolus and reassess. Care in preeclampsia. TREAT UNDERLYING CAUSE			
Consider:	Hypovolaemia *Dehydration* *Blood loss*	Obstructive *PE* *Tamponade*	Distributive *Sepsis* *Anaphylaxis*	Cardiac *Arrhythmia* *Pump failure*
If Pulse >130	Review monitoring *(cardiac monitor indicated)* IV Access Review patient / ECG / electrolytes → Definitive Therapy			
If responds to pain only or unresponsive	Assess airway, BM, GCS, neuro observation chart, review patient / kardex.			
If BM <4	Give Oral Carbohydrate / IV Dextrose. Consider checking urgent laboratory blood glucose.			

HOW TO ASSESS BP IN A PREGNANT PATIENT

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

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

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

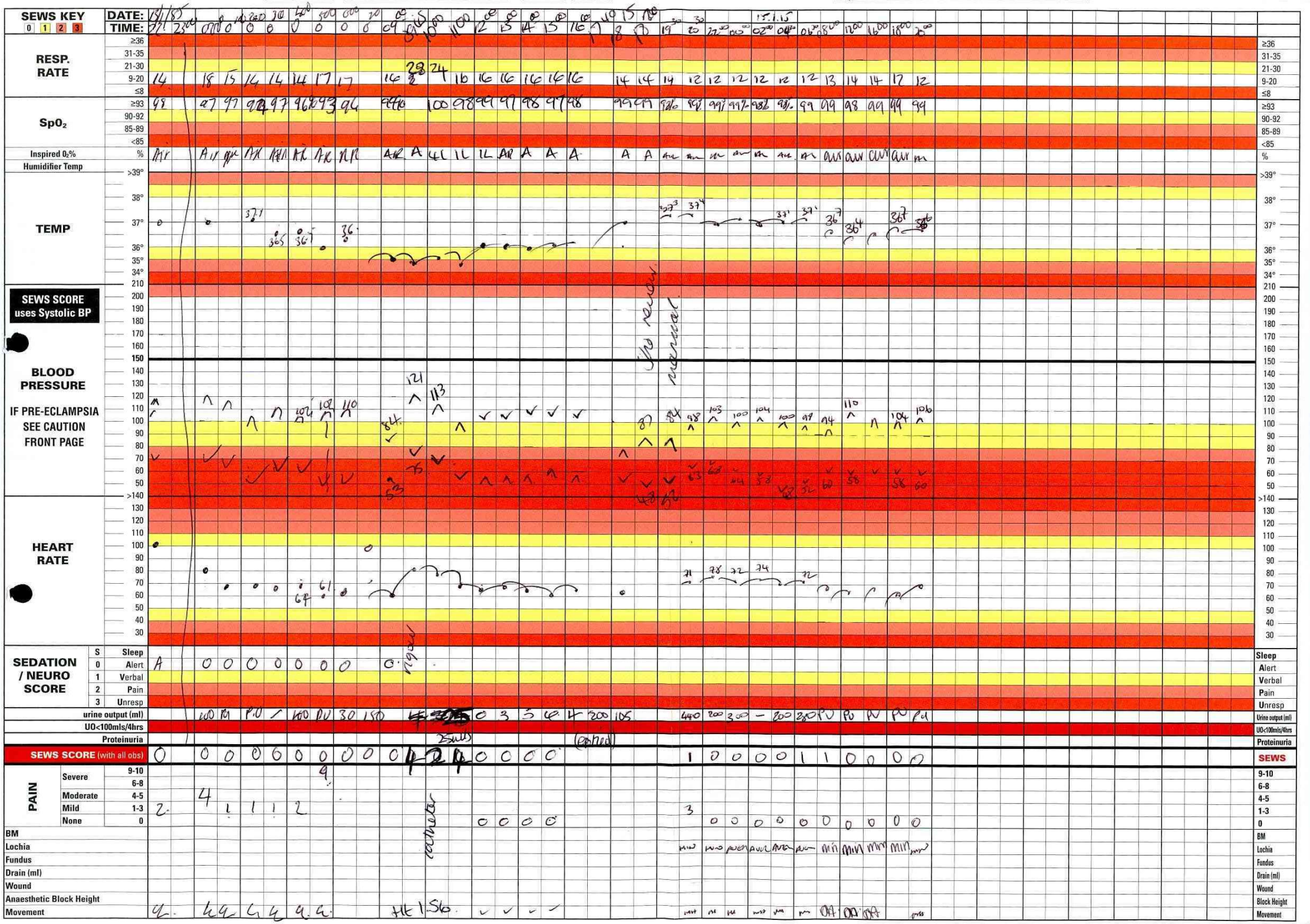
Headache	Visual disturbance	Facial oedema	Breathlessness
Epigastric pain	Right upper quadrant pain	Vomiting	Generalised oedema

Nausea Score (0-3)

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

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

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


SEWS KEY
0 1 2 3
DATE:
TIME:
RESP. RATE
≥36
31-35
21-30
9-20
≤8
SpO2
≥93
90-92
85-89
<85
Inspired O2%
%
Humidifier Temp
TEMP
>39°
38°
37°
36°
35°
34°
SEWS SCORE uses Systolic BP
BLOOD PRESSURE
IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
>140
HEART RATE
SEDATION / NEURO SCORE
S Sleep
0 Alert
1 Verbal
2 Pain
3 Unresp
urine output (ml)
UO<100mls/4hrs
Proteinuria
SEWS SCORE (with all obs)
PAIN
Severe 9-10
6-8
Moderate 4-5
Mild 1-3
None 0
BM
Lochia
Fundus
Drain (ml)
Wound
Anaesthetic Block Height
Movement

Obstetric Observation Chart

NHS Lothian

Consultant: TLC

Date chart commenced: 13/1/15

This is chart number 01 this admission

Booking weight 53. kgs BMI 21.8

ASU: NAD

Attach a patient Addressograph here
or

Name: Tracey Stewart

DOB: 17/09/82

CHI No: 1709821280

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

SEWS >=4	SEWS>=6 or rapid deterioration
↓	↓
Inform midwife in charge and obstetric senior trainee	Inform obstetric and anaesthetic senior trainees (consultants if above not readily available)

CAUTION

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

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time

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

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

IMPORTANT

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

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

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

PERSISTENT PAIN - 6 OR ABOVE - CONSIDER MEDICAL REVIEW

Reorder Ref: WLT1016-Obs

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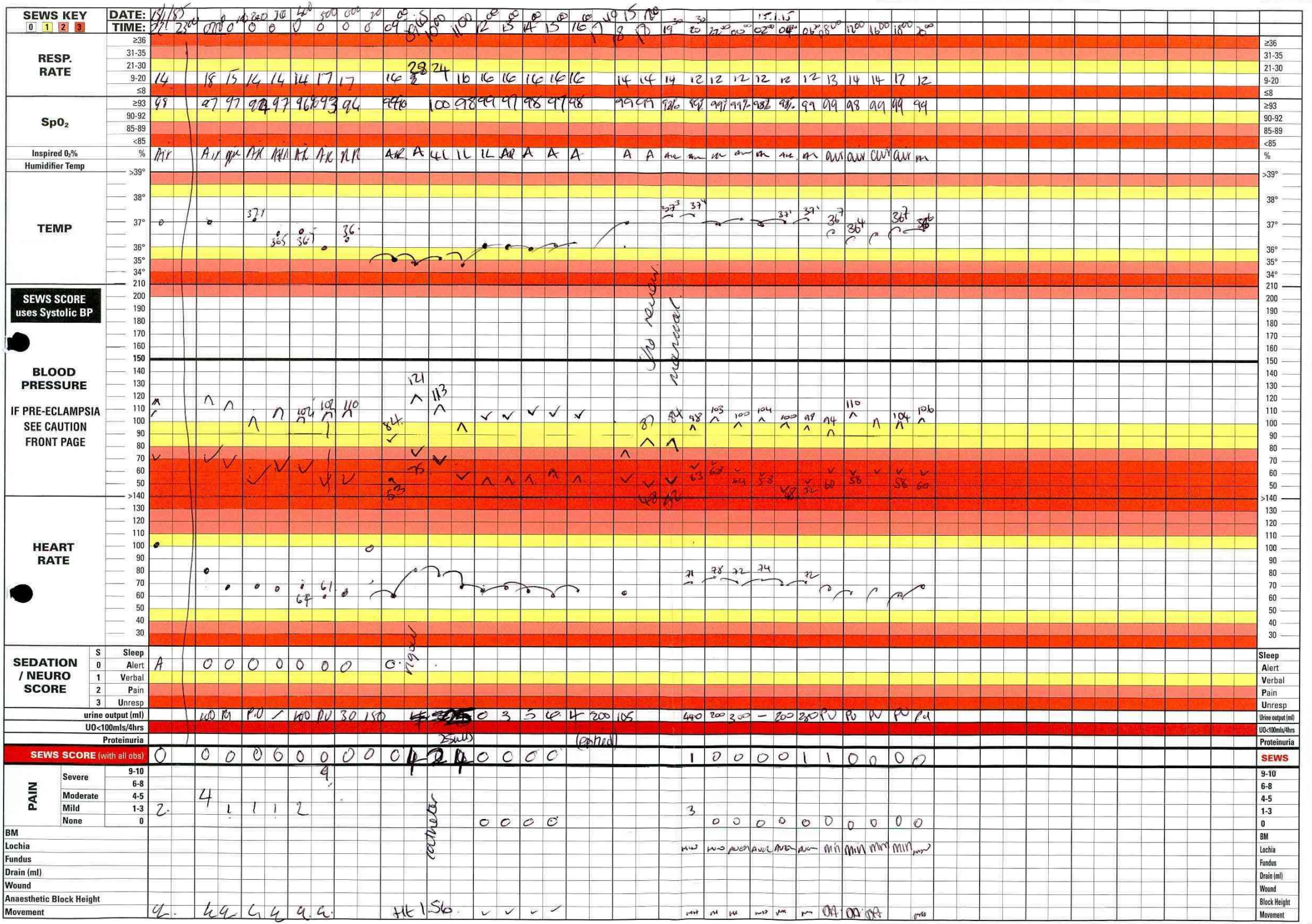
SEWS KEY
0 1 2 3
DATE:
TIME:
RESP. RATE
SpO2
Inspired O2%
Humidifier Temp
TEMP
SEWS SCORE uses Systolic BP
BLOOD PRESSURE
IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE
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PAIN
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Mild 4-5
None 1-3
0
BM
Lochia
Fundus
Drain (ml)
Wound
Anaesthetic Block Height
Movement

Obstetric Observation Chart

NHS Lothian

Consultant: TKC

Date chart commenced: 15·12·14

This is chart number 1 this admission

Booking weight 53 kg kgs BMI 21·8

ASU:

Attach a patient Address

800547297W F 17/09/1982

Name: Stewart, Tracey A

DOB: 37 Old Well Place, Bathgate, West Lothian, EH48 2XG

CHI No: CHI 1709821280

I Thomson

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

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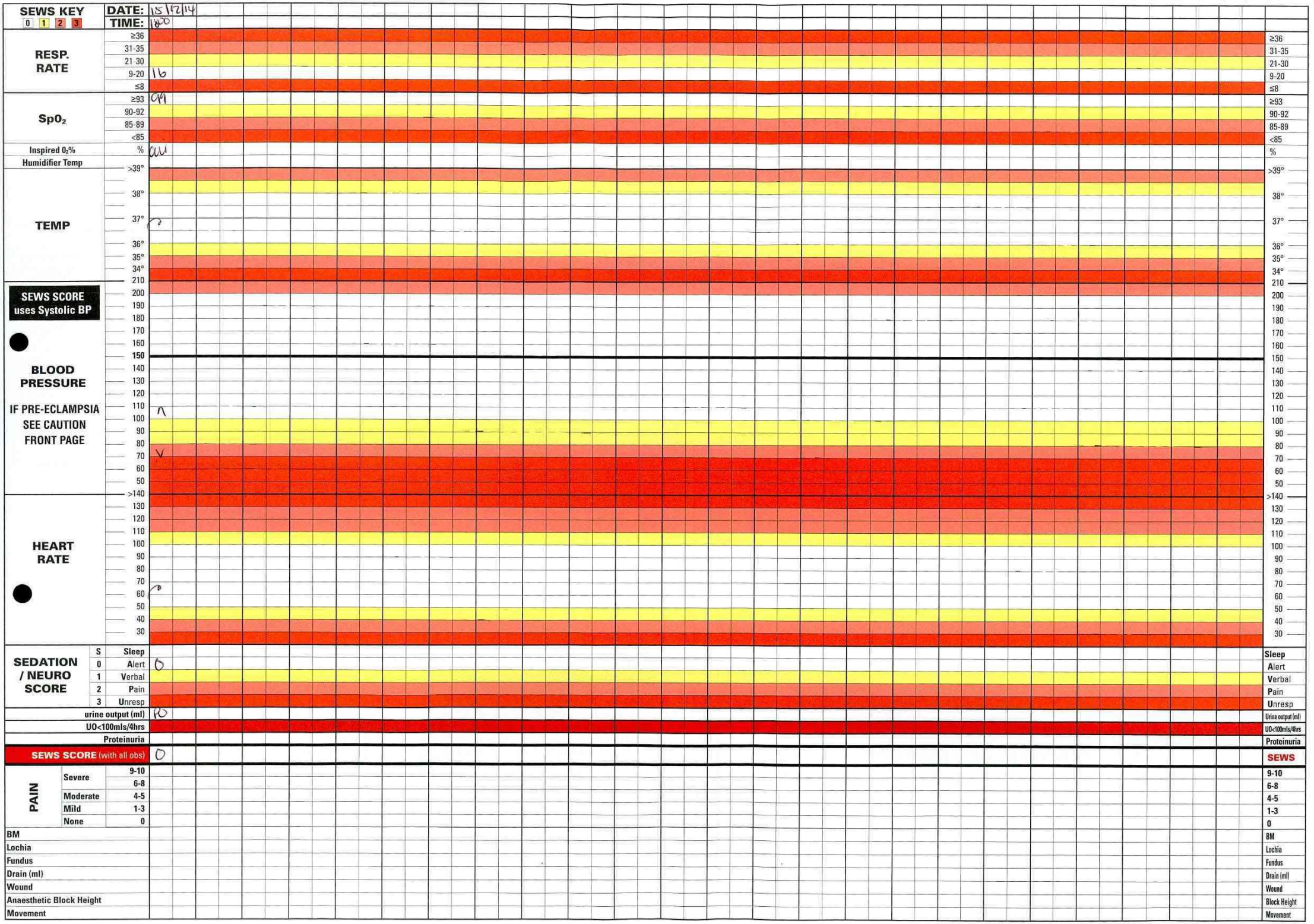
SEWS KEY
0 1 2 3
DATE: 15/12/14
TIME: 1820
RESP. RATE
≥36
31-35
21-30
9-20
≤8
16
SpO2
≥93
90-92
85-89
<85
99
Inspired O2%
%
RA
Humidifier Temp
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>140
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120
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100
90
80
70
60
50
40
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SEDATION / NEURO SCORE
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2 Pain
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UO<100mls/4hrs
Proteinuria
SEWS SCORE (with all obs)
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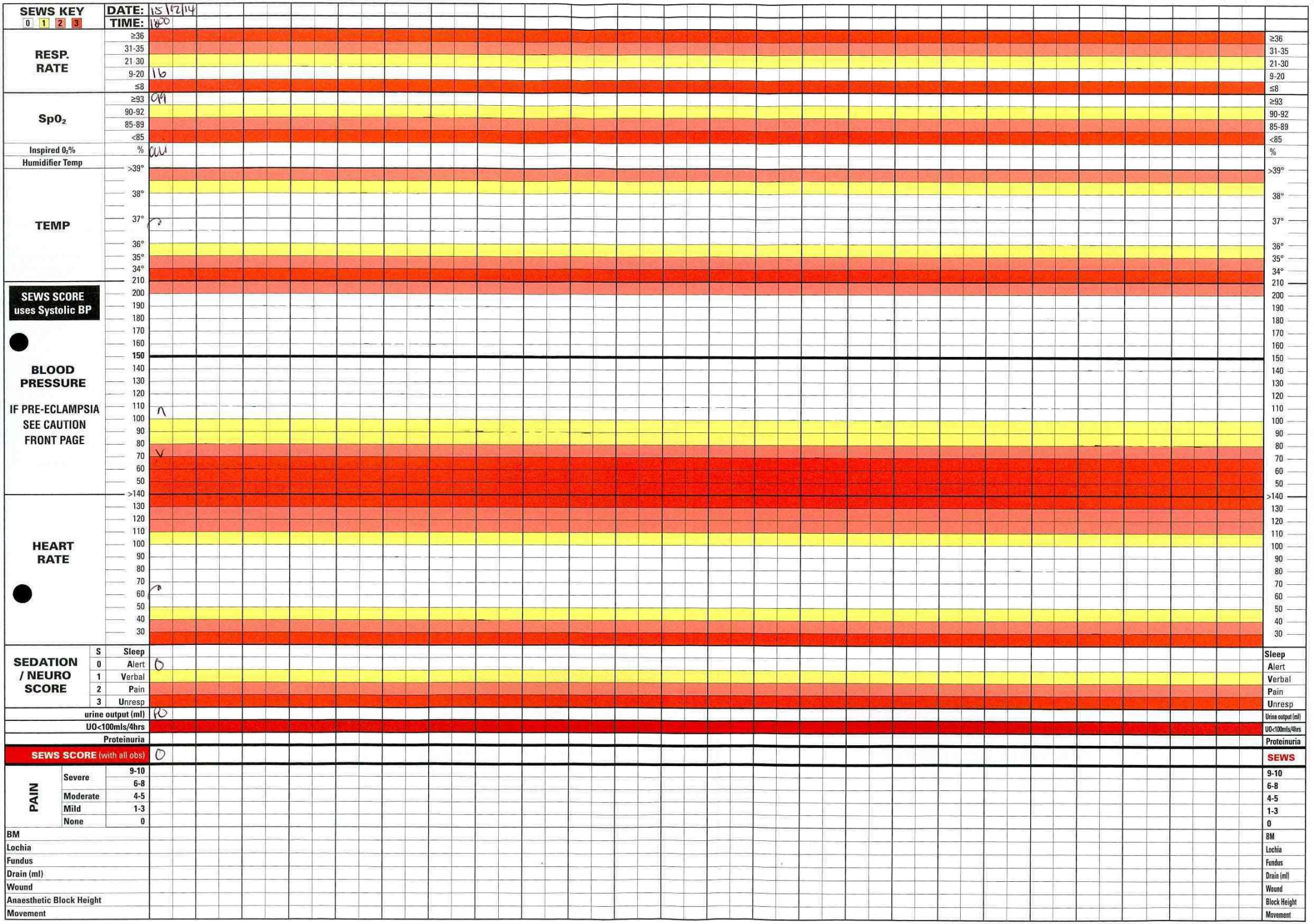
Severe 9-10
6-8
Moderate 4-5
Mild 1-3
None 0
BM
Lochia
Fundus
Drain (ml)
Wound
Anaesthetic Block Height
Movement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Humidifier Temp
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SEWS SCORE uses Systolic BP
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IF PRE-ECLAMPSIA SEE CAUTION FRONT PAGE
210
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170
160
150
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130
120
110
100
90
80
70
60
50
>140
HEART RATE
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SEWS SCORE (with all obs)
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PAIN
Severe 9-10
6-8
Moderate 4-5
Mild 1-3
None 0
BM
Lochia
Fundus
Drain (ml)
Wound
Anaesthetic Block Height
Movement

Maternity Case Notes vol 2

Sat 5 Mon 7 Phone. Thu 10 Del @ ND 119 RLE

NHS SCOTLAND

Your Combined Pregnancy and Postnatal Record

Confidential

1800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Please bring your record to all healthcare appointments and hospital admissions.

If found please return this record to the nearest Maternity Unit or General Practitioner surgery as soon as possible.

Your postnatal care

The chart below is used to plan your postnatal care. Your midwife (and sometimes other members of your maternity team) will discuss and arrange your care with you, according to your needs and your baby's needs. Maternity staff will explain the reasons for each appointment or visit, as well as where it will take place, who with and when.

Hand hygiene is particularly important after childbirth. Please wash your hands in warm soapy water before and after changing your sanitary towel and after every trip to the toilet.

You should be alert to signs of infection after childbirth. You should seek advice from your midwife, general practitioner or maternity hospital if you have any of the following:

- High temperature/feeling feverish/flu like symptoms
- Sore throat – especially if other members of the family also have sore throats
- Breathlessness
- Abdominal or chest pain
- Diarrhoea and/or vomiting
- Severe headache

Studies have shown that the safest place for your baby to sleep is on their back, in a cot, in your room for the first 6 months. Side-sleeping or prone (tummy) sleeping is not advised (unless there is a medical reason for doing so). This is the most important thing you can do to reduce the risk of cot death. For further information speak to a member of the maternity team, ensure you have a copy of the leaflet "Reduce the Risks of Cot Death" or look online at www.scottishcotdeathtrust.org

Your postnatal appointments

Day	Date	Time*	Reason for visit/appointment	Where & who with

*For some home visits an approximate time or 'morning' or 'afternoon' visit may be given.

Your notes

Please use this space to jot down any notes or questions about your care or your baby's care.

Your progress

Normal pulse range 50-100bpm: Normal Temp range 36-38°c: Normal systolic BP 90-150mmHg, normal diastolic BP below 90mmHg: Normal resp rate 11-20rpm

BMUSCS TRAUS 25/10/16 @ 0747 + 0749.

Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots	Breasts	Fundus
		T 36 P 86 BP 128/78 RR Well. Tired.	Revised postnatal thrombosis risk MODERATE. Fraxiparin 5000iu SC self administered. 24hly. Nags NAD.	Filling Non tender. Expressing	F+C @ ⊖ - 3fb.
5	29/10/16				
7	31/10/16	T P BP Contacted by feels dizzy & light headed RR	phone Advised to increase fluid intake. to move quickly & to sit to stand & ask for BP to be checked at SCBU today		
11	4/11/16	T 35·8 feel fine P 98 mood okay BP 110/76 appetite fine RR 20 visiting SCBU daily	Legs NAD 0 Oedema Fraxiparin continues	SI tender expressing	Abdo soft

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed
Serosa Min. °clots.	Prolene + Bead insitu - remove (6). Bruised.	PU BO. PF NAD.	Prolene + Bead for removal day (6). Wd II will attend to same. visit/phone mon.	Jenny Law (WELP)
		Coming to HC on Thursday for	P/N check	MCaffrey
Serosa minimal	Clean & healing	PU BO	To HV	MCaffrey

Your progress

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Postnatal day	Date/ time use 24 hour clock	General wellbeing and pain assessment	Mobility, exercise and preventing blood clots Revised postnatal thrombosis risk	Breasts	Fundus

Observations outwith this range seek advice from a multi-professional colleague

Blood loss	Perineum/ abdominal wound	Passing urine, bowels and pelvic floor	Plan of care	Signed

Your postnatal care

Please use 24 hour clock and sign each entry.
Remember to complete the 'Whose signature?' section on the back cover of the record

Date/time	Further multi-professional information/planning, delivering and evaluating postnatal care

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Breastfeeding your baby

Breastfeeding your baby may be a new experience for you, or you may already have skills and confidence. This section contains items for discussion, observation and support as you breastfeed your baby. Your midwife and maternity care team will support you. When you and your midwife feel you are confident with the items, you can then sign them off to mark your progress.

Your copy of 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' provides sound advice that you and your partner can refer to. Please let your midwife know if you need another copy. Or visit www.healthpromotionagency.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Positioning myself for breastfeeding		
Positioning my baby for breastfeeding		
Principles of good attachment		
How to recognise that my baby is feeding well including effective milk transfer		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
When my milk 'comes in'		
Rooming in at the maternity unit		
Sharing a bed with my baby - the risks discussed		

further information is available from www.scottishcotdeathtrust.org and in the leaflet "Reduce the Risk of Cot Death"

Winding my baby		
My baby's needs (exclusive breastmilk for around the first six months of life)		
Why dummies or teats should not be used		
How to hand express my breastmilk		
Expressing breastmilk a) washing & dry storing equipment		
b) safe storage		
Signs that my baby is feeding well and thriving		
Monitoring for wet and dirty nappies		
Breastfeeding support in my community		

Breastfeeding support is available from the following organisations:-
The Breastfeeding Network 0300 100 0210 www.breastfeeding network.org.uk
National Breastfeeding Helpline 0300 100 0212 www.feedgoodfactor.org.uk
NCT – 0300 330 0771 7 days 0800 -2200 www.nct.org.uk
La Leche League - 0845 120 2918 www.laleche.org.uk

Information on alcohol consumption and breastfeeding		

Other things that I want to ask about: .....

Formula feeding your baby

As with general baby care, you may already be skilled in making up formula feeds and formula feeding your newborn baby, or it may be a new challenge. Your midwife and maternity care team will support you. The list below can be used to check that you feel confident formula feeding your baby. Please sign off the items when you feel ready.

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Using bottled milk/disposable teats in the maternity unit		
The importance of good hand hygiene		
Sterilising equipment		
Making up a formula feed correctly and safely (always following the manufacturer's instructions)		
Making up each feed as required, use of whey based milks for first 12 months and one to one demonstration if required		
Giving a formula feed correctly and safely		
Winding my baby		
My baby's feeding and sleeping patterns for the first few days		
'Baby led' feeding		
'Rooming in' at the maternity unit		
Sharing a bed with my baby - the risks discussed		

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Choosing the right type of milk for my new baby (whey based)		
Signs that my baby is feeding well and thriving		

Further information on preparing formula feeds can be found at www.babyfriendly.org.uk Including information in different languages.

Other things about feeding that I want to ask about: .....

Feeling confident with your baby

Whether you are a first time parent, or if you have experience of looking after new babies, there may be things that you want to discuss and practice with maternity care staff. The list below can be used as a starting point to ensure that you feel confident meeting your baby's needs. Please sign off the items when you feel ready. Remember there can be lots to learn, and it can be quite normal for this to take a while.

Don't forget that your 'Ready, Steady, Baby!' book contains useful advice and information that you and your partner/supporter can refer to. Or visit www.readysteadybaby.org.uk

	Discussed/demonstration Date/signed (staff)	I feel confident Date/signed (mum/partner)
Baby communication and attachment (skin to skin, touch or massage, talking to baby, eye contact, responding to non-verbal cues, instinctive skills and how babies learn etc)		
Handling my baby safely		
Choosing nappies for my baby		
Changing my baby's nappies		
Caring for my baby's cord		
A 'top and tail' wash/caring for my baby's skin		
Bathing my baby		
How to reduce the risk of cot death		
Signs that my baby is well		
Signs that my baby may be ill		
Car safety and home safety		
Registering the birth/registering with a GP		
Social support		

Other things I want to ask about: .....

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.....

Information for you (indicate when received) ☐ .....

Do you still have your copy of 'Ready, Steady, Baby!' ☐ No ☐ Yes

Easy Read Versions of Ready Steady Baby are available from NHS Health Scotland free of charge please contact 0131 536 5500

.....

.....

.....

Please remember that some health advice changes over time. Friends and relatives may be unaware of new guidance about preventing cot death. Please share your information with them to help keep your baby safe.

Your questions or concerns

Being a parent with a new baby can be challenging and exciting, but also tiring and stressful. The following section is for you to write in. Please jot down anything that you or your partner wish to discuss with your midwife/the maternity team caring for you. Here are some suggestions:

How I feel I am coping

My mood and emotions

How I feel I am doing as a parent

Not liking my baby at the moment

Difficulties with my baby's feeding

Managing my tiredness

Questions about my baby

Coping with my baby's crying

My anxieties

Relationships with my family

Thinking about your pregnancy, labour and birth

Pregnancy, labour, birth and the time afterwards are unique experiences. They can have a powerful effect on how you feel and your relationships with your baby, partner, family and your maternity care team.

Your midwife will ask you about your experiences in the early days following the birth. You may have questions that you want to ask or issues to discuss – or you may not. You may find it helpful to think about your experiences of maternity care so far, and discuss events with your partner or the person supporting you. Please use the space below to jot down any questions or issues to discuss.

Please remember that you can talk to any member of your maternity care team (such as your midwife, General Practitioner or obstetrician) about your experiences *at any time after the birth*. Some women wish to do this a few weeks, or even many months after the birth, or if they are thinking about becoming pregnant again.

Your health after the birth

Blood tests/other tests and results				
Date	Time	Investigation	Indication	Result/actions

Discharge from midwifery care

Date 4/11/16 Days postnatal 11

Special features identified (please sign and date each entry)

BP 110 / 78

General wellbeing and mental health

See plan chart

Contraception

Longer acting contraception (LAC) discussed Yes ☑ No ☐

Reversible contraception discussed Yes ☑ No ☐

Has LAC contraception been provided Yes ☑ No ☐

It is recommended that you commence a reliable method of contraception by Day 21

Been Steriliser

Sexual health (www.sexualhealthscotland.co.uk)

Physical Exercise and Healthy Lifestyle Advice

Importance of healthy eating and maintaining a healthy weight discussed Yes ☑ No ☐

Current smoker? ☑ No ☐ Yes ..... /day

Has risk of passive smoking to baby been explained? ☐ No ☑ Yes

Don't smoke or allow anyone else to smoke in the same room as your baby.

It's best if nobody smokes in the house, including visitors.

Anyone wishing to smoke should go outside.

Do not smoke or allow anyone to smoke in a car your baby is travelling in.

For further information about alcohol consumption following the birth. See www.readysteadybaby.org.uk

	Any problems		Details
Passing urine	☑ No	☐ Yes	
Pelvic floor	☑ No	☐ Yes	
Bowel function	☑ No	☐ Yes	
Breasts	☑ No	☐ Yes	
Perineum/abdomen	☑ No	☐ Yes	
Lochia/menstruation	☑ No	☐ Yes	
Cervical smear due	☐ No	☑ Yes	

Concerns

Handover to health visitor completed ☐ No ☑ Yes Details .....

Health Plan Indicator allocated (circle as appropriate): core additional Include in handover to health visitor

Six week follow-up appointment discussed/arranged ☐ No ☑ Yes Details To make appt at GP Practice

Signed M. Cafferty Print name M. CAFFERTY Designation GM SN

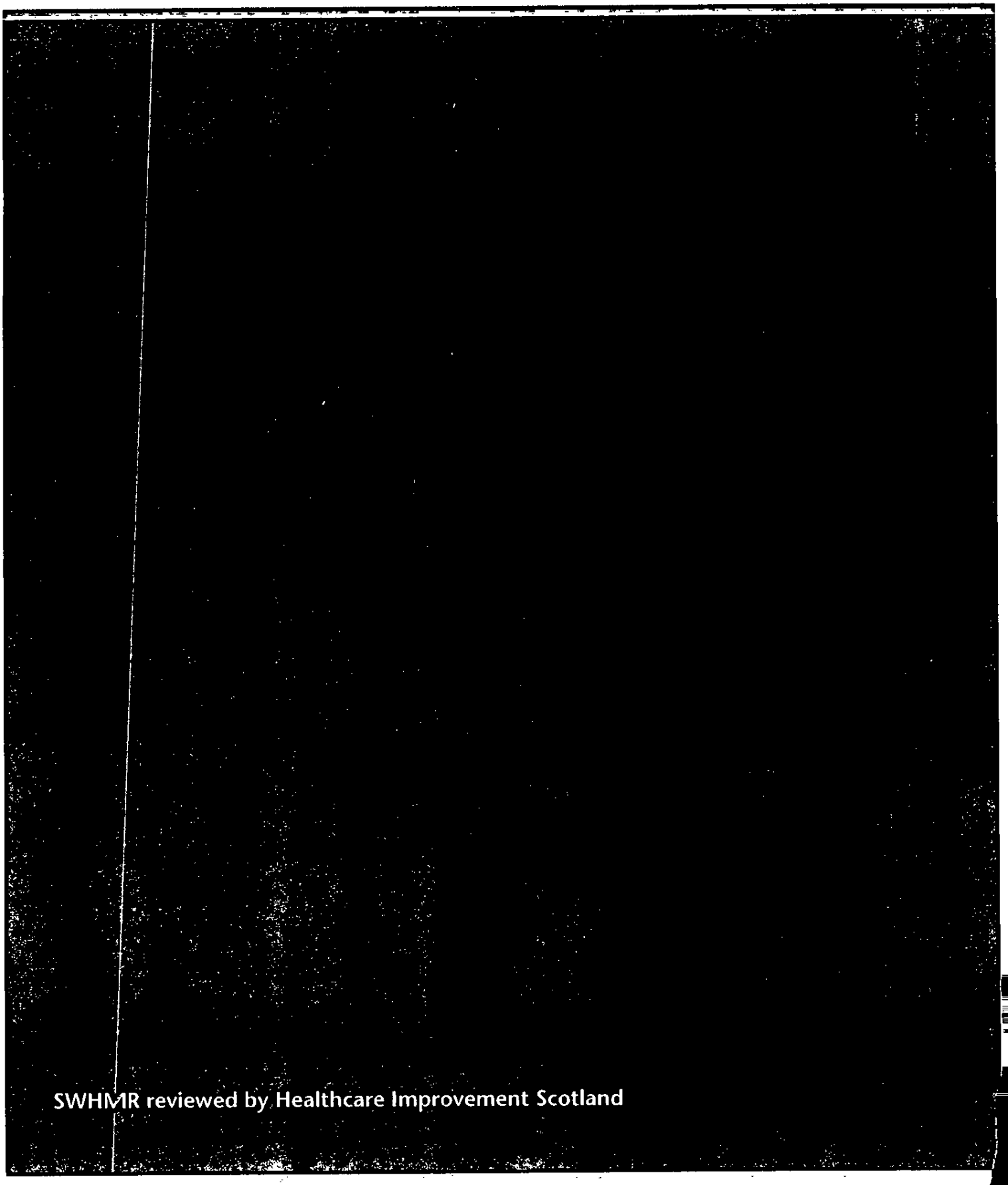
Please complete the "Whose Signature" page at the back of the record

Whose signature?

Whenever anyone writes in this record for the first time, they should fill in their details below.

Name (please print)	Signature	Job title
M Cleffordy	M Cleffordy	C/m SA

Version 6



Department of Transfusion Medicine — IMMUNOHAEMATOLOGY

Royal Infirmary Edinburgh EH16 4SA

Tel : 0131 242 7501

Name (Surname & Forename) & Address:

STEWART TRACEY
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN

EH48 2XG

Sex: Female

D.O.B.: 17/09/1982 CHI / Unit No.: 1709821280

EDD / Gestn: 09/12/2016 - 28weeks

Date Specimen Received:

Report Date: 12/09/2016 12:48

12/09/2016 16:32

SNBTS No.: 9006577319

Results for Sample Number: 10320051155627

Date Drawn: 12/09/2016 00:01 Date Received: 12/09/2016 12:48

ABO : A
Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Signed: .....

Report Destination:

MIDWIFE IN CHARGE
RECEPTION
Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

Copies of Report to:

Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

Department of Transfusion Medicine

Royal Infirmary Edinburgh EH16 4SA
Tel : 0131 242 7501

Request for Further Serological Investigation

Specimen Number:
Bar Code

Name (Surname & Forename) & Address:

STEWART, TRACEY
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN

EH48 2XG
Sex: Female

D.O.B.: 17/09/1982 SNBTS No.: 9006577319

Unit No.: 1709821280

Time & Date Specimen Received:

Report Destination:

MIDWIFE IN CHARGE
Bathgate Primary Care Centre
Whitburn Road
Bathgate EH48 2SS

Copies of Report to:

Please detail any additional information or changes since last sample:

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

EDD / Gestn: 09/12/16 Date Sample Taken: ..... Requested By: .....

Booking 19/5

SCAN 2/6 CONS APPT REQUESTED

Maternity Summary Record

Please use black ink

Confidential FOR WEEK OF 13/6

Personal details

CHI 1709821280 Age 33

Previous surname

Likes to be called

Home ✆ 01506 336588

Other ✆

Change of details

Your address

Postcode

Home ✆

Other ✆

Partner/supporter details

Please tick if emergency contact ☐

Name COLIN PATERSON

Date of Birth

Relationship PARTNER

Address S/A

Postcode

Home ✆

Other ✆ 07955 462609

Alternative/emergency contact

Name

Relationship

Address

Postcode

Home ✆

Other ✆

Named midwife

GP

Affix la 800547297W F 17/09/1982
Unit N **Stewart, Tracey A**
Surnar 37 Old Well Place,
First n: Bathgate,
Date c West Lothian,
Addre EH48 2XG
CHI 1709821280
78132 J Thomson

Parity 2 + 2

Agreed EDD / / LMP 4/3/16

Blood group A Pos

Irregular antibodies Yes ☐ No ☐

Thrombosis risk factors

☐ Previous DVT ☐ BMI ≥30 ☐ Age >35

☐ Parity >4 ☐ Other

CEFALEXIN FLUCLOXACILLIN

Allergies TRIMETHOPRIM SULFACHLORPYRIDAZINE TABLETS

Height Weight BMI 19.8

Gestation BMI calculated

Special features

PMH - ASTHMA - USES SALBUTAMOL FLIXOTIDE
KIDNEY - RECURRENT UTI'S + BLADDER STRAINS
2014 - ACUTE PERICARDITIS - RESOLVED
F/H CDH - DAUGHTER
DIABETES - BROTHER TYPE 2
TWIN PREG

Directions to home

	Date	Type of Delivery	Sex	Weight	Gestation	Place of Birth	Comments
1	01/02/05	EmCS	GIRL	3620	42	STH	
2	06/05/08	EmCS	GIRL	2700	38	STH	APH
3	05/01/09	TOP			4		
4	14/11/15	BY MUCOMYST			23	STH	
5							
6							
7							
8							

Personal details

Family origin WHITE BRITISH

Current religion or faith /

Language used at home ENGLISH

Help needed with interpreting, communicating or advocacy No ☑ Yes ☐

Cultural requirements/details on the above

Occupation Customer Advisor

Provide details of social circumstances/family support. Detail any change of partner during pregnancy or the postnatal period

Referrals

__/__/__ To

__/__/__ To

__/__/__ To

Key professionals

Named midwife MRS CORTHORN

Midwifery team WLTH 1

Base BACUP

✆ 01706 651828

Obstetrician DR S. COUTTS

Clinic

✆

Health Visitor

Base

✆

Social Worker

Base

✆

Health status

Specific dietary needs No ☑ Yes ☐

Smoking status Smokes 3/Day

At risk of passive smoking No ☐ Yes ☑

Problem alcohol use No ☑ Yes ☐

Problem drug use No ☑ Yes ☐

Details of any of the above

Partner smokes

Domestic Abuse/Routine Enquiry

Seen alone at booking No ☑ Yes ☐

Routine enquiry question asked No ☑ Yes ☐

If not asked, document reason why

Abuse disclosed No ☑ Yes ☐

Current ☐ Past ☐

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

If domestic abuse disclosed remember to tick the box in the women held record referring midwives back to summary record (box in special features area).
Comments

Child protection

Issue raised on __/__/__

Comments

Please document in 'Further information/details of maternity care' and ensure all appropriate referrals made

General Practitioner DR J THOMSON

Base

✆

Practice code

Other

Designation

Base

✆

Other

Designation

Base

✆

NHS Lothian - Referral Letter - Information only from GP

Referral To	Royal Infirmary of Edinburgh at Little France Obstetrics L 1st Maternity Appointment
Urgency of referral	Urgent
Date of referral	25/04/2016
Date submitted	25/04/2016
UCPN	101011267324U

PATIENT DETAILS

CHI number:	1709821280
Name:	MISS TRACEY STEWART
Date of birth:	17/09/1982
Sex:	Female

Contact Details

37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN
EH48 2XG

Voice (Mobile) : 07969145358

REFERRING PRACTITIONER DETAILS

Name:	Dr. Julie Thomson (GMC: 2619343)
Practice:	Simpson Medical Group (78132)
Phone:	Voice : 01506 654444

Practice address

Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 255

CLINICAL INFORMATION

Reason for Referral: booking appointment
Main Referral Text: patient does not wish to have St John's Appt

Investigations

Description	Result	Date
Referral Source :	Information only from GP	
Stage of Pregnancy :	> 10 weeks	
Parity :	2+1	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[X] Stillbirth		@23+ weeks, complicated by possible infection requiring iv ab, also low hb, dmw attending	14/01/2015	14/01/2015
Acute pericarditis		seen by SJH and given ibuprofen and omeprazole. Still working but feels terrible. Advised to rest and to increase ibuprofen to max till pain settles.	30/04/2013	30/04/2013
Caesarean delivery		Female	06/05/2008	06/05/2008
Asthma resolved		no medication for over 12mths	05/11/2007	05/11/2007
Melanocytic naevi of skin		left angle of jaw	20/08/2005	20/08/2005
Asthma resolved			10/05/2004	10/05/2004
Caesarean delivery		Female	01/02/2000	01/02/2000
Migraine		focal	18/05/1999	18/05/1999

Absence of menstruation		FOR IPT	19/10/1998	19/10/1998
Infectious mononucleosis			03/08/1998	03/08/1998
[redacted]			01/01/1997	01/01/1997
Asthma NOS		MILD	07/08/1996	07/08/1996
Maltreatment syndromes			01/01/1991	01/01/1991
Chickenpox - varicella			28/05/1987	28/05/1987
Eczema NOS		Dermatitis	26/01/1987	26/01/1987
Enuresis			16/12/1986	16/12/1986
Chickenpox - varicella			19/04/1984	19/04/1984
MEASLES	New event		11/01/1984	11/01/1984
Acute bronchiolitis			02/01/1983	02/01/1983
[redacted]			01/10/1982	01/10/1982
Burn of the arm (excluding wrist and hand)		cigarette burn	01/10/1982	01/10/1982

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Excision of lesion of jaw NEC	left		20/08/2005	20/08/2005
Emergency caesarean section	for fetal distress baby Lauren		01/02/2000	01/02/2000

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Folic acid 5mg tablets	tablet	TAKE ONE DAILY		04/06/2015		04/06/2015
Ventolin 200micrograms/dose Accuhaler (GlaxoSmithKline UK Ltd)	dose	INHALE 1 DOSE AS NEEDED		11/04/2012		31/08/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Prochlorperazine 3mg buccal tablets	tablet	ONE TO TWO TABLETS TWICE DAIL[more]		22/04/2016		22/04/2016

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Drugs and other substances-adverse effects in theraputic use	[TRUNCATED]Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: [D]Rash and other nonspecific skin eruption [R021.00], Certainty of allergy: Likely, Sev			07/01/2013
Adverse reaction to trimethoprim	Drug code for allergy: Trimethoprim 200mg tablets, Reaction type: Allergy, Read code for reaction: C/D: a rash [1D14.00], Certainty of allergy: Likely, Severity of allergy: Mild.			08/11/2001
Drugs and other substances-adverse	Drug code for allergy: Cefalexin 250mg tablets, Reaction type: Allergy, Read code for reaction: C/O: a rash			

effects in theraputic use	[1D14.00], Certainty of allergy: Likely, Severity of allergy: Moderate.	08/11/2001
Adverse reaction to flucloxacillin	Drug code for allergy: Flucloxacillin 250mg capsules, Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate.	14/09/1999
ALLERGY NICKEL	Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate.	24/07/1998

Additional information

Smoking history (Encounters):Never smoked tobacco	Date recorded:09-Feb-2016
Alcohol history (Encounters):Drinks rarely	Date recorded:06-May-2003
Exercise history (Encounters):Exercise grading	Date recorded:06-May-2003
Patient Weight in Kilograms:49.7	
Patient Height in Metres:1.626	

MGT 17/5/16

Maternity Self Referral

Date 22/4/16

1. Surname STEWART Forename TRACEY

DOB 17/9/82 CHI No:

Previous surname

2. 1800547297W1.. F dd17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Post code

Home Tel no:

Mobile no:

3. Name + Address of GP

BATHGATE
SIMPSON

	Date	Time	Location
M/W Appt	17/5	11.30	
Scan Appt	2/6	1.00	R.I.E

4. LMP 4/3/16 EDD 9/12/16 Parity

5. Your catchment hospital for delivering your baby is

St Johns ☐ SCRH ☑

Home Birth ☐ Other ☐

6. Interpreter required Yes ☐ No ☑

Religion Language

Have you been permanently resident in the UK for 12 months (Yes)/No

What date did you arrive in the UK ___/___/___

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Obstetrics

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created	24/11/2016
Date Authorised	
Date/Time Printed	24/11/2016 11:30
Our Ref	800547297W
CHI	1709821280

Patient: Tracey A Stewart
37 Old Well Place
Bathgate
EH48 2XG

UHPI: 800547297W
Date of Birth: 17/09/1982

Ward: Ward 119 RIE

Admission Date: 24/10/2016

Consultant: Dr Shona Cowan

Discharge Date: 27/10/2016

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
Dr C I Alexander
Dr C D B Love
Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr Y N Mary
Dr K P Edgar
Dr N Palaniappan
Dr E.J.L. Doubal
Dr H. Mustafa
Dr D.K. Galongi
Dr E.F. Fankam
Dr N.R. Aedla
Dr L. Hermis
Dr S. Stock

Discharge Medication	Dose	Frequency	Duration	Additional Info
Dalteparin	5000 UNITS	ONCE DAILY	10 Days	to complete 10 day course from date of C section
Dihydrocodeine Tablets	30 MG	FOUR times daily	Short Term	
Ibuprofen Tablets	400 MG	FOUR times daily	Short Term	
Lactulose Solution	10 ML	TWICE DAILY	Short Term	
Paracetamol Tablets	1000 MG	FOUR times daily	7 Days	

Drugs Questions:
Weight (Kg): 51
Renal Function (eGFR ml / min): >60
LMWH Indication: c section
LMWH Duration: c section

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

Mode of delivery:

Scheduled caesarean section on 25/10/16 at 33+6 weeks gestation.
Estimated blood loss: 500 mls.
Bilateral tubal ligation performed at caesarean section by modified Pomeroys

Inpatient Discharge Summary

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

technique. Pathology specimens confirm Fallopian tubes.

Indication:

Dichorionic diamniotic twin pregnancy with growth restriction of both twins.
Previous caesarean section x2.

Outcome:

Twin 1 - live female named Thea, birth weight 1.39kg.
Twin 2 - live female named Ayla, birth weight 1.275kg.

Tracey is a 34-year-old para 2+2 who was a smoker at booking, when a dichorionic diamniotic twin pregnancy was confirmed. She had serial fetal growth assessment, with increased surveillance in the third trimester due to reduced growth velocity and variable doppler assessments. Antenatal corticosteroids were given, and at 33+6 weeks gestation delivery was planned due to a static fetal growth of both twins. She went into spontaneous labour just before her planned section, which was then expedited and without complication. Tracey and her twins were transferred back to St John's Hospital on day three

Sterilisation was discussed with her on several occasions antenatally, and when a decision was made to deliver her twins preterm she was absolutely sure she wished to proceed with this procedure, knowing it to be permanent and irreversible. She is also aware of the small failure rate and the possibility of ectopic should she fall pregnant in the future.

Thank you for their ongoing care.

With kind regards.

Yours sincerely

Dr S. Cowan
Consultant Obstetrician and Gynaecologist

cc Dr S. Coutts, Consultant Obstetrician, St John's Hospital at Howden, Livingston.

Ref: SC/NC
Tel: 0131 242 2520

Inpatient Discharge Summary

Name: Twin One Of Tracey Stewart CHI: 2510165844	**NHS Lothian - Maternity Handheld Record** Baby Summary Report	NHS Lothian
UHPI: 701143576L Age: 3 Days		

Postnatal discharge summary

Discharged from	Ward 119 RIE, Royal Infirmary of Edinburgh	Place of Birth	Consultant Unit
To (address)	37 Old Well Place / / Bathgate / West Lothian / EH48 2XG		
Tel	(1) - 01506 336855, (2) -		
GP	J Thomson		
At	Simpson Medical Group, Bathgate Primary Care Centre, Whitburn Road, Bathgate		
Tel	01506 654444		
Care Provider	Dr Shiona M Coutts		
Midwife Team	West Lothian 1 - 01506 771871		
Paediatrician	Jennifer Horne		
GIRFEC Lead Professional if relevant, e.g. Social Worker			
Named Caseload holder as per KCND Pathways	Dr Shiona M Coutts		

Labour, birth and postnatal period

Onset of labour	Spontaneous						
Induced indication							
Mode of delivery	Emergency LUSCS						
Day 25/10/2016	At	07:47	5ex	Female	Outcome	Livebirth	
Indication	Previous Caesarean Section						
Presentation	Cord						
Location	Consultant Unit						
Gestation	33.6						
Birthweight	1390		Blood loss (mls)		500		
APGAR 1 minutes	9		APGAR 5 minutes		9		
APGAR 10 minutes							
Placenta/ Membranes	Complete Complete						

Maternal blood group	A Rh Positive	Anti-D needed	No	Anti-D given on	
Rubella status	Immune	Vaccination needed	No	Vaccinated on	

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Tracey appears well at time of discharge. Sterilisation at c/s. MEWS 0. Will go to relatives room until babies can be transferred to StJohn's NNU.

Name: Twin Two Of Tracey Stewart CHI: 2510165860	**NHS Lothian - Maternity Handheld Record** Baby Summary Report	NHS Lothian
UHPI: 701143580E Age: 3 Days		

Postnatal discharge summary

Discharged from	Ward 119 RIE, Royal Infirmary of Edinburgh	Place of Birth	Consultant Unit
To (address)	37 Old Well Place / / Bathgate / West Lothian / EH48 2XG		
Tel	(1) - 01506 336B55, (2) -		
GP	J Thomson		
At	Simpson Medical Group, Bathgate Primary Care Centre, Whitburn Road, Bathgate		
Tel	01506 654444		
Care Provider	Dr Shiona M Coutts		
Midwife Team	West Lothian 1 - 01506 771871		
Paediatrician	Jennifer Horne		
GIRFEC Lead Professional if relevant, e.g. Social Worker			
Named Caseload holder as per KCND Pathways	Dr Shiona M Coutts		

Labour, birth and postnatal period

Onset of labour	Spontaneous						
Induced indication							
Mode of delivery	Emergency LUSCS						
Day 25/10/2016	At	07:49	Sex	Female	Outcome	Livebirth	
Indication	Previous Caesarean Section						
Presentation	Breech						
Location	Consultant Unit						
Gestation	33.6						
Birthweight	1295		Blood loss (mls)		500		
APGAR 1 minutes	9		APGAR 5 minutes		9		
APGAR 10 minutes							
Placenta/ Membranes	Complete Complete						

Maternal blood group	A Rh Positive	Anti-D needed	No	Anti-D given on	
Rubella status	Immune	Vaccination needed	No	Vaccinated on	

Further details, including problems identified during pregnancy, labour, birth and the postnatal period/referrals, investigations or results pending:

Tracey appears well at time of discharge. Sterilisation at c/s. MEWS 0. Will go to relatives room until babies can be transferred to StJohn's NNU.

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Obstetrics

Dr Thomson
Simpson Medical Group
Bathgate Primary Care Centre
Whitburn Road
Bathgate
EH48 2SS

Date First Created	27/10/2016
Date Authorised	
Date/Time Printed	27/10/2016 15:10
Our Ref	800547297W
CHI	1709821280

Patient: Tracey A Stewart
37 Old Well Place
Bathgate
EH48 2XG

UHPI: 800547297W
Date of Birth: 17/09/1982

Ward: Ward 119 RIE

Admission Date: 24/10/2016

Consultant: Dr Shona Cowan

Discharge Date: 27/10/2016

Consultants:
Prof J E Norman
Dr R G Hughes
Dr E S Cooper
Dr K C Dundas
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Dr A J Campbell
Dr S Cowan
Dr F C Denison
Dr Y N Mary
Dr K P Edgar
Dr N Palaniappan
Dr E.J.L. Doubal
Dr H. Mustafa
Dr D.K. Gatongi
Dr E.F. Fankam
Dr N.R. Aedla
Dr L. Hermis
Dr S. Stock

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Paracetamol Tablets	1000 MG	FOUR times daily	7 Days	

Drugs Questions:
Weight (Kg): 51
Renal Function (eGFR ml / min): >60
LMWH Indication: c section
LMWH Duration: c section

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

PROCEDURE: Emergency LUCS
DATE: 25/10/16
GESTATION: 33+6
INDICATION: static fetal growth
EBL: 500ml

Inpatient Discharge Summary

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Cont'd... **Ref:** 800547297W **Patient Name:** Tracey A Stewart

Inpatient Discharge Summary

POSTNATAL Hb: 111

BABY: girls
NNU admission: yes

IOL: No

COMPLICATIONS: none
ANTENATAL COURSE: asthma, recurrent UTIs, previous percarditis. Normal PET bloods. DCDA twins, normal FA scan. Dexamethasone received prior to delivery.

Drugs commenced: TDS analgesia, course of dalteparin
Known adverse drug reactions:

CONTRACEPTION: sterilisation

Hospital follow-up required? No
Suitable for VBAC? No
GP follow-up required? No

This is an immediate discharge summary and a further letter may follow. Should you require any further information please contact Ward 119, Simpsons Centre for Reproductive Health, RIE.

Information in this letter has been discussed with the patient.

Yours Sincerely,

Staff name: Dr J Sehgal
Grade: GPST2

Postnatal Handover Su

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

S Situation

Name:
DOB:
Gestation: 33+2
Parity: 2+2
Blood Group: 1 05
Allergies: tape.
Cefalexin, flucloxacillin, Trimethoprim, Penicillin

B Background

Underlying medical conditions/pregnancy and labour complications: IUGR <5th centile Twins bladder problems after pre eclampsia.
Current medication:

A Assessment

Type of delivery: Emcls + Sterilisation.
Time: 0747 6m uph 0749 Cord breech.
Blood loss: 500.
Perineum: intact
Analgesia / Anaesthetic: Spinal.
Bladder care (when did patient last pass urine)
indwelling catheter

1, 1390
2, 1295.

R Recommendations

Postnatal Care – Routine / High Risk:

Special considerations:

Thrombophrophylaxis
• On Treatment ☑ Yes ☐ No 1400.
Prescribed ☑ Yes ☐ No

Baby

Weight:
APGARS:
Method of feeding: NNU.
Last feed given at:
Has the baby passed meconium or urine:
Temperature at transfer and time:
Special considerations: (eg. HepB ; Konakion)
Cord gases
BM required: ☐ Yes ☐ No
Reason:

Person completing form: JP
Date: 25/10/16. Time:
Reported to: A Scott. Signature:

(33)

OBSTETRIC SBAR

NHS Lothian

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

S — Situation

Pati... CHI No:
Han...
Fro...
Pati...
Pre...

- PV Bleed
- Labour (Contraction pattern) _____

B — Background

Para 2 + 2 @ 33+6 weeks (2 x 2 week loss)
Consultant / Midwife Lead Care
Past Obstetric History: Prev C/S x2 (2000/2008)
Past Medical History:
History of present pregnancy:
Blood group A+ve BMI 19.8
Allergies: cefalexin, fucidoxacillin, Trimethoprim, Penicillin

A — Assessment

Maternal vital signs: T_____ P_____ BP_____ Urinalysis_____
Intermittent auscultation: Yes_____ No_____
CTG: Normal Suspicious Pathological
Bishop Score / VE
• Clinical Impression:
- suitable for release ✓
- cannulated ✓
- Ranitidine ✓

DCDA twins
static growth (EFW 1-2kg both <5% centile).
UA doppler normal
LV normal.
for C/S 25/10 lunchtime.
CTG 20:30 ☑ NBM 06:00 ☑.
06:00 ☑

Significant laboratory values: 24/10/16
Hb 116 G+S sent.
WCC 16.3
Plt 184

R — Recommendation

What I need from you: 06:20 2-3cm.
Time frame (Immediate within ½ hr; within 1 hr; other):
Suggestions for tests / treatments:
IVI / Antibiotics
Analgesia:
Other
Clarify plan (read back):

Person completing form: FIONA WHITE
Date: 25/10/16. Time: _____
Reported to: _____

Named Midwife Mgt C 651828

Visit)	Gestation	Type of Appointment	Clinic	What to Expect	Date
1	8 - < 12	Booking	Midwife	Maternal history	
	12	Scan	Hospital	Confirm EDD NT screening if wishing	
2	16-18	Antenatal Clinic	Midwife	Discuss Results Guide to Fetal Movement and Parentcraft class info	
	18-22	Scan	Hospital	FAS if wished	
3	22-25	Antenatal Clinic	Midwife	Mat B1 given BF DVD	
4	28	Antenatal Clinic	Midwife	Routine bloods offered	
5	32	Antenatal Clinic	Midwife	Routine antenatal checks	
6	35/36	Antenatal Clinic	Midwife	Routine antenatal checks Weight and Newborn Screening	
7	37/38	Antenatal Clinic	Midwife	Routine antenatal checks	
8	39/40	Antenatal Clinic	Midwife	Routine antenatal checks	
9	40	Antenatal Clinic	Midwife	Routine antenatal checks – offer membrane sweep info given on I.O.L.	
10	41	Antenatal Clinic	Midwife	Routine antenatal checks – offer membrane sweep arrange I.O.L.	

PRESCRIPTION AND ADMINISTRATION RECORD

NHS Lothian

Standard Ch 800547297W F 17/09/1982

Hospital/Ward: Consultant:

Weight: ~~54kg~~ Height: 1·6

If re-written, date: 54.15

DISCHARGE PRESCRIPTION

Date completed: Completed by:

Nar Stewart, Tracey A
37 Old Well Place,
CHI Bathgate,
West Lothian,
D.C EH48 2XG
CHI 1709821280
78132 J Thomson

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☐			
		Medicine / Agent	Description of reaction		
		PENICILLIN	Rash		10.10.16
		TRIMETHOPRIM	Rash		
		Fluclox allergic Penicillin			
		asthmatic - tolerates Ibuprofen.			

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

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

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
10.10.16	11.10	DEXAMETHASONE	12mg	IM		12.20	
10.10.16		DEXAMETHASONE	12mg	IM		12.20	
25/10/16	0615	RANITIDINE (PGD)	150mg	ORAL	F WHITE (NW)	0615	FW
25/10/16	14.00	DIAZEPAM	5mg	S/C		1615	AS
25/10/16	2310	PEPPERMINT WATER	5mls	ORAL	F WHITE (NW)	2310	FW

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

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → 25/10/16 26/10/16 27/10/16

Time ↓

Medicine (Approved Name): PARACETAMOL
Dose: 1, 6 | Route: O | Quantity:
Notes/Indication for antibiotic: | Start Date: 25/10/16 | Stop Date:
Prescriber - sign + print: | Pharmacy:
For use: | Date:
6: FWN
8:
12: H OSH
14:
18: BB D
22: FW A

Medicine (Approved Name): TRAMADOL
Dose: 50 | Route: O | Quantity:
Notes/Indication for antibiotic: | Start Date: 25/10. | Stop Date:
Prescriber - sign + print: | Pharmacy:
For use: | Date:
6:
8:
12: BB OSH
14:
18: BB I
22: FW A

Medicine (Approved Name): DIAZEPAM
Dose: 5000mg | Route: S/C | Quantity:
Notes/Indication for antibiotic: | Start Date: 25/1. | Stop Date:
Prescriber - sign + print: | Pharmacy:
For use: | Date:
6:
8:
12:
14:
18: X
22:
CEASED 26/10/16

Medicine (Approved Name): IBUPROFEN
Dose: 400 | Route: O | Quantity:
Notes/Indication for antibiotic: | Start Date: 25/10 | Stop Date:
Prescriber - sign + print: | Pharmacy:
For use: | Date:
6:
8:
12: BB OSH
14:
18: BB BB
22: FW A

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

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name): Dalteparin		For use / Date	(6)															
Dose: 6000 units	Route: s/c	Quantity	8															
			12															
Notes/Indication for antibiotic: r/v after CTPA	Start Date: 26/10/16	Stop Date	14															
Prescriber - sign + print: USORO		Pharmacy	(18)															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

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

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY													
Medicine (Approved Name) PARACETAMOL		For use	Date	25/10/16												
Dose + frequency + max 1g QDS	Route ORAL	Quantity	Time	0815												
Indication + notes	Start Date	Date	Dose	1g												
			Initials	FW												
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name) DIHYDROCODEINE		For use	Date	25/10/16	25/10/16	25/10/16										
Dose + frequency + max 30mg QDS	Route ORAL	Quantity	Time	0615	1605	2100										
Indication + notes	Start Date	Date	Dose	30mg	30mg	30mg oral										
			Initials	FW	FW	FW										
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name) CYCLIZINE		For use	Date	25/10/16												
Dose + frequency + max 50mg TDS	Route PO IM	Quantity	Time	2030												
Indication + notes	Start Date	Date	Dose	50mg IM												
			Initials	FW NJ												
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name) ONDANSETRON		For use	Date	25/10/16	25/10/16											
Dose + frequency + max 4mg TDS	Route PO IM	Quantity	Time	0530	0800											
Indication + notes	Start Date	Date	Dose	4mg												
			Initials	FW												
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name) ORAMORPH		For use	Date	25/10/16	27/10											
Dose + frequency + max 5-10mg	Route ORAL	Quantity	Time	2310	0850											
Indication + notes	Start Date 25/10	Date	Dose	10mg	10mg											
			Initials	FW	GH											
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													
Medicine (Approved Name) TRAMADOL		For use	Date	26/10	26/10											
Dose + frequency + max 50mg	Route PO	Quantity	Time	0915	1720											
Indication + notes QDS	Start Date 26/10/16	Date	Dose	50mg	50mg											
			Initials	RB	M											
Prescriber - sign + print		Pharmacy	Date													
			Time													
			Dose													
			Initials													

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

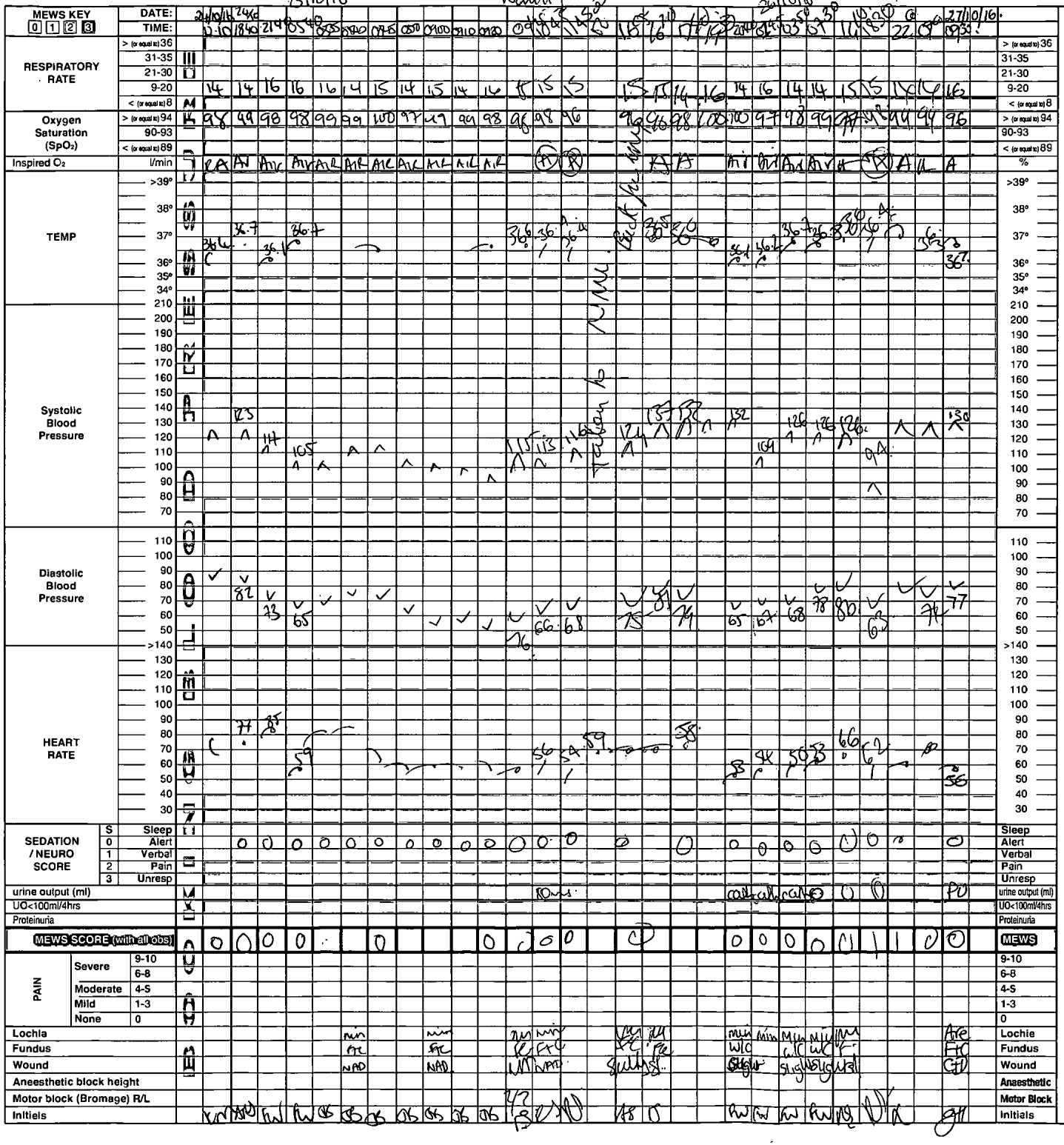
REGULAR THERAPY

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

TURN OVER →

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

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY												
Medicine (Approved Name) Salbutamol		For use	Date												
			Time												
Dose + frequency + max 10mg PRN	Route nebuliser	Quantity	Dose												
			Initials												
Indication + notes SOB	Start Date 26/10/16	Date	Date												
			Time												
Prescriber - sign + print USORO		Pharmacy	Dose												
			Initials												
Medicine (Approved Name) Salbutamol		For use	Date												
			Time												
Dose + frequency + max 4 puffs	Route inh	Quantity	Dose												
			Initials												
Indication + notes SOB	Start Date 26/10/16	Date	Date												
			Time												
Prescriber - sign + print USORO		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												



MEWS ≥3 First Response 15 Minutes	Inform Midwife In Charge and FY2/GP ST Doctor
MEWS ≥5 or deteriorating Second Response 15 Minutes	Inform Midwife In Charge and ST (Middle Grade)
If No Response or not available in 10 Minutes	Inform Consultant
Fourth Response	Call 2222 Obstetric Emergency

Remember to initiate A, B, C, D, E Assessment

REMEMBER: Record all observations on MEWS Chart and document **ANY** deterioration in the notes. If at any point during your assessment you are concerned about your patient **CALL FOR HELP**

MEWS should guide the frequency of patients monitoring

MEWS SCORE OF ≥2
MINIMUM 2 HOURLY OBSERVATIONS

MEWS SCORE OF ≥3
MINIMUM 1 HOURLY OBSERVATIONS

MEWS SCORE OF ≥5
CONSIDER HDU CARE AND MONITORING

IF THE PATIENT HAS HAD SPINAL/EPIDURAL OPIOID, CONTINUE HOURLY MEWS FOR 12 HOURS POSTOPERATIVELY

SEPSIS

MEWS of 3 or more THINK SEPSIS
Are any 2 or more of SIRS criteria present?

- **Temperature:** less than 36° or more than 38°
- **Heart rate** more than 100 bpm
- **Respiratory Rate** more than 20 bpm
- **White Cell Count** less than 4 or greater than 16

AND clinical suspicion of infection
Note, new confusion may be a sign of infection

Apply SEPSIS 6 within 1 Hour

1. High flow O2
2. Perform blood cultures
3. Measure lactate
4. IV fluids give IV saline/equivalent; start with 20ml/kg as a fluid bolus aim for BP target on reassessment.
5. Administer IV antibiotics (as directed by formulary against most likely pathogen)
6. Monitor urine output. (Consider urinary catheter)

NOTE: Intrapartum women may have an elevated WCC and temperature in labour without having SEPSIS

MEWS Chart

NHS Lothian

Consultant: _____

Date chart commenced: _____

This is chart number _____ this admission

Booking weight 51 kg BMI 19.8

Booking BP: _____

800547297W: " F 17/09/1982 e
Stewart, Tracey A
37 Old Well Place,
Nai Bathgate,
DO West Lothian,
EH48 2XG
CH CHt 1709821280
78132 J Thomson

How to calculate a Maternal Early Warning Score (MEWS) in NHS Lothian

The clinical observations used to calculate a MEWS score are:

- Respiratory rate
- Oxygen saturation
- Temperature
- Systolic and diastolic blood pressure
- Heart rate
- Sedation/Neurological score (AVPU)
- Urine output

The MEWS chart is colour coded to identify when a clinical observation is outside the normal range. A MEWS of 0-3 is allocated to each parameter using the MEWS key as shown.

MEWS KEY

0 1 2 3

All the observations have to be recorded and the total score added up. **A MEWS score of 3 or more** is an alert that a patient is acutely ill or deteriorating and an appropriate response using the escalation procedure is required... MEWS should NOT replace sound clinical judgement. Immediate action and appropriate escalation should take place if there are any concerns regarding a patient's clinical condition. Staff are accountable for seeking further help if not reassured by the response and action taken.

Staff should use SBAR in all communications

Definition

- **S ituation**
- **B ackground**
- **A ssessment**
- **R ecommendations**

HOW TO ASSESS BP IN A PREGNANT PATIENT

Initial BP measurement must be manual
Appropriate sized cuff should be used
Diastolic BP reading is when the sound **disappears**
CMACE recommends treatment of hypertension if above 150/100

Systolic BP ≥160mmHg	Recheck manually If BP still elevated – CONTACT SENIOR TRAINEE IMMEDIATELY
Diastolic BP ≥110mmHg	Recheck manually If BP still elevated – CONTACT SENIOR TRAINEE IMMEDIATELY

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

Headache	Visual Disturbance	Facial Oedema	Breathlessness
Epigastric Pain	Right Upper Quadrant Pain	Vomiting	+++ Proteinuria

THIS SECTION SHOULD BE COMPLETED BY THE ANAESTHETIST IF THE PATIENT HAS HAD A SPINAL/EPIDURAL/CSE OR BY THE MIDWIFE WHO REMOVES A LABOUR EPIDURAL CATHETER.

1. Check motor block at 1200 (time and date) (4 hours after epidural catheter removed or spinal injection performed)
2. If motor block is Bromage 2-4, give dalteparin as per kardex
3. If Bromage is 1, withhold dalteparin and inform anaesthetist *
4. Recheck motor block 4 hours after dalteparin
5. If motor block has increased or fails to resolve or a new motor block develops, inform anaesthetist * immediately and CONSIDER EPIDURAL HAEMATOMA.

*CONTACT DETAILS OF ANAESTHETIST: .....
2200.
.....

Intrathecal or Epidural Opioid

Drug:	Dose	Route	Time
DIAMORPHINE	0.3mg	INTRATHECAL	OT

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

Bromage scale

1. unable to move feet or knees
2. able to move feet only
3. just able to move knees
4. full flexion of knees and feet

Pain Assessment & Management Guidelines

How to score pain:

Acute pain: Score current pain on movement e.g. deep breathing

Pain Score:		Action:
0	NONE	Continue to assess pain with every set of observations (must be at least daily)
1-3	MILD	Continue to assess pain with every set of observations (must be at least daily)
4-5	MODERATE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.
6-10	SEVERE	Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review.

NAME:

DATE OF BIRTH:

CHI NUMBER:

OR

78152 J Thomson
800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280

PLANNED PROCEDURE:

Elective: ☐ Emergency: ☑

Indication: C/S

DATE OF OPERATION:

Midwife: FIONA WHITE

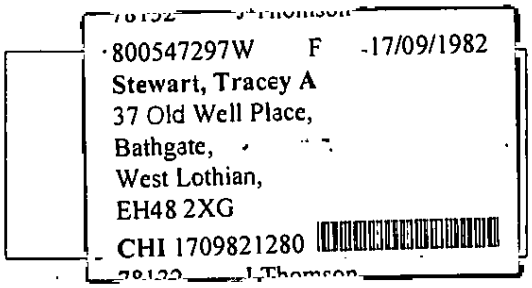
Ward: Ward 119

PRE- OPERATIVE CHECKLIST- part 1

	Initials- 1st check	Initials- 2nd check	Additional Information
Correct Patient and Procedure confirmed ✓	FW	AB	
Name bands x2 checked & correct ✓	FW	AB	
Consent form signed ✓	FW	AB	
Seen by Anaesthetist			
Seen by Surgeon/Obstetrician ✓	FW	AB	
Paediatrician required for delivery N/A ☐ yes	FW		
Research samples to be collected at C/S Yes ☐ No ☑	FW		
BTS: Blood Group Suitable Group and save/suitable for electronic release	FW	AB	
X- matched units required N/A ☑			
Haematology results: Hb 116	FW	AB	
Platelets 184	FW	AB	
Additional relevant blood tests (i.e. BM)			
Allergies (red band in place if allergic to any medicines) Penicillin	Cause: SOB/Rash Trimethoprim	Reaction:	
Ranitidine administered 06:15			
Fasted from: Date/time 22:00			
USS performed for presentation N/A ☐ Breech confirmed Yes ☑ No ☐	TWIN (2)		
Jewellery removed None			
Nail polish removed None		AB	
Any Dentures None		AB	
Any crowned/capped/loose teeth None		AB	
Fetal heart rate N/A ☐	1st check-Time: 06:30 bpm (1) 126 (2) 130	2nd check-Time: bpm:	
Consent for Paediatric Konakion N/A ☐			
Feeding preference N/A ☐			
Skin to skin discussed N/A ☐			
1st check- Printed name: FIONA WHITE	Signature:		Designation: MW
2nd check- Printed name: ADRIAN (BLOCKS)	Signature:		Designation: MW

NAME: DATE OF BIRTH: CHI NUMBER:

OR



PRE- OPERATIVE CHECKLIST- part 2

	Findings (if applicable)	Time of Event	Midwife Initials
Into Theatre			
Introductions to Theatre staff			
Cannula sited: -How many sited. -Area sited.			
Bloods obtained N/A ☐			
Into position for Spinal			
Back cleaned			
Back draped			
Local Anaesthetic to skin			
Spinal sited			
FH range CTG N/A ☐			
Maternal Pulse			
Supra pubic shave			
Catheterised (12ch Foley) with 10mls water. Clear urine seen draining: Yes ☐ No ☐			
Surgical checklist			
Knife to skin			
Delivery			
Placenta and membranes (CCT or manual removal)			
Insertion of IUS/IUCD N/A ☐			
Skin closure			
EBL			
Printed name:	Signature:	Designation:	

800547297W F 17/09/1982
Name: Stewart, Tracey A
37 Old Well Place,
Bathgate,
Date o West Lothian,
EH48 2XG
CHI Nc CHI 1709821280
78132 I Thomson

NHS Lothian

(1)

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
25/10/16	Into theatre for EMCS + Tubal ligation.	
0707	Monitors attached	ABrock Cnbt.
	Twin 1 126 Twin 2 128bpm	Brooks.
0723	Spinal inserted surgical pause.	
	Twin 1 127 Twin 2 138bpm.	ABrock.
0730	Catheter inserted	
	surgical pause part 2.	ABrock.
	Packs called	
0735	CTG disconnected Twin 1 136bpm Twin 2 122bpm. gk Russell	
0736	Abdominal asepsis.	
0738	Sterile drapes applied.	gk Russell
0741	knife to skin	gk
0747	EMLSCS 1in Gen placed in bag delayed cord clamping.	
0749	Female breech baby (nice notes) cried @ birth	
0753	Pt M by CET piecemeal Dr Franklin	
	informed happy cavity empty.	
0768	baby into skin mum prior to transfer.	
0810	(2) 1 left tube removed	
	placenta bagged for pathology.	ABrock Cnbt
	Ph Twin 1 V 7.35 BE -0.9 lact 2.2	
	A 7.31 BE -0.7 lact 2.6.	
	Twin 2 V 7.33 BE -0.4 lact 2.4	
	A 7.31 BE -0.4 lact 2.8	
	Breastpump sourced for expressing in recovery	
0835	Into recovery, care by J Boyd RN.	
	Maternal obs charted	JB/ BOYD

Patient Addressograph
Name:
Date of Birth:
CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
25/10/14 cont.	Iodine minimal	
	fundus fine and contracted	
	Double pump commenced for expressing - milk obtained.	
	Uneventful recovery, transferred to ward.	JF Band

Patient Addressograph

Name:

Date of Birth:

CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

Patient Addressograph

Name:

Date of Birth:

CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

Patient Addressograph
Name:
Date of Birth:
CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

Patient Addressograph

Name:

Date of Birth:

CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

CONSENT FORM:

Medical or Dental Investigation, Treatment or Operation

NHS Lothian

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Hospital: .....

Patient's Surname: .....

Other Names: .....

Unit Number: .....

CHI Number: .....

Sex (tick box) Male ☐ Female ☐ Date of Birth .....

(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.

..... CAESAREAN SECTION + STERILISATION .....

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Relevant Written Information given to the patient: ☐ Yes ☐ No

Signature ..... Date 24/10/16

Name and Status of Practitioner .....

Re-confirmation of Consent on the day of admission:

Signature ..... Date .....

Name and Status of Practitioner .....

To the Patient (or Parent or Guardian if Appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient/parent/guardian *(delete as necessary)*

I agree
- ✧ to what is proposed, which has been explained to me by the practitioner named above

I understand
- ✧ that anaesthesia (general/regional/local) or sedation will be needed
- ✧ that the procedure may not be done by the practitioner who has been treating me so far
- ✧ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told
- ✧ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

* .....

* .....

* .....

Signature ..... Name .....

Address ..... Date 24/10/16

LU 055

NOTES TO ALL HEALTH PRACTITIONERS
(DOCTORS, DENTISTS, NURSES, PROFESSIONS ALLIED TO MEDICINE)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition & proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature & probability of material (= significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

* AIN appt

Name: Tracy Steve A	Number:

Pathway for women with a TWIN PREGNANCY established following scan

INSERT THIS PAGE INTO THE ROUTINE ANTENATAL ICP IN CASE RECORD AT SECTION 3.2

CROSS OFF CHECKLIST FOR ROUTINE ANTENATAL CARE

AIM: to show the activities of care for women who have a **DICHORIONIC** multiple birth	Variance
Twin pregnancy Dichorionicity established by scan	
At Booking – Hb checked [if<115g/l Commence Iron]. Pregnancy information supplied including folic acid [see section 2]. Infant feeding antenatal checklist commenced. [See section 4]	
Risk card started. Risk assessment completed for Venous Thromboembolism (VTE)	
Discussion on domestic issues / domestic abuse	
Information on parenthood education given	
1st Twin Clinic Visit [if not a booking]	
15 weeks AFP, Weight Explanation & Test. Written consent obtained. Give information leaflet on prophylactic Anti-D if Rhesus Negative. N/A	
Twins Club Leaflet [tel. 0131-441-7558]	
20 weeks Hospital Antenatal Check & Detailed Scan Discussion of Employment, social, domestic issues / domestic abuse. Give MAT B.1, discuss signs of pre-term labour and pre-eclampsia	18.7.16.
24 weeks Community Antenatal check and Hb check [if<110g/l Commence Iron]	
* **28 weeks** Hospital Antenatal Check & Growth scan. Information leaflet on breastfeeding given. Blood Group Antibody Check. Random blood glucose. Prophylactic Anti-D given if Rhesus negative women N/A	
30 weeks Community Antenatal Check	
* **32 weeks** Hospital Antenatal Check. Hb level check & growth scan. [if<110g/l Commence Iron]. Baby care & birth plans discussed. The process for 1st baby check discussed and recorded in special features.	
34 weeks Community Antenatal Check. Prophylactic Anti-D offered if Rhesus negative. N/A	
* **36 weeks** Hospital Antenatal Check & Growth Scan	
37 weeks Community Antenatal Check	
* **38 weeks** Hospital Antenatal Check & discuss delivery, management of labour & postnatal care for mother & babies. Induction Date: Agreed Date:	

[redacted] Stewart
1709821280

NHS Lothian - Antenatal Appointment Record

NHS Lothian

UHPI: 800547297W **Age:** 34 **Parity:** 2 + 2 **EDD:** 07/12/2016 **Blood Gp:** A Rh Positive

12/09/2016 10:19	Antenatal check	Attended for growth scan and Doppler today. See twin 2 Doppler. Growth scan ordered for 32 wks. Well. FMF. 28 wks bloods sent reassured re scan result but we will repeat in 2 weeks wishes CS at RIE	2 weeks after scan
21/09/2016 10:56	Antenatal check	Twin 1 FH 123-148 bpm Twin 2 FH 120-145 bpm Feeling plenty of movement from both babies, feeling fine, vomited this morning. C/O Sciatica, advised to go to early physio class. Bloods taken on Monday.	mw 2 wks

Future Appointments

26/09/2016
10:30
Reproductive Med. Outpatient
Dept

05/10/2016
09:40
ANC Bathgate HC Newland
Medical Practice

10/10/2016
10:45
Reproductive Med. Outpatient
Dept

Mon 17th Oct 10AM scan dept.
Mon 24th Oct 10AM scan dept.

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

NHS Lothian - Antenatal Appointment Record

[redacted] Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 34 Parity: 2 + 2 EDD: 07/12/2016 Blood Gp: A Rh Positive

Comments

Appointment Date / Time	Appointment Type	Comments	Plan of Care
17/05/2016 12:34	Antenatal check	Proteinuria, ? UTI, msu to lab. Feeling okay but tired, had Asthma attack this morning, seen GP. Booking bloods, LFT's, U&E's & blood glucose taken with consent. Consent obtained for 1st/2nd trimester screening. Wishes to deliver at NRIE.	mw 6 wks
22/06/2016 14:41	Antenatal check	Well. Occ nausea/vomitting. Headaches-has cocodamol but no effect. Twin preg-DCDA. Care discussed. MSU sent Prev bladder problems. feels always has proteinuria. has ?? migraine- discussed amitryptiline if paracetalamol ineefective For delivery by CS NB previous bladder injury prev loss at 17 weeks after SRM, subsequently developed sepsis mxc of twin pregnancy discussed	18/7/16 after FA scan
29/06/2016 09:56	Antenatal check	C/O headaches, advised to increase fluid intake & given Co-Codamol by GP. Feeling movement from both babies. Twin 1 FH = 144 Twin 2 FH = 160, both heard with sonicaid. Attending twin clinic at NRIE.	mw 7 wks
18/07/2016 12:13	Antenatal check	TWINS ANC Feels well, has been having some photo-optic migraines - had these prior to pregnancy. some lightheadedness associated with same last week. tkaing paracetamol but not helping much. good movements from both babies. MAT B 1 given no concerns voiced	
17/08/2016 09:41	Antenatal check	Twin 2 135 bpm, Feeling plenty of movement from babies. Feeling fine today, still vomiting in morning. AFFIRM, contraception, DVD & BF discussed. Fetal Movements 1. Discussed: the link between fetal movements and fetal well-being. 2. A decrease or cessation of fetal movements maybe associated with a risk of stillbirth. 3. Each baby's movements are unique, Tracey knows to be aware of them and contact the maternity unit immediately if fetal movements decrease or stop.	mw 4 wks

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

NHS Lothian - Antenatal Appointment Record

NHS Lothian

Name: Tracey Stewart
CHI: 1709821280
UHPI: 800547297W Age: 34 Parity: 2 + 2 EDD: 07/12/2016 Blood Gp: A Rh Positive

Appt Date/Time	17/05/2016 12:34	22/06/2016 14:41	29/06/2016 09:56	18/07/2016 12:13	17/08/2016 09:41	12/09/2016 10:19	21/09/2016 10:56	10.10.16
Venue	Antenatal check	Antenatal check	Antenatal check	Antenatal check	Antenatal check	Antenatal check	Antenatal check	
Weeks Pregnant	10.6	16.0	17.0	19.5	24.0	27.5	29.0	
Blood Pressure	114/68	106/69	110/62	106/58	104/64	110/73	112/80	
Urinalysis	Protein++	Protein+	Trace Protein	NAD	Protein++	NAD	NAD	T.R PRO
Oedema (swelling)							ankles	
Height of uterus	too early	np	too early	np	24	np	32	
Fetal lie/position							Longitudinal	
Presenting part							Cephalic	
Fifths Palpable							Free	
Baby's heartbeat			144		142		139	
Baby's movements felt	Too early	Too early	Yes	Yes	Yes	Yes	Yes	
Visual Disturbance								
Headaches								
Epigastric Pain								
Biophysical Profile Score								
Membranes								
CTG								
VE								
Referred By								
Reason For Referral								

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

Getting it right for every child (GIRFEC)

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

The principles of GIRFEC include
- The use of the wellbeing indicators - Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included - to determine appropriate assessment using the My World Triangle.
- The My World Triangle assessment considers the strengths and pressures for the woman and family around the three domains - How I grow and develop, What I need from people who look after me and My wider world
- The use of the 5 GIRFEC questions
- Early assessment, early support, early intervention, multiagency approach are key to implementing GIRFEC.
- Consider the woman's and family's strengths and pressures.

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

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

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

Outcome of referral: Health Plan Indicator allocated:

Gestation at allocation: weeks

Health Visitor/Public Health Nurse details -

Name:

This is your pregnancy record. It contains important information that will be used to help you and your maternity care team plan care for you and your baby. You will usually be asked to carry your record during your pregnancy, as this will help communication between you and your maternity care team. Some women may prefer not to carry their pregnancy record. If you do not want to carry your record, please tell your midwife. Your midwife will arrange to hold your record for you, or for it to be kept at the maternity unit or your GP practice. Please keep your record safe, confidential and protect it from damage. If you lose your record, please contact your midwife or maternity unit as soon as possible. Please remember to take this record with you to all health appointments during your pregnancy. For example, whenever you see your midwife, GP, obstetrician, physiotherapist or when you go for an ultrasound scan. Nearer the time when your baby is due, you may want to carry your record with you when you go out and about.
Please feel free to write in your record where indicated.
Your Record remains the property of your NHS Board. At the end of your maternity care it will be returned to the NHS Board where it will be stored safely. If you would like a copy of your completed record, please speak to your midwife or contact the data controller of the NHS Board responsible for your care. (There may be a small charge for this.)
Details about how your personal information is used by staff within NHSScotland can be found in the leaflet 'Confidentiality - it's your right'. This is available from your midwife, GP practice or on-line at <http://www.hris.org.uk>. Follow the links on confidentiality, consent and having your say.

Help and advice: Please use the following services: West Lothian 1 - 01506 771871

Contact Details

Maternity Unit: Telephone no for Triage Dept	Royal Infirmary of Edinburgh 0131 242 2657	**Named Midwife:**	Margaret cefferty
		Midwifery Team:	West Lothian 1 - 01506 771871
Antenatal Clinic: Tel:	Royal Infirmary of Edinburgh 0131 242 2546	**Base:**	Bathgate, 01506 651828
Delivery suite/ Birth Centre Tel:	Royal Infirmary of Edinburgh 0131 242 2544/2675	**General Practitioner:**	J Thomson
		Address:	Simpson Medical Group, Bathgate Primary Care Centre, Whitburn Road, Bathgate,Bathgate,EH48 2SS
Ultrasound Dept: Tel:	Royal Infirmary of Edinburgh 0131 242 2801		
Health Visitor: **Base:** Tel:		Tel:	01506 654444
		Practice Code	78132/1
		GP Informed of Pregnancy:	Yes Date
		Care Provider:	Dr Shiona M Coutts
		Base:	Royal Infirmary of Edinburgh
		Tel:	0131 242 2657
Social Worker Contact Details			

Domestic Abuse Helpline: 0800 027 1234 (24 hours) **Rape Crisis Scotland Helpline: 08088 01 03 02 (free number)**
Scottish Women's Aid: www.scottishwomensaid.co.uk **6pm to midnight**
NHS 24: 08454 24 24 24 **Email: info@rapecrisisscotland.org.uk**

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

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

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

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

Booking Status: Red

Date/Location of Booking	Gestation	Agreed Pathway	Reason e.g. Previous LUSCS	Booked with Midwife/Obstetrician
17/05/2016	10.4	Consultant	Previous C/S	Dr Shiona M Coutts

Subsequent

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

Thrombosis Risk - Low

R.E. (See Maternity summary record) Date

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

Date flu vaccine administered -

Important Information

Surname / family name:	Stewart
First name:	Tracey
Previous Name:	
Likes to be called:	
Date of Birth:	17 Sep 1982
Your address:	37 Old Well Place, Bathgate, West Lothian, EH48 2XG
Home tel:	01506 336855
Other tel:	07968 529754
Occupation:	Customer Advisor
Planned place of birth:	Consultant Unit
Lead Professional:	Consultant

Your Partner/Supporter for this pregnancy

Name:	Colin Paterson
Occupation:	Plant Operator
Relationship to you:	Partner
Partners date of birth:	18 November 1973
Address:	37 Old Well Place, Bathgate, West Lothian, EH48 2XG
Home tel:	01506 794715
Other tel:	07955467609

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

Name:	Laura Scott
Relationship to you:	Friend
Address:	
Home tel:	
Other tel:	

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

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

Agreed EDD:	09 Dec 2016	**Use this EDD in all communication**
Date of the first day of bleeding of your last menstrual period (LMP):	04 Mar 2016	
How sure are you of this date:	Sure	
Average number of days between the first day of each period (monthly cycle):	21	
Comments		
Have you had any vaginal bleeding since your last menstrual period:	No	none
Had you been using any contraception:	No	
Type:		
Date Stopped:		
Provisional EDD based on LMP and monthly cycle:	09 Dec 2016	
EDD using dating scan:		
Your body mass index (BMI)	19.8	**BMI = weight[kg]/height[m]2**
Weight at booking (kg) / Height(m)	51 / 1.604	
History taken by / Agreed	Margaret Cefferty	
Date of Booking Appointment	17/05/2016	

Your previous pregnancies
Is Current Pregnancy with a New Partner? No

Parity: 2+2

Pregnancy 1

Full Name	Lorin Stewart	Date of birth	01 Feb 2000
Sex	Female		
Birth Weight	3620	Gestation	42
Type of Birth	Emergency LUSCS	Place of Birth	SJH
		Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	Epidural
Any Complications	Normal	Perineum	
Breast	No	Bottle	Yes

Comments (inc AN, PN or Psychological problems):

Pregnancy 2

Full Name	Emma Paterson-Stewart	Date of birth	06 May 2008
Sex	Female		
Birth Weight	2700	Gestation	38
Type of Birth	Emergency LUSCS	Place of Birth	SJH
		Outcome of Pregnancy	Livebirth
Labour Onset	Spontaneous	Anaesthetic	Epidural
Any Complications	APH	Perineum	
Breast	Yes	Bottle	No

Comments (inc AN, PN or Psychological problems):
adhesions noted at time of C/S

Early Pregnancy Losses (less than 24 weeks)

Date	Gestation	Nature of Loss	Comments
05/01/2009	4	Termination of Pregnancy	
14/01/2015	23.4	Spontaneous Miscarriage	See Any Complications above which will include AN, PN & Psychological problems

Your health - any current or previous health problems

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

Allergies: (Cefalexin);
(Flucloxacillin);
(Trimethoprim);
Surgical tape;
Also has rash, vomiting (Penicillin)

	Description	Inactive
Diseases/Operations	Asthma	N
Details	inhalers Salmutamol & Flixotide	
Condition		
Diseases/Operations	Disorder of kidney and ureter	N
Details	since bladder trauma following C/S, Catheter in situ for 2/52 post del. recurrant UTI's	
Diseases/Operations	Varicella without complication	Y
Details		
Diseases/Operations	Acute pericarditis	N
Details	"April 2013, resolved "	

Date of your last cervical smear	2016
Details	none
Next smear due	2017

Family Health (inc. Mental health)

Disease/	Non-insulin-dependent diabetes mellitus without complications (Brother)/
Details	Tablet controlled
	Congenital dislocation of hip (Daughter)/ malmo splint
Do you have a close family member (parent or sibling) with a history of bipolar disorder (manic depression) or any other serious mental illness	No
Are you and your baby's father blood relatives?	No

Ethnic origin

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

How do you describe your ethnic origin	White Scottish
How do you describe baby's father's ethnic origin	White Scottish
What language do you usually use at home	English
Do you need help with interpreting, communicating	No
What is your current religion or faith, if any	No Religious Affiliation
Is blood transfusion acceptable to you	Yes
Comments	only if necessary
Female genital cutting or piercing	No
Comments	
Is there any other information that you feel is important for your maternity care? For example your beliefs, social conventions and customs, family structure, ceremonies, dress or diet	
Are you a refugee or asylum seeker	
Have you had a full medical examination since arriving in the UK?	

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

No TB Risk

CJD or vCJD

Have you ever been notified that you are at increased risk of CJD or vCJD for public health purposes?	No

Other Health Related Questions

Have you been taking folic acid	Yes
Started	Preconception 400mcg
Vitamin D (10mcg/day)	Yes
Helthy Start vitamins	No
Other vitamins/Supplements	No
What do you know about healthy eating during pregnancy	eats healthy diet
Do you have any special dietary needs?	none
Dietetic referral made	
Dietetic referral details	

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

What do you know about the benefits of physical activity in pregnancy?	walks daily
Advice given	
Do you go to the dentist regularly	yes

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

Are there any health and safety issues related to your work?	none
What do you know about drinking alcohol in pregnancy?	not to drink
How many units of alcohol did you drink each day before you were pregnant?	0
How many units of alcohol a day are you drinking now	0
How many units of alcohol do you drink in an average week	0
If drinking, are you drinking at home, in clubs/pubs	no

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

Referral for advice on reduced drinking	No
What do you know about smoking in pregnancy?	not to smoke
Have you smoked cigarettes in the 12 months prior to pregnancy	Yes CO level 2 Date 17/05/2016
Current smokers: cigarettes smoked per day	3
Former smoker: date stopped	
Do you or anyone in your household currently smoke?	Yes **We encourage you to keep your baby smoke free before and after birth.**
Are you interested in getting help to stop?	No
Referral made to smoking cessation service	Yes
Have you used any street drugs, gases or glue in the last year?	No

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

Medication

[redacted] you taking any medication prescribed to you by a doctor, or have you stopped any medication recently	Salbutamol & Flixotide inhalers.
Over the counter medications	Paracetamol prn

Your Mental Health

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

No Home circumstances and support needs

Tests during pregnancy

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

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

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

Test	Gestation when test(s) taken	Accepted / Reason if declined	Date taken
Blood group at bookng Antibody screen 28 weeks	10.4	Yes	17/05/2016
Full blood count	10.4	Yes	17/05/2016
Rubella status	10.4	Yes	17/05/2016
Syphillis	10.4	Yes	17/05/2016
Hepatitis B	10.4	Yes	17/05/2016
HIV	10.4	Yes	17/05/2016
Haemoglobinopathy - sickle cell	10.4	Yes	17/05/2016
Haemoglobinopathy - Thalassaemia	10.4	Yes	17/05/2016
Please document outcome in the Neonatal Management Plan			
Screening for Fetal anomalies ultrasound		Yes	Please see Radiology results in ePR
Screening for Downs Syndrome -1st trimester	10.4	Yes	17/05/2016
Screening for Downs Syndrom - 2nd trimester		Yes	
Random blood glucose Chlamydia (opportunistic if under 20 yrs old)	10.4	Yes	17/05/2016
Mid stream urine specimen for bacteriology	10.4	Yes	17/05/2016
CVS - Indication:		Results normal (Y/N)	
Amniocentesis:		Results normal (Y/N)	
CO level	10.4	2	17/05/2016
Additional information on tests declined			
Test Results - action			

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

Has this been discussed / plans made Prophylactic 'Anti-D' given Gestation and Dose	 weeks & Dose
Signed (for above)/Date	Margaret Cefferty 17/05/2016

COMMENTS	Planned pregnancy, good support from partner & family, wishes to go to NRIE

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

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

		Given
Leaflets given and discussed		Yes
Forms	FW8 Maternity Exemption form (your entitlement to free prescriptions during pregnancy and for one year after your baby is born) Mat B1 form (for an employer or the Benefits Agency confirming your estimated date of delivery. You can ask for this form from your 20th week of pregnancy)	Yes
Benefits and Entitlements	Parent's guide to Money 'A Guide to Maternity Benefits' N1 17A www.dwp.gov.uk 'Pregnancy and work: what you need to know as an employee' www.dti.gov.uk	
Screening tests in pregnancy	'Your guide to screening tests during pregnancy'	Yes
Pregnancy, babycare and breastfeeding	'Ready, Steady, Baby!' www.readysteadybaby.org.uk There are Easy Read versions of 'Ready, Steady, Baby', available free from Health Scotland Telephone 0131 536 5500 and ask for 'My Pregnancy, My Choice' and 'You and your Baby' Information on wearing a car seat belt safely during pregnancy. See 'Ready, Steady, Baby' 'Reduce the Risk of Cot Death' www.sidscotdeathtrust.org 'Off to a Good Start: All you Need to Know about Breastfeeding your Baby' www.heathscotland.org 'Breastfeeding and Returning to Work' www.healthscotland.com " Your Guide to Newborn screening tests' 'Your Baby's Hearing screen' 'BCG and your baby' www.healthscotland.com 'Talking about postnatal depression' www.healthscotland.com 'How to Stop Smoking and Stay Stopped www.healthscotland.com +/- Fresh Start' Smokeline NHS Stop smoking 0800 84 84 84 and www.canstopsmoking.com Support for alcohol issues is available from Drinkline Scotland on 0800 7 314 314 or at www.alcohol-focus-scotland.org.uk	Yes Yes
A/N education sessions discussed	No Date	
Booked to attend	No	
Comments		

Your preferences for labour and the birth of your baby

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

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

How do I feel about labour and birth?
What are my expectations?

Who do I want with me during labour and birth?

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

If everything is straightforward, how do I want my baby's heartbeat to be monitored during labour?
e.g. at intervals with a hand-held 'doppler' or ear-trumpet (Pinard stethoscope).
Do I understand when continuous electronic monitoring of my baby's heartbeat may be advised?

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

Vaginal examinations to assess my progress during labour
My feelings about these are:

How would I like to give birth?
My position for birth - kneeling, standing, squatting or sitting upright ?
Discovering the sex of my baby - do I want to find this out for myself?
Would I like my placenta to be delivered with or without an injection? (An injection often helps to reduce bleeding).

After my baby's birth
(Note: skin-to-skin contact with your baby is usually encouraged straight after birth)
Would I like my baby to have Vitamin K?

Other questions or special requirements that I have

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

Discussion of preferences for labour and birth/issues arising
(Maternity care staff - please sign and date all entries)

Signature: Date / /

Preparing for birth - what to pack in your bag

Here are some suggestions for what to take to the maternity unit. Please remember to take your Pregnancy Record, as it is very important. If you are having a home birth, your midwife will discuss other things that you will need to prepare.

For the birth	After the birth	
• comfortable clothes • music • snacks and drinks • toiletries • phone numbers • phone cards or change • camera •	• clothes/nightwear for you • underwear • maternity bra • sanitary towels • breast pads •	• clothes for going home • baby clothes – sleep suits, vests, scratch mits, hats and shawl • nappies •
		Please note If you are travelling by car your baby will need a properly fitted car seat for all journeys.

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

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

PIN/CHI: 1709821280 / 1709821280	**D.O.B:** 17/09/1982	**Tel:**	0131 242 6048 / 6025
Patient: STEWART, TRACEY	**Sex:** Female		
Report to: Cons Not Given		**Taken:**	22/06/2016 14:30
Address: Midwives, Bathgate (Simpson)		**Received:**	22/06/2016 17:25
	Clinical Details:	**Date Reported:**	23/06/2016

Lab. Ref. No.:MU601640M Spec.:Mid stream urine

Urine culture
Mixed organisms greater than 100,000 cfu/ml
Probably contamination
Isolate(s) will be held for 7 days
Please consult microbiologist if advice is required

Please review sampling technique and refrigerate samples or use red top boric acid containers if any delay in transporting to the lab.
Only repeat if there are persistent symptoms of UTI or if screening for bacteriuria in pregnancy.

Authorised by : Background Authorisation for Dr I F Laurenson

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Specialist Virology Centre
Royal Infirmary of Edinburgh, 51 Little France Crescent
EDINBURGH EH16 4SA

PIN/CHt: 1709821280 / 1709821280 **D.O.B:** 17/09/1982	**Tel:** 0131 242 6048 Internal 26048
Patient: STEWART, TRACEY **Sex:** Female	
Report to: Community Midwives	**Date Taken:** 17/05/2016
	Time Taken: u/k
Address: Bathgate Primary Care Centre	**Date Received:** 18/05/2016
	Time Received: 09:44
Sending Laboratory Reference Number:	**Date Reported:** 19/05/2016

Laboratory Number: MS483728F Specimen: Clotted Blood

Hep B surface Ag qualitative 0.17 S/CO
Hepatitis B surface Antigen : NEGATIVE

HIV Ag/Ab COMBO: 0.18
HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.85)

CMIA for Rubella IgG Antibody: 364.2 IU/mL
Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)

Rubella antibodies present

Anti-Treponemal IgG Antibody: 0.11
Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)

Authorised by: Background Authorisation for Dr A P Gibb

'For ADULT SEROLOGY, RIE Virology is replacing analysis of white-capped clotted (serum) blood tubes with 7.5 ml S-Monovette Serum-Gel (Sarstedt) clotted (brown-capped) ones - product code 01.1602.001; ADULT MOLECULAR ANALYSIS should continue to be performed on 7.5 ml S-Monovette Potassium EDTA (Sarstedt) (red-capped) tubes - product code 01.1605.001. Thank you'

LOTHIAN UNIVERSITY HOSPITALS DIVISION
MEDICAL MICROBIOLOGY SERVICES

www.edinburghlabmed.co.uk

Clinical Bacteriology, St Johns's Hospital,
Howden West, LIVINGSTON EH54 6PP

PIN/CHI: 1709821280 / 170982128	**D.O.B:** 17/09/1982	**Tel:**	01506 523075
Patient: STEWART, TRACEY	**Sex:** Female		
Report to: Midwife		**Taken:**	17/05/2016 u/k
Address: Bathgate, Simpson Med Pract.		**Received:**	17/05/2016 16:12
	Clinical Details:	**Date Reported:**	18/05/2016
	Health Centre Booking Sample		

Lab. Ref. No.:JU384809M Spec.:Urine, ante-natal

Urine Micro Culture & Sens
Culture :
Mixed organisms >10,000 - <100,000 cfu/ml
Probably contamination
Isolate(s) will be held for 7 days
Please consult microbiologist if advice is required

Please review sampling technique and refrigerate samples or use red top boric acid containers if any delay in transporting to the lab.
Only repeat if there are persistent symptoms of UTI or if screening for bacteriuria in pregnancy.

Authorised by : Background Authorisation for Dr K MacSween

Department of Laboratory Medicine **Biochemistry, WGH**

PATIENT:	STEWART, TRACEY	**UPI:** 1709821280	**REF:** TWIN 1
DOB:	17/09/1982 **SEX:** F	**CONSULTANT/GP:**	Cons Not Given
SOURCE:	Midwives, Bathgate (Simpson)	**SENDER:**	

ANTENATAL SCREENING REPORT FOR FETAL DOWN'S SYNDROME

Combined chance of Down's Syndrome at term 1 in 2472

The outcome of the screening test has shown that your baby has only a low chance of Down's Syndrome. Therefore no further action is needed. Please remember that this is a screening test and does not completely rule out the presence of this condition.

TEST DETAILS PROVIDED		LABORATORY DATA	
Date of sample	02/06/2016	Date of sample receipt	03/06/2016
Date of scan	02/06/2016	Gestation at sample date	13 wks 1 days
Crown rump length	69 mm	Maternal age at EDD	34.22 yrs
Nuchal translucency	1.9 mm	Age related chance	1 in 501
Current smoker	Yes	Free beta HCG mom	
Maternal weight	51 kg	PAPPA mom	
Family origin	Caucasian	Nuchal translucency MOM	1.02

Comments

Twin pregnancy
Reported combined chance of Down's Syndrome at term has been calculated using maternal age at EDD and nuchal translucency alone.

Please file in blue notes

Please check this report carefully and ensure that the test details provided have been recorded correctly. If incorrect information has been used the screening test result may be invalid.

For more information refer to the National Protocol: Fetal Anomaly amd Down's Syndrome Screening (2010).

Sample number : QC205412B
Date of report : 03/06/2016 Time 16:12

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU Tel: 0131 537 1909

Department of Laboratory Medicine **Biochemistry, WGH**

PATIENT:	STEWART, TRACEY	**UPI:** 1709821280	**REF:** TWIN 2
DOB:	17/09/1982 **SEX:** F	**CONSULTANT/GP:**	Cons Not Given
SOURCE:	Midwives, Bathgate (Simpson)	**SENDER:**	

ANTENATAL SCREENING REPORT FOR FETAL DOWN'S SYNDROME

Combined chance of Down's Syndrome at term 1 in 3033

The outcome of the screening test has shown that your baby has only a low chance of Down's Syndrome. Therefore no further action is needed. Please remember that this is a screening test and does not completely rule out the presence of this condition.

TEST DETAILS PROVIDED		LABORATORY DATA	
Date of sample	02/06/2016	Date of sample receipt	03/06/2016
Date of scan	02/06/2016	Gestation at sample date	13 wks 0 days
Crown rump length	67 mm	Maternal age at EDD	34.23 yrs
Nuchal translucency	1.7 mm	Age related chance	1 in 501
Current smoker	Yes	Free beta HCG mom	
Maternal weight	51 kg	PAPPA mom	
Family origin	Caucasian	Nuchal translucency MOM	0.93

Comments

Twin pregnancy
Reported combined chance of Down's Syndrome at term has been calculated using maternal age at EDD and nuchal translucency alone.

Please check this report carefully and ensure that the test details provided have been recorded correctly. If incorrect information has been used the screening test result may be invalid.

For more information refer to the National Protocol: Fetal Anomaly amd Down's Syndrome Screening (2010).

Sample number : QC205413R
Date of report : 03/06/2016 Time 16:12

Western General Hospital, Crewe Rd, Edinburgh, EH4 2XU Tel: 0131 537 1909

Department of Transfusion Medicine
Royal Infirmary Edinburgh EH16 4SA
Tel: 0131 242 7501

IMMUNOHAEMATOLOGY

Name (Surname & Forename) & Address:

STEWART TRACEY
37 OLD WELL PLACE
BATHGATE
WEST LOTHIAN

EH48 2XG

EDD / Gestⁿ: 09/12/2016 - 11weeks

Date Specimen Received:

Report Date: 17/05/2016 23:42

18/05/2016 12:06

D.O.B.: 17/09/1982 Sex: Female CHI / Unit No.: 1709821280 SNBTS No.: 9006577319

Results for Sample Number: 10320049011414

Date Drawn: 17/05/2016 12:40 Date Received: 17/05/2016 23:42

ABO : A
Rh D : Positive

Antibody Status : NAD (No Antibodies Detected)

Other Results

Comments

Signed: J Christopher

Report Destination:

MIDWIFE IN CHARGE
RECEPTION
Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

Copies of Report to:

Bathgate Primary Care Centre
Whitburn Road

Bathgate
EH48 2SS

SCREENING FOR HAEMOGLOBINOPATHIES - Family Origin Questionnaire (FOQ)

NHS SCOTLAND

AFFIX PRINTED LABEL	AFFIX PRINTED LABEL	REQUEST DETAILS
Cl 800547297W F 17/09/1982 Stewart, Tracey A 37 Old Well Place, Su Bathgate, West Lothian, EH48 2XG Fo CHI 1709821280 78132 J Thomson	Sender / Reporting Details (return to) Hospital / Practice .... Please complete section at bottom of form	Date collected: 17/5/16 Time collected: 12:40 (24hr) Estimated Delivery Date: 9/12/16 Specimen type: ☑ Blood ☑ FBC iLab Code = HFB LAB USE ONLY

What are your family origins? **Screening test declined** ☐

Please tick all boxes in ALL sections that apply to the woman and the baby's father

This form must be used for routine FBC requests for antenatal booking blood samples only. A separate standard form should be supplied for any other additional requests. A second copy of the form should be added to the patient's maternity record. The completion of this form is an ESSENTIAL part of the screening process. See reverse of form for further guidelines.

	Woman	Baby's Father
A: AFRICAN OR AFRICAN CARIBBEAN (BLACK)		
1. Caribbean Islands	☐	☐
2. Africa (excluding North Africa)	☐	☐
3. Any other African or African-Caribbean family origins *[please state]*		
B: SOUTH ASIAN (ASIAN)		
1. India or African-Indian	☐	☐
2. Pakistan	☐	☐
3. Bangladesh	☐	☐
C: SOUTH EAST ASIAN (ASIAN)		
1. China including Hong Kong, Taiwan, Singapore	☐ #	☐ #
2. Thailand, Indonesia, Burma	☐ #	☐ #
3. Malaysia, Vietnam, Philippines, Cambodia, Laos	☐ #	☐ #
4. Any other Asian family origins (eg. Caribbean-Asian) *[please state]*		
D: OTHER NON-EUROPEAN (OTHER)		
1. North Africa, South America etc.	☐	☐
2. Middle East (Saudi Arabia, Iran etc.)	☐	☐
3. Any other Non-European family origins *[please state]*		
E: SOUTHERN AND OTHER EUROPEAN (WHITE)		
1. Sardinia	☐ #	☐ #
2. Greece, Turkey, Cyprus	☐ #	☐ #
3. Italy, Portugal, Spain	☐	☐
4. Any other Mediterranean country	☐	☐
5. Albania, Czech Republic, Poland, Romania, Russia etc.	☐	☐
F: UNITED KINGDOM (WHITE) *		
1. Scotland, England, Wales, N Ireland	☑	☑
G: NORTHERN EUROPEAN (WHITE) *		
1. Austria, Belgium, Ireland, France, Germany, Netherlands	☐	☐
2. Scandinavia, Switzerland etc.	☐	☐
3. Any other European family origins, refer to chart (eg. Australia, N America, S Africa) *[please state]*		
* Hb variant screening requested by F and / or G *(ie. request from low risk group)*	☐	☐
# Higher risk for alpha zero thalassaemia		
H: DON'T KNOW (Including pregnancies with donor egg / sperm)	☐	☐
I: DECLINED TO ANSWER	☐	☐
J: ESTIMATED DELIVERY DATE (if not completed above)	9/12/16	
K: GESTATION AT TIME OF TEST	10+ wks	

OFFER Hb variant screening to all women if they or their baby's father have answers in a shaded box

This section to be completed by Health Care Professional

Signed: M Cafferty (W) Print Name: M CAFFERTY

Job Title: Cln Sc Contact Tel. No: 01506 651828 Date: 17/5/16

Guidance for Health Care Professionals

Screening and Diagnostic Uses of the Family Origin Questionnaire

The Family Origin Questionnaire (FOQ) is principally used as a tool to identify women who are at highest risk of being a carrier or having a baby with a haemoglobin variant or disorder.

The FOQ is also used as a tool by laboratory staff to help with the interpretation of results, particulary those indicating possible alpha or beta thalassaemia. The family origin is also relevant in the interpretation of red blood cell indices and essential for accurate prenatal diagnosis. More information about its use can be found in the laboratory handbook at: http://sct.screening.nhs.uk/publications

Therefore, you need to ask for the family origins of both the woman **AND** the baby's father going back at least two generations (or more if possible).

Women with Sickle Cell Disease

Screening will also identify women with sickle cell disease, who should be considered 'high risk' requiring specialist care during pregnancy from an Obstetrician and Haematologist, and who should be booked for a hospital delivery.

'Low Risk' Family Origins

People with family origins from the countries listed below are considered at low risk for haemoglobin variants:

United Kingdom (White)
England, Scotland, Northern Ireland, Wales.

Northern European (White)
Austria, Belgium, Denmark, Greenland, Iceland, Ireland (Eire), Finland, France, Germany, Luxembourg, Netherlands, Norway, Sweden, Switzerland.

Some populations of the following countries have Northern European origin (countries listed above) and are also at low risk for haemoglobin variants:

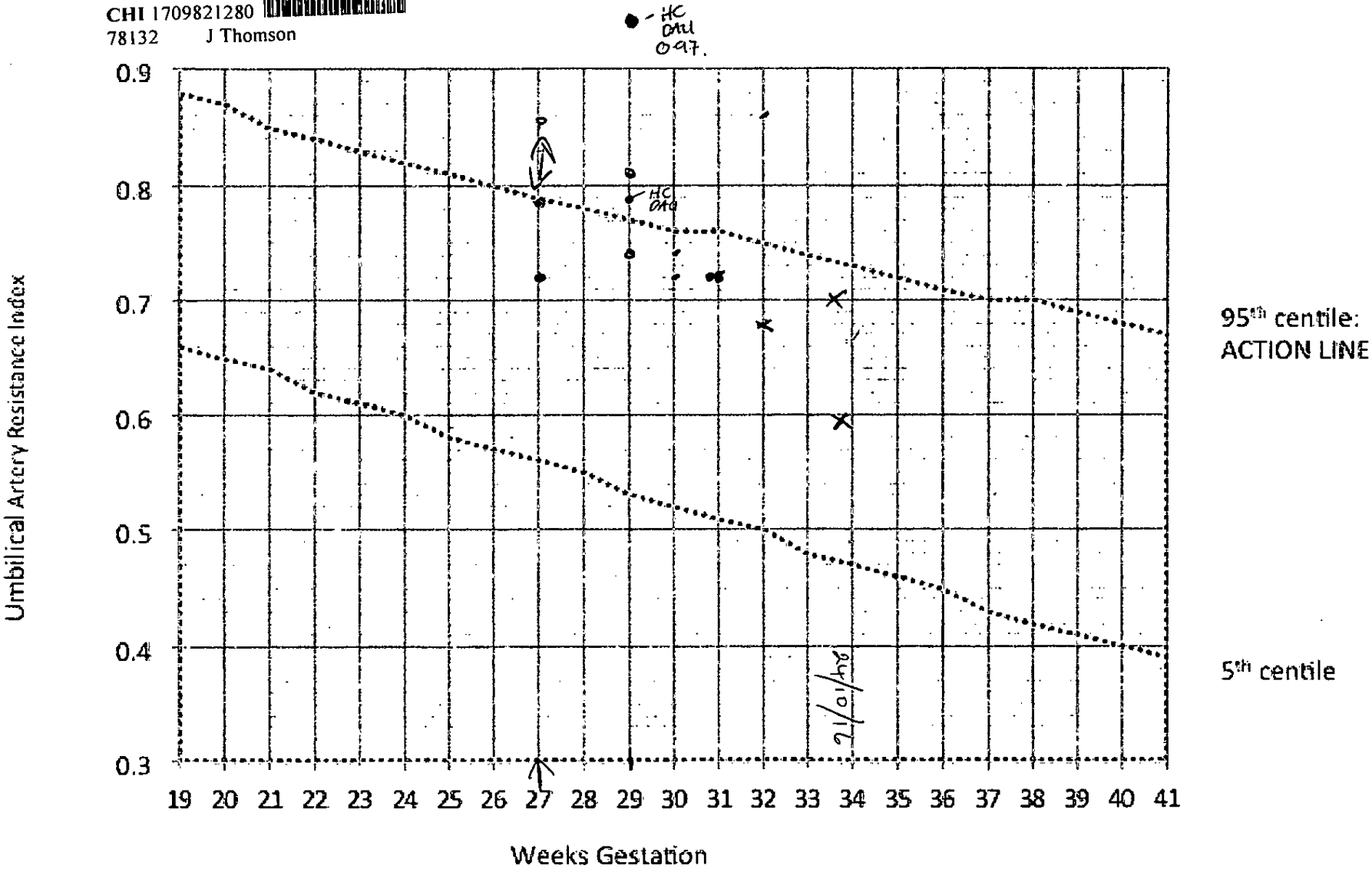
Northern European Origin (White)
Australia, North America (USA, Canada), South Africa, New Zealand.

Issue date: April 2012
Version: 1.0

Name: 800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

TWIN 1.
TWIN 2.

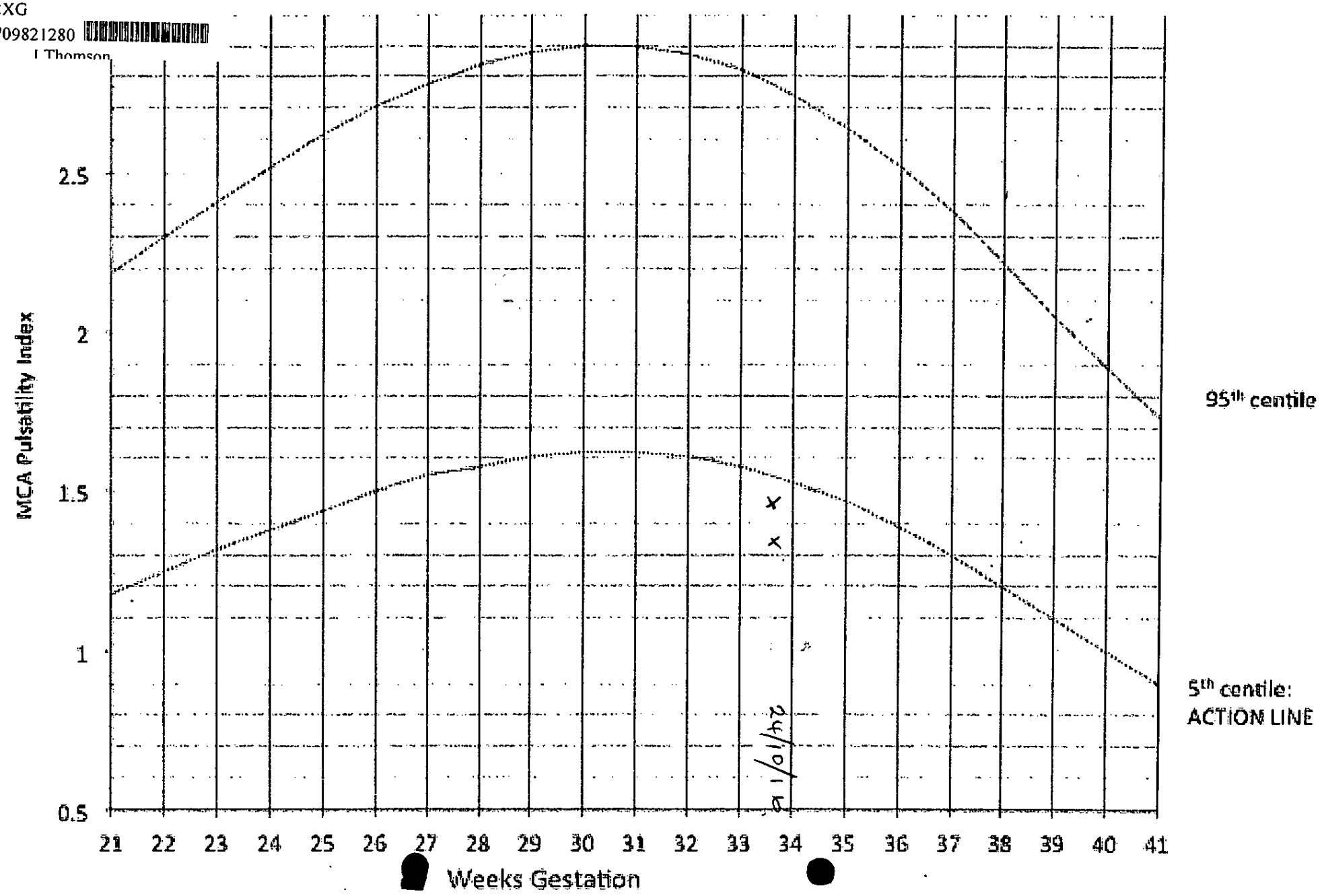
Acharya G, Wilsgaard T, Berntsen G, Maltau J, Kiserud T.. Am J Obstet Gynecol 2005; 192: 937–944.



Ni 800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 I Thomson

30: 287-296.

T2 X

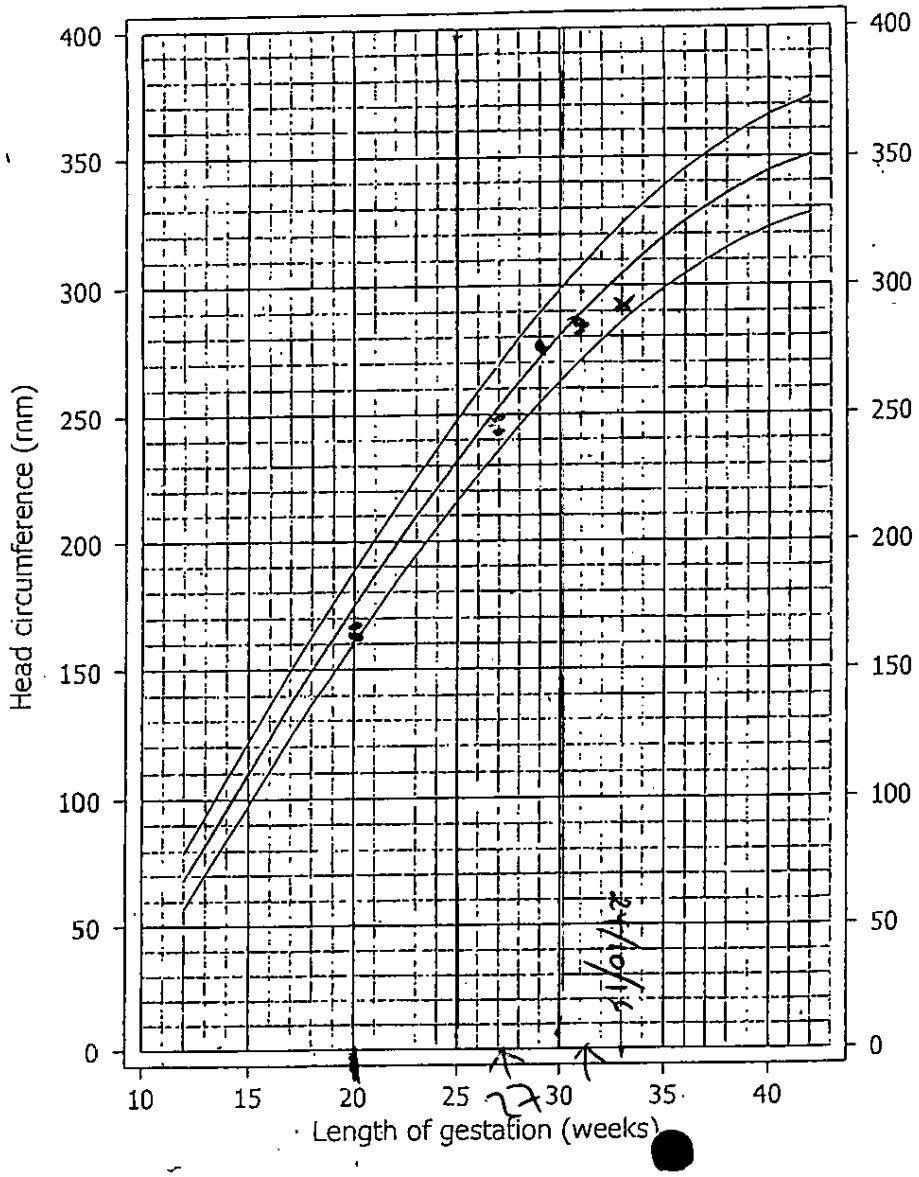


800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG

ENDIX

CHI 1709821280 [redacted]
78132 J Thomson

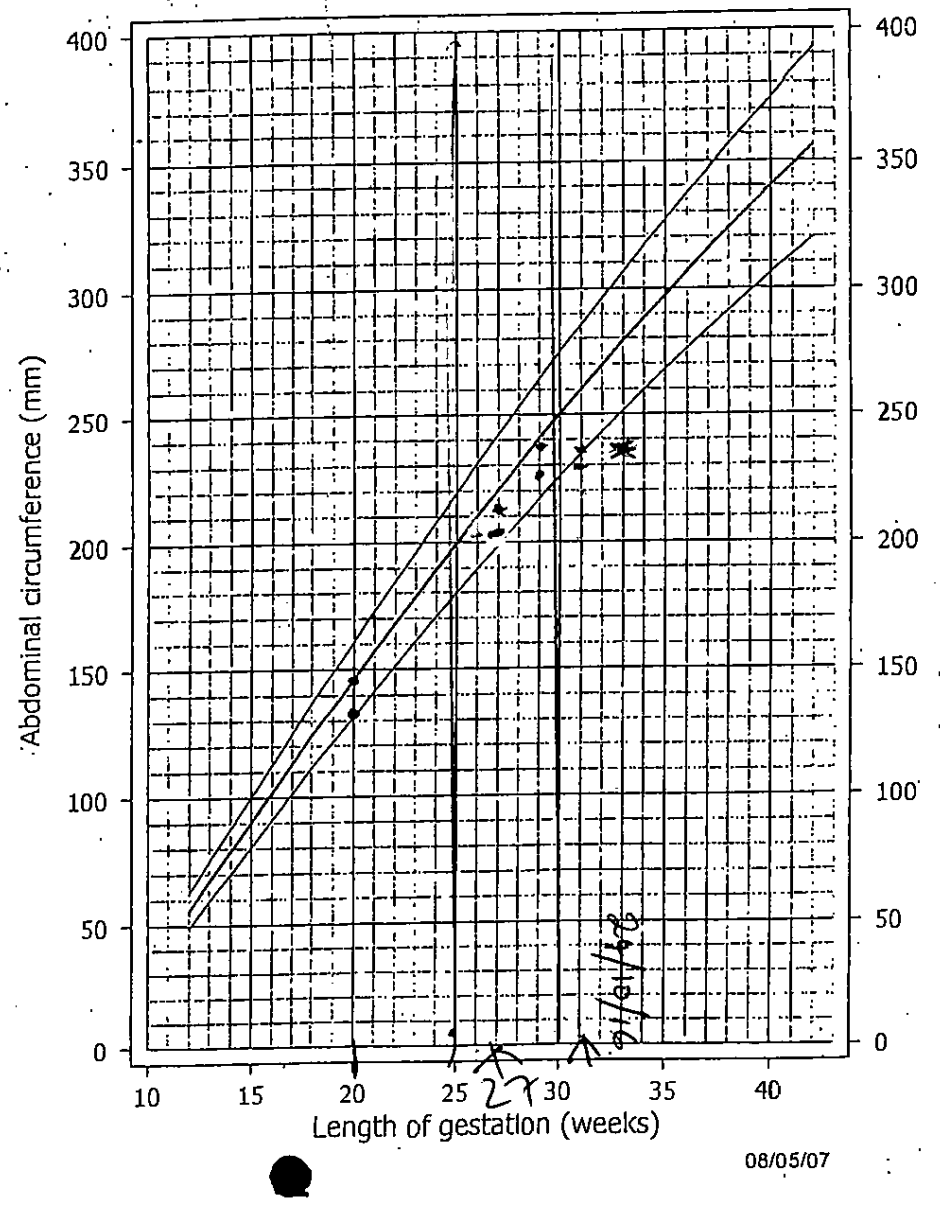
itty & Altman[4])



TWIN 1.
TWIN 2.

APPENDIX 5

AC SIZE CHART (after Chitty & Altman[5])



ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:
US Obstetric Twin Growth Scan

Clinical details

US Obstetric Twin Growth Scan
DC/DA twin growth booked for 24/10/16 @ 10:00 room 2, static growth/check dopplers

Report

TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 7/12/16
GESTATION (by ultrasound): 33 weeks 5 days.
FETUS NUMBER: 2
FETAL HEART PULSATIONS SEEN: x 2

TWIN 1		TWIN 2	
H/C:	296 mm	H/C:	293 mm
A/C:	237 mm	A/C:	235 mm
FL:	52 mm	FL:	50 mm
EFW:	1259g	EFW:	1203g

PRESENTATION: T1: ceph, right
T2: breech, left
PLACENTA: anterior
LIQUOR VOLUME: T1 DVP 48mm T2 DVP 31mm
COMMENTS: T1 UARI 0.59 T2 UARI 0.70
T1 MCA 1.46 T2 MCA PI 1.33, both <5th C. Both twins fetal growth restriction with normal UA doppler

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	RIE Obstetric Outpatients
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	25219341	24/10/2016	M/W Susan J Gordon

D.O.R:		Reporting Radiologist:	Dr Shona Cowan
D.O.T:	24/10/2016	Overseen by Radiologist:	
D.O.V:	24/10/2016	Verifying Radiologist:	Shona Cowan
		Typist/Secretary:	Shona Cowan
		Radiologist Signature:	

Printed 24/10/2016 10:39:55

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Twin Growth Scan

---

nad LV but centralisation with static growth over 4 wks now. 33+5wks gestation. Advise for delivery by CS within 24 hours. DAU for CTG and paeds review - suggest drink only water until CTG.

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	RIE Obstetric Outpatients
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	25219341	24/10/2016	M/W Susan J Gordon

D.O.R:		Reporting Radiologist:	Dr Shona Cowan
D.O.T:	24/10/2016	Overseen by Radiologist:	
D.O.V:	24/10/2016	Verifying Radiologist:	Shona Cowan
		Typist/Secretary:	Shona Cowan
		Radiologist Signature:	

Printed 24/10/2016 10:39:55

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Traccy	UHPI:	800547297W

CHI: 1709821280

Order Items:
US Multiple Pregnancy Dopplers

Clinical details

US Multiple Pregnancy Dopplers

DCDA twins - LV and dopplers due to static growth x 2 - appt on Mon 17th Oct @ 10:00 in Room 2 - thanks

Report

TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 32 weeks 5 days.
FETUS NUMBER: x2
FETAL HEART PULSATIONS SEEN: x2

PRESENTATION: T1: On maternal right - cephalic
T2: On maternal left - breech
PLACENTA: Anterior - not low.
LIQUOR VOLUME: Twin 1 - DVP - 39mm. Twin 2 - DVP - 37mm
COMMENTS: Twin 1 - UARI - 0.68. Twin 2 - UARI - 0.86- raised. Normal ductus x 2. Stomach and bladder seen x2

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	RIE Obstetric Outpatients
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Multiple Pregnancy Dopplers	25167404	17/10/2016	M/W Kirsten B Cliff

D.O.R:		Reporting Radiologist:	Dr Nithiya Palaniappan
D.O.T:	17/10/2016	Overseen by Radiologist:	
D.O.V:	17/10/2016	Verifying Radiologist:	Nithiya Palaniappan
		Typist/Secretary:	Nithiya Palaniappan
		Radiologist Signature:	

Printed 17/10/2016 10:08:47

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280
Order Items:
US Obstetric Twin Growth Scan

Clinical details
US Obstetric Twin Growth Scan
DCDA twin scan on 10/10/16
Report
EDD BY ULTRASOUND: 07/12/16
GESTATION (by ultrasound): 31 weeks 5 days.
FETUS NUMBER: 2
FETAL HEART PULSATIONS SEEN: Yes x 2

TWIN 1 Rt cephalic	TWIN 2 Lt Breech
H/C: 285 mm	H/C:283 mm
A/C: 229 mm good measurement	A/C: 237 mm - good measurement
FL: 58 mm	FL: 54 mm
EFW = 1309 grams	EFW = 1273 grams

PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Tw1 deepest pool 50 mm Tw 2 deepest pool 49
COMMENTS: UARI Tw 1 - 0.73 EDF present UARI Tw 2 073. EDF present

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	24902106	10/10/2016	

D.O.R:		Reporting Radiologist:	Anne Day
D.O.T:	10/10/2016	Overseen by Radiologist:	
D.O.V:	10/10/2016	Verifying Radiologist:	Anne Day
		Typist/Secretary:	Anne Day
		Radiologist Signature:	

Printed 10/10/2016 10:25:46

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Doppler Umbilical

Clinical details

US Obstetric Doppler Umbilical

DCDA twins. Doppler raised TI on 26/9/16. Appt room 2 3/10/16 @ 10.15

Report

TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 30weeks 5days.
FETUS NUMBER: two
FETAL HEART PULSATIONS SEEN: x 2
PRESENTATION: T1: Right
T2: Left
LIQUOR VOLUME: Twin Right - DVP 39mm, Twin Left - DVP 44mm
COMMENTS: Both UA dopplers normal. UARI T1 0.74, T2 0.72. Reassured.
Repeat growth 1wk as planned

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	RIE Obstetric Outpatients
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Doppler Umbilical	25055291	03/10/2016	M/W Mary E Simpson

D.O.R:		Reporting Radiologist:	Dr Shona Cowan
D.O.T:	03/10/2016	Overseen by Radiologist:	
D.O.V:	03/10/2016	Verifying Radiologist:	Shona Cowan
		Typist/Secretary:	Shona Cowan
		Radiologist Signature:	

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ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Twin Growth Scan

Clinical details

US Obstetric Twin Growth Scan

Growth please on 26th sept - concern re Doppler twin 2 27 weeks

Report

TWIN OBSTETRIC ULTRASOUND REPORT

EDD BY ULTRASOUND: 7/12/2016

GESTATION (by ultrasound): 29 weeks 5 days.

FETUS NUMBER: 2

FETAL HEART PULSATIONS SEEN: Yes x 2

	TWIN 1		TWIN 2	
H/C:	274	mm	H/C: 275	mm
A/C:	239	mm	A/C: 227	mm
FL:	50	mm	FL: 49	mm

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	24902473	26/09/2016	

D.O.R:		Reporting Radiologist:	Lindley Gomez
D.O.T:	26/09/2016	Overseen by Radiologist:	
D.O.V:	26/09/2016	Verifying Radiologist:	Lindley Gomez
		Typist/Secretary:	Lindley Gomez
		Radiologist Signature:	

Printed 26/09/2016 10:51:36

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Twin Growth Scan

PRESENTATION: T1: Right cephalic inferior
T2: Left cephalic superior

PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Normal
UARI: **T1 0.81 High EDV seen**, T2 0.74 EDV seen.
COMMENTS: EFW T1 1165g, T2 1056g

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order ttems(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	24902473	26/09/2016	

D.O.R:		**Reporting Radiologist:**	Lindley Gomez
D.O.T:	26/09/2016	**Overseen by Radiologist:**	
D.O.V:	26/09/2016	**Verifying Radiologist:**	Lindley Gomez
		Typist/Secretary:	Lindley Gomez
		Radiologist Signature:	

Printed 26/09/2016 10:51:36

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Twin Growth Scan

Clinical details

US Obstetric Twin Growth Scan

DCDA twins, growth scan on 12/09/16

Report

TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/16
GESTATION (by ultrasound): 27 weeks 5 days.
FETUS NUMBER: s
FETAL HEART PULSATIONS SEEN: Yes x 2

TWIN 1 Rt -inferior	TWIN 2 Lt - superior
H/C: 244 mm	H/C: 249 mm
A/C: 204 mm	A/C: 213 mm
FL: 48 mm	FL: 47 mm
EFW: 835g	EFW: 881g

PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Normal x 2
COMMENTS:
Tw1 UARI = 0.72 EDF present

Tw2 UARI = 0.78 -0.86 EDF is not always present. Print out attached.

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	24460381	12/09/2016	M/W Gillian J Lamb

D.O.R:		Reporting Radiologist:	Brenda Ormiston
D.O.T:	12/09/2016	Overseen by Radiologist:	
D.O.V:	12/09/2016	Verifying Radiologist:	Brenda Ormiston
		Typist/Secretary:	Brenda Ormiston
		Radiologist Signature:	

Printed 12/09/2016 09:30:25

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:
US Obstetric Twin Growth Scan

Both are active. Twin 2 shows periods of respiration.

Brenda Ormiston: Sonographer, HCPC number RA23845.

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Growth Scan	24460381	12/09/2016	M/W Gillian J Lamb

D.O.R:		**Reporting Radiologist:**	Brenda Ormiston
D.O.T:	12/09/2016	**Overseen by Radiologist:**	
D.O.V:	12/09/2016	**Verifying Radiologist:**	Brenda Ormiston
		Typist/Secretary:	Brenda Ormiston
		Radiologist Signature:	

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ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHP1:	800547297W

CHI: 1709821280
Order Items:
US Obstetric Twin Fetal Anomaly Scan

Clinical details

US Obstetric Twin Fetal Anomaly Scan
Twin FA scan on 18/7/16. DCDA

Report

TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 19 weeks 5 days.
FETUS NUMBER: Twins DCDA
FETAL HEART PULSATIONS SEEN: yes x 2

	TWIN 1	TWIN 2
H/C:	164 mm	H/C:167 mm
A/C:	133.2 mm	A/C:144 mm
FL:	31 mm	FL: 31 mm

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Fetal Anomaly Scan	24257795	18/07/2016	

D.O.R:		Reporting Radiologist:	Helen MacDonald
D.O.T:	18/07/2016	Overseen by Radiologist:	
D.O.V:	18/07/2016	Verifying Radiologist:	Helen MacDonald
		Typist/Secretary:	Helen MacDonald
		Radiologist Signature:	

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ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280

Order Items:

US Obstetric Twin Fetal Anomaly Scan

PRESENTATION: T1: Inferior
T2: Superior

PLACENTA: Anterior, not low-lying
LIQUOR VOLUME: Normal
COMMENTS:
No abnormality of either fetus seen. It was explained that this does not exclude all problems.

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	Reproductive Med. Outpatient Dept
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Twin Fetal Anomaly Scan	24257795	18/07/2016	

D.O.R:		Reporting Radiologist:	Helen MacDonald
D.O.T:	18/07/2016	Overseen by Radiologist:	
D.O.V:	18/07/2016	Verifying Radiologist:	Helen MacDonald
		Typist/Secretary:	Helen MacDonald
		Radiologist Signature:	

Printed 18/07/2016 11:13:44

ROYAL INFIRMARY OF EDINBURGH
RADIOLOGY CLINICAL REPORT

NHS Lothian

PATIENT NAME:	Stewart	Tracey	UHPI:	800547297W

CHI: 1709821280
Order Items:
US Obstetric Booking

US Obstetric Booking
Clinical details

Report
DC/DA twin pregnancy. FETAL HEART PULSATIONS SEEN

TWIN 1	TWIN 2
CRL:69.3mm	CRL: 67.0mm 13weeks 1day.
N/T: 1.9mm	N/T: 1.7mm

PRESENTATION: T1: on maternal left
T2:on maternal right

PLACENTA: anterior
LIQUOR VOLUME: normal - dividing membrane and lambda sign seen

EDD : 7/12/16

ADDRESS:	37 Old Well Place		DOB:	17/09/1982
	Bathgate		SEX:	Female
	EH48 2XG			

REFERRER:	
ADDRESS:	

Episode Consultant:	M/W Margaret R Cefferty
Order Patient Location:	ANC Bathgate HC Kingsgate Medical Practice
Receiving Location:	Obstetric / Gynae Ultrasound - RIE

Order Items(s):	Visit No	Date of Exam	Referring Clinician
US Obstetric Booking	23757424	02/06/2016	M/W Margaret R Cefferty

D.O.R:		Reporting Radiologist:	Alison Logan
D.O.T:	02/06/2016	Overseen by Radiologist:	
D.O.V:	02/06/2016	Verifying Radiologist:	Alison Logan
		Typist/Secretary:	Alison Logan
		Radiologist Signature:	

Printed 02/06/2016 13:11:45

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

Consent for blood and other tests offered in pregnancy (Blood Group, Full Blood Count & Infectious Diseases)

I have received the information leaflet *'Your Guide to Screening Tests During Pregnancy'* and have had an opportunity to discuss the tests I am being offered with a health professional. I understand the reasons for the tests and the consequences of the results. I also understand the significance of not having these tests performed. I am aware that my decision whether or not to have these tests will not affect the quality of care delivered by health care professionals during my pregnancy.

- ☑ I wish ☐ I do not wish to be tested for Blood Group antibody screen
- ☑ I wish ☐ I do not wish to be tested for Full Blood Count
- ☑ I wish ☐ I do not wish to be tested for Rubella status
- ☑ I wish ☐ I do not wish to be tested for Syphilis
- ☑ I wish ☐ I do not wish to be tested for Hepatitis B
- ☑ I wish ☐ I do not wish to be tested for HIV
- ☑ I wish ☐ I do not wish to be tested for Haemoglobinopathies Partner requires testing Yes ☐ No ☐
- ☑ I wish ☐ I do not wish to be tested for blood glucose levels
- ☑ I wish ☐ I do not wish to be tested for U E E'S
- ☑ I wish ☐ I do not wish to be tested for L F T'S

Signature: T T S [illegible] Date 17/5/16

Witness: M Caffarty M CAFFERTY (Health professional)

Designation: Cm SN Date 17/5/16

Screening tests in pregnancy

During your pregnancy you will be offered several tests to check on your baby's health. These include ultrasound scans and may include blood tests to screen for risk of fetal abnormalities including Down's Syndrome and Spina Bifida.

Your local maternity team will explain what ultrasound scans will be offered to you and you will be asked to complete the appropriate consent for these tests.

The ultrasound scans you are likely to be offered by your local maternity services are (tick as appropriate):

- ☑ Dating scan
- ☑ Nuchal translucency scan 11-13 weeks
- ☑ Fetal anomaly scan
- ☐ Detailed scan at.....weeks
- ☐ Growth scan as required
- ☐ Placental site scan as required
- ☑ Other

Consent for screening tests offered in pregnancy (Down's Syndrome)

☑ I wish ☐ I do not wish to be screened for the risk of Down's Syndrome

Signature: T T S [illegible] Date 17.05.16

Witness: M Caffarty M CAFFERTY (Health professional)
(Please sign and print name)

Designation: Cm SN Date 17.5.16

NHS LOTHIAN — OBSTETRIC ANAESTHETIC RECORD

Proposed operation: Em. LSCS

Date: ~~24~~ 25/10/16

Time called:

Urgency: I - stat | II - urgent | III - scheduled | IV - elective

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

ANAESTHETIC ASSESSMENT

Assessor: PAM , Cons ☐ SAS ☐ ST Year : Other

Consent form signed & checked ☐
Verbal consent to epidural for labour ☐
Read epidural information leaflet ☐

Medical History
Well
2x pre LSCS.

(& see care pathway)
TWINS
33/40.

Medications

Allergies
Multiple Mox-xamplicin
Multiple tape
-see list

ASA Grade
I II III IV V E

Obstetric History

? Pre-eclampsia ☐

Placental position

Examination

HR

BP

Booking Weight

Height

Herbal medicines

BMI

Airway Assessment
Neck mobility
TM distance MP2.
Mallampati
Mouth opening
Jaw protrusion
Teeth

Previous anaesthetics ☑
Uneventful ☑

Alcohol
Smoking
Drugs
Reflux/GORD
Fasted

Investigations
FBC ✓
U+E's ✓ Urate
Coagulation
G+S ✓
Other

Family History

Information Given to Patient

PDPH	☑	Temporary Nerve damage	☐
Hypotension	☑	Permanent Nerve damage	☐
Nausea & Vomiting	☑	Pushing and pulling	☐
Failure/Partial failure	☑	Risk of inst. del.	☐
Pruritus	☐	PR drug administration	☐

Top up prescription (Sign both boxes)

1) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml
for _____ doses, interval 30 min., posture: not supine
Signature Name

2) _____ mls 0.1% levo-bupivacaine + fentanyl 2 mcg/ml
for _____ doses, interval 30 min., posture: not supine
Signature Name

Post-operative Remarks

	Y	N
★ *Uneventful anaesthetic*	☐	☐
★ *Significant events*		
★ *Critical Incidents*		
★ *Warnings/Hazards*		

PCEA / epidural infusion prescription

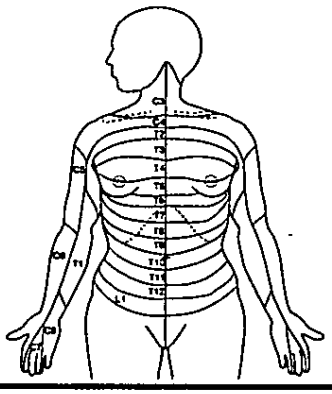
0.1% levo-bupivacaine + fentanyl 2 mcg/ml
Bolus amount _____ ml
Time lockout _____ min
Infusion rate _____ ml / hour
Signature Name

LABOUR WARD

Anaesthetist(s): Grade:

Supervising Consultant: Informed: Y☐ N☐

Technique			Patient Position		Test Doses
Epidural	16g	☐	Sitting	☐	
	18g	☐	Lateral	☐	
Spinal	24g	☐			Pain/paraesthesia on insertion
	25g	☐			
Other		☐	**Loss of Resistance**		
CSE		☐	Air	☐	
Interspace		_____	Saline	☐	Complications/Comments
Asepsis		☐	Depth of space _____ cm		
			Catheter mark @ skin _____ cm		



Time							
LABOUR WARD ONLY SBP [mmHg] - v DBP [mmHg] - ^ Pulse [bpm] - •	200 150 100 50 0						
Top Up PCEA							
Total boluses delivered							
Total volume infused							
Block Height (R/L)							
Pain Score ½ hrly							
Sedation Score ½ hrly							
Bromage (R/L)							

Top Up	Vol	Drug / Concentration	Time	Given by	Checked by	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						

Pain Score
0 no pain
1 mild pain
2 moderate pain
3 severe pain
S sleeping

Sedation Score
0 alert, orientated
1 drowsy, easily roused
2 rouses only to pain
3 unrousable
S sleeping

Bromage
1 unable to move feet or knees
2 able to move feet only
3 just able to move knees
4 full flexion of knees & feet

Call Anaesthetist:

if pain score ≥ 2 30 minutes after top-up
if BP less than 100 mmHg
if block ≥ T6

THEATRE

Anaesthetist(s): PR. Grade:

Supervising Consultant: Informed: Y ☐ N ☐

Anaesthetic	Airway/Breathing	Monitoring	Regional Technique
Na^+ citrate ☐ Ranitidine ☒	Facemask ☐ Oral/Nasal Airway ☐ LMA Size ____ ETT ☐ Size ____	Machine check/Initial ☐ Minimal monitoring ☐ ECG ☐ PAW ☐ SpO_2 ☐ Disconnect ☐ NIBP ☐ PNS ☐ FiO_2 ☐ Steth ☐ $ETCO_2$ ☐ Temp ☐ Agent ☐ Urine ☐	Sitting ☒ Midline ☒ Lateral ☐ Paramedian ☐ Asepsis ☐ Interspace ☐ Spinal / Epidural 24G ☐ 16g ☐ 25G ☒ 18g ☐ Other ☐ CSE ☐
Induction (I) Pre O_2 ☐ Cricoid Pressure ☐	Laryngoscopy Grade 1 2 3 4		Complications/comments NIL.
Maintenance Agents ____ Gas Flow ____	S.V ☐ I.P.P.V ☐ Circuit ____ Ventilator ____	CVP ☐ A-line ☐ Initial Initial Fluid warmer ☐ Eye care ☐ Warming blanket ☐ Pressure care ☐	
Reversal (R)		Patient/limb position	

Final Bromage R ☐ L ☐ Sacral block ☐ @ Time

Time 0715 0745 0815 0845

Sensory block height R / L

Modality

150

SBP [mmHg] - v

DBP [mmHg] - ^

Pulse [bpm] - •

100

50

0

Temp

EVENTS	A	B	C				
SpO_2	98	98.					
$ETCO_2$	CHATTING.						
FiO_2							
Fet Volatile							
Ventilation							
PAW							
CVP							
Fluids 1	P/L 1000 —						
Fluids 2							
Urine							
Blood Loss							

EVENTS

A SPINAL

B LOA.

C 0747 TWINZ

D 0749. TWINZ.

E

F

G

H

I

J

K

L

TOTALS

Drugs							
Phenylephrine	100 — 80.						
Oxytocin		5+5 + 40 in 500ml/1hr					
Antibiotic	CEFUROXIME 600.						
Paracetamol							
Diclofenac							
Bupivacaine (spi/epi)	12.5mg						
Diamorphine (spi/epi)	0.3mg						

IV ACCESS: 16G RVH.

RECOVERY ROOM

TIME IN:

TIME OUT:

Name:

Hospital Number:

Date of Birth:

Affix Label

EVENTS

A

B

C

D

E

F

Pain Score
0 No Pain
1 Mild Pain
2 Moderate Pain
3 Severe Pain
S Sleeping

Nausea Score
0 None
1 Mild
2 Moderate
3 Severe
T Requiring Treatment
S Sleeping

Sedation Score
0 Alert, orientated
1 Drowsy, easily roused
2 Rouses only to pain
3 Unrousable
S Sleeping

TIME						
Airway						
Oxygen Therapy						
Sats						
Respiration						
Pain Score						
Nausea Score						
Sedation Score						
Urine Volume						
Wound Check						
Drains						
Temperature						
Lochia						
200						
150 SBP - v						
MAP - x						
DBP - ^						
100						
Pulse - •						
50						
0						
Events						
Fluids						
Drugs						

RECOVERY COMMENTS

Name Signature

ANAESTHETIC INSTRUCTIONS

Oxygen

Routine monitoring at 5 min intervals x ½ hr ☑

Fluids As charted ☑

Analgesia As charted ☐

Antiemetics As charted ☐

Special Instructions

Destination Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name Signature

Contact No.

WHO Surgical Safety Checklist - OBSTETRICS

Obstetric version 1c, for pilots later in Feb.2012

NHS Lothian

Patient	
Last Name	Stewart
First Name	Tracey A
Date of Birth	17/09/1982
CHI Number	CHI 1709821280

800547297W F
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG

78132 J Thomson

DATE: 25/10/16.
Theatre: 2
SITE: RIE ☐ , St.Johns ☐, Roodlands ☐

Operating/Supervising CONSULTANT:
PROCEDURE: LSCS + steri.

Please complete ALL boxes

SIGN IN (To be read out loud)
Before commencement of anaesthesia

Member verbally confirms with the team:

	Yes	No
Patient confirmed her identity, procedure, consent & 2 ID bands checked.	✓	
Correct operating table?	✓	
Does the patient have a: Known Allergy?	✓	
Antibiotic prophylaxis administration: a) >32wks - prior to incision b) <32wks - post cord-clamping	✓	

	Yes	N/A	No
Has patient had Ranitidine?	✓		
Does the patient have a difficult airway?			
Soduim Citrate required?			✓

	Yes	No
Estimated blood loss greater than 500mls?	✓	
Is fluid warming / cell salvage planned?		
Blood results available?	✓	
Group & Save available?	✓	
Patient suitable for electronic release	✓	
Patient Crossmatched?		✓
Patient temperature (°C)	36.1	
Patient diabetic?		✓
If yes, Blood Glucose (millimoles/L)		
Patient on Anti-hypertensive medication?		✓

Name: Amanda Bruce (MW)
Signature: A Bruce.

TIME OUT (To be read out loud)
Before start of surgical intervention

Member verbally confirms with the team:

	Yes	No
Team members introduce themselves by name and role	✓	
Correct patient?	✓	
Correct procedure / consent?	✓	
Correct positioning?	✓	
Blood Results/Group & Save available	✓	
Does the patient have a known allergy?	✓	
Antibiotic prophylaxis administration : a) greater than 32wks: prior to incision -	✓	
b) less than 32wks: post-cord clamping -		
Has DVT prophylaxis been undertaken? Calf compression / Flowtron boots :	✓	

	Yes	N/A	No
Any anticipated difficulties expected by? Surgeon			✓
Anaesthetist			✓
Midwife			✓
Theatre staff			✓
Abdominal Asepsis for 1 minute after application & prior to skin incision:	✓		
Diathermy plate on	✓		
Extra/Specific Equipment required			✓
Any additional procedures planned	✓		
Is the Resuscitaire checked and ready	✓		
Has Neonatology Team been called	✓		

Name: A Bruce.
Signature:

Record any HANDOVER issues identified on Anaesthetic form or Maternity TRAK
www.patientsafetyalliance.scot.nhs.uk/programme

SIGN OUT (To be read out loud)
Before patient leaves operating room

Member verbally confirms with the team:

	Yes	N/A	No
Have the post operation/procedure instructions been discussed and agreed: Surgeon			
Anaesthetist			
Midwife			
Theatre staff			

Agreed estimated blood volume lost: _____ mls

	Yes	N/A	No
Have any equipment problems been noted that need to be addressed?			
Has placenta been sent to Pathology			
Have specimens been labelled correctly (including patient name)?			
Have bleed tags been completed?			
Regular DVT prophylaxis prescribed?			
Further antibiotic doses : required & prescribed?			
Has the Epidural catheter been removed (including blue tip)			

Agreed post-op destination ward: P/N ward ☐ Lab. ward ☐ L/W HDU ☐ other: ☐

Name:
Signature:

RECOVERY AREA (On arrival)

Patient temperature (°C) _____
Patient BM if diabetic (millimoles) _____ N/A ☐

Name:
Signature:

LOT856 - June 2015 WHO Obstetrics

NAME:

DATE OF BIRTH:

A/N NO.

OR

800547297W F 17/09/1982
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson

INTRAOPERATIVE CARE RECORD

Date of Operation 25 / 10 / 16 | Proposed Procedure Emergency LUSCS + STERILISATION BY LIGATION

Position:	Tilt ☑ Lithotomy ☐ Left Lateral ☐ Other ☐	
Equipment Used / Protection	Gel Pads – Elbows ☐ Heels ☑	Prevent Mattress ☐
Mobility Initials	Self Transfer ☐ Supervised by 3 staff ☑ Pat slide ☐	
Diathermy Initials	Position left thigh 30/30. Setting – Low Output ☑ Current – Monopolar ☐ Bipolar ☐	
Skin Prep Initials	Details Videne Chlorahexidine	
Calf Garment Initials N/A ☐	Setting (manufacturer's specification) ☑ Flowtron HC/HO	
Skin Closure Initials	Details 3-0 Surgipro	
Dressings Initials N/A ☐	Mepore ☐ Pressure dressing ☐ Details of other dressing: Tegaderm	
Drains Initials N/A ☑	Type Tube ☐ Size: Estimated blood loss: mls	
Catheters Initials N/A ☐	Details mls in Balloon 10ml Size 12ch	
Specimens Initials	N/A ☐ Fixing medium: Fresh ☐ ① Right Fulopian Tube ② Left Fulopian Tube	

Comments

PR – NIL

STERILISATION BY LIGATION

Signature: Printed Name: ANNETTE Designation: COP

INTRAOPERATIVE COUNTS of ACCOUNTABLE ITEMS

	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final Count
Correct (Signature)	N/A ☐	N/A ☐	N/A ☐	N/A ☐	
Discrepancy & Action Taken					
Scrub Nurse	Comments			Total Blood Loss	500mls

Signature: Printed Name: ANNETTE Designation: COP

Signature: Printed Name: Designation:

NAME:

DATE OF BIRTH:

A/N NO.

OR

Addressograph

OR LABELS FROM PACKS/INSTRUMENTS USED FROM ASC

OBSTETRIC SBAR

NHS Lothian

S — Situation

Patient's Name:
Handover / Transfer:
From / To:
Patient admitted for:
Presenting with:
- PV Bleed
- Labour (Contraction pattern) _____

800547297W F 17/09/1982
Stewart, Tracey A
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West Lothian,
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CHI 1709821280
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B — Background

23 wk NN loss (20U)

Para 2 + 2 @ 33+5. weeks
Consultant / Midwife Lead Care
Past Obstetric History: DCDA Twin gr.U
Past Medical History: Twin I - cephalic
History of present pregnancy: Twin II - Breech. Static Growth.
Blood group RH POS. BMI _____
Allergies: Plasters

A — Assessment

Maternal vital signs: T_____ P_____ BP_____ Urinalysis_____
Intermittent auscultation: Yes_____ No_____
CTG: Normal Suspicious Pathological
Bishop Score / VE
- Clinical Impression:

Regular CTG
15.00
19.00
Bed.

Significant laboratory values:
Pre-clerking bloods taken + Sent ☑
NN Team ☐
A/N check ☑

R — Recommendation

What I need from you:
Time frame (Immediate within ½ hr; within 1 hr; other):
Suggestions for tests / treatments:
IVI / Antibiotics
Analgesia:
Other
Clarify plan (read back):

Person completing form: Kirsty Mason

Date: _____ Time: _____

Reported to: _____

Postnatal Handover Summary

Situation	Name: DOB: Gestation: Parity: Blood Group: Allergies:
Background	Underlying medical conditions/pregnancy and labour complications: Current medication:
Assessment	Type of delivery: Time: Blood loss: Perineum: Analgesia / Anaesthetic: Bladder care (when did patient last pass urine)
Recommendations	Postnatal Care – Routine / High Risk: Special considerations: Thrombophrophylaxis • On Treatment ☐ Yes ☐ No Prescribed ☐ Yes ☐ No
Baby	Weight: APGARS: Method of feeding: Last teed given at: Has the baby passed meconium or urine: Temperature at transfer and time: Special considerations: (eg. HepB ; Konakion) Cord gases BM required: ☐ Yes ☐ No Reason:

Person completing form: _____

Date: _____ Time: _____

Reported to: _____ Signature: _____

University Hospitals Division
Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

NHS Lothian

Department of Clinical Radiology

Miss Tracey A Stewart
37 Old Well Place
Bathgate
West Lothian
EH48 2XG

Date 12/09/2016
Our Ref 800547297W
CHI 1709821280
Visit Number

Obstetric Ultrasound Appointment Letter

Please bring this letter with you. Your appointment will be held in Simpsons Centre for Reproductive Health. Please report to the Ultrasound Department reception on arrival.

Appointment Type: **US Obstetric Twin Growth Scan**

Date and Time: **Monday 10 October, 2016** at **10:15 am**
Consultant- 10.45am

Please note: If you are more than 10 minutes late for this appointment you may not be taken and given an appointment for another day.||Please telephone Ultrasound Department on 0131 242 2801 if this appointment is not suitable.

PREPARING FOR YOUR EXAMINATION - FILLING YOUR BLADDER

Please have a partially full bladder for this examination.
Drink 3-4 glasses of water one hour before you appointment.
Do not empty your bladder before your examination.

DIRECTIONS TO LOCATION

If you are coming by bus or being dropped off, you will enter the hospital by Main Entrance 1 (west). Simpsons centre for Reproductive Health is located on the ground floor along the corridor on the left directly after the volunteer's desk. Follow this long corridor to the gynaecology department, the ultrasound department is to the left of Waiting Area B through the blue doors. If you are coming by car, please park in Car Park A and the department is located under the walk way between doors A & B. Please allow plenty time for travelling to this appointment, particularly if you are unfamiliar with the hospital layout. The hospital car parks can be very busy and you may have to wait in a queue to gain entry.

University Hospitals Division

Royal Infirmary of Edinburgh
Reproductive Medicine
Outpatient Department
51 Little France Crescent
Edinburgh
EH16 4SA

NHS Lothian

Department of Obstetrics

Miss Tracey A Stewart
37 Old Well Place
Bathgate
West Lothian
EH48 2XG

Date 14/09/2016
Our Ref 800547297W Return
CHI 1709821280

Dear Miss Stewart

Outpatient Appointment Letter

Please find details below of an outpatient appointment which has been arranged for you:

Specialty and Consultant: **Obstetrics, Dr ES Cooper**
Date and Time: **Monday 10 October, 2016 at 10:45 am**

Yours sincerely

Appointments Officer
Tel: 0131 536 5020

TWIN ONE

RADIOMETER ABL800 FLEX

ABL835 Labour Ward 07:56 25/10/2016
PATIENT REPORT Syringe - S 195uL Sample # 45204

Identifications

Operator	Jennifer Russell
Patient ID	CORD1709821280
Patient Last Name	STEWART
Patient First Name	TRACEY
Date of birth	17/08/1982
Sample type	Venous
T	37.0 °C

Blood Gas Values

cH^+_c	44.7	nmol/L	
pH	7.350		
pCO_2	6.09	kPa	
pO_2	2.21	kPa	

Acid Base Status

sO_2	33.3	%	
$cBase(Ecf,ox)_c$	-0.9	mmol/L	
$cHCO_3^-(P,st)_c$	22.1	mmol/L	

Metabolite Values

cGlu	3.2 *	mmol/L	
cLac	2.2	mmol/L	

Oximetry Values

ctBil	26	µmol/L	
ctHb	15.6	g/dL	[12.0 - 20.0]
FO_2Hb	31.8	%	
FMetHb	1.3	%	
FHHb	63.8	%	

Calculated Values

pH(*T*)	7.350		
$pCO_2(T)$	6.09	kPa	
$pO_2(T)$	2.21	kPa	

Notes

c Calculated value(s)
* User correction applied to value(s)
0712: FHbF measurement not possible

Printed 07:57:34 25/10/2016

TWIN ONE

RADIOMETER ABL800 FLEX

ABL835 Labour Ward 07:58 25/10/20
PATIENT REPORT Syringe - S 195uL Sample # 4520

Identifications

Operator	Jennifer Russell
Patient ID	CORD1709821280
Patient Last Name	STEWART
Patient First Name	TRACEY
Date of birth	17/08/1982
Sample type	Arterial
T	37.0 °C

Blood Gas Values

cH^+_c	**48.4**	nmol/L	
pH	**7.315**		
pCO_2	**6.84**	kPa	
pO_2	**1.73**	kPa	

Acid Base Status

sO_2	**30.7**	%	
$cBase(Ecf,ox)_c$	**-0.7**	mmol/L	
$cHCO_3^-(P,st)_c$	**21.7**	mmol/L	

Metabolite Values

cGlu	**2.7** *	mmol/L	
cLac	**2.6**	mmol/L	

Oximetry Values

ctBil	**24**	µmol/L	
ctHb	**16.3**	g/dL	[12.0 - 20.0]
FO_2Hb	**29.4**	%	
*F*MetHb	**1.3**	%	
*F*HHb	**66.3**	%	

Calculated Values

pH(*T*)	**7.315**		
$pCO_2(T)$	**6.84**	kPa	
$pO_2(T)$	**1.73**	kPa	

Notes

c Calculated value(s)
* User correction applied to value(s)
0712: FHbF measurement not possible

Printed 08:00:16 25/10/2016

TWIN TWO

RADIOMETER ABL800 FLEX

ABL835 Labour Ward		08:01	25/10/2016
PATIENT REPORT	Syringe - S 195uL	Sample #	45206

Identifications

Operator	Jennifer Russell
Patient ID	CORD1709821280
Patient Last Name	STEWART
Patient First Name	TRACEY
Date of birth	17/08/1982
Sample type	Venous
T	37.0 °C

Blood Gas Values

cH^+_c	45.9	nmol/L	
pH	7.339		
pCO_2	6.50	kPa	
pO_2	1.48	kPa	

Acid Base Status

sO_2	16.1	%	
$cBase(Ecf,ox)_c$	-0.4	mmol/L	
$cHCO_3^-(P,st)_c$	22.0	mmol/L	

Metabolite Values

cGlu	3.0 *	mmol/L	
cLac	2.6	mmol/L	

Oximetry Values

ct8il	24	µmol/L	
ctHb	16.1	g/dL	[12.0 - 20.0]
FO_2Hb	15.5	%	
FMetHb	1.4	%	
FHHb	80.5	%	

Calculated Values

pH(*T*)	7.339		
$pCO_2(T)$	6.50	kPa	
$pO_2(T)$	1.48	kPa	

Notes

c Calculated value(s)
* User correction applied to value(s)
0712: FHbF measurement not possible

Printed 08:03:00 25/10/2016

TWIN TWO

RADIOMETER ABL800 FLEX

ABL835 Labour Ward		08:04	25/10/2016
PATIENT REPORT	Syringe - S 195uL	Sample #	45207

Identifications

Operator	Jennifer Russell
Patient ID	CORD1709821280
Patient Last Name	STEWART
Patient First Name	TRACEY
Date of birth	17/08/1982
Sample type	Arterial
T	37.0 °C

Blood Gas Values

cH^+_c	48.4	nmol/L	
pH	7.316		
pCO_2	6.93	kPa	
pO_2	1.54	kPa	

Acid Base Status

sO_2	21.5	%	
$cBase(Ecf,ox)_c$	-0.4	mmol/L	
$cHCO_3^-(P,st)_c$	21.8	mmol/L	

Metabolite Values

cGlu	2.8 *	mmol/L	
cLac	2.8	mmol/L	

Oximetry Values

ctBil	23	µmol/L	
ctHb	15.7	g/dL	[12.0 - 20.0]
FO_2Hb	20.7	%	
FMetHb	1.3	%	
FHHb	75.4	%	

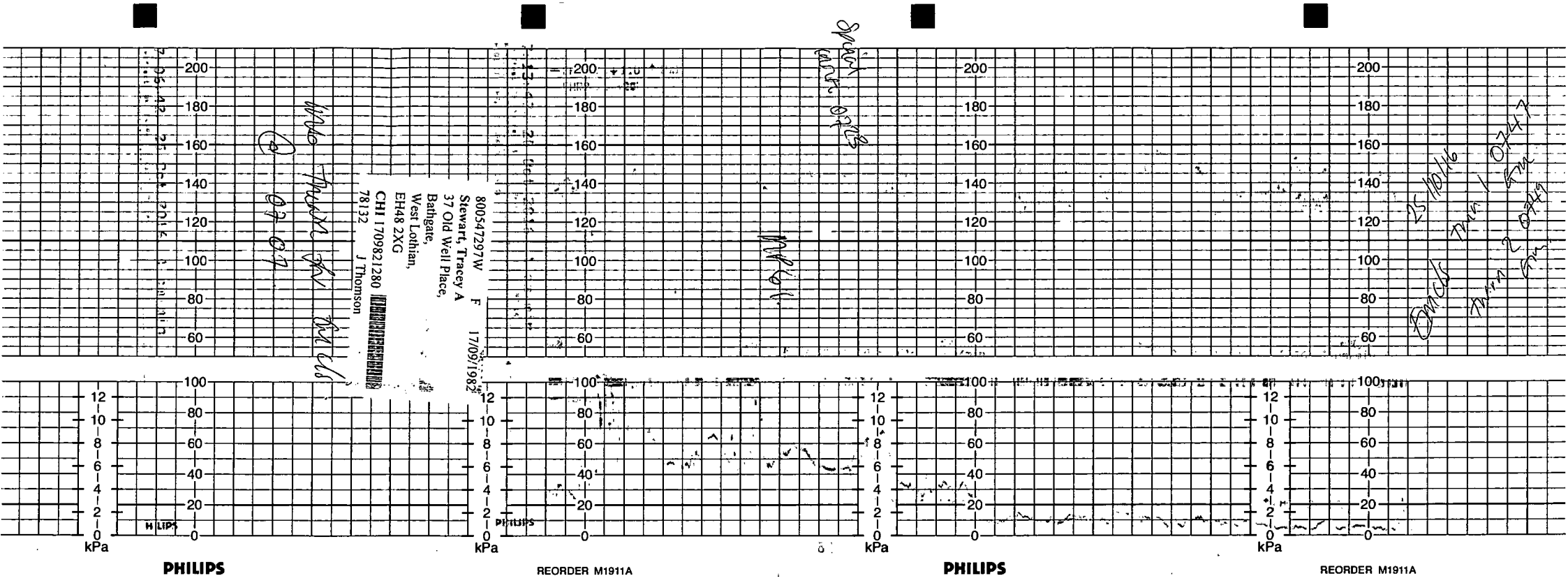
Calculated Values

pH(*T*)	7.316		
$pCO_2(T)$	6.93	kPa	
$pO_2(T)$	1.54	kPa	

Notes

c	Calculated value(s)
*	User correction applied to value(s)
	0712: FHbF measurement not possible

Printed 08:06:02 25/10/2016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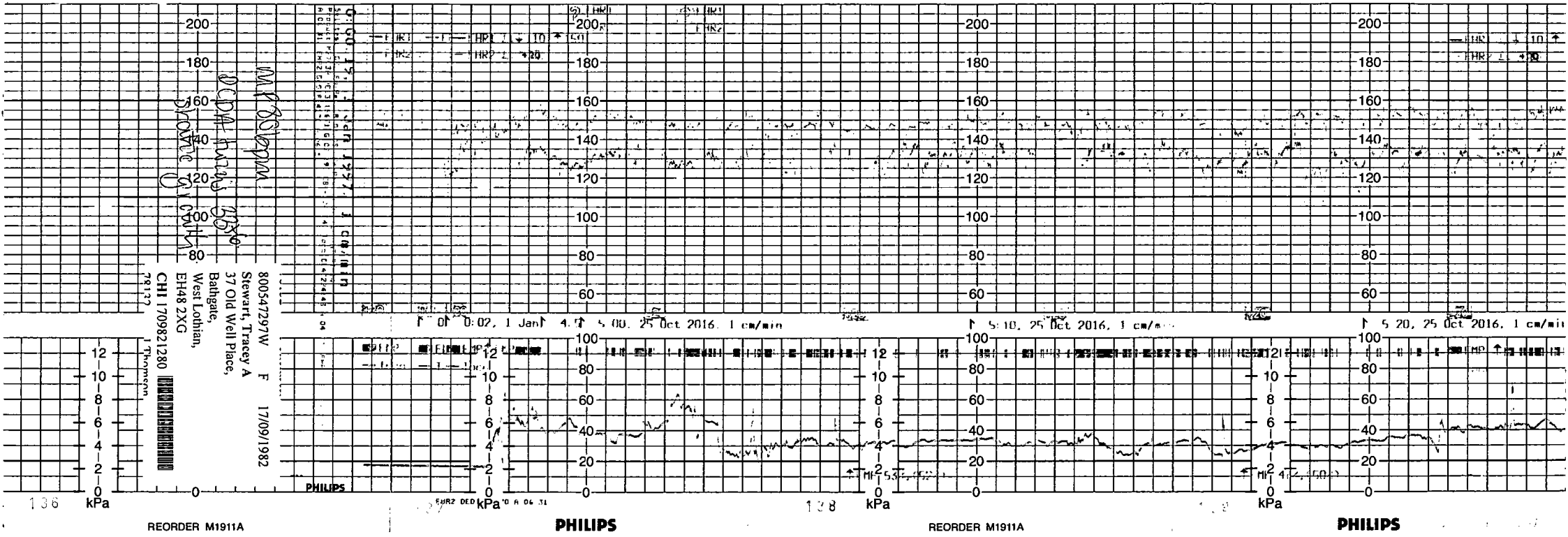
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
17/09/1982
CHI 1709821280
78132
J Thomson
PHILIPS
kPa
REORDER M1911A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37 Old Well Place,
Bathgate,
West Lothian,
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J Thomson
79127
PHILIPS
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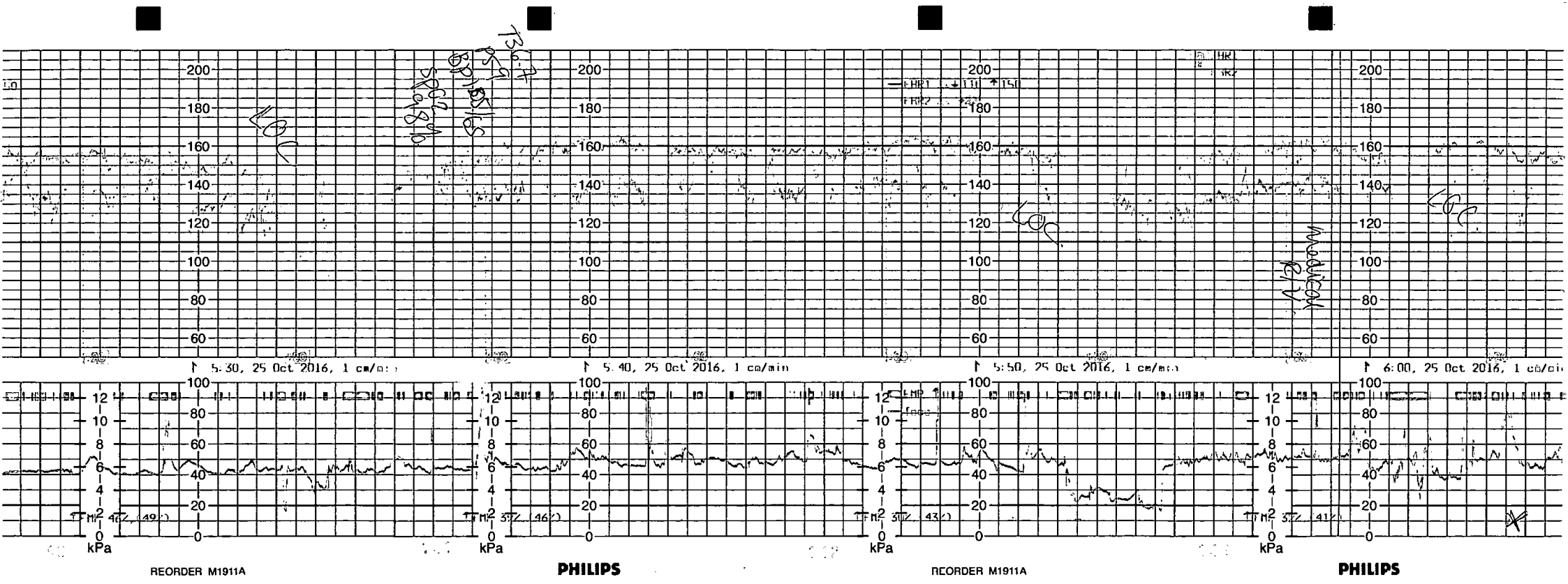
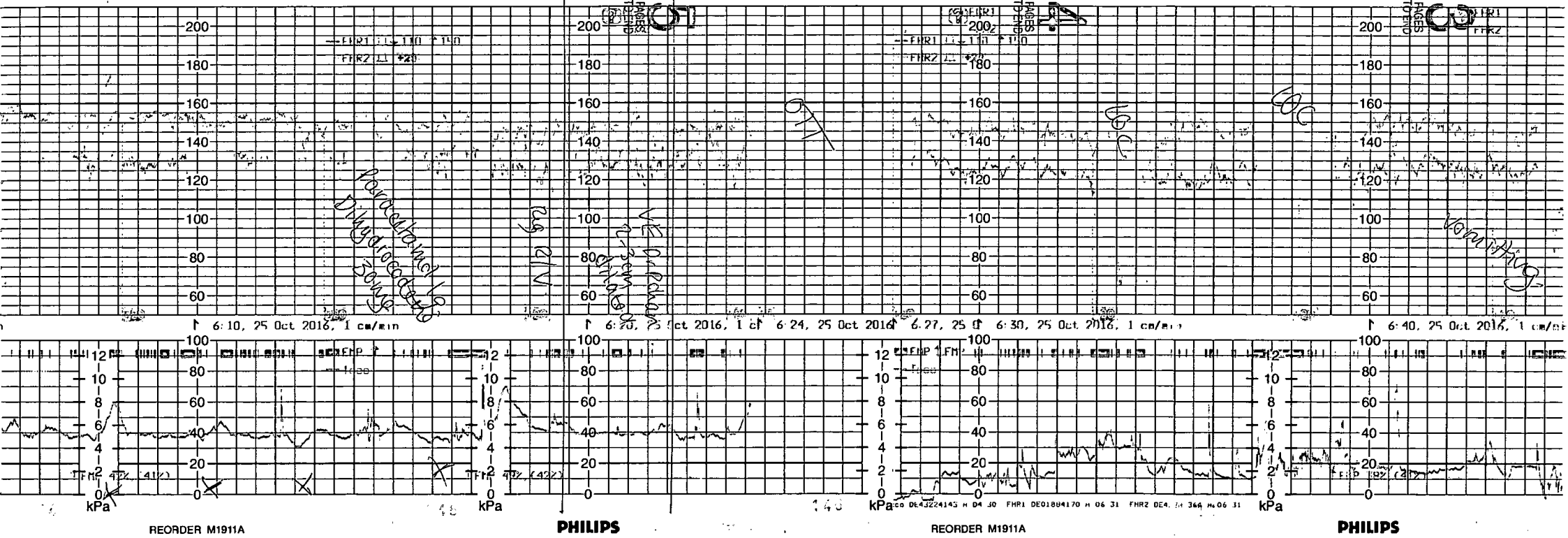
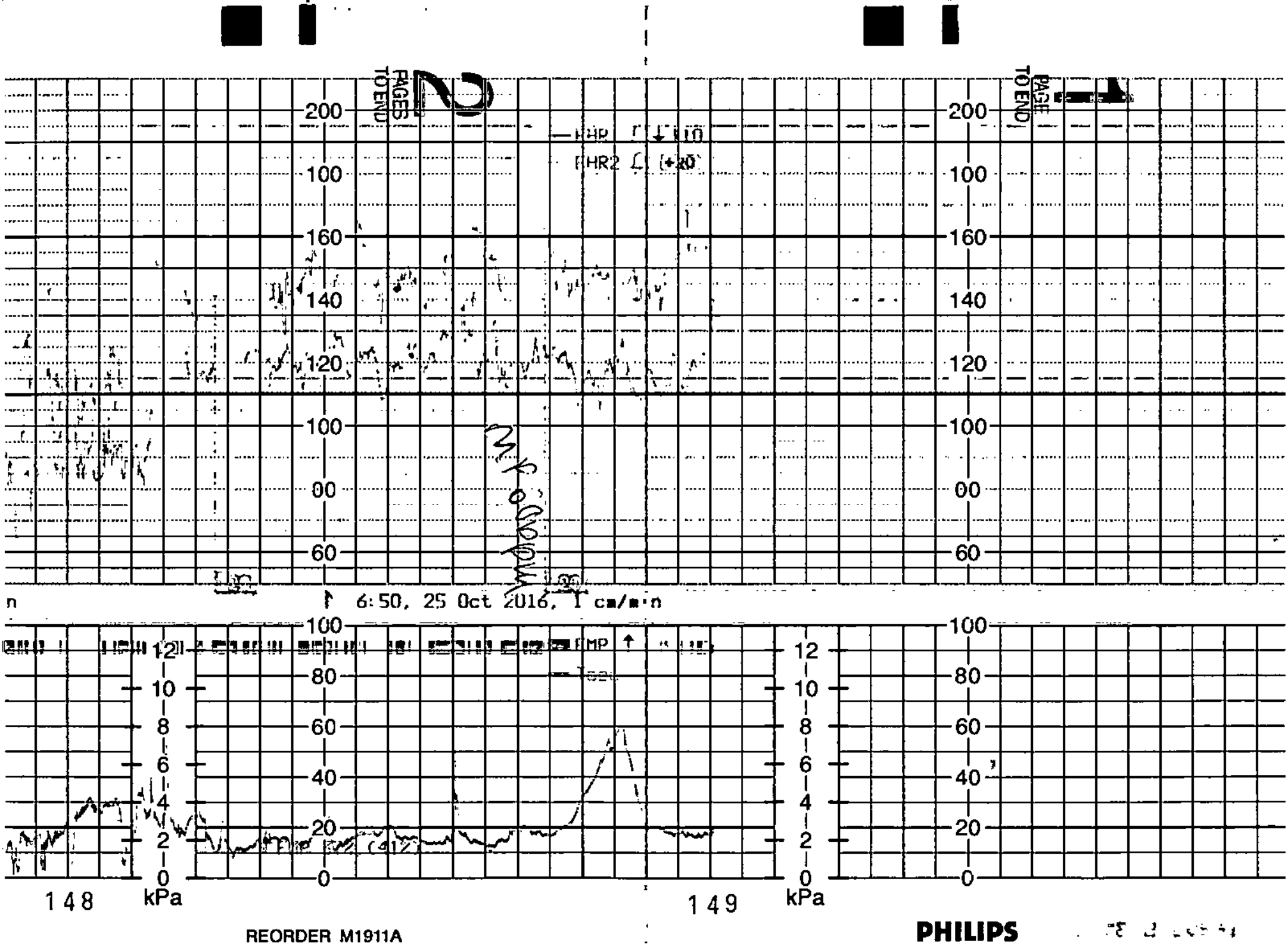
REORDER M1911A
kPa


200
180
160
140
120
100
80
60
5:30, 25 Oct 2016, 1 cm/min
5:40, 25 Oct 2016, 1 cm/min
5:50, 25 Oct 2016, 1 cm/min
6:00, 25 Oct 2016, 1 cm/min
100
80
60
40
20
0
12
10
8
6
4
2
kPa
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS


FHR1
FHR2
RAGES TOCO
6:10, 25 Oct 2016, 1 cm/min
6:20, 25 Oct 2016, 1 cm/min
6:24, 25 Oct 2016
6:27, 25 Oct 2016
6:30, 25 Oct 2016, 1 cm/min
6:40, 25 Oct 2016, 1 cm/min
FHP 1 FM
kPa
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS



REORDER M1911A

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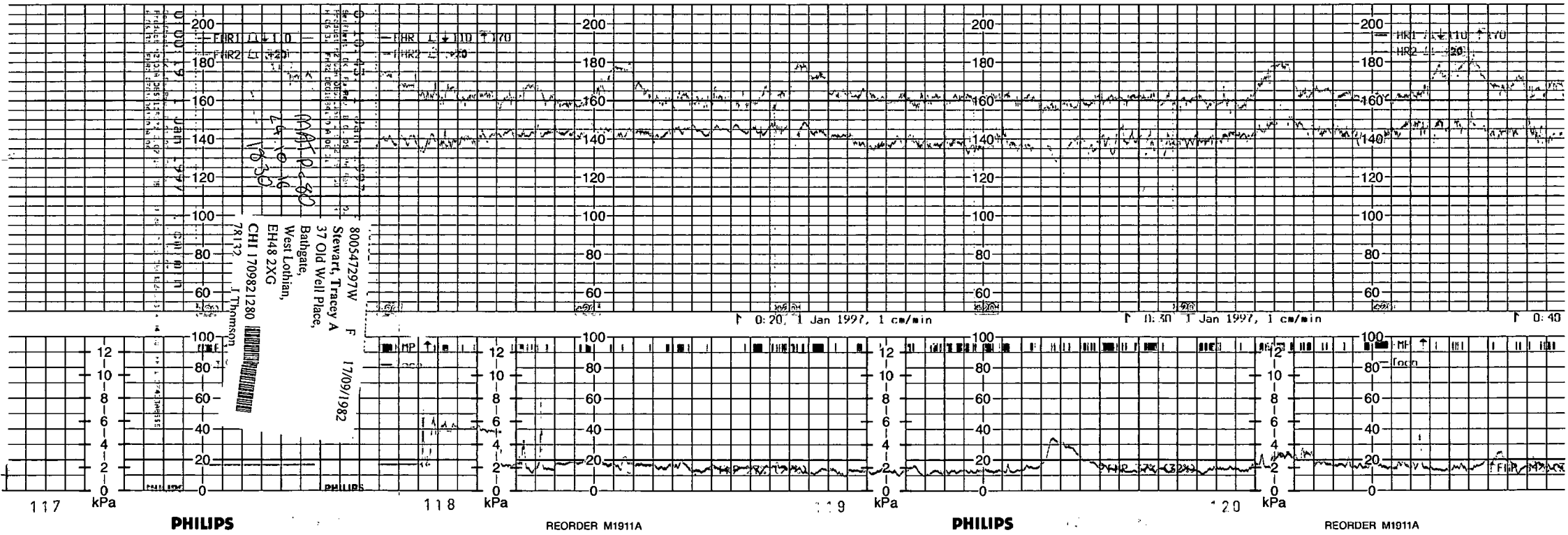
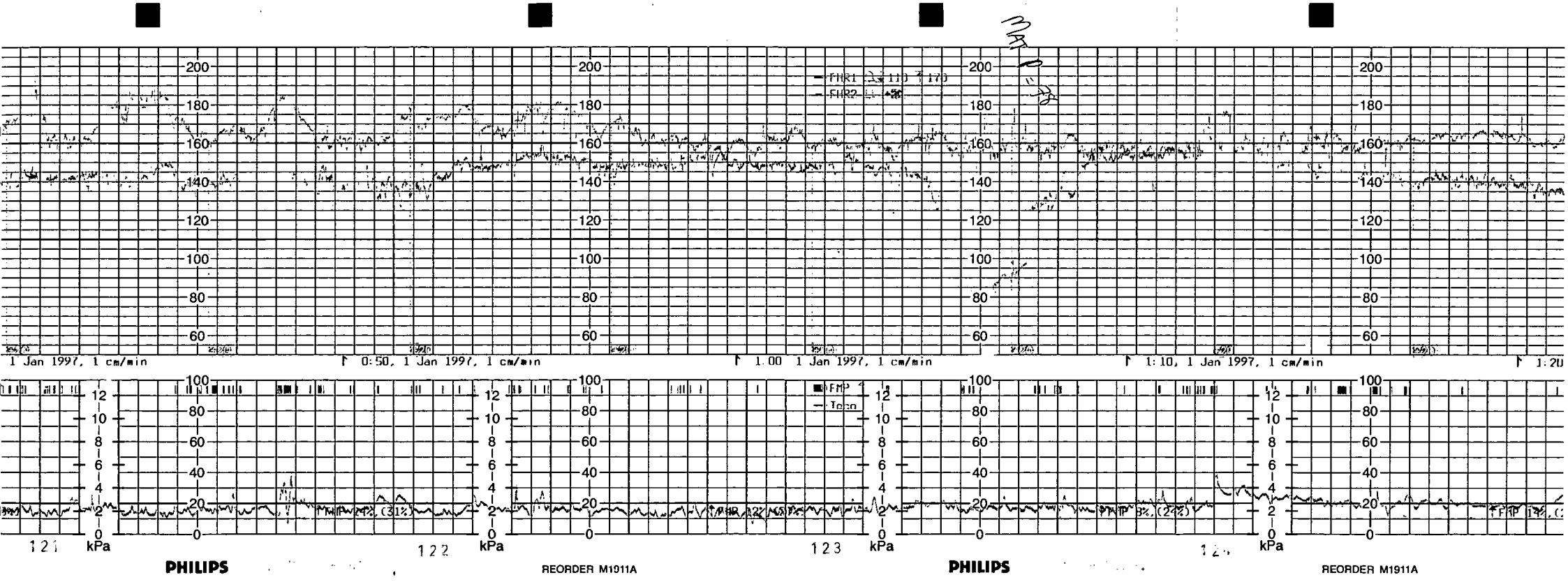
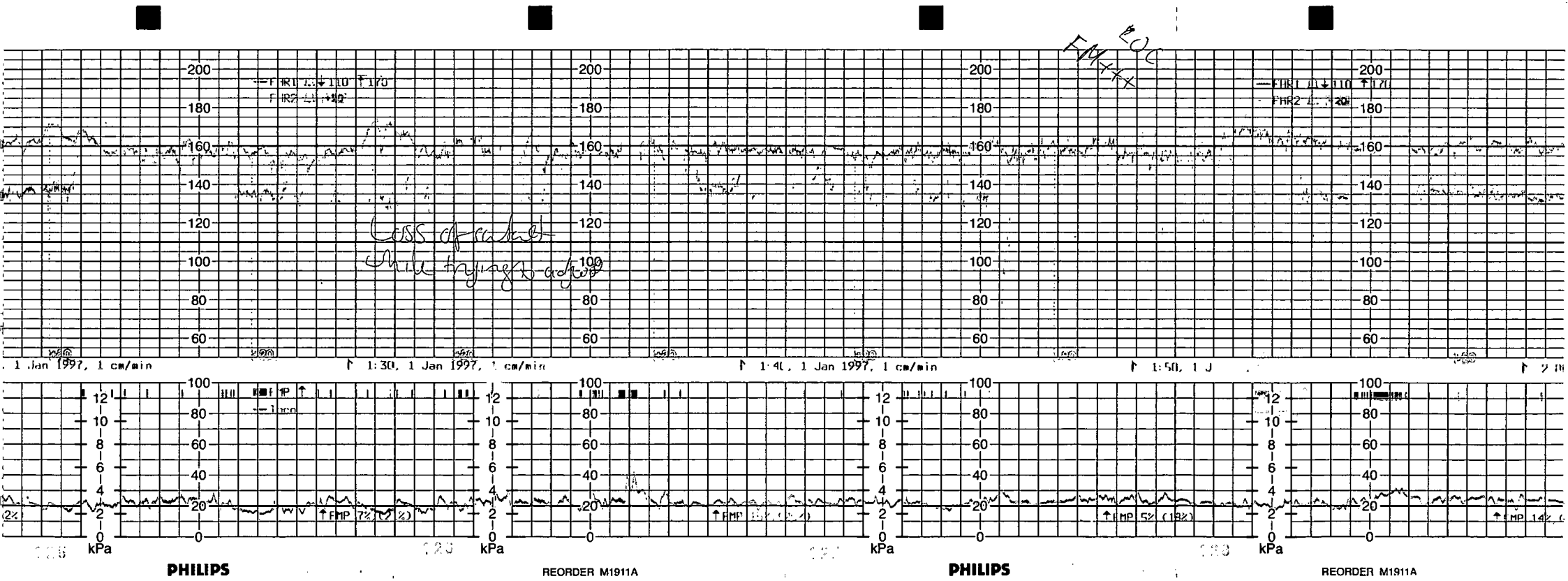
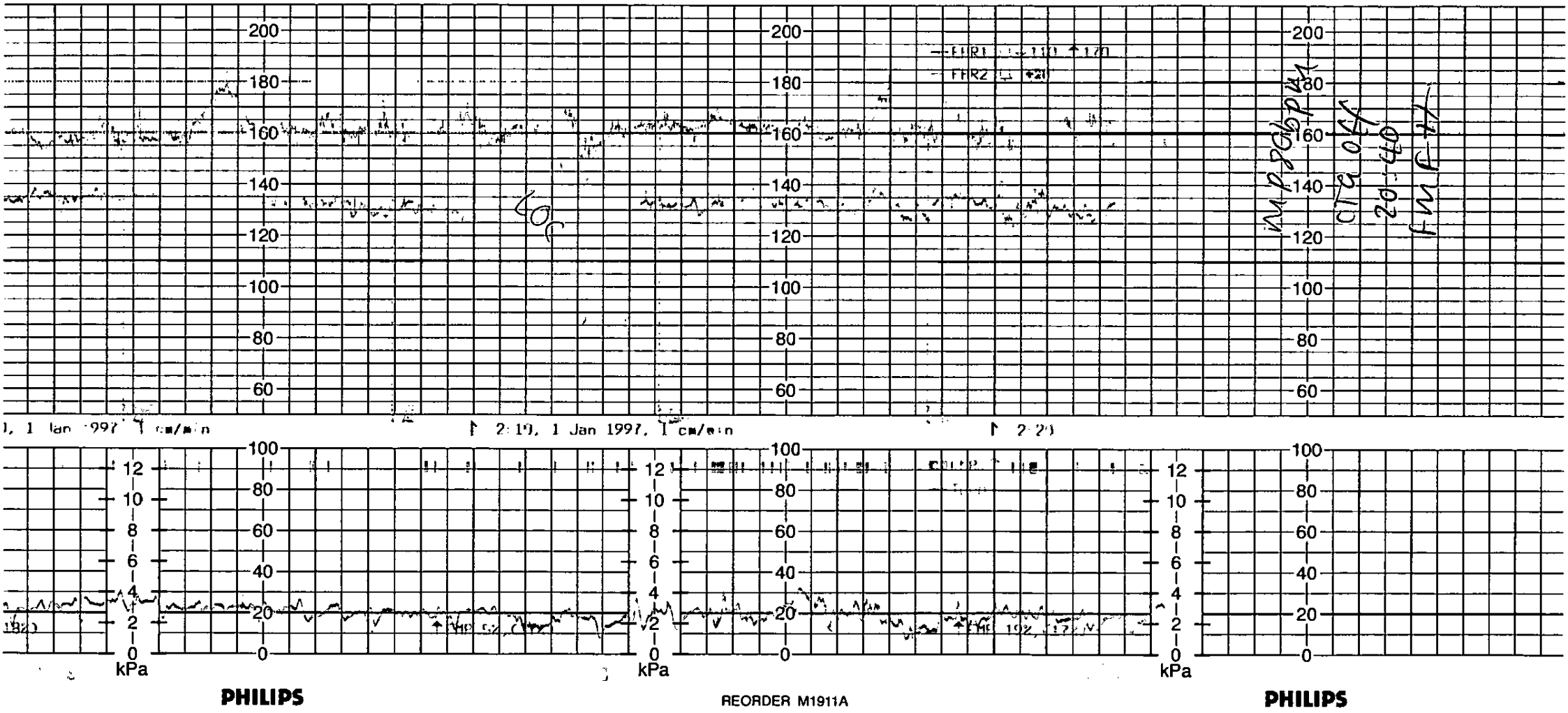
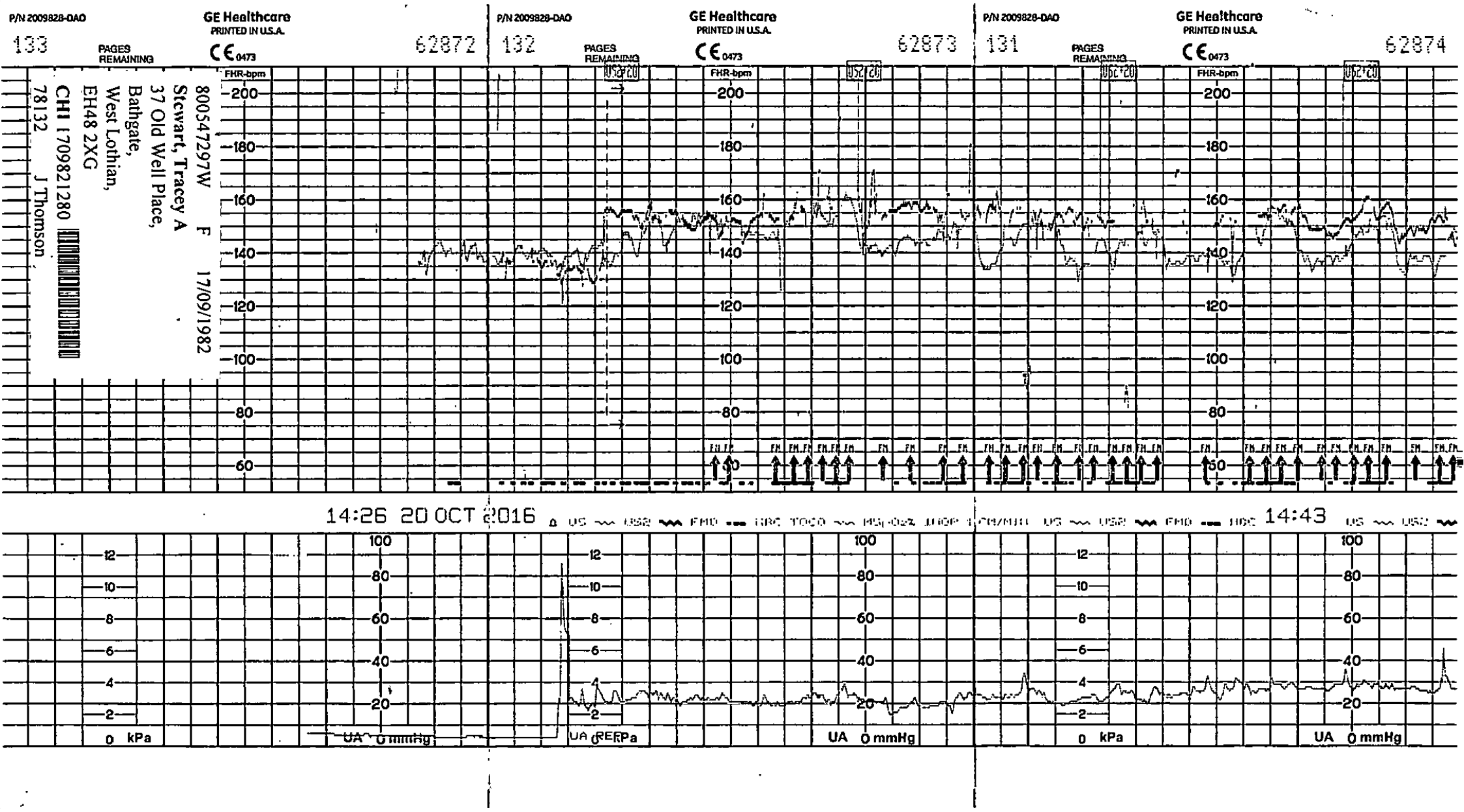

0:20, 1 Jan 1997, 1 cm/min
0:30 1 Jan 1997, 1 cm/min
0:40
117
118
119
120
kPa
PHILIPS
REORDER M1911A
80054729TW
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
F
17/09/1982
7813?
J Thomson


200
180
160
140
120
100
80
60
1 Jan 1997, 1 cm/min
0:50, 1 Jan 1997, 1 cm/min
1:00 1 Jan 1997, 1 cm/min
1:10, 1 Jan 1997, 1 cm/min
FHR1
FHR2
100
80
60
40
20
0
12
10
8
6
4
2
0
kPa
FMP
Toco
121
122
123
PHILIPS
REORDER M1911A
PHILIPS
REORDER M1911A


FHR1
FHR2
200
180
160
140
120
100
80
60
Loss of contact
while trying to adjust
1 Jan 1997, 1 cm/min
1:30, 1 Jan 1997, 1 cm/min
1:40, 1 Jan 1997, 1 cm/min
1:50, 1 J
FMP
12
10
8
6
4
2
0
kPa
PHILIPS
REORDER M1911A


200
180
160
140
120
100
80
60
FHR1
FHR2
2:10, 1 Jan 1997, 1 cm/min
2:20
12
10
8
6
4
2
0
kPa
PHILIPS
REORDER M1911A
PHILIPS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GE Healthcare
PRINTED IN U.S.A.
CE 0473
133
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14:26 20 OCT 2016
14:43
12
10
8
6
4
2
0 kPa
100
80
60
40
20
0 mmHg
UA
Stewart, Tracey A
800547297W
F
17/09/1982
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132
J Thomson

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130 PAGES REMAINING

CE 0473

FHR-bpm

200 180 160 140 120 100 80 60

FM

FND HRC TOCO 14:50 14:51

12 10 8 6 4 2 0 kPa

100 80 60 40 20 UA 0 mmHg

P/N 2009828-DAO GE Healthcare PRINTED IN U.S.A. 62876

129 PAGES REMAINING

CE 0473

FHR-bpm

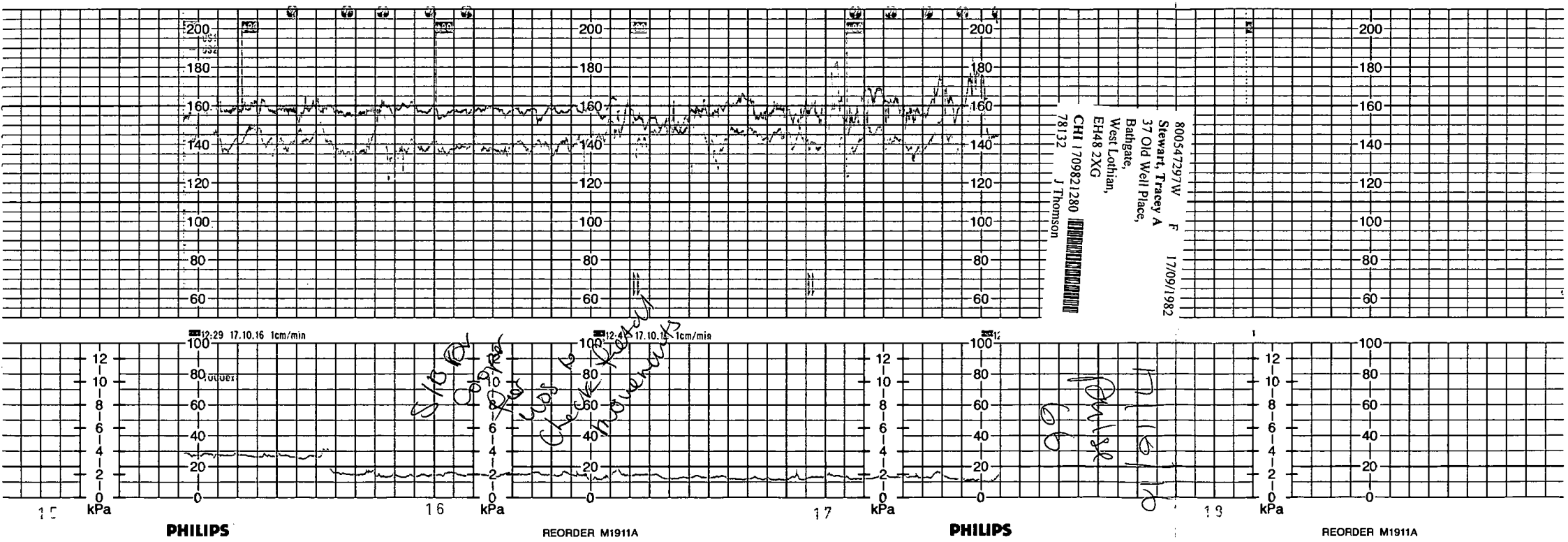
200 180 160 140 120 100 80 60

12 10 8 6 4 2 0 kPa

100 80 60 40 20 UA 0 mmHg

Continued

G21G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12:4 17.10.1 1cm/min
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
F
17/09/1982
8005472397W
CHI 1709821280
78132
J Thomson
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REORDER M1911A
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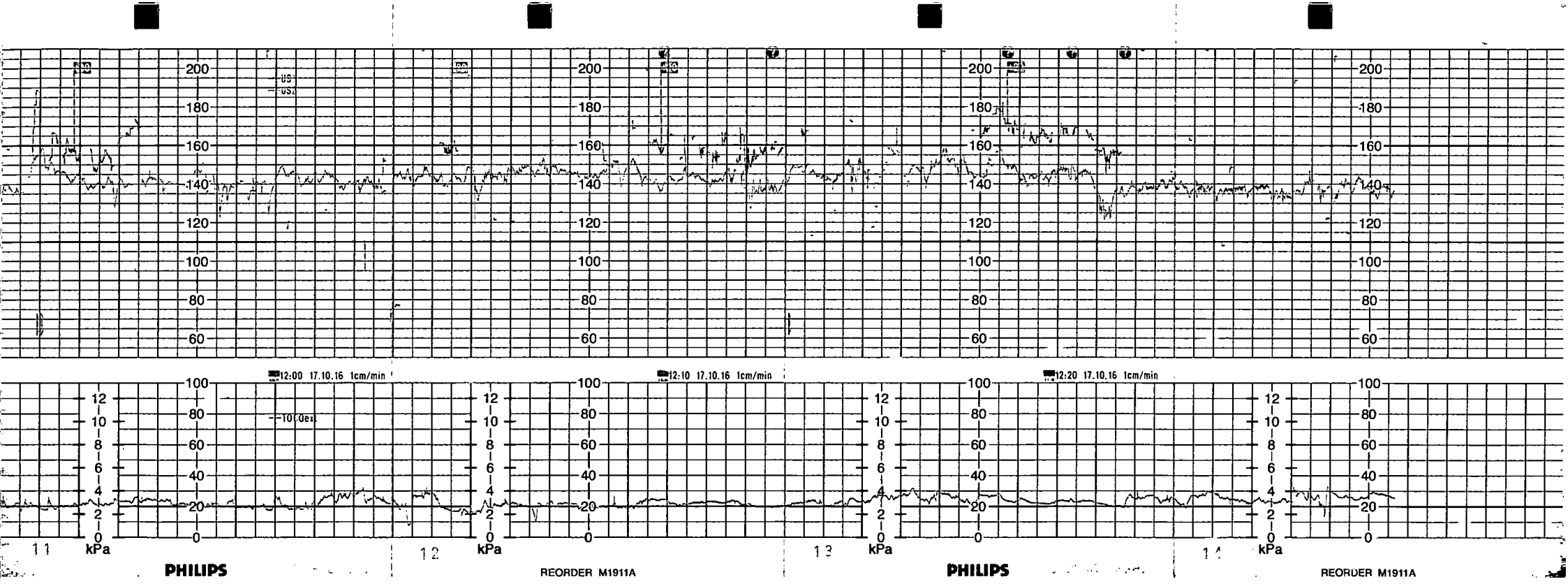
REORDER M1911A
kPa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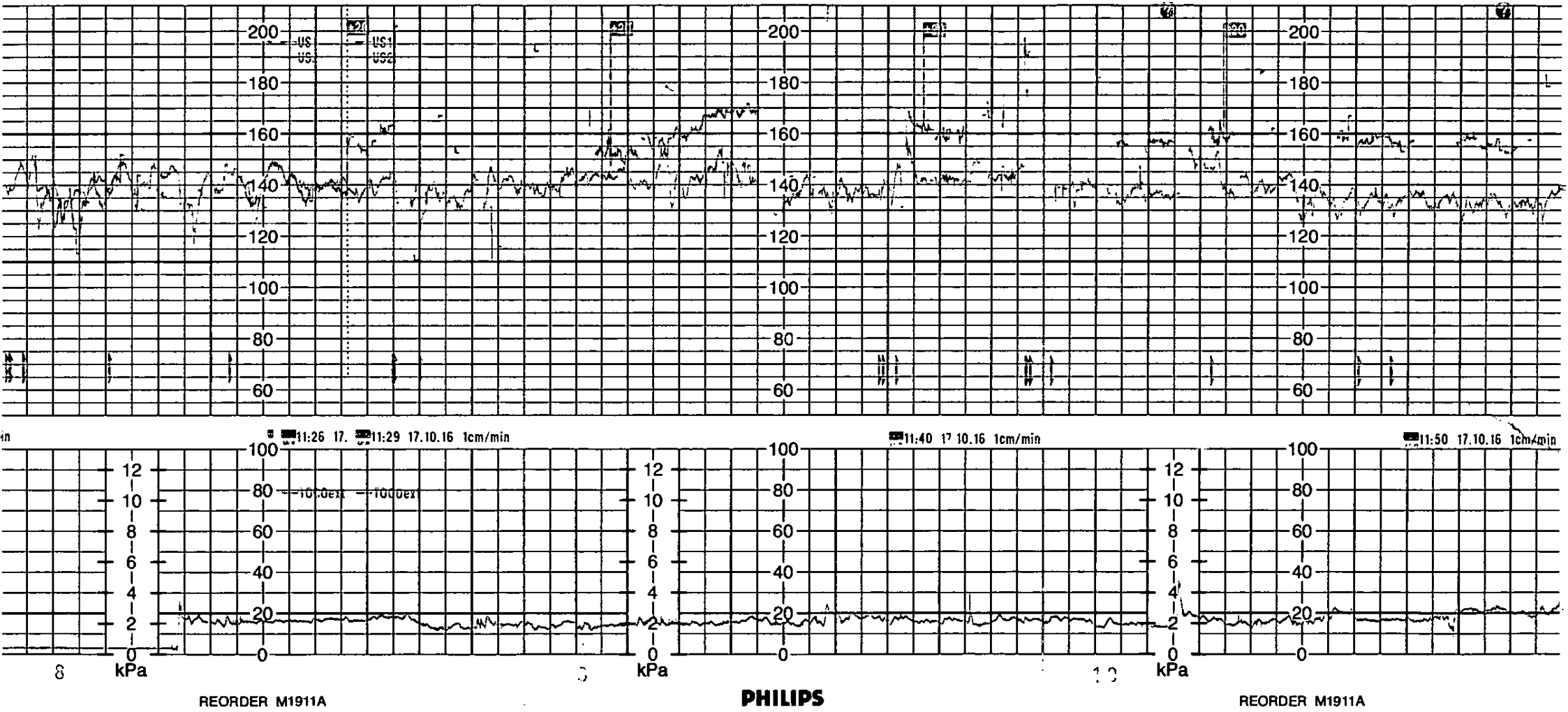
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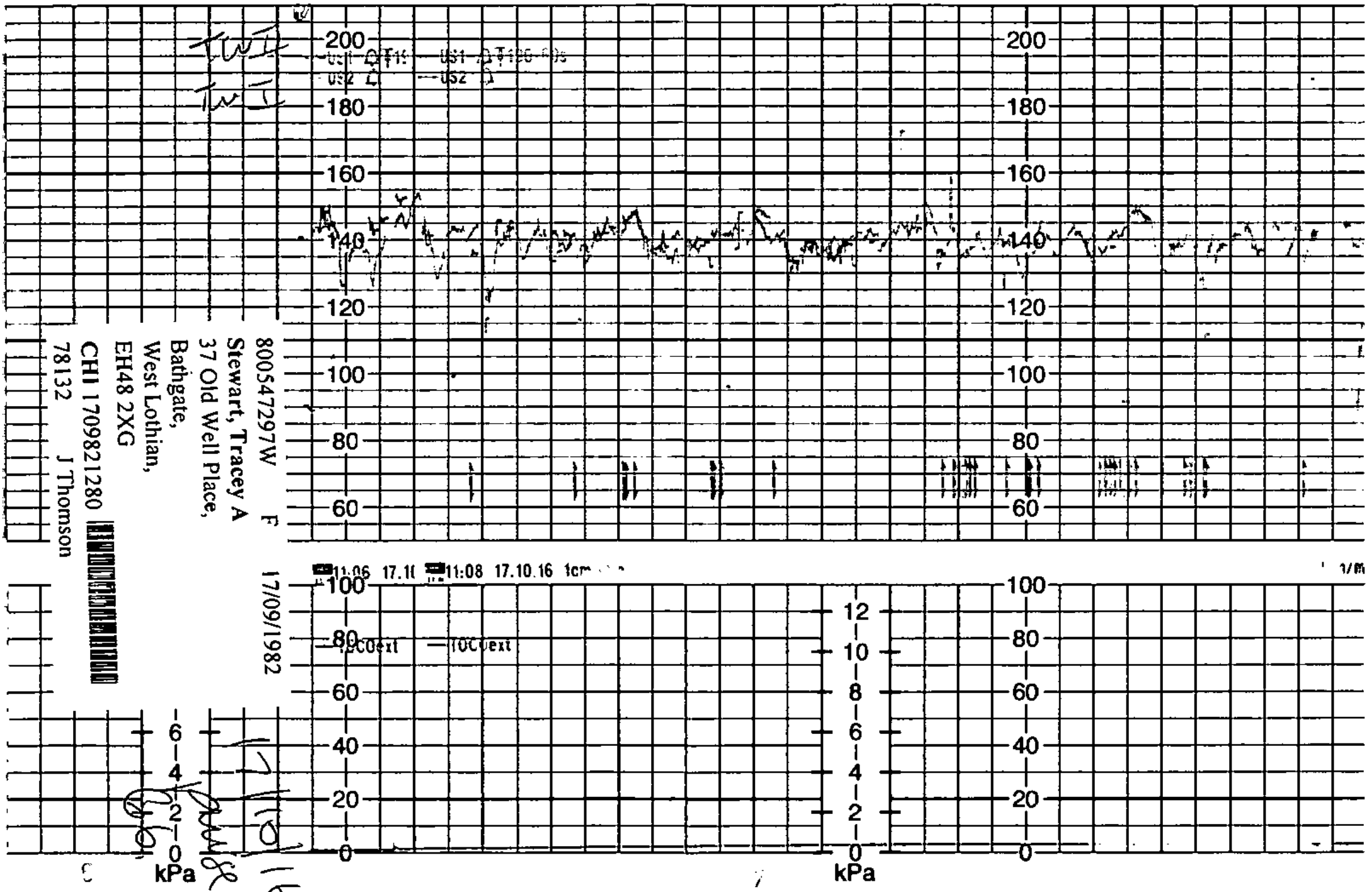
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Stewart, Tracey A
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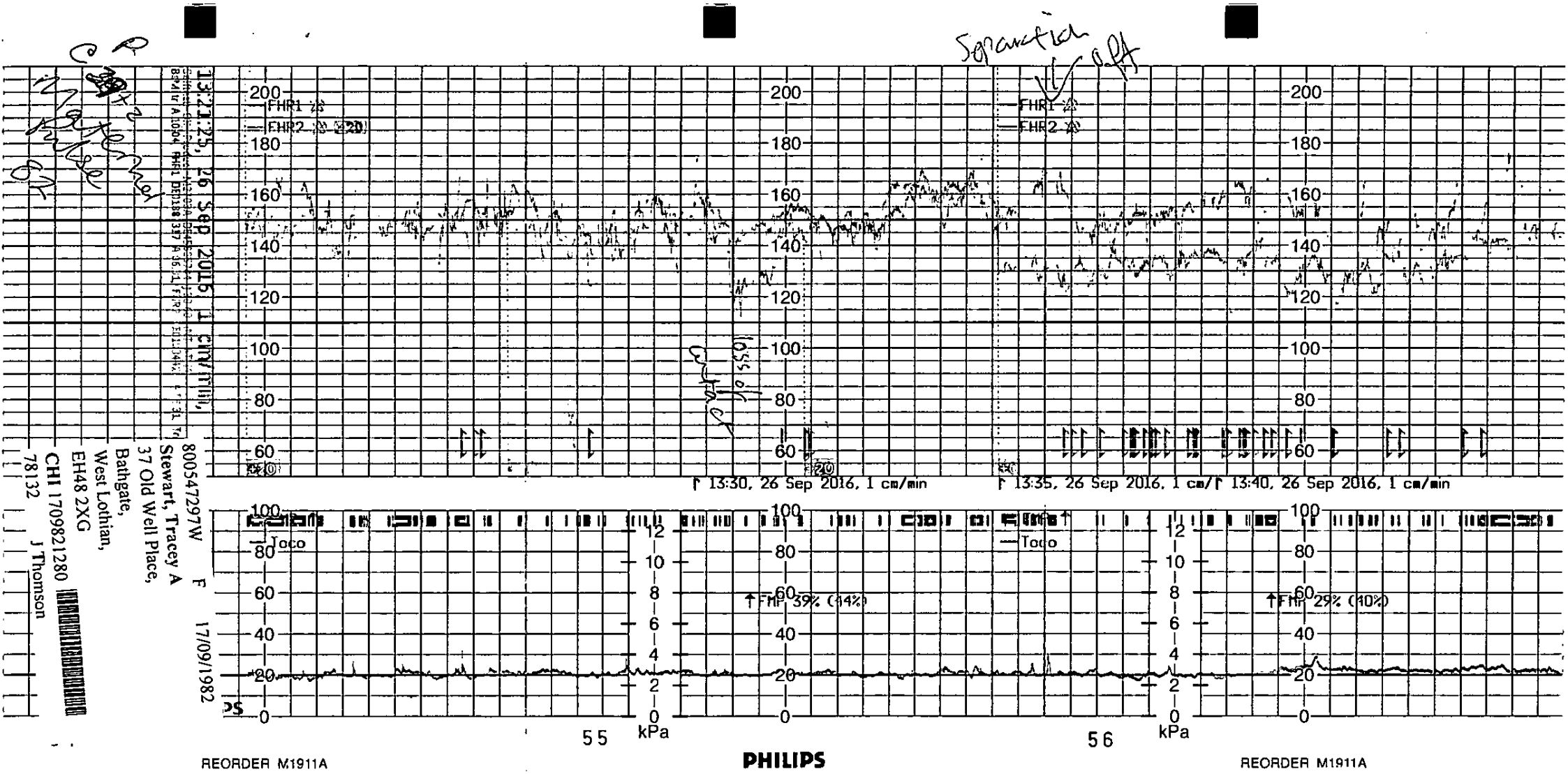
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132 J Thomson
REORDER M1911A
PHILIPS


13:21:25, 26 Sep 2016, 1 cm/min
FHR1
FHR2
Toco
FHR 39% (44%)
FHR 29% (10%)
13:30, 26 Sep 2016, 1 cm/min
13:35, 26 Sep 2016, 1 cm/min
13:40, 26 Sep 2016, 1 cm/min
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56
kPa
REORDER M1911A
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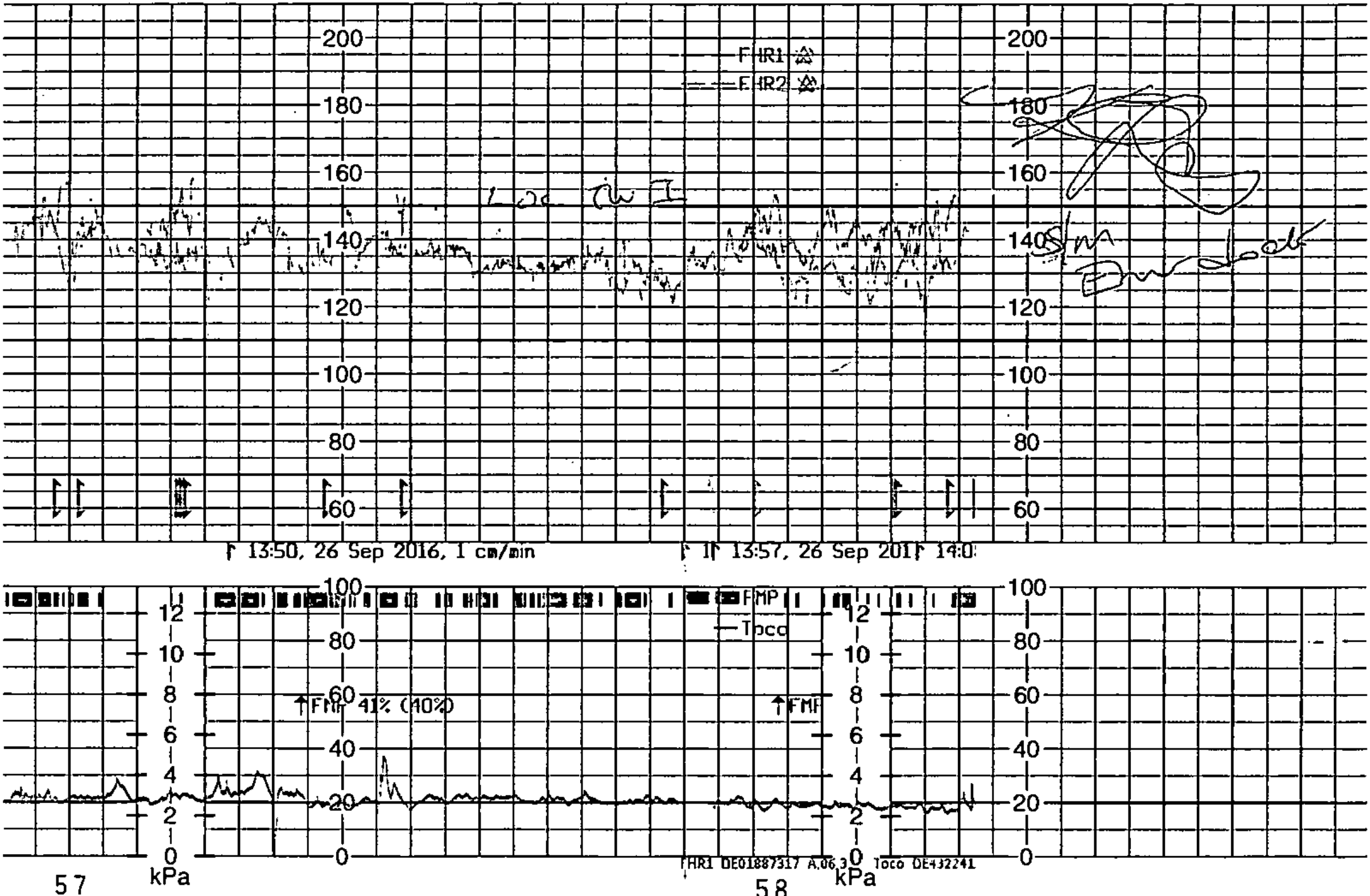
17/09/1982
CHI 1709821280
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
78132
J Thomson



PHILIPS

REORDER M1911A

[redacted]

[redacted]

[redacted]

800547297W F 17/09/1982

Stewart, Tracey A

37 Old Well Place,

Bathgate,

West Lothian,

EH48 2XG

CHI 1709821280 [redacted]

78132 J Thomson

11:40:17, 10 Oct 2016, 1 cm/min

FHR1

FHR2

TOCO

11:40, 10 Oct 2016, 1 cm/min

11:50, 10 Oct 2016, 1 cm/min

FHR1

FHR2

TOCO

bpm

kPa

PHILIPS

REORDER M1911A

800547297W F 17/09/1982

Stewart, Tracey A

37 Old Well Place,

Bathgate,

West Lothian,

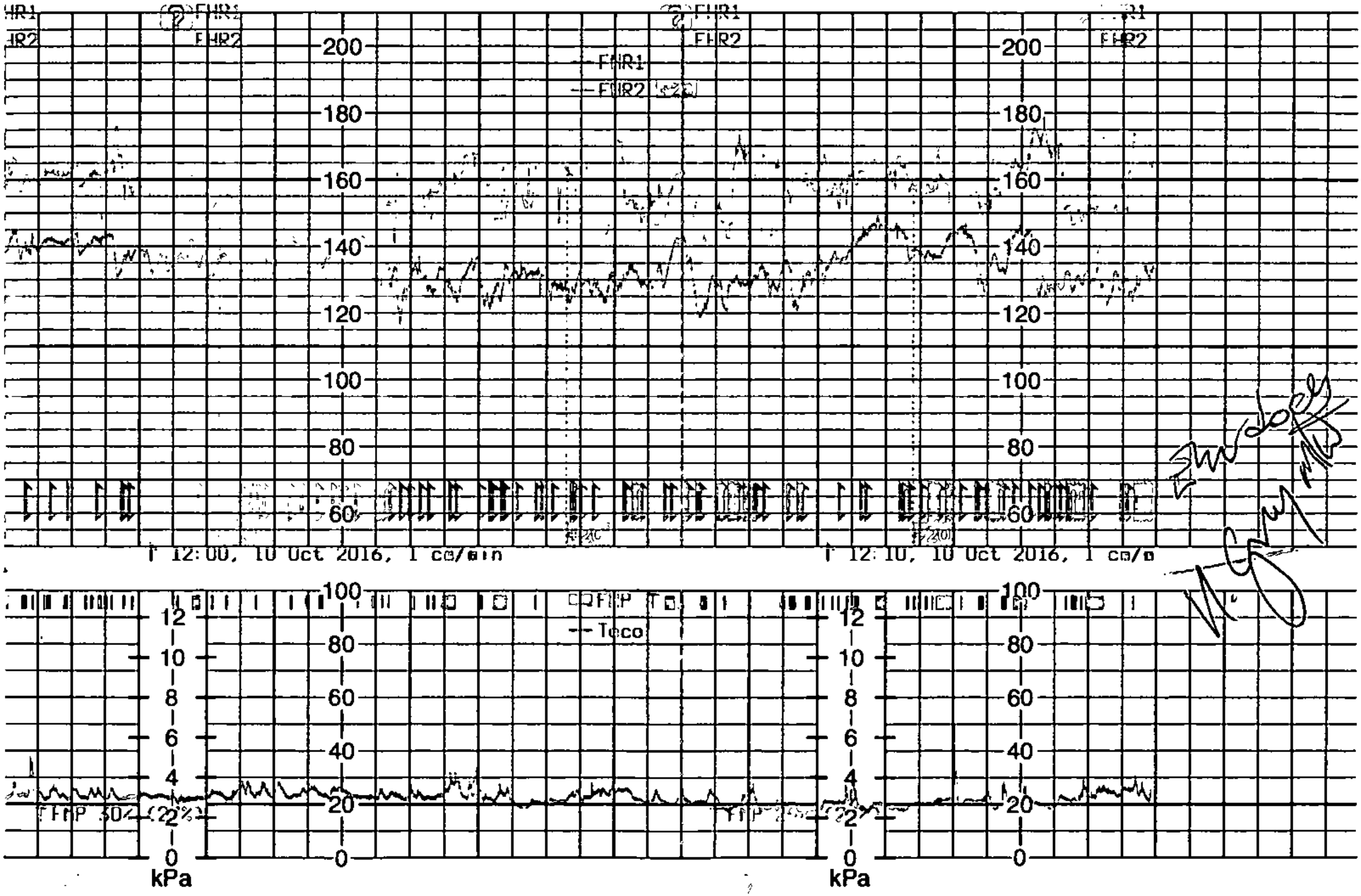
EH48 2XG

CHI 1709821280 [redacted]

78132 J Thomson

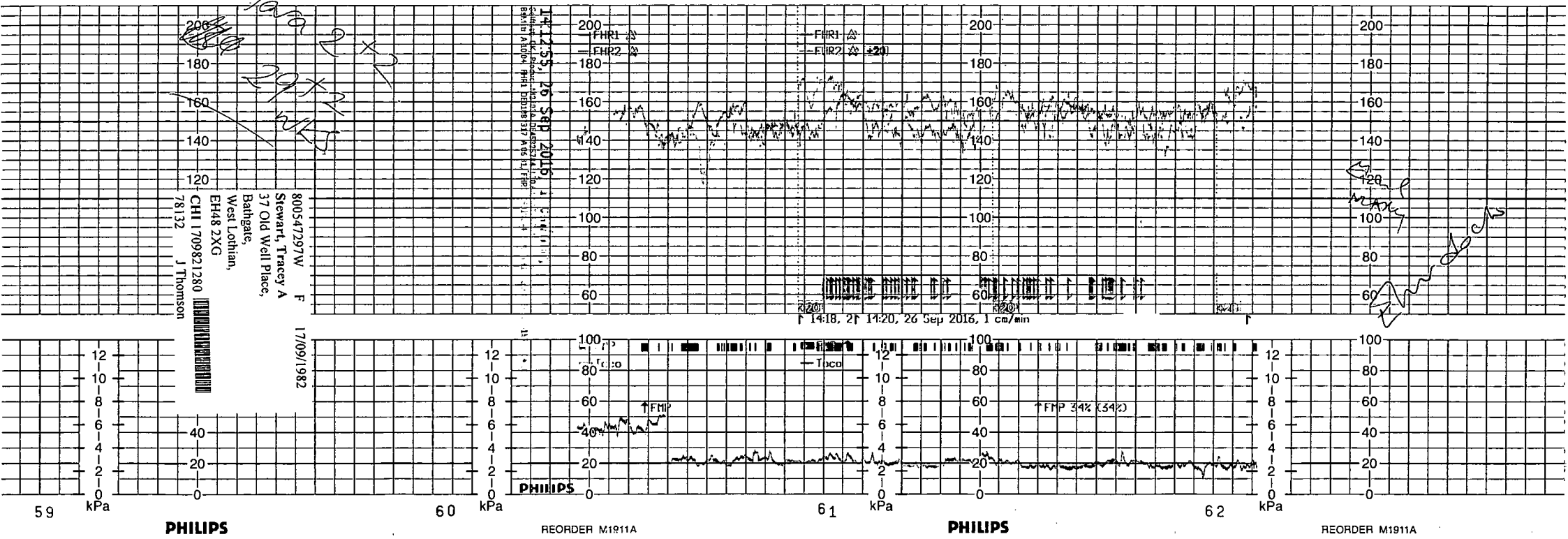
PHILIPS

REORDER M1911A



PHILIPS

REORDER M1911A


800547297W F
Stewart, Tracey A
37 Old Well Place,
Bathgate,
West Lothian,
EH48 2XG
CHI 1709821280
78132
J Thomson
17/09/1982
14:12:55, 26 Sep 2016
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+20
14:18, 21 14:20, 26 Sep 2016, 1 cm/min
Toco
FMP
FMP 34% (34%)
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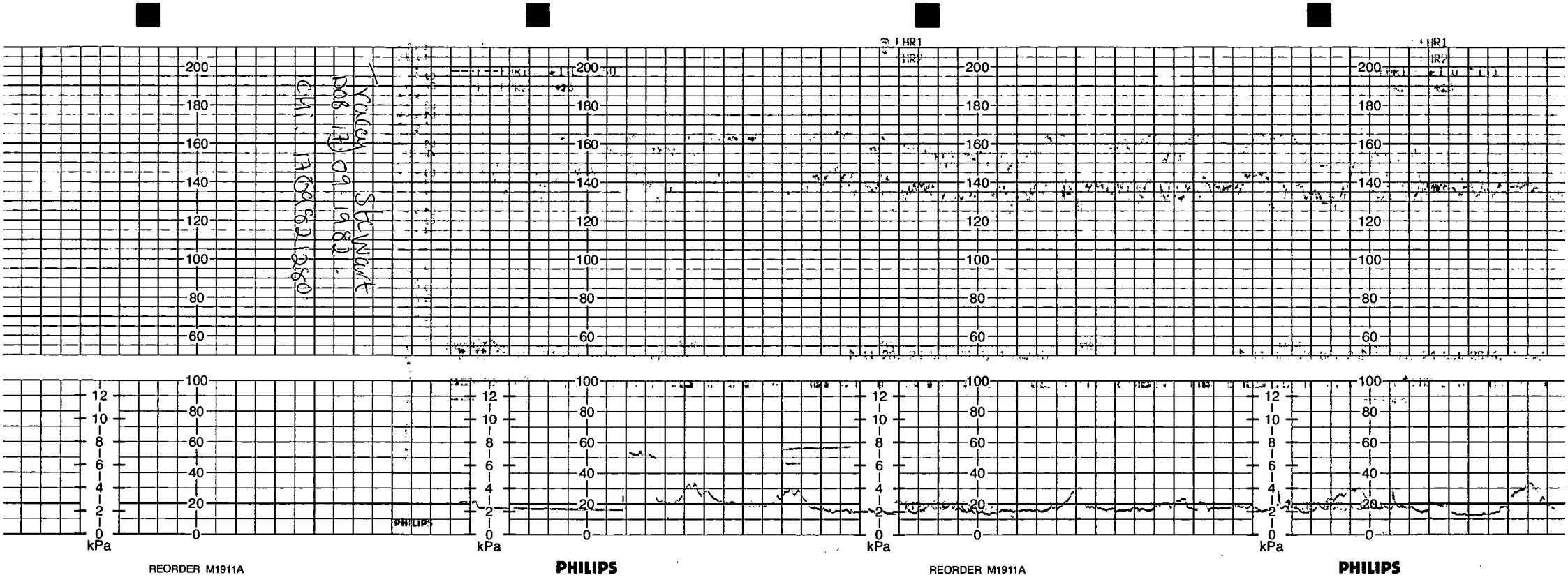
kPa
REORDER M1911A


HR1
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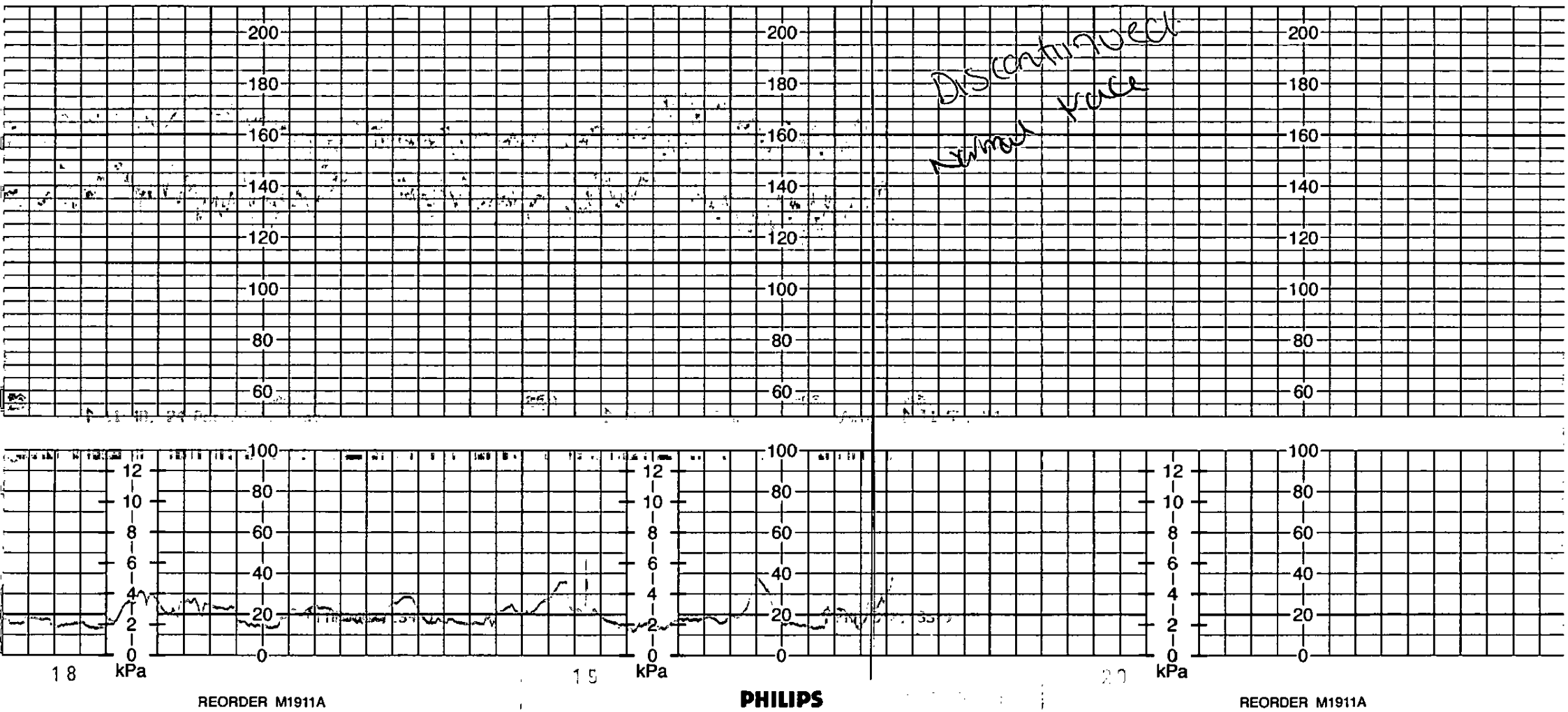
PHILIPS
REORDER M1911A
PHILIPS
REORDER M1911A
PHILIPS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Newborn rate
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kPa
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20
REORDER M1911A
PHILIPS
REORDER M1911A

Radiology Reports

US_Obst

US Obst.
Booking scan.

IUP
Single active fetus with heartbeat noted.
CRL = 41 mm ~ 11 weeks
Placenta is fundal

USEDD= 14.5.08
No further booking scan required.

Reporting Radiologist: CAF

Report Information

Requestor	
Requesting Location	(SJHBFH.BathgFH) Bathgate Health Ce
Report Identifier	1172379
Sample Date	24/10/2007 14:50:15

US Growth

US Growth.
FETAL GROWTH Gestation by EDD(14/05/08):30 weeks and 2 days
INDICATION: SFD

REPORT:
Single active fetus. FH seen.
Presentation:Cephalic

BPD=77mms HC=299mms AC=243mms FL=55mms
EFW at present = 1.3kg
Liquor volume - Average
Stomach, bladder and both kidneys seen.
Placental site:Posterior, leading edge 4cm from internal os.

Suggest re-scan at 36 weeks to reassess placental site.
axp/kxp

Reporting Radiologist: AXP

Report Information

Requestor	), (
Requesting Location	(SJHBFH.BathgFH) Bathgate Health Ce
Report Identifier	1206727
Sample Date	07/03/2008 14:25:04

US DVT

US DVT.
Right leg

Veins are dilated with slow flow.

Deep veins from CFV to upper calf veins are all fully compressible with no evidence of DVT.

Good respiratory variation in CFV and good augmentation in popliteal and SFV veins.

OPINION: No evidence of DVT. If symptoms do not settle or get worse then a repeat scan should be considered..

Reporting Radiologist: SEChambers

Report Information

Requestor	SMR
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	1216036
Sample Date	14/04/2008 09:27:51

US Growth

US Growth.
Indication: placental site
Gestation: 36w 2d (EDD 14/05/08)
Single fetus, movement and fetal heart seen.
Presentation: cephalic
Placental site: posterior, clear of lower segment
Liquor volume: normal
BPD: 84 mms HC: 319 mms AC : 287 mms FL : 66 mms
EFW: 2.21 kgs
Stomach, kidneys and bladder seen.

Reporting Radiologist: KXP

Report Information

Requestor	), (
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	1216973
Sample Date	16/04/2008 13:58:01

Cystogram

Cystogram.
No leak demonstrated.

Reporting Radiologist: DWHBrown

Report Information

Requestor	), (
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	1222387
Sample Date	06/05/2008 16:36:46

US Gynaecology Pelvis ,US Gynaecology Pelvis (TV)

US Gynaecology Pelvis ,US Gynaecology Pelvis (TV)

Clinical details
TOP request. (6+2 days from first +ve test)

Report
TA / TV scan.

There is an intrauterine gestation sac within the body of the anteverted uterus.
Yolk sac seen. No fetal pole identified.

MGSD = 6.6mms = 5w3d.

Adjacent to the sac there is a large haematoma measuring 29 x 6 x 13mms.
Both ovaries appear normal.

No free fluid or adnexal masses identified.

Reporting Radiologist: Alison Peel

Report Information

Requestor	
Requesting Location	(SJHOPD3) SJH OPD3 - Outpatient Department 3
Report Identifier	6698967
Sample Date	21/01/2010 12:30:00

US Pelvis (Transabdominal)

US Pelvis (Transabdominal)

Clinical details
lower abdominal pain and dyspareunia, PCB

Report
Normal appearances anteverted uterus and endometrium.
Both ovaries appear normal in size, shape and echopattern.
No adnexal masses, cysts or free fluid identified.

Reporting Radiologist: Suzanne McHattie

Report Information

Requestor	HAYWARD, CLARE
Requesting Location	Simpson Medical Group
Report Identifier	12948019
Sample Date	22/08/2012 10:15:00

XR Chest

XR Chest

Clinical details

pleuretic chest pain. incresed sob. recent antibs for chest infection. no improvement in cough or pain

Report

The lung fields appear clear. Normal cardiac and mediastinal contours.

Reporting Radiologist: Dr Janis Pupols

Report Information

Requestor	Forrest, Tracey Ann
Requesting Location	(SJHPAA) SJH PAA
Report Identifier	14957284
Sample Date	26/04/2013 13:35:00

US Obstetric (Other)

US Obstetric (Other)

Clinical details
Medical review in epu on 24/10/14 with right sided loin pain.Unsure of dates. Treated for UTI. Pain settled over weekend.

Report
Single active fetus. FH seen.

CRL = 60.6 mms
US measurements suggest a gestation of 12 weeks 4 days

No adnexal masses, cysts or free fluid seen.
No cause for symptoms identified.

Due to the later than expected gestation, Tracey will contact her Community Midwife to try and re-arrange her initial Booking appointment. We will then try to accommodate Tracey with an USS at the appropriate gestation once she has contacted us.

Reporting Radiologist: Alison Bridge

Report Information

Requestor	Elliott, M/W Kirsten R
Requesting Location	(SJHOBEPU) SJH Obste OP EPU - Obstetrics OP EPU
Report Identifier	19265403
Sample Date	27/10/2014 10:01:00

US Obstetric Booking

US Obstetric Booking

Clinical details

US Obstetric Booking

Report
single live active foetus
posterior placenta
CRL 73.7mm = 13w3d EDD 9.5.15
NT = 2.2mm

FAS to follow.

Reporting Radiologist: Adele Faulkner

Report Information

Requestor	Coyle, M/W Deborah E
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	19158092
Sample Date	04/11/2014 14:20:00

US Liquor Volume

US Liquor Volume

Clinical details

US Liquor Volume
Para 2 (previous CS) 19+2 Hx of possible SRM, No liquor on SRM, scan in LW- no liquor Pt self discharged but coming to DBU 16/12/14

Report
Single fetus - FH seen.
Oligohydramnios - a single pool of less than 8mms identified.

UA doppler - EDF present
HC 162mms FL 30.6 mms AC 125 mms
AC just above the 5th centile
Placental site: posterior, leading edge currently reaches the internal os.

Anatomy checked = cerebellum,, 4 chamber heart, stomach, kidneys, anterior abdominal wall, bladder,

No gross abnormality demonstrated within the limitations of the scan. The remaining anomaly check can be completed at her next growth scan. I note there is an anomaly scan booked for Monday 18th - it would probably be better to wait and complete checks in 2 weeks - please let us know if you are happy with this and we will change the appointment..

Reporting Radiologist: Suzanne McHattie

Report Information

Requestor	Darlow, Dr Kate L
Requesting Location	(SJHLAB) SJH Labour Suite
Report Identifier	19678365
Sample Date	16/12/2014 19:12:00

US Liquor Volume

US Liquor Volume

Clinical details
p2+1 20 wk confirmed srm. lv please . dbu booked for 23/12/14 @14.00

Report
Gestation by EDD = 20w 3d.

Single fetus. FH seen.
Presentation: Transverse.
Liquor volume: Oligohydramnios. AFI = 2.1cm.

The umbilical artery demonstrates a normal waveform with no loss of end diastolic flow.

Reporting Radiologist: Alison Bridge

Report Information

Requestor	Serafini, M/W Siobhan V
Requesting Location	(SJHOBDUO) SJH Obste OP DBU - Obstetrics OP DBU
Report Identifier	19695662
Sample Date	23/12/2014 14:06:00

US Obstetric Fetal Anomaly Scan,US Gynaecology Pelvis (TV)

US Obstetric Fetal Anomaly Scan,US Gynaecology Pelvis (TV)

Clinical details

US Obstetric Fetal Anomaly Scan
2+1 21+3 wks anomaly uss please.
US Gynaecology Pelvis (TV)
tv

Report
Gestation by EDD = 21 w

Single fetus. FH seen.
HC 190mms FL 35.5mms AC 160mms
Measurements = 21 weeks
Placental site: posterior - the lower edge is completely covering the os. There is a small anechoic area suspicious of a small haematoma.
Liquor volume: oligohydramnios. Single pool of 1.6cms
No obvious abnormality seen within the limitations of the scan. Bladder and kidneys seen.
Anterior abdominal wall pathology not excluded.

TVS - normal appearances cervix - no funnelling. Cervix length = 41mms.

Reporting Radiologist: Suzanne McHattie

Report Information

Requestor	Elliott, M/W Kirsten R
Requesting Location	(SJHOBDUO) SJH Obste OP DBU - Obstetrics OP DBU
Report Identifier	19745944
Sample Date	30/12/2014 15:31:00

US Liquor Volume

US Liquor Volume

Clinical details

Para 2+1. 21.6 wks.. Has PSROM requesting a LV for Tues 6/1/15

Report
Single fetus. FH seen.
Presentation: cephalic

Placental site: posterior - low lying
Liquor volume: oligohydramnios seen. - only measurable pool 9.8mms.

Stomach, bladder and both kidneys seen.

Reporting Radiologist: Julie Eastwood

Report Information

Requestor	McPherson, M/W Jane H
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	19808479
Sample Date	06/01/2015 12:30:00

US Obstetric Booking

US Obstetric Booking

US Obstetric Booking
Clinical details

Report
DC/DA twin pregnancy. FETAL HEART PULSATIONS SEEN

TWIN 1 TWIN 2
CRL:69.3mm CRL: 67.0mm 13weeks 1day.
N/T: 1.9mm N/T: 1.7mm
PRESENTATION: T1: on maternal left
T2:on maternal right

PLACENTA: anterior
LIQUOR VOLUME: normal - dividing membrane and lambda sign seen

EDD : 7/12/16

Reporting Radiologist: Alison Logan

Report Information

Requestor	Cefferty, M/W Margaret R
Requesting Location	(GSKING) Bathgate, Kingsgate Med Pract.
Report Identifier	23757424
Sample Date	02/06/2016 13:00:00

US Obstetric Twin Fetal Anomaly Scan

US Obstetric Twin Fetal Anomaly Scan

Clinical details

US Obstetric Twin Fetal Anomaly Scan
Twin FA scan on 18/7/16. DCDA

Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 19 weeks 5 days.
FETUS NUMBER: Twins DCDA
FETAL HEART PULSATIONS SEEN: yes x 2
TWIN 1 TWIN 2

H/C: 164 mm H/C: 167 mm

A/C: 133.2 mm A/C: 144 mm

FL: 31 mm FL: 31 mm

PRESENTATION: T1: Inferior
T2: Superior

PLACENTA: Anterior, not low lying
LIQUOR VOLUME: Normal
COMMENTS:
No abnormality of either fetus seen. It was explained that this does not exclude all problems.

Reporting Radiologist: Helen MacDonald

Report Information

Requestor	( )
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	24257795
Sample Date	18/07/2016 10:50:00

US Obstetric Twin Growth Scan

US Obstetric Twin Growth Scan

Clinical details

US Obstetric Twin Growth Scan
DCDA twins, growth scan on 12/09/16
Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/16
GESTATION (by ultrasound): 27 weeks 5 days.
FETUS NUMBER: s
FETAL HEART PULSATIONS SEEN: Yes x 2
TWIN 1 Rt -inferior TWIN 2 Lt - superior
H/C: 244 mm H/C: 249 mm
A/C: 204 mm A/C: 213 mm
FL: 48 mm FL: 47 mm
EFW: 835g EFW: 881g
PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Normal x 2
COMMENTS:
Tw1 UARI = 0.72 EDF present

Tw2 UARI = 0.78 -0.86 EDF is not always present. Print out attached.

Both are active. Twin 2 shows periods of respiration.

Brenda Ormiston: Sonographer, HCPC number RA23845.

Reporting Radiologist: Brenda Ormiston

Report Information

Requestor	Lamb, M/W Gillian J
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	24460381
Sample Date	12/09/2016 09:00:00

US Obstetric Twin Growth Scan

US Obstetric Twin Growth Scan

Clinical details

US Obstetric Twin Growth Scan
Growth please on 26th sept - concern re Doppler twin 2 27 weeks

Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 7/12/2016
GESTATION (by ultrasound): 29 weeks 5 days.
FETUS NUMBER: 2
FETAL HEART PULSATIONS SEEN: Yes x 2
TWIN 1 TWIN 2

H/C: 274 mm H/C: 275 mm

A/C: 239 mm A/C: 227 mm

FL: 50 mm FL: 49 mm

PRESENTATION: T1: Right cephalic inferior
T2: Left cephalic superior

PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Normal
UARI: T1 0.81 High EDV seen, T2 0.74 EDV seen.
COMMENTS: EFW T1 1165g, T2 1056g

Reporting Radiologist: Lindley Gomez

Report Information

Requestor	( )
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	24902473
Sample Date	26/09/2016 10:15:00

US Obstetric Doppler Umbilical

US Obstetric Doppler Umbilical

Clinical details
US Obstetric Doppler Umbilical
DCDA twins. Doppler raised T1 on 26/9/16. Appt room 2 3/10/16 @ 10.15

Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 30weeks 5days.
FETUS NUMBER: two
FETAL HEART PULSATIONS SEEN: x 2
PRESENTATION: T1: Right
T2: Left
LIQUOR VOLUME: Twin Right - DVP 39mm, Twin Left - DVP 44mm
COMMENTS: Both UA dopplers normal. UARI T1 0.74, T2 0.72. Reassured.
Repeat growth 1wk as planned

Reporting Radiologist: Dr Shona Cowan

Report Information

Requestor	Simpson, M/W Mary E
Requesting Location	(RIEOOBS) RIE Obstetric Outpatients
Report Identifier	25055291
Sample Date	03/10/2016 10:15:00

US Obstetric Twin Growth Scan

US Obstetric Twin Growth Scan

Clinical details
US Obstetric Twin Growth Scan
DCDA twin scan on 10/10/16
Report
EDD BY ULTRASOUND: 07/12/16
GESTATION (by ultrasound): 31 weeks 5 days.
FETUS NUMBER: 2
FETAL HEART PULSATIONS SEEN: Yes x 2
TWIN 1 Rt cephalic TWIN 2 Lt Breech
H/C: 285 mm H/C: 283 mm
A/C: 229 mm good measurement A/C: 237 mm - good measurement
FL: 58 mm FL: 54 mm
EFW = 1309 grams EFW = 1273 grams

PLACENTA: Anterior - not low x 2
LIQUOR VOLUME: Tw1 deepest pool 50 mm Tw 2 deepest pool 49
COMMENTS: UARI Tw 1 - 0.73 EDF present UARI Tw 2 073. EDF present

Reporting Radiologist: Anne Day

Report Information

Requestor	( )
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	24902106
Sample Date	10/10/2016 10:15:00

US Multiple Pregnancy Dopplers

US Multiple Pregnancy Dopplers

Clinical details
US Multiple Pregnancy Dopplers
DCDA twins - LV and dopplers due to static growth x 2 - appt on Mon 17th Oct @ 10:00 in Room 2 - thanks
Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 07/12/2016
GESTATION (by ultrasound): 32 weeks 5 days.
FETUS NUMBER: x2
FETAL HEART PULSATIONS SEEN: x2

PRESENTATION: T1: On maternal right - cephalic
T2: On maternal left - breech
PLACENTA: Anterior - not low.
LIQUOR VOLUME: Twin 1 - DVP - 39mm. Twin 2 - DVP - 37mm
COMMENTS: Twin 1 - UARI - 0.68. Twin 2 - UARI - 0.86- raised. Normal ductus x 2. Stomach and bladder seen x2

Reporting Radiologist: Dr Nithiya Palaniappan

Report Information

Requestor	Cliff, M/W Kirsten B
Requesting Location	(RIEOOBS) RIE Obstetric Outpatients
Report Identifier	25167404
Sample Date	17/10/2016 10:00:00

US Obstetric Twin Growth Scan

US Obstetric Twin Growth Scan

Clinical details
US Obstetric Twin Growth Scan
DC/DA twin growth booked for 24/10/16 @ 10:00 room 2, static growth/check dopplers

Report
TWIN OBSTETRIC ULTRASOUND REPORT
EDD BY ULTRASOUND: 7/12/16
GESTATION (by ultrasound): 33 weeks 5 days.
FETUS NUMBER: 2
FETAL HEART PULSATIONS SEEN: x 2
TWIN 1 TWIN 2
H/C: 296 mm H/C: 293 mm
A/C: 237 mm A/C: 235 mm
FL: 52 mm FL: 50 mm
EFW: 1259g EFW: 1203g
PRESENTATION: T1: ceph, right
T2: breech, left
PLACENTA: anterior
LIQUOR VOLUME: T1 DVP 48mm T2 DVP 31mm
COMMENTS: T1 UARI 0.59 T2 UARI 0.70
T1 MCA 1.46 T2 MCA PI 1.33, both <5th C. Both twins fetal growth restriction with normal UA doppler nad LV but centralisation with static growth over 4 wks now. 33+5wks gestation. Advise for delivery by CS within 24 hours. DAU for CTG and paeds review - suggest drink only water until CTG.

Reporting Radiologist: Dr Shona Cowan

Report Information

Requestor	Gordon, M/W Susan J
Requesting Location	(RIEOOBS) RIE Obstetric Outpatients
Report Identifier	25219341
Sample Date	24/10/2016 10:00:00

XR Chest

XR Chest

D1 post c/s. Pleuritic chest pain +non-productive cough. Suspected PE, ?respiratory pathology on CXR, auscultation nad.

XR Chest

Free air under the hemi diaphragm is not unexpected post laparotomy.
Cardiac and mediastinal contours normal with clear lung fields.
Included bony skeleton and pleural spaces appear intact.

Reporting Radiologist: Dr Tom Fitzgerald

Report Information

Requestor	Usoro, Emem
Requesting Location	(RIE119) RIE Ward 119 Postnatal Ward
Report Identifier	25264576
Sample Date	26/10/2016 15:11:00

US Gynaecology Pelvis

US Gynaecology Pelvis

Clinical History
RIF pain intermittent past 2 years, gripping pain, had sterilisation in 2016, also likely premature ovarian failue diagnosed 2020. OE abdo soft, tender RIF, uterus not enlarged, tender and ?fullness R adnexa ?ovarian pathology / Ultrasound Gynaecology (Pelvic Organs)

6359569 20/05/2022 US Gynaecology Pelvis

Normal appearances anteverted uterus and endometrium. The
Both ovaries are within normal range given known P O F. No ovarian mass / cyst.
No free fluid.

No cause for symptoms seen on this scan.

—
Suzanne McHattie. HCPC: RA28886.
Clinical Specialist Sonographer.

Reporting Radiologist: Suzanne McHattie

Report Information

Requestor	HEATH, LORNA
Requesting Location	Simpson Medical Group
Report Identifier	41682738
Sample Date	20/05/2022 09:45:00

XR Chest

XR Chest

Clinical History
pt presented with pain at the right pectoralis major. chest is clear, but have noticed finger clubbing to both hands. no lymphadenopathy. ?sinister pathology / Chest

8707361 05/11/2024 XR Chest

Minor, insignificant, linear atelectasis both mid zones.
Normal cardiac, mediastinal and hilar contours.
The lungs are otherwise clear with normal pulmonary vascularity.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	GALL, CHRISTOPHER
Requesting Location	Simpson Medical Group
Report Identifier	50306205
Sample Date	05/11/2024 16:30:00

Lab Reports

Report

Clinical Summary: 1.5 cm protuberant lesion on left side of
jaw. Greatly increased during pregnancy 5 years ago.
Provisional diagnosis: cellular naevus.

Macro Report.

Shave Excision Of Lesion Left Angle Of Jaw

A dome shaped lesion 10 x 8 x 5 mm. This has a rather warty
surface. Bisected and all taken.

Micro Report.

This shows an intradermal melanocytic naevus with no atypical
features. It extends to the excision margins.

Skin: Intradermal naevus.

Pathologist(s)

Dr W A Reid.
Medical Codes : Skin - Intradermal nevus (T-02...)
Medical Codes : Workload score - Workload score 1

Sample Comments

Suffix Skin Bx

Report Information

Requestor	Schofield, Dr OMV
Requesting Location	(SJHSKOPD) SKOPD, St John's Hospital
Report Identifier	UB018581F/05
Sample Date	25/08/2005 12:34:00

St Johns Micro Preg test LTG	
Pregnancy Test:	POSITIVE (Detects 25iu/L HCG)

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JS001062W
Sample Date	14/09/2007 13:38:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Microscopy
No Leucocytes seen
Culture
No significant bacteriuria

Report Information

Requestor	Hayward, Dr Clare
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU010016N
Sample Date	02/10/2007 14:03:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	124	115 - 160	g/L		
Red cell count	**3.69**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	0.361	0.36 - 0.46	Ratio		
Mean cell volume	**97.7**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.7**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.5	28.0 - 35.0	g/dl		
White cell count	**14.2**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**8.90**	**1.8 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	4.00	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.80	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.30	0 - 0.5	x10 ^9/L		
Basophil Count	**0.20**	**0 - 0.1**	**x10 ^9/L**	**R**	
Platelet count	275	150 - 400	x10^9/l		

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Vidas DVT Test	186	2 - 500	ug/l		

Coagulation tests

Description	Value	Range	Unit	Normalcy	Notes
APTT	26	25 - 35	secs		
Prothrombin time	14.1	11.9 - 15.9	secs		
Fibrinogen	**4.2**	**1.5 - 4.0**	**g/l**	**R**	

Report Information

Requestor McKechnie, Dr Martin
Requesting Location (SJHOBV) Observation Wd, St John's Hosp
Report Identifier SH046921Q
Sample Date 08/10/2007 19:55:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.9	3.9 - 5.6	mmol/L		
Glucose spec.	Unknown				

Report Information

Requestor	McKechnie, Dr Martin
Requesting Location	(SJHOBV) Observation Wd, St John's Hosp
Report Identifier	SB084106X
Sample Date	08/10/2007 19:55:00

Liver function test

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	2 - 16	umol/L		
ALT	12	10 - 50	U/L		
Alk.Phos	50	40 - 125	U/L		
GGT	14	5 - 55	U/L		
Albumin	43	35 - 50	g/L		

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.1	2.5 - 6.6	mmol/L		
Creatinine	**49**	**60 - 120**	**umol/L**	**R**	
Sodium	138	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5.0	mmol/L		
TCO2	26	22 - 30	mmol/L		
Chloride	**108**	**95 - 107**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	1	0 - 10	mg/L		

ESC Modular P

Description	Value	Range	Unit	Normalcy	Notes
Total Protein	69	60 - 80	g/L		

Report Information

Requestor McKechnie, Dr Martin
Requesting Location (SJHOBV) Observation Wd, St John's Hosp
Report Identifier SB084105R
Sample Date 08/10/2007 19:55:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture
No significant bacteriuria

Requestor Comments

Health Centre Booking Sample

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU013380J
Sample Date	31/10/2007 14:37:00

HIV antibody/antigen (Duo)

Description	Value	Range	Unit	Normalcy	Notes
HIV Ag/Ab Index:	0.23	0.00 - 0.89			(ZHIC1I)

Test Comments

(ZHIC1I) HIV Antigen/Antibody Combination EIA: NEGATIVE (I <0.9)
(ZHIC1I) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full antenatal screen offered and accepted

Rubella screening test

Description	Value	Range	Unit	Normalcy	Notes
Rubella IgG Antibody Index:	3.26	1.101 - 99.999			(ZRUG3I)

Test Comments

(ZRUG3I) Rubella IgG Antibody : POSITIVE (Index >1.1)
(ZRUG3I) Rubella antibodies present : >10 iu
(ZRUG3I) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full antenatal screen offered and accepted

Syphilis serology

Description	Value	Range	Unit	Normalcy	Notes
Anti-treponemal EIA (Index)	0.14	0.000 - 0.89			(ZSYGI)

Test Comments

(ZSYGI) Anti Treponemal EIA (IgG):_____ Negative
(ZSYGI) (Negative__<0.9,__Equivocal 0.9-1.1, Positive >1.1)
(ZSYGI) ---------- ---------- ---------- ---------- ----------
(ZSYGI)

Requestor Comments

Full antenatal screen offered and accepted

Report Information

Requestor	Midwife
Requesting Location	(GSBATX) Bathgate Primary Care Centre
Report Identifier	MS631711Y
Sample Date	31/10/2007 16:07:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	118	115 - 160	g/L		
Red cell count	**3.63**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	**0.354**	**0.36 - 0.46**	**Ratio**	**R**	
Mean cell volume	**97.4**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**32.6**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	33.5	28.0 - 35.0	g/dl		
White cell count	**12.8**	**4.0 - 11.0**	**x10^9/l**	**R**	
Neutrophil Count	**8.90**	**1.8 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	3.30	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.30	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.20	0 - 0.5	x10 ^9/L		
Basophil Count	0.10	0 - 0.1	x10 ^9/L		
Platelet count	230	150 - 400	x10^9/l		

Requestor Comments

Booking clinic

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH057629P
Sample Date	01/11/2007 13:15:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Microscopy
No Leucocytes seen
Small numbers of Red blood cells seen
Moderate numbers of Epithelial cells seen
Culture
No significant bacteriuria

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU016615M
Sample Date	30/11/2007 14:43:00

Antenatal screening

Description	Value	Range	Unit	Normalcy	Notes
gestation - days	2				
gestation - weeks	16	15 - 20			
trisomy 18 risk	50000	251 - 50001			
trisomy 18 risk interpretation	Not increased				
trisomy 21 risk	35036	251 - 50001			
Trisomy 21 risk interpretation	Not increased				
wt adj hcg mom	0.47	0.20 - 3.99	mom		
Wt. adjusted AFP MOM	1.33	0.20 - 1.99			
maternal weight	53		kg		
NTD Risk	Not increased				

Report Information

Requestor	Known, Cons Not
Requesting Location	(SJHANC) Antenatal Clinic, St John's
Report Identifier	QC881661N
Sample Date	30/11/2007 19:22:00

St Johns Micro Urine Cult LTG

Set Comments

```
Urine Micro Culture & Sens
Microscopy
  No Leucocytes seen
  Small numbers of Epithelial cells seen
Culture
  No significant bacteriuria
```

Requestor Comments

Pregnant Proteinuria

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU020614P
Sample Date	09/01/2008 13:58:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**111**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.34**	**3.8 - 5.8**	**10^12/L**	**A**	
Haematocrit	**0.315**	**0.36 - 0.46**	**Ratio**	**R**	
Mean cell volume	94.3	78 - 96	fl		
Mean cell Hb.	**33.3**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	**35.3**	**28.0 - 35.0**	**g/dl**	**R**	
White cell count	**17.2**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**13.60**	**1.8 - 7.5**	**x10 ^9/L**	**A**	
Lymphocyte Count	2.90	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.40	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.20	0 - 0.5	x10 ^9/L		
Basophil Count	0.10	0 - 0.1	x10 ^9/L		
Platelet count	291	150 - 400	x10^9/l		

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH110719F
Sample Date	21/02/2008 14:30:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	120	115 - 160	g/L		
Red cell count	**3.55**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	**0.342**	**0.36 - 0.46**	**Ratio**	**R**	
Mean cell volume	**96.4**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.9**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	**35.1**	**28.0 - 35.0**	**g/dl**	**R**	
White cell count	**12.5**	**4.0 - 11.0**	**x10^9/l**	**R**	
Neutrophil Count	**10.20**	**1.8 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	1.80	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.40	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.10	0 - 0.5	x10 ^9/L		
Basophil Count	0.00	0 - 0.1	x10 ^9/L		
Platelet count	220	150 - 400	x10^9/l		

Report Information

Requestor	given, Not
Requesting Location	(SJHAE) SJH A&E
Report Identifier	SH008539R
Sample Date	13/04/2008 21:10:00

Liver function test

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 16	umol/L		
ALT	**9**	**10 - 50**	**U/L**	**R**	
Alk.Phos	**191**	**40 - 125**	**U/L**	**R**	
GGT	8	5 - 55	U/L		
Albumin	**30**	**35 - 50**	**g/L**	**R**	

Serum total protein

Description	Value	Range	Unit	Normalcy	Notes
Total Protein	66	60 - 80	g/L		

ESC Modular P

Description	Value	Range	Unit	Normalcy	Notes
Urea	**2.2**	**2.5 - 6.6**	**mmol/L**	**R**	
Creatinine	**51**	**60 - 120**	**umol/L**	**R**	
TCO2	**20**	**22 - 30**	**mmol/L**	**R**	
Sodium	**133**	**135 - 145**	**mmol/L**	**R**	
Potassium	3.6	3.6 - 5.0	mmol/L		
Chloride	105	95 - 107	mmol/L		

Urea and electrolytes

eGFR (/1.73m2)	>60

Report Information

Requestor	given, Not
Requesting Location	(SJHAE) SJH A&E
Report Identifier	SB232070Q
Sample Date	13/04/2008 21:10:00

St Johns Micro Culture LTG

Set Comments

Micro,Culture & Sensitivities
Microscopy
  No Leucocytes seen
Culture
  No significant growth
  No Candida species isolated

Sample Comments

m.hay 54125

Requestor Comments

Per vaginal bleed

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	JG026427R
Sample Date	06/05/2008 11:37:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**114**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.35**	**3.8 - 5.8**	**10^12/L**	**A**	
Haematocrit	**0.331**	**0.36 - 0.46**	**Ratio**	**R**	
Mean cell volume	**98.7**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.9**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.4	28.0 - 35.0	g/dl		
White cell count	**13.7**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**10.10**	**1.8 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	3.00	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.50	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.10	0 - 0.5	x10 ^9/L		
Basophil Count	0.10	0 - 0.1	x10 ^9/L		
Platelet count	253	150 - 400	x10^9/l		

Sample Comments

54125..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH015266M
Sample Date	06/05/2008 12:38:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**108**	**115 - 160**	**g/L**	**A**	
Red cell count	**3.18**	**3.8 - 5.8**	**10^12/L**	**A**	
Haematocrit	**0.317**	**0.36 - 0.46**	**Ratio**	**R**	
Mean cell volume	**99.7**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**34.1**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.2	28.0 - 35.0	g/dl		
White cell count	**16.4**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**12.40**	**1.8 - 7.5**	**x10 ^9/L**	**A**	
Lymphocyte Count	3.20	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.60	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.10	0 - 0.5	x10 ^9/L		
Basophil Count	0.00	0 - 0.1	x10 ^9/L		
Platelet count	263	150 - 400	x10^9/l		

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	SH015385E
Sample Date	07/05/2008 08:19:00

St Johns Micro Urine Cult LTG

Set Comments

```
Urine Micro Culture & Sens
Microscopy
  Large numbers of Leucocytes seen
  Large numbers of Red blood cells seen
Culture
  Pseudomonas aeruginosa greater than 100,000 cfu/ml
   Resistant : Amoxicillin,Cefalexin,Co-amoxiclav,Nitrofurantoin,Trimethoprim.
   Sensitive : Ciprofloxacin.
Treatment of catheter associated infection is not
recommended unless the patient is systemically unwell
If antibiotic therapy is initiated the catheter should
be replaced/removed as soon as possible after starting
therapy
```

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU034659Q
Sample Date	16/05/2008 09:04:00

St Johns Micro Urine Cult LTG

Set Comments

```
Urine Micro Culture & Sens
Microscopy
  No Leucocytes seen
Culture
  No significant bacteriuria
```

Report Information

Requestor	Mooney, Dr JK
Requesting Location	(GSWHIT) Whitburn Health Centre
Report Identifier	JU078884L
Sample Date	06/06/2009 11:08:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Microscopy
  Moderate numbers of Leucocytes seen
  Small numbers of Red blood cells seen
  Moderate numbers of Epithelial cells seen
Culture
  No significant bacteriuria

Requestor Comments

? Urinary tract infection

Report Information

Requestor	Power, Dr Neil
Requesting Location	(GSWHIT) Whitburn Health Centre
Report Identifier	JU080451M
Sample Date	19/06/2009 16:41:00

St Johns Micro Preg test LTG	
Pregnancy Test:	Negative (Detects 25iu/L HCG)

Report Information

Requestor	Porter, Dr LJ
Requesting Location	(GSWHIT) Whitburn Health Centre
Report Identifier	JS011350T
Sample Date	23/11/2009 14:45:00

St Johns Micro Preg test LTG	
Pregnancy Test:	Negative (Detects 25iu/L HCG)

Report Information

Requestor	Brown, Dr Kathryn J
Requesting Location	(GSWHIT) Whitburn Health Centre
Report Identifier	JS011534C
Sample Date	22/12/2009 15:04:00

Chlamydia DNA detection	
Chlamydia trachomatis PCR :	Negative

Sample Comments

dr v sivashanmugarajan

Report Information

Requestor	Dewart, Dr P
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	MC520894X
Sample Date	21/01/2010 15:35:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	131	115 - 160	g/L		
Red cell count	**3.76**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	0.366	0.36 - 0.46	Ratio		
Mean cell volume	**97.4**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**34.9**	**27.0 - 32.0**	**pg**	**A**	
Mean cell Hb conc.	**35.8**	**28.0 - 35.0**	**g/dl**	**A**	
White cell count	**12.1**	**4.0 - 11.0**	**x10^9/l**	**R**	
Neutrophil Count	**8.50**	**1.8 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	2.80	1.2 - 4.0	x10 ^9/L		
Monocyte Count	0.60	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.10	0 - 0.5	x10 ^9/L		
Basophil Count	0.10	0 - 0.1	x10 ^9/L		
Platelet count	253	150 - 400	x10^9/l		

Sample Comments

dr v sivashanmugarajan

Report Information

Requestor	Dewart, Dr P
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH179138J
Sample Date	21/01/2010 15:37:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	11	10.5 - 13.5	s		
INR (Warfarin)	0.9				
APTT	31	26 - 36	s		
APTT Ratio	1.0	0.8 - 1.2			
Fibrinogen (Clauss)	3.6	1.5 - 4.0	g/l		
VTE Exclusion	40	0 - 230	ng/ml		

Sample Comments

t forrest 3778

Requestor Comments

chest pain

Report Information

Requestor	(Locum), Dr Ali Harmouche
Requesting Location	(SJH25PAA) PAA, SJH
Report Identifier	SH512692H
Sample Date	26/04/2013 13:35:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	146	115 - 160	g/L		
Red cell count	4.33	3.8 - 5.8	10 ^12/L		
Haematocrit	0.422	0.36 - 0.46	Ratio		
Mean cell volume	**98.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.7**	**27.0 - 32.0**	**pg**	**R**	
Mean cell Hb conc.	34.6	31.0 - 36.0	g/dl		
White cell count	8.8	4.0 - 11.0	10^9/l		
Neutrophil Count	4.73	2.0 - 7.5	10 ^9/L		
Lymphocyte Count	3.17	1.2 - 4.0	10 ^9/L		
Monocyte Count	0.51	0 - 0.8	10 ^9/L		
Eosinophil Count	0.28	0 - 0.5	10 ^9/L		
Basophil Count	0.09	0 - 0.1	10 ^9/L		
Platelet count	271	150 - 400	10 ^9/l		

Sample Comments

t forrest 3778

Requestor Comments

chest pain

Report Information

Requestor	(Locum), Dr Ali Harmouche
Requesting Location	(SJH25PAA) PAA, SJH
Report Identifier	SH512691Q
Sample Date	26/04/2013 13:35:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	79	40 - 125	U/L		

Sample Comments
t forrest 3778

Requestor Comments
chest pain

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.4	2.5 - 6.6	mmol/L		
Creatinine	**59**	**60 - 120**	**umol/L**	**R**	
Sodium	139	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5.0	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments
t forrest 3778

Requestor Comments
chest pain

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	1	0 - 5	mg/L		

Sample Comments
t forrest 3778

Requestor Comments
chest pain

Report Information

Requestor	(Locum), Dr Ali Harmouche
Requesting Location	(SJH25PAA) PAA, SJH
Report Identifier	SB800594J
Sample Date	26/04/2013 13:35:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
   Mixed organisms >10,000 - <100,000 cfu/ml
Probably contamination
Isolate(s) will be held for 7 days
Please consult microbiologist if advice is required

Please review sampling technique and refrigerate
samples or use red top boric acid containers if any
delay in transporting to the lab.
Only repeat if there are persistent symptoms of UTI
or if screening for bacteriuria in pregnancy.

Requestor Comments

pregnancy and pos dipstick. Rash and breathing difficulties
with Trimethoprim, penicillins, cefalexin, and some others.

Report Information

Requestor	Wilson, Dr Alice
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU312263J
Sample Date	13/10/2014 12:45:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
No significant bacteriuria

Requestor Comments

Pregnant - symptomatic of UTI, blood and protein on dipstick.

Report Information

Requestor	Holden, Dr Robert W
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU313574M
Sample Date	22/10/2014 12:11:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	121	115 - 160	g/L		
Red cell count	**3.41**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.326**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	96.0	78 - 96	fl		
Mean cell Hb.	**35.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**12.6**	**4.0 - 11.0**	**10^9/l**	**R**	
Neutrophil Count	**9.04**	**2.0 - 7.5**	**10 ^9/L**	**R**	
Lymphocyte Count	2.47	1.5 - 4.0	10 ^9/L		
Monocyte Count	**0.95**	**0 - 0.8**	**10 ^9/L**	**A**	
Eosinophil Count	0.09	0 - 0.5	10 ^9/L		
Basophil Count	0.03	0 - 0.1	10 ^9/L		
Platelet count	309	150 - 400	10 ^9/l		
Mean cell Hb conc.	**371**	**310 - 360**	**g/L**	**A**	

Requestor Comments

routine.

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SH756766J
Sample Date	24/10/2014 16:11:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	**9**	**10 - 50**	**U/L**	**R**	
Alk.Phos	81	40 - 125	U/L		

Requestor Comments
routine.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**2.2**	**2.5 - 6.6**	**mmol/L**	**R**	
Creatinine	**46**	**60 - 120**	**umol/L**	**R**	
Sodium	137	135 - 145	mmol/L		
Potassium	**3.5**	**3.6 - 5.0**	**mmol/L**	**R**	
TCO2	**20**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Requestor Comments
routine.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**92**	**0 - 5**	**mg/L**	**R**	

Requestor Comments
routine.

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SB337228K
Sample Date	24/10/2014 16:11:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
No growth

Requestor Comments

Health Centre Booking Sample

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU315101M
Sample Date	03/11/2014 13:42:00

Hep B surface Antigen

Description	Value	Range	Unit	Normalcy	Notes
Hep B surface Ag qualitative	0.16	0.00 - 0.89	S/CO		(ZARBSQ)

Test Comments

(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE
(ZARBSQ) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full Antenatal Screen

HIV antibody/antigen (Duo)

Description	Value	Range	Unit	Normalcy	Notes
HIV Ag/Ab COMBO:	0.20	0.00 - 0.89			(ZARHIC)

Test Comments

(ZARHIC) HIV Antigen/Antibody COMBO assay: NEGATIVE (Index <0.9)
(ZARHIC) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full Antenatal Screen

Rubella screening test

Description	Value	Range	Unit	Normalcy	Notes
CMIA for Rubella IgG Antibody:	217.8	10 - 999	IU/mL		(ZARRUG)

Test Comments

(ZARRUG) Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)
(ZARRUG) ---------- ---------- ---------- ---------- ----------
(ZARRUG) Rubella antibodies present
(ZARRUG) -------- --------- ---------- ---------- ---------

Requestor Comments

Full Antenatal Screen

Syphilis serology

Description	Value	Range	Unit	Normalcy	Notes
Anti-Treponemal IgG Antibody:	0.02	0.00 - 0.89			(ZARSYG)

Test Comments

(ZARSYG) Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(ZARSYG) (Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)
(ZARSYG) ---------- ---------- ---------- ---------- ----------
(ZARSYG)

Requestor Comments

Full Antenatal Screen

Report Information

Requestor Midwife
Requesting Location (GSBATX) Bathgate Primary Care Centre
Report Identifier MS326457H
Sample Date 03/11/2014 15:06:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	115	115 - 160	g/l		
Red cell count	**3.38**	**3.8 - 5.8**	**x10^12/l**	**R**	
Haematocrit	**0.356**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	**105**	**78 - 98**	**fl**	**R**	
Mean cell Hb.	**34.0**	**27.0 - 32.0**	**pg**	**R**	
Platelet count	358	150 - 400	x10^9/l		
Mean cell Hb conc.	323	310 - 360	g/L		
White cell count	**13.2**	**4 - 11**	**10^9/L**	**R**	
Neutrophil Count	**8.95**	**2 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	3.43	1.5 - 4	10^9/L		
Monocyte Count	0.67	0.2 - 0.8	10^9/L		
Eosinophil Count	0.16	0.04 - 0.4	10^9/L		
Basophil Count	0.03	0.01 - 0.1	10^9/L		

Haemoglobinopathy Screen Test

Comment:	Further tests not required
Family Origin Questionnaire	Yes
FOQ Risk Identification	No risk (FOQ pink box not ticked)

Set Comments

No evidence of thalassaemia.
Not tested for haemoglobin variants as mother and baby's father
from low risk area on family origin questionare.
Testing of baby's father NOT required.

Report Information

Requestor	Midwife
Requesting Location	(GSBATX) Bathgate Primary Care Centre
Report Identifier	HR970007C
Sample Date	03/11/2014 16:30:00

Antenatal screening

Description	Value	Range	Unit	Normalcy	Notes
gestation - days	3				
gestation - weeks	13	11 - 20			
trisomy 21 risk 1 in	100000	151 - 100001			
Trisomy 21 risk interpretation	Not increased				
maternal weight	53		kg		
Smoking Status	No				
Maternal age at EDD	32.64		yrs		
T21 age risk at term 1 in	668				
Family origin	Caucasian				
Crown rump length	74		mm		
Corrected free beta hcg MOM	0.59				
Corrected PAPPA MOM	1.08				
Nuchal Translucency	2.2		mm		
nuchal translucency MOM	1.14				

Report Information

Requestor	Midwife
Requesting Location	(GSBATX) Bathgate Primary Care Centre
Report Identifier	QC827967N
Sample Date	04/11/2014 12:18:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
No significant bacteriuria

Requestor Comments

loin pain - 14 weeks pregnant.

Report Information

Requestor	McNutt, Dr Andrew PW
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU316171D
Sample Date	11/11/2014 14:56:00

St Johns Micro Culture LTG

Set Comments

```
Micro,Culture & Sensitivities
Microscopy :
  No Leucocytes seen
Culture :
  No growth
  No Yeasts isolated
```

Sample Comments

```
54111..
```

Requestor Comments

```
Para 2 14+3 weeks, clear PV loss
```

Report Information

Requestor	given, Not
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	JG502954R
Sample Date	11/11/2014 22:13:00

St Johns Micro Culture LTG

Set Comments

```
Micro,Culture & Sensitivities
Microscopy :
  No Leucocytes seen
Culture :
  No significant growth
  No Yeasts isolated
```

Sample Comments

54111..

Requestor Comments

19+ weeks pregnant. ?SRM

Report Information

Requestor	given, Not
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	JG503365V
Sample Date	15/12/2014 00:47:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**105**	**115 - 160**	**g/L**	**A**	
Red cell count	**3.17**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.307**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.1**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**13.1**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**9.30**	**2.0 - 7.5**	**10 ^9/L**	**R**	
Lymphocyte Count	3.04	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.54	0 - 0.8	10 ^9/L		
Eosinophil Count	0.16	0 - 0.5	10 ^9/L		
Basophil Count	0.04	0 - 0.1	10 ^9/L		
Platelet count	283	150 - 400	10 ^9/l		
Mean cell Hb conc.	342	310 - 360	g/L		

Sample Comments

54125..

Requestor Comments

P2 19+2 SRM

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH783704C
Sample Date	15/12/2014 18:18:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	13	0 - 5	mg/L	R	

Sample Comments

54125..

Requestor Comments

P2 19+2 SRM

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB388016J
Sample Date	15/12/2014 18:18:00

St Johns Micro Culture LTG

Set Comments

```
Micro,Culture & Sensitivities
Microscopy :
  Moderate numbers of Leucocytes seen
Culture :
  No growth
  No Yeasts isolated
```

Sample Comments

54024..

Requestor Comments

?srm....

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	JG503416B
Sample Date	17/12/2014 12:46:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	8	0 - 5	mg/L	R	

Sample Comments

54024 svs2

Requestor Comments

p2+1 20 wks preg. srm

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SB392789D
Sample Date	19/12/2014 15:33:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**104**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.94**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.280**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	95.0	78 - 96	fl		
Mean cell Hb.	**35.4**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**13.7**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**10.00**	**2.0 - 7.5**	**10 ^9/L**	**R**	
Lymphocyte Count	2.85	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.62	0 - 0.8	10 ^9/L		
Eosinophil Count	0.15	0 - 0.5	10 ^9/L		
Basophil Count	0.03	0 - 0.1	10 ^9/L		
Platelet count	283	150 - 400	10 ^9/l		
Mean cell Hb conc.	**371**	**310 - 360**	**g/L**	**A**	

Sample Comments

54024 svs2

Requestor Comments

p2+1 20 wks preg. srm

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SH786248K
Sample Date	19/12/2014 15:33:00

St Johns Micro Urine Cult LTG

Set Comments

```
Urine Micro Culture & Sens
Culture :
  No growth
```

Sample Comments

```
54024..
```

Requestor Comments

```
p2+1 19w6d preg. ?uti
```

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	JU321302B
Sample Date	19/12/2014 15:34:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	119	115 - 160	g/L		
Red cell count	**3.34**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.323**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**35.6**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**13.1**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**10.19**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	2.20	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.54	0 - 0.8	10 ^9/L		
Eosinophil Count	0.11	0 - 0.5	10 ^9/L		
Basophil Count	0.03	0 - 0.1	10 ^9/L		
Platelet count	318	150 - 400	10 ^9/l		
Mean cell Hb conc.	**368**	**310 - 360**	**g/L**	**R**	

Sample Comments

54024 c.lourie

Requestor Comments

para 2+1. 20+6. PPSRM

Report Information

Requestor	given, Not
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	SH788906A
Sample Date	26/12/2014 12:38:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	4	0 - 5	mg/L		

Sample Comments

54024 c.lourie

Requestor Comments

para 2+1. 20+6. PPSRM

Report Information

Requestor	given, Not
Requesting Location	(SJH11) Ward 11, St John's Hospital
Report Identifier	SB397138F
Sample Date	26/12/2014 12:38:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**110**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.10**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.301**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**35.5**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**17.5**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**14.21**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	2.49	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.60	0 - 0.8	10 ^9/L		
Eosinophil Count	0.18	0 - 0.5	10 ^9/L		
Basophil Count	0.03	0 - 0.1	10 ^9/L		
Platelet count	288	150 - 400	10 ^9/l		
Mean cell Hb conc.	**365**	**310 - 360**	**g/L**	**R**	

Sample Comments

jmc 54024

Requestor Comments

DAU.....

Report Information

Requestor	given, Not
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	SH791421J
Sample Date	02/01/2015 12:16:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	14	0 - 5	mg/L	R	

Sample Comments

jmc 54024

Requestor Comments

DAU.....

Report Information

Requestor	given, Not
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	SB401304B
Sample Date	02/01/2015 12:16:00

St Johns Micro Culture LTG

Set Comments

Micro,Culture & Sensitivities
Microscopy :
  No Leucocytes seen
Culture :
  No significant growth
  No Yeasts isolated

Sample Comments

54024..

Requestor Comments

Para 2+1. 21.6 weeks. Raised WCC + CRP

Report Information

Requestor	given, Not
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	JG503586Q
Sample Date	02/01/2015 16:37:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
  No significant bacteriuria

Sample Comments

54024..

Requestor Comments

Para 2+1. 21.6 weeks. Raised WCC + CRP

Report Information

Requestor	given, Not
Requesting Location	(SJH10) Ward 10, St John's Hospital
Report Identifier	JU322591D
Sample Date	02/01/2015 16:37:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**105**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.97**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.289**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**35.4**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**13.3**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**10.32**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	2.22	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.62	0 - 0.8	10 ^9/L		
Eosinophil Count	0.15	0 - 0.5	10 ^9/L		
Basophil Count	0.03	0 - 0.1	10 ^9/L		
Platelet count	282	150 - 400	10 ^9/l		
Mean cell Hb conc.	**363**	**310 - 360**	**g/L**	**R**	

Sample Comments

54125 k bryson

Requestor Comments

PROM PRE TERM

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH791883A
Sample Date	04/01/2015 14:43:00

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	1.0	0.6 - 2.4	mmol/L		

Sample Comments
54125 k bryson

Requestor Comments
PROM PRE TERM

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB401884E
Sample Date	04/01/2015 14:43:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	14	0 - 5	mg/L	R	

Sample Comments
54125 k bryson

Requestor Comments
PROM PRE TERM

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB401883Q
Sample Date	04/01/2015 14:43:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	117	115 - 160	g/L		
Red cell count	**3.35**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.325**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**34.9**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**17.1**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**12.76**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	3.40	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.72	0 - 0.8	10 ^9/L		
Eosinophil Count	0.14	0 - 0.5	10 ^9/L		
Basophil Count	0.05	0 - 0.1	10 ^9/L		
Platelet count	324	150 - 400	10 ^9/l		
Mean cell Hb conc.	360	310 - 360	g/L		

Sample Comments

54125..

Requestor Comments

prom....

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH793390N
Sample Date	06/01/2015 16:45:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	7	0 - 5	mg/L	R	

Sample Comments

54125..

Requestor Comments

prom....

Report Information

Requestor	given, Not
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB404428Y
Sample Date	06/01/2015 16:45:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	4	0 - 5	mg/L		

Sample Comments

54024 c.lourie

Requestor Comments

para 2+1. 23+2. psrm.

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SB409581F
Sample Date	12/01/2015 11:28:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**111**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.38**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.328**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**32.8**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**18.2**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**14.11**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	2.87	1.5 - 4.0	10 ^9/L		
Monocyte Count	**0.98**	**0 - 0.8**	**10 ^9/L**	**A**	
Eosinophil Count	0.20	0 - 0.5	10 ^9/L		
Basophil Count	0.08	0 - 0.1	10 ^9/L		
Platelet count	311	150 - 400	10 ^9/l		
Mean cell Hb conc.	338	310 - 360	g/L		

Sample Comments

54024 c.lourie

Requestor Comments

para 2+1. 23+2. psrm.

Report Information

Requestor	given, Not
Requesting Location	(SJH10OP) Ward 10 OPD, St John's Hosp
Report Identifier	SH796247Z
Sample Date	12/01/2015 11:28:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**110**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.28**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.316**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	96.0	78 - 96	fl		
Mean cell Hb.	**33.5**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**27.4**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**23.06**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	3.10	1.5 - 4.0	10 ^9/L		
Monocyte Count	**1.05**	**0 - 0.8**	**10 ^9/L**	**A**	
Eosinophil Count	0.14	0 - 0.5	10 ^9/L		
Basophil Count	0.05	0 - 0.1	10 ^9/L		
Platelet count	297	150 - 400	10 ^9/l		
Mean cell Hb conc.	348	310 - 360	g/L		

Requestor Comments

query infection

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH797526E
Sample Date	13/01/2015 22:35:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**1.7**	**2.5 - 6.6**	**mmol/L**	**A**	
Creatinine	**45**	**60 - 120**	**umol/L**	**R**	
Sodium	136	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5.0	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

query infection

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB412178W
Sample Date	13/01/2015 22:35:00

St Johns Micro Culture LTG

Set Comments

```
Micro,Culture & Sensitivities
Microscopy :
  Large numbers of Leucocytes seen
Culture :
  No significant growth
  No Yeasts isolated
```

Requestor Comments

query infection

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	JG503707H
Sample Date	13/01/2015 22:39:00

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	12	0 - 5	mg/L	R	

Requestor Comments

query...

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB412199E
Sample Date	14/01/2015 02:36:00

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	0.7	0.6 - 2.4	mmol/L		

Sample Comments
cm97 54125

Requestor Comments
query infection

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB412200C
Sample Date	14/01/2015 02:38:00

St Johns BC LTG

Set Comments

Blood Culture

Both Blood cultures NEGATIVE after 2 days incubation
a further report will follow if growth occurs

Requestor Comments

septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	JB035827A
Sample Date	14/01/2015 10:39:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**101**	**115 - 160**	**g/L**	**A**	
Red cell count	**3.01**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.290**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	96.0	78 - 96	fl		
Mean cell Hb.	**33.6**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**42.1**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**38.73**	**2.0 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	2.53	1.2 - 4.0	x10 ^9/L		
Monocyte Count	**0.84**	**0 - 0.8**	**x10 ^9/L**	**R**	
Eosinophil Count	0.00	0 - 0.5	x10 ^9/L		
Basophil Count	0.00	0 - 0.1	x10 ^9/L		
Myelocytes	0.00	0 - 0	x10 ^9/L		
Promyelocytes	0.00	0 - 0	x10 ^9/L		
Blast Cells	0.00	0 - 0	x10 ^9/L		
NRBC/100 WBC	0				
Platelet count	330	150 - 400	10 ^9/l		
Mean cell Hb conc.	348	310 - 360	g/L		

Set Comments

Neutrophils increased, with right-shift and occasional hypersegmented form.

Requestor Comments

septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH797640C
Sample Date	14/01/2015 10:39:00

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	2.3	0.6 - 2.4	mmol/L		

Requestor Comments

septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB412312W
Sample Date	14/01/2015 10:39:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	**7**	**10 - 50**	**U/L**	**R**	
Alk.Phos	87	40 - 125	U/L		

Requestor Comments

septic..

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.5	2.5 - 6.6	mmol/L		
Creatinine	**49**	**60 - 120**	**umol/L**	**R**	
Sodium	140	135 - 145	mmol/L		
Potassium	4.7	3.6 - 5.0	mmol/L		
TCO2	**20**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Requestor Comments

septic..

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**42**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB412310E
Sample Date	14/01/2015 10:39:00

St Johns Micro Urine Cult LTG

Set Comments

```
Urine Micro Culture & Sens
Culture :
  No growth
```

Sample Comments

```
E Lawson 54125
```

Requestor Comments

```
Para 2+ 1@ 23.4.
```

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	JU324132Y
Sample Date	14/01/2015 15:03:00

Serum gentamicin level

Gentamicin	<0.5	(BGEN)
Specimen Type	Peak	

Test Comments

(BGEN) For once daily dosing use the GGC NOMOGRAM
(BGEN) (sample 6-14 hours after dose). Adjust interval as
(BGEN) indicated on the nomogram.
(BGEN) Patients with a creatinine clearance of <21ml/minute
(BGEN) consider using an alternative drug, however, if
(BGEN) gentamicin is used NO further gentamicin can be given
(BGEN) until a trough of <1mg/L is obtained.
(BGEN) Using for synergy with a beta-lactam (i.e. treatment of
(BGEN) streptococcal/enterococcal endocarditis with penicillin
(BGEN) and gentamicin) aim for a trough of < 1 mg/L and a
(BGEN) peak of between 3 and 5 mg/L.
(BGEN) Patients on other regimens refer to local protocols
(BGEN) for levels.

Sample Comments

mary hearse

Requestor Comments

post dose levels

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB413626M
Sample Date	14/01/2015 22:57:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**74**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.17**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.208**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	96.0	78 - 96	fl		
Mean cell Hb.	**34.1**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**26.1**	**4.0 - 11.0**	**x10^9/l**	**A**	
Neutrophil Count	**20.62**	**2.0 - 7.5**	**x10 ^9/L**	**R**	
Lymphocyte Count	**4.96**	**1.2 - 4.0**	**x10 ^9/L**	**R**	
Monocyte Count	0.26	0 - 0.8	x10 ^9/L		
Eosinophil Count	0.00	0 - 0.5	x10 ^9/L		
Basophil Count	0.00	0 - 0.1	x10 ^9/L		
Myelocytes	**0.26**	**0 - 0**	**x10 ^9/L**	**R**	
Promyelocytes	0.00	0 - 0	x10 ^9/L		
Blast Cells	0.00	0 - 0	x10 ^9/L		
NRBC/100 WBC	0				
Platelet count	232	150 - 400	10 ^9/l		
Reticulocyte Count	48	10 - 100	10 ^9/L		
Mean cell Hb conc.	356	310 - 360	g/L		

Set Comments
Note drop in Hb. Neutrophils increased and show toxic granulation.
Lymphocytes increased.

Sample Comments
mary hearse

Requestor Comments
septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH798211N
Sample Date	15/01/2015 06:33:00

Plasma lactate level

Description	Value	Range	Unit	Normalcy	Notes
Lactate	0.9	0.6 - 2.4	mmol/L		

Sample Comments

mary hearse

Requestor Comments

septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB413663Q
Sample Date	15/01/2015 06:33:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	**6**	**10 - 50**	**U/L**	**R**	
Alk.Phos	71	40 - 125	U/L		

Sample Comments
mary hearse

Requestor Comments
septic..

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**1.3**	**2.5 - 6.6**	**mmol/L**	**A**	
Creatinine	**43**	**60 - 120**	**umol/L**	**R**	
Sodium	139	135 - 145	mmol/L		
Potassium	3.8	3.6 - 5.0	mmol/L		
TCO2	**21**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Sample Comments
mary hearse

Requestor Comments
septic..

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**59**	**0 - 5**	**mg/L**	**R**	

Sample Comments
mary hearse

Requestor Comments
septic..

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB413662N
Sample Date	15/01/2015 06:33:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Anticardiolipin IgG	1.4	0 - 13.3	GPL		
Anticardiolipin IgM	0.8	0 - 9.8	MPLU/ML		
ATIII Activity	1.13	0.80 - 1.20	iu/ml		
Prothrombin 20210 G to A	Homozygous negative				
Factor V (Leiden)	Homozygous negative				
Free Protein S Immune	0.69	0.54 - 1.23	u/ml		
Protein C Activity	1.13	0.67 - 1.38	iu/ml		
Lupus Screening Test	Negative				

Requestor Comments

IUD @ 23 wks

Report Information

Requestor	STJ, Consultant Haematologist,
Requesting Location	(SJHHAEM) Haematology OPD, St John's
Report Identifier	HN596310M
Sample Date	15/01/2015 15:05:00

CMV antibody level

Description	Value	Range	Unit	Normalcy	Notes
CMV IgG Antibody :	250	0.0 - 5.9	AU/mL	T	(ZARCMG)

Test Comments

(ZARCMG) CMV IgG Antibody : POSITIVE (>5.9 AU/mL)
(ZARCMG) ---------- ---------- ---------- ---------- ----------

Sample Comments

54125..

Requestor Comments

P2 SRM at 17/40, SVD at 23+. No signs of life

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	MS342715Z
Sample Date	15/01/2015 15:05:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.7		mmol/L		
Spec type Rand/Fast	Unknown				

Sample Comments
54125..

Requestor Comments
P2 SRM at 17/40, SVD at 23+. No signs of life

HbA1c level (DCCT aligned)

Description	Value	Range	Unit	Normalcy	Notes
HbA1c (IFCC)	33	20 - 42	mmol/mol		

Sample Comments
54125..

Requestor Comments
P2 SRM at 17/40, SVD at 23+. No signs of life

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB414502Y
Sample Date	15/01/2015 15:05:00

Coagulation/bleeding test

Description	Value	Range	Unit	Normalcy	Notes
Prothrombin Time	12	10.5 - 13.5	s		
INR (Warfarin)	1.0	0.8 - 1			
APTT	30	26 - 36	s		
APTT Ratio	1.0	0.8 - 1.2			
Fibrinogen (Clauss)	**4.9**	**1.5 - 4.0**	**g/l**		**R**

Sample Comments

54125..

Requestor Comments

P2 SRM at 17/40, SVD at 23+. No signs of life

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH798651N
Sample Date	15/01/2015 15:05:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	88	40 - 125	U/L		

Sample Comments
54125..

Requestor Comments
P2 SRM at 17/40, SVD at 23+. No signs of life

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**1.4**	**2.5 - 6.6**	**mmol/L**	**R**	
Creatinine	**48**	**60 - 120**	**umol/L**	**R**	
Sodium	142	135 - 145	mmol/L		
Potassium	4.0	3.6 - 5.0	mmol/L		
TCO2	**21**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Sample Comments
54125..

Requestor Comments
P2 SRM at 17/40, SVD at 23+. No signs of life

Serum urate level

Description	Value	Range	Unit	Normalcy	Notes
Urate	0.26	0.12 - 0.36	mmol/L		

Sample Comments
54125..

Requestor Comments
P2 SRM at 17/40, SVD at 23+. No signs of life

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SB414500Q
Sample Date	15/01/2015 15:05:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**77**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.33**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.228**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**98.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**33.0**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**27.4**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**20.49**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	**5.19**	**1.5 - 4.0**	**10 ^9/L**	**A**	
Monocyte Count	**1.46**	**0 - 0.8**	**10 ^9/L**	**A**	
Eosinophil Count	0.20	0 - 0.5	10 ^9/L		
Basophil Count	0.06	0 - 0.1	10 ^9/L		
Platelet count	294	150 - 400	10 ^9/l		
Mean cell Hb conc.	338	310 - 360	g/L		

Sample Comments

54125..

Requestor Comments

P2 SRM at 17/40, SVD at 23+. No signs of life

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	SH798654Y
Sample Date	15/01/2015 15:05:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	3	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	82	40 - 125	U/L		
GGT	9	5 - 35	U/L		

Requestor Comments

23 weeks gest

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**1.7**	**2.5 - 6.6**	**mmol/L**	**A**	
Creatinine	**43**	**60 - 120**	**umol/L**	**R**	
Sodium	139	135 - 145	mmol/L		
Potassium	3.9	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

23 weeks gest

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**42**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

23 weeks gest

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB416566F
Sample Date	17/01/2015 16:01:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**79**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.41**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.233**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**32.8**	**27.0 - 32.0**	**pg**	**R**	
White cell count	**18.4**	**4.0 - 11.0**	**10^9/l**	**A**	
Neutrophil Count	**14.88**	**2.0 - 7.5**	**10 ^9/L**	**A**	
Lymphocyte Count	2.39	1.5 - 4.0	10 ^9/L		
Monocyte Count	**0.83**	**0 - 0.8**	**10 ^9/L**	**A**	
Eosinophil Count	0.25	0 - 0.5	10 ^9/L		
Basophil Count	0.06	0 - 0.1	10 ^9/L		
Platelet count	372	150 - 400	10 ^9/l		
Mean cell Hb conc.	339	310 - 360	g/L		

Requestor Comments

17 weeks gest

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH856480H
Sample Date	17/01/2015 16:03:00

St Johns Micro Culture LTG

Set Comments

Micro,Culture & Sensitivities
  Small numbers of Yeasts isolated
  B-haemolytic streptococci of groups A,C and G NOT isolated

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JG239112D
Sample Date	18/01/2015 13:17:00

Report

Clinical Summary

This is the third pregnancy of Tracey Stewart, date of birth 17.09.82. Previous livebirths by emergency section at 42 weeks in 2000 and 38 weeks in 2008. This current pregnancy was booked with an LMP of 01.07.14 giving an EDD of 01.05.15. SRM at 17 weeks gestation, delivery at 23 weeks.

Specimen

Placenta.

Macroscopy

The specimen received is a fragmented placenta which may not be complete along with a 26 cm length of cord with seven coils. One false knot is noted. We cannot comment on insertion as the cord is detached from the placenta. It measures 1.5 cm in cross section. The trimmed fixed weight of the placenta is 78 g and it measures 5 x 4 x 1 cm. Random sections taken.

Specimen trimmed by: Dr M J Evans.

Microscopy

Histologcial sections of umbilical cord confirm the presence of three vessels. There is a vasculitis and funisitis, this effects two vessels and is noted in both levels of cord sampled. Sections of the extraplacental membranes show an appropriate structure of the amnion with a subacute chorioamnionitis. In some areas, the amnion shows quite marked reactive change with heaping squamous metaplasia and columnar metaplasia. Sections of the placenta show premature villi with widespread dystrophic calcification and perivillous fibrin deposition suggestive of intrauterine death prior to the onset of labour. Along the fetal surface, there is evidence of an acute chorioamnionitis though this is very patchy in nature. It does not breach the chorion. Widespread intravillous trophoblast inclusions are noted, these are seen more frequently in cases of chromosomal aneuploidy, is there any history of this?

Placenta - Delivery at 17 weeks gestation, vasculitis and funisitis. No acute chorioamnionitis. Intravillous trophoblast inclusions identified.

Test Comments

(RPT)	Pathologists :
(RPT)	Paediatric Pathology Team
(RPT)	Dr Margaret J Evans

Sample Comments

Suffix Placenta

Report Information

Requestor	Cooper, Dr TK
Requesting Location	(SJHLW) Labour Ward, St John's Hosp.
Report Identifier	UB001451K/15
Sample Date	23/01/2015 09:16:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	**7.3**	**10 - 28**	**umol/L**	**R**	
Transferrin	2.29	2.0 - 4.0	g/L		
Ferritin	49	15 - 200	ug/L		
Transferrin Sat	12		%		

Requestor Comments

post natal, still bleeding.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	5	3 - 21	umol/L		
ALT	**<6**	**10 - 50**	**U/L**	**R**	
Alk.Phos	80	40 - 125	U/L		
GGT	13	5 - 35	U/L		

Requestor Comments

post natal, still bleeding.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**2.4**	**2.5 - 6.6**	**mmol/L**	**R**	
Creatinine	**46**	**60 - 120**	**umol/L**	**R**	
Sodium	135	135 - 145	mmol/L		
Potassium	4.1	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

post natal, still bleeding.

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB429634M
Sample Date	29/01/2015 14:34:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**85**	**115 - 160**	**g/L**	**A**	
Red cell count	**2.43**	**3.8 - 5.8**	**10 ^12/L**	**A**	
Haematocrit	**0.236**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	**97.0**	**78 - 96**	**fl**	**R**	
Mean cell Hb.	**35.0**	**27.0 - 32.0**	**pg**	**A**	
White cell count	**11.8**	**4.0 - 11.0**	**10^9/l**	**R**	
Neutrophil Count	**8.01**	**2.0 - 7.5**	**10 ^9/L**	**R**	
Lymphocyte Count	2.83	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.66	0 - 0.8	10 ^9/L		
Eosinophil Count	0.20	0 - 0.5	10 ^9/L		
Basophil Count	0.05	0 - 0.1	10 ^9/L		
Platelet count	**413**	**150 - 400**	**10 ^9/l**	**R**	
Mean cell Hb conc.	360	310 - 360	g/L		

Requestor Comments

post natal, still bleeding.

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH858846W
Sample Date	29/01/2015 14:34:00

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.80	0.2 - 4.5	mU/L		
Free T4	12	9 - 21	pmol/L		

Requestor Comments
Query Hypothyroid
TATT - 4 months post still birth with massive blood loss.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	83	40 - 125	U/L		
GGT	11	5 - 35	U/L		

Requestor Comments
Query Hypothyroid
TATT - 4 months post still birth with massive blood loss.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.6	2.5 - 6.6	mmol/L		
Creatinine	**54**	**60 - 120**	**umol/L**	**R**	
Sodium	138	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments
Query Hypothyroid
TATT - 4 months post still birth with massive blood loss.

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Vitamin B12	252	180 - 2000	ng/L		
Serum Folate	**<1.5**	**2.8 - 20**	**ug/L**	**R**	
Iron	**3.5**	**10 - 28**	**umol/l**	**A**	
Transferrin	3.06	2.0 - 4.0	g/L		
Transferrin Sat	**4**		**%**	**A**	

Requestor Comments
Query Hypothyroid
TATT - 4 months post still birth with massive blood loss.

Report Information

Requestor	REG), Dr Joanna R Norwood (GP
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB539822N
Sample Date	21/05/2015 11:03:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	119	115 - 160	g/L		
Red cell count	4.31	3.8 - 5.8	10 ^12/L		
Haematocrit	**0.365**	**0.37 - 0.47**	**Ratio**	**R**	
Mean cell volume	85.0	78 - 98	fl		
Mean cell Hb.	27.6	27.0 - 32.0	pg		
White cell count	9.6	4.0 - 11.0	10^9/l		
Neutrophil Count	6.18	2.0 - 7.5	10 ^9/L		
Lymphocyte Count	2.66	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.56	0 - 0.8	10 ^9/L		
Eosinophil Count	0.17	0 - 0.5	10 ^9/L		
Basophil Count	0.05	0 - 0.1	10 ^9/L		
Platelet count	210	150 - 400	10 ^9/l		
Mean cell Hb conc.	326	310 - 360	g/L		

Requestor Comments

TATT - 4 months post still birth with massive blood loss.

Report Information

Requestor	REG), Dr Joanna R Norwood (GP
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH886232R
Sample Date	21/05/2015 11:03:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.5		mmol/L		
Spec type Rand/Fast	Rand(<11)				

Requestor Comments

TATT - 4 months post still birth with massive blood loss.

Report Information

Requestor	REG), Dr Joanna R Norwood (GP
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB539807Y
Sample Date	21/05/2015 11:03:00

Serum Protein EPH / IGs

Description	Value	Range	Unit	Normalcy	Notes
IgA	1.23	0.8 - 4.5	g/L		

Requestor Comments

Coeliac ?
Dizzy spells

WGH GI Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
Anti-tTG IgA (DS2)	0.13	0.1 - 5.0	U/mL		

Requestor Comments

Coeliac ?
Dizzy spells

Report Information

Requestor	Heath, Dr Lorna
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	QB164035Z
Sample Date	29/07/2015 11:31:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.8		mmol/L		
Spec type Rand/Fast	Rand(<11)				

Requestor Comments

dizziness.

Report Information

Requestor	Heath, Dr Lorna
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB607718H
Sample Date	29/07/2015 11:31:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	131	115 - 160	g/L		
Red cell count	4.46	3.8 - 5.8	10 ^12/L		
Haematocrit	0.394	0.37 - 0.47	Ratio		
Mean cell volume	88.0	78 - 98	fl		
Mean cell Hb.	29.4	27.0 - 32.0	pg		
White cell count	**12.5**	**4.0 - 11.0**	**10^9/l**	**R**	
Neutrophil Count	**7.75**	**2.0 - 7.5**	**10 ^9/L**	**R**	
Lymphocyte Count	3.81	1.5 - 4.0	10 ^9/L		
Monocyte Count	0.61	0.2 - 0.8	10 ^9/L		
Eosinophil Count	0.31	0.04 - 0.4	10 ^9/L		
Basophil Count	0.05	0.01 - 0.1	10 ^9/L		
Platelet count	267	150 - 400	10 ^9/l		
Mean cell Hb conc.	332	310 - 360	g/L		

Requestor Comments

dizziness.

Report Information

Requestor	Heath, Dr Lorna
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH030265T
Sample Date	29/07/2015 11:31:00

ESC Sendaway Tests	
Coeliac screen	Send away test - WGH Biochemistry

Requestor Comments
Suspected Coeliac Patient
dizziness.

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Iron	10.0	10 - 28	umol/l		
Transferrin	2.78	2.0 - 4.0	g/L		
Ferritin	23	15 - 200	ug/L		
Vitamin B12	264	180 - 2000	ng/L		
Serum Folate	16.7	2.8 - 20	ug/L		
Transferrin Sat	14		%		

Requestor Comments
Suspected Coeliac Patient
dizziness.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	6	3 - 21	umol/L		
ALT	**9**	**10 - 50**	**U/L**	**R**	
Alk.Phos	65	40 - 125	U/L		
GGT	16	5 - 35	U/L		

Requestor Comments
Suspected Coeliac Patient
dizziness.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.7	2.5 - 6.6	mmol/L		
Creatinine	**59**	**60 - 120**	**umol/L**	**R**	
Sodium	142	135 - 145	mmol/L		
Potassium	4.0	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments
Suspected Coeliac Patient
dizziness.

Report Information

Requestor	Heath, Dr Lorna
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB607670B
Sample Date	29/07/2015 11:31:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
  Escherichia coli greater than 100,000 cfu/ml
   Resistant : Gentamicin,Trimethoprim.
   Sensitive : Amoxicillin,Nitrofurantoin.

Nitrofurantoin is recommended for treatment of cystitis
but is not appropriate for systemic infection.

Requestor Comments

?UTI - nitrites++, blo+ pro+ leuks+.

Report Information

Requestor	REG), Dr Joanna R Norwood (GP
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU359151X
Sample Date	26/10/2015 09:55:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
No significant bacteriuria

Requestor Comments

dysuria/frequency, Rt renal angle pain, prone to UTIs but urine clear.

Report Information

Requestor	Reg), Dr Claire H Smith (GP
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU379411B
Sample Date	05/04/2016 14:12:00

Hep B surface Antigen

Description	Value	Range	Unit	Normalcy	Notes
Hep B surface Ag qualitative	0.17	0.00 - 0.89	S/CO		(ZARBSQ)

Test Comments

(ZARBSQ) Hepatitis B surface Antigen : NEGATIVE
(ZARBSQ) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full Antenatal Screen

HIV antibody/antigen (Duo)

Description	Value	Range	Unit	Normalcy	Notes
HIV Ag/Ab COMBO:	0.18	0.00 - 0.85			(ZARHIC)

Test Comments

(ZARHIC) HIV Antigen/Antibody COMBO assay:NEGATIVE (Index <0.85)
(ZARHIC) ---------- ---------- ---------- ---------- ----------

Requestor Comments

Full Antenatal Screen

Rubella screening test

Description	Value	Range	Unit	Normalcy	Notes
CMIA for Rubella IgG Antibody:	364.2	10 - 999	IU/mL		(ZARRUG)

Test Comments

(ZARRUG) Rubella IgG Antibody : POSITIVE (>9.9 IU/mL)
(ZARRUG) ---------- ---------- ---------- ---------- ----------
(ZARRUG) Rubella antibodies present
(ZARRUG) -------- --------- ---------- ---------- ---------

Requestor Comments

Full Antenatal Screen

Syphilis serology

Description	Value	Range	Unit	Normalcy	Notes
Anti-Treponemal IgG Antibody:	0.11	0.00 - 0.89			(ZARSYG)

Test Comments

(ZARSYG) Anti-Treponemal IgG antibody: NEGATIVE (Index <0.9)
(ZARSYG) (Negative <0.9, Equivocal 0.9-1.1, Positive >1.1)
(ZARSYG) ---------- ---------- ---------- ---------- ----------
(ZARSYG)

Requestor Comments

Full Antenatal Screen

Report Information

Requestor Midwives, Community
Requesting Location (GSBATX) Bathgate Primary Care Centre
Report Identifier MS483728F
Sample Date 17/05/2016 09:44:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	132	115 - 160	g/l		
Red cell count	4.21	3.8 - 5.8	x10^12/l		
Haematocrit	**0.368**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	87	78 - 98	fl		
Mean cell Hb.	31.4	27.0 - 32.0	pg		
White cell count	**14.2**	**4.0 - 11.0**	**x10^9/l**	**R**	
Neutrophil Count	**10.62**	**2.0 - 7.5**	**x10^9/l**	**R**	
Lymphocyte Count	2.80	1.5 - 4.0	x10^9/l		
Monocyte Count	0.68	0.2 - 0.8	x10^9/l		
Eosinophil Count	0.05	0.04 - 0.4	x10^9/l		
Basophil Count	0.06	0.01 - 0.1	x10^9/l		
Platelet count	303	150 - 400	x10^9/l		
Mean cell Hb conc.	359	310 - 360	g/L		

Haemoglobinopathy Screen Test

Comment:	Further tests not required
Family Origin Questionnaire	Yes
FOQ Risk Identification	No risk (FOQ pink box not ticked)

Set Comments

```
No evidence of thalassaemia.
Not tested for haemoglobin variants as mother and baby's father
from low risk area on family origin questionare.
Testing of baby's father NOT required.
```

Report Information

Requestor	Midwives, Community
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	HR986426G
Sample Date	17/05/2016 12:40:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	5.5		mmol/L		
Spec type Rand/Fast	Rand(<11)				

Requestor Comments

10 weeks gest

Report Information

Requestor	Midwives, Community
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB888473V
Sample Date	17/05/2016 12:40:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	**8**	**10 - 50**	**U/L**	**R**	
Alk.Phos	60	40 - 125	U/L		
GGT	14	5 - 35	U/L		

Requestor Comments

10 weeks gest

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.7	2.5 - 6.6	mmol/L		
Creatinine	**48**	**50 - 98**	**umol/L**	**R**	
Sodium	139	135 - 145	mmol/L		
Potassium	3.9	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

10 weeks gest

Report Information

Requestor	Midwives, Community
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB888472J
Sample Date	17/05/2016 12:40:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
   Mixed organisms >10,000 - <100,000 cfu/ml
Probably contamination
Isolate(s) will be held for 7 days
Please consult microbiologist if advice is required

Please review sampling technique and refrigerate
samples or use red top boric acid containers if any
delay in transporting to the lab.
Only repeat if there are persistent symptoms of UTI
or if screening for bacteriuria in pregnancy.

Requestor Comments

Health Centre Booking Sample

Report Information

Requestor	Midwife
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU384809M
Sample Date	17/05/2016 16:12:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
No significant bacteriuria

Report Information

Requestor	Hay, Dr Deirdre J
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU385063Z
Sample Date	19/05/2016 10:07:00

Antenatal screening

Description	Value	Range	Unit	Normalcy	Notes
gestation - days	1				
gestation - weeks	13	11 - 20			
trisomy 21 risk 1 in	2472	151 - 100001			
Trisomy 21 risk interpretation	Not increased				
maternal weight	51		kg		
Smoking Status	Yes				
Maternal age at EDD	34.22		yrs		
T21 age risk at term 1 in	501				
Family origin	Caucasian				
Crown rump length	69		mm		
Nuchal Translucency	1.9		mm		
nuchal translucency MOM	1.02				

Set Comments

```
Twin pregnancy
Reported combined chance of Down's Syndrome at term
has been calculated using maternal age at EDD and
nuchal translucency alone.
```

Report Information

Requestor	Given, Cons Not
Requesting Location	(GSSIMM) Midwives, Bathgate (Simpson)
Report Identifier	QC205412B
Sample Date	02/06/2016 11:38:00

Antenatal screening

Description	Value	Range	Unit	Normalcy	Notes
gestation - days	0				
gestation - weeks	13	11 - 20			
trisomy 21 risk 1 in	3033	151 - 100001			
Trisomy 21 risk interpretation	Not increased				
maternal weight	51		kg		
Smoking Status	Yes				
Maternal age at EDD	34.23		yrs		
T21 age risk at term 1 in	501				
Family origin	Caucasian				
Crown rump length	67		mm		
Nuchal Translucency	1.7		mm		
nuchal translucency MOM	0.93				

Set Comments

```
Twin pregnancy
Reported combined chance of Down's Syndrome at term
has been calculated using maternal age at EDD and
nuchal translucency alone.
```

Report Information

Requestor	Given, Cons Not
Requesting Location	(GSSIMM) Midwives, Bathgate (Simpson)
Report Identifier	QC205413R
Sample Date	02/06/2016 11:41:00

Urine culture RIE

Set Comments

```
Urine culture
  Mixed organisms greater than 100,000 cfu/ml
Probably contamination
Isolate(s) will be held for 7 days
Please consult microbiologist if advice is required

Please review sampling technique and refrigerate
samples or use red top boric acid containers if any
delay in transporting to the lab.
Only repeat if there are persistent symptoms of UTI
or if screening for bacteriuria in pregnancy.
```

Report Information

Requestor	Given, Cons Not
Requesting Location	(GSSIMM) Midwives, Bathgate (Simpson)
Report Identifier	MU601640M
Sample Date	22/06/2016 14:30:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose	4.7		mmol/L		

Sample Comments

22546..

Requestor Comments

an.....

Report Information

Requestor	Cooper, Dr E S
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	HB234596E
Sample Date	12/09/2016 10:20:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	117	115 - 160	g/L		
Red cell count	**3.70**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	**0.333**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	90	78 - 98	fL		
Mean Cell Hb	31.6	27.0 - 32.0	pg		
White cell count	**18.6**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**14.61**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	2.91	1.5 - 4.0	10^9/L		
Monocyte Count	**0.90**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.11	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	246	150 - 400	10^9/L		
Mean cell Hb conc.	351	310 - 360	g/L		

Sample Comments

22546..

Requestor Comments

an.....

Report Information

Requestor	Cooper, Dr E S
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	HR303695V
Sample Date	12/09/2016 10:20:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	**6**	**10 - 50**	**U/L**	**R**	
Alk.Phos	**227**	**40 - 125**	**U/L**	**R**	

Sample Comments
22546..

Requestor Comments
an.....

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	**1.6**	**2.5 - 6.6**	**mmol/L**	**R**	
Creatinine	**49**	**50 - 98**	**umol/L**	**R**	
Sodium	137	135 - 145	mmol/L		
Potassium	4.6	3.6 - 5	mmol/L		
TCO2	23	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Sample Comments
22546..

Requestor Comments
an.....

Report Information

Requestor	Cooper, Dr E S
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	HB251334K
Sample Date	10/10/2016 10:57:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	122	115 - 160	g/L		
Red cell count	3.94	3.8 - 5.8	10^12/L		
Haematocrit	**0.363**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	92	78 - 98	fL		
Mean Cell Hb	31.0	27.0 - 32.0	pg		
White cell count	**13.9**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**10.79**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	2.13	1.5 - 4.0	10^9/L		
Monocyte Count	0.64	0.2 - 0.8	10^9/L		
Eosinophil Count	0.21	0.04 - 0.4	10^9/L		
Basophil Count	0.08	0.01 - 0.1	10^9/L		
Platelet count	203	150 - 400	10^9/L		
Mean cell Hb conc.	336	310 - 360	g/L		

Sample Comments

22546..

Requestor Comments

an.....

Report Information

Requestor	Cooper, Dr E S
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	HR333162X
Sample Date	10/10/2016 10:57:00

Urine culture RIE

Set Comments

```
Urine culture
  No significant growth
```

Sample Comments

```
gill ferguson 22656
```

Requestor Comments

```
+ protien
```

Report Information

Requestor	given, Not
Requesting Location	(RIEOOBS) RIE Obstetric Outpatients
Report Identifier	MU658965T
Sample Date	17/10/2016 13:31:00

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	7	3 - 21	umol/L		
ALT	**<6**	**10 - 50**	**U/L**	**R**	
Alk.Phos	**228**	**40 - 125**	**U/L**	**R**	

Sample Comments
labour ward

Requestor Comments
pre-clerking LUSCS bloods

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	4.0	2.5 - 6.6	mmol/L		
Creatinine	51	50 - 98	umol/L		
Sodium	136	135 - 145	mmol/L		
Potassium	4.7	3.6 - 5.0	mmol/L		
TCO2	**21**	**22 - 30**	**mmol/L**	**R**	
eGFR (/1.73m2)	>60				

Sample Comments
labour ward

Requestor Comments
pre-clerking LUSCS bloods

Serum urate level

Description	Value	Range	Unit	Normalcy	Notes
Urate	0.34	0.12 - 0.36	mmol/L		

Sample Comments
labour ward

Requestor Comments
pre-clerking LUSCS bloods

Report Information

Requestor	Cowan, Dr Shona
Requesting Location	(RIEDS1) RIE Labour Suite
Report Identifier	HB259859W
Sample Date	24/10/2016 12:45:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	116	115 - 160	g/L		
Red cell count	3.81	3.8 - 5.8	10^12/L		
Haematocrit	**0.345**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	91	78 - 98	fL		
Mean Cell Hb	30.4	27.0 - 32.0	pg		
White cell count	**16.3**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**12.37**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	2.88	1.5 - 4.0	10^9/L		
Monocyte Count	**0.83**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.17	0.04 - 0.4	10^9/L		
Basophil Count	0.07	0.01 - 0.1	10^9/L		
Platelet count	184	150 - 400	10^9/L		
Mean cell Hb conc.	336	310 - 360	g/L		

Sample Comments

labour ward

Requestor Comments

pre-clerking LUSCS bloods

Report Information

Requestor	Cowan, Dr Shona
Requesting Location	(RIEDS1) RIE Labour Suite
Report Identifier	HR349352W
Sample Date	24/10/2016 12:45:00

Report

Clinical Summary

This is the third pregnancy of Tracey Stewart, date of birth 17.09.82. Previous livebirth at term in 2000 and 2008. This current pregnancy was booked with an EDD of 07.12.16. She delivered at 33+6 weeks gestation on 25.10.16. Known DCDA twins. I note growth is less than 5th centile - not unusual in a twin pregnancy. Weights twin 1 1390 g, twin 2 1245 g. No recorded intrauterine growth restriction.

Specimen

Placenta.

Macroscopy

Intervening membranes only taken. The specimen received is a dichorionic diamniotic placenta.

Microscopy

Histological sections of intervening membranes confirm dichorionic diamniotic placentation.
If there is good clinical indication as to why this should be examined histopathologically, please contact the reporting Consultant or secretary Kerrie Beveridge on email - kerrie.beveridge@nhs.net
This placenta will be discarded one month from the date of issue of this report.

Test Comments

(RPT)	Pathologists :
(RPT)	Paediatric Pathology Team
(RPT)	Dr Margaret J Evans

Report Information

Requestor	Fankam, Dr Elisa F.
Requesting Location	(RIE119) RIE Ward 119 Postnatal Ward
Report Identifier	UB023224T/16
Sample Date	25/10/2016 09:13:00

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	2.9	2.5 - 6.6	mmol/L		
Creatinine	57	50 - 98	umol/L		
Sodium	137	135 - 145	mmol/L		
Potassium	4.5	3.6 - 5	mmol/L		
TCO2	22	22 - 30	mmol/L		
eGFR (/1.73m2)	>60				

Requestor Comments

pain in postnatal period

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	**126**	**0 - 5**	**mg/L**	**R**	

Requestor Comments

pain in postnatal period

Report Information

Requestor	Cowan, Dr Shona
Requesting Location	(RIE119) RIE Ward 119 Postnatal Ward
Report Identifier	HB260874G
Sample Date	26/10/2016 07:50:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	**111**	**115 - 160**	**g/L**	**R**	
Red cell count	**3.61**	**3.8 - 5.8**	**10^12/L**	**R**	
Haematocrit	**0.322**	**0.37 - 0.47**	**ratio**	**R**	
Mean cell volume	89	78 - 98	fL		
Mean Cell Hb	30.7	27.0 - 32.0	pg		
White cell count	**16.7**	**4.0 - 11.0**	**10^9/L**	**R**	
Neutrophil Count	**12.03**	**2.0 - 7.5**	**10^9/L**	**R**	
Lymphocyte Count	3.44	1.5 - 4.0	10^9/L		
Monocyte Count	**0.82**	**0.2 - 0.8**	**10^9/L**	**R**	
Eosinophil Count	0.30	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	184	150 - 400	10^9/L		
Mean cell Hb conc.	345	310 - 360	g/L		

Requestor Comments

pain in postnatal period

Report Information

Requestor	Cowan, Dr Shona
Requesting Location	(RIE119) RIE Ward 119 Postnatal Ward
Report Identifier	HR352387H
Sample Date	26/10/2016 07:50:00

Report

Clinical Summary

Tubal sterilisation at caesarean section.

Specimen

1. Right fallopian tube
2. Left fallopian tube

Macroscopy

1. Received is a 10 mm section of fallopian tube. The serosal surface is congested.
Serially sectioned and all taken in one cassette.

2. Received is a 15 mm section of fallopian tube. The serosal surface is congested. Serially sectioned and all taken in one cassette.

Specimen trimmed by: Dr Alice Hardwick

Microscopy

1&2. Histological sections show unremarkable fallopian tube tissue. There is focal decidualisation of the stroma in keeping with pregnancy.

Right and left fallopian tube tissue - Within normal histological limits

Test Comments

(RPT) Pathologists :
(RPT) Gynae Pathology Team
(RPT) Dr Anca Oniscu

Report Information

Requestor	Fankam, Dr Elisa F.
Requesting Location	(RIE119) RIE Ward 119 Postnatal Ward
Report Identifier	UB023241E/16
Sample Date	26/10/2016 11:50:00

St Johns Micro Urine Cult LTG

Set Comments

Urine Micro Culture & Sens
Culture :
  Escherichia coli greater than 100,000 cfu/ml
   Resistant : Amoxicillin.
   Sensitive : Cefalexin,Ciprofloxacin,Co-amoxiclav,Fosfomycin,Gentamicin,Nitrofurantoin,Trimethoprim.

If susceptible trimethoprim is the first choice in
the Lothian Joint Formulary for lower UTI in adults.
Second choice is nitrofurantoin MR (Modified Release).

If susceptible trimethoprim is more effective than
cefalexin, amoxicillin and co-amoxiclav for cystitis.

Ciprofloxacin and co-amoxiclav should be avoided if
possible in patients without pyelonephritis.
Treatment with cephalosporins, co-amoxiclav or
ciprofloxacin has a higher association with subsequent
Clostridium difficile infection than trimethoprim,
nitrofurantoin, amoxicillin or gentamicin.

Requestor Comments

loin tenderness, pos dip.

Report Information

Requestor	Thomson, Dr Julie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	JU500761X
Sample Date	11/12/2018 12:22:00

Blood haematinic levels

Description	Value	Range	Unit	Normalcy	Notes
Ferritin	44	15 - 200	ug/L		
Vitamin B12	347	180 - 2000	ng/L		
Serum Folate	**1.7**	**2.8 - 20**	**ug/L**	**A**	(BAFOL)

Test Comments

(BAFOL) Low serum folate result. For advice, consult GP
(BAFOL) referral guidelines on Ref Help or NHS Lothian intranet
(BAFOL) Haematology pages.

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	4	3 - 21	umol/L		
ALT	14	10 - 50	U/L		
Alk.Phos	79	40 - 125	U/L	D	
GGT	21	5 - 35	U/L		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	0.97	0.20 - 4.50	mU/L		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Creatinine	59	50 - 98	umol/L		
Sodium	140	135 - 145	mmol/L		
Potassium	4.8	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Serum C reactive protein level

Description	Value	Range	Unit	Normalcy	Notes
C-Reactive Prot	3	0 - 5	mg/L		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
FSH	**79.5**	**3.0 - 10.0**	**U/L**	**R**	

Set Comments

FSH level indicates premature ovarian failure.

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Report Information

Requestor McAdam, Louise AE
Requesting Location (GSSIM) Bathgate, Simpson Med Pract.
Report Identifier SB351047S
Sample Date 17/07/2020 12:04:00

Plasma glucose level

Description	Value	Range	Unit	Normalcy	Notes
Glucose (Random)	5.4	3.8 - 7.7	mmol/L		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Report Information

Requestor	McAdam, Louise AE
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB350978T
Sample Date	17/07/2020 12:04:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/L		
Red cell count	4.44	3.8 - 5.8	10^12/L		
Haematocrit	0.411	0.36 - 0.47	ratio		
Mean cell volume	93.0	78 - 98	fL		
Mean Cell Hb	31.5	27.0 - 32.0	pg		
White cell count	10.5	4.0 - 11.0	10^9/L		
Neutrophil Count	5.91	2.0 - 7.5	10^9/L		
Lymphocyte Count	3.61	1.5 - 4.5	10^9/L		
Monocyte Count	0.58	0.2 - 0.8	10^9/L		
Eosinophil Count	0.30	0.04 - 0.4	10^9/L		
Basophil Count	0.06	0.01 - 0.1	10^9/L		
Platelet count	227	150 - 400	10^9/L		
Mean cell Hb conc.	341	310 - 360	g/L		

Requestor Comments

FHx early menopause, v slim no periods for 4+ years.

Report Information

Requestor	McAdam, Louise AE
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH267604W
Sample Date	17/07/2020 12:04:00

WGH GI Lab LTG

Description	Value	Range	Unit	Normalcy	Notes
Anti-tTG IgA (DS2)	0.72	0.1 - 5.0	U/mL		(QGTTGA)

Test Comments

(QGTTGA) Coeliac testing NOTES:
(QGTTGA) 1. If patient is on gluten free diet, negative serology
(QGTTGA) does NOT exclude coeliac disease. For details of
(QGTTGA) required gluten intake to ensure an adequate 'gluten
(QGTTGA) challenge' see RefHelp.
(QGTTGA) 2. Positive serology(tTG-IgA >5U/ml or tTG-IgG >10U/ml)
(QGTTGA) is associated with Coeliac Disease but is NOT
(QGTTGA) diagnostic on its own and for all adult patients endo-
(QGTTGA) scopic biopsy is required. As such, where serology is
(QGTTGA) positive at any level, please refer to GI and advise
(QGTTGA) NOT to exclude gluten until diagnosis is confirmed or
(QGTTGA) excluded by a Gastroenterologist.
(QGTTGA) 3. Low level positives (tTG-IgA 5 to 10 U/ml) may be
(QGTTGA) false positives and are relatively common.
(QGTTGA) 4. See GI and Paediatric GI pages on RefHelp for
(QGTTGA) further information and advice.

Report Information

Requestor (GPST), Dr Callum SR Gillespie
Requesting Location (GSSIM) Bathgate, Simpson Med Pract.
Report Identifier QB193521Q
Sample Date 10/08/2020 11:30:00

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
FA Index	1.8	0 - 5.2			
Testosterone	1.1	0 - 1.9	nmol/L		
SHBG	61	12 - 137	nmol/L		

Set Comments
No clear biochemical evidence of hyperandrogenism or PCOS.

Requestor Comments
premature ovarina failure ?

Report Information

Requestor	(GPST), Dr Callum SR Gillespie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	HB668601G
Sample Date	10/08/2020 11:41:00

Full blood count - FBC

Description	Value	Range	Unit	Normalcy	Notes
Haemoglobin	140	115 - 165	g/L		
Red cell count	4.42	3.8 - 5.8	10^12/L		
Haematocrit	0.410	0.36 - 0.47	ratio		
Mean cell volume	93.0	78 - 98	fL		
Mean Cell Hb	31.7	27.0 - 32.0	pg		
White cell count	10.7	4.0 - 11.0	10^9/L		
Neutrophil Count	6.65	2.0 - 7.5	10^9/L		
Lymphocyte Count	3.35	1.5 - 4.5	10^9/L		
Monocyte Count	0.46	0.2 - 0.8	10^9/L		
Eosinophil Count	0.21	0.04 - 0.4	10^9/L		
Basophil Count	0.05	0.01 - 0.1	10^9/L		
Platelet count	214	150 - 400	10^9/L		
Mean cell Hb conc.	341	310 - 360	g/L		

Requestor Comments

suspected premature ovarina failure, please weigh as well.

Report Information

Requestor	(GPST), Dr Callum SR Gillespie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SH278196V
Sample Date	10/08/2020 11:41:00

ESC Sendaway Tests	
Testosterone	Send away test - Biochemistry RIE
Coeliac screen	Send away test - WGH Biochemistry

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Thyroid function tests

Description	Value	Range	Unit	Normalcy	Notes
TSH	1.2	0.20 - 4.50	mU/L		
Free T4	12	9 - 21	pmol/L		

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Bone Group

Description	Value	Range	Unit	Normalcy	Notes
Calcium	2.27	2.2 - 2.6	mmol/L		
Adjustd Calcium	2.32	2.2 - 2.6	mmol/L		
Phosphate	1.06	0.8 - 1.4	mmol/L		
Albumin	39	36 - 47	g/L		

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Liver function tests

Description	Value	Range	Unit	Normalcy	Notes
Bilirubin	8	3 - 21	umol/L		
ALT	13	10 - 50	U/L		
Alk.Phos	87	40 - 125	U/L		
GGT	22	5 - 35	U/L		

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Urea and electrolytes

Description	Value	Range	Unit	Normalcy	Notes
Urea	3.1	2.5 - 6.6	mmol/L		
Creatinine	61	50 - 98	umol/L		
Sodium	141	135 - 145	mmol/L		
Potassium	4.3	3.6 - 5.0	mmol/L		
eGFR (/1.73m2)	>60.0		ml/min		

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Endocrine studies

Description	Value	Range	Unit	Normalcy	Notes
LH	**46.6**	**2.0 - 9.0**	**U/L**	**R**	(BLH)
FSH	**86.5**	**3.0 - 10.0**	**U/L**	**R**	
Prolactin	236	60 - 500	mU/L		
Testosterone	Send away test - Biochemistry RIE				

Set Comments
Raised FSH is again suggestive of premature perimenopause. JM

Test Comments
(BLH) Ref range for LH/FSH/E2 refer to early follicular phase

Requestor Comments
Suspected Coeliac Patient
suspected premature ovarina failure, please weigh as well.

Report Information

Requestor	(GPST), Dr Callum SR Gillespie
Requesting Location	(GSSIM) Bathgate, Simpson Med Pract.
Report Identifier	SB372771T
Sample Date	10/08/2020 11:41:00