

A&E Records



THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Edinburgh EH16 4SU
Telephone: 0131 242 1300
Fax: 0131 242 1344



A/E no. E1642359

Previous no.

UHPI no. 620012470M
CHI no. 2312751208

PATIENT INFORMATION

General Practitioner

Surname Stevens Date of Birth 23/12/1975
Forename Sharon Age 34 Yrs Sex F
Address 9/2 Trafalgar Street
Edinburgh
Midlothian
Postcode EH6 4DG Telephone 07872340637
Contact Ferguson, Wendy Telephone 0758 5820
Address W
Complaint assault - facial/thumb & eye injury Allergies
Attendances in last 12 months: 0 School: Triage ↑

Name
M Taylor
Address
Dr L Taylor & Partners
265 Portobello High Street
EH15 2AW
Telephone 0131 669 8406

Date and Time of Attendance
6/01/2010 15:39
Incident Date & Time: 15/01/2010
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer
88	16	121/88		99%			
Nursing Assessment Alleged assault last night. Was kicked to ground and also has bite to (R) forearm and (R) thumb. No LOC. No bruising behind ears or discharge from ears. GCSU 15.							
Pain Assessment Score				Waterlow Score			
Pain Score Review				Time		Triage Score	
Signature				Time 1550		Print Name McLaughlin	

Clinical Notes # clinic log 8388

pc assault

APC - last night assaulted by unknown female in the pub.

- was bitten in (R) forearm and (R) thumb.
- also hit in the face, attacker tried to "poke her" fingers in her (L) eye.
- wound on the thumb was bleeding quite heavily, at home washed thoroughly with running water and soap.
- wound on forearm washed and wiped with alcohol tissues.
- at present c/o itchy eyes - mostly eyelids, tender (L) forearm wound and sore (R) thumb.
- not vaccinated against hep B.

PMH clear DIT, w/ NKDA, SH with partner in A&E.

ROS nil else

GE looks well.

bilateral periorbital haematomas - skin intact.

Diagnosis no facial bony tenderness.

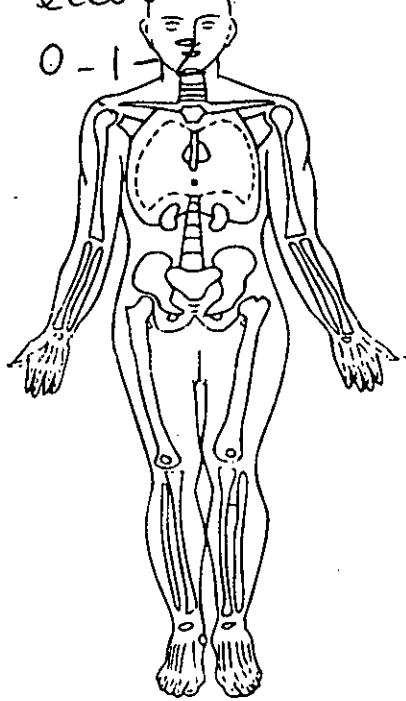
Doctor's Name (normal vision as reported by patient) Signature W. SWBERT

Nursing Release

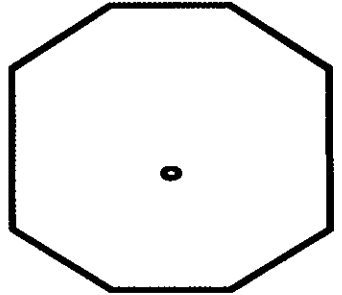
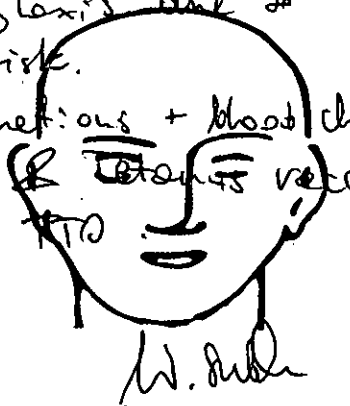
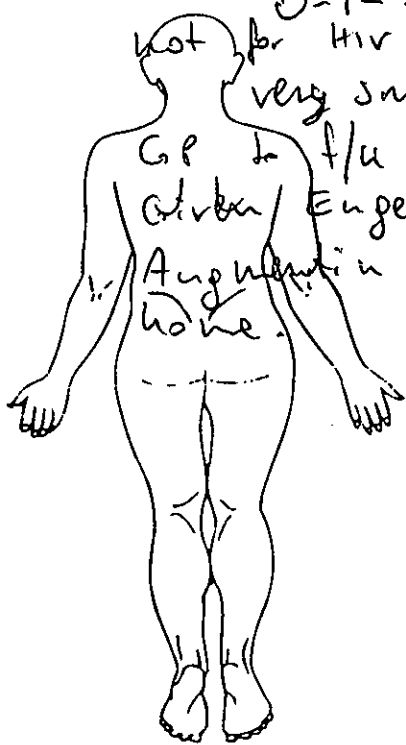
Clinical Notes Continued

Instruction/Health Education	Y	N	N/A	examination under slit lamp + fluorescein ↳ no corneal abrasions
Medication	Y	N	N/A	PEARL
Review X-rays	Y	N	N/A	② forearm - superficial skin abrasion with surrounding bruising, no edema, mild swelling
Clinic Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport Self	Y	N	N/A	② thumb - 2x 2x superficial 0.5 cm skin abrasions (linear) over DIPJ, one over dorsal and one over palmar aspect of joint. nil to stitch.
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref. Safe Home	Y	N	N/A	function of all ligaments of thumb intact. NV intact.
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				IMP - exposure to blood bore viruses
Documentation Complete	Y	N		- insignificant injuries
CSW signature				PLAN: f/w ID SPR:
RN signature				accelerated course of hep B vac

accelerated vacc. hep. B

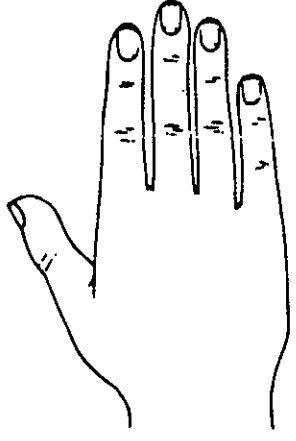
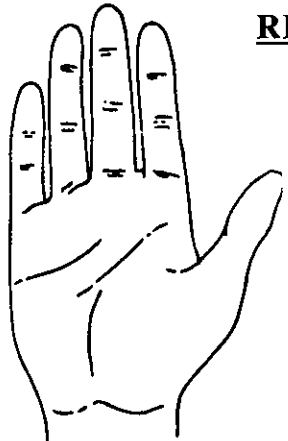
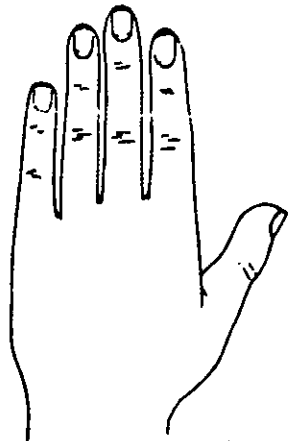
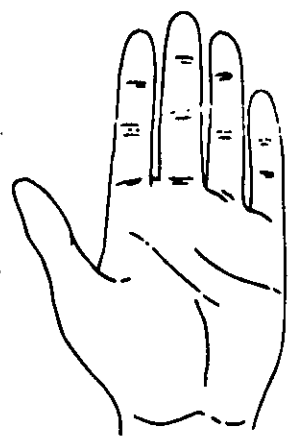


not for HIV prophylaxis due to very small risk.
GP to f/u vaccinations + blood checks.
Gardasil
Engerix B
Augmentin 625
home.
Tetanus vacc.



LEFT

RIGHT



Directorate of Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NH

Clinical Director Dr. D. Caesar
Clinical Nurse Manager Mr. Neil Boyle

THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

620012470M/E2497753 23/12/1975
Stevens, Sharon
149a/10 Lochend Road,
Edinburgh,
EH7 6ET

no. E2496561

bus no. E1642359

PI no. 620012470M

II no. 2312751208

General Practitioner

PATIENT INFORMATION

CHI 2312751208
70747 MM Mitchell

Surname Stevens
Forenames Sharon

Date of Birth 23/12/1975
Age Yrs Sex F

Name
MM Mitchell
Address

Address 149a/10 Lochend Road
Edinburgh

Summerside Medical Practice
Summerside Medical Cc
EH6 4NY

Postcode EH7 6ET

Telephone 07872340637

Telephone 0131 554 3533

Contact Address

Telephone H
W

CRAIG FERRIER
(PARTNER) 0157091157

Date and Time of Attendance

16/06/2013 02:40
Incident Date & Time: 16/06/2013 01:12
Mode of Arrival
Emergency Ambulance
Source of Referral
999 Emergency

Complaint head injury

Allergies

Attendances in last 12 months: 0

School:

T	P 98	RR 15	BP 123/72	BM 6.6	SpO2 99.1 A	SEWS	Urinalysis	Alcometer
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Nursing Assessment Assault & punched to head. Witnessed LOC 30 secs

%A pr GCS 15

Vitals. Ret ED.

Pr S/Discharge 0300.

Pain Assessment Score

Waterlow Score

Pain Score Review

Time

Triage Score 4

Signature

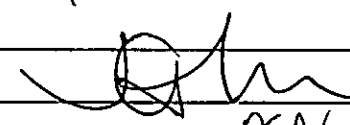
B

Time

Print Name

SIMPSON

Clinical Notes 0330. I was called to the ED reception to deal with this patient who was demanding transport home. She was shouting & swearing at reception staff and myself. I explained that we do not provide transport home. I offered her the use of a phone and our waiting area. This was not acceptable to her as she wanted home immediately as she had work to get up for in 4 hrs. This patient self discharged after being present in ED for 40 mins. She was also smelling strongly of alcohol. I left the conversation there. However she followed me through into the clinical area where she continued to shout & swear claiming that we were "lazy and not busy". At this point I requested security attend the dept for the safety of other patients & staff. She then left the department continuing to shout & swear.

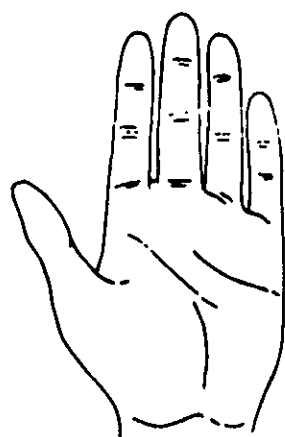
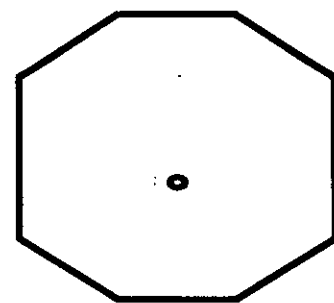
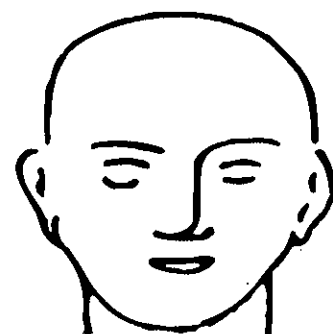
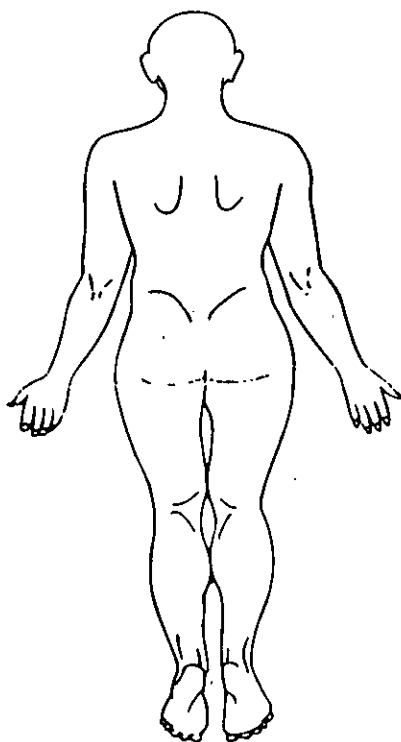
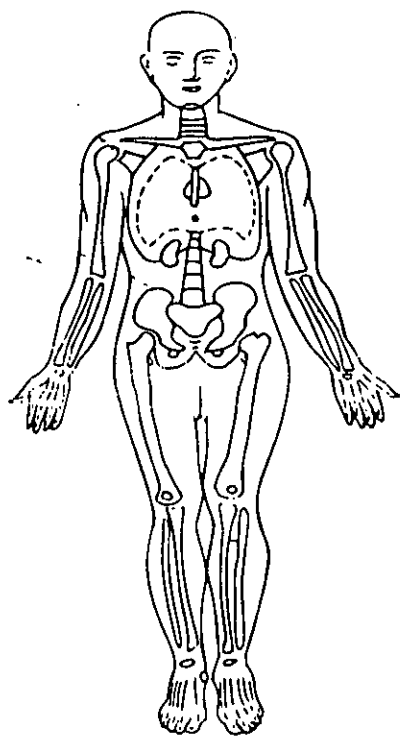

DRN GILCHRIST

Diagnosis

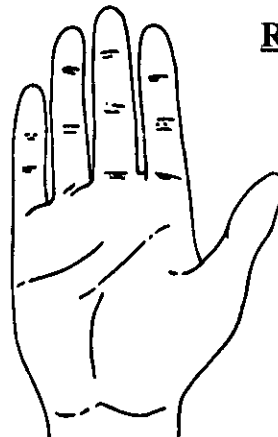
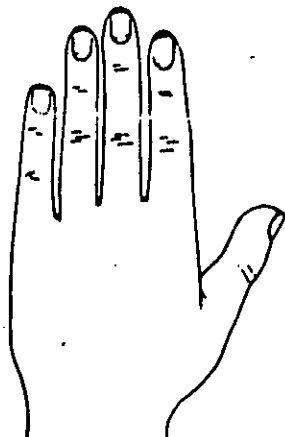
Doctor's Name (print)

Signature

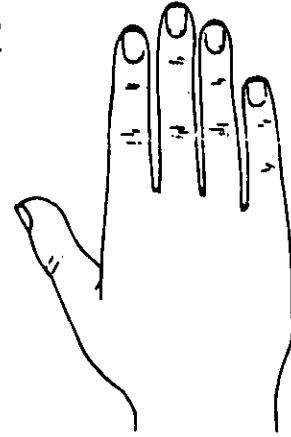
Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				



LEFT



RIGHT



**THE ROYAL INFIRMARY
OF EDINBURGH**

SELF DISCHARGE FORM

Pat	620012470M /E2496561 F
	STEVENS Sharon
	23-Dec-75 CHI:231 275 1208
	70747 MM Mitchell
Na	149a/10 Lochend Road
	EH7 6ET
Att	

PART A

This is to certify that I am discharging myself/my child* today at my own risk and against medical advice.

Date: Time:

The possible consequences of discharging myself/my child* have been fully and clearly explained to me by Dr/Mr..... and I take full responsibility for my actions.

Patient or Guardians
Signature: *S. Stevens*

Date: ~~2/16/13~~
16/6/13

Doctors Signature: *[Signature]*

Date: *16/6/13*

Doctors name and designation: *CROSS*

Witness Signature: *[Signature]*

Date: *16/06/13*

Witness name and designation: *SIMPSON*

PART B

Patient refused to sign self discharge form and/or would not wait to speak to medical staff.

Signed:

Date:

Name & Designation:

*Delete as appropriate

Notes to staff.

1. Please ensure this form is fully completed and that all parties have signed in part A.
2. Ensure all entries are legible.
3. The form should be filed immediately in the correspondence section of the patient's record.
4. If the patient refuses to complete this form or leaves the hospital before it is completed, part B should be completed, the form filed as above and a full report entered in the patient's record.

E-Pacer PATIENT REPORT

Time 02:15 Date 16/06/2013

PATIENT AND INCIDENT DETAILS

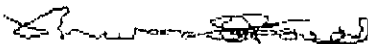
Incident number ED003665655.001
 Name SHARON STEVENS
 Address 149A BETHLEHEM LANE
 Patient postcode EH7 6ET
 Age 37
 Date of birth 23/12/1975
 Gender Female
 Incident location O/S CENTRAL BAR LEITH WALK
 EDINBURGH
 Incident post code EH6 8LN
 Incident type EMG
 Call received 16/06/2013, 01:12
 Call passed 16/06/2013, 01:13
 Crew mobile 16/06/2013, 01:13

TREATMENT REFUSAL FORM

Name of patient SHARON STEVENS

Agree that I have declined
 an offer of (treatment /
 transport) and accept full
 responsibility for this
 decision. Transport

Signature of patient

**PRIMARY SURVEY****RESPONSE**

AVPU Alert

AIRWAY

Airway assessment Clear
 Treatment outcome Bilateral air entry

BREATHING

Breathing rate Normal
 Respiratory rate

CIRCULATION

Pulse rate Normal

Most peripheral pulse found Radial

Cap refill rate

Skin colour Normal

Skin texture Dry

C-SPINE INJURY

Suspicion of CSI No evidence of C-spine injury

PATIENT CONSENT

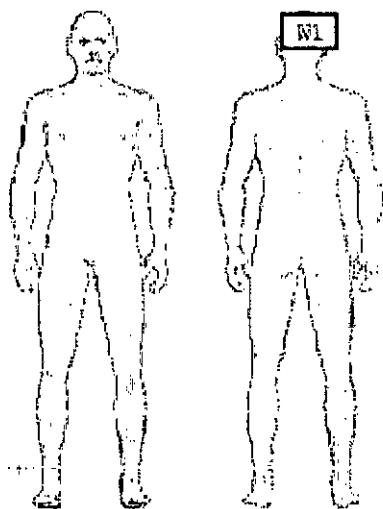
Treatment benefits explained, Risks of
 condition explained, Risk of refusal
 explained, Capacity to understand risks and
 treatment

Patient consent

INJURIES

WOUND

W1. Swelling
W2.
W3.
W4.



AMPDS

Dispatch code 04B03A

Final code 04B01

Assaulted/Unknown Status/other codes N/A
Assault, Possibly dangerous body area

GCS

Final GCS eye opening
Final GCS verbal response
Final GCS motor response

Spontaneous
Orientated
Obeys commands

VITAL SIGNS

Sepsis	ECG	RTS	NEWS	GCS Total	SpO2 %	Temp °C	Pain score	Blood sugar mmol/l	Peak flow %	Cap refill (secs)	BP min Hg	Resp. rpm	Pulse rhythm	Pulse bpm	Time hr : min
0	0	-	-	15	98	36.0	0/10	4.4	-	<2 secs	117 / 80	16	Reg	90	01:30

SEPSIS

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

EYES AND PUPIL SIZE AND REACTION

	Left	Right
Pupil size	Normal	Normal
Pupil reaction	Normal	Normal

AMPLE

Allergies	None
Other allergies	
Medication	NIL
Past history	NIL
Last eaten	4 hrs
Events prior	PT BEEN ASSAULTED. HIT IN THE HEAD. FELL STRAIGHT TO THE FLOOR. UNCONSCIOUS FOR A PERIOD OF TIME. PASSERS PHONED 999

DYNAMIC RISK ASSESSMENT

Special hazards	Scene of actual violence
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EMERGENCY SERVICES ON SCENE

Paramedic	Technician
Police	

SUBSTANCES AFFECTING CONDITION

Alcohol	
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FINAL OBSERVATION AND COMMENTS

PT -> ASSAULT. ONE PUNCH TO HEAD. KNOCKED OUT. LOC FOR 30SECS. OA > PT SITTING IN DOORWAY. GOOD COLOUR. GOOD RESP EFFORT. ALERT OE > A) CLEAR. NO C SPINE TENDERNESS. B) SPEAKING FULL SENTENCES. C) GOOD COLOUR. D) GCS 15. PUNCHED IN FACE, FALLEN BACKWARDS AND HIT BACK OF HEAD OFF CONCRETE PAVEMENT. LOC AT TIME OF INCIDENT FOR APPROX 30SECONDS > WITNESSED ON CCTV AND CONFIRMED BY POLICE. PT INITIALLY VERY RELUCTANT TO TRAVEL TO A&E.

Report ID

56863944-5139-4b92-8926-3f0f0197563b

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Director Dr. D. Caesar
Clinical Nurse Manager Mr. Neil Boyle

THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344



A/E no E2497753

Previous no E2496561

UHPI no 620012470M

CHI no 2312751208

PATIENT INFORMATION

General Practitioner

Surname Stevens Date of Birth 23/12/1975
Forenames Sharon Age Yrs Sex F
Address 149a/10 Lochend Road
Edinburgh
Postcode EH7 6ET Telephone 0572340637
Contact Address Telephone H
Complaint head inj Allergies
Attendances in last 12 months: 1 School:

Name
M Mitchell
Address
Summerside Medical Practice
Summerside Medical Cc
EH6 4NY
Telephone 0131 554 3533

Date and Time of Attendance
7/06/2013 15:40
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Reattend

RR 138/95 BP 138/95 BM 6.2 SpO2 97% SEWS Urinalysis Alcometer

Nursing Assessment Alleged assault 2/1/75 ago. Attended ED
self discharged. lacerated face 7 LOC
for 5 mins.

now c/o dizzy and feeling unwell

Pain Assessment Score r: obs 0/10 A/E Waterlow Score

Pain Score Review Time Triage Score
Signature Time 1630 Print Name

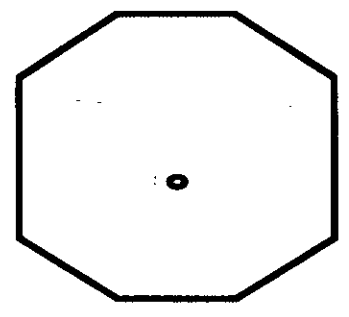
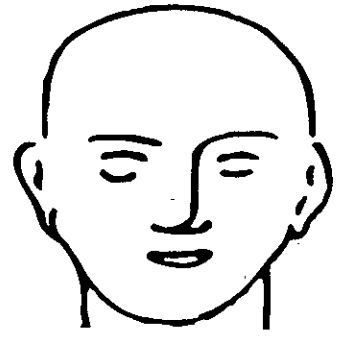
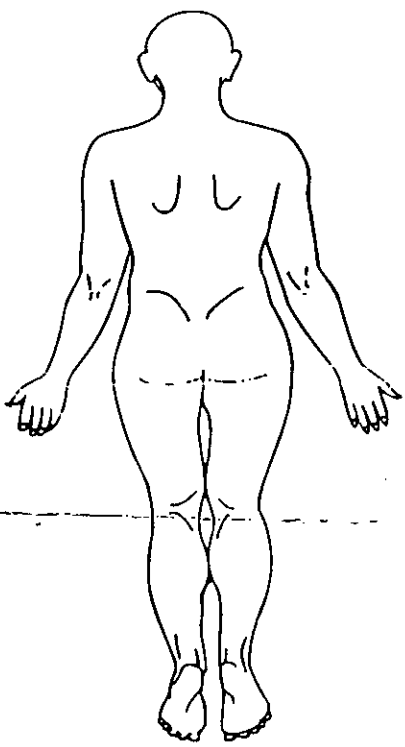
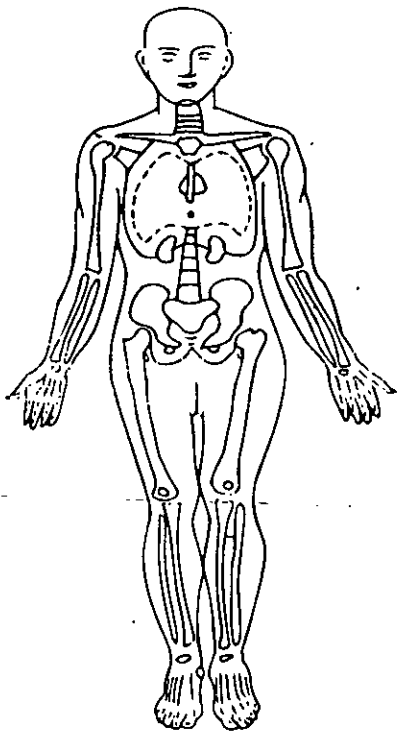
Clinical Notes

Called @ 17:25 - No response

Called @ 19:50 - No response

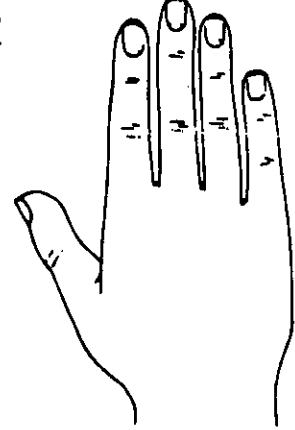
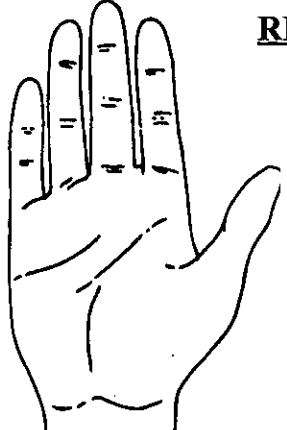
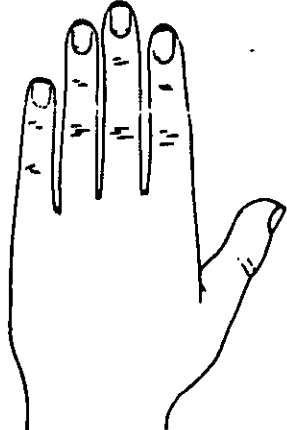
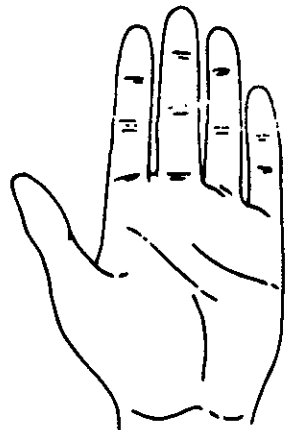
Diagnosis
Doctor's Name (print) Signature

Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				



LEFT

RIGHT



NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology LI Dermatology - General
Urgency of referral	Urgent
Date of referral	27/01/2023
Date submitted	27/01/2023
UCPN	101028578929N

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07857674490
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Martin Slattery (GMC: 7151479)	145 PLEASANCE
Practice:	St Leonards Medical Centre	EDINBURGH
Phone:	Voice : 01316684547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: dermatitis hands

Main Referral Text: This lady has progressively worsening dermatitis affecting her hands. It looks like contact dermatitis and she works as a care worker, so is potentially in contact with various products as well as items of PPE. However, despite trying various different gloves and minimise contact with products we are struggling to control it. I have attached pictures of her hands which show the extent of the inflammation despite using betnovate for several weeks along with emollient. We have now stepped up for dermovate.

As this is now potentially affecting her on going employment, I would appreciate your review.

Many thanks

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Are you looking for help with: :	Management	
Where RefHelp guidance exists, has this been followed?: :	Yes	
Have you attached a photograph to this referral? :	Yes	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault		# nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Emergency caesarean section	girl		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		13/12/2022
Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY		04/11/2020		07/03/2022
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED		06/01/2021		04/11/2022
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]		29/04/2019		04/11/2022

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Zopiclone 7.5mg tablets	tablet	1 TABLET AT NIGHT		27/01/2023		27/01/2023
Clobetasol 0.05% ointment	gram	APPLY DAILY FOR 2 WEEKS		27/01/2023		27/01/2023
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	APPLY REGULARLY		04/01/2023		04/01/2023
Betamethasone valerate 0.1% cream	gram	APPLY ONCE DAILY		04/01/2023		04/01/2023
Trazodone 50mg capsules	capsule	1 CAPSULE AT NIGHT		13/12/2022		13/12/2022
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		04/11/2022
Desogestrel 75microgram tablets	tablet	1 TABLET ONCE A DAY		04/11/2022		04/11/2022
Trazodone 50mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2022		04/11/2022
Diclofenac sodium 50mg gastro-resistant tablets	tablet	1 TABLET THREE TIMES A DAY WH[more]		04/11/2022		04/11/2022
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT		04/11/2022		04/11/2022

Additional information

Patient Weight in Kilograms:70.8

Patient Height in Metres:1.62

Patient BMI:26.9

Patient Blood Pressure (Systolic):126

Patient Blood Pressure (Diastolic):76

Smoking history (Screening):Cigarette smoker

Date Recorded:01-Feb-2022

Smoking history (Encounters):Cigarette smoker

Date Recorded:01-Feb-2022

Alcohol history (Screening):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Alcohol history (Encounters):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Exercise history (Screening):Enjoys moderate exercise

Date Recorded:24-May-2018

Exercise history (Encounters):Enjoys moderate exercise

Date Recorded:24-May-2018





Dr AJ Thomas
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date: 07/04/2024

Emergency Discharge Summary

Patient	Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	CHI	2312751208
		Date of Birth / Age	23/12/1975 (48 years)
		UHPI	620012470M
		A&E Attendance Number	E5656881
Attendance Date	06/04/2024		
Attendance Time	13:32		
Mode of Arrival	Public Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	06/04/2024		
Discharge To			

Dear Dr AJ Thomas

Presentation: Alleged assault 2 days ago. Laceration to lip, painful jaw and bruising all over body. No loc at time of incident. NEWS 1. HR 92 S.Crawford

CLINICAL NOTES:

Clinical note: 48yr old F c/o alleged assault 2/7 ago.

Alleges her partner started hitting her with a Hoover then threw it away and began to punch and kick her.

Denies LOC

Police aware.

Attends alone

Feels safe at home

Spoken with friends and family also.

C/O pain in jaw, lower lip, chest and back.

PMH: Depression

DH: Trazadone

NKDA

O/E: Walked in with normal gait. Tearful.

GCS15, PEARL, CN 2-12 intact. FROEM with normal vision and fields. No sign of BOS #. No c-spine pain with FRONM.

Mild swelling to L mandible with BT and tender TMJ. Pain on full opening. Alignment appears normal.

Partial thickness lac to inner lower anterior lip. No loose teeth/dental pain.

Mild swelling over R mid anterior ribs, no flail/seesaw. Bilat AE. Normal sounds.

3 x small golf ball sized areas of very mild swelling and bruising over upper back. No BT in spine. Achey on shoulder movements but fully able.

Abdo SNT.

Moving all four limbs freely
Normal gait

X-ray OPG/Mandible: NBI

Imp: Multiple STI's and lip lac

Plan: Reassured. Discussed reasons not to close lip lac, encourage mouthwash and observe for SOI. Soft diet until pain eases. Rest and seek support of friends and family. Rtn if concerned

Yours Sincerely,

Kevin Baker, Nurse Practitioner



Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager

The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344



A/E no. E5656881

Previous no. E2497753

UHPI no. 620012470M

CHI no. 2312751208

Patient Information

General Practitioner

Surname Stevens Date of Birth 23/12/1975
Forenames Sharon Age 48 Yrs Sex F
Address 4/5 New Arthur Place Telephone 0131 574 0257
Postcode EH8 9TH Telephone H
Contact Address W
Complaint assault/ mouth injury/ HI Allergies
Attendances in last 12 months: 0 School :

Address AJ Thomas
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU
0131 668 4547
Telephone

Date and Time of Attendance 06/04/2024 13:32
Incident Date Time:
Mode of Arrival Public Transport
Self Referral to A&E
Source of Referral

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN. FREQ.	(please tick)	Blood Sugar	units	Pain Score	/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given	YES <input type="checkbox"/>	NO <input type="checkbox"/>
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment	POS <input type="checkbox"/>	NEG <input type="checkbox"/>
SP02%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:		
RR		NEWS >7	10mins Min		Alcometer		Weight	Height	
AVPU		Special Clinical Instructions							
Therapy In Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP							
NEWS SCORE									

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete				Blood Samples - Please tick all that apply				Additional Investigations			
Handwash		Gloves		Routine		CRP		ECG - Please tick			
CHD Skin Prep		Aseptic Insertion		Troponin		Coag		Required <input type="checkbox"/> Done <input type="checkbox"/>			
Dressing Labelled		Paperlite Bundle		Amylase		Tox Screen		Urinalysis - Please tick			
Reason for PVC Insertion:				BTS		Other (Please state)		Required <input type="checkbox"/> Done <input type="checkbox"/>			
On Going Care Plan								MSU Sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Speciality Informed (enter time)		Bed Required		Triaged To - Please tick				HCG Consent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Surg:	G.I:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Waiting Room		GP Out of Hours		HCG Result	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage		X-Rays - Please tick			
Medics:	Gynae:	WGH		HD		SMMP		CRX	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Ortho:	Neuro:	SJH		IC		MIU		CT Scan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other (state Speciality)		Other (please state)		Exam		Other (Please state)		Other (Please state)			

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family Carers SAS PRF EPR ECS KIS GP Patient Alerts

CSN
Kicked + punched
many times

NO LOC

trauma

Mouth. (Jaws)

Back
Arms - both

chest

(Dent upper arch)

CSIS, RENT. ENTZ. 12 1-2

Care Providers Name: _____

Signature: _____

National Early Warning Score 2 (NEWS2) Chart

NEWS Key		Date:										
0 1 2 3		Time:										
A+B Respirations Breaths/min	≥25						3					
	21-24						2					
	18-20	20										
	15-17											
	12-14											
	9-11							1				
A+B SpO ₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-96%	≥96	98										
	94-95						1					
	92-93						2					
	≤91						3					
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 93-94% eg. in hypotensive respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician Tick box if using SpO ₂ Scale 2 Sign:	≥97 on O ₂						3					
	95-96 on O ₂						2					
	93-94 on O ₂						1					
	≥93 on air											
	88-92											
	86-87						1					
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A										
	O ₂ L/min or %						2					
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	Device											
	≥220						3					
	201-219											
	181-200											
	161-180											
	141-160	142										
	121-140											
	111-120											
	101-110						1					
	91-100	98					2					
	81-90											
71-80												
61-70						3						
51-60												
≤50												
C Pulse Beats/min Manual pulse	≥131						3					
	121-130						2					
	111-120											
	101-110						1					
	91-100	92										
	81-90											
	71-80											
	61-70											
	51-60											
	41-50						1					
31-40												
≤30						3						
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	4										
	New Confusion											
	V						3					
	P											
E Temperature °C	U											
	≥39.1°						2					
	38.1-39.0°						1					
	37.1-38.0°											
	36.1-37.0°	36.8°										
35.1-36.0°						1						
≤35.0°						3						
NEWS TOTAL		1										
Monitoring frequency		/										
Escalation of care Y/N		/										
Blood Glucose reading or N/A		/										
Pain score (0-10)		6										
Initials		W.										

NEWS of 5 or more? Think Sepsis!

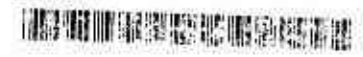


In a patient with a **NEWS of 5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Signs of Infection

- Temperature $<36^{\circ}\text{C}$ or $>38^{\circ}\text{C}$
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

620012470M /E6656881 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1209
 70841 AJ Thomas
 4/5 New Arthur Place
 EH8 9TH



NEWS Total	Monitoring Frequency	Clinical Response
Total 0	Commence on 2 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
Total 1 - 4	Commence on 1 hourly observations	Report to Area Co-ordinator if score increases to 5 or more
3 in one parameter *	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to Nurse In Charge (NIC) and Senior Medic
Total 5 - 6	Commence on 30 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
Total 7 or more	Commence on 15 minute observations	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date																				
		Time																				
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4																			
		To speech	3																			
		To pain	2																			
		None	1																			
	Best Verbal Response	Orientated	5																			
		Confused	4																			
		Inappropriate words	3																			
		Incomprehensible sounds	2																			
		None	1																			
	Best Motor Response	Obey commands	6																			
		Localise to pain	5																			
		Flexion to pain	4																			
		Abnormal flexion	3																			
		Extension to pain	2																			
	None	1																				
	Total GCS Score																					
Right Pupil	Size																					
	Reaction																					
Left Pupil	Size																					
	Reaction																					
LIMB MOVEMENT	ARMS	Normal power																				
		Mild weakness																				
		Severe weakness																				
	LEGS	Extension																				
		No response																				
Initials																						

Eyes closed by swilling = C

Endotracheal tube or tracheostomy = T

Always record the best arm response

* reacts - no reaction c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides



Dr J Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date: 09/05/2025

Emergency Discharge Summary

Patient	Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	CHI	2312751208
		Date of Birth / Age	23/12/1975 (49 years)
		UHPI	620012470M
		A&E Attendance Number	E6028175
Attendance Date	07/05/2025		
Attendance Time	18:21		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	08/05/2025		
Discharge To			

Dear Dr J Ling

Presentation: Reason for attendance: stomach cramps, feel sick, vomitted, cannot hold any water at all, also chest pain - for 3/7 Referred to: MAU / SAU / MIU / NHS24 / Other (please describe)
Staff member spoken to: Outcome:

CLINICAL NOTES:

Clinical note: WGH MAU Trolleys
ANP

PC: Self Presented to WGH today with Vomitting

HPC:

Patient has been vomiting since sunday

Has been feeling Nauseated constantly

Unable to keep fluids or food down

Has been drinking loads but would just vomit clear liquid back up

Has been feeling dizzy like she is going to pass out

Central chest pain

- Burning and heavy

Headache - Sharp at the right lateral part of head on vomiting

SOB - only during and after vomiting - Othertimes no breathlessness

Cough - White phlegm

Pain in abdomen - Unumbilical area radiating to flank and RUQ

Patient has recently been taking Raspberry Ketone and Green Coffee Bean Supplements to aid weightloss

Was seen today by GP, given Anti-emetics

- Did not pick up the anti-emetics annd Self Presented to WGH

SE:

No Rash or Fevers

No tinnitus, No Diplopia or Blurred Vision
No palpitations
No leg pain or swelling

PMH:
Anxiety

Allergies:
NKDA

Meds:
Trazadone 100mg at Night

Social History:
Lives Alone
Works as a carer
Normally very fit and active
Smokes 15cpd
- Has smoked for approx 30 years
Minimal Alcohol Intake
No Recent travel
Has a dog at home

Examination:
Patient appears very agitated
Unable to stay still and up and down constantly
states she is going to vomit
Managed to get her to settle long enough for a quick examination

Warm peripherally
CRT 2s
Pulse strong and regular
No visible JVP
Moist Mucus Membranes

HS: I+II+0

Chest:
- Air entry to bases
- Occasional crackles in RMZ
- Resonant on percussion
- No sacral oedema

Abdo:
- Very tender to palpate
- Patient tensing muscles when trying to palpate but wouldn't relax
- unable to say if soft
- Pain in RUQ and Epigastric region

Legs:
- No peripheral oedema
- Calves Soft and non-tender to palpate

Investigations:

OBs: RR 18, SATs 99% on RA, BP 114/78, HR 90, Temp 37.2 - NEWs 0
Bloods: WCC 13.6, Neut 10.06 (all raised due to vomiting) all other bloods Normal
ECG: Normal Sinus Rhythm
CXR: Clear Lung Fields
AXR: Unremarkable

Imp:
- Unsure cause of Vomiting

Plan:
Anti-Emetics
Analgesia
Fast IV Fluids
Monitor for effectiveness
Aim home if all settles down
If pain persisting, could stay overnight for pain control

Assessed and typed by:

G. Monro
H@N ANP

Consultant on-call: Dr Tom Chambers

Any queries please contact 0131 537 1707

Yours Sincerely,

Graham R Monro, Nurse

Nursing Assessment Triage Form

620012470M /E6028175 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH



Date: 7/5/25

Time of Triage: 1910

Name of nurse completing triage (print name): Laura

Presentation: Vomiting

Discriminator: Vomiting

Triage category: Tu

History:

Vomiting since Sunday. Abdo pain, radiating to (L) side of chest, heavy in nature, intermittent.

Allergies:

NKDA.

Falls Risk Sticker

FALLS RISK? YES NO If YES, please affix a sticker above and add a TRACK alert, and complete the 4AT in the Patient-centred Care Plan.

Yellow Falls Kit issued? YES NO If NO, provide rationale:

Enhanced Obs required: YES NO N/A

WEIGHT (kg):

IV Cannula YES NO N/A If YES, date: / /

Nurse's signature:

Print name:

Date:

 / /

Medical Assessment Unit Care Rounding		Addressograph, or Name: _____ DOB: _____ Hospital no/CHI: _____			
CARE ROUNDING FREQUENCY: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> hourly Review frequency every 12 hours or if the patient's clinical condition requires					
Print name of nurse reviewing: _____				Date: ___/___/___	
Time of Round					
Clinical Area					
Care Round Leader's Initials					
Review Frequency of Vital Signs & Cardiac Monitoring					
Vital Signs Frequency					
Cardiac Monitoring required?					<input type="checkbox"/> NO <input type="checkbox"/> Y <input type="checkbox"/> NO
Pain Management (refer to doctor if analgesia is required)					
Pain score (0 – 10)					
Analgesia provided					<input type="checkbox"/> NO <input type="checkbox"/> Y <input type="checkbox"/> NO
Medication					
Is the person due any routine medication?					<input type="checkbox"/> NO <input type="checkbox"/> Y <input type="checkbox"/> NO
Mobility – tick one option per care rounding					
Fully weight bearing					<input type="checkbox"/>
Requires some assistance/uses walking aid					<input type="checkbox"/>
Non weight bearing – needs full assistance					<input type="checkbox"/>
Identified as at risk of falls					<input type="checkbox"/>
Elimination					
Ask patient if they require the toilet					<input type="checkbox"/>
Patient is self caring and can walk to toilet					<input type="checkbox"/>
Patient is incontinent and needs to be checked					<input type="checkbox"/>
Patient has catheter in situ - needs to be checked					<input type="checkbox"/>
Nutrition and Hydration (tick one option per care rounding)					
Patient is self caring					<input type="checkbox"/>
Patient needs assistance with feeding/drinks					<input type="checkbox"/>
Patient is only allowed fluids					<input type="checkbox"/>
Patient is NBM					<input type="checkbox"/>
Patient has IVI in situ					<input type="checkbox"/>
Fluid balance chart updated?					<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Refreshments – Provided (P) Refused (R)					
Drink	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R
Snack	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R
Catered meal	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R	<input type="checkbox"/> P <input type="checkbox"/> R

620012470M /E6028175 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH

emens
 Linetek Status:
 Serial Number 2574E

Patient:
 Multistix 10 S:
 Test date 05-05-202
 Time 1:35A
 Operator 37E
 Test number Not Entered
 Color Not Entered
 Clarity Not Entered

GLU Negative *
 *BIL 1+ *
 *KET 2+
 SG 1.C20
 BLO Negative
 PH. 3.5
 *PRO 2+
 JRO 1.C E.U. d.
 WIT Negative
 LEU Negative

High pH may cause
 falsely elevated PRO
 results

Medical Assessment Unit Care Rounding Cont'd		Addressograph, or Name: DOB: Hospital no/CHI:			
Visual Skin Inspection – tick one option per care rounding					
Patient is healthy – no concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visible areas of redness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken skin and evidence of pressure ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a Waterlow assessment required?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Is pressure relieving equipment/mattress required?	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Invasive Devices – please circle device used and tick if device in situ					
PVC /PVC insertion bundle completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urinary catheter /catheter insertion bundle completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infusion device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NG tube / PEG tube / Tracheotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vulnerable person/cognitive impairment	Is a 4AT required? Y <input type="checkbox"/> N <input type="checkbox"/>				
Family Communication					
Patient and relatives present, and have been made aware of any changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cubicle Tidy					
Ensure area is tidy and free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Ward Nurse's signature		MAU Escort's signature:		Date:	_/_/

MAU TROLLEYS TO WARD HANDOVER

NEWS	
Outstanding jobs	
HEPMA administered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Diagnosis	

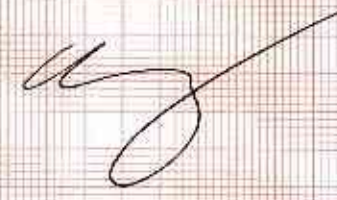
Vent. rate 76 RDM
PR interval 144
QRS duration 80
QT/QTc-Baz 370/416 ms
P-R-T axes 51 84 60

Patient ID: 2312751208
Normal sinus rhythm
Normal ECG

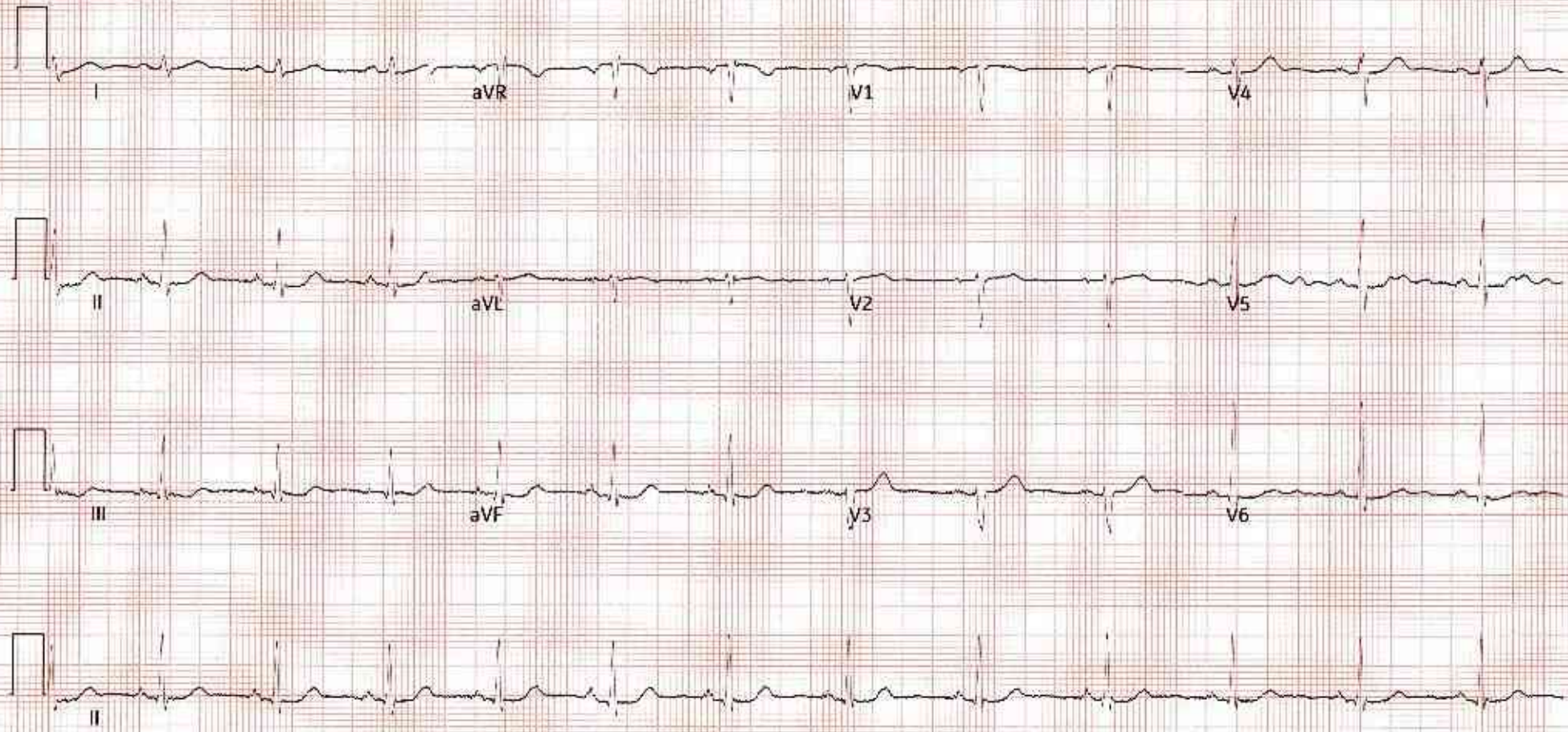
07.05.2025 19:13:28
Western General Hospital
chest pain.

620012470M /E6028175 F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
4/5 New Arthur Place
EH8 9TH

Location:
Comments:



Unconfirmed



23-Dec-1975 (49 yr)
Female

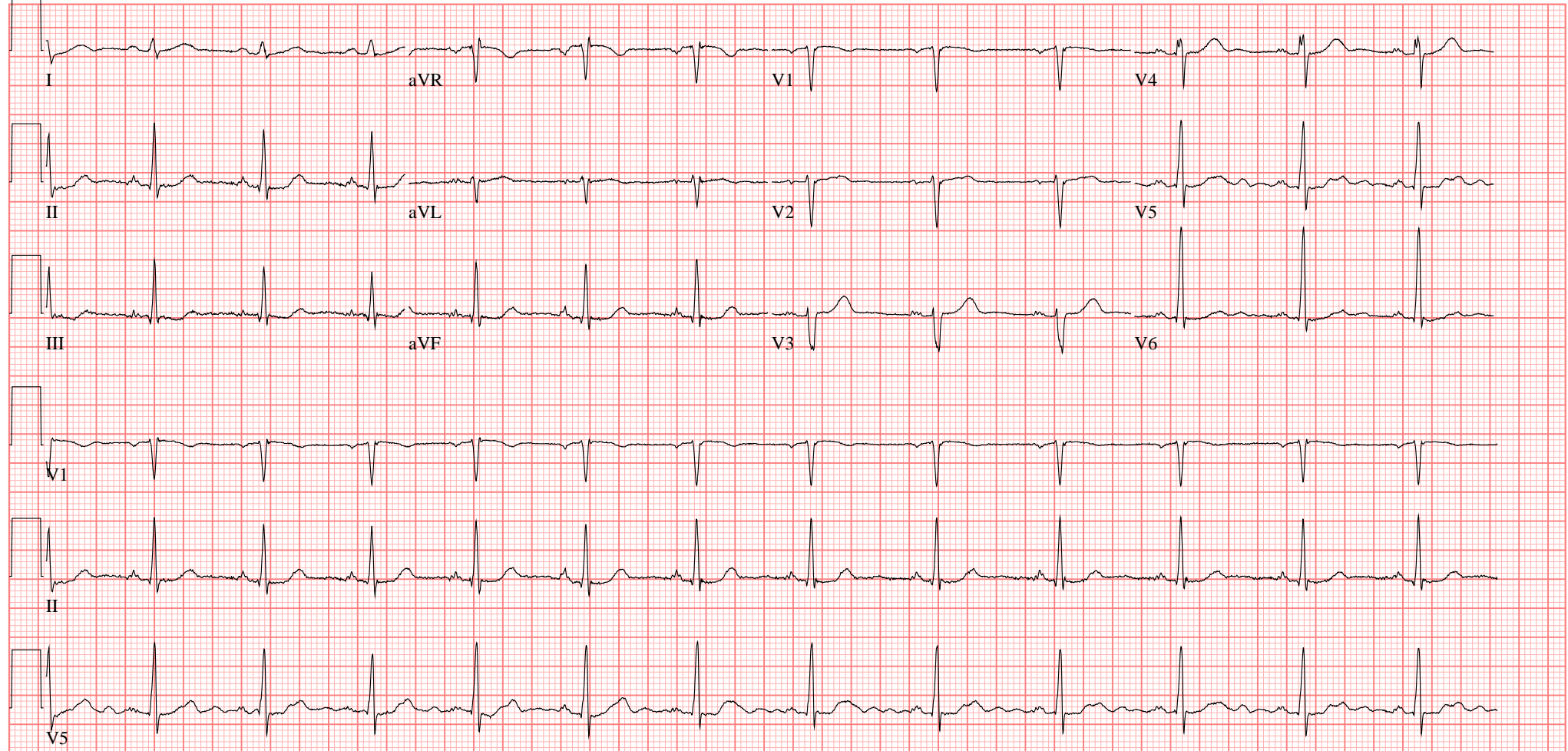
Vent. rate	76	BPM
PR interval	144	ms
QRS duration	80	ms
QT/QTcB	370/416	ms
P-R-T axes	51 84	60

Room:
Loc:320

Technician:
Test ind:

Location:

Comments:



Inpatient Records

General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date: 26/06/2025

Inpatient Discharge Summary

Patient	Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	CHI	2312751208
		Date of Birth / Age	23/12/1975 (49 years)
		UHPI	620012470M
Ward	Ward 107 RIE	Admission Date	19/05/2025
Consultant	Professor Richard JE Skipworth	Discharge Date	30/05/2025

Dear Dr Ling

Discharge Summary:

This 49 year old lady was admitted as an emergency with a 3 week history of vomiting and epigastric pain. Her inflammatory markers were elevated with CRP of approximately 400. A CT scan showed a localised perforation of the prepyloric region with perforation into the liver causing a collection of fluid and gas above the lesion. She proceeded to surgery and at the time was found to have a cm anterior perforated ulcer of the pylorus with contamination of pus and food substance within the right upper quadrant. This defect was closed primarily and then an omental patch was placed upon it. Post-operatively she recovered well and after a few days was allowed home to complete a course of antibiotics and anti-fungals.

In light of her history, I would be very grateful if you could arrange Helicobacter pylori testing on her in the future to ensure that there is no chance of persistent infection. I will ask her to make an appointment at your Practice. Many thanks.

Yours sincerely

PROFESSOR RICHARD SKIPWORTH
Consultant Surgeon

RS/DH

General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date: 16/06/2025

Inpatient Discharge Summary

Patient	Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	CHI	2312751208
		Date of Birth / Age	23/12/1975 (49 years)
		UHPI	620012470M
Ward	Ward 107 RIE	Admission Date	19/05/2025
Consultant	Dietician	Discharge Date	30/05/2025

Dear Dr Ling

Dietetic Assessment on Thursday 12th June 2025

Purpose of letter: Initial assessment summary

Diet Therapy Proposed Outcome/Final Outcome/Goal: Minimise ongoing weight loss

Recommendation: Food Fortification /Oral Nutritional Supplements (ONS) Required

*****NUTRITION PRESCRIPTION REQUEST*****

Product Name: Actigain Juice

Flavour: mixed

Volume/weight per serve: 220mls

Quantity per day: 440mls

Total volume/weight per 28 days: 12,320mls

Duration (weeks): ongoing

Indication for ACBS: disease related malnutrition

Justification for Non-First Line ONS: n/a

Summary of Dietetic Assessment

Weight (kg): 63kg

Height (m): 1.62m

BMI (kg/m²): 24.0kg/m²

Weight History: 72kg

% Weight Gain/Loss Over Time: 12.5% weight loss over the course of admission

MUST Score: 3

Other:

Comments: Sharon was seen by dietitians during her time in RIE, she was on TPN for a period of time post operatively then this was weaned down as her oral intake improved. She was commenced on ONS to further supplement this. On a telephone review today she reports to still have ongoing issues with appetite and intake, reporting she has only managed 1 small bowl of cereal, part of a ham salad sandwich for lunch and a cracker later on as a snack.

We discussed the importance of nutrition in recovery, little and often meal pattern and picking higher kcal and protein foods to optimise intake.

I would ask that ONS continue to be prescribed as above.

Discharge/ Follow Up Arrangements: community dietitian referral

Please do not hesitate to contact the department if any other information is required.

Yours sincerely

Charlotte Blair
Dietitian
01312426941

Department of General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created :30/05/2025
Date Authorised :
Date/Time Printed :03/06/2025 14:47
Our Ref :620012470M
CHI :2312751208

General Surgery

Prof Jonathan Fallowfield
Miss Sarah Thomasset
Prof Ewen Harrison
Mr James Powell
Prof SJ Wigmore
Secretary: 0131 242 3661

Prof RW Parks
Mr BM Stutchfield
Mr MJ Hughes
Miss A Adair
Mr JJC Casey
Miss RV Guest
Secretary: 0131 242 3682

Mr C Deans
Miss A Paisley
Miss A Ewing
Mr S McKechnie
Miss TE Gillies
Secretary: 0131 242 3473

Miss EM Ward
Mr R Aldridge
Mr A Healey
Miss V Banwell
Secretary: 0131 242 3503

Mr R McGregor
Mr A Robertson
Mr A Zanellato
Secretary: 0131 242 3613

Mr R Ravindran
Prof D Mole
Miss SJ Wakelin
Mr A Sutherland
Mr J Terrace
Mr I Currie
Ms L Ewan
Ms D Spence
Secretary: 0131 242 3663

Mr P Lamb
Mr O Damaskos
Secretary: 0131 242 3667

Mr GW Couper
Prof Skipworth
Secretary: 0131 242 3176

Oncology Consultant WGH:
Or Lucy Wall
0131 537 3916

*Notes tracked to 107
Not Rec'd yet*

Patient:	Sharon Steveris 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI:	620012470M
		Date of Birth:	23/12/1975
Ward:	Ward 107 RIE	<i>Seen on U/S w/ Rouney</i>	
Consultant:	Professor Richard JE Skipworth	Admission Date:	19/05/2025
		Discharge Date:	30/05/2025

Allergen (Group to which Allergen belongs)	Reaction
***No Known Drug Allergies	

Chlorphenamine 4mg tablets			
Dose	Route	Frequency	GP to continue
4 mg	Oral	Once daily at 2200	Yes
Notes:			
Co-trimoxazole 160mg/800mg tablets			
Dose	Route	Frequency	GP to continue
960 mg	Oral	Twice daily at 0700 & 2000	No
Notes:			
Fluconazole 200mg capsules			
Dose	Route	Frequency	GP to continue
400 mg	Oral	Once daily at 0700	No
Notes:			
Lansoprazole 30mg gastro-resistant capsules			
Dose	Route	Frequency	GP to continue
30 mg	Oral	Once daily at 0700	Yes
Notes:			

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

Inpatient Discharge Summary

UHPI: 620012470M DOB: 23/12/1975 Patient Name: Sharon Stevens

Address: 4/5 New Arthur Place, , Edinburgh, EH8 9TH

Macrogol compound oral powder sachets NPF sugar free			
Dose	Route	Frequency	GP to continue
1 Sachet	Oral	Twice daily at 0700 & 2000	No
Notes:			
Magnesium aspartate (magnesium 10mmol) oral powder sachets			
Dose	Route	Frequency	GP to continue
10 mmol	Oral	Twice daily at 0700 & 2000	No
Notes:			
Metronidazole 400mg tablets			
Dose	Route	Frequency	GP to continue
400 mg	Oral	Three times daily at 0700, 1400 & 2200	No
Notes:			
Morphine sulfate 10mg/5ml oral solution			
Dose	Route	Frequency	GP to continue
10 mg	Oral	PRN 1 hourly max qds	No
Notes:			
Ondansetron 4mg tablets			
Dose	Route	Frequency	GP to continue
4 mg	Oral	PRN For nausea 4 hourly Max 12mg in 24 hours	No
Notes:			
Paracetamol 500mg caplets			
Dose	Route	Frequency	GP to continue
1000 mg	Oral	Four times daily at 0700, 1400, 1800 & 2200	No
Notes:			
Thiamine 100mg tablets			
Dose	Route	Frequency	GP to continue
100 mg	Oral	Three times daily at 0700, 1400 & 2200	Yes
Notes:			
Trazodone 100mg capsules			
Dose	Route	Frequency	GP to continue
100 mg	Oral	Once daily at 2200	Yes
Notes:			

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

OPERATION/PROCEDURE(S): Laparotomy plus primary/secondary closure of perforated pyloric ulcer

UNDERLYING DIAGNOSIS: Perforated pyloric ulcer

Inpatient Discharge Summary

UHPI: 620012470M DOB: 23/12/1975 Patient Name: Sharon Stevens
Address: 4/5 New Arthur Place, , Edinburgh, EH8 9TH

TYPE OF ADMISSION: Emergency

CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS):

Started: co-trimoxazole 960mg BD 4 days, metronidazole 400mg TDS 4 days, fluconazole 400mg OD 4 days, lansoprazole 30mg OD, Thiamine 100mg TDS, magnesium aspartate sachet BD 2 days, oromorph 10mg QDS PRN 7 days, ondansetron 4mg TDS PRN 7 days, macrogol 1 sachet BD 7 days, paracetamol 1G QDS 7 days

ALLERGIES / ADVERSE DRUG REACTIONS:
NKDA

Discharge prescription checked against ECS med rec: Yes

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil

ACTION REQUIRED FROM GP: Nil

Dear Doctor,

Sharon Stevens was admitted to RIE on 18/5/25 with upper abdominal pain and vomiting. CTAP revealed a perforated pyloric ulcer. She was taken to theatre for a laparotomy plus primary/secondary closure of the perforation. She was initially sent to ITU for recovery with IVABX and antifungals. She was stepped down to the ward and recovered well. She was declared fit for discharge on 30/5/25 with the remainder of her course of ABX.

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/DNACPR STATUS/
ANTICIPATORY CARE PLANNING:
Nil

Should you need further information please contact: Anna Paisley General Surgery

Thank you for your ongoing care of this patient.

Yours sincerely,

Fraser Thom F3
Department of General Surgery, Royal Infirmary of Edinburgh

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

**Royal Infirmary of Edinburgh**

Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111

General Critical Care (ward 116/8) – 0131 242 1181

St John's Hospital

Intensive Care Unit – 01506 524063

Western General Hospital

Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Discharge Summary

RIE116

Dear Colleague,

Sharon Stevens (UHPI 620012470M) was admitted to RIE116 on 19/05/2025 19:53. They spent a total of 3 days in Critical Care. They were discharged on to .

Diagnoses and key issues during critical care stay:

1. Post op perf DU

Interventions in critical care:

Micro - Antibiotics; Nutrition - Parenteral Nutrition; CV - Central Venous Catheter; CV - Arterial Line

Critical care related issues:

Anxiety

Current Issues:

- 1) Post op primary closure of 2cm ulcer immediately distal to pylorus Omental patch repair and falciform
- 2) Pain control with morphine PCA
- 3) Anxiety

Outstanding issues for consideration and action by receiving team:

Continue h-pylori eradication and antifungals.

Treatment Escalation Plan:

Please review the Treatment Escalation Plan in Trakcare for plans regarding escalation and resuscitation.

Nursing discharge considerations:

Complex patients will have a narrative summary documented immediately below.

Further details of the patient admission are contained in this pdf document.

The complete record of the critical care stay is accessible via the ICCA system. If you require assistance in accessing ICCA, please contact the discharging critical care team.

Narrative Summary

18/5/25 Presented to WGH with 2/52 of acute onset of vomiting and has barely been able to keep any food down over this time

19/5/25 CT reported as arge perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver

Transferred to RIE under the surgeons

20/5/25 Admitted to HDU post op perf DU with contamination into liver capsule and high roof top incision and vulnerable anastomosis

21/5/25 Epidural discontinued and started on morphine sulphate PCA

Discharging Nurse:	Discharging Doctor/ACCP: Myles, Georgina
Discharging Critical Care Consultant: Wilson, Julie	

Critical Care Discharge Details

Sharon Stevens	
Likes to be known as:	
Date of Birth: 23/12/1975	Age: 49 years
CHI Number: 2312751208	UHPI: 620012470M
Hospital Admission Date and Time: 19/05/2025 02:56	
Critical Care Admission Date and Time: 19/05/2025 19:53	
Critical Care Discharge Date and Time:	
Duration of Critical Care Stay: 3 days	
Discharge Destination:	
Discharging Nurse:	Discharging Doctor/ACCP: Myles, Georgina
Discharging Critical Care Consultant: Wilson, Julie	

Demographics

Address: 4/5 New Arthur Place, , Edinburgh, , EH8 9TH	
Primary Language:	Religion:
CHI Number: 2312751208	UHPI: 620012470M

GP Details: J Ling EH8 9RU GP Code: 70841 GP Practice Code : 6024481
--

Anthropometry

Admission Weight:	Latest Weight:
Height: 162 cm	BMI (latest):

Nursing Admission

Hearing Aids: No	Registered Deaf: No
Contact Lenses: No contact lenses present	Glasses: Normally wears glasses
Registered Blind: No	Dentures: No
Pregnancy Test:	

Urinalysis:
Belongings:
Valuables:
Visitor Restriction: Visitor Password:
Police Reference and Password: Police Password:

Medical Admission

Hospital Specialty:	Hospital Consultant: Miss Ewing
Admitted From: B. Recovery/Theatre (post operation)	
Admission Type: Emergency Surgical	Unplanned Readmission:
Working Diagnosis at Admission: Large duodenal perforation	
History of Presenting Complaint: 49 female fit and well normally admitted with vomiting and abdominal pain at WGH CTAP - Large perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver capsule. Transferred to RIE for laparotomy - primary closure of 2cm ulcer immediately distal to pylorus. Omental patch repair and falciform. x2 drains. x2 units RCC in theatre.	
Relevant Investigation Findings at Admission: CTAP - Large perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver capsule.	
Past Medical History: Anxiety Hayfever Previous C-section Breast lumpectomy	
Medication History at Admission: Trazadone and chlorphenamine held whilst NBM	

Allergies:			
Allergen	Severity	Reaction	Comment
Latex	Unknown		

Social History: Lives alone
Functional History: Independent Smoker 10-15 cigarettes per day Minimal Alcohol

Critical Care Timeline:
18/5/25 Presented to WGH with 2/52 of acute onset of vomiting and has barely been able to keep any food down over this time
19/5/25 CT reported as arge perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver
Transferred to RIE under the surgeons
20/5/25 Admitted to HDU post op perf DU with contamination into liver capsule and high roof top incision and vulnerable anastamosis
20/5/25 Amox met and gent and fluconazole for h-pylori eradication
21/5/25 Epidural discontinued and started on morphine sulphate PCA
Microbiology Timeline:
Interventions on Critical Care:
Micro - Antibiotics; Nutrition - Parenteral Nutrition; CV - Central Venous Catheter; CV - Arterial Line
Critical Care Related Issues:
Anxiety

Devices Present on Discharge

Line type	Date of Insertion	Comments
Urine: Bladder Indwelling Catheter	20 May 2025 07:00	
IV: Left Hand (Back)	19 May 2025 20:00	
CL: Right Internal Jugular	19 May 2025 14:00	
Art: Right Radial Artery	19 May 2025 14:00	
IV: Right Hand (Back)	19 May 2025 08:00	
GI In: Left Nostril - NGT		

Drug History

Admission Medications
<p>Acute Prescriptions: Cosmocol 1-3 sachets OD Prochlorperazine 5mg TDS Desogestrel 75mcg OD</p> <p>Repeat Prescriptions: Chlorphenamine 4mg ON Hydromol ointment mdu Dermol 500 mdu Trazodone 100mg ON</p>

Changes to Baseline Medication:**Pharmacy Discharge Handover:**

For patients discharged to wards in NHS Lothian, medications at discharge will be prescribed in HEPMA by the critical care team.

Patient Centered Care Plan

Domain	Entry
Key Information	Discharge Details Latex allergy.
	Goal
Patient Centered Care Goal	Discharge Details Sharons NOK is her daughter.
	Goal
Deterioration and Escalation	Goal To return back to normal baseline and recover from this admission. For full escalation.
	Discharge Details Observations stable. Apyrexial.
Pressure Area and Wound Care	Goal maintain skin integrity
	Discharge Details Surgical wound dressings intact. Has 2X abdo drains- minimal HS fluid.
Safer Mobility	Goal return to baseline
	Discharge Details Normally ind, Zimmer X1 for walking.
Bladder and Bowel Function	Goal maintain healthy function
	Discharge Details IDC insitu. BNO.
Medicines Management	Goal Drugs given as prescribed
	Discharge Details As per HEPMA, is on IV ABX.
Pain Management	Goal Pain assessed and treated.
	Discharge Details Morphine PCA. Pain well controlled with this.
Infection Prevention and Control	Goal normal ppe
	Discharge Details No issues.

Food, Fluid and Nutrition	Goal maintain nutritional intake
	Discharge Details Allowed to drink but only small amounts. NG clamped and for 4hrly aspirates.
Altered State of Cognition	Goal maintain at baseline
	Discharge Details GCS 15.
Vulnerable Patient	Goal n/a
	Discharge Details n/a
Stress and Distress	Goal n/a
	Discharge Details n/a

MDT Documentation

Dietetics	<p>Reviewing Dietician: Wilkinson, Emma Date of Review: May 22 2025 2:28PM Admission Weight: Height: 162 cm BMI: Nutritional History: trak 19/05 - 69.2kg, 1.62m, BMI 26.37kg/m2 - appears accurate, use for requirements Pt reported that weight dropped from 11st 6lbs (72.5kg) down to 10st (63kg) over last ~2/52. Minimal intake for ~2 1/2 weeks due to N&V. Having yoghurt/ soup daily however reports would vomit majority of this up again after. No allergies or intolerances as per patient. Route of Nutrition: RIJ CVC placed 19/05 with dedicated lumen for PN (Day 4) Energy Requirements: 2076kcal (30kcal/kg) REE From Indirect Calorimetry: Protein Requirements: 90-104g protein (1.3-1.5g/kg) Bowels: BNO Current Nutrition: triomel N9 @84ml/hr x 24hrs running, via CVC. surgical review today - free fluids, NG to be spigotted & asporated 4 hrly. Summary of Assessment: Review of PN - ongoing to meet full reqs as for small amounts of fluids only orally & nil via NGT as per surgeons. Given sharp rise in PO4, would suggest an electrolyte-free PN bag. Dietetic Aim: Meet nutritional requirements via PN Dietetic Plan: - PN: Smof 16 EF @ 75mls/hr x 24 hrs (1800mls/ 2010kcal/ 92g protein) Will cont to rv/ handover to ward DT if steps down</p>
Physiotherapy	<p>Reviewed by: , Subjective Assessment: Objective Assessment: Problem List: Treatment:</p>

	Analysis: Plan:
Speech & Language Therapy	Observations: Diet Recommendations: Fluid Recommendations: Additional Advice: Communication advice: Plan:
Occupational Therapy	Reviewed by: Subjective Assessment: Objective Assessment: Analysis: Goals: Plan:
Pain Team	Pre-Admission Analgesia: Diclofenac 50mg PRN - occasionally for back pain. Current Analgesia: Paracetamol 1g QDS Epidural 10ml/hr - 2 x 10ml top ups Plan: Stop epidural , remove after 10am but before 4pm Prescribed morphine PCA 1mg bolus Please check motor block 4 hourly for 24 hours post epidural removal Comment:

Vital Signs

Time	HR	RR	NIBP	Arterial BP	Temp (°C)	FiO2 %	O2 (L/min)	spO2 %	GCS
21/05 14:00	77	12		128/76 (93)		32%	3	96	
21/05 15:00	67	16		128/76 (93)		32%	3	96	
21/05 16:00	75	14		141/87 (105)		32%	3		
21/05 17:00	80	10		154/90 (111)		32%	3		
21/05 18:00	77	12		104/90 (95)	35.5	32%	3	91	
21/05 19:00	76	14		138/69 (87)		32%	3	98	
21/05 20:00	68	16		140/74 (94)				96	15/15 (E4,V5,M6)
21/05 21:00	71	11	132/87 (102)	81/72 (75)	35.6			97	
21/05 22:00	68	8	132/87 (102)	114/65 (81)		28%	2	89	
21/05 23:00	69	8		102/54 (71)		28%	2	99	
22/05 00:00	68	7		81/65 (70)		28%	2	99	
22/05 01:00	67	8		104/60 (75)		28%	2	98	

22/05 02:00	72	8		111/70 (83)		28%	2	99	
22/05 03:00	75	9		112/56 (75)		28%	2	98	
22/05 04:00	82	10		121/62 (82)		28%	2	97	
22/05 05:00	100	14		125/72 (89)		28%	2	98	
22/05 06:00	94	13		123/59 (80)		28%	2	98	
22/05 07:00	85	9		113/56 (75)		28%	2	98	
22/05 08:00	81	19	138/77 (97)	115/58 (77)	36.5		2	92	15/15 (E4,V5,M6)
22/05 09:00	92	15		117/68 (84)			2		
22/05 10:00							2		
22/05 11:00	90		122/75 (90)				2		
22/05 12:00							2		
22/05 13:00									
22/05 14:00	81	16	107/63 (77)		35.6		2	99	

***Above observations from 24hrs prior to time of discharge.**

Fluid Balance

Date/Time	Input (ml)	Output (ml)	Total Balance (ml)	Urine Output (ml)
19/05 00:00 --> 23:59	701	380	321	230
20/05 00:00 --> 23:59	2673	1725	948	1180
21/05 00:00 --> 23:59	3508	2120	1388	1930
22/05 00:00 --> 18:05	2289	1280	1009	1130

Daily Ward Round

Date	Consultant	Entry
22/05/2025 11:36	Wilson, Julie	<p>Ward Round Assessment: Sitting out in chair Sats 100% on 2L Haemodynamically stable, unsupported Pain well controlled with PCA (epidural removed yesterday) TPN ongoing Bloods reviewed -</p> <p>Ward Round Plan: 1. Free fluids as per surgeons (with NG spigotted with 4hrly aspirates) 2. Can go to ward (surgeons verbally handed over this morning happy for stepdown) -</p> <p>PM / Evening Ward Round: -</p>
21/05/2025 09:59	Kefala, Kallirroï	<p>Ward Round Assessment: Sitting out in chair and looking relatively OK Feeling a bit 'spaced out' with PCA TPN continues, not for enteral feeding CVS unsupported WCC decreasing -</p> <p>Ward Round Plan: Remain in HDU today If A-line stops working then it can be removed and no need to replace -</p> <p>PM / Evening Ward Round: PCA comfortable this pm All esle stable -</p> <p>Comfortable No change to plan If A-line not working then remove</p>
20/05/2025 10:54	McNeill, Gregor	<p>Ward Round Assessment: Doing well Note bloods -</p> <p>Ward Round Plan: Continue epidural TPN -</p> <p>PM / Evening Ward Round: Doing well Sitting out in chair Possibly step down tomorrow once epidural down GM</p>

		-
19/05/2025 22:01	Ferguson, Cameron	Ward Round Assessment: Doing well - Ward Round Plan: TPN Aim ward tomorrow after epidural step down Sit out GM - PM / Evening Ward Round: - currently having a bed bath comfortable with epidural no concerns raised from bedside nurse passing adeequate volumes of urine no vasopressor support

**Royal Infirmary of Edinburgh**

Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111

General Critical Care (ward 116/8) – 0131 242 1181

St John's Hospital

Intensive Care Unit – 01506 524063

Western General Hospital

Critical Care Unit (Ward 20) - 0131 537 1664

Critical Care Notes Summary

RIE116

Critical Care Discharge Details

Sharon Stevens	
Likes to be known as:	
Date of Birth: 23/12/1975	Age: 49 years
CHI Number: 2312751208	UHPI: 620012470M
Hospital Admission Date and Time: 19/05/2025 02:56	
Critical Care Admission Date and Time: 19/05/2025 19:53	
Critical Care Discharge Date and Time:	
Duration of Critical Care Stay: 3 days	
Discharge Destination:	
Discharging Nurse:	Discharging Doctor/ACCP: Myles, Georgina
Discharging Critical Care Consultant: Wilson, Julie	

Daily Ward Round

Date	Consultant	Entry
22/05/2025 11:36	Wilson, Julie	Ward Round Assessment: Sitting out in chair Sats 100% on 2L Haemodynamically stable, unsupported Pain well controlled with PCA (epidural removed yesterday) TPN ongoing Bloods reviewed - Ward Round Plan: 1. Free fluids as per surgeons (with NG spigotted with 4hrly aspirates) 2. Can go to ward (surgeons verbally handed over this morning happy for stepdown) - PM / Evening Ward Round: -
21/05/2025 09:59	Kefala, Kallirroï	Ward Round Assessment: Sitting out in chair and looking relatively OK Feeling a bit 'spaced out' with PCA TPN continues, not for enteral feeding CVS unsupported WCC decreasing - Ward Round Plan: Remain in HDU today If A-line stops working then it can be removed and no need to replace - PM / Evening Ward Round: PCA comfortable this pm All esle stable - Comfortable No change to plan If A-line not working then remove
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		GM -
19/05/2025 22:01	Ferguson, Cameron	Ward Round Assessment: Doing well - Ward Round Plan: TPN Aim ward tomorrow after epidural step down Sit out GM - PM / Evening Ward Round: - currently having a bed bath comfortable with epidural no concerns raised from bedside nurse passing adequate volumes of urine no vasopressor support

Rate 97 . Age not entered, assumed to be 50 years old for purpose of ECG interpretation
 PR 164 . Sinus rhythm.....normal P axis, V-rate 60- 99
 QRSD 89 . Probable left atrial enlargement.....P >50ms, <-0.10mV V1
 QT 331
 QTc 421

Sharon SKVENJ

23/05

1820.

~~ECG~~ - Sinus Tachy

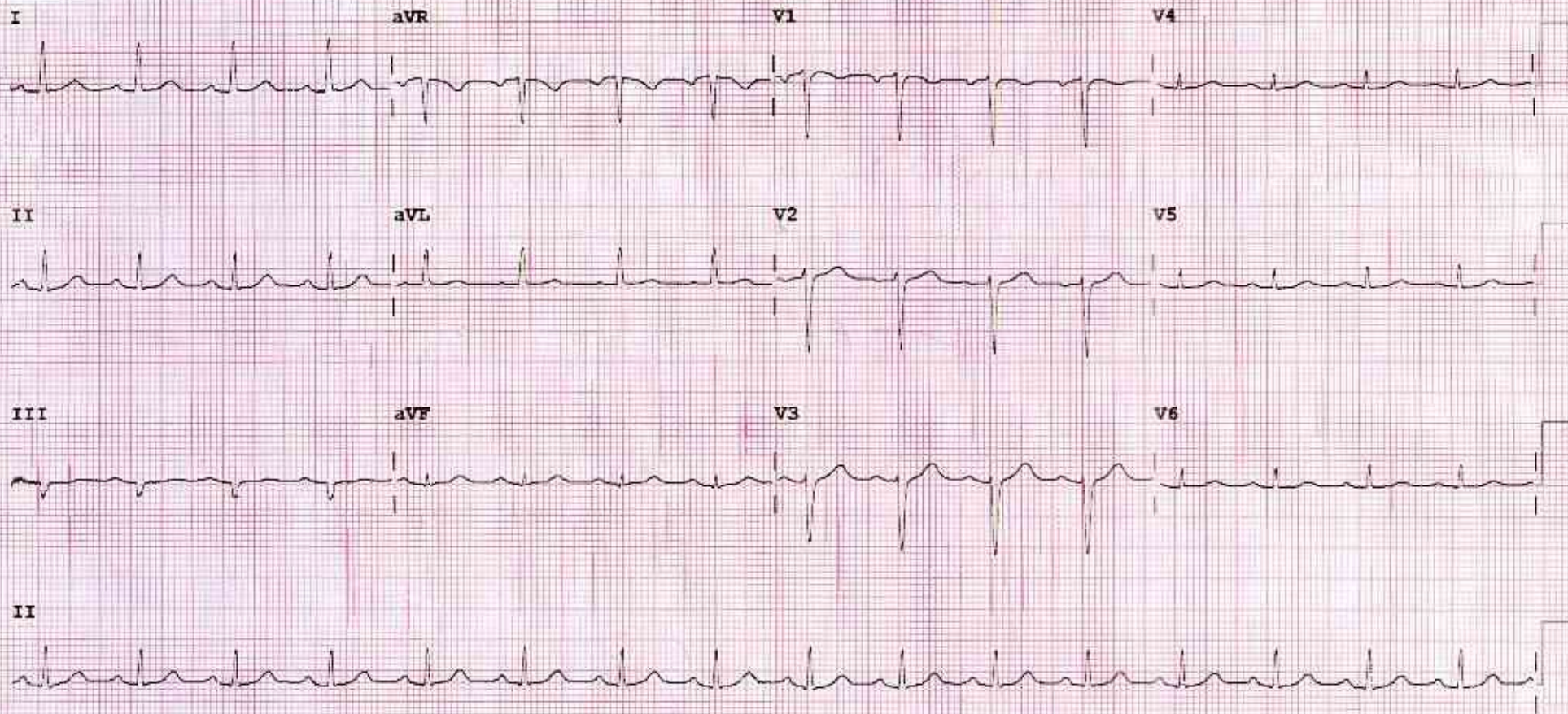
- BORDERLINE ECG -

--AXIS--

P 53
 QRS 5
 T 33

12 Lead; Standard Placement

Unconfirmed Diagnosis



2312751208

stevens, sharon

27/05/2025 17:02:02

DOB 23/12/1975 49 Years

Royal Infirmary of Edinburgh (1)

Ward 103 (50)

Rate 107 . Sinus tachycardia.....rate> 99

PR 160
QRSD 88
QT 318
QTc 425

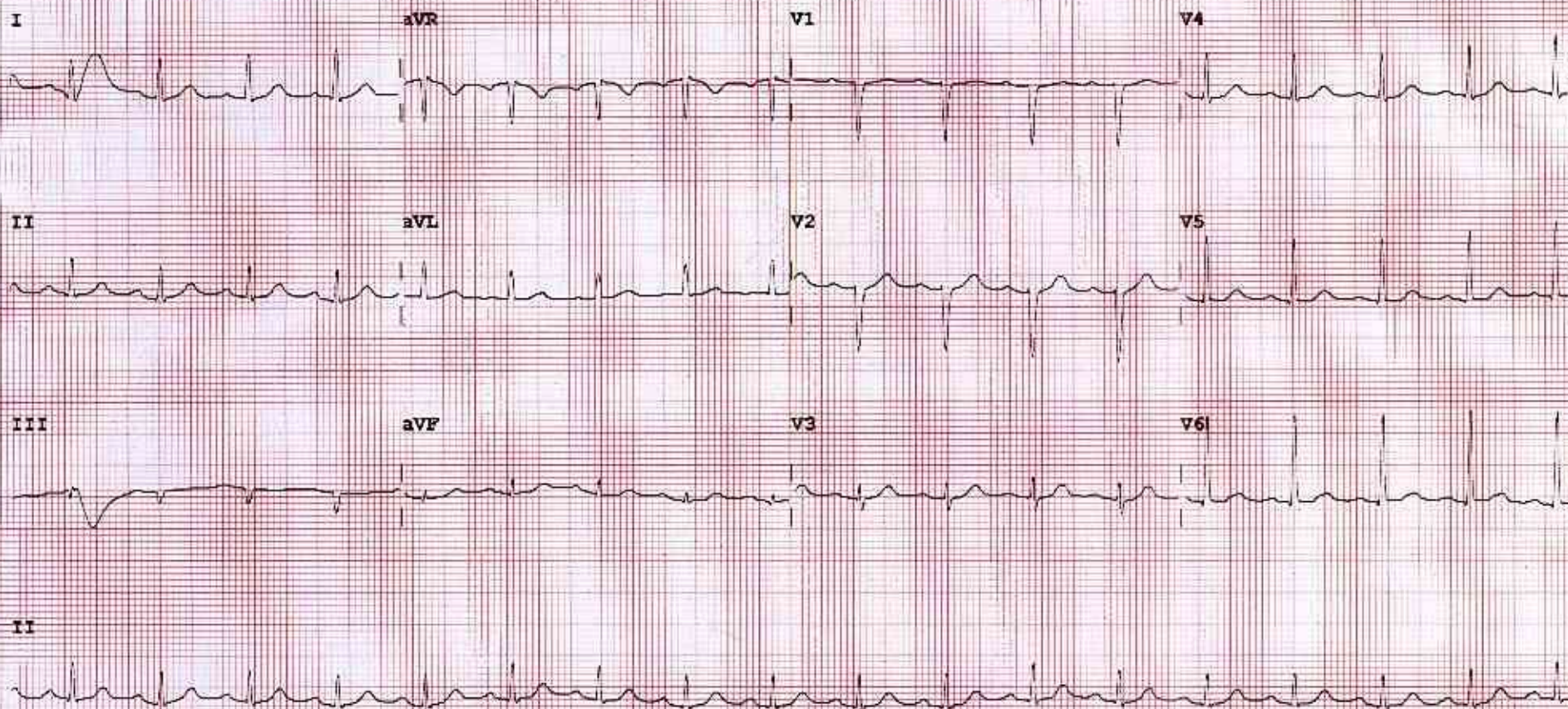
--AXIS--

P 63
QRS 4
T 32

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 92038052 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50 0.15-100 Hz 100B CL P?

Pharmacy Aseptic Service, Royal Infirmary of Edinburgh
Details of Parenteral Nutrition Regimen

Patient Name	Sharon Stevens	Ward	Ward 116C
Hospital Number	2312751208	Weight	69.00 kg
Date of birth	23/12/1975		
Batch no. A25050357	Prepared Thursday 22 May 2025 for use on Thursday 22 May 2025		

Ingredients

SmofKabiven® EF 16gN	1970.00ml
Sodium Chloride 30%	16.00ml
Magnesium Sulfate 50%	5.00ml
Potassium Chloride 15%	30.00ml
Calcium Gluconate 10%	22.00ml
Nutratain (in 5ml WFI)	5.00ml
Addaven	10.00ml

Total Volume 2058.00 ml

Infusion rate 75.0 ml/hour for 24 hours (Supply 1800ml only)

Osmolality 1717.4 mosmol/Kg

Glucose Concentration 12.15 %

Energy/Nitrogen Ratio 113kcal/g

Elemental Content

Dietary N	16.00gN
AA Energy	400kcal
Glucose	1000kcal
Lipid	800kcal
Sodium	82.132mmol
Potassium	60.001mmol
Calcium	4.972mmol
Magnesium	10.150mmol
Zinc	77.000µmol
Phosphate	5.600mmol
Chloride	142.080mmol
Acetate	147.000mmol
Iron	20.000µmol
Manganese	1.000µmol
Copper	6.000µmol
Chromium	0.200µmol
Selenium	1.000µmol
Molybdenum	0.200µmol
Fluorine	50.000µmol
Iodine	1.000µmol

Pharmacy Signature *[Signature]* Date 22/05/25

Copy for Retention in Patient's Notes

Document Printed 22/05/2025 11:47

[Large handwritten signature]

23-Dec-1975 (49 yr)
Female

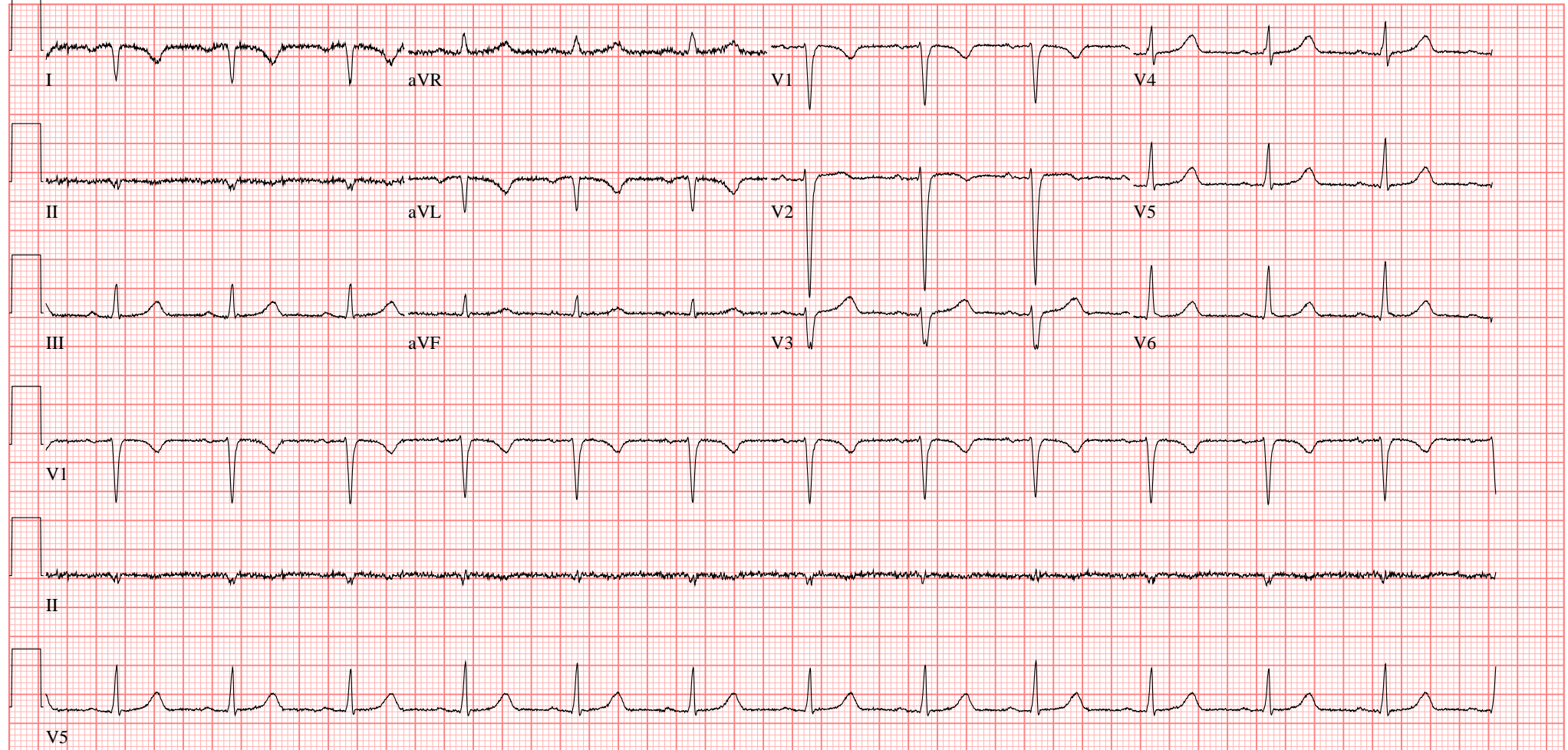
Vent. rate	75	BPM
PR interval	162	ms
QRS duration	88	ms
QT/QTcB	412/460	ms
P-R-T axes	* 159	160

Room:
Loc:62

Technician:
Test ind:

Location:

Comments:



23-Dec-1975 (49 yr)
Female

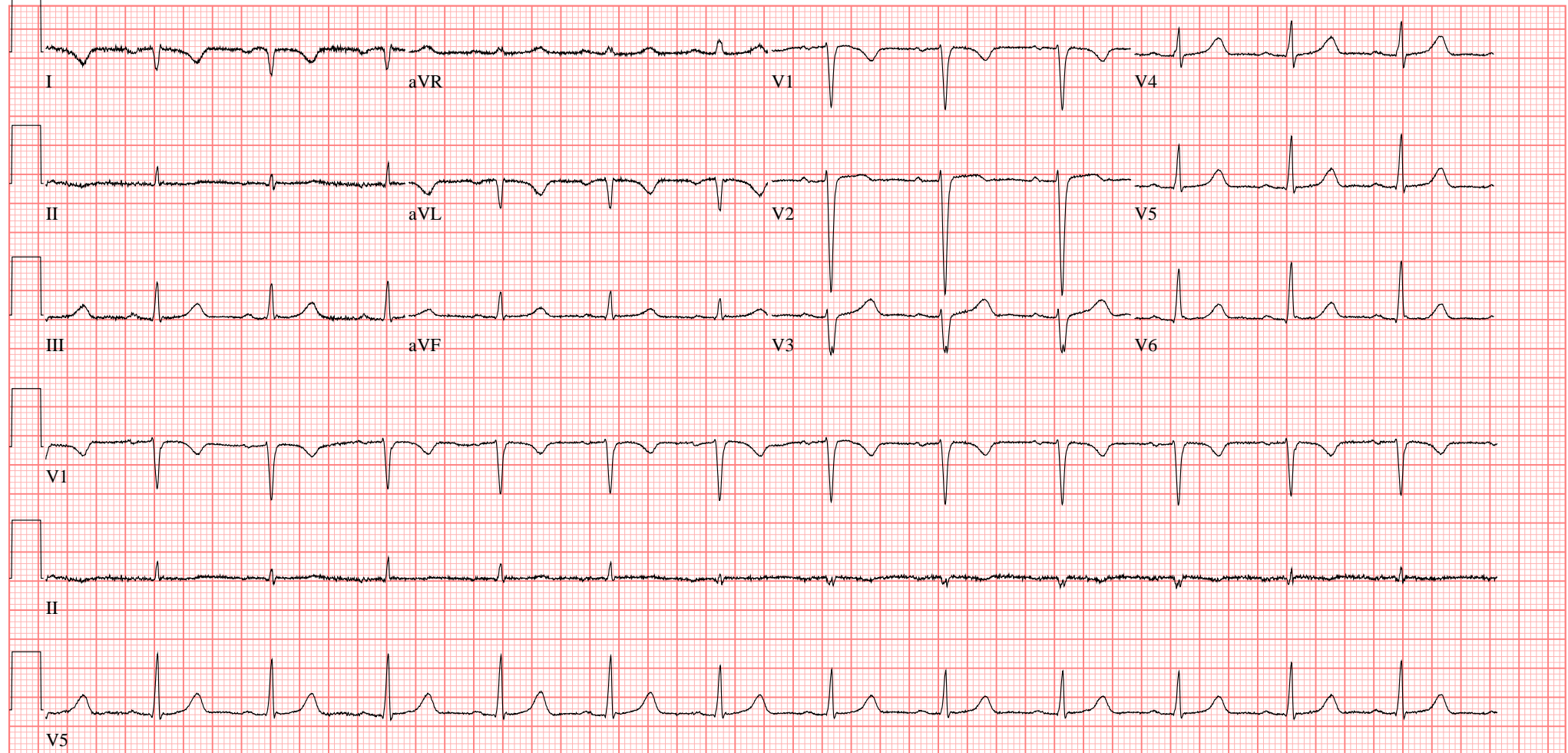
Vent. rate	77	BPM
PR interval	166	ms
QRS duration	90	ms
QT/QTcB	400/452	ms
P-R-T axes	* 144	148

Room:
Loc:62

Technician:
Test ind:

Location:

Comments:






Transfusion Record

This is a permanent record of transfusion and must be filed or scanned into the nursing notes section of the patient's health records



Patient Details	
Hospital/Unit: RUE	Affix label here a 620012470M /E6038950 F
Ward/Dept: TU 17	Forename: STEVENS Sharon
Consultant: EWING	23-Dec-75 CHI: 231 275 1208
Patient's weight (kg): 69	Gender: 70841 J Ling
	4/5 New Arthur Place
	CHI number: EH8 9TH
	

Section to be completed prior to prescribing/authorising blood components

If this patient is on a regular transfusion programme or has previously consented e.g. pre-operatively, is there evidence of consent for transfusion and previous discussion recorded in the patient's health record?

Yes Proceed to prescriber/authoriser signature No Complete checklist below

- Risks and benefits, alternatives and option to refuse discussed? Yes No
- Patient offered a 'Receiving a Transfusion' patient information leaflet? Yes No
- Reason for transfusion discussed with patient and documented in health records? Yes No
- Has the patient experienced a previous transfusion reaction? Yes No
- Does the patient consent to have a blood transfusion? Yes No
- Is an advance directive (refusal of blood transfusion) document in place? Yes No

If it is not possible to discuss with the patient, please give reason/details below:

It is the responsibility of the authoriser of blood components to ensure that any specific transfusion requirements are met (e.g. irradiated, CMV negative components, or use of a blood warmer).

Consider the risk of Transfusion Associated Circulatory Overload (TACO)

1. Consider if the patient has any of the following risks for TACO and tick as many as apply:

<input type="checkbox"/> Congestive cardiac failure, severe aortic stenosis, moderate to severe LV dysfunction?	<input type="checkbox"/> Positive fluid balance?
<input type="checkbox"/> Taking a regular diuretic?	<input checked="" type="checkbox"/> Receiving supplementary fluids either currently or in the last 24 hours?
<input type="checkbox"/> Pulmonary oedema?	<input type="checkbox"/> Peripheral oedema?
<input type="checkbox"/> Respiratory symptoms of unknown cause?	<input type="checkbox"/> Hypoalbuminaemia?
<input checked="" type="checkbox"/> Severe anaemia?	<input type="checkbox"/> Renal impairment?
<input type="checkbox"/> Other risk, please specify:	

If no, sign below and proceed.

If yes:


2. Does the benefit of the transfusion outweigh the risks? Yes No

3. Can the transfusion be safely deferred? Yes No

If proceeding with transfusion consider the patient's body weight before authorising the blood component, especially for low body weight adult patients, and consider prophylactic diuretic if medically indicated.

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit

I confirm that the patient has consented to transfusion and I have undertaken a TACO risk assessment

Signature:  Print Name: **MORVEN STEWART** Designation: **ST1** Date: **14/05/25**



Blood component authorisation to be completed by medical staff or designated non-medical authoriser of blood components

Please note that red cell transfusion is usually not appropriate for the treatment of chronic iron deficiency anaemia, B12 or folate deficiency. Medications relating to blood transfusion such as diuretics or antipyretics must be in the patient's drug prescription chart. For blood component dosing guidance consult local transfusion policy.

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EH8 9TH



The checklist for each unit must be completed and signed by member of staff administering the blood component

Bedside verbal ID check	Patient cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tag exactly	Component matches prescription	Inspect bag (expiry, condition)	Once checks complete, print name	Completed blue tag sent to lab	Date & time transfusion completed
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MORVEN STEWART	<input checked="" type="checkbox"/>	19/05/25 1500
UNIT 1	Blood component	Unit or mls	Specific requirements/Instructions (please tick)	Donation No:	G1016 25 056147 2 04333 Red Cells in Additive Solution(CPD/SAGM)			
	Red cells	1 UNIT	Irradiated <input type="checkbox"/> CMV negative <input type="checkbox"/> Blood warmer <input type="checkbox"/> Other medication <input type="checkbox"/>	Component:	Date Given: 19/05/25 Time Given: 1435			
	Reason for transfusion:	Acute blood loss <input checked="" type="checkbox"/> Low platelet count <input type="checkbox"/> Anaemia <input checked="" type="checkbox"/> Abnormal coagulation <input type="checkbox"/>		Signature 1:	Other:			
	Signature 2:	Date: 19/05		Duration: stat		Authoriser's signature		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MORVEN STEWART	<input checked="" type="checkbox"/>	19/05/25 1530
UNIT 2	Blood component	Unit or mls	Specific requirements/Instructions (please tick)	Donation No:	G1016 25 048745 W 04333 Red Cells in Additive Solution(CPD/SAGM)			
	Red cells	1 UNIT	Irradiated <input type="checkbox"/> CMV negative <input type="checkbox"/> Blood warmer <input type="checkbox"/> Other medication <input type="checkbox"/>	Component:	Date Given: 19.5.25 Time Given: 15:04			
	Reason for transfusion:	Acute blood loss <input checked="" type="checkbox"/> Low platelet count <input type="checkbox"/> Anaemia <input checked="" type="checkbox"/> Abnormal coagulation <input type="checkbox"/>		Signature 1:	Other:			
	Signature 2:	Date: 19/05/25		Duration: stat		Authoriser's signature		

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit

General Guidance on Transfusion Observations

Record on a National Early Warning System (NEWS) chart (or local equivalent) and highlight as 'transfusion observations'. The minimum* transfusion observations for each unit are temperature, blood pressure, respiratory rate & pulse at:

- Baseline no more than 60 minutes prior to the start of the unit
- 15 minutes after the start
- Hourly thereafter until the unit is completed *
- At the end of each unit, within 60 minutes of completion of transfusion

NB All blood component transfusions must be completed within 4 hours of removal from controlled storage.

*In patients of all ages who are incapacitated it is more difficult to detect signs of early transfusion reactions therefore more frequent observations may be required. This includes those who are ventilated, confused, sedated or unconscious

Blood component authorisation to be completed by medical staff or designated non-medical authoriser of blood components

Please note that red cell transfusion is usually not appropriate for the treatment of chronic iron deficiency anaemia, B12 or folate deficiency. Medications relating to blood transfusion such as diuretics or antipyretics must be in the patient's drug prescription chart. For blood component dosing guidance consult local transfusion policy.

Affix label or write patient details:

Forename:

Surname:

Date of Birth:

CHI:

The checklist for each unit must be completed and signed by member of staff administering the blood component

UNIT 3	Bedside verbal ID check	Potent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tog exactly	Component matches prescription	Inspect bog (expiry, condition)	Once checks complete, print name	Completed blue tog sent to lab	Date & time transfusion completed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	Blood component	Unit or mls	Specific requirements/ Instructions (please tick)		Complete & attach pink portion of compatibility label or complete:				
			Irradiated <input type="checkbox"/> CMV negative <input type="checkbox"/> Blood warmer <input type="checkbox"/> Other medication <input type="checkbox"/>						
	Reason for transfusion: Acute blood loss <input type="checkbox"/> Low platelet count <input type="checkbox"/> Other: _____ Anoemia <input type="checkbox"/> Abnormal coagulation <input type="checkbox"/>								
Date			Duration		Authoriser's signature				
UNIT 4	Bedside verbal ID check	Potent cannula	Baseline obs (no more than 60 mins prior to start)	Ensure patient's ID details (on ID band) match the tog exactly	Component matches prescription	Inspect bog (expiry, condition)	Once checks complete, print name	Completed blue tog sent to lab	Date & time transfusion completed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
	Blood component	Unit or mls	Specific requirements/ Instructions (please tick)		Complete & attach pink portion of compatibility label or complete:				
			Irradiated <input type="checkbox"/> CMV negative <input type="checkbox"/> Blood warmer <input type="checkbox"/> Other medication <input type="checkbox"/>						
	Reason for transfusion: Acute blood loss <input type="checkbox"/> Low platelet count <input type="checkbox"/> Other: _____ Anoemia <input type="checkbox"/> Abnormal coagulation <input type="checkbox"/>								
Date			Duration		Authoriser's signature				

When authorising red cells authorisers should consider transfusion of a single unit for non bleeding patients and clinically reassess after each unit.

Management of transfusion reactions:

Adverse reactions to blood components may manifest during the transfusion or up to 24 hours after the transfusion is completed.

It is recommended that patients, such as day cases, discharged within 24 hours of transfusion be issued with a contact card giving 24-hour access to clinical advice.

1. Refer to flow chart & contact medical staff (See page 4)
2. **Medical staff** contact Haematologist and Hospital Transfusion Laboratory for support (if appropriate)
3. **Medical/Nursing/Midwifery staff** complete local **adverse incident report and transfusion reaction form** to enable internal and external reporting of incident.(if applicable)

Resources

British Society for Haematology (BSH) Guidelines
<http://www.b-s-h.org.uk/guidelines>
 Norfolk (ed) (2013) Handbook of Transfusion Medicine (5th ed)
<http://www.transfusionguidelines.org.uk>

Serious Hazards of Transfusion (SHOT) Annual Report
<http://www.shotuk.org>

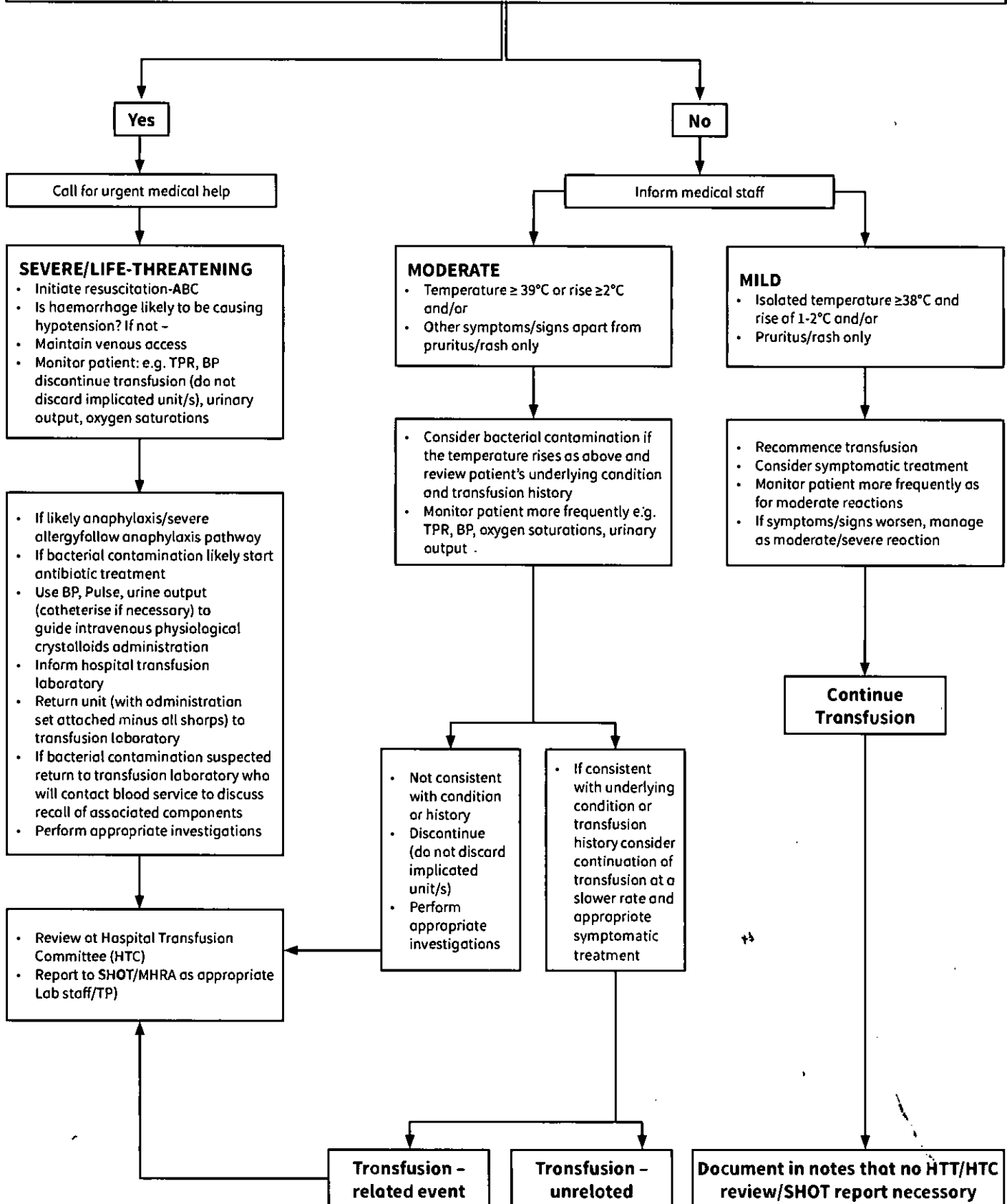
Learnbloodtransfusion (LBT) Education Programme
<http://www.learnbloodtransfusion.org.uk>

Clinical flowchart for the Management of Acute Transfusion Reactions: (based on B-S-N Blood Transfusion Taskforce Guideline on the investigation and management of Acute Transfusion Reactions (May 2012))

PATIENT EXHIBITING POSSIBLE FEATURES OF AN ACUTE TRANSFUSION REACTION, WHICH MAY INCLUDE: Fever, chills, rigors, tachycardia, hyper- or hypotension, collapse, flushing, urticarial, pain (bone, muscle, chest, abdominal), respiratory distress, nausea, general malaise

STOP THE TRANSFUSION: undertake rapid clinical assessment, check patient ID/blood compatibility label, visually assess unit
Evidence of:

Life-threatening Airway and/or Breathing and/or Circulatory problems and/or wrong blood given and/or evidence of contaminated unit



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ADULT FLUID PRESCRIPTION CHART



Date 19/12/25 Sheet no _____
 Ward 108

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____
 Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml.

Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
Plasmalyte	1000 ml	IV	250 ml/hr	04:15		<i>[Signature]</i>	
Plasmalyte	1000 ml	IV	8/24			<i>[Signature]</i>	
PLASMALYTE	500 ml	IV	200 STAT	9.30		<i>[Signature]</i>	<i>[Signature]</i>
PLASMALYTE	1000ml	IV	250ml			<i>[Signature]</i>	

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

PLASMALYTE	500ml	IV	STAT			<i>[Signature]</i>	

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

LOT230

Version 2

Approved by Medicines Policies Sub-Committee
 Approved: Aug 2016 Review: Aug 2019

See NHS Lothian Guidance for Intravenous Fluid and Electrolyte prescribing (on Intranet)

ADULT FLUID BALANCE CHART

Date: / /

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr
 Fluid Restriction: _____ ml in 24hr

Time	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 NG Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00	IV Meds	200 + 60 +					/			(60) Bag	
07.00		100 + 20					/			+ 97 (Coca)	
08.00		100					/				
09.00	IVI	100					/				
10.00		100					/				
11.00		100					/				
12.00	Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print										
13.00							/				
14.00							/				
15.00							/				
16.00	Stop end review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print										
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A	B	C	D		E	F	G	H	
	Total input and output		A+B+C+D	Total in				E+F+G+H	Total out		
24.Hr Balance											

NOTES:

ADULT FLUID PRESCRIPTION CHART



Ne 620012470M /E6038950 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 Da 70841 J Ling
 4/5 New Arthur Place
 Cf EH8 9TH

Date 19/5/25	Sheet no
Ward 116	

iv fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)
NaCl 0.9% + 40mmol KCl	1000	IV	75	1730			M. Walker M. Walker

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date: ___/___/___

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr
 Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
			Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		

NOTES

24 Hr Balance

ADULT FLUID PRESCRIPTION CHART



Name
Jharan Stevens

Date of Birth

CHI/Unit No

Date *22/5* Sheet no *(1)*

Ward *116*

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**
 Prescribe subcutaneous fluids using SC guidelines Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date 22/5/25

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr
 Fluid Restriction: _____ ml in 24hr

CHI/Unit No. _____ Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00	TPN	84					30				
07.00	"	84					90		150		
08.00	"	84					100				
09.00	"	84					60		180		
10.00	"	84					100				
11.00	"	84					80				
12.00	"	84					80		50		
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
13.00	"	84					40				
14.00	"	84					60		100		
15.00	"	84					100				
16.00	"	84					100				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
17.00	"	84					100		10		
18.00	" Bag changed	84					60				
19.00						75			119		
20.00						75	90				
21.00	IV Amox	100				75	90		324		
22.00	IV metro + paracetamol	200				75	60				
23.00	IV chlorphenamine	100				75			134		
24.00	KVO	10				75	150				
01.00		10				75	180				
02.00		10				75	135		150		
03.00		10				75	130				
04.00		10				75					
05.00		10				75	220		270	56	
Totals		A	B	C	D	E	F	G	H		
	Total input and output		A+B+C+D	Total in			E+F+G+H	Total out			

NOTES _____ 24 Hr Balance

ADULT FLUID PRESCRIPTION CHART



Name 620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 Date 4/5 New Arthur Place
 EH8 9TH
 CHI/

Date 23/05/25	Sheet no
Ward 107	

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

ADULT FLUID BALANCE CHART

Mr STEWENS

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr
 Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00	IV para + Amox	200				75	140	140			
07.00	IV metro + pantop	150									
08.00							100	240	225 (NG tube)		
09.00											
10.00							80		84 (NG)		
11.00											
12.00							120		129 (NG bag)		

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, and Sign/Print

13.00	IVADY	500									
14.00	KVO	40					220	*TWOC*			
15.00	KVO	40					95ml		120 NG *		
16.00	KVO	40							322 NG		

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, and Sign/Print

17.00	IV Gem	100					140		262 (NG bag)		
18.00	IV para	100									
19.00	KVO	40									
20.00		40									
21.00		40									
22.00	IV Amox + Paracetamol	200									
23.00	IV metro	100									
24.00	KVO	20									
01.00		20									
02.00		20							115 (bag)		
03.00									330		
04.00									225		
05.00											
Totals		A		B	C	D		E	F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES 24 Hr Balance

620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH

ADULT FLUID PRESCRIPTION CHART



Date 24/5/25	Sheet no
Ward 107	

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic
Does your patient need IV fluids? If so, are they needed for:
Maintenance, Replacement, or Resuscitation?
 Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date 24/05/25

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
		Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00			H ₂ O				/				
07.00			(500)				/				
08.00							/				
09.00							/		355		
10.00							/				
11.00							/		125		
12.00							/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, and Sign/Print

13.00							/				
14.00							/				
15.00							/				
16.00							/				

Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, and Sign/Print

17.00							/				
18.00							/		100		
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				

Totals		A		B	C	D	E	F	G	H
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out	

NOTES _____ 24 Hr Balance

N 620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 D: 4/5 New Arthur Place
 EH8 9TH
 Cf

ADULT FLUID PRESCRIPTION CHART



Date 26/5/25	Sheet no
Ward 107	

IV fluids for adults: for more details, see pocket guideline or App
 Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:
Maintenance, Replacement, or Resuscitation?

Weight (kg)

Essential

Write in Maintenance requirements in next 24 hours:

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should
 be used for maintenance. Plasmalyte 148 not to be
 used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**

Prescribe subcutaneous fluids using SC guidelines


Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH


ADULT FLUID PRESCRIPTION CHART



Date 27.05.25	Sheet no
Ward 1A	

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of
 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date 27/5/25

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____

ml/24hr TPN _____

ml/24hr _____

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
			Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume			Type e.g. Tea	Volume e.g. 100 ml			
06.00	NABX - pantop, metro, amox + para	350				63.3	/				
07.00						63.3	/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D		E	F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES 24 Hr Balance

620012470M F

STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
4/5 New Arthur Place
EH8 9TH

ADULT FLUID PRESCRIPTION CHART



Date 28.05.25	Sheet no
Ward 107	

IV fluids for adults: for more details, see pocket guideline or App
Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic
Does your patient need IV fluids? If so, are they needed for:
Maintenance, Replacement, or Resuscitation?
Write in Maintenance requirements in next 24 hours:

Weight (kg)

Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe **Maintenance fluids and diabetic fluids** here. **Max rate is 100ml/hr.**
 Prescribe subcutaneous fluids using SC guidelines Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for **Replacement** or **Resuscitation**

Plasmalyte	1000	IV	150	1910		<i>[Signature]</i>	<i>[Signature]</i>

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date 28/5/25

ADULT FLUID BALANCE CHART

Name: _____

CHI/Unit No. _____

Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Total Input Goal: _____ ml in 24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1 Volume	ORAL INPUT		ENTERAL: NG/ PEG / RIG Volume	TPN/Other Line 2 Volume	URINE		GASTRIC Volume	DRAIN 1 Volume	DRAIN 2 OTHER Volume
			Type e.g. Tea	Volume e.g. 100 ml			Volume	Running Total			
06.00			Water	300			PU /				
07.00			Coffee	200			/				
08.00					200		PU /	300			
09.00			Water	(750)			/				
10.00							PU /				
11.00							/				
12.00							PU /				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
17.00			Water	(750)			/	150			
18.00							/				
19.00	Plazomeyte (1000) ↑	150					/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E	F	G	H	
	Total input and output			A+B+C+D	Total in			E+F+G+H	Total out		

NOTES _____ 24 Hr Balance

ADULT FLUID PRESCRIPTION CHART



620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH

Date 30/5/26 Sheet no

Ward 107



Details, see pocket guideline or App

Weight (kg)

Essential

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless K ⁺ > 5.0)
ml	mmol	mmol

Estimated oral intake in the next 24 hours

ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤ 132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe Maintenance fluids and diabetic fluids here.

Max rate is 100ml/hr.

Prescribe subcutaneous fluids using SC guidelines

Use separate prescription chart if more bags are required Mark as 'Sheet 2'

Type + Additions	Vol (ml)	IV/ SC	Rate (ml/hr)	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for Replacement or Resuscitation

Resuscitation: give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient

Date ___/___/___

ADULT FLUID BALANCE CHART

Name: _____

Total Input Goal: _____ ml in 24hr

CHI/Unit No. _____


Today's PEG/NG Feed: _____ ml/24hr TPN _____ ml/24hr

Fluid Restriction: _____ ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
		Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, <input type="checkbox"/> and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D		E	F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	

NOTES _____ 24 Hr Balance

Ward: 107 Site: R/E Date: 23/05/25

Address: 620012470M F
 Name: STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 DOB: 70841 J Ling
4/5 New Arthur Place
EH8 9TH
 Unit no. / 



This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____ hrly (please circle/complete)

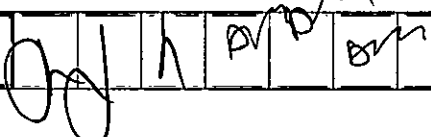
Print name and sign

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

8	13	17	21	25	29					
08.00 am	24 hour period						07.00 am			

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review									
	Waterlow 10+ - Visual Skin Check (tick)	NS	NS	NS	NS	NS	NS			
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	NS	NS	NS	NS			
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....								
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan									
Elimination	Have you changed position since last CR?	Y	Y	Y	Y	Y	Y			
	Positioning (R) or (L) side (B) Back (C) Chair	C	B	C	C	C	B			
	Mattress type / Cushion type	please state type:								
	Do you need the toilet?	Y	N	N	N	N	AS			
Food, Fluid & Nutrition	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	Y			
	Continence product changed/offered?	NA	→	→	→	→	→			
	Catheter care performed?	NA	→	→	→	→	→			
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact									
	Is patient continent of faeces? (at time of Care Rounding)	Y	→	→	→	→	→			
Falls	Bowel function monitored	Observe bowel function and update daily								
	Would you like a drink?	SIPS	SIB	FF	FF	TW	W			
	Ensure fluids are within easy reach	Y	Y	Y	Y	Y	Y			
	Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y	Y	Y			
	When did you last eat?	SIPS	SIB	FF	FF	SIPS	SIPS			
Pain	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required									
	Oral Hygiene Performed (ref to risk assessment)	Y	→	→	→	→	→			
	Appropriate Footwear?	Y	→	→	→	→	→			
	Walking aid available (and within reach)	Y	→	→	→	→	→			
	Area de-cluttered?	Y	→	→	→	→	→			
	Chair and bed height assessed?	Y	→	→	→	→	→			
	Falls alarm in use and attached?	NA	→	→	→	→	→			
General	Glasses available for use? (if worn)	Y	→	→	→	→	→			
	Hearing aid available for use? (if worn)	Y	→	→	→	→	→			
	Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input type="checkbox"/>									
Pain	Are you in pain?	Y	Y	Y	Y	N	AS			
	Analgesia Given?	PCA	→	→	→	N	N			
General	Peripheral Venous Cannula observed?	Y	Y	Y	Y	Y	Y			
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily									
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	AS			
	Anything else I can do for you?	N	N	N	N	N	N			
Buzzer within easy reach										
Personal Care Type _____ (specify) Time Given _____										
Initials — document at time of care delivery										
										

Ward: 107 Site: RIE Date: 24/5/25

Addressograph, or
620012470M F



This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

Name: STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
DOB: 4/5 New Arthur Place
EH8 9TH
Unit no. /

1 hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding
Document the exact time care rounding took place e.g. 0830

8:16:22
08.00 am ← 24 hour period → 07.00 am

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review:						
	Use codes for outcome of skin review						
	Waterlow 10+ - Visual Skin Check (tick)	/	/	/	/	/	/
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NS	NS	H	NS	NS	
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....					
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan						
Elimination	Have you changed position since last CR?	I	I	Y	Y	Y	
	Positioning (R) or (L) side (B) Back (C) Chair	C	B	R	R	R	
	Mattress type / Cushion type	please state type:					
	Do you need the toilet?	I	I	I	I	I	
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	
	Continenence product changed/offered?	N/A	N/A	-	-	-	
Food, Fluid & Nutrition	Catheter care performed?	N/A	N/A	-	-	-	
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact						
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	
	Bowel function monitored	Observe bowel function and update daily					
	Would you like a drink?	W	W	W	N	W	
	Ensure fluids are within easy reach	Y	Y	Y	Y	Y	
Falls	Fluid Balance Chart (if clinically indicated)	Y	Y	Y	Y	Y	
	When did you last eat?	SIPS. SIPS 8:15 8:30 8:45					
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required						
	Oral Hygiene Performed (ref to risk assessment)	I	I	I	I	I	
	Appropriate Footwear?	Y	Y	Y	Y	Y	
	Walking aid available (and within reach)	NA	NA	-	-	-	
Pain	Area de-cluttered?	Y	Y	Y	Y	Y	
	Chair and bed height assessed?	Y	Y	Y	Y	Y	
	Falls alarm in use and attached?	NA	NA	-	-	-	
	Glasses available for use? (if worn)	NA	NA	-	-	-	
	Hearing aid available for use? (if worn)	NA	NA	-	-	-	
	Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input type="checkbox"/>						
General	Are you in pain?	N	PCA	Y	Y	Y	
	Analgesia Given?	N	N	PCA	PCA	PCA	
	Peripheral Venous Cannula observed?	Y	Y	Y	Y	Y	
General	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily						
	Are you comfortable? Y/N	Y	Y	Y	Y	Y	
	Anything else I can do for you?	N	N	N	N	N	
	Buzzer within easy reach	Y	Y	Y	Y	Y	
Personal Care Type <u>Basin</u> (specify)		Time Given <u>4 AM</u>					
Initials - document at time of care delivery		CM JM A A A					



Ward: 107 Site: ME Date: 25/05/25

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2hrly 3hrly ____hrly (please circle/complete)

Print name and sign _____

Addressograph, or
620012470M F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
4/5 New Arthur Place
EH8 9TH

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre.

Time of Care Rounding
Document the exact time care rounding took place e.g. 0830

8 12 16 20 00 etc

08.00 am ← 24 hour period → 07.00 am

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review:
Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick) Y N Y - - /

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister
ns ns ns

Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Elimination

Have you changed position since last CR? Y Y Y Y N N

Positioning (R) or (L) side (B) Back (C) Chair C C C B B B

Mattress type / Cushion type please state type:

Do you need the toilet? 2 2 2 I I I

Is the patient continent of urine? (at time of Care Rounding) 2 2 2 I I I

Continence product changed/offered? - - - N/A N/A N/A

Catheter care performed? - - - N/A N/A N/A

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding) Y Y Y Y Y Y

Bowel function monitored Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink? W W W W W W

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated) Y Y Y

When did you last eat? CF CF CF FF FF FF

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment) I I I I I I

Falls

Appropriate Footwear? Y Y Y Y Y Y

Walking aid available (and within reach) - - - N/A N/A N/A

Area de-cluttered? Y Y Y Y Y Y

Chair and bed height assessed? Y Y Y Y Y Y

Falls alarm in use and attached? - - - N/A N/A N/A

Glasses available for use? (if worn) Y Y Y Y Y Y

Hearing aid available for use? (if worn) Y Y Y Y Y Y

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain? N N N N N N

Analgesia Given? AS AS AS N N N

General

Peripheral Venous Cannula observed? C C C C - -

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N Y Y Y Y Y Y

Anything else I can do for you? N N Y Y Y Y

Buzzer within easy reach Y Y Y Y Y Y

Personal Care Type _____ (specify) Time Given _____

Initials - document at time of care delivery

M M M M M M M

Ward: 107 Site: Rie Date: 26/5/25

Addressograph, or



This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

N 62001247DM F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 D 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH
 U.

1hrly 2 hrly 3 hrly 4 hrly (please circle/complete)

Print name and sign

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent (NW) not on ward, (TH) Theatre,

Time of Care Rounding	08:00	10:00	12:00	14:00	16:00	18:00	20:00	22:00	00:00	02:00	04:00	06:00	08:00
Document the exact time care rounding took place e.g. 0830	08.00 am	24 hour period										07.00 am	

Waterlow score less than 10 low risk requires only a daily skin review:
 Use codes for outcome of skin review

Pressure Area Care	Waterlow 10+ - Visual Skin Check (tick)	NSNS											
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister						RS	RS	RS				
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Elimination	Have you changed position since last CR?	Y	Y											
	Positioning (R) or (L) side (B) Back (C) Chair	B	B				C	B	B					
	Mattress type / Cushion type	please state type:												
	Do you need the toilet?	N	N					I	I	I				
	Is the patient continent of urine? (at time of Care Rounding)	Y	Y					Y	Y	Y				
	Continenence product changed/offered?	/	/					na	na	na				
Elimination	Catheter care performed?	/	/				na	na	na					
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
	Is patient continent of faeces? (at time of Care Rounding)	Y	Y					I	I	I				
Bowel function monitored													Observe bowel function and update daily	

Food, Fluid & Nutrition	Would you like a drink?	W	W										
	Ensure fluids are within easy reach	W	W				N	N	N				
	Fluid Balance Chart (if clinically indicated)	Y	Y				U	U	U				
	When did you last eat?	B	D				D	D	D				
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												

Falls	Oral Hygiene Performed (ref to risk assessment)	Y	N										
	Appropriate Footwear?	Y	Y				U	U	U				
	Walking aid available (and within reach)	/	/				na	na	na				
	Area de-cluttered?	Y	Y				U	U	U				
	Chair and bed height assessed?	Y	Y				U	U	U				
	Falls alarm in use and attached?	/	/				na	na	na				
	Glasses available for use? (if worn)	N	N				na	na	na				
Hearing aid available for use? (if worn)													
Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input type="checkbox"/>													

Pain	Are you in pain?	Y	Y										
	Analgesia Given?	Y	Y				R	R	R				

General	Peripheral Venous Cannula observed?	Y	Y				Y	Y	Y				
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily												
	Are you comfortable? Y/N	Y	Y				U	U	U				
	Anything else I can do for you?	/	/				g	g	g				
Buzzer within easy reach													

Personal Care Type _____ (specify) Time Given _____

Initials - document at time of care delivery	dkk						dkk	dkk	dkk				
--	-----	--	--	--	--	--	-----	-----	-----	--	--	--	--

Ward: 107 Site: R10 Date: 27.05.25

Address: _____



This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

Name: 620012470M F
 STEVENS Sharon
 DOB: 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH
 Unit no: _____

1hrly 2 hrly 3 hrly _____ hrly (please circle/complete)

Print name and sign _____

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

08:12³⁰ 00:15 18:20 20:00 05:00
 08.00 am ← 24 hour period → 07.00 am

Waterlow score less than 10 low risk requires only a daily skin review:

Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick)

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister

Vulnerable areas? (circle areas of damage)

Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Pressure Area Care

Have you changed position since last CR?

Positioning (R) or (L) side (B) Back (C) Chair

Mattress type / Cushion type

please state type:

Elimination

Do you need the toilet?

Is the patient continent of urine? (at time of Care Rounding)

Continence product changed/offered?

Catheter care performed?

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding)

Bowel function monitored

Observe bowel function and update daily

Food, Fluid & Nutrition

Would you like a drink?

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated)

When did you last eat?

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required

Oral Hygiene Performed (ref to risk assessment)

Falls

Appropriate Footwear?

Walking aid available (and within reach)

Area de-cluttered?

Chair and bed height assessed?

Falls alarm in use and attached?

Glasses available for use? (if worn)

Hearing aid available for use? (if worn)

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain?

Analgesia Given?

General

Peripheral Venous Cannula observed? *central line N*

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N

Anything else I can do for you?

Buzzer within easy reach

Personal Care Type _____ (specify) Time Given _____

Initials - document at time of care delivery

[Handwritten initials and signatures]

Ward: 1A Site: RU Date: 2008.25

Addressograph, or



This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

620012470M F
 N - STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH

1hrly 2 hrly 3 hrly _____ hrly (please circle/complete)

Print name and sign _____

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	08:00	08:30	09:00	09:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:30	19:00	19:30	20:00	20:30	21:00	21:30	22:00	22:30	23:00	23:30	24:00
	08.00 am			24 hour period												07.00 am																	

Pressure Area Care	Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review																																			
	Waterlow 10+ - Visual Skin Check (tick)		NS	NS	NS	-																														
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister		NS	NS	NS	NS																														
	Vulnerable areas? (circle areas of damage)		Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....																																	
Elimination	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan																																			
	Have you changed position since last CR?		Y	Y	Y																															
	Positioning (R) or (L) side (B) Back (C) Chair		I	I	SP																															
	Mattress type / Cushion type		please state type:																																	
Food, Fluid & Nutrition	Do you need the toilet?		I	I	I																															
	Is the patient continent of urine? (at time of Care Rounding)		Y	Y	Y																															
	Catheter care performed?		N	A	N	A	-																													
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact																																			
Falls	Is patient continent of faeces? (at time of Care Rounding)		Y	Y	Y																															
	Bowel function monitored		Observe bowel function and update daily																																	
	Would you like a drink?		W	R	W	R	W	R																												
	Ensure fluids are within easy reach		Y	Y	Y																															
Pain	Fluid Balance Chart (if clinically indicated)		Y	Y	Y																															
	When did you last eat?		D	L	D																															
	(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required																																			
	Oral Hygiene Performed (ref to risk assessment)		I	I	I																															
General	Appropriate Footwear?		Y	Y	Y																															
	Walking aid available (and within reach)		N	A	N	A	-																													
	Area de-cluttered?		Y	Y	Y																															
	Chair and bed height assessed?		Y	Y	Y																															
Personal Care	Falls alarm in use and attached?		N	A	N	A	-																													
	Glasses available for use? (if worn)		Y	Y	Y																															
	Hearing aid available for use? (if worn)		Y	Y	Y																															
	Requires close observation for commode, toilet, bathing or showering		Y <input type="checkbox"/> N <input type="checkbox"/>																																	
General	Are you in pain?		N	N	N																															
	Analgesia Given?		N	N	N																															
	Peripheral Venous Cannula observed?		N	A	N	A	N	A																												
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily																																			
Initials	Are you comfortable? Y/N		Y	Y	Y																															
	Anything else I can do for you?		N	N	N																															
	Buzzer within easy reach		Y	Y	Y																															
	Personal Care Type _____ (specify) Time Given _____																																			
Initials - document at time of care delivery		[Handwritten initials]																																		

Ward: 107 Site: R16 Date: 29/5/25

Addressograph, or



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Name 620012470M F
 STEVENS Sharon
 DOB 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 Unit no. EH8 9TH

1hrly 2hrly 3hrly ____hrly (please circle/complete)

Print name and sign

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) Not on ward, (IT) Theatre,

Time of Care Rounding

Document the exact time care rounding took place e.g. 0830

8:00	12:00	17:00	20:00	21:00						
08.00 am	← 24 hour period →						07.00 am			

Pressure Area Care
 Waterlow score less than 10 low risk requires only a daily skin review:
 Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick) *ASPS MNS NS N*

Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister

Vulnerable areas? (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....

If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan

Have you changed position since last CR? *Y 1 1 Y Y Y*

Positioning (R) or (L) side (B) Back (C) Chair *C C C B B B*

Mattress type / Cushion type *please state type.*

Elimination

Do you need the toilet? *2 2 2 2 2 2*

Is the patient continent of urine? (at time of Care Rounding) *2 2 2 2 2 2*

Continence product changed/offered? *- - - / - -*

Catheter care performed? *- - - / - -*

Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact

Is patient continent of faeces? (at time of Care Rounding) *Y Y Y Y Y Y*

Bowel function monitored *Observe bowel function and update daily.*

Food, Fluid & Nutrition

Would you like a drink? *N N N W W W*

Ensure fluids are within easy reach

Fluid Balance Chart (if clinically indicated)

When did you last eat? *B L L S A A*

(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance **Update Food Chart if required**

Oral Hygiene Performed (ref to risk assessment) *2 2 2 2 2 2*

Falls

Appropriate Footwear? *Y Y Y Y Y Y*

Walking aid available (and within reach) *- - - - -*

Area de-cluttered? *Y Y Y Y Y Y*

Chair and bed height assessed? *Y Y Y Y Y Y*

Falls alarm in use and attached? *- - - - -*

Glasses available for use? (if worn) *Y Y Y Y Y Y*

Hearing aid available for use? (if worn) *Y Y Y Y Y Y*

Requires close observation for commode, toilet, bathing or showering Y N

Pain

Are you in pain? *N N N N N N*

Analgesia Given? *AS A A A N N*

General

Peripheral Venous Cannula observed? *Y Y Y Y Y Y*

Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily

Are you comfortable? Y/N *Y Y Y Y Y Y*

Anything else I can do for you? *2 2 2 2 2 2*

Buzzer within easy reach *Y Y Y Y Y Y*

Personal Care Type _____ (specify) Time Given *4*

Initials - document at time of care delivery *M M M M M M*

Date 18/05/2025 13:29 **Case No** 81850 **Case Type** Attend OOH Appointment

Patient	Sharon Stevens	Sex	Female
CHI Number	2312751208	Date of Birth	23/12/1975 Age 49 years
Address	4/S New Arthur Place Edinburgh EH8 9TH	GP Name	Thomas, Allison [Doc]
Tel No.	07858 408547	Surgery	St Leonards Medical Centre
Case Origin	NHS24	Received	18/05/2025 13:47
Caller Name	Sharon	Action	18/05/2025 13:29
		Tel	

Symptoms

VOMITING - 2.5 WEEKS

Patient Notes

NHS24 Triage By Aidan Mckinlay (Call Taker Si) () **Triage Start** 13:30

Outcome Code PCC4 PCEC within 4 Hrs **Triage End** 13:47

Disposition Contact GP Practice within 4 Hours (ASAP)

Clinical Summary

Clinical summary created by: Aidan Mckinlay (Call Taker Si) () [18/05/2025 14:47:16]

Reason for call: VOMITING - 2.5 WEEKSConfirmed Symptom(s):

Chest pain

Additional details of problem(s):

Pain between shoulder blades

Pain moving through to the back

Pain radiating to jaw or upper back or neck or an arm

Intermittent chest pain over past few days/weeks but now constant

Associated Features/Red Flags:

Changes in normal skin colour

Feeling nauseated or vomiting

Symptom(s) not found:

No constricting band in chest

No crushing discomfort in chest

No heaviness, pressure or tightness in chest

No changes in normal breathing pattern

Not feeling cold and sweaty

Not feeling lightheaded or dizzy

No palpitations

Deep breathing does not worsen chest pain

Chest pain is not worse when coughing

No chest injury in last 24 hours

Chest pain does not worsen on movement

No current fever

Date 18/05/2025 13:29 **Case No** 81BS0 **Case Type** Attend OOH Appointment

Risk Factor(s):

No cocaine or other recreational drugs taken
No previous stroke
No history of heart attack or angina
Family history of heart disease
No travel outside Europe in last 21 days or to an affected country
Skin pale, cool and clammy
No high risk factors identified
No underlying high risk conditions identified

Call Detail(s):

18:05:2025 13:30:29 MCKINLAYA.. VOMITING FOR 2 WEEKS. SEEN BY PARAMEDICS ON FRIDAY AND WAS PRESCRIBED LAXATIVES. SEEN GP AND WESTERN GENERAL HOSPITAL ALSO IN REGARDS TO THE VOMITING. PAIN IN THE RIGHT SIDE AND FRONT ABDOMEN, BACK PAIN. NOTHING HELPING, ANTISICKNESS DOESNT HELP... DW SCN N WARD - PCEC 4 HOURS..
Outcome: PCEC within 4 Hrs

13:29 18/05/ 2025 Aidan Mckinlay (Call Taker Si) ()

NHS 24 Assessment

VOMITING - 2.5 WEEKS

Clinical summary created by: Aidan Mckinlay (Call Taker Si) () [18/05/2025 14:47:16]

Reason for call: VOMITING - 2.5 WEEKSConfirmed Symptom(s):
Chest pain

Additional details of problem(s):

Pain between shoulder blades
Pain moving through to the back
Pain radiating to jaw or upper back or neck or an arm
Intermittent chest pain over past few days/weeks but now constant

Associated Features/Red Flags:

Changes in normal skin colour
Feeling nauseated or vomiting

Symptom(s) not found:

No constricting band in chest
No crushing discomfort in chest
No heaviness, pressure or tightness in chest
No changes in normal breathing pattern
Not feeling cold and sweaty
Not feeling lightheaded or dizzy
No palpitations
Deep breathing does not worsen chest pain
Chest pain is not worse when coughing
No chest injury in last 24 hours
Chest pain does not worsen on movement
No current fever

Risk Factor(s):

No cocaine or other recreational drugs taken
No previous stroke
No history of heart attack or angina

Date 18/05/2025 13:29 **Case No** 81850 **Case Type** Attend OOH Appointment

Family history of heart disease
No travel outside Europe in last 21 days or to an affected country
Skin pale, cool and clammy
No high risk factors identified
No underlying high risk conditions identified

Call Detail(s):

18:05:2025 13:30:29 MCKINLAYA.. VOMITING FOR 2 WEEKS. SEEN BY PARAMEDICS ON FRIDAY AND WAS PRESCRIBED LAXATIVES. SEEN GP AND WESTERN GENERAL HOSPITAL ALSO IN REGARDS TO THE VOMITING. PAIN IN THE RIGHT SIDE AND FRONT ABDOMEN, BACK PAIN. NOTHING HELPING, ANTISICKNESS DOESNT HELP... DW SCN N WARD - PCEC 4 HOURS..

Outcome: PCEC within 4 Hrs

13:47 18/05/2025

Priority On reception set to within 4 hours

13:47 18/05/2025

Case status set to DESPATCH

13:47 18/05/2025

Case type set to Attend OOH Appointment

13:47 18/05/2025

Emergency Care Summary

14:12 18/05/2025 ANNEMAC

Despatch to RIE PCEC

14:12 18/05/2025 ANNEMAC

Booked for RIE PCEC / RIE Clinician 18-May-25 15:10:00

15:10 18/05/2025 CAROLG

Arrived at RIE PCEC / RIE Clinician 18-May-25 15:10:00

15:14 18/05/2025 PHILLIPSA

Consultation Attend OOH Appointment by Phillips, Alasdair (ST1)

19C2. Constipated
1969. Abdominal pain

History:A. Phillips GPST1 LUCS RIE.

Seen with daughter Paige.

49F 2 weeks worsening constipation with crampy abdominal pain and reduced oral intake, triggered by ?gastroenteritis, vomiting 1-2h after food or drink, passes only water PR after trialling macrogol laxatives, nil proper bowel movement in 2 weeks. No bile/blood/coffee ground in vomits. Hot + cold sweats with pain, no PR blood, still passing water/flatus PR. Feels has lost weight the last 2/S2, last few days reduced urine output + frequency, no dysuria/haematuria. Recent cough productive of green sputum settling, no sore throat/SOB.

Date 18/05/2025 13:29 **Case No** 81850 **Case Type** Attend OOH Appointment

No benefit with PCM/ibuprofen, states does not feel like flares of usual IBS.

PMH: Hayfever, anxiety, IBS, normally fit + well otherwise.

Meds; trazodone for anxiety, chlorphenmine for hayfever, mevbevrine for IBS.
NKDA.

Smoker. Nil ETOH/recreational drugs.

Examination:RR 18, SpO2 97% on air, HR 113, BP 111/76, T 36.2.

Looks tired + dehydrated, pale.

A petent.

Chest clear, speking comfortably in sentences.

HS I+II+0,pulse reg + strong, CRT <2 secs, dry oral mucosa, calves SNT, no pitting oedmea/sign fo DVT.

Abdo soft, distended but not tense, reduced bowel sounds, nil obstructive tinkling. Tender over R side of abdomen + R flank, Murphy + Rovsing negative, no rebound/guarding.

Diagnosis:Facel impaction +/- AKI, clinically hypovolaemic.

Treatment:D/w Dr C. Rebello supervising Gp - agreed for medical rv ?bloods + IV fluids +/- further Mx of constipation as oral laxatives not managing at present.

D/w flow centre - kindly accepted referral for pt to be seen in WGH ARU, will make own way tehre.

15:14 18/05/2025 PHILLIPSA

External medical record viewed by Alasdair Phillips (ST1)

Emergency Care Summary viewed.

15:50 18/05/2025 PHILLIPSA

Agency referral by Print-out to Western General Hospital WGH ARU

15:50 18/05/2025 PHILLIPSA

Informational outcome added - Referred ARAU, WGH

15:50 18/05/2025 PHILLIPSA

Case Questions (NHS24 Triage)

Questions:

For cases from NHS24, was their initial triage appropriate?: Yes

15:50 18/05/2025 PHILLIPSA


Priority On completion set to within 2 hours

15:50 18/05/2025 PHILLIPSA

Case status set to COMPLETE

20 96 112 108/67 57.0



<p>Surgical Admission Unit (SAU) Nursing Triage Checklist, WGH</p>	<p>620012470M /E6038950 F STEVENS Sharon 23-Dec-75 CHI: 231 275 1208 70841 J Ling 4/5 New Arthur Place EH8 9TH</p> 
---	--

Presenting History PMH: -

VOMITING, ABDO PAIN
 STARTED 2 weeks ago

NEUSEUM + vomiting - vomiting AT PRESENT
 SWEATS when vomiting

10/10 PAIN CONSISTENT Ache in ABDO → DICLOFENIC + PPRAC
 IN MORNING

PO - THIS MORNING - SMALL, LIQUID TRAZ
 LAST ATE BF → YOG → VOMITED CLOLAFENAMIDE

INDEPENDENT → LIVES ALONE → DAUGHTER PRESENT

Weight (Kg) 69.2 | Height (cm) 5'4 / 162cm BMI

Admission Checklist

		Initials			Initials
NEWS2	<input type="text"/> Score:		Teds on YES	<input type="checkbox"/>	NO <input type="checkbox"/>
BM recorded	YES <input type="checkbox"/> NO <input type="checkbox"/>		MUST assessed (TRAK)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bloods taken	YES <input type="checkbox"/> NO <input type="checkbox"/>		Catheter insertion bundle completed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Venflon in situ	YES <input type="checkbox"/> NO <input type="checkbox"/>		Falls risk assessed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Site:	Colour:				
Cultures taken	YES <input type="checkbox"/> NO <input type="checkbox"/>		MRSA screened	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name band	YES <input type="checkbox"/> NO <input type="checkbox"/>		4AT assessed (TRAK)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Allergy band	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ECG requires/completed?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Relatives/carers aware?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Specimen of urine	YES <input type="checkbox"/> NO <input type="checkbox"/>		Patient Valuables Procedures explained?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pregnancy test result (Ages 15 to 55)	Positive <input type="checkbox"/> Negative <input type="checkbox"/>				
Reason not tested	<input type="checkbox"/>				
Nurse's signature:			Date:		
Print Name:					

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (AOT)

ALLERGIES
Has allergies: Latex -

Medications		21/05/2025		
Continuous	<p>ACTIVE</p> <ul style="list-style-type: none"> * PCA Morphine 1 mg with 5 min lockout Created KT 21/05/2025 10:02 Start: 21/05/2025 10:02:00 <p>INACTIVE</p> <ul style="list-style-type: none"> * Fentanyl + Levobupivacaine 10 ml/hr *EPIOURAL* Epidural Continuous Infusion Created RP 19/05/2025 20:10 Start: 19/05/2025 20:10:00 Discontinued KT 21/05/2025 10:02 <p>INACTIVE</p> <ul style="list-style-type: none"> * Glu4%/NaCO.18% 40mmol KCl in..Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change. Created ST 20/05/2025 22:07 Start: 20/05/2025 22:07:00 Discontinued ST 21/05/2025 07:44 <p>INACTIVE</p> <ul style="list-style-type: none"> * Plasma-Lyte 148 infusion..Plasma-Lyte @ 80 ml/hr Continuous Created SG 19/05/2025 20:24 Start: 19/05/2025 20:24:00 Discontinued AM 21/05/2025 16:03 <p>INACTIVE</p> <ul style="list-style-type: none"> * 1518 ml Triomet 4g/litre nitrogen 700kcal/litre with electrolytes... @ 83 ml/hr Administer via a dedicated central line Created ST 20/05/2025 22:29 Start: 20/05/2025 22:29:00 Stop: 21/05/2025 17:59:00 <p>INACTIVE</p> <ul style="list-style-type: none"> ** 2018 ml Triomet 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line Created AM 21/05/2025 11:55 Start: 21/05/2025 18:00:00 Stop: 22/05/2025 17:59:00 	<ul style="list-style-type: none"> * MH 2 ml @ 23:00 * OG 10 ml/hr @ 10:00 * MH 80 @ 07:00 * OG 63 ml 63 ml/hr @ 17:00 * MH 84 ml 84 ml/hr @ 23:00 		
	Scheduled	<p>ACTIVE</p> <ul style="list-style-type: none"> * Pentoprazole 40 mg Intravenous OD (am) Created RP 19/05/2025 20:01 Start: 19/05/2025 20:01:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Thiamine 250 mg Intravenous OD (am) ✓ Created SB 20/05/2025 10:13 Start: 20/05/2025 10:13:00 Stop: 23/05/2025 09:59:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Calteparin 5000 Unit Subcutaneous Injection OD (pm) ✓ Created RP 19/05/2025 20:02 Start: 19/05/2025 20:00:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Amoxicillin 1000 mg Intravenous 8 hly ✓ Created RP 19/05/2025 20:02 Start: 19/05/2025 20:02:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Fluconazole 400 mg Intravenous OD (am) ✓ Created RP 19/05/2025 20:06 Start: 19/05/2025 20:06:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Metronidazole 500 mg Intravenous TOS ✓ Created RP 19/05/2025 20:03 Start: 19/05/2025 20:03:00 <p>ACTIVE</p> <ul style="list-style-type: none"> * Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. ✓ Created RP 19/05/2025 20:07 Start: 19/05/2025 20:07:00 	<ul style="list-style-type: none"> X 40 mg () @ 10:00 X 250 mg () @ 10:00] Pending @ 22:00 MH 1000 mg (20 ml) @ 05:00 X 1000 mg (20 ml) @ 13:00] Pending @ 21:00 MH 400 mg (200 ml) @ 07:00 MH 500 mg (100 ml) @ 06:00 X 500 mg (100 ml) @ 14:00] Pending @ 22:00 MH 1000 mg (100 ml) @ 06:00 X 1000 mg (100 ml) @ 12:00 X 1000 mg () @ 18:00] Pending @ 22:00 	

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (AOT)

ALLERGIES
Has allergies: Latex -

<p>Fentanyl And Levobupivacaine 10 ml "EPIOURAL" PRN Ep RP 19/05/2025 20:10 Fentanyl + Levobupivacaine 10 ml "EPIOURAL" PRN Epidural Top Up EPIDURAL TOP UP INSTRUCTIONS Refer to epidural top up guideline available on intranet. Top-up dose of epidural as prescribed. Re-assess after 20 mins. If analgesia inadequate repeat top-up as above. If pain persists after 20 mins consider pain... Mixture: Drug: Fentanyl + Levobupivacaine; Formulation: Levobupivacaine 250mg / Fentanyl 500microg/250ml inf bags; Route: "EPIOURAL"; Dose: 10 ml; Solution Base solution; Neat; Base volume: 250 ml; Formulation: Neat; Frequency: PRN Epidural Top Up; Order instr: EPIDURAL TOP UP INSTRUCTIONS Refer to epidural top up guideline available on intranet. Top-up dose of epidural as prescribed. Re-assess after 20 mins. If analgesia inadequate repeat top-up as above. If pain persists after 20 mins consider pain tear/anaesthetic review.; Start: 19/05/2025 20:10; Prof Domain: Physician; Action Add Operational;</p>	<p>AM 21/05/2025 16:03 Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian Gentamicin guidelines: Mixture: Drug: Gentamicin; Formulation: Gentamicin 20mg/2ml solution for injection ampoules; Route: Intravenous; Dose: 320 mg; Frequency: OD (pm); Order instr: Follow NHS Lothian Gentamicin guidelines; Start: 19/05/2025 20:04; Schedule: 22/05/2025 00:00; Prof Domain: Physician; Action Change Dispatch; Pharm Apprvt Yes; 19/05/2025 20:25 Ack New Order 19/05/2025 20:04 Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian Gentamicin guidelines: Mixture: Drug: Gentamicin; Formulation: Gentamicin 20mg/2ml solution for injection ampoules; Route: Intravenous; Dose: 320 mg; Frequency: OD (pm); Order instr: Follow NHS Lothian Gentamicin guidelines; Start: 19/05/2025 20:04; Schedule: 20/05/2025 00:00; Prof Domain: Physician; Action Add Operational;</p>	<p>RP 19/05/2025 20:01 Pantoprazole 40 mg Intravenous OD (am), Mixture: Drug: Pantoprazole; Formulation: Pantoprazole 40mg powder for solution for injection vials; Route: Intravenous; Dose: 40 mg; Frequency: OD (am); Start: 19/05/2025 20:01; Schedule: 20/05/2025 10:00; Prof Domain: Physician; Action Add Operational;</p>
<p>Fentanyl And Levobupivacaine 10 ml/hr DG 21/05/2025 10:26 Auto-Ack New Order 21/05/2025 10:02 Fentanyl + Levobupivacaine 10 ml/hr "EPIOURAL" Epidural Continuous Infusion Details: Additive: (1) Additives: Fentanyl + Levobupivacaine; Formulation: Levobupivacaine 250mg / Fentanyl 500microg/250ml inf bags; Amount: 250 ml; Rate (ml/hr): 10 ml/hr; Base Solution: Base Soln; Neat; Route: "EPIOURAL"; Frequency: Epidural Continuous Infusion; Start: 19/05/2025 20:10; Stop: 21/05/2025 10:02; Prof Domain: Physician; Action Discontinue; 19/05/2025 20:25 Ack New Order 19/05/2025 20:10 Fentanyl + Levobupivacaine 10 ml/hr "EPIOURAL" Epidural Continuous Infusion Details: Additive: (1) Additives: Fentanyl + Levobupivacaine; Formulation: Levobupivacaine 250mg / Fentanyl 500microg/250ml inf bags; Amount: 250 ml; Rate (ml/hr): 10 ml/hr; Base Solution: Base Soln; Neat; Route: "EPIOURAL"; Frequency: Epidural Continuous Infusion; Start: 19/05/2025 20:10; Prof Domain: Physician; Action Add Operational;</p>	<p>MT 21/05/2025 16:17 Ack New Order 21/05/2025 07:44 Glu4%/NaCl0.18% 40mmol KCl in... Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change. Mixture: Base: Base Soln; Potassium; Base Volume: 1000 ml; Formulation: Glu4%/NaCl0.18% 40mmol KCl in...; Total Volume 1000 ml; Rate: 80 ml/hr; Frequency: Continuous PRN; Start: 20/05/2025 22:07; Stop: 21/05/2025 07:44; Order Instructio: Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Prof Domain: Physician; Action Discontinue; Number of days: 1 days; 20/05/2025 22:23 Auto-Ack New Order 20/05/2025 22:07 Glu4%/NaCl0.18% 40mmol KCl in... Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change. Mixture: Base: Base Soln; Potassium; Base Volume: 1000 ml; Formulation: Glu4%/NaCl0.18% 40mmol KCl in...; Total Volume 1000 ml; Rate: 80 ml/hr; Frequency: Continuous PRN; Start: 20/05/2025 22:07; Stop: 21/05/2025 22:06; Order Instructio: Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Prof Domain: Physician; Action Add Operational; Number of days: 1 days;</p>	<p>AM 21/05/2025 16:03 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. √ Mixture: Drug: Paracetamol; Formulation: Paracetamol 1g/100ml solution for infusion vials; Route: Intravenous; Dose: 1000 mg; Frequency: ODS (06,12,18,22); Order instr: Ensure dose of paracetamol is appropriate for weight.; Start: 19/05/2025 20:07; Schedule Time (1) Scheduled Time: 06:00; (2) Scheduled Time: 12:00; (3) Scheduled Time: 18:00; (4) Scheduled Time: 22:00; Prof Domain: Physician; Action Change Dispatch; Pharm Apprvt Yes; 19/05/2025 20:25 Ack New Order 19/05/2025 20:07 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. √ Mixture: Drug: Paracetamol; Formulation: Paracetamol 1g/100ml solution for infusion vials; Route: Intravenous; Dose: 1000 mg; Frequency: ODS (06,12,18,22); Order instr: Ensure dose of paracetamol is appropriate for weight.; Start: 19/05/2025 20:07; Schedule Time (1) Scheduled Time: 06:00; (2) Scheduled Time: 12:00; (3) Scheduled Time: 18:00; (4) Scheduled Time: 22:00; Prof Domain: Physician; Action Add Operational;</p>
<p>Fluconazole 400 mg Intravenous OD (am) AM 21/05/2025 16:03 Fluconazole 400 mg Intravenous OD (am) √ Mixture: Drug: Fluconazole; Formulation: Fluconazole 200mg/100ml infusion bags; Route: Intravenous; Dose: 400 mg; Frequency: OD (am); Start: 19/05/2025 20:06; Schedule: 22/05/2025 07:00; Prof Domain: Physician; Action Change Dispatch; Pharm Apprvt Yes; 19/05/2025 20:25 Ack New Order 19/05/2025 20:06 Fluconazole 400 mg Intravenous OD (am) √ Mixture: Drug: Fluconazole; Formulation: Fluconazole 200mg/100ml infusion bags; Route: Intravenous; Dose: 400 mg; Frequency: OD (am); Start: 19/05/2025 20:06; Schedule: 20/05/2025 07:00; Prof Domain: Physician; Action Add Operational;</p>	<p>AM Metronidazole 500 mg Intravenous TDS 21/05/2025 16:03 Metronidazole 500 mg Intravenous TDS √ Mixture: Drug: Metronidazole; Formulation: Metronidazole 500mg/100ml intravenous infusion 100ml bag; Route: Intravenous; Dose: 500 mg; Frequency: TDS; Start: 19/05/2025 20:03; Schedule: 21/05/2025 22:00; Prof Domain: Physician; Action Change Dispatch; Pharm Apprvt Yes; 19/05/2025 20:25 Ack New Order 19/05/2025 20:03 Metronidazole 500 mg Intravenous TDS √ Mixture: Drug: Metronidazole; Formulation: Metronidazole 500mg/100ml intravenous infusion 100ml bag; Route: Intravenous; Dose: 500 mg; Frequency: TDS; Start: 19/05/2025 20:03; Schedule: 19/05/2025 22:00; Prof Domain: Physician; Action Add Operational;</p>	<p>AM PCA Morphine 1 mg with 5 min lockout 21/05/2025 16:03 PCA Morphine 1 mg with 5 min lockout: Details: Drug: Additives: Morphine; Formulation: Morphine sulfate 100mg/50ml solution for infusion vials; Amount: 100 mg; PCA Dose: 1 mg; Lockout: 5 min; Background Rate: 0 mg/hr; Base Solution: Base Soln; Neat; Base Volume: 50 ml; Formulation: Neat; Background rate: 0 ml/hr; Frequency: Continuous PRN; Start: 21/05/2025 10:02; Prof Domain: Physician; Action Change Dispatch; Pharm apprvt Yes; 21/05/2025 11:04 Auto-Ack New Order 21/05/2025 10:02 PCA Morphine 1 mg with 5 min lockout: Details: Drug: Additives: Morphine; Formulation: Morphine sulfate 100mg/50ml solution for infusion vials; Amount: 100 mg; PCA Dose: 1 mg; Lockout: 5 min; Background Rate: 0 mg/hr; Base Solution: Base Soln; Neat; Base Volume: 50 ml; Formulation: Neat; Background rate: 0 ml/hr; Frequency: Continuous PRN; Start: 21/05/2025 10:02; Prof Domain: Physician; Action Add Operational;</p>
<p>Gentamicin 320 mg Intravenous OD (pm) OT 21/05/2025 22:46 Ack New Order 21/05/2025 20:14 Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian Gentamicin guidelines: Mixture: Drug: Gentamicin; Formulation: Gentamicin 20mg/2ml solution for injection ampoules; Route: Intravenous; Dose: 320 mg; Frequency: OD (pm); Order instr: Follow NHS Lothian Gentamicin guidelines; Start: 19/05/2025 20:04; Stop: 21/05/2025 20:14; Prof Domain: Physician; Action Discontinue;</p>	<p>AM Ondansetron 4 mg Intravenous every 8hrs PRN 21/05/2025 16:03 Ondansetron 4 mg Intravenous every 8hrs PRN √ Mixture: Drug: Ondansetron; Formulation: Ondansetron 4mg/2ml solution for injection ampoules; Route: Intravenous; Dose: 4 mg; Frequency: every 8hrs PRN; Start: 19/05/2025 20:00; Prof Domain: Physician; Action Change Dispatch; Pharm Apprvt Yes; 19/05/2025 20:25 Ack New Order 19/05/2025 20:00 Ondansetron 4 mg Intravenous every 8hrs PRN √ Mixture: Drug: Ondansetron; Formulation: Ondansetron 4mg/2ml solution for injection ampoules; Route: Intravenous; Dose: 4 mg; Frequency: every 8hrs PRN; Start: 19/05/2025 20:00; Prof Domain: Physician; Action Add Operational;</p>	<p>MT Plasma-Lyte 148 infusion... 21/05/2025 18:17 Ack New Order 21/05/2025 16:03 Plasma-Lyte 148 infusion... Plasma-Lyte @ 80 ml/hr Continuous: Mixture: Base: Base Soln; Plasma-Lyte; Base Volume: 250 ml; Formulation: Plasma-Lyte 148 infusion.; Total Volume 250 ml; Rate: 80 ml/hr; Frequency: Continuous; Start: 19/05/2025 20:24; Stop: 21/05/2025 16:03; Prof Domain: Physician; Action Discontinue; 19/05/2025 20:25 Ack New Order 19/05/2025 20:24 Plasma-Lyte 148 infusion... Plasma-Lyte @ 80 ml/hr Continuous: Mixture: Base: Base Soln; Plasma-Lyte; Base Volume: 250 ml; Formulation: Plasma-Lyte 148 infusion.; Total Volume 250 ml; Rate: 80 ml/hr; Frequency: Continuous; Start: 19/05/2025 20:24; Prof Domain: Physician; Action Add Operational;</p> <p>JS SmoKabiVen Electrolyte Free. @ 75 ml/hr Continuous 22/05/2025 18:15 Ack New Order</p>

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (ADT)

ALLERGIES
Has allergies: Latex -

AM	SmofKabiven Electrolyte Free... @ 75 ml/hr Continuous 22/05/2025 12:49 1970 ml SmofKabiven Electrolyte Free infusion 16gN/1.97litre bags @ 75 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: SmofKabiven Electrolyte Free...; Base Volume: 1970 ml; Base solution: TPN Base Solutions; Additive: (1) Additives: Sodium (mmol); Formulation: Sodium (mmol); Amount: 80 mmol; (2) Additives: Potassium (mmol); Formulation: Potassium (mmol); Amount: 60 mmol; (3) Additives: Calcium (mmol); Formulation: Calcium (mmol); Amount: 5 mmol; (4) Additives: Magnesium (mmol); Formulation: Magnesium (mmol); Amount: 10 mmol; Rate Adm: 75 ml/hr; Total Volume: 1970 ml; Frequency: Continuous; Order instr: Administer via dedicated central line; Start: 22/05/2025 18:00; Prof Domain: Physician; Action: Add Operational;	AM	22/05/2025 12:49 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 9g/L nitrogen...; Base Volume: 2018 ml; Base solution: TPN Base Solutions; Rate Adm: 84 ml/hr; Total Volume: 2018 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 21/05/2025 18:00; Stop: 22/05/2025 17:59; Prof Domain: Physician; Action: Change Dispatch; Pharm apprvt: Yes;
AM	Thiamine 250 mg Intravenous OD (am) 21/05/2025 16:03 Thiamine 250 mg Intravenous OD (am) v; Mixture: Drug: Thiamine; Formulation: Thiamine 250mg/5ml solution for injection ampoules; Route: Intravenous; Dose: 250 mg; Frequency: OD (am); Number of Days: 2 days; Start: 20/05/2025 10:13; Stop: 23/05/2025 09:59; Schedule: 22/05/2025 10:00; Prof Domain: Physician; Action: Change Dispatch; Pharm Apprvt: Yes;	MT	21/05/2025 18:17 Ack New Order
KW	20/05/2025 10:36 Ack New Order	AM	21/05/2025 16:04 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 9g/L nitrogen...; Base Volume: 2018 ml; Base solution: TPN Base Solutions; Rate Adm: 84 ml/hr; Total Volume: 2018 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 21/05/2025 18:00; Prof Domain: Physician; Action: Change Dispatch; Pharm apprvt: Yes;
SB	20/05/2025 10:13 Thiamine 250 mg Intravenous OD (am) v; Mixture: Drug: Thiamine; Formulation: Thiamine 250mg/5ml solution for injection ampoules; Route: Intravenous; Dose: 250 mg; Frequency: OD (am); Number of Days: 2 days; Start: 20/05/2025 10:13; Stop: 23/05/2025 09:59; Schedule: 21/05/2025 10:00; Prof Domain: Physician; Action: Add Operational;	AM	21/05/2025 11:55 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 9g/L nitrogen...; Base Volume: 2018 ml; Base solution: TPN Base Solutions; Rate Adm: 84 ml/hr; Total Volume: 2018 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 21/05/2025 18:00; Prof Domain: Physician; Action: Add Operational;
KW	Thiamine 250 mg Intravenous Once 20/05/2025 10:36 Ack New Order		
SB	20/05/2025 10:14 Thiamine 250 mg Intravenous Once; Mixture: Drug: Thiamine; Formulation: Thiamine 250mg/5ml solution for injection ampoules; Route: Intravenous; Dose: 250 mg; Frequency: Once; Start: 20/05/2025 10:14; Prof Domain: Physician; Action: Add Operational;		
AM	Triomel 4g/L nitrogen 700kcal... @ 63 ml/hr Continuous 21/05/2025 16:03 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 4g/L nitrogen 700kcal...; Base Volume: 1518 ml; Base solution: TPN Base Solutions; Rate Adm: 63 ml/hr; Total Volume: 1518 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 20/05/2025 22:29; Stop: 21/05/2025 17:59; Prof Domain: Physician; Action: Change Dispatch; Pharm apprvt: Yes;		
AM	21/05/2025 11:54 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 4g/L nitrogen 700kcal...; Base Volume: 1518 ml; Base solution: TPN Base Solutions; Rate Adm: 63 ml/hr; Total Volume: 1518 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 20/05/2025 22:29; Stop: 21/05/2025 17:59; Prof Domain: Physician; Action: Change Dispatch;		
MH	21/05/2025 00:22 Auto-Ack New Order		
ST	20/05/2025 22:29 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line; Mixture: Base Solution: (1) Formulation: Triomel 4g/L nitrogen 700kcal...; Base Volume: 1518 ml; Base solution: TPN Base Solutions; Rate Adm: 63 ml/hr; Total Volume: 1518 ml; Frequency: Continuous; Order instr: Administer via a dedicated central line; Start: 20/05/2025 22:29; Prof Domain: Physician; Action: Add Operational;		
	Triomel 9g/L nitrogen... @ 84 ml/hr Continuous		

Intervention Footnotes

KM	21/05/2025 00:00 Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian... 07:34 Cosign Administration	MH	07:34 Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian Gentamicin guidelines: Route: Intravenous; Volume Adm: 100 ml; Action Completed; Dose: 320 mg;
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PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (ADT)

ALLERGIES
Has allergies: Latex -

Time	Code	Description	Time	Code	Description	Time	Code	Description
21/05/2025 00:00	MH	01:16 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 14 ml; Tot Vol Infused 375 ml; Location: "EPIDURAL"; Motor Block Left: 0 Full power; Motor Block Right: 0 Full power;	21/05/2025 00:00	AP	04:41 Fentanyl + Levobupivacaine 10 ml "EPIDURAL" PRN Epidural Top Up EPIDURAL TOP UP INSTRUCTIONS Refer to epidural top up guideline available on intranet. Top-up dose of epidural as prescribed Re-assess after 20 mins. If analgesia inadequate repeat top-up as above. If pain persists after 20 mins consider pain...; Route: "EPIDURAL"; Volume Adm 10 ml; Action Completed; Dose: 10 ml; Solution: Neat;	21/05/2025 00:00	DG	08:17 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 11 ml; Tot Vol Infused 466 ml; Location: "EPIDURAL"; Motor Block Left: 0 Full power; Motor Block Right: 0 Full power;
21/05/2025 00:00	MH	00:22 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 00:00	KM	07:34 Amoxicillin 1000 mg Intravenous 8 hrly: 07:34 Cosign Administration	21/05/2025 00:00	DG	09:06 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 7 ml; Tot Vol Infused 473 ml; Location: "EPIDURAL";
21/05/2025 00:00	MH	00:22 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	MH	04:49 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 15 ml; Tot Vol Infused 432 ml; Location: "EPIDURAL"; Motor Block Left: 0 Full power; Motor Block Right: 0 Full power;	21/05/2025 00:00	DG	09:06 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;
21/05/2025 01:00	MN	01:16 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 11 ml; Tot Vol Infused 386 ml; Location: "EPIDURAL";	21/05/2025 00:00	MH	04:49 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 00:00	MT	10:06 Pantoprazole 40 mg Intravenous OD (am): 10:06 Cosign Administration
21/05/2025 01:00	MH	01:16 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 00:00	MH	04:49 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	OG	10:19 Pantoprazole 40 mg Intravenous OD (am): Route: Intravenous; Volume Adm 10 ml; Action Completed; Dose: 40 mg;
21/05/2025 01:00	MH	01:16 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	MH	04:49 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	MT	10:06 Thiamine 250 mg Intravenous OD (am): 10:06 Cosign Administration
21/05/2025 02:00	MH	01:57 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 7 ml; Tot Vol Infused 393 ml; Location: "EPIDURAL";	21/05/2025 00:00	KM	06:06 Metronidazole 500 mg Intravenous TDS: 06:06 Cosign Administration	21/05/2025 00:00	DG	10:26 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural... 10 ml/hr "EPIDURAL";
21/05/2025 02:00	MH	01:57 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 00:00	MH	07:18 Metronidazole 500 mg Intravenous TDS: Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 500 mg;	21/05/2025 00:00	DG	10:26 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;
21/05/2025 02:00	MH	01:57 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	KM	06:12 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure...; 06:08 Cosign Administration	21/05/2025 10:21	DG	10:21 Ondansetron 4 mg Intravenous every 8hrs PRN: Route: Intravenous; Volume Adm 2 ml; Action Completed; Dose: 4 mg;
21/05/2025 03:00	MH	03:16 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 10 ml; Tot Vol Infused 403 ml; Location: "EPIDURAL";	21/05/2025 00:00	MH	07:16 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. V: Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 1000 mg;	21/05/2025 11:00	OG	11:04 PCA Morphine 1 mg with 5 min lockout: Volume Adm 0 ml; Volume Remaining: 45 ml; Infusion Change: Syringe change; Background Rate: 0 mg/hr; Action Start;
21/05/2025 03:00	MH	03:16 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 00:00	MN	06:06 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 11 ml; Tot Vol Infused 433 ml; Location: "EPIDURAL";	21/05/2025 11:00	DG	11:04 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;
21/05/2025 03:00	MH	03:16 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 00:00	MH	06:06 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 12:00	DG	12:30 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. V: Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 1000 mg;
21/05/2025 04:00	MH	04:49 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 14 ml; Tot Vol Infused 417 ml; Location: "EPIDURAL"; Motor Block Left: 0 Full power; Motor Block Right: 0 Full power;	21/05/2025 00:00	MH	06:06 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 12:00	DG	12:20 PCA Morphine 1 mg with 5 min lockout: Volume Adm 7 ml; Volume Remaining: 38 ml; Background Rate: 0 mg/hr;
21/05/2025 04:00	MH	04:49 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 07:00	KM	22/05/2025 07:12 Fluconazole 400 mg Intravenous OD (am); Route: Intreavenous; Volume Adm 200 ml; Action Completed; Dose: 400 mg;	21/05/2025 12:00	DG	12:20 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;
21/05/2025 04:00	MH	04:49 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 07:00	DG	22/05/2025 07:12 Fluconazole 400 mg Intravenous OD (am); Route: Intreavenous; Volume Adm 200 ml; Action Completed; Dose: 400 mg;	21/05/2025 13:00	OG	13:29 Amoxicillin 1000 mg Intravenous 8 hrly: 1000 mg Intravenous;
21/05/2025 04:40	MH	04:49 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 14 ml; Tot Vol Infused 417 ml; Location: "EPIDURAL"; Motor Block Left: 0 Full power; Motor Block Right: 0 Full power;	21/05/2025 07:00	MN	07:16 Fentanyl + Levobupivacaine 10 ml/hr "EPIDURAL" Epidural Continuous Infusion Rate (ml/hr) 10 ml/hr; Hourly Volume: 22 ml; Tot Vol Infused 455 ml; Location: "EPIDURAL";	21/05/2025 13:00	DG	13:29 PCA Morphine 1 mg with 5 min lockout: Volume Adm 4 ml; Volume Remaining: 34 ml; Background Rate: 0 mg/hr;
21/05/2025 04:40	MH	04:49 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 07:00	MH	07:16 Glu4%/NaCD.18% 40mmol KCl in...Potassium @ 80 ml/hr Continuous PRN Please regularly review need for ongoing fluids. Liaise with medical staff at every bag change.; Hrly Vol Infused: 80 ml; Adm Rate: 80 ml/hr; Infusion Change: Drug prepared;	21/05/2025 13:00	OG	13:29 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;
21/05/2025 04:40	MH	04:49 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 07:00	MH	07:16 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 14:00	DG	14:11 Metronidazole 500 mg Intravenous TDS: Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 500 mg;
21/05/2025 04:40	MH	04:49 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 08:00	DG	07:16 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line: Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	21/05/2025 14:00	DG	14:11 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 33 ml; Background Rate: 0 mg/hr;

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (ADT)

ALLERGIES
Has allergies: Latex -

DG	21/05/2025 14:00 14:11 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line. Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	ER	Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure...: 21:19 Cosign Administration	KM	22/05/2025 06:00 Metronidazole 500 mg Intravenous TDS: 07:12 Cosign Administration
DG	21/05/2025 15:00 15:10 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 31 ml; Background Rate: 0 mg/hr;	MH	21:30 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure...: 1000 mg Intravenous;	MH	07:12 Metronidazole 500 mg Intravenous TDS: Route: Intravenous; Volume Adm: 100 ml; Action Completed; Dose: 500 mg;
DG	15:10 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line. Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	MH	22/05/2025 01:10 PCA Morphine 1 mg with 5 min lockout: Volume Adm 4 ml; Volume Remaining: 17 ml; Infusion Change: Drug prepared; Background Rate: 10 mg/hr;	KM	Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure...: 07:12 Cosign Administration
DG	21/05/2025 16:00 16:33 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 30 ml; Background Rate: 0 mg/hr;	MH	22:08 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 74 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1712 ml;	MH	07:12 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. V: Route: Intravenous; Volume Adm: 100 ml; Action Completed; Dose: 1000 mg;
DG	16:33 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line. Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	MH	21/05/2025 23:00 23:52 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 15 ml; Background Rate: 10 mg/hr;	MH	07:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 47 ml; Background Rate: 10 mg/hr;
DG	21/05/2025 17:00 17:07 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 28 ml; Background Rate: 0 mg/hr;	MH	23:52 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1628 ml;	MH	05:57 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 70 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1055 ml;
DG	17:07 1518 ml Triomel 4g/litre nitrogen 700kcal/litre with electrolytes... @ 63 ml/hr Administer via a dedicated central line. Adm Volume: 63 ml; Adm Rate: 63 ml/hr;	MH	22/05/2025 00:00 01:10 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 14 ml; Background Rate: 10 mg/hr;	KM	22/05/2025 07:00 Fluconazole 400 mg Intravenous OD (am): 07:12 Cosign Administration
DG	21/05/2025 18:00 17:13 Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. V: Route: Intravenous; Volume Adm: 100 ml; Action Completed; Dose: 1000 mg;	MH	01:10 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1544 ml;	MH	07:12 Fluconazole 400 mg Intravenous OD (am): Route: Intravenous; Volume Adm: 200 ml; Action Completed; Dose: 400 mg;
DG	18:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 26 ml; Background Rate: 0 mg/hr;	MH	22/05/2025 01:00 01:10 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 62 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1482 ml;	MH	07:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 45 ml; Background Rate: 10 mg/hr;
DG	18:21 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 0 ml; Adm Rate: 84 ml/hr; Volume Remaining: 2018 ml; Action Start; Infusion Change: Bag change;	MH	03:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 4 ml; Volume Remaining: 8 ml; Background Rate: 10 mg/hr;	MH	07:09 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 91 ml; Adm Rate: 84 ml/hr; Volume Remaining: 964 ml;
DG	21/05/2025 18:17 18:59 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 41 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1977 ml; Action Start;	MH	22/05/2025 02:00 03:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 12 ml; Background Rate: 10 mg/hr;	X	22/05/2025 08:00 08:03 PCA Morphine 1 mg with 5 min lockout: Volume Adm 345 ml; Volume Remaining: 42 ml; Background Rate: 10 mg/hr;
DG	21/05/2025 19:00 18:59 PCA Morphine 1 mg with 5 min lockout: Volume Adm 0 ml; Volume Remaining: 26 ml; Background Rate: 0 mg/hr;	MH	03:09 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1398 ml;	X	08:03 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 79 ml; Adm Rate: 84 ml/hr; Volume Remaining: 685 ml;
MH	21/05/2025 20:00 21:16 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 25 ml; Background Rate: 0 mg/hr;	MH	22/05/2025 03:00 03:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 6 ml; Background Rate: 10 mg/hr;	LA	22/05/2025 08:03 Ondansetron 4 mg Intravenous every 8hrs PRN: 08:05 Cosign
MH	21:16 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 77 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1900 ml;	MH	03:09 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 105 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1293 ml;	X	08:05 Ondansetron 4 mg Intravenous every 8hrs PRN: 4 mg Intravenous;
ER	21/05/2025 21:00 Amoxicillin 1000 mg Intravenous 8 hrtly: 21:19 Cosign Administration	MH	22/05/2025 04:00 07:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 3 ml; Volume Remaining: 3 ml; Infusion Change: Syringe change; Background Rate: 10 mg/hr;	X	22/05/2025 09:00 14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 41 ml; Background Rate: 10 mg/hr;
MH	21:30 Amoxicillin 1000 mg Intravenous 8 hrtly: 1000 mg Intravenous;	MH	04:15 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1209 ml;	X	10:46 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 65 ml; Adm Rate: 84 ml/hr; Volume Remaining: 820 ml;
MH	21:16 PCA Morphine 1 mg with 5 min lockout: Volume Adm 4 ml; Volume Remaining: 21 ml; Background Rate: 10 mg/hr;	MH	22/05/2025 05:00 Amoxicillin 1000 mg Intravenous 8 hrtly: 07:12 Cosign Administration	J5	22/05/2025 10:00 Pantoprazole 40 mg Intravenous DD (am): 10:30 Cosign Administration
MH	21:16 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 114 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1786 ml;	KM	07:12 Amoxicillin 1000 mg Intravenous 8 hrtly: 07:12 Cosign Administration	X	10:30 Pantoprazole 40 mg Intravenous DD (am): 40 mg Intravenous;
MH	21/05/2025 22:00 21:30 Qaltepain 5000 Unit Subcutaneous injection OD (pm): 5000 Unit Subcutaneous injection;	MH	07:09 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 49 ml; Background Rate: 10 mg/hr;	J5	Thiamine 250 mg Intravenous OD (am): 10:30 Cosign Administration
ER	21:30 Metronidazole 500 mg Intravenous TDS: 21:19 Cosign Administration	MH	05:57 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 1125 ml;	X	10:30 Thiamine 250 mg Intravenous OD (am): 250 mg Intravenous;
MH	21:30 Metronidazole 500 mg Intravenous TDS: 500 mg Intravenous;	MH		X	14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 1 ml; Volume Remaining: 40 ml; Background Rate: 10 mg/hr;
				X	10:48 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line. Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 736 ml;
				X	22/05/2025 11:00 14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 38 ml; Background Rate: 10 mg/hr;

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (ADT)

ALLERGIES
Has allergies: Latex -

	22/05/2025 11:00
X	10:46 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line: Adm Volume: 84 ml; Adm Rate: 84 ml/hr; Volume Remaining: 652 ml;
	22/05/2025 12:00
LA	Paracetamol 1000 mg Intravenous QDS (06,12,18,22)
X	Ensure...: 14:54 Cosign Administration 14:54 Paracetamol 1000 mg Intravenous QDS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. v; Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 1000 mg;
X	14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 36 ml; Background Rate: 10 mg/hr;
X	12:20 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line: Adm Volume: 71 ml; Adm Rate: 84 ml/hr; Volume Remaining: 581 ml;
	22/05/2025 13:00
LA	Amoxicillin 1000 mg Intravenous 8 hrly; 14:54 Cosign Administration
X	14:54 Amoxicillin 1000 mg Intravenous 8 hrly; Route: Intravenous; Volume Adm 20 ml; Action Completed; Dose: 1000 mg;
X	14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 35 ml; Background Rate: 10 mg/hr;
X	14:21 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line: Adm Volume: 100 ml; Adm Rate: 84 ml/hr; Volume Remaining: 481 ml;
	22/05/2025 14:00
LA	Metronidazole 500 mg Intravenous TDS: 14:54 Cosign Administration
X	14:54 Metronidazole 500 mg Intravenous TDS; Route: Intravenous; Volume Adm 100 ml; Action Completed; Dose: 500 mg;
X	14:21 PCA Morphine 1 mg with 5 min lockout: Volume Adm 2 ml; Volume Remaining: 33 ml; Background Rate: 10 mg/hr;
X	14:21 2018 ml Triomel 9g/litre nitrogen 1070kcal/litre with electrolytes... @ 84 ml/hr Administer via a dedicated central line: Adm Volume: 130 ml; Adm Rate: 84 ml/hr; Volume Remaining: 351 ml;
	22/05/2025 18:00
JS	Paracetamol 1000 mg Intravenous ODS (06,12,18,22)
X	Ensure...: 18:17 Cosign Administration 18:17 Paracetamol 1000 mg Intravenous DDS (06,12,18,22) Ensure...: 1000 mg Intravenous;
	22/05/2025 18:15
JS	18:17 1970 ml SmofKabiven Electrolyte Free infusion 16gN/1.97litre bags @ 75 ml/hr Administer via dedicated central line: Adm Volume: 2058 ml; Adm Rate: 75 ml/hr;
	22/05/2025 21:00
DBSv c	21/05/2025 21:03 Amoxicillin 1000 mg Intravenous 8 hrly; Pending;
	22/05/2025 22:00
DBSv c	21/05/2025 22:33 Dalteparin 5000 Unit Subcutaneous injection OD (pm); Pending;
DBSv c	21/05/2025 22:33 Metronidazole 500 mg Intravenous TDS; Pending;
DBSv c	21/05/2025 22:33 Paracetamol 1000 mg Intravenous DDS (06,12,18,22) Ensure...: Pending;

Medical Discharge

NHS Lothian

RIE116

19/05/2025 15:53 - 22/05/2025 18:18

PATIENT NAME

Sharon Stevens

HOSPITAL NUMBER

620012470M

ENCOUNTER NUMBER

10006175721

ATTENDING PHYSICIAN

WORKING DIAGNOSIS

AGE (AOT)

ALLERGIES

Has allergies: Latex -**Medical Discharge (19/05/2025 19:53) Georgina Myles****Discharge Actions**

When a patient is identified as being suitable for stepdown to a ward please follow the steps below.

For ELECTIVE SURGICAL patients with no complexity or complications:

- Review the drug chart for accuracy and discontinue any medication that is no longer active (this includes medications prescribed as 'once' and historic continuous infusions).
- Ensure the Medical Day Review and Daily Ward Round from the day of discharge are completed and contain all relevant information required by the receiving team.
- Complete the Outstanding Actions field (in Critical Care Timeline form) with any actions for the receiving team (e.g. repeat investigation, review pain, review medication etc)

For ALL OTHER critical care patients:

- Review the Critical Care Timeline Document (under medical notes) and ensure that the timelines, interventions and issues sections are accurate and current.
- Review the drug chart for accuracy and discontinue any medication that is no longer active (this includes medications prescribed as 'once' and historic continuous infusions).
- Complete the List of Diagnoses, Current Issues, Outstanding Actions, and Narrative Summary sections below.

Administrative

Time Declared Medically Fit for Discharge	22/05/2025 19:53
Accepted for Stepdown	Consultant - Rutherford on behalf on Miss Paisley Destination - 107
Discharging Doctor or ACCP	Myles, Georgina
Discharging Consultant	Wilson, Julie
Ready To Print (Medical Discharge)	Yes

Summary of Stay

List of Diagnoses on Critical Care	1. Post op perf DU
In the List of Diagnoses in Critical Care Section, please list all relevant diagnoses relating to the patient's stay.	
Current Issues	1. Pain control with morphine PCA 2. TPN fed 3. CVC line in place 4. Fluids only - otherwise NBM
Please list Current Issues of which the receiving ward team should be aware. For example ongoing infections, nutritional needs, rehabilitation etc.	
Outstanding Actions	Continue h-pylori eradication and antifungals.
Please list Outstanding Actions recommended for the receiving team. For example follow up investigations, medication reviews, specialty input etc.	

Narrative Summary of Critical Care Stay

PATIENT NAME
Sharon Stevens
 ATTENDING PHYSICIAN

HOSPITAL NUMBER
620012470M
 WORKING DIAGNOSIS

ENCOUNTER NUMBER
10006175721

AGE (ADT)

ALLERGIES
Has allergies: Latex -

Narrative Summary of Critical Care Stay

Narrative Summary of Critical Care Stay	<p>18/5/25 Presented to WGH with 2/52 of acute onset of vomiting and has barely been able to keep any food down over this time</p> <p>19/5/25 CT reported as arge perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver</p> <p>Transferred to RIE under the surgeons</p> <p>20/5/25 Admitted to HDU post op perf DU with contamination into liver capsule and high roof top incision and vulnerable anastomosis</p> <p>21/5/25 Epidural discontinued and started on morphine sulphate PCA</p>
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In the Narrative Summary of Critical Care Stay, please outline the patient's critical care admission This will appear in the Critical Care Discharge Summary alongside the medical admission, recent ward round entries and other discharge fields.

Treatment Escalation Plan and Readmission to Critical Care

Please ensure that, where appropriate, a Treatment Escalation Plan and plans regarding readmission to critical care have been documented in ICCA (under the form D. Critical Care Treatment Escalation Plan) and the Trak Treatment Escalation Plan form

Treatment Escalation Plans must follow the same process as those created in other areas, including discussion with the patient and/or next of kin.

Expected Hospital Outcome	1. Survivor
Readmission In Case of Deterioration	1. Would readmit

Checklist

Medical Discharge Summary	Allergies Reviewed; Discharge Drugs Completed; Drugs Reviewed and Rationalised; HEPMA Updated; HEPMA Activated; Problem List Updated
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X	Georgina Myles	19/05/2025 19:53 - 22/05/2025 15:12
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X	<p>19/05/2025 19:53</p> <p>22/05/2025 15:12 Narrative of Critical Care Stay: Narrative: 18/5/25 Presented to WGH with 2/52 of acute onset of vomiting and has barely been able to keep any food down over this time</p> <p>19/5/25 CT reported as arge perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver</p> <p>Transferred to RIE under the surgeons</p> <p>20/5/25 Admitted to HDU post op perf DU with contamination into liver capsule and high roof top incision and vulnerable anastomosis</p> <p>21/5/25 Epidural discontinued and started on morphine sulphate PCA ;</p>
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Drug Chart

RIE116

NHS Lothian

21/05/2025 18:18 - 22/05/2025 18:18

PATIENT NAME

Sharon Stevens

HOSPITAL NUMBER

620012470M

ENCOUNTER NUMBER

10006175721

ATTENDING PHYSICIAN

WORKING DIAGNOSIS

AGE (ADT)

ALLERGIES

Has allergies: Latex -

Medications		21/05/2025							
Scheduled	<p>ACTIVE</p> <p>Pantoprazole 40 mg Intravenous OD (am) Created RP 19/05/2025 20:01 Start: 19/05/2025 20:01:00</p> <p>ACTIVE</p> <p>* Thiamine 250 mg Intravenous OD (am) ✓ Created SB 20/05/2025 10:13 Start: 20/05/2025 10:13:00 Stop: 23/05/2025 09:59:00</p> <p>ACTIVE</p> <p>* Dalteparin 5000 Unit Subcutaneous injection DD (pm) ✓ Created RP 19/05/2025 20:02 Start: 19/05/2025 20:00:00</p> <p>ACTIVE</p> <p>* Amoxicillin 1000 mg Intravenous 8 hly ✓ Created RP 19/05/2025 20:02 Start: 19/05/2025 20:02:00</p> <p>ACTIVE</p> <p>* Fluconazole 400 mg Intravenous DD (am) ✓ Created RP 19/05/2025 20:06 Start: 19/05/2025 20:06:00</p> <p>ACTIVE</p> <p>* Metronidazole 500 mg Intravenous TDS ✓ Created RP 19/05/2025 20:03 Start: 19/05/2025 20:03:00</p> <p>ACTIVE</p> <p>* Paracetamol 1000 mg Intravenous ODS (06,12,18,22) Ensure dose of paracetamol is appropriate for weight. ✓ Created RP 19/05/2025 20:07 Start: 19/05/2025 20:07:00</p> <p>INACTIVE</p> <p>* Gentamicin 320 mg Intravenous OD (pm) Follow NHS Lothian Gentamicin guidelines Created RP 19/05/2025 20:04 Start: 19/05/2025 20:04:00 Discontinued: GN 2 V05/2025 20:14</p>	DG 40 mg (10 ml) @ 10:00	DG 250 mg (100 ml) @ 10:00	MH 5000 Unit () @ 22:00	MH 1000 mg () @ 05:00	DG 1000 mg () @ 13:00	MH 1000 mg () @ 21:00		
			MH 500 mg (100 ml) @ 06:00	DG 500 mg (100 ml) @ 14:00	MH 500 mg () @ 22:00				
			MH 1000 mg (100 ml) @ 06:00	DG 1000 mg (100 ml) @ 12:00	DG 1000 mg (100 ml) @ 18:00		MH 1000 mg () @ 22:00		
One-time and	<p>INACTIVE</p> <p>Thiamine 250 mg Intravenous Once Created SB 20/05/2025 10:14 Start: 20/05/2025 10:14:00 Stop: 21/05/2025 10:14:00</p>								
PRN	<p>ACTIVE</p> <p>* Chlorphenamine 10 mg Intravenous every 6hrs PRN ✓ Created CD 20/05/2025 10:09 Start: 20/05/2025 10:09:00</p> <p>ACTIVE</p> <p>* Cyclizine 50 mg Oral PRN Nausea and vomiting 8 hourly interval Max - 3 doses in 24 hours ✓ Created RP 19/05/2025 20:01 Start: 19/05/2025 20:01:00</p> <p>ACTIVE</p> <p>* Ondansetron 4 mg Intravenous every 8hrs PRN ✓ Created RP 19/05/2025 20:00 Start: 19/05/2025 20:00:00</p> <p>INACTIVE</p> <p>* Fentanyl + Levobupivacaine 10 ml "EPIDURAL" PRN Epidural Top Up EPIDURAL TOP UP INSTRUCTIONS Refer to epidural top up guideline available on intranet. Top-up dose of epidural as prescribed. Re-assess after 20 mins. If analgesia inadequate repeat top-up as above. If pain persists after 20 mins consider pain... Created RP 19/05/2025 20:10 Start: 19/05/2025 20:10:00 Discontinued: KT 2 V05/2025 10:02</p>	DG 4 mg (2 ml) @ 10:21							
		AP 10 ml (10 ml) @ 04:40							

Intravenous Opioid Infusion and PCA Prescription Chart

Name 620012470M F CHI STEVENS Sharon 23-Dec-75 CHI: 231 275 1208 DOB 70841 J Ling 4/5 New Arthur Place Or affix patient ID card (EHP only)	Parent Team Consultant: _____ Anaesthetist: _____ Ward: 118C Date: ___/___/___ Operation: Repair perf DU. Allergies: _____																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Medicine(s)</th> <th style="width: 20%;">Concentration(s)</th> <th style="width: 30%;">Prescriber Sign & Print</th> </tr> </thead> <tbody> <tr> <td>Morphine 100mg in 50mL (Ready-to-use preparation)</td> <td>2mg/mL</td> <td><i>[Signature]</i> MZUO 29/12/25</td> </tr> <tr> <td>Fentanyl 1000micrograms in 50mL sodium chloride 0.9%</td> <td>20micrograms/mL</td> <td></td> </tr> <tr> <td>Oxycodone 50mg in 50mL sodium chloride 0.9%</td> <td>1mg/mL</td> <td></td> </tr> </tbody> </table>		Medicine(s)	Concentration(s)	Prescriber Sign & Print	Morphine 100mg in 50mL (Ready-to-use preparation)	2mg/mL	<i>[Signature]</i> MZUO 29/12/25	Fentanyl 1000micrograms in 50mL sodium chloride 0.9%	20micrograms/mL		Oxycodone 50mg in 50mL sodium chloride 0.9%	1mg/mL					
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All patients require oxygen therapy, 4L/minute by face mask or 2 to 4L/minute via nasal cannulae. Oxygen therapy whilst sleeping is particularly important.

MANAGEMENT OF PROBLEMS

1. If respiratory rate is 8/min or less, or if the patient is very difficult to rouse (sedation score of 3) STOP PUMP, and inform doctor or anaesthetist on call (contact details below). Ensure naloxone is available.
2. Nausea refer to Post-Operative Nausea and Vomiting (PONV) algorithm
3. Inadequate pain relief – check adjuvant prescribed - inform Doctor, Nurse Specialist in Pain Management or Anaesthetist On-Call (contact details below).

PAIN	SCORE	SEDATION	NAUSEA
0 = No pain	0	None, patient alert	None
1 to 3 = Mild pain, it does not distress me	1	Mild, occasionally drowsy, easy to rouse	Mild nausea, no treatment required
4 to 5 = Moderate pain, it distresses me a bit	2	Moderate, frequently drowsy, easy to rouse	Nausea/vomiting helped by treatment
6 to 10 = Severe pain, it distresses me a lot	3	Severe, somnolent, difficult to rouse	Persistent nausea/vomiting despite treatment
	S	Normal sleep, stirs to light touch	Sleeping normally
	V	Ventilated, or otherwise unable to give pain score	

Contacts (pager)	RIE	WGH	SJH	Cardiothoracic Unit RIE
Mon-Fri (08-1700hrs)	5247 (Nurse)	8292 (Nurse)	3934 (Nurse)	1684 (Con. Anaesthetist)
Out of hours	2140 (Anaesthetist)	8112 (Anaesthetist)	3561 or 3948 (Anaesthetist)	1669 or 2200 (Registrar)

Name::	Date: 21/5/25 10:00	Intravenous Opioid Infusion and PCA Monitoring Chart	Observations must be carried out hourly	
CHI:				
DOB:				

Preparation details								Discarded syringe						
	Date	Time	Batch no. medicine	Batch No. diluent	Vol in syringe (after priming line)	Pump No.	Prepared by	Checked by	Date	Time	Total given	Total discarded	Discarded by	Witnessed by
1	21/5/25	10:00	NVF224A	24607662	45		TW	Queen	23/5/25	03:10	46	4	CHORROD	RW
2	23/5/25	03:10	1238524	-	50		CHORROD	RW						
3														

Date	Time	Rate (mL/hr)	Volume (mL) remaining in syringe (Visual check)	Volume (mL) infused since last check	Total volume infused	Total volume infused (Device reading)	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
21/5/25	10:00	PCA	45	Started									Queen/TW
	11:00	PCA	45										
	12:00	PCA	38	7	7		0	18	0	4	0	✓	Queen
	13:00	PCA	34	4	11		0	14	0	2	0	✓	Queen
	14:00	PCA	33	1	12		0	12	0	0	0	✓	Queen
	15:00	PCA	31	2	14	13 mL	0	11	0	0	0	✓	Queen
	16:00	PCA	30	1	15	15	0	16	0	0	0	✓	Queen
	17:00	PCA	28	2	17	16	0	12	0	0	0	✓	Queen
	18:00	PCA	26	2	19	18.5	0	10	0	0	0	✓	Queen
	19:00	PCA	26	0	19	18.5	0	10	0	0	0	✓	Queen
22/5	18:00	PCA	20	2	27	69.0	0	17	0	3	0	✓	CH
	19:50	PCA	20	3	30	72.5	0	17	2	5	0	✓	CH
	22:10	PCA	15	5	35	76.98	0	17	2	5	0	✓	CH
23/5	00:00	PCA	11	4	39	80.98	0	17	2	5	0	✓	CH
	01:15	PCA	10	1	40	82.48	0	17	2	5	0	✓	CH
	02:10	PCA	7	3	42	84.98	0	17	2	5	0	✓	CH
	03:10	PCA	7.50	new syringe								✓	CH/RW
	05:30	PCA	45	5	5	6.0	0	17	4	6	0	✓	CH
	07:00	PCA	40	5	10	11.0	0	17	4	6	0	✓	CH
	08:30	PCA	38	2	12	13	0	16	4	6	0	✓	CH
	09:30	PCA	35	3	15	16	0	17	4	6	0	✓	CH
	10:30	PCA	32	3	18	19	0	18	5	6	0	✓	CH
	12:00	PCA	32	0	18	20	0	16	4	8	0	✓	CH
TOTAL OPIOID DOSE:													

Name: SHARON STEVEN
 CHI: 25/12/1975
 DOB:

Date:

Intravenous Opioid Infusion
 and PCA Monitoring Chart

Observations must be
 carried out hourly



Preparation details

Discarded syringe

	Date	Time	Batch no. medicine	Batch No. diluent	Vol in syringe (after priming line)	Pump No.	Prepared by	Checked by	Date	Time	Total given	Total discarded	Discarded by	Witnessed by
1	24/12/25	0525	1238524	-	50		Ottorrood	[Signature]	24/12/25	0525	49	1	Ottorrood	[Signature]
2														
3														

Date	Time	Rate (mL/hr)	Volume (mL) remaining in syringe (Visual check)	Volume (mL) infused since last check	Total volume infused	Total volume infused (Device reading)	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
25/12/25	1400	PCA	27	5	27	25.5	0	16	4	7	0	✓	ML
	1500	PCA	26	1	24	26	0	17	4	8	0	✓	ML
	1800	PCA	22	4	28	29.5	0	16	5	8	0	✓	ML
	1900	PCA	20	2	30	31	0	17	5	8	0	✓	ML
	2015	PCA	18	2	32	33.5	0	17	5	8	0	✓	CH
	2200	PCA	16	2	34	35.5	0	17	5	8	0	✓	CH
24/12/25	0100	PCA	12	4	38	39.5	0	17	3	5	0	✓	CH
	0215	PCA	23	4	42	43.0	0	17	2	4	0	✓	CH
	0325	PCA	5	3	45	46.5	0	17	4	5	0	✓	ML
	0525	PCA	↑ 50	* new syringe	5	5	0	16	2	6	0	✓	CH
	08.30	PCA	45	5	9	9.5	0	16	2	8	0	✓	ML
	09.30	PCA	41	4	11	11	0	16	2	8	0	✓	ML
	11.00	PCA	39	2	11.5	11.5	0	16	2	8	0	✓	ML
	12.00	PCA	38.5	0.5	12	12	0	16	4	8	0	✓	ML
	12.25	PCA	38	0.5	12	12	0	16	4	8	0	✓	ML
	15.00	PCA	35	3	15	15	0	16	2	8	0	✓	ML
	16.30	PCA	34	1	16	16	0	16	2	5	0	✓	ML
	18.00	PCA	30	4	20	20	0	16	2	5	0	✓	ML
	1940	PCA	27	3	23	22.5	0	16	2	5	0	✓	CH
	2200	PCA	26	1	24	24.5	0	16	2	5	0	✓	CH
	2330	PCA	22	4	28	27.5	0	16	As	As	As	✓	CH
25/12/25	0110	PCA	19	3	31	30.5	0	16	2	5	0	✓	CH
	0305	PCA	18	1	32	31.5	0	16	As	As	As	✓	CH

TOTAL OPIOID DOSE:

Name: CHI: DOB: Date: **Intravenous Opioid Infusion and PCA Monitoring Chart** Observations must be carried out hourly **NHS Lothian**


Preparation details									Discarded syringe					
	Date	Time	Batch no. medicine	Batch No. diluent	Vol in syringe (after priming line)	Pump No.	Prepared by	Checked by	Date	Time	Total given	Total discarded	Discarded by	Witnessed by
1	25/5/25	07:40	1238524	✓	50		P. Monney	[Signature]	25/5/25	07:40	39	11	[Signature]	P. Monney
2	26/5/25	17:00	1238524	✓	50		[Signature]	[Signature]	25/5/25	17:00	42	8	[Signature]	[Signature]
3														

Date	Time	Rate (mL/hr)	Volume (mL) remaining in syringe (Visual check)	Volume (mL) infused since last check	Total volume infused	Total volume infused (Device reading)	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
25/5/25	05:45	PCA	12	5	37	26.5	0	17	4	6	0	✓	CH
	07:40	PCA	12	5	42	31.5	0	16	3	6	0	✓	Mon/PM
	09:30	PCA	46	4	4	5	0	16	3	6	0	✓	LR
	11:30	PCA	45	3	7	8	0	16	3	6	0	✓	LR
	13:00	PCA	45 40	3	10	11	0	16	2	6	0	✓	LR
	15:00	PCA	38	2	12	13	0	16	3	5	0	✓	LR
	16:00	PCA	36	2	14	15.5	0	16	5	7	0	✓	LR
	18:00	PCA	35	1	15	16	0	16	4	7	0	✓	LR
	20:00	PCA	34	1	16	17	0	16	4	6	0	✓	LR
	22:00	PCA	31	3	19	20.5	0	16	3	5	0	✓	LR
	23:00	PCA	30	1	20	21	0	16	A	0	0	✓	LR
	00:00	PCA	30	0	20	21.5	0	16	A	0	0	✓	LR
26/5/25	02:00	PCA	28	2	22	23.0	0	16	A	A	A	✓	LR
	03:00	PCA	26	2	24	25	0	16	A	0	0	✓	LR
	04:00	PCA	25	1	25	26	0	16	A	0	0	✓	LR
	05:00	PCA	22	3	28	29.5	0	16	A	A	0	✓	LR
	07:00	PCA	18	4	32	34.0	0	17	5	7	2	✓	LR
	10:30	PCA	15	3	35	36.0	0	16	5	6	0	✓	LR
	12:00	PCA	15	0	35	37.0	0	18	5	7	0	✓	LR
	13:15	PCA	11	4	39	40.0	0	17	5	7	0	✓	LR
	16:00	PCA	8	3	42	43.0	0	15	4	6	0	✓	LR
26/5/25	17:00	PCA	50		NEW Syringe								
	18:40	PCA	48	2	2	3.5	0	15	4	5	0	✓	LR
	20:15	PCA	43	5	7	7	0	16	2	3	0	✓	LR

TOTAL OPIOID DOSE:

40

Epidural Infusion Chart

N 620012470M /E6038950 F STEVENS Sharon	Consultant <i>Ewing</i>
C 23-Dec-75 CHI: 231 275 1208 70841 J Ling	Anaesthetist <i>Schyma/Millar</i> <i>Franchis</i>
E 4/5 New Arthur Place EH8 9TH	Operation <i>tuorotomy</i>
	Date of Operation <i>19/5/25</i>

Medicine(s)	Dose	Infusion Fluid	Vol.	Final Concentration	Prescribed by (sign & print)
Levobupivacaine	250mg	0.9% sodium chloride	250 ml	levobupivacaine (0.1%) 1mg/ml, fentanyl 2micrograms/ml	<i>[Signature]</i> M. Ular
Fentanyl	500 micrograms				
Bupivacaine	250mg	0.9% sodium chloride	250 ml	1mg/ml (0.1%)	

Infusion Rate Instructions					
	Rate (ml/hr)	Date	Time	Prescribed by (sign & print)	Comment / Reason for Change
Initial Rate	<i>10</i>	<i>19/5/25</i>	<i>16 00</i>	<i>[Signature] Millar</i>	
Change 1					
Change 2					
Change 3					
Change 4					

Top Up Prescription				
Infusion mixture				
Dose (ml)	Date	Time	Prescribed by (sign & print)	Comment / Reason for Change
<i>10</i>	<i>19/5/25</i>	<i>16 00</i>	<i>[Signature] Millar</i>	

Adjuvant medicine (to be administered by Pain Nurse Specialist or Anaesthetic Doctor only)					
Medicine	Dose	Max. number of doses in 24hr	Date	Time	Prescribed by (sign & print)

Top Ups Given				
Date & Time	Mixture or medicine given	Volume of mix / dose of adjuvant	Given by (sign & print)	Checked by (sign & print)
<i>19/5/25 19 00</i>	<i>Bupmix</i>	<i>10mls</i>	<i>M. Wolff M. [Signature]</i>	<i>[Signature] Muell.</i>

Intended duration of epidural	Loss of resistance to saline cm	Lower systolic limit mmHg	CONSIDER EPIDURAL HAEMATOMA see over if new motor block develops or motor block not resolving 4 hours after anaesthetic.
Planned analgesia thereafter	Depth at skin cm		
	Tunnelled Yes / No		

Essential Observations						
On return from theatre and at beginning of each shift check: block level, epidural site, prescriptions, pump settings and contact numbers. HR, BP and RR should be recorded every 15 minutes reducing as patient stabilises to 1-hourly minimum. Patients receiving epidural opioids must have saturation monitoring and hourly respiratory rate assessment. Assess for increasing motor block and pain at rest and on movement hourly reducing to 2-hourly as patient's physiology/pain/sedation is stable. Combine with pressure care and other observations overnight to maximise sleep and rest. After a top up, BP should be measured every 5 minutes for 20 minutes. Check pump readings and volume infused hourly. Record HDU/NEWS chart.						
Pain Scores		Sedation		Nausea	Motor block	Sensory Block
No pain	0	None, patient alert		None	0 = Full power	Check with ice. Recheck if the patient's condition changes e.g. they become sedated. If block level is above T4 contact pain team or Anaesthetic Doctor.
Mild, it does not distress me	1 to 3	1	1 = Mild, occasionally drowsy, easy to rouse	1 = Mild nausea	1 = Weak but able to raise legs	
Moderate, it distresses me a bit	4 or 5	2	2 = Moderate, frequently drowsy, easy to rouse	2 = Nausea / vomiting helped by treatment	2 = Able to bend knees easily	
Severe, it distresses me a lot	6 to 10	3	3 = Severe, somnolent, difficult to rouse	3 = Persistent nausea / vomiting despite treatment	3 = Minimal movement	
Sleeping normally	S	Normal sleep, stirs to light touch		Sleeping normally	4 = Paralysis	

DEALING WITH COMPLICATIONS (Contact Details are below)	
<p>If the legs become increasingly heavy or if motor block is not resolving within FOUR hours of the last dose of anaesthetic – CONSIDER EPIDURAL HAEMATOMA</p> <ul style="list-style-type: none"> Stop epidural pump and contact on call Anaesthetic Doctor or Pain Nurse Specialist Refer to "Management of suspected epidural haematoma" guideline on intranet Healthcare A-Z > Anaesthetics and Theatres > Documents and Guidelines > Anaesthetic Emergencies and Complications 	
<p>If the respiratory rate < 8 per minute and/or the sedation score > 2</p> <ul style="list-style-type: none"> Stop the epidural pump. Ensure airway clear and give high flow oxygen. Stimulate and consider bag-mask ventilation with oxygen. Contact on-call Anaesthetic Doctor or Pain Nurse Specialist If patient is receiving opioid, ensure naloxone 400micrograms diluted up to 10ml with 0.9% sodium chloride is available. 	<p>If the systolic BP is lower than the limit set</p> <ul style="list-style-type: none"> Refer to management of hypotension associated with epidurals protocol (intranet) If an Anaesthetic Doctor is not immediately available and hypotension is severe give 250 to 500ml PlasmaLyte 148 rapidly. If response to treatment is poor, contact Anaesthetic Doctor and ensure ephedrine 30mg is available and made up to 10ml with 0.9% sodium chloride. The Anaesthetic Doctor will titrate to effect with 3mg IV boluses. Ephedrine may also be given IM or SC.
Mild pain or from outside the expected area of epidural block	<ul style="list-style-type: none"> Consider giving additional prescribed analgesia. Consider repositioning and comfort measures.
Moderate or severe pain	<ul style="list-style-type: none"> Epidural bolus top-up is indicated.

Critical Care Nurse Top Up	
Administration of a prescribed epidural bolus via the BodyGuard 545 Epidural Pump by nursing staff should be given following the designated algorithm, <u>ONLY</u> after completion of top up competencies.	
Contraindications to Critical Care Nurse Top Up (Contact Pain Team or Anaesthetic Doctor)	
<ul style="list-style-type: none"> If respiratory rate ≤10 per minute If sedation score is ≥ 2 	<ul style="list-style-type: none"> If systolic blood pressure less than the level specified If motor block is ≥ 2

Contact Details (Pager Numbers)		RIE	SJH	WGH
Out of hours	Anaesthetic Doctor	2140	3561	8112
Mon to Fri (0800 to 1700)	Pain Nurse Specialist	5247	3934	8292

Patient Name: Sharon Stevens CHI: ZS 12 75 12 08

1	Date	Time	Device No.	BN of infusion	Changed by (Print & Sign)	Checked by (Print & Sign)
	19/5/15	1720		24622006exp	M. [Signature] M. [Signature]	
2	Date	Time	Vol. infused	Vol. discarded	Discarded by (Print & Sign)	Witnessed by (Print & Sign)

Date	Time	Rate ml/hr	Bolus Dose	Vol. infused since last check	Total vol. infused	Motor Block		Sensory Block		Sedation Score	Resp. Rate	Pain Scores		Nausea score	Initials
						R	L	R	L			at Rest	Movement		
19/5/15	1720	10	—	48.6	48.6	0/0	0/0	10	10	-1	13	0	0	0	MS/BAP
	1815	10	—	48.6	57.0	0/0	0/0	10	10	0	11	0	3	0	MS
	1900	10	10	5.0	62.0	0/0	0/0			0	13	0	0	0	MS

Lothian University Hospitals NHS Trust
ADULT UNITARY PATIENT RECORD

ADMITTING HOSPITAL: Western General Hospital
 TYPE OF ADMISSION: Emergency

PRESENTING COMPLAINTS/REASON FOR ADMISSION
 1 DEHYDRATION AND SEVERE CONSTIPATION - POTENTIAL IMPACTION 2 WEEKS. STRUGGLING TO TOLERATE OR
 2 AL FLUIDS AND NOT OPENED BOWELS IN 2 WEEKS, STRUGGLING WITH PAIN AND VOMITING. PMHx - NONE OB
 3 S - RR 18, SATS 97%, HR 113, BP: 111/76 T 36.2 NEWS: 2 ?PSEUDO OBSTRUCTION ?FECAL IMPACTION ?AKI
 4

Patient wishes to be known as:

NAME & ADDRESS (PATIENT LABEL)		ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
Hospital No	620012470M F/M: F	Ward No.	WGNSAU	
DOB:	23/12/1975 Age: 49	Admission Date	18/05/2025	
Name:	Sharon Stevens	Admission Time to Ward	17:25	
Address:	4/5 New Arthur Place Edinburgh EH8 9TH	Admitting Nurse		
Telephone No:	0131 574 0257	Consultant		
Title - Mr / Mrs / Miss / Ms :	Ms	G.P.Details	6024481/70841	70841/1
Martital Status:		J Ling	St Leonard's Medical Centre, 1	
Religion:		EH8 9RU		
Ethnic Origin:		Tel No:	0131 668 4547	

NEXT OF KIN	Stevens, Paige	FIRST CONTACT
RELATIONSHIP	Daughter	RELATIONSHIP
Address:		Address:
Contact No.	07858408547	Contact No.
Patients Relative / Next of Kin Present on Admission	Y/N	
IF NO:		
Date & Time of Notification:		Signature:

Other comments: eg Night Call

Allergies / Sensitivities

CARDIO PULMONARY RESUSCITATION Resuscitate / **DO NOT Attempt Resuscitation (DNAR)** (Delete as appropriate)
 Rationale if DNAR:
 Signature: Print Name: Designation: Date & Time:
 Consultant Signature: Print Name: Date & Time:
 (Within 24 hrs)

	Date/Time	DNAR Status	Signature	Print Name	Designation	Consultant Signature
Change (1)						
Change (2)						

Please document rationale for change in the progress notes.

THEATRE PATIENT CARE PLAN

620012470M /E6038950 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH



PRE-OPERATIVE ASSESSMENT: Pre-operative visit performed? Yes No

Signature: _____ **Name (print):** _____ **Date:** _____

Identified Problems	Planned Nursing Care


PRE-OPERATIVE CHECKLIST:

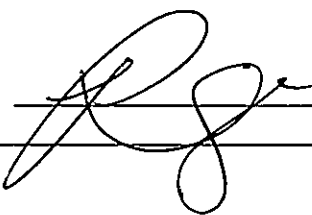
Check	Ward Nurse		Theatre Nurse		Comments
	Y	N	Y	N	
Correct patient?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Correct procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All bracelets in situ with name, date of birth, ward, unit number, gender & CHI number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Operation consent form signed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Operation site & side marked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Prescribed pre-medication given?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Routine drug therapy taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Make up removed as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Jewellery (incl body piercings) & hairlips removed, rings taped?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Items accompanying patient to theatre? (eg wigs, hearing aids, prosthesis etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dressed for theatre?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Does the patient have any allergies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LATEX?
Has the patient passed urine?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Urinalysis results rechecked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neg.
Date of last menstrual period?	4.5.25				
Last food? <u>YOGHURT</u> Date: <u>18.5.25</u> Time: <u>9.00 am</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	yesterday morning sip of water
Last drink? <u>SIPS</u> Date: <u>19.5.25</u> Time: <u>9.30</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sip of water
Documents accompanying patient? Healthcare record <input type="checkbox"/> ICP (if separate) <input type="checkbox"/> Xrays <input type="checkbox"/> Drug chart <input type="checkbox"/> Blood results <input type="checkbox"/> Cross matched <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Signature	Print name	Date
Ward Nurse		P. MCCARTHY	19.5.25
Theatre Practitioner		N. KEENAN	19.05.25

D: NO
 E: NO
 A: NO

INTRAOPERATIVE CARE RECORD

620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH


Surgical Position Supine Initials: SR		Equipment Used/Protection/Pressure Care eyes taped leg strap warmer arms secured side support floures	
Mobility Initials: SR	Special Actions taken self transfer preop pat side post op		
Diathermy Initials: SR	Position Problem/action taken Right thigh		
Skin prep. Initials: SR	Details Chloraprep with tinct		
Skin closure Initials: SR	Details skin clips staples		
Dressings <input type="checkbox"/> N/A Initials: SR	Details Meporex x 4 (ADHESIVE)		
Drains <input type="checkbox"/> N/A Initials: SR	Details 24fr portex drain x2 secured with silk		
Catheters <input type="checkbox"/> N/A Initials: SR	Details Catheter inserted by A. Denuit and Patert. Clear urine flashback. No issues MIs in balloon 10mls of water. Instinigel used.		
Specimens <input type="checkbox"/> N/A Initials: SR	Details ② Stomach ulcer → path ① intraabdominal pus → bacteriology/microscopy		
Packs <input checked="" type="checkbox"/> N/A Initials: SR	Details _____		
Tourniquet <input checked="" type="checkbox"/> N/A Initials: SR	Position Protection used	Pressure _____	Time on _____ Time off
Comments:			
Signature:  Print name: SRMAGE			

INTRAOPERATIVE COUNTS

620012470M F

STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH



	Initial Count	Intraoperative	Intraoperative	Intraoperative	Final count
Correct	Azedee	Range	Range	Range	Range
Signature		<i>Range</i>	<i>Range</i>	<i>Range</i>	<i>Range</i>
Discrepancy and Action taken					
Scrub nurse	Comments		Total blood loss 20ml		
	1. Print <u>C. McAlister</u>		Sign <u><i>AMC</i></u>		
	2. Print _____		Sign _____		

HSDU LABELS - FROM PACKS/INSTRUMENTS USED

JARGE BASIC #GS034
 35115
 3025/05/12 +A001835
 Edinburgh Royal Infirmary



DEPOD THOMPSONS RETRACTOR TRAY
 2 OF 2
 ID: A080623
 2025 05 15 CT098
 Hospital Sterilising & Disinfection



NHS Lothian - Major General P Mölnlycke Health Care



2027-07-28
 REF 97081450-05
 LOT 25070894
 0055

DEPOD THOMPSON RETRACTOR TRAY 1
 OF 2
 ID: A080622
 2025 05 15 CT397
 Hospital Sterilising & Disinfection




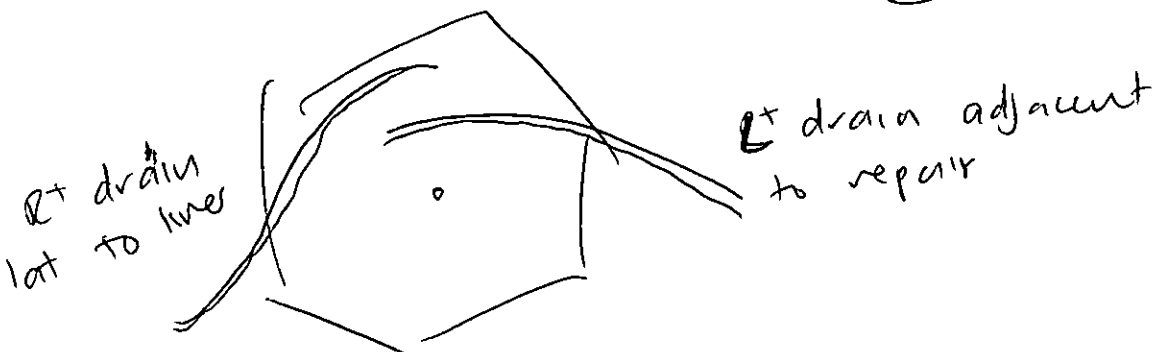
INTRAOPERATIVE COUNTS

620012470M F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
4/5 New Arthur Place
EH8 9TH
Post code

IMPLANTS

OPERATION SUMMARY (surgeon or deputy to complete)

Surgeon: ewing / calimer breman	Assistants: drake
Drugs: Operation performed: laparotomy (rooftop) primary closure of 2cm ulcer immediately distal to pylorus. omental patch & falx farm was laceration secured adjacent to drains. Bx taken + pns sent	Diathermy used <input type="checkbox"/>
Postoperative instructions: HDU TPN NBM H. pylori eradicate anti-fungal dalteparin 6°	(PPI + Abx)
Printed: ewing	Signed: 



Patient Name
STEVENS SHARON

CHI
2312751208

Date Birth
23/12/1975

Age
49

GP
Thomas, Allison

GP Practice
St Leonard's Medical Centre

GP Practice Code
70841

Description	Allergies		Comments
	Date Recorded	No ECS data exists	

Sources:

ECS

Patient's Drugs

Referrer Kardex

GP Practice

TRAK

Patient

Relative / Carer

Referrer Letter

Comm Pharmacy

Other - Specify

Actions:

C: Continue

W: Withhold

S: Stop

Acute Medication (including those greater than 30 days)													
Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source			Action			Comments	
						1*	2*	3*	C	W	S		
CosmoCol Drange Lemon and Lime oral powder sachets (Stirl...	30 sachet	1- 3 SACHETS DAILY IN DIVIDED DOSES		12/05/2025	12/05/2025	1							
Prochlorperazine 5mg tablets	28 tablet	ONE TABLET THREE TIME SDAILY		12/05/2025	12/05/2025	1							
Prochlorperazine 5mg tablets	28 tablet	1 TABLET THREE TIMES A DAY		07/05/2025	07/05/2025	1							
Desogestrel 75microgram tablets	336 tablet	1 TABLET ONCE A DAY		01/04/2025	01/04/2025	1							
Diclofenac sodium 50mg gastro-resistant tablets	84 tablet	DNE TABLET UP TO THREE TIMES A DAY. STOP TEMPDRARILY WHEN UNWELL WITH VOMITING, DIARRHDEA OR FEVER. RESTART WHEN WELL AGAIN.		21/02/2025	21/02/2025	1							
Clobetasol 0.05% ointment	100 gram	APPLY DAILY FOR 2 WEEKS		14/02/2025	14/02/2025	1							
Desogestrel 75microgram tablets	336 tablet	1 TABLET ONCE A DAY		17/12/2024	17/12/2024	1							
Clobetasol 0.05% ointment	100 gram	APPLY DAILY FOR 2 WEEKS		17/12/2024	17/12/2024	1							

Patient Name
STEVENS SHARON

CHI
2312751208

Date of Birth
23/12/1975

Age
49

GP
Thomas, Allison

GP Practice
St Leonard's Medical Centre

GP Practice Code
70841

Originalor	Drug ID	Formulation	Dose	Frequency	Repeat Medication		Dispensed Date	Source			Action			Comments
					Medication Start Date	Prescription Date		1*	2*	3*	C	W	S	
GP practice	Chlorphenamine 4mg tablets	60 tablet	1 TABLET AT NIGHT.		17/12/2024	01/04/2025		1						
GP practice	Mebeverine 135mg tablets	84 tablet	1 TABLET THREE TIMES A DAY		04/11/2020	17/10/2024		1						
GP practice	Hydromol ointment (Alliance Pharmaceuticals Ltd)	500 gram	USE AS A SOAP SUBSTITUTE AND MOISTURISER		29/04/2019	11/02/2025		1						
GP practice	Dermol 500 lotion (Dermal Laboratories Ltd)	500 ml	AS DIRECTED		06/01/2021	11/02/2025		1						
GP practice	Trazodone 100mg capsules	56 capsule	1 CAPSULE AT NIGHT		17/10/2024	01/04/2025		1						

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	Designation	Grade	Date	Time	Contact Number

Key Information Summary
No KIS data recorded

Continuation Sheet

Preparation Details

Discarded syringe

	Date	Time	Batch no. medicine	Batch No. diluent	Pump No.	Prepared by	Checked by	Date	Time	Total volume given	Total volume discarded	Signed	Witnessed
1								27/7/25	1530	35	15	A	J
2													
3													

DATE _____ OPIOID AND PCA MONITORING CHART (DAY ___)

OBSERVATIONS MUST BE CARRIED OUT HOURLY

26/7/25

Time	Rate (mL/hr)	Volume (mL) remaining in syringe Visual check	Volume (mL) infused since last check	Total volume infused	Total volume infused Device reading	Sedation score	Resp. Rate	Pain score rest	Pain score movement	Nausea score	IV Site Check	Initials
22:10												
26/7/25 01:00	PCA	40	3	10	10	0	16	AS	AS	AS	✓	UH
01:00	PCA	37	3	13	13	AS	17	AS	AS	AS	✓	UH
02:00	PCA	36	1	14	14	AS	17	AS	AS	AS	✓	UH
04:30	PCA	35	1	15	15	AS	16	AS	AS	AS	✓	UH
07:00	PCA	30	5	20	20	AS	16	AS	AS	AS	✓	UH
08:45	PCA	27	3	23	23.0	0	16	3	4	0	✓	AB
11:00	PCA	23	4	27	26.50	0	16	3	4	0	✓	AB
15:00	PCA	15	8	35	35	0	16	3	4	0	✓	AB

TOTAL DOSE IN 24 HOURS =

Patient name: _____
CHI: _____

Gentamicin dosing calculator and monitoring chart for adult patients

Use for patients aged 16 and over. THIS IS NOT A PRESCRIPTION. ALL PRESCRIBING AND ADMINISTRATION SHOULD BE RECORDED ON HEPMA OR PRESCRIPTION CHART.

Exclusions: Dialysis patients, myasthenia gravis patients, synergistic use, prophylaxis unless 5mg/kg recommended.

Produced by NHS Lothian Antimicrobial Management Team antimicrobial.stewardship@nhslothian.scot.nhs.uk

Contact: AMT Administrator Linda.M.Robertson@nhslothian.scot.nhs.uk Version 4.1 2024



Enter details in the boxes below:	
Patient name	Sharon Stevens
Patient CHI	2312751208
Age	49
Height (cms)	162
OR Height (feet)	
(& inches)	
Actual body weight (kg)	69.2
Sex Select from drop-down list	Female
Creatinine (µmol/L)	47
CrCl result (ml/min)	103

Gentamicin dosing recommendations	Date and time: 23/05/2025 14:56
Gentamicin dose (mg)	320
Predicted dosing interval, based on data entered	24 hourly, confirm by measuring levels
HEPMA prescribing interval recommendation	XH24
Confirm dosing interval with levels	
Recommended date and time first gentamicin level to be taken - range between	23/05/2025 20:56 & 24/05/2025 04:56

Pharmacy check	
Sign	Date
PREPARATION: Dilute dose in 100ml of sodium chloride 0.9% or glucose 5% and infuse over 30 minutes	
PRESCRIBING GENTAMICIN IN HEPMA CHOOSE: Gentamicin 80mg/2ml solution for injection ampoules Prescribe the calculator recommended dose. Frequency: <ul style="list-style-type: none"> • XH24: if 24 hourly dosing recommended • XH48: if 48 hourly dosing recommended • STAT order: if not to give further dose until 	

Administration record - complete each time gentamicin is given

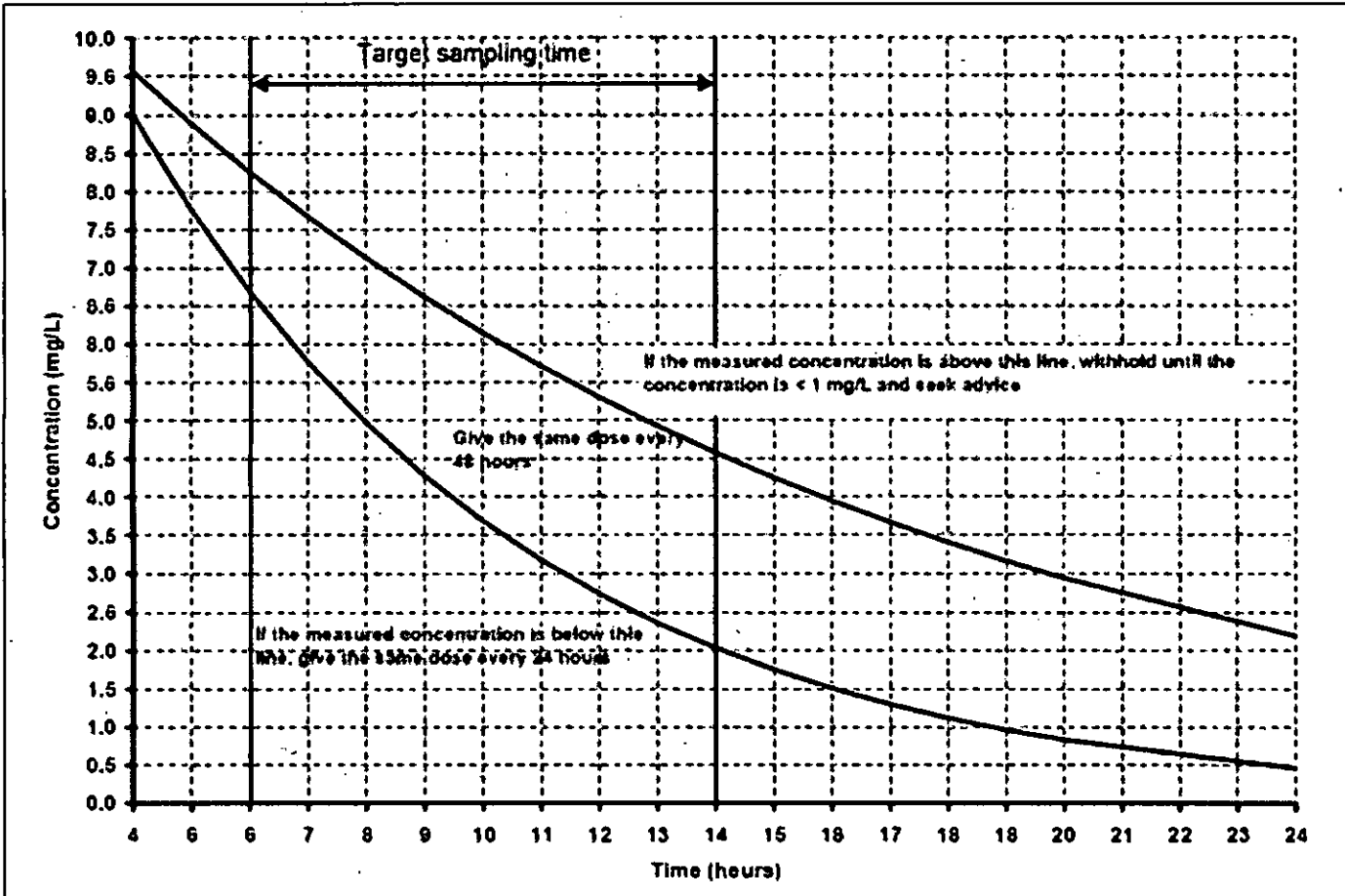
	Step 1. Nursing staff to record when dose was administered. Whoever takes the level should record the date and time it was taken.		Step 2. Clinical team: document the gentamicin level and renal function and complete Step 3 BEFORE the next dose of gentamicin is due.		Step 3. Clinical team: Plot the gentamicin level on the monitoring chart to confirm the dosing interval. Nursing staff should NOT ADMINISTER the next dose of gentamicin if this section is not completed unless instructed to by clinical team. If not completed discuss with clinical team/H@N.				
	Date and time dose administered	Date and time level taken	Gentamicin level mg/L	Creatinine µmol/L	Check levels and confirm dosing interval	Has the dosing interval been amended on HEPMA?	Confirm date and time of next gentamicin dose	Name	Signature
Dose 1	23/05/25 17:30	24/05/25 17:00	10.6	52	24 hrs <input checked="" type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input checked="" type="checkbox"/> change required <input checked="" type="checkbox"/>	24/05/25 19:30	S. LYNSIEV	
Dose 2	24/05/25 22:30	25/05/25 16:00	10.6		24 hrs <input checked="" type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input checked="" type="checkbox"/> change required <input checked="" type="checkbox"/>	25/04/25 22:30	R CHAM	
Dose 3	25/05/25 22:30	26/05/25 06:55	2-3	49	24 hrs <input checked="" type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input checked="" type="checkbox"/> change required <input checked="" type="checkbox"/>	26/05/25 11:00	L. WENDERS	

@72 hours review need for ongoing antibiotics - stop or justify continue. Document outcome of review using Iantibreview

Continued IV gentamicin is acceptable after 72 hours, for up to 5 days in total, where the patient is improving, oral route is not available, and there is no deterioration in renal function or hearing. Look at the Antimicrobial Companion for IV to oral switch options. [CLICK HERE FOR GENTAMICIN - HOW TO USE IT WELL NOTES](#)

Dose 4	DD/MM/YY hh:mm	27/05/25 06:30			24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input type="checkbox"/> change required <input type="checkbox"/>	DD/MM/YY hh:mm		
	DD/MM/YY hh:mm	DD/MM/YY hh:mm			24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input type="checkbox"/> change required <input type="checkbox"/>	DD/MM/YY hh:mm		

GENTAMICIN MONITORING CHART



SIGNS OF GENTAMICIN TOXICITY

RENAL

- Decreased urine output/oliguria
- Increasing serum creatinine

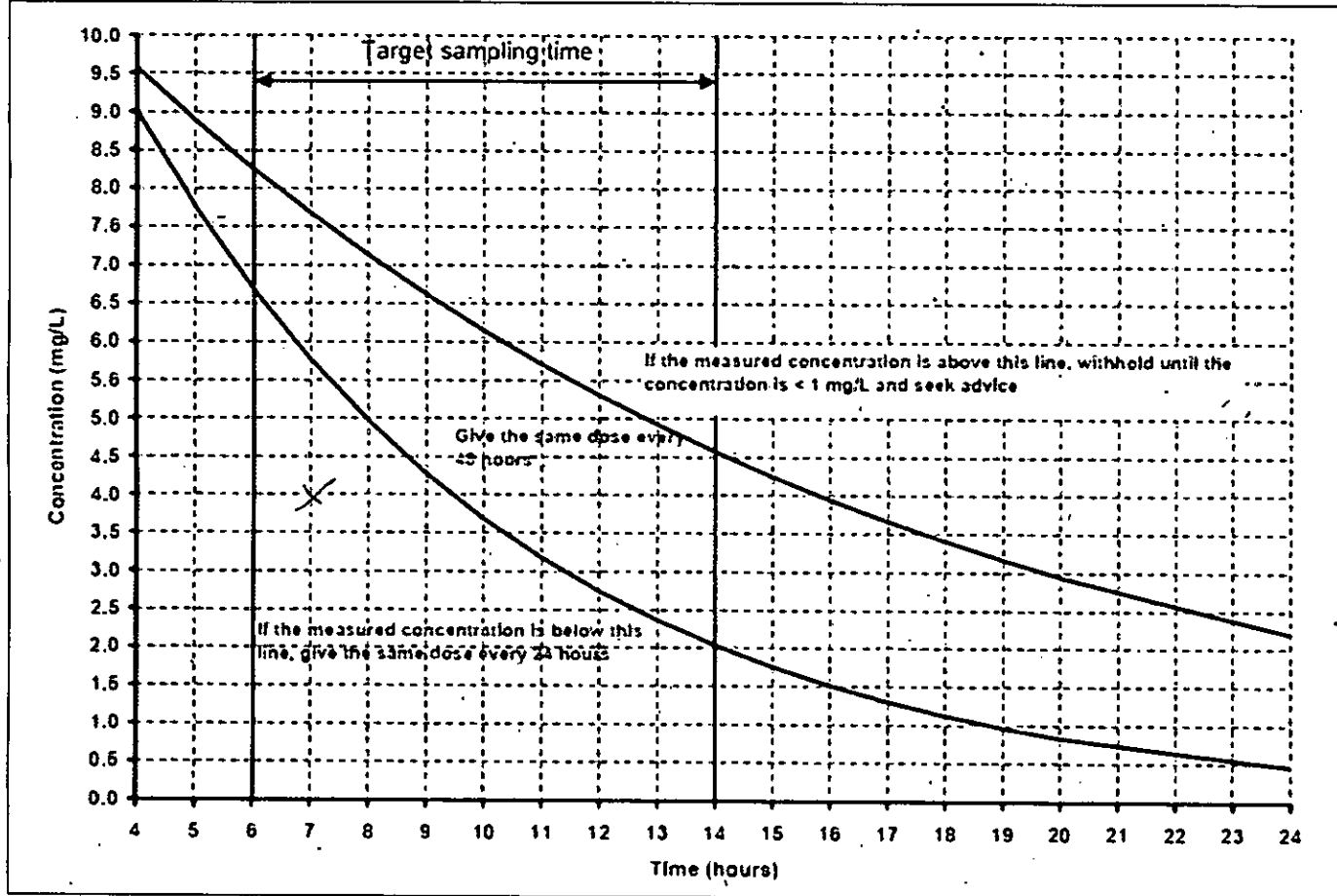
OTO/VESTIBULAR - development of new:

- Tinnitus or hearing loss
- Dizziness or poor balance
- Oscillating vision

MONITORING GENTAMICIN

- Take a gentamicin level (and U&Es) at the time suggested on the calculator:
 - if CrCl ≥ 21 @ 6-14 hours after the start of the infusion
 - if CrCl < 21 @ 24 hours after the start of the infusion
- Record the exact date and time the sample was taken.
- Record the serum concentration.
- Determine appropriate dosing interval from the chart. The plot will indicate one of 3 options:
 1. Continue present dosage regimen (either 24 hourly or 48 hourly)
 2. Change dosing interval (calculator predicted 24 or 48 hourly but levels indicate need to change interval on HEPMA or prescription chart)
 3. Withhold any further dose until level < 1 mg/L
- If the concentration falls exactly on the line, choose the option above the line and seek advice from pharmacy. Also seek advice from pharmacy if the concentration is exceptionally high or low.
- Continue to take gentamicin levels after each administration and daily U&Es.

GENTAMICIN MONITORING CHART



SIGNS OF GENTAMICIN TOXICITY

RENAL

- Decreased urine output/oliguria
- Increasing serum creatinine

OTO/VESTIBULAR - development of new:

- Tinnitus or hearing loss
- Dizziness or poor balance
- Oscillating vision

MONITORING GENTAMICIN

- > Take a gentamicin level (and U&Es) at the time suggested on the calculator:
 - If CrCl ≥ 21 @ 6-14 hours after the start of the infusion
 - If CrCl < 21 @ 24 hours after the start of the infusion
- > Record the exact date and time the sample was taken.
- > Record the serum concentration.
- > Determine appropriate dosing interval from the chart. The plot will indicate one of 3 options:
 1. Continue present dosage regimen (either 24 hourly or 48 hourly)
 2. Change dosing interval (calculator predicted 24 or 48 hourly but levels indicate need to change interval on HEPMA or prescription chart)
 3. Withhold any further dose until level < 1 mg/L
- > If the concentration falls exactly on the line, choose the option above the line and seek advice from pharmacy. Also seek advice from pharmacy if the concentration is exceptionally high or low.
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Gentamicin dosing calculator and monitoring chart for adult patients

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Exclusions: Dialysis patients, myasthenia gravis patients, synergistic use, prophylaxis unless 5mg/kg recommended.

Produced by NHS Lothian Antimicrobial Management Team antimicrobial.stewardship@nhslothian.scot.nhs.uk

Contact: AMT Administrator Linda.M.Robertson@nhslothian.scot.nhs.uk Version 4.1 2024



Enter details in the boxes below:	
Patient name	Sharon Stevens
Patient CHI	2312751208
Age	49
Height (cms)	162
OR Height (feet) (& inches)	
Actual body weight (kg)	69.2
Sex Select from drop-down list	Female
Creatinine (µmol/L)	68
CrCl result (ml/min)	91

Gentamicin dosing recommendations	Date and time: 19/05/2025 01:37
Gentamicin dose (mg)	320
Predicted dosing interval, based on data entered	24 hourly, confirm by measuring levels
HEPMA prescribing interval recommendation	XH24
Confirm dosing interval with levels	
Recommended date and time first gentamicin level to be taken - range between	19/05/2025 07:37 & 19/05/2025 15:37

Pharmacy check	
Sig <i>M Murphy</i>	Date 20/5/25
PREPARATION: Dilute dose in 100ml of sodium chloride 0.9% or glucose 5% and infuse over 30 minutes	
<p>PRESCRIBING GENTAMICIN IN HEPMA CHOOSE: Gentamicin 80mg/2ml solution for injection ampoules Prescribe the calculator recommended dose. Frequency:</p> <ul style="list-style-type: none"> • XH24: if 24 hourly dosing recommended • XH48: if 48 hourly dosing recommended • STAT order: if not to give further dose until 	

Administration record - complete each time gentamicin is given

	Step 1. Nursing staff to record when dose was administered. Whoever takes the level should record the date and time it was taken.		Step 2. Clinical team: document the gentamicin level and renal function and complete Step 3 BEFORE the next dose of gentamicin is due.		Step 3. Clinical team: Plot the gentamicin level on the monitoring chart to confirm the dosing interval. Nursing staff should NOT ADMINISTER the next dose of gentamicin if this section is not completed unless instructed to by clinical team. If not completed discuss with clinical team/H@N.				
	Date and time dose administered	Date and time level taken	Gentamicin level mg/L	Creatinine µmol/L	Check levels and confirm dosing interval	Has the dosing interval been amended on HEPMA?	Confirm date and time of next gentamicin dose	Name	Signature
Dose 1	19/05/25 01:50	19/5 08:53	4.5	58	24 hrs <input checked="" type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input checked="" type="checkbox"/> change required <input checked="" type="checkbox"/>	20/5/25 00:00	S. LAMMERS med 425	<i>SL</i>
Dose 2	20/5/25 @ 08:00	20/5/25 @ 06:30	2.5	54	24 hrs <input checked="" type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input checked="" type="checkbox"/> change required <input checked="" type="checkbox"/>	21/05/25 0000	C. DUNLEAVY	<i>C. Dunleavy</i>
Dose 3	21/05/2025				24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input type="checkbox"/> change required <input type="checkbox"/>			
@72 hours review need for ongoing antibiotics - stop or justify continue. Document outcome of review using Iantibreview									
Continued IV gentamicin is acceptable after 72 hours, for up to 5 days in total, where the patient is improving, oral route is not available, and there is no deterioration in renal function or hearing. Look at the Antimicrobial Companion for IV to oral switch options. CLICK HERE FOR GENTAMICIN - HOW TO USE IT WELL NOTES									
Dose 4					24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input type="checkbox"/> change required <input type="checkbox"/>			
Dose 5					24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> withhold <input type="checkbox"/> stop <input type="checkbox"/>	Yes, amended <input type="checkbox"/> No <input type="checkbox"/> change required <input type="checkbox"/>			

CR ↓ 2 200 am

Rate 98 . Sinus rhythm.....normal P axis, V-rate 60- 99
 . Borderline prolonged QT interval.....QTc >475ms

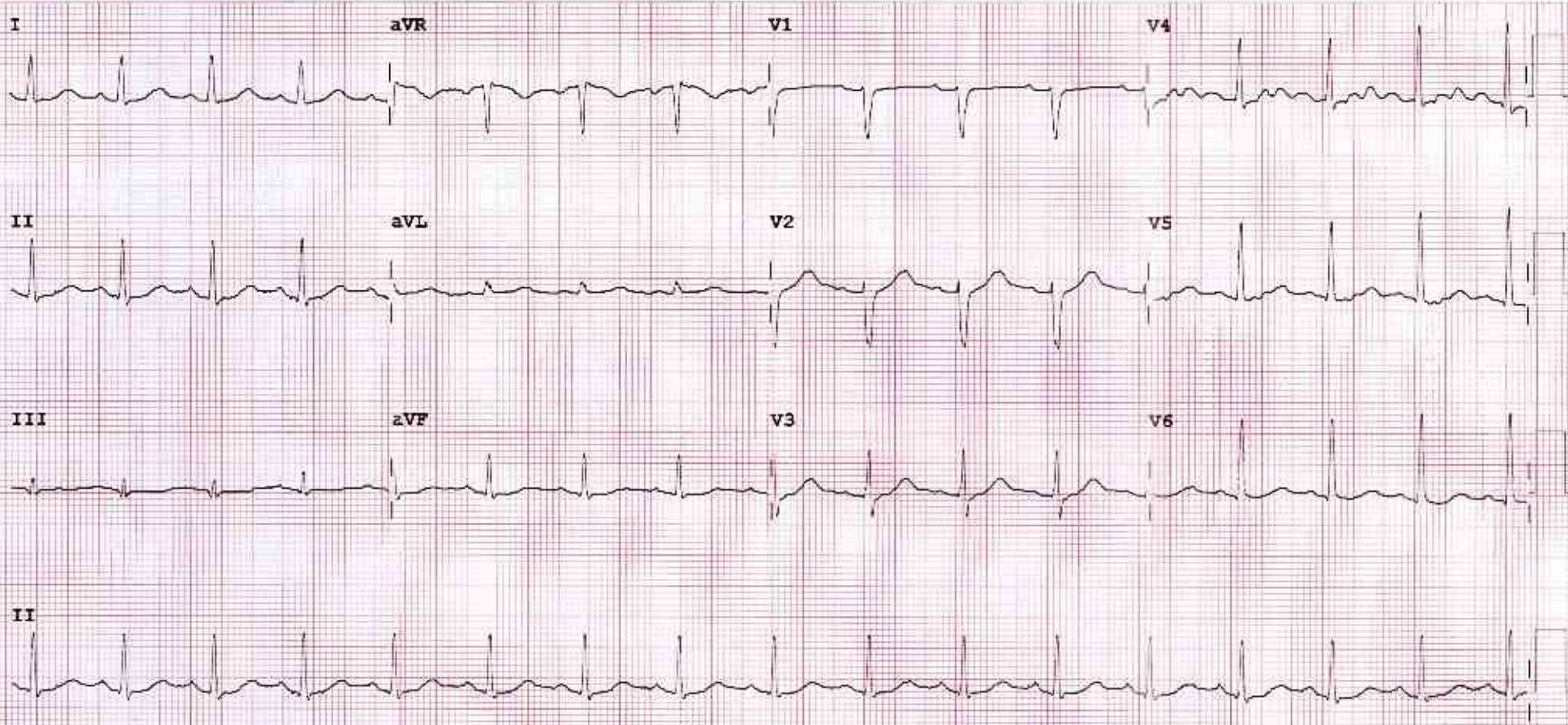
PR 156
 QRSD 101
 QT 386
 QTc 493

620012470M /E6038950 F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 4/5 New Arthur Place
 EH8 9TH

--AXIS--
 P 54
 QRS 36
 T 19

- BORDERLINE ECG -

Unconfirmed Diagnosis



2312751208

Stevens, Sharon

19/05/2025 10:37:53

DOB 23/12/1975 49 Years

RIE

Ward 106

Rate 98 . Sinus rhythm.....normal P axis, V-rate 60- 99
 . Borderline prolonged QT interval.....QTc >475ms

PR 156
 QRSD 101
 QT 386
 QTc 493

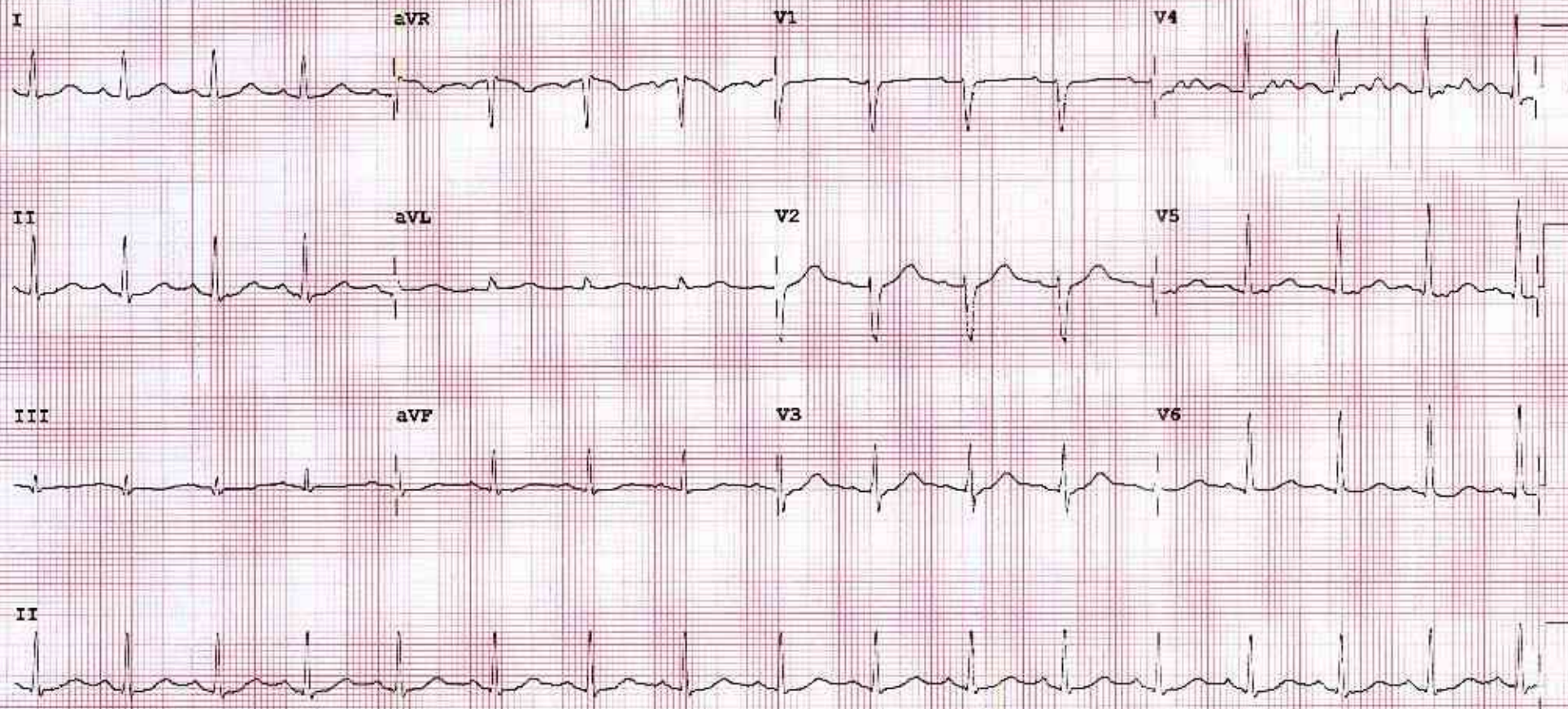
--AXIS--

P 54
 QRS 36
 T 19

- BORDERLINE ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 92021234 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz

100B CL

P?

Stevens, Sharon

Female
23.12.1975 (49 Years)

Vent. rate	75	BPM
PR interval	162	ms
QRS duration	88	ms
QT/QTc-Baz	412/460	ms
P-R-T axes	* 159	160

Patient ID: 2312751208

*** Suspect airm lead reversal,
interpretation assumes no reversal
Normal sinus rhythm
Inferior infarct, age undetermined
Anterolateral infarct, age
undetermined
Abnormal ECG

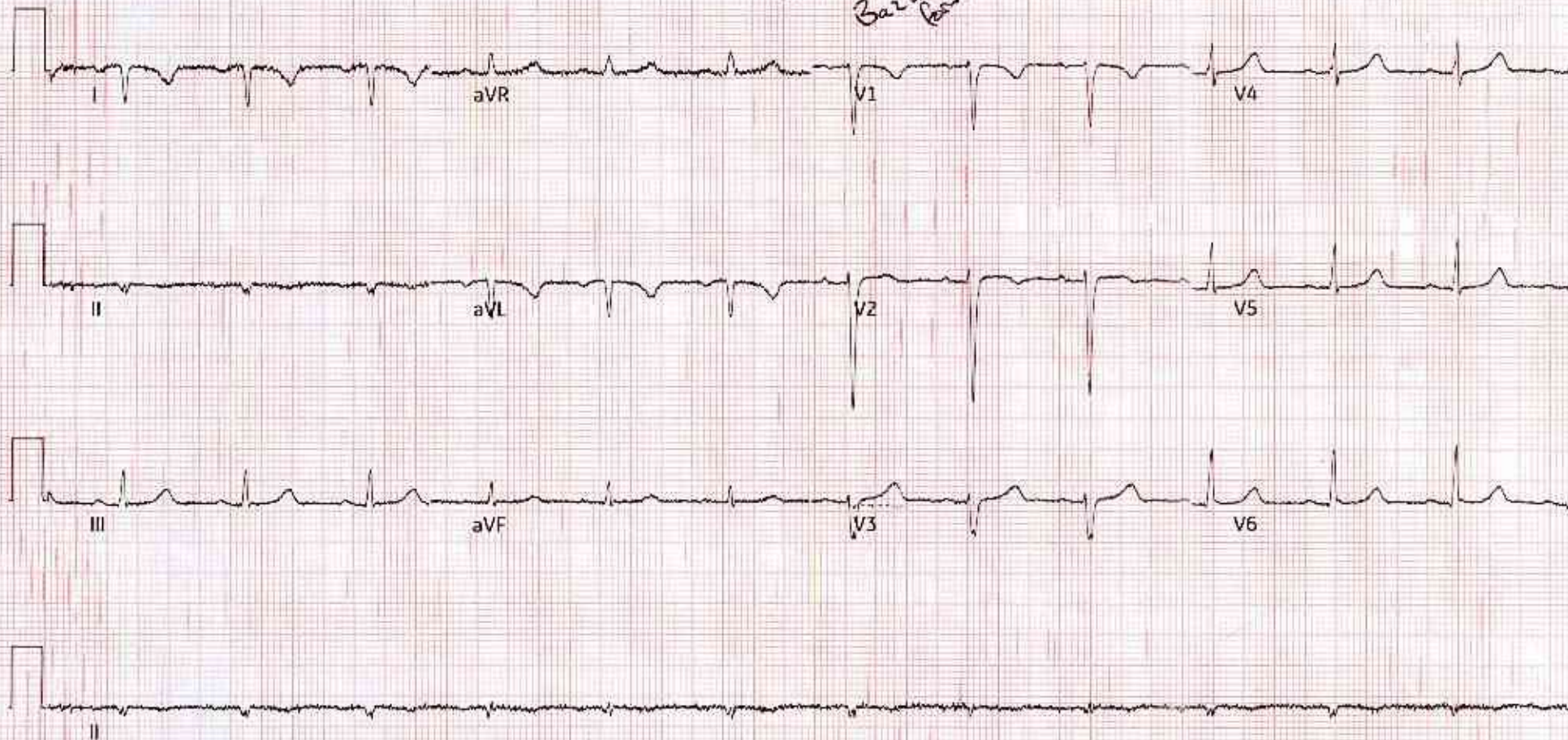
20.05.2025 05:55:16

Royal Inf Edinburgh

Location:
Comments:

*Corrected
LADT ml/sec
Bazett formula -*

Unconfirmed



RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 1645 TIME OUT: 1940
 Discharge criteria met? 1800 Y N

620012470M F
 Name: STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70841 J Ling
 Hospital: 4/5 New Arthur Place
 EH8 9TH
 Date of:

- EVENTS**
- A PAC
 - B Bloods ABZ
 - C MURST Swab
 - D Wardok
 - E X Ray
 - F Mask care
 - G Blood Check
 - H IVI Started
 - I CRP attached

- PAIN SCORE**
- 0 NONE: Continue to assess pain with every set of observations
 - 1-3 MILD: Continue to assess pain with every set of observations
 - 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
- NAUSEA SCORE**
- 0 No Nausea
 - 1 Nausea (consider anti-emetic)
 - 2 Nausea/vomiting (administer anti-emetic)
 - 3 Persistent nausea &/or vomiting (contact Dr.)
- SEDATION SCORE**
- 0 None, patient alert
 - 1 Mild, occ drowsy, easy to rouse
 - 2 Mod frequently drowsy, easy to rouse
 - 3 Severe, somnolent, difficult to rouse
 - 5 Normal sleep, stirs to light touch
 - U Unconscious

TIME	Airway	Oxygen Therapy	S _i O ₂	Respiration	PAIN	Nausea Score	Sedation Score	Urine Volume	Wound Check	Drains	Temperature
1645	SV	4L	94	20	0	0	0	0	Intact	2x Foley Drain	37.1
1705	SV	4L	93	17	0	0	0	0	Intact	2x Foley Drain	37.1
1720	SV	4L	92	14	0	0	0	0	Intact	2x Foley Drain	37.1
1730	SV	4L	92	15	0	0	0	0	Intact	2x Foley Drain	37.1
1745	SV	4L	92	12	0	0	0	0	Intact	2x Foley Drain	37.1
1755	SV	4L	92	12	0	0	0	0	Intact	2x Foley Drain	37.1
1810	SV	4L	92	12	0	0	0	0	Intact	2x Foley Drain	37.1
1825	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1
1840	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1
1855	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1
1910	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1
1925	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1
1940	SV	4L	92	11	0	0	0	0	Intact	2x Foley Drain	37.1

RECOVERY COMMENTS

20mls Blood loss
 Laparotomy for Primary closure of duodenal ulcer. Invasive lesions, dx Patex Drains Patent & NATube Epidural w 10mls/lw working well. NBM for 1hr. Women capped.

Name (print): M. Pearson Signature: M. Walsh

POST-OPERATIVE INSTRUCTIONS

Intravenous cannulae have been flushed

Oxygen - as required

Monitoring - routine

Fluids As charted

Analgesia As charted

Anti-emetics As charted

Special Instructions (including expected return of power & sensation after RA):

Destination Day case Ward HDU ITU

Name (print): Momen Dewant Signature:

Contact No.:

NHS Lothian ANAESTHESIA RECORD

Proposed operation: Laparotomy

Date: 19/5/25 Side: Ele Exp Urg Imm

Name: 620012470M F
 Hospital: STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 Date: 70841 J Ling
 Hospital: 4/5 New Arthur Place
 CHI: EH8 9TH
 Gender:

PRE-OP ASSESSMENT

Assessor: E m'Ular CONS SAS ST 6 CT Other

Date: 19/5/25 Location: 107 1.3 Consent form signed and checked

History / Examination (& see care pathway)

T1 2 prof. dentures in distal per bridge into lower jaw.

TIF from WGH

3w vomiting + epigastric pain

CT: large duodenal perf. with leakage of enteric contents into liver capsule

B/G: Lives alone HR 97
 works as carer BP 118/78
 usually fit + active

PMH anxiety + hayfever Weight (kg) 69
 1 line dx Height (m) 162 (26)

Medications (including herbal)

Trazadone
 Chlorpheniramine

Acute:
 pantoprazole
 dalteparin
 Fluconazole
 metronidazole
 Gentamicin
 Amoxicillin

Allergies & adverse reactions

NKDA

ASA Grade

1 2 3 4 5 6 E

Airway Assessment

MO
 MP 2
 neck
 Jaw A

Teeth

own
 secure

Previous Anaesthesia

C-section
 Breast lumpectomy
 - PONV

Alcohol occ
 Smoking 15/day

Investigations

FBC Hb 80 WCC 17.7 pLts 615
 U&Es/eGFR urea 4.9 creat 49 eGFR 260 Na 129 K 3.4
 G+S/e-Release/X-match bili <3 ALT 47 ALP 180
 APTT 22 INR 1.1 Fib 29
 ECG T15 - 1u can 400
 CXR all 18 (40)

Family History

Nil

Drugs

Reflux/GORD
 Fasted Yesterday am fasted

Information Given to Patient

Discussed GA, RSI, A line, CVC, epidural, HDU post op care, sore throat, PONV, Pre-op instructions, correct dental damage, pain.

Intended anaesthetic technique discussed Y N N/A

Regional / local anaesthetic technique discussed Y N N/A

Risks of regional anaesthesia discussed:

PDPH Y N N/A

Failure Y N N/A

Temporary nerve damage Y N N/A

Permanent nerve damage Y N N/A

Post-operative analgesia discussed Y N N/A

Consent for PR drug administration Y N N/A

Pre-medication prescribed on drug chart Y N N/A

Give charted medication Y N N/A

Omit anticoagulant Y N N/A

Keep dentures in Y N N/A

Fasting: Solids _____ hrs Clear fluids _____ hrs (or state times)

Other:

Post-operative Remarks

Uneventful anaesthetic Y N

* Significant events

* Critical incident

* Warnings / Hazards

Name (print): Signature:

Contact No.:

Name: **Arfix Label**
 Hospital Number:
 Date of Birth:

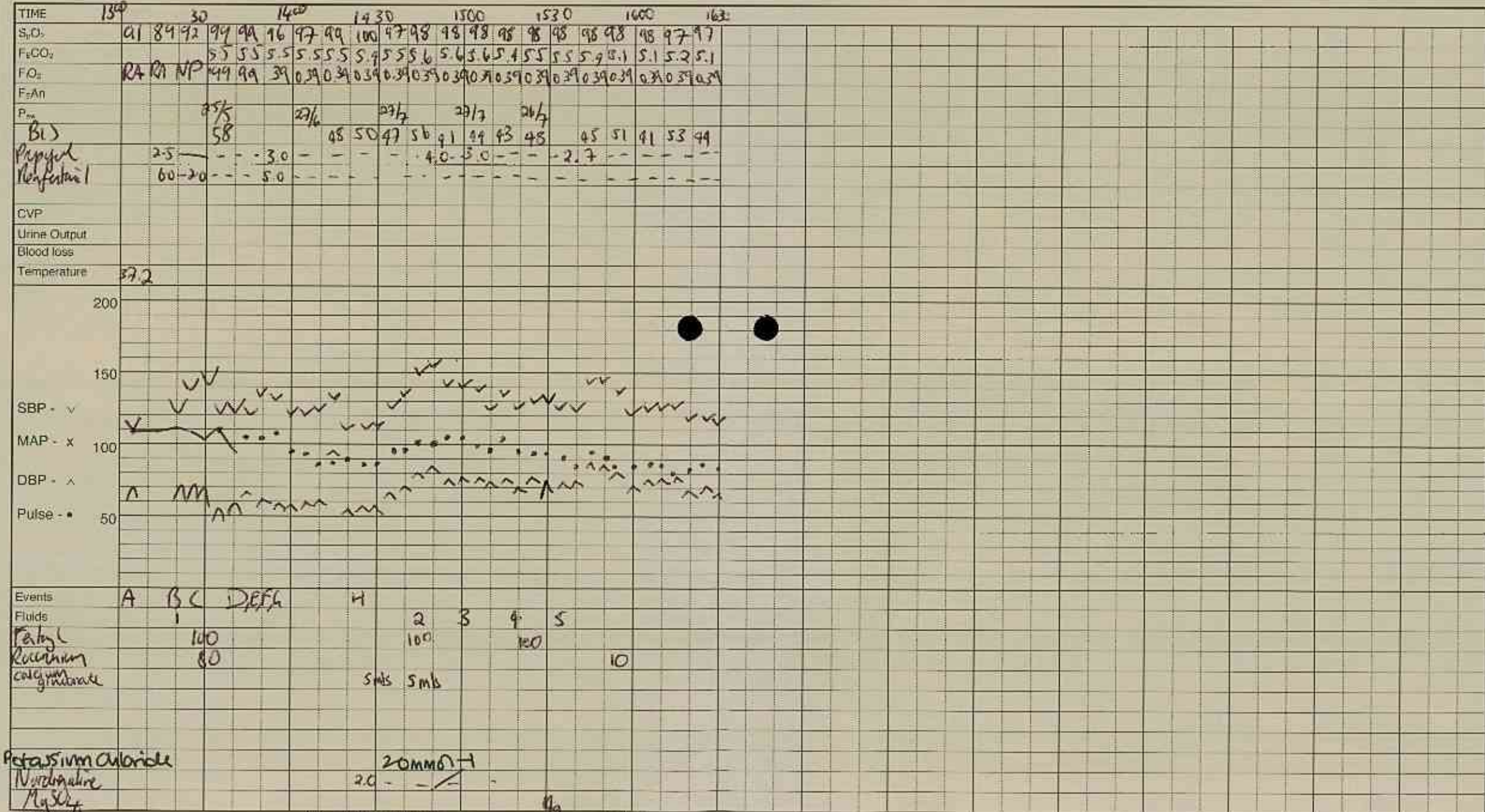
ANAESTHETIST(S) GRADE
 B. Schym, C M. Stewart, CT1
 E.M.A., STG,
 SUPERVISING CONSULTANT:
 INFORMED Yes No

OPERATION PERFORMED:
 LOCATION: TH 17
 SURGEON: Mrs Ewing

DATE: 19/05/25
 START TIME: 1300
 END TIME:
 TRAINED ASSISTANT PRESENT

CONDUCT OF ANAESTHETIC	AIRWAY	BREATHING SYSTEM	VASCULAR ACCESS	MONITORING	POSITION	REGIONAL TECHNIQUE
Induction Pre O ₂ <input checked="" type="checkbox"/> RSI <input checked="" type="checkbox"/> Cricoid <input checked="" type="checkbox"/> Maintenance Propofol 1mg/ml TCE Remifentanyl 1mg/ml TCE Reversal	Face Mask <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> LMA <input type="checkbox"/> Type _____ Size _____ ETT <input checked="" type="checkbox"/> Cuff <input checked="" type="checkbox"/> Type <u>PonCer</u> Size <u>7</u> Laryngoscopy grade <u>1</u> 2 3 4	Circuit <u>Maple</u> Ventilator <u>Maple</u> Gas flow <u>6L</u> Filter / Humidifier <input checked="" type="checkbox"/> S.V. <input type="checkbox"/> I.P.P.V. <input checked="" type="checkbox"/> Throat Pack In <input type="checkbox"/> Out <input type="checkbox"/> Easy to hand ventilate Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	Cannula(o) Site <u>18G</u> <u>RO hand</u> <u>14G</u> <u>DO hand</u> A-line <input checked="" type="checkbox"/> <u>(R) radial</u> CVP <input type="checkbox"/> Ultrasound guidance <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	Machine checks Anaesthetic room <input checked="" type="checkbox"/> Theatre <input checked="" type="checkbox"/> Monitor used <u>Midday</u> ECG <input checked="" type="checkbox"/> P _{aw} <input checked="" type="checkbox"/> S _p O ₂ <input checked="" type="checkbox"/> Disconnect <input checked="" type="checkbox"/> NIBP <input checked="" type="checkbox"/> NMB <input checked="" type="checkbox"/> F _i O ₂ <input checked="" type="checkbox"/> Steth <input checked="" type="checkbox"/> F _e CO ₂ <input checked="" type="checkbox"/> Temp <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Urine <input checked="" type="checkbox"/> Anaesthetic depth <u>BIS</u>	Patient / limb position <u>0</u> PROPHYLAXIS Eye care <input checked="" type="checkbox"/> Pressure care <input checked="" type="checkbox"/> Fluid warmer <input checked="" type="checkbox"/> Warming blanket <input checked="" type="checkbox"/> DVT <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Antibiotics <input checked="" type="checkbox"/> PONV <input checked="" type="checkbox"/>	Type of block <u>Epidural (Thoracic)</u> Consent <input checked="" type="checkbox"/> Awake <input checked="" type="checkbox"/> Asleep <input type="checkbox"/> Stimulator <input type="checkbox"/> Ultrasound guidance <input type="checkbox"/> Catheter <input type="checkbox"/> Entry site <u>T9/10</u> Needle used <u>Tnuoy 16G</u> Drugs given Technique

- EVENTS**
- A Epidural
 - B A-line
 - C Induction
 - D C-line
 - E Ondansetron 4mg
 - F Desflurane 6mg
 - G Amoxicillin
 - H metronidazole
 - I
 - J
 - K
 - L
 - M
 - N
 - O
 - P
 - Q
 - R
 - S
 - T
 - U
 - V



FLUIDS

- 1 1000ml 148, 1000
- 2 red cells - 250ml
- 3 red cells - 320ml
- 4 0.9% NaCl 1000ml
- 5 plasma 1K 198 1000ml (~300ml given)
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

TOTAL FLUIDS
 TOTAL BLOOD LOSS
 TOTAL URINE

Potassium chloride 20mmol
 Norepinephrine 2.0
 Metoprolol 10mg
 epinephrine 10mg

Patient Name

620012470M F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70841 J Ling
4/5 New Arthur Place
EH8 9TH

CHI

Attach Label



Consultant or health professional responsible for your care

Name and job title:

Miss A. Paisley

Any special needs of the patient? (e.g. help with communication?)

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

Please circle: Patient's LEFT / RIGHT side or N/A

Laparotomy + Roux-en-Y distal gastrectomy
+ Proceed + duodenal repair

B Statement of health professional (details of treatment, risks and benefits)

1 With appropriate knowledge of the proposed procedure, I have explained the procedure to the patient. In particular, I have explained:

a) the intended benefits of the procedure. (please state)

Treatment of duodenal ulcer perforation

b) the possible risks involved. I have discussed and listed below significant, unavoidable or frequently occurring risks including any risks that may be of specific concern to the patient:

*Dvt pe mi anastomotic leak H/DU admission - return to theatre.
Wound dehiscence requirement drain insertion - NA insertion
TPN hernia vessel injury pain bleeding infection
- central line Hernia wound infection*

c) what the benefits and risks of alternative treatments that might be offered for this patient (including option of no treatment):

- non operative management.

d) any extra procedures that might become necessary during the procedure such as:
Blood transfusion or Other procedure (please state):

2 The following patient information leaflet has been provided:

_____ Version No.: _____

or I have offered the patient information about the procedure but this has been declined
or no further written information

3 This procedure will involve:

General and/or regional anaesthesia Local anaesthesia Sedation None

Signed (Health professional): *PK* *PAGLEY CA* Date: *19/5/25*

Name (PRINT): *Rutherford* *A* Time (24hr): _____

Designation: *PK* Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. YES / NO

b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. YES / NO

Medical Training

I agree to the involvement of medical and other students as part of their formal training.

YES / NO

Use of Tissue

a) I agree that tissue (including blood) removed as part of my routine care but not needed for my own diagnosis or treatment can be used and stored for BioResource which may include genetic analysis **YES / NO**

I have received the patient information sheet about the BioResource **YES / NO**

b) Where additional clinical information is needed for the purpose of ethically approved research, I agree that relevant sections of my medical record may be looked at and anonymised prior to release to researchers **YES / NO**

I have listed below any procedures that I do not wish to be carried out without further discussion.

NIL

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

I have read and understood information given to me about the planned procedure.

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): S. Jamun Date: 19/05/25

Name of patient (PRINT): _____

If signing for a child or young person; delete if not applicable.

I confirm I am a person with parental responsibility for the patient named on this form.

Signed: _____ Date: _____

Relationship to patient: _____

If signing for a patient who does not have capacity, I confirm I am the person with legal welfare power of attorney or the welfare guardian acting in the best interest for the patient named in this form.

Signed: _____ **Date:** _____

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.

Signed (Witness): _____ **Date:** _____

Name of witness (PRINT): _____

Address: _____

D Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): _____ **Date:** _____

Name (PRINT): _____ **Job title:** _____

Please initial to confirm all sections have been completed: _____

E Interpreter's statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): _____ **Date:** _____

Name (PRINT): _____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

The patient has withdrawn consent and does not wish to proceed with the treatment.
(ask patient to sign and date here)

Signed (Patient): _____ **Date:** _____

Signed (Health professional): _____ **Date:** _____

Name (PRINT): _____

Job title: _____

Clinical Notes

Patient & GP Information

UHPI Number	620012470M
CHI Number	2312751208
Episode Number	E1642339
Surname/Forename	Stevens, Sharon
Date of Birth	23/12/1975
Sex	Female
Patient Address.	4/5 New Arthur Place Edinburgh EH8 9TH
Registered GP	J Ling
GP Address.	St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

620012470M	620012470M
2312751208	2312751208
E1642359	E2496561
Stevens, Sharon	Stevens, Sharon
23/12/1975	23/12/1975
Female	Female
4/5 New Arthur Place Edinburgh EH8 9TH	4/5 New Arthur Place Edinburgh EH8 9TH
J Ling	J Ling
St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU	St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Patient & GP Information

620012470M	620012470M
2312751208	2312751208
E2497753	E5656881
Stevens, Sharon	Stevens, Sharon
23/12/1975	23/12/1975
Female	Female
4/5 New Arthur Place Edinburgh EH8 9TH	4/5 New Arthur Place Edinburgh EH8 9TH
J Ling	J Ling
St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU	St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Patient & GP Information

620012470M	620012470M
2312751208	2312751208
E6028175	E6038950
Stevens, Sharon	Stevens, Sharon
23/12/1975	23/12/1975
Female	Female
4/5 New Arthur Place Edinburgh EH8 9TH	4/5 New Arthur Place Edinburgh EH8 9TH
J Ling	J Ling
St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU	St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Patient & GP Information

620012470M	620012470M
2312751208	2312751208
I0001253928	I0001271914
Stevens, Sharon	Stevens, Sharon
23/12/1975	23/12/1975
Female	Female
4/5 New Arthur Place Edinburgh EH8 9TH	4/5 New Arthur Place Edinburgh EH8 9TH
J Ling	J Ling
St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU	St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Patient & GP Information

620012470M
2312751208
I0006175721
Stevens, Sharon
23/12/1975
Female
4/5 New Arthur Place Edinburgh EH8 9TH
J Ling
St Leonard's Medical Centre, 145 Pleasance, Edinburgh, EH8 9RU

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
<p>A&E Notes Episode/Ref: E1642359 Dr Wojciech Szubert</p> <p>16/01/2010 23:49 Yvonne Borsch</p>	<p>CHI: 2312751208,,PC: Assaulted,HPC: Last night assaulted by an unknown female in the pub. She was bitten in the R forearm and R thumb. She was also hit in the face and the person who attacked her tried to poke her fingers into her L eye. According to the patient wound on the thumb was bleeding quite heavily last night. This was thoroughly washed under running water and soap last night. Wound on the forearm was washed and wiped with alcohol tissues.,At present patient c/o itchy eyes, mostly eyelids. Also reports tender R forearm and R thumb. Has not had Hep B vaccination.,,PMH: nil,DH: nil reg,NKDA,SH: partner present,RS: Nil else,,OE: P 88, RR16, BP 121/88, sats 99% RA,Looks well. Bilat. periorbital haematomas, facial skin intact. ,No bony tenderness on examination of the face. Normal vision according to patient.,Both eyes under slit lamp - did not show any corneal abrasions. PERL. ,,R forearm - superficial skin abrasion with surrounding bruising, no redness. Only mild swelling. ,R thumb - 2 superficial 0.5 cm linear skin abrasions over dorsal and palmar aspect of DIPJ.,Function of the lig of the thumb is intact. Thumb NVI.,,IMP: Human bite to forearm and thumb. Possible exposure to blood borne viruses.,,PLAN: D/W ID SPR at WGH.,Accelerated course of Hep B vaccinations (today, in one month, then 2 months time),,Not for HIV prophylaxis due to very small risk of HIV infection.,GP to f/u with further vaccinations and blood tests to exclude infection with blood borne viruses.,Today given Hep B and Tetanus vaccinations.,Given Augmentin 625 mg TTA,d/c home,</p>

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Note Details	Clinical Notes
<p>A&E Notes Episode/Ref: E5656881 Kevin Baker</p> <p>06/04/2024 16:06 Kevin Baker</p>	<p>CLINICAL NOTES: Clinical note: 48yr old F c/o alleged assault 2/7 ago. Alleges her partner started hitting her with a hoover then threw it away and began to punch and kick her. Denies LOC Police aware. Attends alone Feels safe at home Spoken with friends and family also. C/O pain in jaw, lower lip, chest and back.</p> <p>PMH: Depression DH: Trazadone NKDA</p> <p>O/E: Walked in with normal gait. Tearful. GCS15, PEARL, CN 2-12 intact. FROEM with normal vision and fields. No sign of BOS #. no c-spine pain with FRONM. Mild swelling to L mandible with BT and tender TMJ. Pain on full opening. Alignment appears normal. Partial thickness lac to inner lower anterior lip. No loose teeth/dental pain. Mild swelling over R mid anterior ribs, no flail/seesaw. Bilat AE. Normal sounds. 3 x small golf ball sized areas of very mild swelling and bruising over upper back. No BT in spine. Achey on shoulder movements but fully able. Abdo SNT. Moving all four limbs freely Normal gait</p> <p>X-ray OPG/Mandible: NBI</p> <p>Imp: Multiple STI's and lip lac</p> <p>Plan: Reassured. Discussed reasons not to close lip lac, encourage mouthwash and observe for SOI. Soft diet until pain eases. Rest and seek support of friends and family. Rtn if concerned</p>

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Note Details	Clinical Notes
Progress Notes Episode/Ref: E6028175 Graham R Monro 08/05/2025 07:59 Tracey J Dalrymple	HOSPITAL at NIGHT / WEEKEND Type of Request: Admit Assigned To: Han team Time Seen: No data entered Problem/Request: clerk Outcome: see trak entry

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Note Details	Clinical Notes
<p>A&E Notes Episode/Ref: E6028175 Graham R Monro</p> <p>09/05/2025 08:58 Stefanos Parcharidis</p>	<p>CLINICAL NOTES: Clinical note: WGH MAU Trolleys ANP</p> <p>PC: Self Presented to WGH today with Vomitting HPC: Patient has been vomiting since sunday Has been feeling Nauseated constantly Unable to keep fluids or food down Has been drinking loads but would just vomit clear liquid back up Has been feeling dizzy like she is going to pass out Central chest pain - Burning and heavy Headache - Sharp at the right lateral part of head on vomiting SOB - only during and after vomiting - Othertimes no breathlessness Cough - White phlegm Pain in abdomen - Unumbilical area radiating to flank and RUQ</p> <p>Patient has recently been taking Rasberry Ketone and Green Coffee Bean Supplements to aid weightloss Was seen today by GP, given Anti-emetics - Did not pick up the anti-emetics annd Self Presented to WGH SE: No Rash or Fevers No tinitus, No Diplopia or Blurred Vision No palpitations No leg pain or swelling</p> <p>PMH: Anxiety</p> <p>Allergies: NKDA</p> <p>Meds: Trazadone 100mg at Night</p> <p>Social History: Lives Alone Works as a carer Normally very fit and active Smokes 15cpd - Has smoked for aprox 30 years Minimal Alcohol Intake No Recent travel Has a dog at home</p> <p>Examination: Patient appears very aggitated Unable to stay still and up and down constantly states she is going to vomit Managed to get her to settle long enough for a quick examination</p> <p>Warm peripherally CRT 2s Pulse strong and regular No visible JVP Moist Mucus Membranes</p> <p>HS: I+II+0 Chest: - Air entry to bases - Occassional crackles in RMZ - Resonant on percussion - No sacral oeema Abdo: - Very tender to palpate - Patient tensing muscles when trying to palpate but wouldnt relax</p>

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Note Details	Clinical Notes
	<p>- unable to say if soft - Pain in RUQ and Epigastric region Legs: - No peripheral oedema - Calves Soft and non-tender to palpate</p> <p>Investigations: OBs: RR 18, SATs 99% on RA, BP 114/78, HR 90, Temp 37.2 - NEWs 0 Bloods: WCC 13.6, Neut 10.06 (all raised due to vomiting) all other bloods Normal ECG: Normal Sinus Rhythm CXR: Clear Lung Fields AXR: Unremarkable</p> <p>Imp: - Unsure cause of Vomiting</p> <p>Plan: Anti-Emetics Analgesia Fast IV Fluids Monitor for effectiveness Aim home if all settles down If pain persisting, could stay overnight for pain control</p> <p>Assessed and typed by: G. Monro H@N ANP</p> <p>Consultant on-call: Dr Tom Chambers</p> <p>Any queries please contact 0131 537 1707</p>

Surname/Forename	Stevens, Sharon
UHPI Number	620012470M

Episode Number	E1642339
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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: E6038950 18/05/2025 18:44 Amanda Glennie	<p>Person-Centred Care</p> <p>Attended RIE, Transferred to WGH Sharon Attended due to Vomiting, Abdo pain, constipation Has vomited since getting to SAU Pain and nausea started 2 weeks ago post previous discharge from WGH Last ate at breakfast - small yoghurt - triggered vomiting</p> <p>PMH: None provided Medication: Chlorphenamine, Mebevine, Trazodone</p> <p>Independent - Lives alone - Daughter present</p> <p>Deterioration and Escalation</p> <p>NEWS - 3 (HR 112, BP 108/67) Bloods taken PVC insterted</p> <p>Bladder and Bowel Function</p> <p>BO - severe constipation for last 2 weeks - Sharon states she has small bowel movement early morning (18/5) but was small amount and watery PU - No issue</p> <p>Pain Management</p> <p>10/10 pain Unable to take pain relief this morning due to vomiting</p> <p>Discharge Planning</p> <p>Awaiting surgical review</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: E6038950 Nurse 19/05/2025 02:56 Claire Young	ambulance has coemto collect sharon to take her to Ward 107 **NOTE 02.42am dose of 5mg Oramorph was signed for but then Sharon did not take** thanked us for care received NEWS 2 prior to transfer

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: E6038950 Dr Rachel Blacow</p> <p>18/05/2025 23:05 Dr Rachel Blacow</p>	<p>Clinical History 49F with 2/52 vomiting and reduced bowel movement and pyrexia. Previous C section. OE Distended abdomen and mild tenderness on Rt side. CT AP for ?obstruction and causes of pyrexia.</p> <p>9196100 18/05/2025 CT Abdomen/Pelvis With Contrast</p> <p>CT abdomen/pelvis portal venous phase. No relevant previous imaging for comparison.</p> <p>Large perforation of what is felt to be the first part of the duodenum immediately distal to the pylorus (see key images) with leakage of enteric contents into the liver capsule. No free fluid or pneumoperitoneum. Liver appears normal. Normal appearances of the portal vein. Normal gallbladder and biliary tree.</p> <p>Mesenteric fat stranding and reactive nodes in the right upper quadrant. Mild reactive thickening of the adjacent hepatic flexure. Normal appearances of the remainder of the small and large bowel. Normal appendix.</p> <p>Normal spleen, pancreas, adrenals, and kidneys. 17mm cystic lesion in the uterus is presumed to be a fibroid. Normal ovaries. Normal urinary bladder.</p> <p>Lung bases are clear. Normal bones.</p> <p>Opinion: Large perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver capsule. No free fluid or gas elsewhere. Please see key images. Mild reactive changes in the hepatic flexure</p> <p>Findings of upper GI perforation on initial review conveyed verbally to Dr Chua at 22.45.</p> <p>----</p> <p>Dr Rachel Blacow. GMC: 7582278 Radiology Registrar *** This is a provisional report only. Please check the consultant verified report which will be available on TRAK within 24 hours for changes. The verified report supersedes this report. ***</p>

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: E6038950 Dr Keegan Chua Vi Long</p> <p>18/05/2025 23:08 Dr Keegan Chua Vi Long</p>	<p>Colorectal SAU - Senior Review Seen together w/ Colorectal Fellow, I Ong</p> <p>PC: 2/52 non-resolving vomiting HxPC: - 2/52 noticed acute onset of vomiting and has barely been able to keep any food down over this time - No associated haematemesis - Admits to reduced bowel movements, last moved stools yesterday. - Admits to pyrexia; no recent overseas travel, change in diet or sick contacts. - Denies any LUTS</p> <p>PMHx: - Previous C-section</p> <p>Allergies: NKDA Medication: As per ECS</p> <p>SHx: - Lives alone - Independantly</p> <p>NEWS: 3 - RR: 18; SpO2: 96 RA - HR: 107, BP: 100/53 - Temp: 37.6</p> <p>OE: - Alert and response, orientated - Completing full sentences, no IWOB - Appears stable but very fatigued, mobilising independantly</p> <p>- Abdomen appears distended, confirmed by pt this is the case - Abdo soft but some mild tenderness along the Rt flank/hypochondrium - No renal angle tenderness - PR: Empty rectum, no rectal wall abnormalities palpable</p> <p>Ix: - Hb 96 - WCC 22.4, Neut 19.74, CRP 408 - Ct 68, eGFR >60 - CT results: As described below.</p> <p>Plan: - Refer to GenSurg RIE [Accepted] - Start on IVF & IV triples - Analgesia PRN</p> <p>K Chua CDF</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: E6038950 19/05/2025 01:41 Mark Bordeaux	HOSPITAL at NIGHT / WEEKEND Type of Request: Task Assigned To: Mark Bordeaux Time Seen: No data entered Problem/Request: gent prescription Outcome: prescribed 320mg 24hrly M.Bordeau Advanced Nurse Practitioner HAN 33322

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Note Details	Clinical Notes
Progress Notes Episode/Ref: E6038950 Nurse 19/05/2025 02:24 Claire Young	Ambulance booked ref: 12074886

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Note Details	Clinical Notes
<p>Inpatient Discharge Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth</p> <p>24/06/2025 13:00 Debi Hutchison</p>	<p>Discharge Summary:</p> <p>This 49 year old lady was admitted as an emergency with a 3 week history of vomiting and epigastric pain. Her inflammatory markers were elevated with CRP of approximately 400. A CT scan showed a localised perforation of the prepyloric region with perforation into the liver causing a collection of fluid and gas above the lesion. She proceeded to surgery and at the time was found to have a ½cm anterior perforated ulcer of the pylorus with contamination of pus and food substance within the right upper quadrant. This defect was closed primarily and then an omental patch was placed upon it. Post-operatively she recovered well and after a few days was allowed home to complete a course of antibiotics and anti-fungals.</p> <p>In light of her history, I would be very grateful if you could arrange Helicobacter pylori testing on her in the future to ensure that there is no chance of persistent infection. I will ask her to make an appointment at your Practice. Many thanks.</p> <p>Yours sincerely</p> <p>PROFESSOR RICHARD SKIPWORTH Consultant Surgeon</p> <p>RS/DH</p>

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Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0006175721 Professor Richard JE Skipworth 24/06/2025 13:03 Debi Hutchison	not required

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 19/05/2025 10:47 Dr Marios Lemonaris	WR - Miss Paisley NEWS 3 (HR 97, on 2L NC, sats 98%) Bloods: on PPI, antifungal and triple Abx Today: - IVF running, feels very dry - checked understanding and explained current results - had previous caecerian, explained operation and indications of distal gastrectomy and potential need for drains/stomas + risks including bleeding, anastomotic leak and infection, which might lead to another operation. NG tube will be kept in and will slowly start PO fluids + TPN asked duration of recovery, it will take several months, also discussed alternatives Miss Paisley went through information leaflet for distal gastrectomy +/- DU repair to treat ulcer complications discussed: infections, blood clots, encouraged to take deep breaths post-op, will need HDU care following the operation, discussed risk of liver to surrounding structured like the liver and risk of hernias or need for blood transfusion. The patient was happy for medical team to do all investigations and interventions that are indicated. Had the chance to ask questions. O/E - very dry - abdo soft Plan: - for emergency theatre - keep fasted to now - x2 STAT 500mls + another 1L over 4h - ECG - G&S + coag ML FY2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Dr Morven Stewart 19/05/2025 15:33 Dr Morven Stewart	<p>CRITICAL CARE ANAESTHETIC HANDOVER (CCAH)</p> <p>OPERATION: laparotomy and repair of duodenal perforation</p> <p>SURGEON: Miss Ewing</p> <p>ANAESTHETIST: Dr Schyma</p> <p>RELEVANT BACKGROUND: 49 female fit and well normally admitted with vomiting and abdominal pain at WGH CTAP - Large perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver capsule. Transferred to RIE for laparotomy +/- roux-en-Y bypass + repair of duodenal perforation.</p> <p>ANAESTHETIC MANAGEMENT: T9/10 epidural A-line inserted CVC insertion RSI with propofol/remifentanyl TIVA and rocuronium maintained on TIVA throughout</p> <p>PERIOPERATIVE COURSE: stable throughout</p> <p>BLOOD LOSS: FLUIDS GIVEN: 2 units of red cells plasmalyte 2L 20mmol potassium replacement</p> <p>POST-OP CARE: for HDU NBM continue PPI two drains to remain in situ</p> <p>REVIEW OF KARDEX PRESCRIPTIONS (with plan for initial 24 hour period): on amox/met/gent + fluconazole + pantoprazole</p> <p>ANALGESIA PLAN: epidural 2 x 10mls boluses in theatre running at 10mls/hr</p> <p>PLAN FOR ANTIBIOTICS: continue</p> <p>PLAN FOR DVT PROPHYLAXIS: dalteparin at 10pm</p> <p>PLAN FOR NUTRITION: for TPN</p> <p>PLAN FOR IMMUNOSUPPRESSION:</p> <p>OTHER POST OP ISSUES/PLAN: CXR to check CVC position</p> <p>NAME: Morven Stewart GRADE: ST1</p>

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Note Details	Clinical Notes
<p>Operation Note Episode/Ref: I0006175721 Miss AM Paisley</p> <p>20/05/2025 09:57 Christine McCaig</p>	<p>Operation Note - 19.05.25</p> <p>Consultant : Miss Anna Paisley Surgeon : Miss Anne Ewing Assistant : Mr Julian Camilleri-Brennan/Mr T Drake</p> <p>Operation performed : Laparotomy plus primary/secondary closure of perforated pyloric ulcer</p> <p>Indication : 49-year-old admitted with a three-week of history of vomiting and epigastric pain along with regurgitation. Ongoing symptoms hence reason for presentation. CRP 400. CT showed a localised perforation of the prepyloric region with perforation into the liver causing a collection of fluid and gas above the liver. Otherwise fit and well. Previous C-section.</p> <p>Findings : Half a centimetre defect. Benign ulcer of pylorus anterior. Contamination of pus and food substance contained within right upper quadrant. No contamination elsewhere. The defect within the pylorus was leaking bile. Omentum scarcity due to majority of omentum stuck in adhesions at site of C-section scar, however, decent amount of omentum taken from the left upper quadrant.</p> <p>Procedure : WHO checklist. Prepped and draped. Decision to perform a rooftop incision 2cm below the inferior edge of the rib cage. The lower subcutaneous flap was secured inferiorly to the abdominal wall with a silk stitch. Thomson retractor was set in place to retract the upper subcutaneous tissues and gentle traction on the left liver lobe. Initial washout and suction revealed a 2.5cm defect on the anterior pylorus which was leaking bile. Two biopsies were taken from the ulcer edge from the superior medial aspect. The ulcer edges felt benign. Primary closure of the defect was performed with multiple interrupted 2/0 PDS stitches. These closed the defect to the extent that no further leakage of bile was present. Further 2/0 PDS interrupted stitches were placed more outward away from the defect which were utilised for a pedicled omental patch. As discussed, the patient had two previous C-sections and the majority of her omentum was adherent to her lower abdominal wall. However, there was a segment of omentum present within the left upper quadrant that was mobilised and kept on a pedicle which reached the site of perforation. This was tied down the previously mentioned 2/0 PDS stitches and tied snugly. The inferior aspect of the defect remained somewhat uncovered and therefore the falciform was mobilised which then covered the remaining aspect of the defect. This also was secured with 2/0 PDS interrupted stitches. Once this was completed, a thorough wash of the abdominal cavity four quadrants was performed using 10 litres of warm saline in total. This was until the fluid was running clear. Haemostasis was intact. No ongoing leak from the pyloric defect. A 24-French drain was placed from the right hand side of the abdominal wall to above the liver and a 24-French drain was brought in from the medial aspect of the abdominal wall to sit above the patch repair. Double layer closure of the abdominal wall fascia with loop PDS closure and staples to skin.</p> <p>Post-operative instructions : HDU care. Keep NG tube in-situ. Continue h-pylori eradication and antifungals. Nil by mouth. Start TPN.</p> <p>Mr Julian Camilleri-Brennan ST4 to Miss Anna Paisley</p> <p>JC-B/CM</p> <p>Date dictated : 19.05.25 Date typed : 20.05.25</p>

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 20/05/2025 14:37 Dr Marios Lemonaris	WR - Miss Paisley ET1 Written in retrospect, reviewed @1200 informed that patch was applied ulcer, did not require gastrectomy no concerning features visualised during operation, but biospies were sent. Informed patient that sometimes ulcers can be due to cancer Plan - cont on high dose PPI - biospies taken, awaiting results - endoscopy would be needed in 6-7 weeks - will need eradication tx on d/c - keep NGT in for now, can have sips - aim to sit up on chair ML FY2

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Miss AM Paisley</p> <p>21/05/2025 09:38 Dr Duncan Rutherford</p>	<p>Rutherford SPR General Surgery</p> <p>d2 post op DU ulcer repair- roof top incision</p> <p>sat in chair very comfortable with epidural haemoserous fluid in both drains wounds dry</p> <p>TPN running</p> <p>Asked by HDU staff to comment on epidural lenght- despite a more minimalistic operation the incision was through a full roof top and so I imagine the patient would be quite sore from this. I however would defer to HDU expertise in management of this.</p> <p>Plan: NG to stay sipps only- please be strict with this. Albumin very low pre op and chronic presentation so need to be cautious. both drains to stay continue iv abx, iv ppi and antifungal. continue TPN</p> <p>DGR</p>

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0006175721 21/05/2025 15:56 Alison MacInnes	<p>Phar: 1 ICCA Med Rec completed: Y Sources used (min.of 2): ECS/patient Outstanding Med Rec issues: no enteral route for medicines at present</p> <p>Outstanding/ ongoing care issues: Laparotomy plus primary/secondary closure of perforated pyloric ulcer 19/5 Patch was applied ulcer, did not require gastrectomy. To continue PPI ? for high dose PPI (40mg OD Rx), biopsies awaited, will need rpt OGD in 6-7 weeks. NGT in situ on free drainage, for sips only as per surgeons. TPN ordered 22/5. Thiamine for RF given low albumin - TPN to stop after 26/05 - to have N4 run 26/05 that was to run on 25/05 - error with TPN bags over the weekend Epidural down, pain controlled with regular paracetamol & morphine PCA. As above no enteral route. Currently on IV TTx for intra-abdo sepsis with fluconazole due to perforation. Will require H. pylori eradication therapy on discharge. D3 gent today - levels ok for 24 hourly dosing, Rfx stable. Gent discontinued after 3 doses. NGT spigotted as per surgeons - for 4 hourly aspirates, allow sips of fluids. Changes to medication:</p> <p>Discharge/Compliance information: Will require H. pylori eradication therapy on discharge. Cosmocol 1-3 sachets OD Prochlorperazine 5mg TDS Desogestrel 75mcg OD Chlorphenamine 4mg ON Hydromol ointment mdu Dermol 500 mdu Trazodone 100mg ON</p> <p>NKDA</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 22/05/2025 10:25 Dr Duncan Rutherford	Rutherford SPR d3 post open du repair epidural down tolerating pca minimal further abdominal drain output 350ml up ng overnight currently sitting in chair bloods satisfactory plan: progress to free fluids today ng spigot and 4hrly aspirate continue tpn DGR

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Note Details	Clinical Notes
<p>Inpatient Discharge Summary Episode/Ref: I0006175721</p> <p>22/05/2025 18:05</p>	<p>This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit:</p> <p>Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours)</p> <p>St John's Hospital Intensive Care Unit – 01506 524063</p> <p>Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664</p>

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Note Details	Clinical Notes
<p>Inpatient Discharge Summary Episode/Ref: I0006175721</p> <p>22/05/2025 18:05</p>	<p>This patient has been discharged from an NHS Lothian Critical Care unit. Please check SciStore for the complete discharge summary. If you require assistance in accessing the SciStore Discharge Summary, please contact the discharging unit:</p> <p>Royal Infirmary of Edinburgh Cardiothoracic Critical Care (ward 111/2) – 0131 242 1111 or 0131 242 1112 General Critical Care (ward 116/8) – 0131 242 1186 (office hours) or 07976 067336 (out of hours)</p> <p>St John's Hospital Intensive Care Unit – 01506 524063</p> <p>Western General Hospital Critical Care Unit (Ward 20) - 0131 357 1664</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 22/05/2025 22:37 Dr Mariana Pilakoutas	HOSPITAL at NIGHT / WEEKEND Type of Request: Task Assigned To: Mariana Bela Pilakoutas Time Seen: 22:30 Problem/Request: Antihistamine Outcome: Not tolerating orals currently. Was receiving chlorphenamine in crit care Plan: STAT IV antihistamine prescribed

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 23/05/2025 04:06 Caitlin Horrocks	Person-Centred Care Sharon has been settled overnight. NEWS of 2 due to O2 requirement. Medications given as per HEPMA. Continues on IVAB's and IV paracetamol. Stat dose of IV antihistamine given as Sharon was complaining about an itch. PCA insitu, changed at 03.10, using appropriately as charted. 2x drains insitu, output documented on drain charts. NG insitu, output documented on FBC. TPN running via CVC. IDC insitu, patent and draining good volumes as per FBC. BNO this shift. Sharon was complaining about wanting a cigarette. Offered to get nicotine patch prescribed but she declined, stated that they did not work for her. No concerns raised currently

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 23/05/2025 10:33 Dr Darcy Frankitti	WR ET2 Paisley Progress: Feels exhausted. Ongoing abdominal discomfort, especially when taking deep breathes. Reports PCA isn't fully resolving pain. 1.5L out of NG tube. Good UO. NEWS 3 Afebrile HR 88 BP 126 2L O2 NC Bloods: Hb 104 WBC 14.7 Mg 0.60 Plan: 1. Continue TPN over weekend 2. Consider removing PICC/stopping TPN on Monday 3. Cut and bag drains 4. Continue PCA 5. Encourage to sit out in chair 6. Start Gentamicin 7. Mg replacement DLF FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Dietician 23/05/2025 11:44 Charlotte Blair	Dietetic Review D3 perforation, patch repair stepdown to ward last night weight loss noted, pt reported weight dropped from 72kg to 63kg in 2 weeks ~12.5% weight loss Est nutritional req – 2076kcal and 90-104g protein Bloods reviewed – Mg 0.6, PO4+ 1.7 (1.6), CVC (day 4 today) in situ – SMOF 16 EF @75ml/hr x 24hrs (2010kcal and 92g protein) – changed to EF due to rise in PO4+ Currently on sips only at present, no plan to clamp NG yet – likely over the weekend Miss Paisley keen to be cautious with increase in oral diet due to size of ulcer. TPN plan – Friday - SMOF 16 EF 90% x 24hrs (1980kcal and 90g protein) Saturday – SMOF 12 EF 100% x 24hrs (1600kcal and 75g protein) Sunday – Triomel N4 100% x 24hrs (1050kcal and 37.5g protein) -TPN can stop on monday if nutritional situation continues to improve Plan TPN as above - weaning over the weekend diet a per WR over the weekend weight if possible please Accurate FBC will review on monday Charlotte Blair dietitian bleep 5254

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 23/05/2025 12:56 Moyin Lawal	<p>Person-Centred Care</p> <p>Sharon has had an ok day. Has been feeling quite anxious. Have taken time to explain the plan for today to her. TPN is running via central line. Morphine PCA s running to time and expires at 0300. Has X2 drains which have been cut and bagged as per ET2 team. NG tube insitu on free drainage</p> <p>Deterioration and Escalation</p> <p>NEWS score is 3, sats are 94% on 2 litres of O2 via nasal cannula</p> <p>Bladder and Bowel Function</p> <p>Sharon has a catheter insitu which is patent and draining</p> <p>Medicine Management</p> <p>Medication administered as per Hepma. On IV Amox and Metro. ?To restart IV Gent. Have asked ET2 FY1 to clarify this</p> <p>Food Fluid and Nutrition</p> <p>Sharon is for sips/free fluids. TPN is running via PICC. ?To stop on Monday</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 23/05/2025 14:46 Dr Darcy Frankitti	D/W Microbiology Reg On-Call (Russell Clark). Intra-abdominal pus sample microscopy: Large numbers of Pus cells seen Moderate numbers of Yeasts seen Moderate numbers of Gram positive bacilli seen Small numbers of Gram positive cocci seen plan: 1. 2 weeks total of IV fluconazole (started on 19/03/25) 2. 2 more days of gentamicin (has had 3 doses already) - monitor for ototoxicity side effects e.g. hearing loss, tinnitus, impaired balance 3. If gentamicin needs to be stopped, switch from triple therapy to IV co-amoxiclav 4. Previous ECG shows borderline prolonged QT interval of 460 - repeat ECG and call micro back if prolonged to discuss alternative to Fluconazole DLF FY1

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Clinical Pharmacist</p> <p>23/05/2025 16:44 Lily Roper</p>	<p>PHARMACY COMMENTS - TPN</p> <p>Parental Nutrition been ordered from pharmacy as discussed with dietetics & medics.</p> <p>90% of SMOFKabiven EF 16gN over 24 hours on 23/05/25.</p> <p>This is for CENTRAL administration via a dedicated line for PN.</p> <p>This bag contains 16 g Nitrogen, 250 g Glucose, 2200 Kcal, 80 mmol Na+, 60 mmol K+, 2.25 mmol Ca2+, 10 mmol Mg2+, 5.6 mmol PO4- in 1970 mL</p> <p>100% of SMOFKabiven EF12gN over 24 hours on 24/05/25.</p> <p>This is for CENTRAL administration via a dedicated line for PN.</p> <p>This bag contains 12 g Nitrogen, 187 g Glucose, 1600 Kcal, 60 mmol Na+, 45 mmol K+, 4.5 mmol Ca2+, 10 mmol Mg2+, 4.2 mmol PO4- in 1499 mL</p> <p>100% of Triomel N4 over 24 hours on 25/05/25</p> <p>This is for PERIPHERAL or CENTRAL administration via a dedicated line for PN.</p> <p>This bag contains 6 g Nitrogen, 112.5 g Glucose, 1050 Kcal, 30 mmol Na+, 24 mmol K+, 3.3 mmol Ca2+, 3 mmol Mg2+, 12.25 mmol PO4- in 1518mL</p> <p>Please take these into consideration if prescribing additional fluids and electrolytes. Note this patient may only receive a proportion of a bag as detailed above, resulting in lower fluids & electrolytes than stated.</p> <p>Next blood test required (please use TPN order set on TRAK): 24/05/25</p> <p>Lily Pharmacist #2294</p>

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 24/05/2025 02:59 Caitlin Horrocks	Person-Centred Care Sharon has been settled overnight. NEWS of 3 due to being on 2LO2 and HR of 101. Medications given as per HEPMA. Continues on IVAB's. PCA insitu, using appropriately as charted. KVO running alongside this. TPN not running as CVC lines not bleeding and TPN bag states that it is for central or PICC infusion only. NG insitu, output documented on FBC. Independently mobile to the toilet overnight. No concerns raised currently

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Dr Heather Todd</p> <p>19/05/2025 04:21 Dr Carlos S Cabalag</p>	<p>Gen Surg Cooper / Cabalag</p> <p>49F sub-acute perforated ?pre-pyloric ulcer</p> <p>PMHx: Anxiety - on trazodone Works as a care assistant</p> <p>Smoker / nil ETOH Lives at home alone Daughter is next of kin.</p> <p>HOPC: 3 weeks ago - suddenly started vomiting a/w epigastric pain. Progressive early satiety and regurgitation/reflux post-prandial with minimal oral intake and associated LOW. Still able to tolerate liquids. Denies fevers. Initially presented to the Western 1.5 weeks ago - diagnosed with gastritis however due to ongoing symptoms represented. No other systemic symptoms of note.</p> <p>Previous gastroscopy years ago showing oesophagitis.</p> <p>O/E: NEWS 2 - BP 100 systolic SpO2 98% needing 2L O2</p> <p>Tender epigastrium - with palpable induration. No gross peritonitis</p> <p>Ix: WCC 22 CRP 408</p> <p>CT findings reviewed - localised perforation ?pre-pyloric with significant localised oedema and tissue induration. No evidence of free air or free fluid intraperitoneally elsewhere.</p> <p>Impression: Given clinical stability in the absence of gross peritonitis - does not need immediate operation overnight. May eventually need a distal gastrectomy but timing to be confirmed.</p> <p>P) 1) IV antibiotics and fluconazole. 2) High dose PPI 3) NGT on free drainage and Q4H aspirates. 4) IV fluids</p>

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 24/05/2025 09:36 Dr Marios Lemonaris	WR - Miss Paisley WBC 14.7, Mg 0.6 continues on triple Abx, fluconazole and IV PPI NEWS 4 (HR 95, BP 111, temp 37.1, sats 95% on 2L NC) drains appear okay, wound looks good no bile in drains 1.7L from NGT yesterday passed urine after catheter removed Plan - dressing for wound - continue TPN until Monday - can have clear fluids - oral MG replacement ML FY2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 24/05/2025 16:02 Maria O'Neill	Person-Centred Care Had a shower this morning. Had a vomitt this evening. Deterioration and Escalation News stable as charted. Bladder and Bowel Function Independantly mobilising to the toilet. Medicine Management Medication given as per hepma. Prn antiemetic given. Pain Management Pca insitu, checked regularly. Infection Prevention and Control Central line dressing changed today. 2 drain wound managers changed today. Dressing on abdomen removed as wound dry.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 24/05/2025 16:09 Dr Darcy Frankitti	PM WR ET2 Paisley Progress: Staff nurse reports Sharon has been vomiting. NG tube still in place. Plan: 1. Aspirate NG tube 2. For bloods and gent level today (no bloods tomorrow) 3. Advise Sharon should stay on the ward for monitoring and not go off ward DLF FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 02:52 Caitlin Horrocks	Person-Centred Care Sahron has been settled overnight. NEWS of 3 due to being on 2LO2 and BP of 101 systolic. Medications given as per HEPMA. Continues on IVAB's. Gent was given at 22.30. PCA insitu, using appropriately as charted. TPN running via CVC overnight. NG insitu, output documented on FBC. 2x drains insitu, minimal output overnight as charted. Passing urine into toilet overnight. No concerns raised currently

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 09:29 Dr Marios Lemonaris	WR ET2 - Miss Paisley feels okay, had some tea today 600mls from NG today NEWS stable MG 0.47 Plan - d/w pain team, aim to PCA down, and convert to PO analgesia - free fluids, try some soup and pudding - d/w Micro, clarify for sensitivities` - 2 WEEKS of Fluconazole - aim take Central line out tomorrow - replace Mg ML FY2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 12:18 Maria O'Neill	Person-Centred Care Wants to have a shower when daughter comes in. Deterioration and Escalation News stable as charted. NG on free drainage. Medicine Management Medication given as per hepma Pain Management Pca insitu. Food Fluid and Nutrition Tpn insitu.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 13:49 Dr Darcy Frankitti	D/W Daniel (Anaesthetics CEPOD) Bleep 2140. Called to discuss advice re analgesia switch from PCA to PO. Anaesthetics currently busy in CEPOD. Asked to call back in 30 minutes. DLF FY1

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Note Details	Clinical Notes
<p>Ward Round Episode/Ref: I0006175721 Miss AM Paisley</p> <p>25/05/2025 15:12 Dr Darcy Frankitti</p>	<p>D/W Daniel (Anaethetics for CEPOD).</p> <p>Called for advice re switching from morphine PCA to PO analgesia.</p> <p>Plan:</p> <ol style="list-style-type: none"> 1. Non-pharmacologically, reassure that pain is normal after major operation 2. Suggested PRN Oramorph 20mg 1 hourly (max. 6 doses in 24 hours then medical review) - Can reduced to 15mg or 10mg if concerns re monitoring for toxicity 3. Will clarify with Miss Paisley that she is happy with an oral route for analgesia given post-perf repair, TPN, NG, etc. before prescribing <p>DLF FY1</p> <p>-----</p> <p>UPDATE: D/W Miss Paisley. Happy to proceed with above plan.</p> <p>DLF FY1</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 15:58 Dr Marios Lemonaris	d/w Micro no further sensitivities at the moment, no further info since d/w Micro on 23/05 continue as per plan from previous discussion, 2 weeks of Fluconazole ML FY2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Miss AM Paisley 25/05/2025 23:56 Keith Page	Person-Centred Care Introduced myself to patient, nurse call to hand, NEWS as charted, Sharon has had a settled night, medications as per hepma, STAT dose Tramadol 50mg administered to help with sleeping as discussed with medical team, PCA checked hourly, ?down AM, IND to toilet, CVC bleeding and flushing, would benefit from getting CVC out AM, TPN set up at 2000, running to time, fresh water to hand.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 26/05/2025 10:46 Dr Heather Todd	ET2 Skipworth/Paisley 49F Patch repair D1 ulcer NG 700mL yesterday No new concerns Plan 1. Bags for drains 2. Light diet today + NG tube out 3. Right sided drain to come out today, L sided drain to remain in 4. Central line out today. 5. Clarify with micro if we can IVOS fluconazole or if it needs to be 14 days of IV antifungals Heather Todd FY2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Nurse 19/05/2025 04:43 Rosalie Villacorta	Sharon transferred from WGH, news score of 4 on arrival - on 2L O2. IVI running. NG inserted. Dr currently clarking her in.

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Dietician</p> <p>26/05/2025 15:53 Charlotte Blair</p>	<p>Dietetic Review</p> <p>TPN ongoing, ?to come off today (CVC day 7) NG in situ – 700mls out yesterday - to be clamped and removed today</p> <p>Noticed PN bag currently running is SMOF 16 (providing 2200mls, 100g protein) - this was not the TPN bag that was prescribed. - Friday evening: SMOF 16 100% x 24hrs - Saturday evening: SMOF 12 100% x 24hrs - Sunday evening Triomel N4 100% x 24hrs This was planned to allow PN to stop safely on Monday</p> <p>From Trak it appears the PN was not hung on Friday night - ?why Then ?if the correct bag was hung on Saturday (SMOF 12) and Friday's bag (SMOF 16) was hung by mistake last night. Sunday's bag (Triomel N4) was in the fridge. Explained the above to pt and apologised. Explained that TPN shouldn't really stop from the bag she has running this evening, can use PVC and run Triomel N4 and stop tomorrow afternoon. CVC can still be removed today as per WR this am</p> <p>Est nutritional req – 2076kca and 90-104g protein Bloods reviewed – Mg 0.64</p> <p>Oral intake has been minimal, mainly taking a few spoons of soups / custards etc. Feeling full very quickly into eating. BNO yet but is passing wind. Can try ONS tomorrow - not keen to try these today.</p> <p>Plan: TPN via peripheral cannula - PVC needed Stop PN tomorrow light diet as per WR try ONS tomorrow</p> <p>will review</p> <p>Charlotte Blair dietitian bleep 5254</p>

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 26/05/2025 19:42 Anna Sharkey	Person-Centred Care Sharon has been independent with ADLs. PCA in situ changed at 1700. IV paracetamol, metro and amox given, gent given at 1830. NGT out today. R drain removed. CVC not removed due to difficult cannulation and would need 3 cannulas for Abx, PCA and TPN - discussed with ET2 who agreed for CVC to stay in. Food Fluid and Nutrition No new TPN arrived this evening for Sharon but Sunday's TPN in fridge, escalated to on call pharmacist and late FY1, to give Sunday TPN tonight and for new bag to arrive tomorrow prior to 1400 expiry.

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 02:07 Laura Hutchison	Person-Centred Care Sharon has been settled overnight, has been off the ward once for some fresh air. Left drain insitu- cut and bagged. PCA insitu-using good amounts overnight. Soft diet and fluids. NEWS 2 for being on 2lo2. TPN running via cvc. IVABX given as per HEPMA, for gent level in the am. No further concerns at present.

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 09:29 Dr Sebastian Mitchell	ET2 Skipworth 49F Seen sat in chair by bedside Drain site reviewed - no concerns Had toast this morning, sips of tea and water Walking to shops downstairs and back - nil need for physio Plan PCA down Stop PN today Drain out today Convert antibiotics to oral - d/w micro regards to fluconazole 14 IV course as would limit going home Oral pain relief - morphine Additional oral nutritional supplements Mitchell FY1

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Dietician</p> <p>27/05/2025 12:02 Charlotte Blair</p>	<p>Dietetic Review</p> <p>TPN was due to stop yesterday but due to incorrect bag hanging one further bag was due to run via peripheral cannula to allow for appropriate weaning est nutritional req – 2076kcal and 90-104g protein bloods reviewed</p> <p>TPN running via CVC, planning to stop today. Tiromel N4 100% x 24hrs (1050kcal and 37.5g protein). Managed some toast today. Is struggling with appetite, explained this is to be expected. Discussed some little and often meal pattern, high kcal + protein snacks. Does struggle with sweet foods and milky based drinks and snacks. Discussed more savoury options and foods from home. Aiming to minimise deficit as much as possible.</p> <p>ONS provided - sipping on Ensure plus juce 220mls, aiming BD</p> <p>Plan: Ensure plus juce bd Little and often meal pattern high kcal and protein options TPN to stop and CVC to come out today</p> <p>Charlotte Blair dietitian bleep 5254</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 13:00 Dr Heather Todd	Heather Todd FY2 Discussion with Gillian Gisbey Microbiology Specialty Doctor Q: Does fluconazole have to be IV for the full 14 day course Dr Gisbey clarified IV was recommended because initially had no oral route If no absorption concerns then fluconazole can be stepped to oral. Has good oral bioavailability. Todd FY2

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Note Details	Clinical Notes
Clerking Episode/Ref: I0006175721 Tabitha Thornton-Swan 19/05/2025 04:49 Dr Tabitha Thornton-Swan	Clinical note: PC - transfer from WGH - sub-acute/perforated ?pre-pyloric ulcer HPC Started vomiting 3w ago with epigastric pain Progressive early satiety and regurg/reflux with minimal oral intake and weight loss Presented to WGH 1.5 weeks ago - dx with gastritis Reprinted as symptoms worsened - transferred to RIE after CT scan Nil other systemic sx PMHx Anxiety Hayfever DHx Trazodone Chlorphenamine NKDA SHx Works as a care assistant Smoker Rarely drinks EtOH Nil recreational drug use Lives alone, daughter NOK O/E A - patent B - no signs increased WOB, chest clear anteriorly C - HS I + II + 0, CRT 2s, strong radial pulse, slightly tachycardic D - GCS 15, alert and orientated E - abdomen soft, not peritonitic or guarding on palpation, RUQ tender. Calves SNT no pitting oedema CT - formal report not yet on trak,see reg r/v: 'CT findings reviewed - localised perforation ?pre-pyloric with significant localised oedema and tissue induration. No evidence of free air or free fluid intraperitoneally elsewhere.' PLAN - as per reg r/v 1. NBM 2. IV antibiotics and fluconazole. 3. High dose PPI 4. NGT on free drainage and Q4H aspirates. 5. IV fluids

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 16:17 Dr Apurwa V Parab	PM WR Prof Skipworth NEWS 2 HR 101 Temp 38.1 P/A: soft Plan: 1. Central line to come out

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Note Details	Clinical Notes
<p>Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth</p> <p>27/05/2025 17:08 Sara Collier(Nursing Student)</p>	<p>Person-Centred Care</p> <p>Sharon has been settled throughout the day today and has enjoyed a visit from her daughter and grandson this afternoon. Sharon was independent with a wash this morning and has been on and off the ward to the shops and for cigarettes.</p> <p>Deterioration and Escalation</p> <p>NEWS of 2 - HR 101 temp - 38.1 Sharon has been in a fair amount of pain today but used her PCA until the doctors gave the go ahead to bring down. PRN oromorph prescribed for pain control Drain removed - successful - dressed. Central line out - 18:25 - dressed PRN oromorph used prior to central line removal PRN antisickness available</p> <p>Mobility</p> <p>Sharon has been independently mobile on and off the ward with her drip stand.</p> <p>Medicine Management</p> <p>TPN ran this morning.PCA down. PRN oromorph for pain. IV antisickness given to control nausea.</p> <p>Food Fluid and Nutrition</p> <p>TPN to stop following d/t r/v - small and often meals to be encouraged. Sharon managed toast this morning, a small bit for lunch and is currently having a go at dinner tonight. Encouraging fluids.</p>

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 19:39 Anna Sharkey	Medicine Management Rx for IM antiemetics requested as only IV and oral available Infection Prevention and Control CVC tip sent to micro in case it is cause of temp

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 27/05/2025 20:49 Dr Emily Merry	Thiamine switched to oral Pantoprazole switched to orla lansoprazole Central line removed and no indication for IVs that I can see MM FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 28/05/2025 00:03 Simone Stewart	Person-Centred Care Introduced self to patient. Gained consent for all nursing care. Alert and orientated. Stable observations as per chart Medications dispensed as per HEPMA. IND with all ADLs

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 28/05/2025 10:15 Dr Heather Todd	ET2 Skipworth 300mL vomit this morning NEWS 2 - HR 115 Feels dry, drinking as much as able Eating normally yesterday Abdomen soft Plan 1. Laxatives 2. Repeat bloods 3. Antiemetic Todd FY2

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Note Details	Clinical Notes
<p>Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth</p> <p>28/05/2025 12:58 Megan Caldwell</p>	<p>Person-Centred Care</p> <p>Sharon was feeling nauseous this morning. Had 300ml vomit - output recorded on FBC. Sharon reports she felt some relief after being sick. Has been off ward for periods getting some fresh air.</p> <p>Deterioration and Escalation</p> <p>NEWS 2 as per trak Pulse 105 BP 103/ 64</p> <p>Mobility</p> <p>Independently mobile around ward</p> <p>Bladder and Bowel Function</p> <p>Reports no BO since admission. On ward round doctors advised suppository. Sharon reported that she wishes to try oral laxatives in first instance.</p> <p>Medicine Management</p> <p>Medications dispensed as per hepma</p> <p>Pain Management</p> <p>Sharon is aware to alert nursing staff of pain and to request analgesia</p> <p>Food Fluid and Nutrition</p> <p>Tolerating diet and fluids. Advised to take fluids in small but regular amounts.</p>

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 28/05/2025 23:30 Simone Stewart	Person-Centred Care Gained consent for all nursing care. Alert and orientated. Stable observations as per chart Medications dispensed as per HEPMA. IVI running as per FBC. PVC in situ, Dated: 28/05 IND with all ADLs

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 29/05/2025 08:46 Dr Heather Todd	ET2 Skipworth Ongoing pain and discomfort - explained this is to be expected, large operation and significant infection. Finds oramorph makes her sick Drinking plenty Eating small volumes Passing small amounts of wind, no stool since operation Plan 1. Stop IVF 2. Antiemetic + analgesia 3. E&D 4. Regular macrogol + a supp today. 5. Repeat bloods - ensure trending down. If not and continuing to feel unwell then can rescan ? collection Todd FY2

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 29/05/2025 16:12 Maria O'Neill	Person-Centred Care Independant with ADLs. Deterioration and Escalation Heart rate 98. Bladder and Bowel Function Has not had a bowel movement yet. Medicine Management medication given as per hepma. Food Fluid and Nutrition Iv fluids insitu, will take them down now as blood pressure is stable and Doctor this morning said fluids aren't required. Has had a little to eat today.

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Note Details	Clinical Notes
<p>Progress Notes Episode/Ref: I0006175721 Dietician</p> <p>29/05/2025 16:18 Heather Dudley</p>	<p>Dietetic Review on Ward 107, 29/05/25. Spoken with Sharon.</p> <p>New weight today: 66.55kg Indicative of BMI ~25.36kg/m², 3.8% weight loss in 10 days.</p> <p>(29/05/25): raised PO₄, CRP, GGT, Alk Phos; reduced Na, Bili, Ca, alb, Mg</p> <p>TPN discontinued.</p> <p>Oral diet quite minimal. Patient reporting recent nausea + vomiting, low appetite/interest in eating. Bowels not yet moving – is experiencing wind + noises.</p> <p>Past 24hrs: ½ toast, ½ scotch egg, ¼ mashed root veg + haggis, 1x ONS drink, water.</p> <p>Est. intake ~600kcal, 25g protein. Est. nutritional requirements ~1990-2250kcal (23-26kcal/kg; PAL 1.3); 80-100g protein (1.2-1.5g/kg); 2.33L fluids (35ml/kg)</p> <p>Would normally like cheese + crackers, ham/cheese sandwiches, carbonara/bolognaise pasta dishes.</p> <p>Dislikes milk/milky products incl. yoghurt, custard, ice cream. Also dislikes jelly, fruit.</p> <p>Interventions: Encouraged to continue aiming for 2x/d Ensure Plus Juice – can ask for range of flavours/ice to improve palatability Encouraged to continue attempting oral diet little & often. Highlighted examples of ward level provisions in line with dietary preferences. Offer small appetite menu if struggling from normal menu. Recommend replacing deranged electrolytes, and addressing nutritional impact symptoms with medicinal interventions where indicated. Heather Dudley (RD)</p>

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Note Details	Clinical Notes
Escalation Note Episode/Ref: I0006175721 Professor Richard JE Skipworth 30/05/2025 00:21 Keith Page	Early Warning Score - Escalation Note: New Escalation Escalation Date/Time: 30/05/2025 00:21 Grade Escalated To: FY1/FY2 Escalation reason: EWS Comments:

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 30/05/2025 09:35 Dr Jacob Henderson	UGI AM WR feeling well PLan 1. clips out today 2. home today JWH FY1

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Miss AM Paisley 19/05/2025 04:51 Dr Tabitha Thornton- Swan	T Thornton-Swan FY1 Med rec Sources: ECS, patient Trazodone 100mg OD at night - cont CHlorphenamine 4mg OD at night - cont NKDA

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Note Details	Clinical Notes
<p>Inpatient Discharge Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth</p> <p>30/05/2025 11:05 Dr Fraser Thom</p>	<p>OPERATION/PROCEDURE(S): Laparotomy plus primary/secondary closure of perforated pyloric ulcer</p> <p>UNDERLYING DIAGNOSIS: Perforated pyloric ulcer</p> <p>TYPE OF ADMISSION: Emergency</p> <p>CHANGES TO MEDICATIONS SINCE ADMISSION (relative to ECS): Started: co-trimoxazole 960mg BD 4 days, metronidazole 400mg TDS 4 days, fluconazole 400mg OD 4 days, lansoprazole 30mg OD, Thiamine 100mg TDS, magnesium aspartate sachet BD 2 days, oromorph 10mg QDS PRN 7 days, ondansetron 4mg TDS PRN 7 days, macrogol 1 sachet BD 7 days, paracetamol 1G QDS 7 days</p> <p>ALLERGIES / ADVERSE DRUG REACTIONS: NKDA</p> <p>Discharge prescription checked against ECS med rec: Yes</p> <p>FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL: Nil</p> <p>ACTION REQUIRED FROM GP: Nil</p> <hr/> <p>Dear Doctor,</p> <p>Sharon Stevens was admitted to RIE on 18/5/25 with upper abdominal pain and vomiting. CTAP revealed a perforated pyloric ulcer. She was taken to theatre for a laparotomy plus primary/secondary closure of the perforation. She was initially sent to ITU for recovery with IVABX and antifungals. She was stepped down to the ward and recovered well. She was declared fit for discharge on 30/5/25 with the remainder of her course of ABX.</p> <p>SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS/DNACPR STATUS/ANTICIPATORY CARE PLANNING: Nil</p> <p>Should you need further information please contact: Anna Paisley General Surgery</p> <p>Thank you for your ongoing care of this patient.</p> <p>Yours sincerely,</p> <p>Fraser Thom F3 Department of General Surgery, Royal Infirmary of Edinburgh</p> <p>This is an immediate discharge letter and a further letter may follow.</p>

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006175721 Professor Richard JE Skipworth 30/05/2025 15:34 Dr Jacob Henderson	UGI PM WR patient not at bedside, gone home JWH FY1

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 30/05/2025 15:55 Natasha Lowe	Person-Centred Care Sharon has been discharged from the ward this afternoon. PVC was removed. Dressings were supplied upon discharge, and worsening advice regarding surgical wounds was given All medication on d/c letter was given apart from Trazadone. Sharon is aware of the antibiotics upon discharge. Sharon's son has collected her upon discharge

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Note Details	Clinical Notes
Care Plan Summary Episode/Ref: I0006175721 Professor Richard JE Skipworth 30/05/2025 16:08 Maria O'Neill	Person-Centred Care Independant with ADLs. Deterioration and Escalation News stable as charted. Bladder and Bowel Function Had loose stool this am. Medicine Management Medication given as per hepma. Infection Prevention and Control Abdominal clips removed. 2 Drain sites cleansed and redressed. Food Fluid and Nutrition Tolerating diet and fluids.

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Note Details	Clinical Notes
<p>Inpatient Discharge Summary Episode/Ref: I0006175721 Dietician</p> <p>16/06/2025 15:41 Charlotte Blair</p>	<p>Dietetic Assessment on Thursday 12th June 2025</p> <p>Purpose of letter: Initial assessment summary Diet Therapy Proposed Outcome/Final Outcome/Goal: Minimise ongoing weight loss Recommendation: Food Fortification /Oral Nutritional Supplements (ONS) Required</p> <p>*****NUTRITION PRESCRIPTION REQUEST*****</p> <p>Product Name: Actigain Juice Flavour: mixed Volume/weight per serve: 220mls Quantity per day: 440mls Total volume/weight per 28 days: 12,320mls Duration (weeks): ongoing Indication for ACBS: disease related malnutrition Justification for Non-First Line ONS: n/a</p> <p>Summary of Dietetic Assessment Weight (kg): 63kg Height (m): 1.62m BMI (kg/m²): 24.0kg/m² Weight History: 72kg % Weight Gain/Loss Over Time: 12.5% weight loss over the course of admission MUST Score: 3 Other:</p> <p>Comments: Sharon was seen by dietitians during her time in RIE, she was on TPN for a period of time post operatively then this was weaned down as her oral intake improved. She was commenced on ONS to further supplement this. On a telephone review today she reports to still have ongoing issues with appetite and intake, reporting she has only managed 1 small bowl of cereal, part of a ham salad sandwich for lunch and a cracker later on as a snack. We discussed the importance of nutrition in recovery, little and often meal pattern and picking higher kcal and protein foods to optimise intake. I would ask that ONS continue to be prescribed as above.</p> <p>Discharge/ Follow Up Arrangements: community dietitian referral</p> <p>Please do not hesitate to contact the department if any other information is required.</p> <p>Yours sincerely</p> <p>Charlotte Blair Dietitian 01312426941</p>

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0001271914 Dr DS Irvine 13/04/2007	Diagnosis: Unwanted pregnancy at 7 weeks gestation,Procedure: Surgical termination of pregnancy + Misoprostol,,Your patient was admitted to the Day Surgery Unit today for the above procedure. This was uncomplicated and she was discharged later the same day. She has been prescribed the combined oral contraceptive pill for future contraception.,,Yours sincerely,,,,,Dr Sarah Stock,SpR to Dr D S Irvine,Consultant Gynaecologist,,SS/aa,,Blood group: O Rh Positive,Contraception: COCP

Clinic Letters

Dermatology

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Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Dermatology	Consultant: Dr J Savin

Diagnosis: Atypical Spitz naevus right calf

Thank you for referring this 23 year old who has had a mole on her right leg for about a year. Recently this had become itchy. She has used a sun bed daily for up to 12 minutes for nine months. She has a skin type III and no family history of melanoma.

On examination she had a 6 mm. inflamed irregularly pigmented naevus on her right calf. This was excised.

Histology has shown an atypical Spitz naevus which was completely removed. There was no sign of malignancy. I have advised her that she should stop using sun beds as she already has an amount of skin damage.

I have not arranged to review her again.

Yours sincerely

Dr Bernadette de Silva
Registrar

Ear Nose and Throat

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 19/04/2010
Date/Time Printed: 28/04/2026 08:41
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Ear Nose and Throat	Consultant: ENT Consultant (ATW Students)

Many thanks for your referral of Ms Stevens who is a 34 year old lady who attended the ENT clinic today. She sustained a nasal injury following an alleged assault at the end of January 2010 and after your initial urgent referral was assigned an appointment on the 9th of February. She stated today that she was unable to attend as she was unwell.

She was allegedly punched in the nose and kicked around the face by an unknown assailant. This alleged assault was not reported to the police. She is now complaining of a croaked nose and a bony hump. She has no frank nasal obstruction but the left side feels a little bit more congested than the right. She denies epistaxis. She also queried whether she may have obstructive sleep apnoea and she awakens at night several times gasping for breath. She is aware of this and it is also witnessed by her partner but she does not snore and there have been no witnessed apnoeas and no day time symptoms, in particular no day time somnolence.

An Epworth score today in the clinic was 1 and this lady's body mass index did not indicate obesity. She had a depressed left nasal bone fracture which was fixed and unfortunately beyond the time scale for manipulation under general anaesthesia. The caudal end of the septum was displaced into the left nasal cavity with deviation of the nasal septum into the left side also almost touching the lateral nasal wall.

I explained to Ms Stevens that unfortunately her healed nasal fracture is not amenable to manipulation under anaesthesia at this stage. She is keen however to consider septorhinoplasty surgery. I have indicated that we would ideally wait for at least six months following the nasal trauma in order to allow full healing and fibre scar tissue to stabilise. I have arranged clinical photography today and will arrange for Ms Stevens review in approximately six months time when we can reconsider her for septorhinoplasty.

Ear Nose and Throat

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 19/04/2010
Date/Time Printed: 28/04/2026 08:41
Our Ref: 620012470M
CHI: 2312751208

I do not think there is any indication for a sleep study based on her current symptoms and today's Epworth score. I have asked Ms Stevens to ask her partner to monitor more closely for any witnessed apnoea and report these when she returns to the clinic.

With kind regards.

Yours sincerely

M L Montague
Consultant ENT Surgeon
mlm/sck
19.4.10.

Ear Nose and Throat

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 23/11/2010
Date/Time Printed: 28/04/2026 08:41
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Ear Nose and Throat	Consultant: ENT Consultant (ATW Students)

This lady has failed to attend the ENT clinic for review on two consecutive occasions since her attendance in March 2010. I have not arranged a further appointment at this time. Should the patient wish to be seen again please do not hesitate to re-refer her.

With kind regards.

Yours sincerely

M L Montague
Consultant ENT Surgeon
mlm/sck
23.11.10.
Secretary: Tel: 0131 536 3745 E-mail: sandra.knowles@luht.scot.nhs.uk

c.c. Miss Sharon Stevens
9/2 Trafalgar Street
Edinburgh
EH6 4DG

Gynaecology

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 09/10/2015
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Gynaecology	Consultant: Gynaecology Triage

DIAGNOSIS: Review of Bartholin's Abscess

Your patient was reviewed in Gynaecology triage, RIE on 07/10/15 for Bartholin's abscess on day 25 following word catheter insertion. Her symptoms had resolved, she was satisfied with the outcome of the word catheter procedure. The word catheter was still in situ, therefore it was removed under sterile technique and there appeared to be no residual abscess or cellulitis.

CHANGES TO MEDICATIONS: Nil

FOLLOW-UP:
Discharge to care of GP

Should you require any further information please contact Gynae Triage, Simpsons Centre for Reproductive Health, RIE. (0131 242 2551)

Information in this letter has been discussed with the patient.

Yours sincerely,

Patient seen and assessed by Dr Isi Okolo ST2
Discharged letter written by Dr Katrina Catton FY2

Gynaecology

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 02/08/2017
Date/Time Printed: 28/04/2026 08:41
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Gynaecology	Consultant: Gynaecology Consultant

DIAGNOSIS: ?inevitable miscarriage

Your patient was reviewed in Gynaecology triage, RIE on 2/8/17 . She presented with an almost 3 day history of PV bleeding at a gestation of approximately 9 weeks (LMP end of May - exact date unknown). Bleeding approximately as heavy as a period. On day she was seen, she had passed a large clot at home. This bleeding had been associated with lower abdominal cramping and sharp pains. The bleeding has settled slightly since passing the large clot. She also complained that her PV bleeding was slightly smelly although this was not noticed on examination.

On examination she had some lower abdominal tenderness, although no worse on palpation. Pelvic examiantion revealed an open os, with a small amount of, what appeared to be, pregnancy tissue seen in the os. This was removed. There was a small amount of bleeding. Bimanual examination confirmed an open os but was otherwise unremarkable. Swabs were taken.

I explained to Ms Steven that she was likely having a miscarriage. She signed a sensitive disposal form. I advised her not to return to work that evening.

INVESTIGATIONS:

Pelvis USS: ?to be done in PSC
Bloods: WCC 12.6, Hb 144, HCG 1379
High vaginal and endocervical swabs (results outstanding)
MSU (results outstanding) - urinalysis leuc +, prot + blood +++

CHANGES TO MEDICATIONS:

Nil

FOLLOW-UP:

Gynaecology

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 02/08/2017
Date/Time Printed: 28/04/2026 08:41
Our Ref: 620012470M
CHI: 2312751208

Referred to Pregnancy Support Centre where she will also need a repeat G&S as the initial sample was unfortunately labelled incorrectly.

Should you require any further information please contact Gynae Triage, Simpsons Centre for Reproductive Health, RIE. (0131 242 2551)

Information in this letter has been discussed with the patient.

Yours sincerely,

Staff name: Dr A Sheldon
Grade: GPST2
Consultant on-call: Dr S Jack

Obstetrics

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 05/08/2017
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient:	Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI:	620012470M
		Date of Birth:	23/12/1975
Specialty:	Obstetrics	Consultant:	Pregnancy Support Centre Telephone

Your patient attended the Pregnancy Support Centre today.

Following correlation of HCG measurement and USS we have established that this lady has had a complete miscarriage. We are not arranging a review appointment for her here in the Centre. 2-3

Ear Nose and Throat Medinet

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 26/09/2022
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Ear Nose and Throat Medinet	Consultant: Dr Clive Brewis

Thank you for referring this 46-year-old lady with regards to her throat. She reports a sensation that her throat is closing, affecting her breathing and swallowing for a few seconds every few weeks. She also reports intermittent heartburn. She reports no dysphagia, dysphonia or sore throat. She smokes about ten cigarettes per day.

She also mentioned that she has a long history of a sensation of nasal obstruction and that she was listed for septorhinoplasty following nasal trauma about ten years ago. She has no known allergies. She has a dog at home which does not make her symptoms worse. She uses a Vicks inhaler at night. She also reports that she regularly struggles to breath and stops breathing at nighttime and is tired in the daytime.

External examination of her nose shows deviation of the nasal tip to the left and internal examination shows moderate deviation of the septum, mainly to the right but also to the left caudally, and hypertrophy of the inferior turbinates. Endoscopic examination shows a normal pharynx and larynx. Palpation of her neck is normal. Her Epworth score is 5 and her body mass index is 27.

As far as her throat is concerned, I have reassured her that there is no significant pathology. This sounds like laryngospasm for which there is not an easy treatment. The one treatment she could try would be for reflux with a proton pump inhibitor for six weeks and she may come to discuss this with you further. She may also benefit from stopping smoking. I have also requested a sleep study.

As far as her nose is concerned, her sensation of obstruction is due to a combination of a deviated nasal septum and rhinitis. I have advised her to stop smoking and to stop the regular use of Vicks inhaler both of which will be contributing to her rhinitis. I would be grateful if you could consider prescribing her a trial of Mometasone nasal spray for six weeks and, if this is not helpful, Flixonase nasules, half a nasule per nostril once per day

Ear Nose and Throat Medinet

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 26/09/2022
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

for six weeks. We have sent a RAST inhaled screen and will be in touch with you and her with the results in due course. If these measures do not help her sensation of obstruction and she would like to discuss septorhinoplasty further, please do refer her into the Local Rhinology Service.

Yours sincerely

Signed electronically on behalf of

Clive Brewis

Medinet ENT Consultant

All Enquiries regarding this episode please contact:
Ground Floor, Woodlands House Astley Ainslie Hospital
Tel.No: 0300 0134 000 option 2, option 3

Ear Nose and Throat Medinet

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 26/09/2022
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Ear Nose and Throat Medinet	Consultant: Dr Clive Brewis

This lady reports snoring, struggling to breath and stopping breathing at night on a regular basis and is often tired during the day. Her Epworth score is 5 and her body mass index is 27. I would be grateful if she could be considered for a sleep study in due course.

Best wishes.

Yours sincerely

Signed electronically on behalf of

Clive Brewis

Medinet ENT Consultant

CC: GP

All Enquiries regarding this episode please contact:
Ground Floor, Woodlands House Astley Ainslie Hospital
Tel.No: 0300 0134 000 option 2, option 3

DATE

[- - - - -]
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[- - - - -]
[-- WASH CYCLE PASSED --]
[- - - - -]
[- - - - -]
[Cantel RapidAER]
[Serial No RA0033]
[- - - - -]
[Start 12h 33m]
[End 12h 51m]
[Date 17-09-2022]
[- - - - -]
[Cycle No 12150]
[- - - - -]
[Load Operator 5]
[Name ENT 1]
[- - - - -]
[Unload Operator 28]
[Name ENT 3]
[- - - - -]
[-- Hookup --]
[Hookup No 301]
[Serial No 301-011]
[GS1]
[- - - - -]
[-- Endoscope --]
[OLYM ENF-VII]
[Serial No 2502627]
[GS1]
[Revision a]
[- - - - -]
[IMS Verify Enabled]
[- - - - -]
[Control Pass]
[IMS Verify Pass]
[- - - - -]
[Contact Time 5 Minutes]
[- - - - -]
[Last SD 17-09-2022 at 04h 47m]
[- - - - -]
[Suction Not tested]
[Biopsy Not tested]
[Water Not tested]
[Air Not tested]
[Aux 1 Not tested]
[Aux 2 Not tested]
[RB Not tested]
[Leak Test Av Pres 177 mb]
[- - - - -]
[-- Conductivity --]
[Detergent 1428 uS]
[Disinfectant 1323 uS]
[Final Rinse 1 uS]
[- - - - -]
[-- Temperature --]
[Detergent 27.5 deg]
[Disinfectant 29.2 deg]
[Final Rinse 26.2 deg]
[- - - - -]
[-- Chemical Batch/Lot & Serial No --]
[Detergent 00035822/D000000574]
[Part B 00016122/B000000523]
[Part A 22000028/A000001195]
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[-- WASH CYCLE PASSED --]

620012470M F 23/12/1975
Stevens, Sharon
 4/5 New Arthur Place,
 Edinburgh,
 EH8 9TH



ENT OUTPATIENT DEPA CHI 2312751208 .DING
 70841 AJ Thomas

EPWORTH SLEEPINESS SCORE

Name:

Date: 23 / 12 / 75

Your Age (year) Your sex (Male = M Female = F)

BMI 27 Collar Size

How likely are you to doze off or fall asleep in the situations described in the bow below, in contrast to feeling just tired?

Even if you have not done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:-

Situation	Chance of Dozing 0 = no chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing
Sitting and reading	0
Watching television	3
Sitting inactive in a public place (e.g. a cinema or meeting)	0
As passenger in a car for > 1 hour	0
Lying down to rest in the afternoon when circumstances permit	2
Sitting and talking to a companion	0
Sitting quietly after an alcohol-free lunch	0
In a car, while stopped briefly in heavy traffic	0
TOTAL EPWORTH SLEEPINESS SCORE	5

Ear Nose and Throat Medinet

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 30/10/2022
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Ear Nose and Throat Medinet	Consultant: Dr Clive Brewis

I have received the results of your allergy tests and there was no significant reaction to the range of inhaled allergens tested including cat, dog, house dust mite, mixed moulds, mixed grass pollen and mixed tree pollen. If we can help any further please let us know.

Yours sincerely

Mr Clive Brewis
Medinet Consultant ENT

All Enquiries regarding this episode please contact:
Ground Floor, Woodlands House Astley Ainslie Hospital
Tel.No: 0300 0134 000 option 2, option 3

electronic copy sent to GP

General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 24/06/2025
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: General Surgery	Consultant:

Discharge Summary:

This 49 year old lady was admitted as an emergency with a 3 week history of vomiting and epigastric pain. Her inflammatory markers were elevated with CRP of approximately 400. A CT scan showed a localised perforation of the prepyloric region with perforation into the liver causing a collection of fluid and gas above the lesion. She proceeded to surgery and at the time was found to have a 1.8cm anterior perforated ulcer of the pylorus with contamination of pus and food substance within the right upper quadrant. This defect was closed primarily and then an omental patch was placed upon it. Post-operatively she recovered well and after a few days was allowed home to complete a course of antibiotics and anti-fungals.

In light of her history, I would be very grateful if you could arrange Helicobacter pylori testing on her in the future to ensure that there is no chance of persistent infection. I will ask her to make an appointment at your Practice. Many thanks.

Yours sincerely

PROFESSOR RICHARD SKIPWORTH
Consultant Surgeon

RS/DH

General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 24/06/2025
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: General Surgery	Consultant:

I hope that you have recovered following your recent surgery for a perforated ulcer. I would be grateful if you could make an appointment at your GP Practice in the near future for a stool sample in order to check that you have no evidence of any Helicobacter infection within your system, as this is a bug that can cause recurrent ulcers in the future.

Many thanks.

Yours sincerely

PROFESSOR RICHARD SKIPWORTH
Consultant Surgeon

RS/DH

General Surgery

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 24/06/2025
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient:	Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI:	620012470M
		Date of Birth:	23/12/1975
Specialty:	General Surgery	Consultant:	Professor Richard JE Skipworth

not required

Dietetics - Community

Dr Ling
St Leonard's Medical Centre
145 Pleasance
Edinburgh
EH8 9RU

Date First Created: 15/08/2025
Date/Time Printed: 28/04/2026 08:43
Our Ref: 620012470M
CHI: 2312751208

Patient: Ms Sharon Stevens 4/5 New Arthur Place Edinburgh EH8 9TH	UHPI: 620012470M Date of Birth: 23/12/1975
Specialty: Dietetics - Community	Consultant: Dietetics Hospital Follow-Up Clinic

The above patient has failed to attend their virtual dietetic appointment on 14th July 2025

A letter was sent advising of the missed appointment and to contact us if this was an error but we have had no contact from the patient.

NHS Lothian guidelines on the use of Oral Nutritional Supplements (ONS) advise that patients who fail to attend or engage with dietetic services should have their ONS stopped.
We have been unable to review the ongoing need for ONS in your patient and in line with the above guidance we would suggest that the prescription for the following product is stopped

ACTAGAIN JUCE

We have discharged them from dietetic care and if you would like to discuss then please contact the department. Should you wish your patient to have a dietetic review then please submit a new referral via SCI-Gateway.

Yours sincerely

On behalf of Community Dietetic Department.

To: GP
C.C: Patient

Referrals

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

Ear, Nose & Throat (ENT) C5
L Basic SIGN Referral

Lauriston Buildings (S374C)
Lauriston Place
Edinburgh
EH3 9EN

Urgency of referral Routine
Date of referral 09/11/2010
Date submitted 09/11/2010
UCPN 101001236457R

PATIENT DETAILS

Surname
Forename(s)
Title Sex
Date of birth
CHI no.
Previous Surname

Address

9 1F1 Trafalgar Street
EDINBURGH
EH6 4DG

Contact number(s)

Voice : 077 06 28 87 41

REFERRING PRACTITIONER DETAILS

Name
GMC code GP code
Practice name
Practice code

Practice address

29B SUMMERSIDE PLACE
EDINBURGH
EH6 4NY

Contact number(s)

Voice : 0131 554 3533
Facsimile : 0131 554 9722

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

Description: Septorhinoplasty

Comment: Dear Dr Montague, This 34-year-old lady was seen in your clinic in march after an alleged assault in late january during which she broke her nose. She was unable to attend the follow up clinic 6 months later and was told that she needed to be re-referred when she phoned to reschedule her appointment. I would be most grateful if you could review her again as she is keen to have surgery done on her nose as the deformity serves as a reminder or the assault. Thank you.

Reason for referral

Care type requested: Out Patient - Follow-up/Return

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
[X]Depressive episode			25/11/2009	25/11/2009
Fibroadenoma of breast	Excised		02/04/2007	02/04/2007
Fibroadenosis of breast	Left		06/10/2003	06/10/2003
Caesarean delivery	Daughter		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	09/11/2010		09/11/2010

Additional relevant information

Smoking history (Screening): Heavy smoker - 20-39 cigs/day , Date recorded: 7-Jun-2007

Smoking history (Encounters): Current smoker , Date recorded: 9-Nov-2010

Patient Weight in Kilograms:0

Patient Height in Metres:0

Patient Blood Pressure (Systolic):100

Patient Blood Pressure (Diastolic):60

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

Department of Ear Nose and Throat

Dr Krauth

Summerside Medical Centre
29b Summerside Place
Edinburgh
EH6 4NYDate 19/04/2010
Our Ref 620012470M
CHI 2312751208

Patient:	Miss Sharon Stevens 9/2 Trafalgar Street Edinburgh EH6 4DG	UHPI:	620012470M
		Date of Birth:	23/12/1975
Clinic Code:	ENT/MLM	Attendance Date:	10/03/2010
Specialty:	Ear Nose and Throat		
Consultant:	Dr ML Montague		

ENT
Professor R P Mills
Mr R Adamson
Mr N Shine (Locum)
Secretary –
ann.burns@luht.scot.nhs.uk
0131 536 3740
Fax: 0131 536 3744Dr G M MacDougall
Dr A I G Kerr (Locum)
Dr L Hadoura (Locum)
Secretary –
liz.hurrel@luht.scot.nhs.uk
0131 536 3742
Fax: 0131 536 3744Mr A T Williams
Dr M L Montague
Dr S Metcalfe (Locum)
Secretary
sandra.knowles@luht.scot.nhs.uk
0131 536 3745
Fax: 0131 536 3744Mr D W Sim
(Lead Clinician)
Mr M Armstrong
Mr S J Moralee
Mr A Sharma
Secretary –
ann.pryde@luht.scot.nhs.uk
0131 536 3749
Fax: 0131 536 3757Outpatient Appointments
0131-536 3730
Fax: 0131 536 3153Inpatient Waiting List
Enquiries – St Johns
01506 523380Audiology Department
0131 536 3737

Dear Dr Krauth,

Many thanks for your referral of Ms Stevens who is a 34 year old lady who attended the ENT clinic today. She sustained a nasal injury following an alleged assault at the end of January 2010 and after your initial urgent referral was assigned an appointment on the 9th of February. She stated today that she was unable to attend as she was unwell.

She was allegedly punched in the nose and kicked around the face by an unknown assailant. This alleged assault was not reported to the police. She is now complaining of a croaked nose and a bony hump. She has no frank nasal obstruction but the left side feels a little bit more congested than the right. She denies epistaxis. She also queried whether she may have obstructive sleep apnoea and she awakens at night several times gasping for breath. She is aware of this and it is also witnessed by her partner but she does not snore and there have been no witnessed apnoeas and no day time symptoms, in particular no day time somnolence.

An Epworth score today in the clinic was 1 and this lady's body mass index did not indicate obesity. She had a depressed left nasal bone fracture which was fixed and unfortunately beyond the time scale for manipulation under general anaesthesia. The caudal end of the septum was displaced into the left nasal cavity with deviation of the nasal septum into the left side also almost touching the lateral nasal wall.

I explained to Ms Stevens that unfortunately her healed nasal fracture is not amenable to manipulation under anaesthesia at this stage. She is keen however to consider septorhinoplasty surgery. I have indicated that we would ideally wait for at least six months following the nasal trauma in order to allow full healing and fibre scar tissue to stabilise. I have arranged clinical photography today and will arrange for Ms Stevens review in approximately six months time when we can reconsider her for septorhinoplasty.

Cont'd...

Ref: 620012470M

Patient Name: Miss Sharon Stevens

I do not think there is any indication for a sleep study based on her current symptoms and today's Epworth score. I have asked Ms Stevens to ask her partner to monitor more closely for any witnessed apnoea and report these when she returns to the clinic.

With kind regards.

Yours sincerely



M L Montague
Consultant ENT Surgeon
mlm/sck
19.4.10.

NHS Lothian - Referral Letter

Referral To	AHP - Podiatry West Lothian - St John's Hospital L Podiatry
Urgency of referral	Routine
Date of referral	08/04/2013
Date submitted	09/04/2013
UCPN	101005158405N

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. John Kirkup (GMC: 3266997)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533	Edinburgh
		EH6 4NY

CLINICAL INFORMATION

Reason for Referral: Painful hard skin on heal of foot
Main Referral: MM/jb
Text:

Dear Colleague

I would be very grateful for your advice on this lady who has painful hard skin on the heel of her foot which is making it difficult to walk. I would be grateful if she could be seen with a view to be treated.

Many thanks.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Address instruction	New event	9 1f1 Trafalgar Street	24/10/2012	24/10/2012
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009
Fibroadenoma of breast		Excised	02/04/2007	02/04/2007
Fibroadenosis of breast		Left	06/10/2003	06/10/2003
Caesarean delivery		Daughter	22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Fluoxetine 20mg capsules	capsule	1 CAP DAILY		03/04/2013		03/04/2013
Hydroxyzine 25mg tablets	tablet	1 TABLET WHEN REQUIRED		03/04/2013		03/04/2013
Salicylic acid 26% solution	ml	APPLY ONCE DAILY		03/04/2013		03/04/2013
Nicorette QuickMist 1mg/dose mouthspray (McNeil Products ...	ml	AS REQUIRED		18/02/2013		18/02/2013
Fluoxetine 20mg capsules	capsule	1 CAP DAILY		18/02/2013		18/02/2013

Amitriptyline 25mg tablets	tablet	1-2 TABLET(S) AT NIGHT	18/02/2013	18/02/2013
Fluoxetine 20mg capsules	capsule	1 CAP DAILY	11/01/2013	11/01/2013
Amitriptyline 25mg tablets	tablet	1-2 TABLET(S) AT NIGHT	11/01/2013	11/01/2013

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:7-Dec-2012

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	21/06/2013
Date submitted	21/06/2013

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Elaine McAdam (GMC: 6151150)	Summerside Medical Centre 29b Summerside Place Edinburgh EH6 4NY
Practice:	Summerside Medical Practice (70747)	
Phone:	Voice : 0131 554 3533	

INVESTIGATION REQUESTED

Test Requested: Skull

Reason for Request: Alleged assault 16/6/13, fell backwards onto kerb, hit back of head. Incident under investigation by police. Left A&E before being seen. Bogy tender swelling right parietal area, ongoing dizziness and headache. ? fracture.

CLINICAL INFORMATION

Investigations

Description **Result** **Date**

Duration of Symptoms : 6 days

Signature of requesting doctor	Designation	Date	Radiology Walk In is available Monday to Friday as follows:	
Royal Infirmary of Edinburgh	9:00am - 5:00pm		St John's Hospital	8:00am - 5:00pm
Royal Hospital for Sick Children	9:00am - 4:30pm (Except public holidays)		Roodlands Hospital	8:30am - 4:00pm
Midlothian Community Hospital	9:30am - 4:00pm (Mon and Thurs only)		Leith Community Treatment Centre	8:30am - 4:00pm
Western General Hospital	8:45am - 5:00pm (Main xray) 5:00pm - 6:00pm (Acute Receiving Admissions Unit xray)		Lauriston Building	8:30am - 4:00pm

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Audiology L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	18/07/2013
Date submitted	22/07/2013
UCPN	101005673144N

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Margaret Mitchell (GMC: 3432833)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533 Facsimile : 0131 554 9722	Edinburgh EH6 4NY

CLINICAL INFORMATION

Reason for Referral: Episodes of vertigo

Main Referral: MM/jb

Text: Dear Doctor

I would be grateful for your assessment of this lady who claims to have been assaulted a month ago. Since then she has been describing episodes of vertigo which she gets when she lies down in bed at night and she feels like the room is spinning. She is finding the symptoms very distressing and they do not seem to have been easing over the last month. In view of this I would be grateful if she could be seen with a view to trying exercises to alleviate the symptoms.

Many thanks for your help in this matter.

With kind regards.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Address instruction	New event	9 1f1 Trafalgar Street	24/10/2012	24/10/2012
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009
Fibroadenoma of breast		Excised	02/04/2007	02/04/2007
Fibroadenosis of breast		Left	06/10/2003	06/10/2003
Caesarean delivery		Daughter	22/06/1998	22/06/1998

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Zopiclone 7.5mg tablets	tablet	1 TABLET AT NIGHT		18/07/2013		18/07/2013
Eumovate 0.05% cream (GlaxoSmithKline UK Ltd)	gram	APPLY DAILY		18/07/2013		18/07/2013
Loratadine 10mg tablets	tablet	1 TABLET ONCE A DAY		15/07/2013		15/07/2013

Cetirizine 10mg tablets	tablet	1 TABLET ONCE A DAY	02/07/2013	02/07/2013
Zopiclone 7.5mg tablets	tablet	1 TABLET AT NIGHT	02/07/2013	02/07/2013
Ibuprofen 400mg tablets	tablet	1 TABLET(S) THREE TIMES A DAY[more]	21/06/2013	21/06/2013
Amitriptyline 25mg tablets	tablet	1-2 TABLET(S) AT NIGHT	22/05/2013	22/05/2013

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:07-Dec-2012

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	26/11/2013
Date submitted	28/11/2013
UCPN	101006337633L

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice(Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. John Kirkup (GMC: 3266997)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533 Facsimile : 0131 554 9722	Edinburgh EH6 4NY

CLINICAL INFORMATION

Reason for Referral: Dry eczematous appearance on face, anterior neck and hands

Main Referral Text: JK/jb
Dear Doctor

Thank you for seeing this 37 year old hairdresser who developed a prickly heat type rash in September and eventually developed into an allergic dermatitic picture on her face, hands and torso. She was given a 5 day course of oral Prednisolone which resolved most of the symptoms but she has been left with a dry eczematous appearance on her face, anterior neck and on her hands. She liberally applies E45 and has been prescribed Hydrocortisone ointment, but she said the Hydrocortisone ointment is not really of any help and just dries her skin further. She is using Dermol 500 as a soap substitute.

She returned to see me today saying that she really was no better and was getting increasingly socially unbearable by her facial appearance. She also works as a barmaid and feels very self conscious about her hand appearance.

I have changed her Hydrocortisone 1% ointment to 1% cream to see if this is cosmetically more acceptable to her, but I wonder if you would give me your opinion on this lady and whether you felt that patch testing would be of value in obtaining a diagnosis.

She has no previous history of asthma, eczema or any other family atopy.

With kind regards.

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Address instruction	New event	9 1f1 Trafalgar Street	24/10/2012	24/10/2012
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009
Fibroadenoma of breast		Excised	02/04/2007	02/04/2007
Fibroadenosis of breast		Left	06/10/2003	06/10/2003
Caesarean delivery		Daughter	22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
E45 cream (Forum Health Products Ltd)	gram	APPLY AS REQUIRED		22/11/2013		22/11/2013
Hydrocortisone 1% cream	gram	APPLY AS DIRECTED SPARINGLY AT NIGHT		22/11/2013		22/11/2013
Hydrocortisone 1% ointment	gram	APPLY SPARINGLY TWICE A DAY		03/10/2013		03/10/2013
E45 cream (Forum Health Products Ltd)	gram	APPLY AS REQUIRED		03/10/2013		03/10/2013
Desloratadine 5mg tablets	tablet	1 TABLET ONCE A DAY		03/10/2013		03/10/2013
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS SOAP SUBSTITUTE AND APPLY [more]		03/10/2013		03/10/2013
Zopiclone 7.5mg tablets	tablet	1 TABLET AT NIGHT		03/10/2013		03/10/2013
Prednisolone 5mg tablets	tablet	8 DAILY		18/09/2013		18/09/2013
Hydroxyzine 25mg tablets	tablet	1 AT NIGHT		18/09/2013		18/09/2013
Crotamiton 10% cream	gram	AS REQUIRED		18/09/2013		18/09/2013

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:07-Dec-2012

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	07/03/2014
Date submitted	07/03/2014
UCPN	101006852636B

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Jennifer Ramsay (GMC: 6049256)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533	Edinburgh EH6 4NY

CLINICAL INFORMATION

Reason for Referral: See previous referral attached

Main Referral Text: Dear Doctor,
This lady was referred for consideration of patch testing by my colleague. She DNA'd her appointment in February. She is requesting a further appointment.
I would be grateful if you could arrange this.
Kind regards,

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Address instruction	New event	9 1f1 Trafalgar Street	24/10/2012	24/10/2012
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009
Fibroadenoma of breast		Excised	02/04/2007	02/04/2007
Fibroadenosis of breast		Left	06/10/2003	06/10/2003
Caesarean delivery		Daughter	22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS SOAP SUBSTITUTE AND APPLY [more]		07/03/2014		07/03/2014
E45 cream (Forum Health Products Ltd)	gram	APPLY AS REQUIRED		07/03/2014		07/03/2014
Hydrocortisone 1% cream	gram	APPLY AS DIRECTED SPARINGY AT NIGHT		07/03/2014		07/03/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
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Amitriptyline 25mg tablets	tablet	1-2 TABLET(S) AT NIGHT	07/03/2014	07/03/2014
Desloratadine 5mg tablets	tablet	1 TABLET ONCE A DAY PRN	07/03/2014	07/03/2014
Amitriptyline 25mg tablets	tablet	1-2 TABLET(S) AT NIGHT	12/12/2013	12/12/2013

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:12-Dec-2013

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	10/02/2015
Date submitted	12/02/2015
UCPN	1010086903179

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 07855501720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Gregor McCulloch (GMC: 6167747)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533 Facsimile : 0131 554 9722	Edinburgh EH6 4NY

CLINICAL INFORMATION

Reason for Referral: Symptoms of contact dermatitis

Main Referral: GMc/jb

Text:

Dear Doctor

Thank you for seeing this 39 year old female who has symptoms of contact dermatitis made worse by the chemicals in the pub where she works when cleaning etc. We have discussed wearing gloves and she was given a trial of Betnovate by my colleague. However she had no improvement with this and I have given her a trial of Daktacort and I would appreciate it if she could be given a PM appointment to be seen and to be considered for patch testing.

Yours sincerely

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Address instruction	New event	9 1f1 Trafalgar Street	24/10/2012	24/10/2012
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009
Fibroadenoma of breast		Excised	02/04/2007	02/04/2007
Fibroadenosis of breast		Left	06/10/2003	06/10/2003
Caesarean delivery		Daughter	22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Hydrocortisone 1% cream	gram	APPLY AS DIRECTED SPARINGY AT NIGHT		07/03/2014		08/12/2014
E45 cream (Forum Health Products Ltd)	gram	APPLY AS REQUIRED		07/03/2014		08/12/2014
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS SOAP SUBSTITUTE AND APPLY [more]		07/03/2014		27/08/2014

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Loratadine 10mg tablets	tablet	1 TABLET ONCE A DAY PRN		30/01/2015		30/01/2015
Daktacort ointment (Janssen-Cilag Ltd)	gram	APPLY TWICE A DAY		30/01/2015		30/01/2015
Amitriptyline 25mg tablets	tablet	1 TABLET(S) AT NIGHT		08/12/2014		08/12/2014
Betamethasone valerate 0.025% ointment	gram	APPLY SPARINGLY TWICE A DAY F[more]		08/12/2014		08/12/2014

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:12-Dec-2013

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	23/01/2017
Date submitted	25/01/2017
UCPN	101012894345F

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 0785 550 1720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Gregor McCulloch (GMC: 6167747)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533 Facsimile : 0131 554 9722	Edinburgh EH6 4NY

CLINICAL INFORMATION

Reason for Referral: Hand dermatitis

Main Referral: GMC/jb

Text:

Dear Colleague

Thank you for seeing Sharon who is a 41 year old female who has several months on and off for hand dermatitis which only seems to respond to potent steroids such as Dermovate. She works in the food industry and is therefore washing her hands alot. However on examination today which, she says is a good day, she had very inflammed and excoriated hands wiith lichenification and I think she needs to be seen by Dermatology for a more long term approach given that at present she is only responding to very frequent emolient use and potent topical steroids.

Yours sincerely

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Depressive disorder NEC	New event		18/01/2012	18/01/2012
[X]Depressive episode	New event		25/11/2009	25/11/2009

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
E45 cream (Forum Health Products Ltd)	gram	APPLY AS REQUIRED		07/03/2014		30/09/2016
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS SOAP SUBSTITUTE AND APPLY [more]		07/03/2014		02/12/2016

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency.</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Amitriptyline 25mg tablets	tablet	1 TABLET(S) AT NIGHT		20/01/2017		20/01/2017
Chlorphenamine 4mg tablets	tablet	ONE TO BE TAKEN EVERY FOUR TO[more]		20/01/2017		20/01/2017
Clobetasol 0.05% ointment	gram	APPLY ONCE DAILY		20/01/2017		20/01/2017
Clobetasol 0.05% ointment	gram	APPLY ONCE DAILY		19/12/2016		19/12/2016
Amitriptyline 25mg tablets	tablet	1 TABLET(S) AT NIGHT		02/12/2016		02/12/2016
Chlorphenamine 4mg tablets	tablet	ONE TO BE TAKEN EVERY FOUR TO[more]		02/12/2016		02/12/2016
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	APPLY GENEROUSLY THREE TIMES A DAY		02/12/2016		02/12/2016
Fluocinolone acetonide 0.025% cream	gram	APPLY THINLY ONCE DAILY		02/12/2016		02/12/2016

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:12-Dec-2013

Patient Weight in Kilograms:62

Patient Height in Metres:1.6

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	31/01/2018
Date submitted	31/01/2018

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 0785 550 1720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Gregor McCulloch (GMC: 6167747)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533	Edinburgh
		EH6 4NY

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: cough with blood in sputum - smoker, chest clear

CLINICAL INFORMATION

Investigations

Description **Result Date**

Could the patient be pregnant? : Blank

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	21/03/2018
Date submitted	21/03/2018

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2312751208	149A 14 BETHLEHEM WAY	Voice (Home) : 0785 550 1720
Name:	MISS SHARON STEVENS	LOCHEND ROAD	
Date of birth:	23/12/1975	EDINBURGH	
Sex:	Female	EH7 6ET	

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Shona Pass (GMC: 7264013)	Summerside Medical Centre
Practice:	Summerside Medical Practice (70747)	29b Summerside Place
Phone:	Voice : 0131 554 3533	Edinburgh
		EH6 4NY

INVESTIGATION REQUESTED

Test Requested: Facial bones

Reason for Request: domestic violence, was punched and beaten up approx 4 weeks ago but still tender swollen area to left temporal region of face. Sharon feels like it remains swollen, please rule out fracture

CLINICAL INFORMATION

Investigations

Description **Result** **Date**

Please provide smoking status : Smoker

Suspected : Fracture

Could the patient be pregnant? : No

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	13/07/2018
Date submitted	13/07/2018
UCPN	1010165523050

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-3 NEW ARTHUR PLACE	Voice (Mobile) : 07857674490
Name:	MS SHARON STEVENS	EDINBURGH	
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Ian Burns-Brown (GMC: 2546173)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Eczema dermatitis

Main Referral Text: This ex hairdresser would be grateful to be seen and possibly have patch tests for contact dermatitis . She had to stop hairdressing and has changed to bar work but still runs into hands dermatitis problems . She had a short course of oral steroids recently as her skin broke out badly despite topicals
She more generalised eczema as well as demarcated palm and finger excoriation and skin thinning

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
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List present treatment(s) : various topical steroids emollients and a short course oral steroids

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
ZeroAQS emollient cream (Thornton & Ross Ltd)	gram	USE AS A SOAP SUBSTITUTE.		13/07/2018		13/07/2018

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Cetirizine 10mg tablets	tablet	1 TABLET ONCE A DAY		13/07/2018		13/07/2018
Zerobase 11% cream (Thornton & Ross Ltd)	gram	APPLY AS OFTEN AS POSSIBLE. A[more]		13/07/2018		13/07/2018
Clobetasol 0.05% ointment	gram	TOPIC TWICE A DAY FOR A WEEK [more]		13/07/2018		13/07/2018
Hydrocortisone 1% cream	gram	APPLY THIN LAYER TWICE A DAY		28/05/2018		28/05/2018
Betnovate 0.1% cream (GlaxoSmithKline UK Ltd)	gram	APPLY THIN LAYER TWICE A DAY		28/05/2018		28/05/2018
Prednisolone 5mg tablets	tablet	4 PER DAY FOR 5 DAYS		28/05/2018		28/05/2018

Flucloxacillin 500mg capsules	capsule	1 CAPSULE FOUR TIMES A DAY	28/05/2018	28/05/2018
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Additional information

Smoking history (Encounters):Current smoker	Date recorded:24-May-2018
Alcohol history (Encounters):Alcohol intake within recommended sensible limits	Date recorded:24-May-2018
Exercise history (Encounters):Enjoys moderate exercise	Date recorded:24-May-2018

NHS Lothian - Imaging Request

Referral To	Lauriston Buildings Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	01/10/2018
Date submitted	01/10/2018

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Mobile) : 07857674490
Name:	MS SHARON STEVENS	EDINBURGH	
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr B Hauffe (GMC: 6056223)	145 PLEASANCE
Practice:	St Leonards Medical Centre	EDINBURGH
Phone:	Voice : 01316684547	EH8 9RU

INVESTIGATION REQUESTED

Test Requested: Knee right

Reason for Request: AP + lateral please. ?bakers cyst. as per refhelp guidelines- XR rather than USS

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result Date</u>
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Could the patient be pregnant? : Blank

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology L Dermatology
Urgency of referral	Routine
Date of referral	24/10/2018
Date submitted	24/10/2018
UCPN	101017258172M

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Mobile) : 07857674490
Name:	MS SHARON STEVENS	EDINBURGH	
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Allison Thomas (GMC: 3680186)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Patch testing please

Main Referral Dear Doctor,
Text:

This 42yo woman presented with a 4 day history of facial skin reaction. A similar episode had occurred previously in May and at that time she needed oral steroids. She had already taken an antihistamine and tried a topical steroid without much effect. She felt her face was swollen.

OE She was well, her speech and breathing were unaffected. She had a red, moderately inflamed rash on her face around her eyes nose and mouth.

I prescribed her Prednisolone 20mg for 5 days. I wonder if you would consider patch testing for her in view of the recurrence and moderate severity.

Many thanks.

Yours sincerely,

Dr Iona Dias
GP locum

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
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List present treatment(s) : Prednisolone, Dermol 500, ZeroAQS emollient

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault		# nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
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Current medication (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
ZeroAQS emollient cream (Thornton & Ross Ltd)	gram	USE AS A SOAP SUBSTITUTE.		13/07/2018		22/10/2018

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED		22/10/2018		22/10/2018
Prednisolone 5mg tablets	tablet	4 PER DAY FOR 5 DAYS		22/10/2018		22/10/2018
Ibuprofen 5% gel	gram	APPLY THREE TIMES DAILY TO TH[more]		28/09/2018		28/09/2018
Co-amoxiclav 500mg/125mg tablets	tablet	TAKE ONE TABLET THREE TIMES DAILY		21/08/2018		21/08/2018

Additional information

Smoking history (Encounters):Current smoker

Date recorded:24-May-2018

Alcohol history (Encounters):Alcohol intake within recommended sensible limits

Date recorded:24-May-2018

Exercise history (Encounters):Enjoys moderate exercise

Date recorded:24-May-2018

NHS Lothian - Imaging Request

Referral To	Lauriston Buildings Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	29/01/2019
Date submitted	29/01/2019

<u>PATIENT DETAILS</u>		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Mobile) : 07857674490
Name:	MS SHARON STEVENS	EDINBURGH	
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

<u>REFERRING PRACTITIONER DETAILS</u>		Practice address
Name:	Dr. Ian Burns-Brown (GMC: 2546173)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: Thank you for seeing this 43 yr old lady who smokes approx. 20 cigarettes daily for 20 years. She describes an ongoing cough for the past 5 weeks

CLINICAL INFORMATION

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
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Chronic Cough :	true	
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Please provide smoking status : Smoker

Could the patient be pregnant? : Yes

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Throat LI ENT - Throat
Urgency of referral	Routine
Date of referral	24/06/2021
Date submitted	24/06/2021
UCPN	101023700604Z

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07857674490
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Jennie Ling (GMC: 6024481)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Intermittent throat pain, difficulty swallowing, food sticking

Main Referral Text: This lady presents with a few years of intermittent throat discomfort. She also reports "throat closing over" and at times food sticking in her throat. She is a smoker. Otherwise well.

Nil to find on Ex

Thank you for seeing her

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Calculator-estimated RISK: : 0.07		

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault		# nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Emergency caesarean section	girl		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Trazodone 150mg tablets	tablet	1 TABLET DAILY AT NIGHT		04/11/2020		04/06/2021

Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY	04/11/2020	10/05/2021
Propranolol 160mg modified-release capsules	capsule	1 CAPSULE ONCE A DAY	04/11/2020	04/06/2021
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED	06/01/2021	10/05/2021
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]	29/04/2019	04/11/2020

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		24/06/2021		24/06/2021
Topiramate 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT		23/06/2021		23/06/2021
Topiramate 25mg capsules	capsule	ONE TABLET AT NIGHT FOR ONE W[more]		13/05/2021		13/05/2021
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT		10/05/2021		10/05/2021
Propranolol 160mg modified-release capsules	capsule	1 CAPSULE ONCE A DAY		04/11/2020		10/05/2021
Trazodone 150mg tablets	tablet	1 TABLET DAILY AT NIGHT		04/11/2020		10/05/2021
Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY		04/11/2020		10/05/2021

Additional information

Patient Blood Pressure (Systolic):110	
Patient Blood Pressure (Diastolic):70	
Smoking history (Screening):Cigarette smoker	Date Recorded:24-Jun-2021
Smoking history (Encounters):Cigarette smoker	Date Recorded:24-Jun-2021
Alcohol history (Screening):Alcohol intake within recommended sensible limits	Date Recorded:24-May-2018
Alcohol history (Encounters):Alcohol intake within recommended sensible limits	Date Recorded:24-May-2018
Exercise history (Screening):Enjoys moderate exercise	Date Recorded:24-May-2018
Exercise history (Encounters):Enjoys moderate exercise	Date Recorded:24-May-2018

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Lauriston Buildings Clinical Radiology L Radiology Walk in
Urgency of referral	Urgent
Date of referral	08/11/2021
Date submitted	08/11/2021
UCPN	1010248030045

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07857674490
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr Martin Slattery (GMC: 7151479)	145 PLEASANCE
Practice:	St Leonards Medical Centre	EDINBURGH
Phone:	Voice : 01316684547	EH8 9RU

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for request: several days of left lower chest pain, constant. No concerning features but would like to exclude underlying lung pathology

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chest/Shoulder pain :	true	
Please provide smoking status :	Non-Smoker	
Could the patient be pregnant? :	Blank	

Radiology Walk In is available Monday to Friday as follows:

Signature of requesting doctor	Designation	Date
Lauriston Building		8:30am - 4:00pm
Leith Community Treatment Centre		8:30am - 4:00pm
Midlothian Community Hospital		9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)		8:30am - 4:00pm
Royal Hospital for Sick Children - Children Only		9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh		9:00am - 4:30pm
St John's Hospital		8:30am - 5:00pm
Western General Hospital		8:00am - 5:00pm (Main xray Department)

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Throat LI ENT - Throat
Urgency of referral	Routine
Date of referral	28/02/2022
Date submitted	28/02/2022
UCPN	101025685170M

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07857674490
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Allison Thomas (GMC: 3680186)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Intermittent fb sensation

Main Referral Text: This lady was referred previously but as she works alternate weekends was unable to accept the short notice appointments offered.
As her symptoms are on going would it be possible to offer her an appointment further ahead to allow her to rearrange work shifts.
She is a smoker but examination is normal
many thanks
Allison Thomas

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Calculator-estimated RISK: : 0.06		

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault	#	nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Emergency caesarean section	girl		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Propranolol 80mg modified-release capsules	capsule	1 CAPSULE ONCE A DAY		08/11/2021		08/11/2021

Trazodone 150mg tablets	tablet	1 TABLET DAILY AT NIGHT	04/11/2020	02/02/2022
Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY	04/11/2020	06/07/2021
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED	06/01/2021	02/02/2022
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]	29/04/2019	06/07/2021

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Prochlorperazine 5mg tablets	tablet	ONE THREE TIMES A DAY AS REQU[more]		28/02/2022		28/02/2022
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT		28/02/2022		28/02/2022
Dovonex 50micrograms/g ointment (LEO Pharma)	gram	APPLY TWICE A DAY		28/02/2022		28/02/2022
Fucibet cream (LEO Pharma)	gram	APPLY TO THE AFFECTED AREAS MANE		14/02/2022		14/02/2022
Betnovate 0.1% ointment (GlaxoSmithKline UK Ltd)	gram	APPLY AT NIGHT		14/02/2022		14/02/2022
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT		03/02/2022		03/02/2022
Doxycycline 100mg capsules	capsule	TAKE ONE CAPSULE TWICE A DAY [more]		24/01/2022		24/01/2022
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT		20/12/2021		20/12/2021

Additional information

Patient Blood Pressure (Systolic):110

Patient Blood Pressure (Diastolic):70

Smoking history (Screening):Cigarette smoker

Date Recorded:01-Feb-2022

Smoking history (Encounters):Cigarette smoker

Date Recorded:01-Feb-2022

Alcohol history (Screening):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Alcohol history (Encounters):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Exercise history (Screening):Enjoys moderate exercise

Date Recorded:24-May-2018

Exercise history (Encounters):Enjoys moderate exercise

Date Recorded:24-May-2018

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Respiratory Physiology LI L Primary Care Spirometry
Urgency of referral	Routine
Date of referral	13/08/2024
Date submitted	13/08/2024
UCPN	101033892819Y

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07935747222
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Jennie Ling (GMC: 6024481)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Chronic cough

Main Referral Text: Smoker. Chronic cough with occ SOB and wheeze. Chest clear

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Has patient had previous spirometry? :	No	
Are any specific infection control measures required? :	No	
I authorise any required tests for this patient, including all required medicines for the test to be administered by qualified NHS Staff? :	true	
If asthma is suspected, I authorise the Respiratory Physiologist to proceed to a Challenge test if deemed appropriate. This involves inhalation of a maximum cumulative dose of 635mg Mannitol as per protocol? :	Yes	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault		# nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Emergency caesarean section	girl		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		02/08/2024
Trazodone 50mg capsules	capsule	1 CAPSULE AT NIGHT, PLEASE MA[more]		17/02/2023		02/08/2024

Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY	04/11/2020	02/08/2024
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED	06/01/2021	02/08/2024
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]	29/04/2019	02/08/2024

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Salbutamol 100micrograms/dose inhaler CFC free	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		13/08/2024		13/08/2024
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT.		02/08/2024		02/08/2024
Ibuprofen 5% gel	gram	APPLY THREE TIMES DAILY TO TH[more]		06/06/2024		06/06/2024

Additional information

Patient Weight in Kilograms:70.8

Patient Height in Metres:1.62

Patient BMI:26.9

Patient Blood Pressure (Systolic):111

Patient Blood Pressure (Diastolic):77

Smoking history (Screening):Cigarette smoker

Date Recorded:13-Aug-2024

Smoking history (Encounters):Cigarette smoker

Date Recorded:13-Aug-2024

Alcohol history (Screening):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Alcohol history (Encounters):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Exercise history (Screening):Enjoys moderate exercise

Date Recorded:24-May-2018

Exercise history (Encounters):Enjoys moderate exercise

Date Recorded:24-May-2018

NHS Lothian - Referral Letter

Referral To	Leith Community Treatment Centre Locality Minor Surgery Service LI Leith Minor Surgery
Urgency of referral	Routine
Date of referral	17/10/2024
Date submitted	17/10/2024
UCPN	101034519498A

PATIENT DETAILS		Contact Details	
CHI number:	2312751208	4-5 NEW ARTHUR PLACE	Voice (Home) : 0131 574 0257
Name:	MS SHARON STEVENS	EDINBURGH	Voice (Mobile) : 07935747222
Date of birth:	23/12/1975	EH8 9TH	
Sex:	Female		

REFERRING PRACTITIONER DETAILS		Practice address
Name:	Dr. Allison Thomas (GMC: 3680186)	145 Pleasance
Practice:	St Leonard's Medical Centre (70841)	Edinburgh
Phone:	Voice : 0131 668 4547	EH8 9RU

CLINICAL INFORMATION

Reason for Referral: Large seb cyst

Main Referral Text: This lady has a large seb cyst on her scalp which is clearly visible above the level of her hair, It measures 4cm diameter.
I think it warrants removal
many thanks
Allison Thomas

Investigations

<u>Description</u>	<u>Result</u>	<u>Date</u>
Presumed Nature of lesion :	Seb cyst	
Site :	scalp	
Size :	4cm diameter and significant elevation	
Distressing Pain :	No	
Recurrent Trauma :	No	
Bleeding :	No	
Recurrent Infection :	No	
Severe Psychological Distress :	Yes	

Pre-existing conditions (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
Victim of domestic abuse			21/03/2018	21/03/2018
Spontaneous abortion			05/08/2017	05/08/2017
Anxiety with depression			03/04/2013	03/04/2013
[X]Assault		# nose. Further assault in ? feb 2018	01/01/2010	01/01/2010
Fibroadenoma of breast		left	06/10/2003	06/10/2003
[M] Spitz naevus		Right calf - no sign of malignancy	28/04/1999	28/04/1999
Spontaneous vaginal delivery		Boy	15/02/1995	15/02/1995

Past procedures (High and Medium Priority)

<u>Procedure</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date Performed</u>	<u>Date Recorded</u>
Emergency caesarean section	girl		22/06/1998	22/06/1998

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]		29/04/2019		17/10/2024
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED		06/01/2021		17/10/2024
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		17/10/2024
Mebeverine 135mg tablets	tablet	1 TABLET THREE TIMES A DAY		04/11/2020		17/10/2024

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

<u>Drug name</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT.		17/10/2024		17/10/2024
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		02/08/2024
Ibuprofen 5% gel	gram	APPLY THREE TIMES DAILY TO TH[more]		24/09/2024		24/09/2024
Naproxen 500mg tablets	tablet	ONE TABLET TWICE DAILY. STOP [more]		24/09/2024		24/09/2024
Salbutamol 100micrograms/dose inhaler CFC free	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		06/09/2024		06/09/2024
Salbutamol 100micrograms/dose inhaler CFC free	dose	1 TO 2 PUFFS UP TO FOUR TIMES[more]		13/08/2024		13/08/2024
Trazodone 50mg capsules	capsule	1 CAPSULE AT NIGHT, PLEASE MA[more]		17/02/2023		02/08/2024
Trazodone 100mg capsules	capsule	1 CAPSULE AT NIGHT		04/11/2020		02/08/2024
Chlorphenamine 4mg tablets	tablet	1 TABLET AT NIGHT.		02/08/2024		02/08/2024
Dermol 500 lotion (Dermal Laboratories Ltd)	ml	AS DIRECTED		06/01/2021		02/08/2024
Hydromol ointment (Alliance Pharmaceuticals Ltd)	gram	USE AS A SOAP SUBSTITUTE AND [more]		29/04/2019		02/08/2024

Additional information

Patient Weight in Kilograms:70.8

Patient Height in Metres:1.62

Patient BMI:26.9

Patient Blood Pressure (Systolic):111

Patient Blood Pressure (Diastolic):77

Smoking history (Screening):Cigarette smoker

Date Recorded:13-Aug-2024

Smoking history (Encounters):Cigarette smoker

Date Recorded:13-Aug-2024

Alcohol history (Screening):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Alcohol history (Encounters):Alcohol intake within recommended sensible limits

Date Recorded:24-May-2018

Exercise history (Screening):Enjoys moderate exercise

Date Recorded:24-May-2018

Exercise history (Encounters):Enjoys moderate exercise

Date Recorded:24-May-2018

Radiology Reports

1/

WESTERN GENERAL HOSPITAL

Radiology Report

Patient Name:	Stevens Sharon MISS	Report Date:	26-Jun-2013 14:54
Patient ID:	2312751208	Accession No.:	S110002921400
Patient Birth Date:	23-Dec-1975	Report Status:	F
Referring Physician:	External Referrer	Reason For Study:	

Clinical details

Alleged assault 16/6/13, fell backwards onto kerb, hit back of head. Incident under investigation by police. Left A\T\E before being seen. Bogy tender swelling right parietal area, ongoing dizziness and headache. ? fracture. / Skull

Report

Skull: No fracture identified.

DB/LM

Reported by :

2nd Report by :

Verified by : *Dr Domyenyk Brown*

Produced by Carestream Health PACS

- **Patient Name:** *Stevens Sharon*
- **Patient ID:** *620012470M*
- **Issuer of Patient ID:** *LPID_SI*
- **Patient Birth Date:** *23-Dec-1975*
- **Accession No.:** *S310006967660*
- **Reason for study:**
- **Report Date:** *04-Aug-2017 14:37.02*
- **Report Status:** *F*

Clinical details

US Retained Products US Gynaecology Pelvis (TV)

P2+1 Attended Ward 210 2/8/17 with pv loss and crampy pains , clots ? POC removed . HCG 1379 u/l Still clotty loss and crampy pains ? RPOC

Report

There is an area of mixed echogenicity within the endometrial cavity of the uterus.

The appearances are most likely consistent with blood clot/RPOC ? AP = 9mm.

Both ovaries appear normal.

Ectopic pregnancy not excluded.

Radiologist : *Dr. Sarah Scott*

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Miss)	Report Date:	11/11/2021 10:44:00
Patient ID:	2312751208	Accession No.:	S310011187424
Patient Birth Date:	23/12/1975	Report Status:	A
Referring Physician:	RADEX External Referrer	Reason For Study:	

Report

Clinical History

several days of left lower chest pain, constant. No concerning features but would like to exclude underlying lung pathology / Chest

6032649 11/11/2021 XR Chest

No previous imaging for comparison.

Normal heart size and mediastinal contours.

The lungs are clear.

No pleural effusions.

Unremarkable bony thorax.

Dr Joanna Davis. GMC: 7133977
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Ms)	Report Date:	08/04/2024 08:28:00
Patient ID:	2312751208	Accession No.:	S310013883769
Patient Birth Date:	23/12/1975	Report Status:	D
Referring Physician:	KB2 Kevin Baker	Reason For Study:	

Report

Clinical History

Pounded and kicked to face, BT L mandible /TMJ

8175052 06/04/2024 XR Mandible

8175053 06/04/2024 XR Orthopantomogram

No fracture seen. Normal bony alignment.

Marie Gibson. HCPC: RA37992
Consultant Radiographer

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Ms)	Report Date:	08/04/2024 08:28:00
Patient ID:	2312751208	Accession No.:	S310013883779
Patient Birth Date:	23/12/1975	Report Status:	D
Referring Physician:	KB2 Kevin Baker	Reason For Study:	

Report

Clinical History

Pounded and kicked to face, BT L mandible /TMJ

8175052 06/04/2024 XR Mandible

8175053 06/04/2024 XR Orthopantomogram

No fracture seen. Normal bony alignment.

Marie Gibson. HCPC: RA37992

Consultant Radiographer

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Ms)	Report Date:	08/05/2025 09:36:00
Patient ID:	2312751208	Accession No.:	S110015128720
Patient Birth Date:	23/12/1975	Report Status:	D
Referring Physician:	GM10 Graham R Monro	Reason For Study:	

Report

Clinical History

Severe pain RUQ and Epigastrium, Very tender on palpation - Vomiting for 3 days ? Perforation

9169393 08/05/2025 XR Abdomen

Faecal loading of the colon but no obstruction or perforation.

Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Ms)	Report Date:	08/05/2025 09:35:00
Patient ID:	2312751208	Accession No.:	S110015128703
Patient Birth Date:	23/12/1975	Report Status:	D
Referring Physician:	GM10 Graham R Monro	Reason For Study:	

Report

Clinical History

Vomiting since sunday, SOB, Cough with wite frthy sputum, No obvious fevers, Crackles in right mid zone ? RTI

9169381 08/05/2025 XR Chest

Normal heart and mediastinal contours. Lungs clear with normal pulmonary vascularity.

Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

Radiology Report

Patient Name: Stevens, Sharon (Ms)
Patient ID: 2312751208
Patient Birth Date: 23/12/1975
Referring Physician: KCVL1 Dr Keegan Chua Vi Long

Report Date: 19/05/2025 09:37:00
Accession No.: S110015162983
Report Status: D
Reason For Study:

Report

Clinical History

49F with 2/52 vomiting and reduced bowel movement and pyrexia. Previous C section. OE Distended abdomen and mild tenderness on Rt side. CT AP for ?obstruction and causes of pyrexia.

9196100 18/05/2025 CT Abdomen/Pelvis With Contrast

CT abdomen/pelvis portal venous phase.
 No relevant previous imaging for comparison.

Large perforation of what is felt to be the first part of the duodenum immediately distal to the pylorus (see key images) with leakage of enteric contents into the liver capsule.
 No free fluid or pneumoperitoneum.
 Liver appears normal.
 Normal appearances of the portal vein.
 Normal gallbladder and biliary tree.

Mesenteric fat stranding and reactive nodes in the right upper quadrant. Mild reactive thickening of the adjacent hepatic flexure.
 Normal appearances of the remainder of the small and large bowel.
 Normal appendix.

Normal spleen, pancreas, adrenals, and kidneys.
 17mm lower density lesion from the posterior aspect of the the uterine fundus is presumed to be a fibroid.
 Normal ovaries.
 Normal urinary bladder.

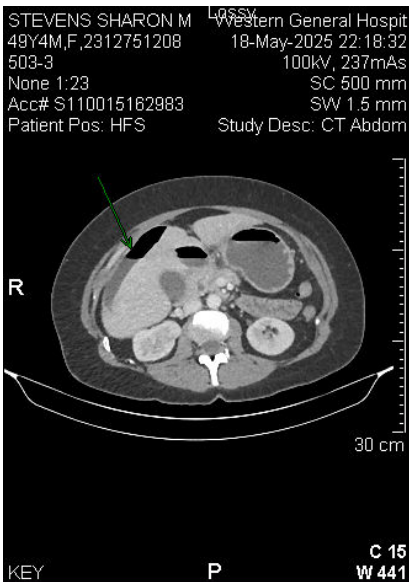
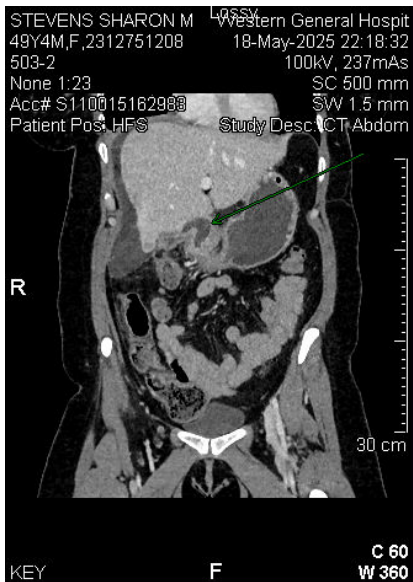
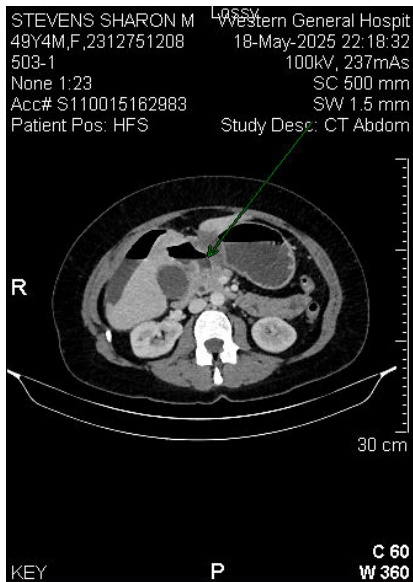
Lung bases are clear.
 Normal bones.

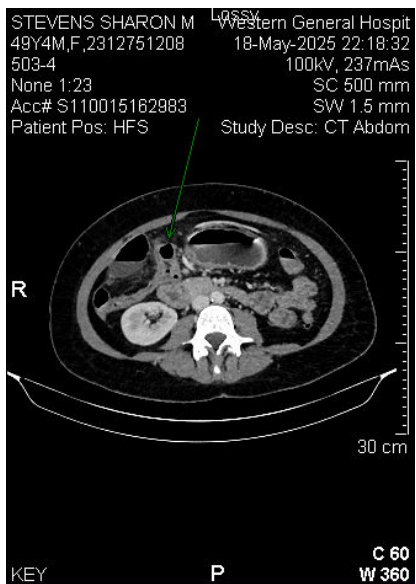
Opinion:

Large perforation of the first part of the duodenum immediately distal to the pylorus with leakage of enteric contents into the liver capsule. No free fluid or gas elsewhere. Please see key images.
 Mild reactive changes in the hepatic flexure

Findings of upper GI perforation on initial review conveyed verbally to Dr Chua at 22.45.

 Dr Rachel Blacow, GMC: 7582278
 Radiology Registrar
 Checked by Dr Alastair Matthews, Consultant Radiologist.





Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Stevens, Sharon (Ms)	Report Date:	16/06/2025 17:55:00
Patient ID:	2312751208	Accession No.:	S310015166816
Patient Birth Date:	23/12/1975	Report Status:	D
Referring Physician:	MS264 Dr Morven Stewart	Reason For Study:	

Report

Clinical History

49 y/o, post op from duodenal perf repair. CVC inserted in theatre. to check CVC position please

9198886 19/05/2025 XR Chest

AP erect film. Normal heart size. Right internal jugular line in situ with tip projected over upper right atrium. Patchy right basal air space opacification consistent with atelectasis. Lungs otherwise clear. Surgical clips projected over upper abdomen.

Prof John Murchison. GMC: 2958301
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

Clinical Notes

Department of Gynaecology

Dr McCulloch
Summerside Medical Practice
Summerside Medical Centre
29b Summerside Place
Edinburgh
EH6 4NY

Date First Created 02/08/2017
Date Authorised
Date/Time Printed 02/08/2017 06:14
Our Ref 620012470M
CHI 2312751208

Patient:	Miss Sharon Stevens 149a/14 Lochend Road Bethlehem Way Edinburgh EH7-6ET	UHPI:	620012470M
		Date of Birth:	23/12/1975
Clinic Code:		Attendance Date:	
Specialty:	Gynaecology		
Consultant:	Gynaecology Consultant		

Gynaecology

Prof HOD Critchley
Prof RA Anderson
Prof AW Horne
Dr GB Anthony
Dr JI Chamberlain
Dr C Busby-Earle
Dr S Cameron
Dr AJ Campbell
Dr MA Congiu
Dr E Doubal
Dr WC Duncan
Dr P Dewart
Dr KP Edgar
Dr S Fegan
Dr S Jack
Dr CW Martin
Dr N Mary
Dr S Milne
Dr KI Munro
Dr S Nicholson
Dr K Rose
Dr CCK Tay
Dr KJ Thong
Dr CP West

Dear Dr McCulloch,

DIAGNOSIS: ?inevitable miscarriage

Your patient was reviewed in Gynaecology triage, RIE on 2/8/17. She presented with an almost 3 day history of PV bleeding at a gestation of approximately 9 weeks (LMP end of May - exact date unknown). Bleeding approximately as heavy as a period. On day she was seen, she had passed a large clot at home. This bleeding had been associated with lower abdominal cramping and sharp pains. The bleeding has settled slightly since passing the large clot. She also complained that her PV bleeding was slightly smelly although this was not noticed on examination.

On examination she had some lower abdominal tenderness, although no worse on palpation. Pelvic examination revealed an open os, with a small amount of, what appeared to be, pregnancy tissue seen in the os. This was removed. There was a small amount of bleeding. Bimanual examination confirmed an open os but was otherwise unremarkable. Swabs were taken.

I explained to Ms Steven that she was likely having a miscarriage. She signed a sensitive disposal form. I advised her not to return to work that evening.

INVESTIGATIONS:

Pelvis USS: ?to be done in PSC
Bloods: WCC 12.6, Hb 144, HCG 1379
High vaginal and endocervical swabs (results outstanding)
MSU (results outstanding) - urinalysis leuc +, prot + blood +++

CHANGES TO MEDICATIONS:

Nil

Outpatient Clinic Letter

Cont'd...

Ref: 620012470M

Patient Name: Miss Sharon Stevens

FOLLOW-UP:

Referred to Pregnancy Support Centre where she will also need a repeat G&S as the initial sample was unfortunately labelled incorrectly.

Should you require any further information please contact Gynae Triage, Simpsons Centre for Reproductive Health, RIE. (0131 242 2551)

Information in this letter has been discussed with the patient.

Yours sincerely,

Staff name: Dr A Sheldon
Grade: GPST2
Consultant on-call: Dr S Jack

Department of Gynaecology

Dr McCulloch
Summerside Medical Practice
Summerside Medical Centre
29b Summerside Place
Edinburgh
EH6 4NY

Date First Created 09/10/2015
Date Authorised 12/10/15
Date/Time Printed 09/10/2015 17:28
Our Ref 620012470M
CHI 2312751208

Patient:	Miss Sharon Stevens	UHPI:	620012470M
	149a/14 Lochend Road Bethlehem Way Edinburgh EH7 6ET	Date of Birth:	23/12/1975
Clinic Code:		Attendance Date:	
Specialty:	Gynaecology		
Consultant:	Gynaecology Triage		

Gynaecology

Prof HOD Critchley
Prof RA Anderson
Prof AW Home
Dr GB Anthony
Dr GJ Beattie
Dr B Brady
Dr C Busby-Earle
Dr S Cameron
Dr AJ Campbell
Dr E Doubal
Dr WC Duncan
Dr P Dewart
Dr KP Edgar
Dr S Fegan
Dr S Jack
Dr CW Martin
Dr N Mary
Dr S Milne
Dr S Nicholson
Dr K Rose
Dr CCK Tay
Dr KJ Thong
Dr CP West
Dr MA Congiu

Dear Dr McCulloch,

DIAGNOSIS: Review of Bartholin's Abscess

Your patient was reviewed in Gynaecology triage, RIE on 07/10/15 for Bartholin's abscess on day 25 following word catheter insertion. Her symptoms had resolved, she was satisfied with the outcome of the word catheter procedure. The word catheter was still in situ, therefore it was removed under sterile technique and there appeared to be no residual abscess or cellulitis.

CHANGES TO MEDICATIONS: Nil

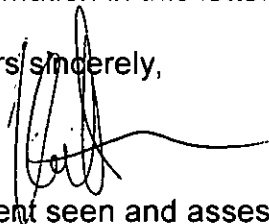
FOLLOW-UP:

Discharge to care of GP

Should you require any further information please contact Gynae Triage, Simpsons Centre for Reproductive Health, RIE. (0131 242 2551)

Information in this letter has been discussed with the patient.

Yours sincerely,



Patient seen and assessed by Dr Isi Okolo ST2

Outpatient Clinic Letter

Cont'd...

Ref: 620012470M

Patient Name: Miss Sharon Stevens

Discharged letter written by Dr Katrina Catton FY2

Lothian Unscheduled Care Service

Gynae Ward 210

Date: Wednesday 9-Sep-15

Agency Phone No.

0131 242 2101

Patient Name: Sharon Stevens

Sex: F

Date of Birth: 23-Dec-1975

Age: 39 years

Address: 149A/14 Lochend Road

Own Doctor: Mitchell, M

Surgery: Provider Group

Edinburgh

EH7 6ET

Home Tel:

Case Origin: NHS24

Case Number: 68118

Caller Name: Craig

Tel:

Case Priority: Routine (Not Urgent)

Reported Condition:

Receive Time:

Operator:

NHS 24 PMH:

NIL

Latest Consultation Details

Consulted By: Findlay, F (Nurse)

Cons. Begin: 5:46 AM

aware of slight discomfort in last week or two in vaginal area. noticed a marble sized swelling end of last week, became more swollen and marked increase in discomfort in last 24 hours attended GP Monday and commenced coamoxiclav tds.

Cons. Finished: 6:03 AM

has taken maximum analgesia with no relief

no urinary symptoms

normally well

no allergies

Examination Details:

R sided posterior vaginal wall swelling extends approx 7cm in length and 3cm in width fairly tense.

temp 37.0C pulse 87 resp 16 B/P 113/75

d/w gynae on call

will review on ward 210

thank you

Clinical Codes:

R090G [D] Pelvic and perineal pain

Prescription Items:

Diagnosis:

R Bartholin's abscess

ECS Lookup Details

Provider

Accessed 09/09/2015 03:43:57

Allergy Information

Prescription Information

Co-amoxiclav 250mg/125mg tablets-1 TABLET THREE TIMES A DAY- Repeat Prescription Prescription Date: 2015-09-07

Daktacort ointment (Janssen-Cilag Ltd)-APPLY TWICE A DAY- Repeat Prescription Prescription Date: 2015-08-19

Canesten HC cream (Bayer Plc)-APPLY TWICE DAILY- Repeat Prescription Prescription Date: 2015-08-19

Varenicline 1mg tablets and Varenicline 500microgr-AS DIRECTED- Repeat Prescription Prescription Date: 2015-06-22

Hydroxyzine 10mg tablets-1 AT NIGHT- Repeat Prescription Prescription Date: 2015-06-19

Mometasone 0.1% cream-APPLY THINLY ONCE DAILY- Repeat Prescription Prescription Date: 2015-03-18

Flucloxacillin 250mg capsules-1 CAPSULE FOUR TIMES A DAY- Repeat Prescription Prescription Date: 2015-03-18

Amitriptyline 25mg tablets-1 TABLET(S) AT NIGHT- Repeat Prescription Prescription Date: 2015-03-18

Dermol 500 lotion (Dermal Laboratories Ltd)-AS SOAP SUBSTITUTE AND APPLY TO BODY WHEN REQUIRED Prescription



Lothian Unscheduled Care Service

Date: 2014-08-27

E4S cream (Forum Health Products Ltd)-APPLY AS REQUIRED Prescription Date: 2014-12-08

Hydrocortisone 1% cream-APPLY AS DIRECTED SPARINGLY AT NIGHT Prescription Date: 2014-12-08

Agency Comments

etc notes req.




Immediate Outpatient Letter

Serial number..... **229982**

IN CONFIDENCE

Hospital: *GLT* Department: *EYUAE* Consultant: *EACRZ*

Name and address of General Practitioner <i>Summerside Medical Centre</i>	Mr/Mrs/Miss _____ . Unit No.:
	620012470M F
	Surn STEVENS Sharon of Birth:
	23-Dec-75 CHI:231 275 1208
	70747 GJ McCulloch
First 149a/14 Lochend Road	
Add EH7 6ET	
	
Weight (where applicable) _____	

Your patient attended the clinic on: *9/9/15*

Recommendations/comments:
30th

Follow-up advice: To attend hospital for further review in *3 weeks*

To attend GP surgery Y / N

Follow-up required Y / N

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times	Additional Instructions (including length of treatment course)	Quantity to be provided *	LJF **	Dispensed/ Issued by:	Checked by:
<i>1. FULVICOXACILIN</i>	<i>500mg</i>	<i>twice daily</i>	<i>10 days</i>	<i>(28)</i>	<input checked="" type="checkbox"/>	<i>Naughton</i>	
<i>2. LC - (LACTULOSE)</i>	<i>15g</i>	<i>once daily</i>	<i>10 days</i>	<i>10</i>	<input checked="" type="checkbox"/>		
3.							
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.
 ** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by: *[Signature]* (sign) Date: *9/9/15*
[Print Name] (print)

Contact for advice: _____ Tel/bleep no. : _____

Department of Ear Nose and Throat

Dr Krauth
Summerside Medical Centre
29b Summerside Place
Edinburgh
EH6 4NY

Date First Created 23/11/2010
Date Authorised
Date/Time Printed 23/11/2010 15:56
Our Ref 620012470M
CHI 2312751208

Patient:	Miss Sharon Stevens 9/2 Trafalgar Street Edinburgh EH6 4DG	UHPI:	620012470M
		Date of Birth:	23/12/1975
Clinic Code:	ENT/MLM	Attendance Date:	03/11/2010
Specialty:	Ear Nose and Throat		
Consultant:	Dr ML Montague		

Consultants

Mr R Adamson
Mr M Armstrong
Mr A Bennett
Mr A Evans
Dr G MacDougall
Or M L Montague
Mr S Moralee
Mr A Sharma
Mr D W Sim
Mr G A Vernham
Mr A T Williams

Clinical Lead
Mr D W Sim

Dear Dr Krauth,

This lady has failed to attend the ENT clinic for review on two consecutive occasions since her attendance in March 2010. I have not arranged a further appointment at this time. Should the patient wish to be seen again please do not hesitate to re-refer her.

With kind regards.

Yours sincerely

M L Montague
Consultant ENT Surgeon
mlm/sck
23.11.10.

Secretary: Tel: 0131 536 3745 E-mail: sandra.knowles@luht.scot.nhs.uk

c.c. Miss Sharon Stevens
9/2 Trafalgar Street
Edinburgh
EH6 4DG

Outpatient Clinic Letter

Department of Ear Nose and Throat

Dr Krauth
Summerside Medical Centre
29b Summerside Place
Edinburgh
EH6 4NY

Date 19/04/2010
Our Ref 620012470M
CHI 2312751208

Patient:	Miss Sharon Stevens 9/2 Trafalgar Street Edinburgh EH6 4DG	UHPI:	620012470M
		Date of Birth:	23/12/1975
Clinic Code:	ENT/MLM	Attendance Date:	10/03/2010
Specialty:	Ear Nose and Throat		
Consultant:	Dr ML Montague		

ENT
Professor R P Mills
Mr R Adamson
Mr N Shine (Locum)
Secretary –
ann.burns@luht.scot.nhs.uk
0131 536 3740
Fax: 0131 536 3744

Dr G M MacDougall
Dr A I G Kerr (Locum)
Dr L Hadoura (Locum)
Secretary –
liz.hurrel@luht.scot.nhs.uk
0131 536 3742
Fax: 0131 536 3744

Mr A T Williams
Dr M L Montague
Dr S McCalfe (Locum)
Secretary
sandra.knowles@luht.scot.nhs.uk
0131 536 3745
Fax: 0131 536 3744

Mr D W Sim
(Lead Clinician)
Mr M Armstrong
Mr S J Moralec
Mr A Sharma
Secretary –
ann.pryde@luht.scot.nhs.uk
0131 536 3749
Fax: 0131 536 3757

Outpatient Appointments
0131-536 3730
Fax: 0131 536 3153

Inpatient Waiting List
Enquiries – St Johns
01506 523380

Audiology Department
0131 536 3737

Dear Dr Krauth,

Many thanks for your referral of Ms Stevens who is a 34 year old lady who attended the ENT clinic today. She sustained a nasal injury following an alleged assault at the end of January 2010 and after your initial urgent referral was assigned an appointment on the 9th of February. She stated today that she was unable to attend as she was unwell.

She was allegedly punched in the nose and kicked around the face by an unknown assailant. This alleged assault was not reported to the police. She is now complaining of a crooked nose and a bony hump. She has no frank nasal obstruction but the left side feels a little bit more congested than the right. She denies epistaxis. She also queried whether she may have obstructive sleep apnoea and she awakens at night several times gasping for breath. She is aware of this and it is also witnessed by her partner but she does not snore and there have been no witnessed apnoeas and no day time symptoms, in particular no day time somnolence.

An Epworth score today in the clinic was 1 and this lady's body mass index did not indicate obesity. She had a depressed left nasal bone fracture which was fixed and unfortunately beyond the time scale for manipulation under general anaesthesia. The caudal end of the septum was displaced into the left nasal cavity with deviation of the nasal septum into the left side also almost touching the lateral nasal wall.

I explained to Ms Stevens that unfortunately her healed nasal fracture is not amenable to manipulation under anaesthesia at this stage. She is keen however to consider septorhinoplasty surgery. I have indicated that we would ideally wait for at least six months following the nasal trauma in order to allow full healing and fibre scar tissue to stabilise. I have arranged clinical photography today and will arrange for Ms Stevens review in approximately six months time when we can reconsider her for septorhinoplasty.

Outpatient Clinic Letter

Cont'd...

Ref: 620012470M

Patient Name: Miss Sharon Stevens

I do not think there is any indication for a sleep study based on her current symptoms and today's Epworth score. I have asked Ms Stevens to ask her partner to monitor more closely for any witnessed apnoea and report these when she returns to the clinic.

With kind regards.

Yours sincerely

M L Montague
Consultant ENT Surgeon
mlm/sck
19.4.10.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

MUS

REFERRAL TO	
Ear, Nose \amp; Throat (ENT)CS L ENT - Urgent Only	
Lauriston Buildings (S374C) Lauriston Place Edinburgh EH3 9EN	
Urgency of referral	Urgent
Date of referral	04-Feb-2010
Date submitted	04-Feb-2010

PATIENT DETAILS		Address
Surname	Stevens	9 1F1 Trafalgar Street EDINBURGH EH6 4DG
Forename(s)	Sharon	
Title	Miss <input type="checkbox"/> Sex <input type="checkbox"/> Female <input type="checkbox"/>	
Date of birth	23-Dec-1975	
CHI no.	2312751208	
Previous Surname	Cairns	
Contact number(s)		
Voice : 077-06-28-87-41 07872340637		

REFERRING PRACTITIONER DETAILS		Practice address
Name	Dr. Guy Krauth	29B SUMMERSIDE PLACE EDINBURGH EH6 4NY
GMC code	423369S GP code 44636	
Practice name	SUMMERSIDE MEDICAL CENTRE (70747)	
Practice code	70747	
Contact number(s)		
Voice : 0131 554 3533		

9/2
10/3

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

Description: Nasal fracture

Comment: Dear Doctor This lady was assaulted approximately two weeks ago. She has bilateral black eyes and her nose is obviously fractured. I would be grateful if you would see her in the clinic for manipulation of her nasal bones.

InvestigationsDescription Result Date

Nasal Fracture with Deviation : Yes

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & Medium Priority)

<u>Description</u>	<u>Modifier</u>	<u>Extension</u>	<u>Start Date</u>	<u>Date Recorded</u>
[X]Depressive episode			25-Nov-2009	25-Nov-2009
Fibroadenoma of breast	Excised		02-Apr-2007	02-Apr-2007
Fibroadenosis of breast	Left		06-Oct-2003	06-Oct-2003
Caesarean delivery	Daughter		22-Jun-1998	22-Jun-1998

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

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>	<u>Last Prescribed Date</u>
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	01-Feb-2010		01-Feb-2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	01-Feb-2010		01-Feb-2010
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	26-Jan-2010		26-Jan-2010
Zopiclone	04.01.01.0	TABS 7.SMG	1 Tab	At night	14-Dec-2009		14-Dec-2009
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	14-Dec-2009		14-Dec-2009
Microgynon 30	07.03.01.0	TABS	1 Tab	In the morning	25-Nov-2009		25-Nov-2009
Fluoxetine	04.03.03.0	CAPS 20MG	1 Cap	Daily	25-Nov-2009		25-Nov-2009

Additional relevant information

Smoking history (Screening): Heavy smoker - 20-39 cigs/day , Date recorded: 7-Jun-2007

Patient Weight in Kilograms:0

Patient Height in Metres:0

Patient Blood Pressure (Systolic):100

Patient Blood Pressure (Diastolic):60

 Signature of referring doctor (or other professional) Date

Edinburgh Fertility and Reproductive
Endocrine Centre

Centre for Reproductive Health
Royal Infirmary of Edinburgh
Little France
Old Dalkeith Road
Edinburgh EH16 4SA



Ms Sharon Stevens
27/5 Bath Street
EDINBURGH
EH15 1HB

Clinic Date: 25.06.05
Letter typed: 01.06.05
Ref: KA/CJ
Direct Line: 0131 242 2444
Direct Fax: 0131 242 2447

Dear Sharon

It was a pleasure to meet you in the clinic recently. I now have the results of the test we performed. These show that all of your hormone levels are normal. You will recall that at the time we discussed that with your irregular periods and slight excess hair growth it is possible you may have polycystic ovaries although the scan did not show this. I therefore wanted to see the blood tests to see if there was any sign of raised testosterone levels. These were entirely normal and therefore it seems unlikely that you have polycystic ovarian syndrome but given that you have irregular periods and excess hair growth, Dianette would still be the most appropriate treatment. We will see you back in the clinic in 4 months time as previously arranged to see how you are getting on with this.

Yours sincerely

Dr Karen Adamson
SpR

e.e. Dr Caroline Myers, Portobello Surgery, 265 Portobello High St., Edinburgh

Edinburgh Fertility and Reproductive
Endocrine Centre

Centre for Reproductive Health
Royal Infirmary of Edinburgh
Little France
Old Dalkeith Road
Edinburgh EH16 4SA



Dr Caroline Myers
GP Locum
Portobello Surgery
265 Portobello High Street
EDINBURGH
EH15 2AW

Clinic Date: 25.05.05
Letter typed: 26.05.05
Ref: KA/CJ
Direct Line: 0131 242 2444
Direct Fax: 0131 242 2447

Dear Dr Myers

Sharon Stevens DOB 23.12.75 27/5 Bath Street, Edinburgh

Thank you for referring this 29 year old girl with oligomenorrhoea. She had her menarche at aged 11 and had regular cycles when younger. She has two children aged 10 and 6. She used Depo Provera in between the two pregnancies and had no difficulty in conceiving after stopping this and regained regular cycles very quickly. She then went back on to Depo Provera following the birth of her second child and stopped this at the end of December 2002 and went on to the oral contraceptive pill for a few months. After stopping this in early 2003 she has had erratic periods which occur 2-3 monthly and she can bleed anything from a few days up to a week. In addition she has noticed some weight gain since stopping the pill and development of hirsutism on her chin and abdomen. There is no past medical history of note and she is on no medication. She tells me that she developed glycosuria during her second pregnancy but required no treatment for this. There is no family history of diabetes.

On examination her BMI was 25 and there was some mild hirsutism on her abdomen. We discussed the fact it is most likely that she has polycystic ovarian syndrome today. She had a scan which did not show particularly polycystic ovaries but there was evidence of her having recently ovulated. I have checked her bloods today including her testosterone. As her main problem at present is her oligomenorrhoea and hirsutism the most appropriate treatment would seem to be Dianette. We discussed this today and she has taken her first packet away with her to start on the first day of her next period. I would be most grateful if you could continue the prescription for this and we will see her in four months time to see how she is getting on. She was most keen to know the results of her investigations so I said I would write to her in due course with these results.

Kind regards.

Yours sincerely

PP 
BMA Lic
GPR

Dr Karen Adamson
SpR

620012470M.

F.

Hospital Use only	Clinic	Day Date	Time	Hospital No:
-------------------	--------	----------	------	--------------

Ambulance required?

No

~ REFERRAL LETTER ~

- Medical in Confidence -

REFERRAL TO:

--	New Royal Infirmary Little France Old Dalkeith Road Edinburgh EH16
Gynaecology	
Hosp email:	
Hospital Unit No:	

URGENCY OF REFERRAL:

Routine

PATIENT DETAILS:

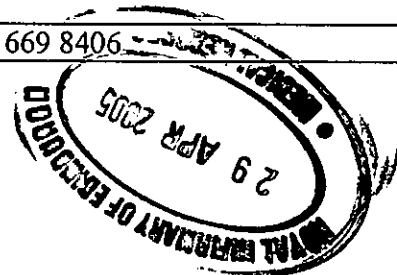
Stevens	27-5 Bath Street Portobello Edinburgh
Sharon	
Previous surnames:	
Title: Miss	
Female	
23/12/1975	
2312751208	

REFERRING PRACTITIONER DETAILS:

DR CAROLINE MYERS GP LOCUM	Portobello Surgery 265 Portobello High Street EDINBURGH EH15 2AW
Tel: 0131 669 8406	
Fax: 0131 669 7149	

REGISTERED GP DETAILS:

Dr A CONNAN	Portobello Surgery 265 Portobello High Street EDINBURGH EH15 2AW
Practice No: 70639	
GP No: S44181	
Fax: 0131 669 7149	Tel: 0131 669 8406



5 - MAY 2005

Re p ends app

History of Presenting Complaint

Reason for Referral (& Expectation of Outcome)

I would be grateful if you could see this 29 year old para 2+0 lady who has a two year history of oligomenorrhoea.

Since stopping Depo-Provera and secondary infertility, her menstrual cycles are occurring every two to three months and are much shorter than usual, lasting only two to three days. She has noticed some weight gain and an increase in hair growth over the same period. Her main concern is of not being able to conceive. Her two children aged ten and seven are from a previous relationship.

On examination the cervix looked healthy with a parous os. Vaginal examination was difficult due to discomfort. I could detect no particular uterine or adnexal abnormalities and swabs have been taken. I have also asked her to come in for some endocrine blood tests.

I wonder if she has polycystic ovarian syndrome. I am grateful for your opinion and further management

Past Medical History

Left breast fibroadenoma

Current and Recent Medication

Nil

Clinical Warnings (eg allergies blood-borne viruses)

Additional Relevant Information

Smoking

Current smoker (07/01/05)

Alcohol

Yours sincerely



DR CAROLINE MYERS

GP LOCUM

28 April 2005

OUTPATIENT CLINICAL NOTES

File in alphabetical order of speciality.

Notes relating to each speciality should be filed in strict chronological order.

LATEST ENTRY AT THE BACK

Colour Codes (striped)

Gynaecology	-	Orange
Medical	-	Green
Orthopaedics	-	Yellow
Psychiatry	-	Blue
Surgical	-	Pink

Please note the following

Entries must be legible

Dated and signed

Have name and designation of signatory

Each sheet should have a patient ID label attached



1 2 3 4 5

7/10/15

620012470M F 23/12/1975
Stevens, Sharon
9/2 Trafalgar Street,
Edinburgh,
Midlothian,
EH6 4DG
CHI 2312751208
70747 GA Krauth

BARTHOLIN'S ABSCESS/CYST FOLLOW-UP PROFORMA

Emergency Gynaecology Nurse telephone follow-up day 23-25

- Have symptoms resolved? Yes/No
- Was further treatment required? Yes/No
- Is patient satisfied with outcome? Yes/No

Any further comments:
Very delighted about avoiding CA!

Is Word catheter still in situ? Yes/No

If No, when did it fall out/ removed? *N/A*

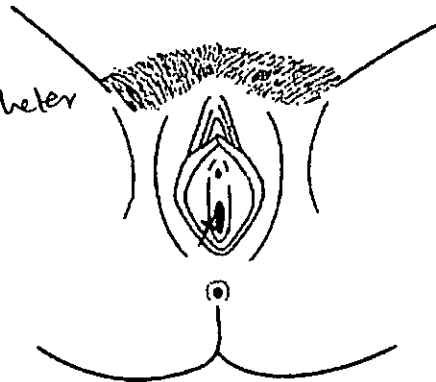
- Have symptoms resolved? Yes/No
- Was further treatment required? Yes/No
- Was patient satisfied with outcome? Yes/No
- Any further comments:

If Yes, arrange review on Gynaecology Emergency Clinic for removal by last date of removal

- Date and time of removal *7.10.15 14:30*
- Name and grade of doctor *OKAW ST 2/ consultant*

Procedure:

- *Sterile technique*
- *2.5ml water aspirated from catheter*
- *No residual abscess / cellulitis*



Volume of saline removed from balloon (max 3ml) *2.5 ml*

Patient pain score *0/10* |-----| 10

*Please ensure two copies of the proforma are completed
(Original to be filed in patient's notes and photocopy to be added to audit file)*

EMERGENCY REFERRAL TO GYNAECOLOGY

ALL DETAILS TO BE COMPLETED

REFERRAL DATE: 09/09/15 TIME: 06.10 hrs CONSULTANT ON CALL: EMB.

REFERRAL FROM <i>Please tick</i>	GP	FPC	A&E	GENERAL SURGEONS	OTHER: <i>Please specify</i> COH
620012470M F STEVENS Sharon 23-Dec-75 CHI:231 275 1208 70747 GJ McCulloch 149a/14 Lochend Road EH7 6ET		ssograph or: -07711278754. * 07564941367			
CHI:		Gender:			
Telephone Numbers: <i>Circle which is first choice of contact</i>					
Home:		Work:		Mobile: 07564941367	
Patient's GP Details:		Name: Dr Kirkup		Practice: SUMMERSIDE M-C	
		Telephone Number:		Fax Number:	
Patient's Next of Kin			Relationship: PARTNER		
Name: CRAIG FERRIER			Address: S/A 715 Graham Street Edinburgh		
Contact Number: NIL			Aware of attendance at hospital: YES <input type="checkbox"/> NO <input type="checkbox"/>		

Signature Sheet

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

	Print name	Designation	Initials	Signature
1	K IRVING	S/N	ll	<i>[Signature]</i>
2	D MACKINTOSH	SW	DM	<i>[Signature]</i>
3				
4				
5				
6				
7				
8				
9				
10				

DISCHARGE CODE:

**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY REFERRAL
ATTENDING GYNAE SERVICES**

Addressograph or	
Name:	
Address:	
DOB:	
Ref.no:	

Attending: OPD Gynae Triage Ward 210 Ward 12 Date:

INITIAL ASSESSMENT		Time:
OBSERVATIONS AND SEWS SCORE AT INITIAL ASSESSMENT:		
RR: 16	Pulse: 74	Temp: 36.8
Sats: 97% on RA	BP: 130/82	SEWS score: 0
ACTION TAKEN:		
Dr informed of attendance Time:		
Urgent Dr review Yes / No		
Regular observations commenced Time: Frequency:		
PARITY: 2 + 1		Sexually active: <input checked="" type="radio"/> Yes <input type="radio"/> No
LMP: 5 days ago		Contraception: NIL
PREGNANCY TEST: Positive / Negative / N/A		Date of Positive test:
ESTIMATED GESTATION:		
LAST SMEAR: Date: 5 months ago		Result: NAD
BRIEF DESCRIPTION OF PRESENTING COMPLAINT:		
Barts.		
Social history:		
Lives Alone / With <u>Partner</u>		
Health Promotion:		
Smoker: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 15-20 per day		
Alcohol: 0 units per week		
Mood altering substances: No <input type="checkbox"/> Yes <input type="checkbox"/>		
Occupation: BAR TENDER		
Religion: RC		Ethnicity: WHITE SCOTTISH
IF CLIENT IS ≤ 16, or vulnerable adult ≤ 18 in childrens' home then - GUIDELINE for COUNSELLING / PRESCRIBING		
<input type="checkbox"/> Maturity / Understanding		<input type="checkbox"/> Physical Mental Health
<input type="checkbox"/> Discussed Parental Consent		<input type="checkbox"/> In Young Person's Best Interests
Is there a Child Protection "Cause for Concern"?		Patient age / partner age / non consensual sex/ vulnerability (eg self harm, psychiatric illness, drug or alcohol misuse) / other
Then refer to Child Protection Team		
Have you ever been a victim of gender based violence? Yes / No / No opportunity		
Would you like help to deal with this?		
Signature:		Time:



GYNAECOLOGY EMERGENCY ATTENDANCE

PRESENTING COMPLAINT: *Prud.*

HISTORY OF PRESENTING COMPLAINT (INCLUDING SEXUAL HISTORY IF APPLICABLE):
*Q repeat. Para 2+1. 7 day
 Hx of @ ruled repeat swelling
 No press temp. AB. by GP
 failed. No D+V. No dysuria.
 Regular periods. Smears up to date.*

ANY DISABILITY? Yes/No *N/A* *No contact*

ANY COGNITIVE IMPAIRMENT? Yes/No *N/A*

PAST MEDICAL HISTORY:
- N/A of note.

PAST GYNAECOLOGICAL & OBSTETRIC HISTORY:
*- Termination
 - Smears up to date.*

FAMILY HISTORY:

MEDICATION HISTORY: (PRESCRIPTION AND COUNTER BOUGHT, E.G. HOMEOPATHIC)

MEDICATION	ROUTE	FORM	DOSE	ADMINISTRATION TIMES				
				08:00	12:00	14:00	18:00	22:00
<i>NO REGULAR MEDS</i>								

ALLERGIES AND SENSITIVITIES:
NEDA

Signature: _____ Time: *2/2/15*

620012470M F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70747 GJ McCulloch
149a/14 Lochend Road
EH7 6ET



**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY
REFERRAL ATTENDING GYNAE SERVICES**

DETAILED ASSESSMENT Date: Time:

GENERAL PHYSICAL EXAMINATION

*On stroke. Afebrile. Bright. Alert
& well.*

CVS

JVP (Jugular Venous Pressure) Apex Beat: Heart Sounds: Oedema:

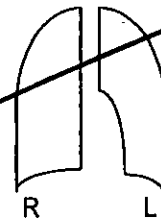
RS Not Examined

Trachea

Expansion

PN (Percussion Notes)

BS (Breath Sounds)



ABDOMEN:



GYNAE EXAMINATION – Consent for vaginal/vulval/pelvic/rectal exam: Yes No

Consent for swab: Yes No

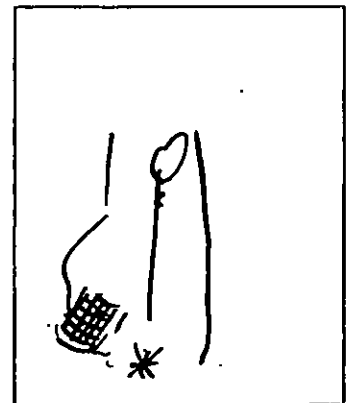
Name of Chaperone: *(Dr GG Spr STS)*

Vulval Examination:

*large @ sides swollen
cannot sized b/wt cyst.*

Pelvic Examination:

NO pain.



Rectal Examination (if indicated):

N/A

Information leaflet on Chlamydia given: Yes N/A

Signature:

Time:

**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY
REFERRAL ATTENDING
GYNAE SERVICES**



PROVISIONAL DIAGNOSIS DISCUSSED WITH PATIENT:

Imp: @ Bart's Access.

INITIAL INVESTIGATIONS AND SPECIMENS Please tick

FBC		ECG		Urinalysis	
U&E		CXR		MSU	
LFT		AXR		HVS	
CRP		USS:		Gonorrhoea	
HCG - blood		TRAK <input type="checkbox"/> CARD <input type="checkbox"/>		Chlamydia	
Clotting		CT		ECG	
Group & Save		MRI			
Cross Match # of units		Tumour markers: CA 125			
		CEA			

Other: *specify*

URINARY PREGNANCY TEST: Positive Negative N/A

Imaging: Yes / No / N/A

Senior Review or Discussion Required? Yes / No

SENIOR REVIEW/DISCUSSION

Not clinically indicated

Discussed with: Dr G-G (ST5) Grade: _____

*For Word Catheter.
Placed with consent by Dr McIlwain
(ST 1) under spinaescan.
Good placement & draining well.
Minimal blood loss.*

Signature:

Time:

Emergency Referral ICP
**INTEGRATED CARE PATHWAY
 FOR EMERGENCY GYNAECOLOGY
 REFERRAL ATTENDING GYNAE SERVICES**

620012470M F
 STEVENS Sharon
 23-Dec-75 CHI: 231 275 1208
 70747 GJ McCulloch
 149a/14 Lochend Road
 EH7 6ET



MANAGEMENT PLAN	
<input type="checkbox"/> Discharge with F/U with GP	
<input checked="" type="checkbox"/> Further review in OPD / PSC / Triage: Timescale: 3 weeks Arranged:	
<input type="checkbox"/> PSC: Referral slip completed	
<input type="checkbox"/> Admit to inpatient ward	
<input type="checkbox"/> Refer to DSU	
<input type="checkbox"/> Refer for elective surgery Routine / Urgent	
<input type="checkbox"/> Refer to other speciality _____	
Referred to GUM: Yes / <input checked="" type="checkbox"/> No Urgent: Yes / <input checked="" type="checkbox"/> No	
TIME: 9/9/15	SIGNATURE:
IF ADMISSION NOT REQUIRED:	
Cannula Removed: Yes / No / N/A	
Patient aware of Management: Yes / No	
Medication given: Yes / No / N/A	
TIME:	SIGNATURE:

DATE/TIME / INITIAL	RECORDS
	<i>Use this for new information not held elsewhere, ensuring all entries are initialled and dated</i>
30/9/15	Tried to contact Sharon Stevens by telephone - No reply
11/10/15	Tried to contact Sharon Stevens today x3
11/25	no reply - SIN on (CONNACHIE)
7/10/15	Attending GITA for removal of word catheter. Observation T372
14/10	P80 BP 125/81 Sa(Oi) 99%. R14
	Jews O
	SIN

Appendix 3. CRA Proforma/AIDE MEMOIRE

Patient Name:
Form
CHI No:

Person completing
Name
Signature

(sticker)

Date:

CRA question	Other information sources – if available, or if patient unable to respond	Answer (circle)
Has the patient any previous history of MRSA colonisation or MRSA infection at any time in the past?	Confirmed laboratory report of previous MRSA colonisation of infection	Y/N/DK
Is the patient currently resident in a care home or institutional setting (eg prison, homeless hostel), or transferred from another hospital?	Admission documentation, patient administrative system	Y/N/DK
Does the patient have a wound/ulcer or indwelling medical device which was present before admission to this hospital?	Direct observation for wounds, skin breaks, indwelling lines, catheters and other devices	Y/N/DK

GUIDANCE NOTES

Previous MRSA is the highest risk factor for current colonisation. Laboratory data are more likely to be reliable than patient recall.

Patients admitted from their own homes have a lower risk of MRSA colonisation.

This does not apply to devices (eg peripheral lines) inserted by ambulance or hospital staff transporting or admitting the patient to hospital on this occasion.

RESULT

	Tick One	Action
All three of the above questions answered 'no' or 'don't know'	<input type="checkbox"/>	<ul style="list-style-type: none"> • Patient is likely to be at low risk of MRSA, can be managed as normal: skip rest of form
Any of the above three questions answered 'yes'	<input type="checkbox"/>	<ul style="list-style-type: none"> • Take screening swabs • Manage as if MRSA positive – complete table overleaf

ACTIONS

	Tick Any	
MRSA screening swabs (nasal + perineal taken)		
MRSA screening swabs – other combination taken (define)		Nasal () Perineal () Throat () Wound site/skin lesion () Indwelling device ()
Patient isolated in single room		
Patient cohorted with other high risk patients, dedicated nursing		
Patient cohorted, not dedicated nursing staff		
Patient managed in open ward		Risk management precautions:

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

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

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

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

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

PRESCRIPTION		Patient's Own Medicine	Date →	Time →															
Medicine (Approved Name) FLUCCOXAZICLIN	For use		6																
Dose 500mg	Route PO	Quantity	8																
Notes/Indication for antibiotic	Start Date 9/9/15	Stop Date	14																
Prescriber - sign + print	Pharmacy		18																
			22																
Medicine (Approved Name) CO-CODAMOL 30	For use		6																
Dose TT	Route PO	Quantity	8																
Notes/Indication for antibiotic	Start Date 9/9/15	Stop Date	14																
Prescriber - sign + print	Pharmacy		18																
			22																
Medicine (Approved Name) IBUPROFEN	For use		6																
Dose 400mg	Route PO	Quantity	8																
Notes/Indication for antibiotic	Start Date 9/9/15	Stop Date	14																
Prescriber - sign + print	Pharmacy		18																
			22																
Medicine (Approved Name)	For use		6																
Dose	Route	Quantity	8																
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	Date →												
			Time ↓												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												
Medicine (Approved Name)		For use	6												
		Date		8											
Dose	Route	Quantity	12												
Notes/Indication for antibiotic	Start Date	Stop Date	14												
Prescriber - sign + print		Pharmacy	18												
			22												

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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BARTHOLIN'S ABSCESS/CYST FOLLOW-UP PROFORMA

Emergency Gynaecology Nurse telephone follow-up day 23-25

620012470M F
STEVENS Sharon
23-Dec-75 CHI: 231 275 1208
70747 GJ McCulloch
149a/14 Lochend Road
EH7 6ET



• Have symptoms resolved? Yes/No

• Was further treatment required? Yes/No

• Is patient satisfied with outcome? Yes/No

• Any further comments:

Is Word catheter still in situ?

Yes/No **For removal 5/10 @ 1500**

If No, when did it fall out/ removed?

• Have symptoms resolved? Yes/No

• Was further treatment required? Yes/No

• Was patient satisfied with outcome? Yes/No

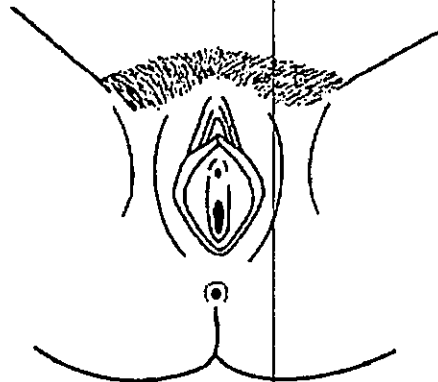
• Any further comments:

If Yes, arrange review on Gynaecology Emergency Clinic for removal by last date of removal

• Date and time of removal

• Name and grade of doctor ST / consultant

Procedure:



Volume of saline removed from balloon (max 3ml)ml

Patient pain score 1 |-----| 10

*Please ensure two copies of the proforma are completed
(Original to be filed in patient's notes and photocopy to be added to audit file)*

EAR, NOSE AND THROAT

No. 620012470M F
NAME Stevens, Sharon
9/2 Trafalgar Street,
Edinburgh,
Midlothian,
EH6 4DG

23/12/1975

CHI 2312751208
70747 GA Krauth

HISTORY

9/2/10 (9:50)
10-3-10 (15:40) 3:30

(34)
♀

Nasal injury - unknown assailant end Jan '10

- punched in nose
- kicked around face

C/o "sneak" nose

& bony hump

no frank obstruction; (L) side feels congested

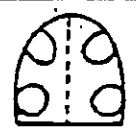
no epistaxis.

? OSA - wakes @ night - several times gasping for breath

"snoring"

no apnoeas witnessed; no daytime symptoms

NOSE:



depressed (L) nasal bone - fixed.

PHARYNX:

caudal end of Rptm -> (L)

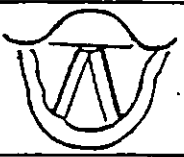
ONS -> (L) - almost touching lateral wall

PHARYNX:



MOUTH:

LARYNX:



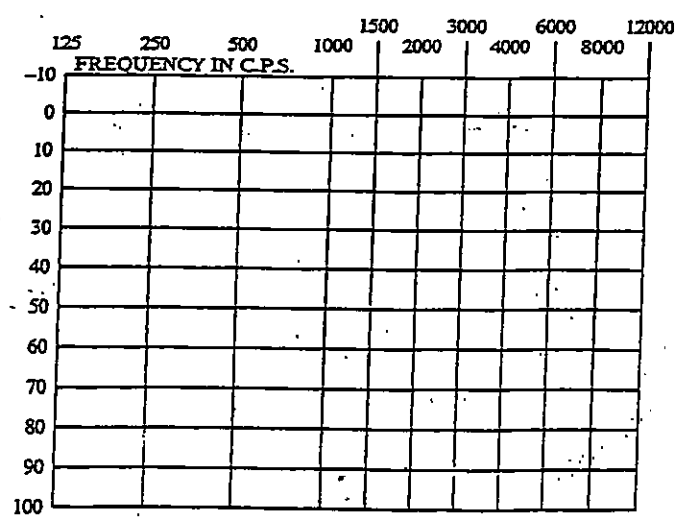
RIGHT EAR:



LEFT EAR:



AUDIOGRAM



HEARING LOSS IN DECIBELS

	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

**O.P. CLINICAL NOTES
(SURGICAL)**

NUMBER

NAME

620012470M

Stevens, Sharon
9/2 Trafalgar Street,
Edinburgh,
Midlothian,
EH6 4DG

F 23/12/1975

CHI 2312751208
70747 GA Krauth



ENSURE THAT THE PATIENTS NAME AND NUMBER IS ENTERED ABOVE AND THAT EACH ENTRY BELOW IS LEGIBLE, DATED AND SIGNED WITH THE NAME AND DESIGNATION OF THE SIGNATORY CLEARLY STATED.

SIGNATURE
PRINT NAME
& DESIGNATION

DATE

10/3/10

Epworth Scene = 1

Photo too late for MUA

Photos

R/V @ 6/12 for consideration of SLP

see Montage

ML MONTAGNE

77.00

(16.00)

3/11/10

(16.00)

O.P. CLINICAL NOTES
(SURGICAL)

NUMBER

NAME

DATE

ENSURE THAT THE PATIENTS NAME AND NUMBER IS ENTERED ABOVE AND THAT EACH ENTRY BELOW IS LEGIBLE, DATED AND SIGNED WITH THE NAME AND DESIGNATION OF THE SIGNATORY CLEARLY STATED.

**SIGNATURE
PRINT NAME
& DESIGNATION**

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O.P. CLINICAL NOTES
(GYNAECOLOGY)

NUMBER 620012470M F 23/12/75
STEVENS
NAME SHARON
27/5 BATH STREET
PORTOBELLO
EDINBURGH EH15 1HB
CHI-2312751208

DATE

ENSURE THAT THE PATIENTS NAME AND NUMBER IS ENTERED ABOVE AND THAT EACH ENTRY BELOW IS LEGIBLE, DATED AND SIGNED WITH THE NAME AND DESIGNATION OF THE SIGNATORY CLEARLY STATED.

(29)
SIGNATURE
PRINT NAME
& DESIGNATION

25/5/05

Ht 160 BMT 25.

WT. 63. Bp 130/80.

Oligomenorrhoea

Menarche aged 11

7/28

2 children aged 10 + 6 ^{Daughters} - ~~Daughters~~
No other pregnancies

Depo Provera between pregnancies
& after last one

No diff concerning
Regular after last lot of Depo

Depo stopped ^{Dec} 2002 - End
Started Oct - & stopped
July 03

Periods erratic

Wt gain since stopping Oct

PLEASE ENSURE THAT EACH ENTRY BELOW IS LEGIBLE,
DATED AND SIGNED WITH THE NAME AND DESIGNATION OF THE
SIGNATORY CLEARLY STATED.

SIGNATURE
PRINT NAME
& DESIGNATION

DATE

2-3 → wks.

3 months 2-3 weeks

Acne

Hirsutism - chest
abdo

PMH

Nil

PH

Nil

Nil

SH

lives 5 children

Hardworking student

Smoke 20 cigs

Alcohol occ.

O/E

hard worker

~~hypo~~

PCOS

Test

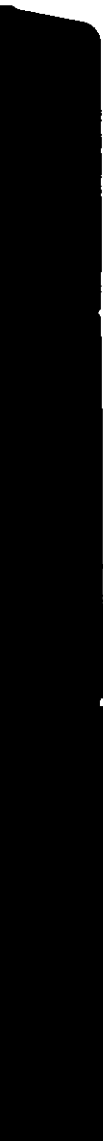
LH/FSH

Diameter

16/12/12
Admission

INVESTIGATIONS

INVESTIGATIONS



Medical Photography / Video Request



620012470M F 23/12/1975 PAEP - RHSC - RIE - SJH - WGH
 Stevens, Sharon
 9/2 Trafalgar Street,
 Edinburgh,
 EH6 4DG
 CHI 2312751208
 D.O.E 70747 GA Krauth

ian - University Hospitals Division

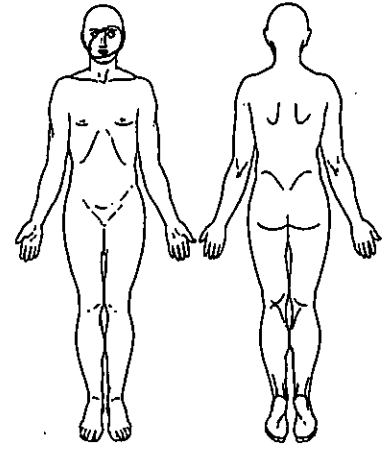
Surna	9/2 Trafalgar Street, Edinburgh, EH6 4DG	Date	10/3/10
First	Midlothian,	Ward / Dept	ENT
Hosp	CHI 2312751208	Consultant	ML MONTAGUE
D.O.E	70747 GA Krauth	M / F	New Pt. <input checked="" type="checkbox"/> Old Pt. <input type="checkbox"/> In-Pt. <input type="checkbox"/> Out-Pt. <input type="checkbox"/>

Diagnosis / relevant clinical details (please print)

Nasal injury

Standard views please.

Millimetre scale in close-up view



6 Waba Digital Image 2 Print Video

Requesting Clinician (print)	ML MONTAGUE	Dept	ENT
Signature	<i>ML Montague</i>	Date	10/3/10

Patient Consent

In view of the explanation given to me by the above clinician,

- A** Medical Records: I consent to photographs being taken for my personal medical records only.
- B** Teaching*: I consent to photographs being made available for teaching in the healthcare context as described by the requesting clinician.
- C** Publication*: I consent to my photographs being published in a scientific/medical journal or book.
 Name of publication (if known)
- D** Patient to Patient*: I consent to the use of the recordings to be shown to other patients as an example of pre/post clinical/surgical procedures.

I understand that material consented to teaching, publication and patient-to-patient may be seen by the general public.
 I understand that no fee is payable to me for use of the recordings.

Signature of patient/parent/guardian: *S. Stevens* Date: *10/3/10*
 Witness / Chaperone: *ML Montague* Date: *10/3/10*

*Refusal to consent will NOT affect medical care.

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For Department Use Only			
Photographer	Camera / Smart Card No	Job Ref	Comments
<i>Malin</i>	<i>3952 - 3959</i>	<i>10-01816</i>	
Image Date	No of Images	Date Printed / Completion Date	
<i>10.03.2010</i>	<i>6</i>	<i>11.03.2010</i>	

ENT OPD, Lauriston Building

620012470M	F	23/12/1975	EPWORTH SLEEPINESS SCORE
------------	---	------------	---------------------------------

Stevens, Sharon
 9/2 Trafalgar Street,
 Edinburgh,
 Midlothian,
 EH6.4DG

CHI 2312751208

Your sex (Male = M, Female = F)

BMI Collar size

How likely are you to doze off or fall asleep (not just feel tired) in the situations described in the boxes below?

Even if you have not done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

SITUATION	CHANCE OF DOZING 0 = no chance of dozing 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing
Sitting and reading	0
Watching television	0
Sitting inactive in a public place (e.g. a cinema or meeting)	0
As passenger in a car for > 1 hour	0
Lying down to rest in the afternoon when circumstances permit	1
Sitting and talking to a companion	0
Sitting quietly after an alcohol-free lunch in a car, while stopped briefly in heavy traffic	0
Total Epworth sleepiness score	1

Surname: Stevens	First Name: Sharon	Hospital No: 620012470M	CHI No: 2312751208
Dept: DERMATOLOGY	Consultant: MONTAGUE ML MISS	Date: 10/03/2010	Job No: 10_01816



High resolution digital files available on MIM database

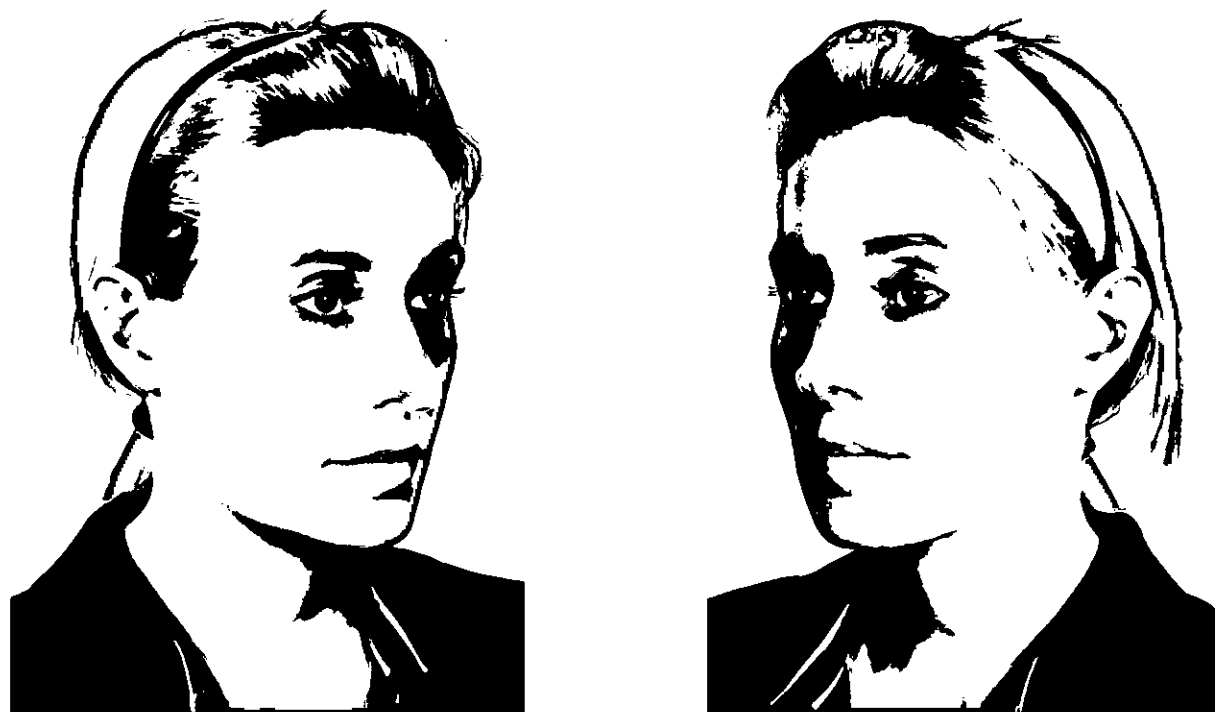
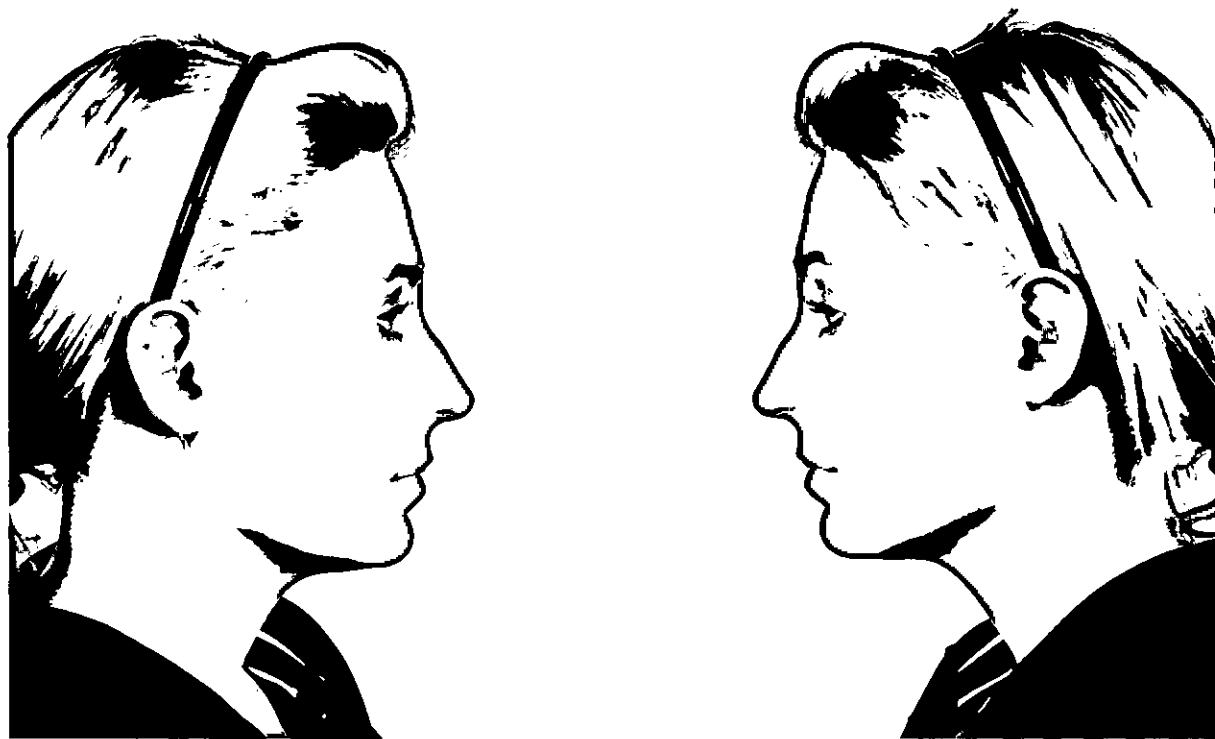
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CONSENT STATUS			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
A	B	C	D

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CONSENT STATUS (A = Confidential Records ONLY, B = Teaching & Records, C = Full including publication, D = Patient to Patient).

Surname: Stevens	First Name: Sharon	Hospital No: 620012470M	CHI No: 2312751208
Dept: DERMATOLOGY	Consultant: MONTAGUE ML MISS	Date: 10/03/2010	Job No: 10_01816



High resolution digital files available on MIM database

© Medical Photography

CONSENT STATUS			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
A	B	C	D

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PEEL AWAY PROTECTIVE STRIPS SUCCESSIVELY, STARTING WITH No. 1 - PLACE TOP EDGE OF REPORT ALONG PRINTED LINE IMMEDIATELY ABOVE EACH ADHESIVE LAYER. PRESS HARD FOR GOOD ADHESION

LHB/2765

FIRST REPORT HERE
Please set accurately



1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14

Enterprise Stationery Ltd Ref 24349

X-RAY MOUNT

NUMBER
NAME

ADMISSION DATE: / /

DISCHARGE DATE: / /

Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



EMERGENCY REFERRAL TO GYNAECOLOGY

ALL DETAILS TO BE COMPLETED

REFERRAL DATE: 02/08/17 TIME:hrs CONSULTANT ON CALL: S.A.J.

REFERRAL FROM: <input type="checkbox"/> GP <input type="checkbox"/> FPC <input type="checkbox"/> A&E <input type="checkbox"/> GENERAL SURGEONS <input type="checkbox"/> OTHER: <u>Home</u>
PATIENT'S DETAILS: Address: <u>Stevens, Sharon</u> Address: <u>149a/14 Lochend Road, Bethlehem Way, Edinburgh, EH7 6ET</u> CHI: <u>2312751208</u>
Date of Birth: _____ CHI: <u>70747</u> GJ McCulloch Gender: _____
Telephone Numbers: Circle which is first choice of contact Home: _____ Work: _____ Mobile: _____
Patient's GP Details: Name: <u>Dr Mitchell</u> Practice: <u>Summerside M/P</u>
Telephone Number: _____ Fax Number: _____
Patient's Next of Kin: Name: <u>Paige Stevens</u> Relationship: <u>Daughter</u>
Address: <u>108, oxgangs Bank Edinburgh</u>
Contact Number: <u>07960 144032</u> Aware of attendance at hospital: YES <input type="checkbox"/> NO <input type="checkbox"/>

Signature Sheet

KEY TO INITIALS OF ALL STAFF COMPLETING THIS ICP

Print name	Designation	Initials	Signature
<u>CATHERINE Wells</u>	<u>CSW</u>	<u>CW</u>	<u>Catherine Wells</u>

DISCHARGE CODE:

**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY REFERRAL
ATTENDING GYNAE SERVICES**

Stevens, Sharon
149a/14 Lochend Road,
Bethlehem Way,
Edinburgh,
EH7 6ET
CHI 2312751208
70747. GJ McCulloch

Attending: OPD Gynae Triage Ward 210 Date:

INITIAL ASSESSMENT		Time:
OBSERVATIONS AND SEWS SCORE AT INITIAL ASSESSMENT:		
RR: 12	Pulse: 76	Temp: 37.0
Sats: 96 % on	BP: 130/83	SEWS score: Pain 5 Sick 0
ACTION TAKEN:		
Dr informed of attendance Time:		
Urgent Dr review Yes / No		
Regular observations commenced Time:		Frequency:
PARITY: +	Sexually active: Yes / No	
LMP:	Contraception:	
PREGNANCY TEST:	Positive / Negative / N/A	Date of Positive test:
ESTIMATED GESTATION:		
LAST SMEAR:	Date:	Result:
BRIEF DESCRIPTION OF PRESENTING COMPLAINT:		
Social history: Lives Alone / With _____		
Health Promotion:		
Smoker: No <input type="checkbox"/> Yes <input type="checkbox"/> _____ per day		
Alcohol: _____ units per week		
Mood altering substances: No <input type="checkbox"/> Yes <input type="checkbox"/> _____		
Occupation:		
Religion:	Ethnicity:	
IF CLIENT IS ≤ 16, or vulnerable adult ≤ 18 in childrens' home then - GUIDELINE for COUNSELLING / PRESCRIBING		
<input type="checkbox"/> Maturity / Understanding	<input type="checkbox"/> Physical Mental Health	
<input type="checkbox"/> Discussed Parental Consent	<input type="checkbox"/> In Young Person's Best Interests	
Is there a Child Protection "Cause for Concern"?	Patient age / partner age / non consensual sex/ vulnerability (eg self harm, psychiatric illness, drug or alcohol misuse) / other	
Then refer to Child Protection Team		
Have you ever been a victim of gender based violence? Yes / No / No opportunity		
Would you like help to deal with this?		
Signature:	Time:	

**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY REFERRAL
ATTENDING GYNAE SERVICES**

Stevens, Sharon
149a/14 Lochend Road,
Bethlehem Way,
Edinburgh,
EH7 6ET
CHI 2312751208
70747 GJ McCulloch

GYNAECOLOGY EMERGENCY ATTENDANCE

PRESENTING COMPLAINT:

PV Bleeding

HISTORY OF PRESENTING COMPLAINT (INCLUDING SEXUAL HISTORY IF APPLICABLE):

(41) - ~ 9 weeks pregnant
+ - PV bleeding since Sunday morning (almost 3/7 ago).
- gradually got heavier over Sunday - period-like.
- associated lower abdo cramping/sharp pains.
- today passed large clot.
- bleeding settled this slightly since arriving 210.
- no urinary symptoms, (N) bowels

ANY DISABILITY?

Yes / No

- feels bleeding is smelly.

ANY COGNITIVE IMPAIRMENT?

Yes / No

PAST MEDICAL HISTORY:

LMP - end of May
N/A
? dermatitis on hands.

PAST GYNAECOLOGICAL & OBSTETRIC HISTORY:

P2+1 (TOP). Periods regular - 3-5/28. LMP - end of May
(SVD at 33 weeks) & contraception.
(CS at 35 weeks). Smears - over 4 yr ago
- all (N).

FAMILY HISTORY:

MEDICATION HISTORY: (PRESCRIPTION AND COUNTER BOUGHT, E.G. HOMEOPATHIC)

MEDICATION	ROUTE	FORM	DOSE	ADMINISTRATION TIMES				
				08:00	12:00	14:00	18:00	22:00
Amisophylline 75mg PRN								
Antihistamine PRN								

ALLERGIES AND SENSITIVITIES:

NKDA
Signature: *[Signature]* Time:

620012470M F 23/12/1975

**INTEGRATED CARE PATHWAY
FOR EMERGENCY GYNAECOLOGY
REFERRAL ATTENDING GYNAE SERVICES**

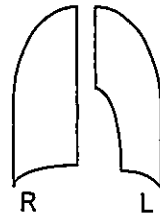
Stevens, Sharon
149a/14 Lochend Road,
Bethlehem Way,
Edinburgh,
EH7 6ET
CHI 2312751208
70747 GJ McCulloch

DETAILED ASSESSMENT Date: Time:

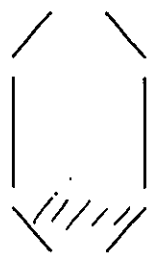
GENERAL PHYSICAL EXAMINATION

CVS
JVP (Jugular Venous Pressure) Apex Beat Heart Sounds: Oedema:

RS Not Examined
Trachea
Expansion
PN (Percussion Notes) BS (Breath Sounds)



ABDOMEN:
lower abdomen discomfort
no wave or palpation
soft throughout
- no guarding or peritonism



GYNAE EXAMINATION - Consent for vaginal/vulval/pelvic/rectal exam: Yes No

Consent for swab: Yes No

Name of Chaperone: Sofia

Vulval Examination: (2) V+V

Speculum
- os open, otherwise (2) cervix

Pelvic Examination:
- minimal bleeding
- products of pregnancy removed from os

Rectal Examination (if indicated): VE - ~~N/A~~. Swabs taken
open os. No adnexal/cervical tenderness

Information leaflet on Chlamydia given: Yes N/A

Signature: Time:

620012470M F 23/12/1975
 Stevens, Sharon
 149a/14 Lochend Road,
 Bethlehem Way,
 Edinburgh,
 EH7 6ET
 DC CHI 2312751208
 Re 70747 GJ McCulloch

Emergency Referral ICP
**INTEGRATED CARE-PATHWAY
 FOR EMERGENCY GYNAECOLOGY
 REFERRAL ATTENDING
 GYNAE SERVICES**

PROVISIONAL DIAGNOSIS DISCUSSED WITH PATIENT:

? inevitable miscarriage.

Hb 144
 WCC 12.6
 Plt 258
 HCG 1379.

INITIAL INVESTIGATIONS AND SPECIMENS Please tick

FBC	<input checked="" type="checkbox"/>	ECG		Urinalysis	<input checked="" type="checkbox"/>
U&E		CXR		MSU	<input checked="" type="checkbox"/>
LFT		AXR		HVS	
CRP		USS		Gonorrhoea	
HCG - blood	<input checked="" type="checkbox"/>	TRAK <input type="checkbox"/> CARD <input type="checkbox"/>		Chlamydia	
Clotting		CT		ECG	
Group & Save	<input checked="" type="checkbox"/>	MRI			
Cross Match # of units		Tumour markers: CA 125			
		CEA			

Other: specify

URINARY PREGNANCY TEST: Positive Negative N/A

Imaging: Yes / No / N/A

PSC

Senior Review or Discussion Required? Yes / No

SENIOR REVIEW/DISCUSSION Not clinically indicated

Discussed with: _____ Grade: _____

PSC/MSH

- discussed miscarriage - pt agreed to sign sensitive disposal.
- molar form also complete.
- advised to avoid work if heavy bleeding (wishing to go back tonight - I advised her against this).

Plan

- 1) PSC follow up molar
- 2) sensitive disposal/molar form complete
- 3) advised to contact 210 overnight if ↑ bleeding/pain
- 4) PSC to repeat G+S please (incorrectly)

pt does not know her number. Will call ward once (H) + worked it out.

Signature:

Time: 1.40 (labelled).

Annex 3. CRA Proforma/AIDE MEMOIRE

620012470M F 23/12/1975

Patient Name: Stevens, Sharon
 Form 149a/14 Lochend Road,
 Bethlehem Way,
 CHI No: Edinburgh,
 EH7 6ET
 (sticker) CHI 2312751208
 70747 GJ McCulloch

Person completing
 Name
 Signature
 Date:

CRA question	Other information sources - if available, or if patient unable to respond	Answer (circle)
Has the patient any previous history of MRSA colonisation or MRSA infection at any time in the past?	Confirmed laboratory report of previous MRSA colonisation of infection	Y/N/DK
Is the patient currently resident in a care home or institutional setting (eg prison, homeless hostel), or transferred from another hospital?	Admission documentation, patient administrative system	Y/N/DK
Does the patient have a wound/ulcer or indwelling medical device which was present before admission to this hospital?	Direct observation for wounds, skin breaks, indwelling lines, catheters and other devices	Y/N/DK

GUIDANCE NOTES

Previous MRSA is the highest risk factor for current colonisation. Laboratory data are more likely to be reliable than patient recall.

Patients admitted from their own homes have a lower risk of MRSA colonisation.

This does not apply to devices (eg peripheral lines) inserted by ambulance or hospital staff transporting or admitting the patient to hospital on this occasion.

RESULT

	Tick One	Action
All three of the above questions answered 'no' or 'don't know'		<ul style="list-style-type: none"> o Patient is likely to be at low risk of MRSA, can be managed as normal: skip rest of form
Any of the above three questions answered 'yes'		<ul style="list-style-type: none"> o Take screening swabs o Manage as if MRSA positive - complete table overleaf

ACTIONS

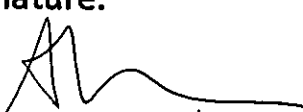
	Tick Any	
MRSA screening swabs (nasal + perineal taken)		
MRSA screening swabs – other combination taken (define)		Nasal () Perineal () Throat () Wound site/skin lesion () Indwelling device ()
Patient isolated in single room		
Patient cohorted with other high risk patients, dedicated nursing		
Patient cohorted, not dedicated nursing staff		
Patient managed in open ward		Risk management precautions:

NEEDS REPEAT G+S

APR 6/18



Pregnancy Support Centre
Out-of-hours Appointment Request Form

6200.12470M F 23/12/1975 Patient Details Stevens, Sharon 149a/14 Lochend Road, Bethlehem Way, Edinburgh,		Date of Birth:	
Home Phone Number EH7 6ET CHI 2312751208 70747 GJ McCulloch			
Mobile/Work Contact		07871719120	
Clinical Details		First day of last period: End of May	Date of first positive pregnancy test:
Current Event		Parity: P 2 + 1	
Pain: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Please detail: Lower abdo cramping			
Bleeding: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Please Detail: Past 3/7 - period like. Clots yesterday, one big one.			
Advice given		Contact 210 overnight if ↑ pain/bleeding Advised not to go back to work overnight (bar worker).	
Name of person taking referral		Signature: 	Date: 2/8/17
		Print: SHENSON	Time: 03:45

LOTHIAN UNIVERSITY HOSPITAL NHS TRUST
ROYAL INFIRMARY OF EDINBURGH
PATIENT DETAILS

Surname: STEVENS Forename: Sharon

*Mrs/Miss/Ms MISS *M/S/Div/Sep/W: _____

DoB: 23/12/78 Occupation: Bar Person

Present Address: 2/6 Academy Park

Post Code: _____

Tel No. _____ Religion: _____

Maiden Name (if applicable): _____

Previous Address: 149a/14 Bethlehem Way
Lochend Road Edinburgh

Next of Kin: Paige Stevens Relationship Daughter

Address: 108 Caxgangs Bank Edinburgh

Contact Tel No: 07960 144032

Registered GP Name Dr Mitchell

Practice Address Summerside Medical Centre

Telephone No.: _____

Source of Referral (ie. GP/Self) _____

Has your GP arranged Maternity Care? ~~Yes~~ / No

If YES:

Have you received an appointment date for Hospital/Community Clinic? ~~Yes~~ / No

If you do not have a confirmed date we will assume that one is awaited.

Do you know your Blood Group? ~~Yes~~ / No


If YES please state: _____

Date: 1/8/17 Signature: S. Stevens

Authorisation for Sensitive Disposal of Pregnancy Tissue (< 24 weeks gestation)

The following copies are required:

- 1) Original filed in Woman's notes
- 2) Copy sent to Pathology / Mortuary
- 3) Copy given to Woman

620012470M F 23/12/1975
 Stevens, Sharon
 149a/14 Lochend Road,
 Bethlehem Way,
 Edinburgh,
 EH7 6ET
 CHI 2312751208 
 70747 GJ McCulloch

Woman to complete either Section A or Section B

Hospital procedure is
 Free of charge NHS arranged shared cremation

Section A:

- I have declined to discuss this matter and recognise that the hospital will proceed according to their standard procedure as detailed above.

Signature of Woman

Woman's Name (block capitals)

Date Signed

Witness Signature:

Witness Name (block capitals): Designation:

Section B:

The options for disposal have been explained to me.

- 1) I give authorisation for the pregnancy tissue to be disposed of by the hospital in accordance with the procedure outlined above. If yes, please confirm: Yes No

- I understand that any shared ashes recovered after the cremation will be respectfully scattered / buried in the crematorium's designated area.

- I understand that if I change my mind I must contact the hospital on the number overleaf within 7 calendar days.

- 2) If you **do not** give authorisation for the pregnancy tissue to be disposed of by the hospital, please indicate:

- I have not yet decided.

Please contact the hospital on the number below as soon as you have reached a decision. If we have not heard from you within 6 weeks we will proceed to make arrangements for shared cremation.

Hospital Named Contact & Tel no: _____

- I will make my own arrangements through a funeral director.
- I wish to take the pregnancy tissue out of the hospital myself and accept responsibility by signing below.

Signature of the Patient/Woman *S. Stuart*

Name of Consultant *DR STUART JACK*

Witness Signature: *AP*

Witness Name (block capitals): *SHELDON AMELIA*

Date Signed *2/8/17*

Section C:

Release of Pregnancy Tissue to the Woman
(if making own arrangements)

I would like to take my pregnancy tissue home following my discharge from the unit.

- I understand that I am accepting responsibility to arrange sensitive disposal of this pregnancy tissue.
- I understand that this means that I need to ensure that the tissue is transported safely following its release from the hospital, and handled with respect at all times.
- I am arranging for sensitive disposal through (please tick)
 - Funeral director
 - Private arrangements

For private arrangements only:

- I understand that I need to comply with health and safety restrictions on private burial. These restrictions have been explained to me and I fully understand them.

Signature.....Date.....

Full Name

Address.....

If less than 16 years of age (or less than 18 years in looked after accommodation) then please give details of the accompanying adult Name

Address.....

Staff Witness NamePosition/Grade.....

Signature.....Date.....

ADMISSION DATE: / /

DISCHARGE DATE: / /

Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



ADMISSION DATE: / /

DISCHARGE DATE: / /

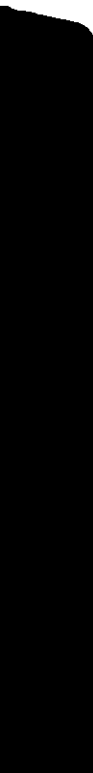
Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



ADMISSION DATE:..... /..... /.....

DISCHARGE DATE:..... /..... /.....

Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



ADMISSION DATE:..... /..... /.....

DISCHARGE DATE:..... /..... /.....

Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



ADMISSION DATE: / /

DISCHARGE DATE: / /

Please note - All inpatient documents including the Unitary Record Should be filed in the divider appropriate to the admission.



Immediate Outpatient Letter

IN CONFIDENCE

Hospital: _____ Department: EFREC Consultant: RAA

Name and address of general practitioner: **Mr/Ms** 620012470M F 23/12/75 **So.:**
STEVENSON
Surname: SHARON **Date of Birth:**
27/5 BATH STREET
First name: PORTOBELLO
EDINBURGH EH15 1HB
Address: CHI-2312751208

Weight (where applicable): _____

Your patient attended the clinic on: 25/5/05

Recommendations/comments: 3 Olanzapine
Start June 4e.

Follow-up advice: To attend hospital for further review in 4/12

To attend GP surgery Y/N

Follow-up required Y/N

Medication : The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use :

Medicine and Form	Dose	Administration times	Additional instructions	Quantity to be provided *	LIF **	Dispensed/Issued by:	Checked by:
1. <u>DIANETTE</u>	<u>1.2:1</u>						
2.							
3.							
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.
 ** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by: [Signature] (sign) Date: 25/5/05
ANANJAN (print)

Contact for advice: _____ Tel/bleep no.: _____

