Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN

NHS
Greater Glasgow and Clyde

Private

MMA Legal
23 Goodlass Rd
Building B
Speke
Liverpool
L24 9HJ

Date: 19th June 2026
Your Ref: 100828
Our Ref: LAT/ACCESS/LB
Enquiries to: Lorna
Direct Line: 0141 201 1644
Email: Lorna.Bower@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

Patient Wendy McLeish D.O.B 25.5.1987

Thank you for your request received in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

Queen Elizabeth University Hospital/West ACH

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
_UEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
.OYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

COVID-19 SCREENING QUESTIONS

Admission Practitioner

Print Name..... Sign..... Date.....

2505876061
MCLEISH F
Wendy 25/05/1987
FLAT 3-2
312 CUMBERNAULD RD
Glasgow, Lanarkshire
G31 3LY

When did you have your most recent COVID-19 test? Date..... Time..... Does this fall within 72 hrs of admission?
Yes ☐ No ☐ Have you self-isolated since test Yes ☐ No ☐

These screening questions should be asked of every person attending hospital for any reason including those accompanying patients. First ask the COVID-19 screening questions – if NO to all then ask the Respiratory screening questions. If YES to any then place the patient on the respiratory pathway.

COVID-19 Screening Questions	Yes	No
Do you or any member of your household/family have a confirmed diagnosis of COVID-19 diagnosed in the last 14 days? NB: Any person who has previously tested positive for SARS-CoV-2 by PCR should be exempt from being re-tested within a period of 90 days from their initial symptom onset, or the first positive test, if asymptomatic, unless they develop new possible COVID-19 symptoms. This is because fragments of inactive virus can be persistently detected by PCR in respiratory tract samples for some time following infection.		✓
Do you or any member of your household/family have suspected COVID-19 and are waiting for a COVID-19 test result?		✓
Have you travelled internationally in the last 10 days to a country that is on the Government red list?		✓
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 10 days?		
Do you have any of the following symptoms; •High temperature or fever? •New, continuous cough? •A loss or alteration to taste or smell?		✓

Respiratory Screening Questions	Yes	No
Do you have any new or worsening respiratory symptoms not already mentioned which suggest you may have a respiratory virus? (See note 1)		✓
Have you been had a laboratory test with a confirmed respiratory virus/infection such as Influenza in the last 14 days? (See note 2)		✓

Note 1

List of respiratory symptoms below may indicate a respiratory virus;

- Rhinorrhoea (Runny nose)
- Congestion in the nasal sinuses or lungs
- Sore throat
- Sneezing
- Coughing

The following can also be symptoms of a respiratory virus/infection but may also be related to a non-respiratory cause therefore caution should be applied in allocation of these patients to the respiratory pathway in the absence of any symptoms noted above.

- Breathlessness
- Wheezing or chest tightness
- Myalgia (Muscle aches)
- Fatigue (Tiredness)
- Dyspnoea (Shortness of breath)

Note 2

If the service user advises of having had a test positive pathogen in the last 14 days, they should be placed according to the infective period for that specific pathogen and an assessment of any ongoing infectivity. Refer to A-Z of pathogens for details of individual pathogens.

Emergency Attendance Letter

NHS Greater Glasgow and Clyde

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

Dept. Contact Details:
Tel:
Fax:
Email:

Date Completed: 03/03/2026

Consultant: GGC ED Virtual Consultant

M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
Glasgow
G31 5NZ

Dear M Lyons

Re: **McLeish Wendy** DOB: **25/05/1987** CHI: **2505876061**
0/1
Glasgow G31 3SF

Attended on: **03/03/2026 at 20:34 hrs.** Departed on: **at hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **7**

Presenting complaint
SAS chest pain with existing heart condition

Nursing Assessment:

Investigations in ED: **None**

Diagnosis:

Diagnosis	Side	Site
Counselling, Unspecified		

Procedures: **None**

Immunisations: **None**

Dispensed Medication: **Please see Clinician Notes**

Clinician Notes:

SAS CALL BEFORE YOU CONVEY Presenting Complaint: Post-seizure activity with right-sided chest pain. History of Presenting Complaint: Friend present reports waking patient from sleep, unsure if patient had experienced a seizure. On crew arrival, patient alert and orientated. Complaining of right-sided chest pain localised to the third intercostal space, radiating into sternum and axilla. Pain described as tight and worsened on inspiration. Past Medical History: Bronchiectasis, epilepsy, ? functional neurological disorder Drug History: As per Clinical Portal. Allergies: As per Clinical Portal. Social History: Friend in attendance and able to support. Other Relevant Information: Chest pain reproducible on palpation and worsened with inspiration. Improved following administration of analgesia. No clinical signs suggestive of cardiac origin. Chest clear to auscultation throughout. No peripheral oedema. Observations stable: heart rate 64 bpm, respiratory rate 16, blood pressure 127/82 mmHg, temperature 37.2°C, blood glucose 5.9 mmol/L. ECG shows normal sinus rhythm with incomplete right bundle branch block, documented previously. No ongoing seizure activity or post-ictal features. Plan: Clinical picture consistent with likely musculoskeletal chest pain. Discussed with FNC consultant Jill Roche; patient appropriate to remain at home. Clinician on scene to provide clear safety-netting advice, including to seek urgent review if chest pain changes character, becomes non-reproducible, associated with breathlessness, syncope, or other concerning symptoms. Patient safeguarded and supported by friend.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Amy MacDonald2
Nurse

Copies to:

1. M Lyons (GP)

School Address:

Previous Patient Notes for Neurology (newest at the top).

Note: Specialty search returns patient notes from 13th November 2018 onwards. Patient notes older than that date, tagged Historical Notes, that don't have a specialty assigned can only be viewed within the Patient Notes section in the Clinical Documents tree.

Patient Note		**Outpatient Note**
Date/Time: 20-Nov-2025 00:03	**Created By:** Consultant Neurologist INS - Carolynne Doherty	**Role:** Doctor - GGC
Specialty: Neurology	**Organisation:**	Sensitive

Note:

Limb symptoms, tremor and cognitive dysfunction
Very unwell on ECMO with strep. pneumonia when she was 27
ASD awaiting closure
Non-specific WM changes on MRI head
Diagnosed with epilepsy in 2011 with a left temporal sharp wave on EEG
Road traffic collision April 2024
Fall down a flight of stairs February 2025
Bronchiectasis
B12 deficiency
Depression and anxiety
Collateral history from partner of stressful time ~5yrs ago after which her ability changed and she "wasn?t herself"

Attends with Sharon from Martha?s mammies - Things are "sh*t," feeling frustrated about family circumstances, and separation from daughter.
Linked in with life links - has not yet attended/states they did not phone her.
Two "wee episodes in September" - in crisis - in Alexandra parade - police were involved, taken to hospital, on the main road in a state of undress, crisis team/intervention team for a week, and then referred in to life links. Unclear if there was a seizure but Wendy thinks she had possibly a seizure a day of two before that - approximately 19th September - helped by a passer by. There may have been incontinence- unclear if it was on both occasions or not.
The following week reported that she was assaulted with two dogs, at the hospital they enquired whether she had a further event. Reported "blanking out" and not being able to remember.
Otherwise last event with seizure markers "ages ago."

Medication: dihydrocodiene, gabapentin, lansoprazole, sertraline, propranolol, inhalers. Thinks ? fexofenadine. Lamotrigine 75mg BD.

I explained that I still have some doubt about the diagnosis of epilepsy in Wendy?s case. I have asked Wendy and I?ve asked Sharon to try to support Wendy in trying to document the dates and details of any events, and if it is acceptable to Wendy for any events to be videoed that can be really helpful in terms of coming to a diagnosis.

Please could you increase the lamotrigine by 25mg every two weeks to 125mg BD?

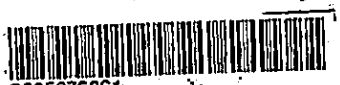
The second thing we did was to look at the Wendy?s recent MRI scan together and I showed her the little areas of high signal which are mainly in the frontal lobes of her brain. I completed a request for a follow up scan in 9-12 months time and I will see her again with the results.

I understand that waiting in the outpatient clinic is challenging for Wendy, so I have asked that if she has any further events or any more information becomes available, that she let the neurology secretaries know and I can review the information and offer her an appointment if that is appropriate.

NHS GREATER GLASGOW & CLYDE

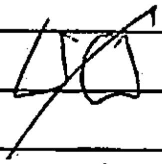
CLINICAL NOTES - MEDICAL ☑ NURSING ☐

Please tick ✔ appropriate directorate



Date & Time		Signature, Print Name & Designation
11/03/20		
1214.		
	ECHO - RF ? pneumonia.	
	ASD.	Bracken
	Epilepsy ? Cfg D. Neuro. HV.	
	External breathlessness.	
	CTPA + PE.	
	TTE - RV overload.	
		Clerk.
		Salbutamol.
	Dental work. → GJNEH.	
	Last few weeks.	
	- ? ↑ SOB. Ache + tightness worse.	
	R chest ache "bubble" "wearing off".	Contact.
	↓ pain	
	Not sure if flare. Cough - dry.	Some green.
	↓ appetite (poor).	
	↓ drowsy / LOC.	
	Cough started.	↓ smoking.
	Ambulance ~ week ago,	Cough smoking in
		children
	↓ ↓ breathing. Months.	
	Solutane most days.	

83949 GGC0072

Date & Time		Signature, Print Name & Designation
	 [illegible] wnwl. HR 54. 96%. RA	109/63
	— Bloods	
	— CXR	
	— Amox.	
		[signature]
		7753224

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: Neurology
Contact Tel: 0141 232 7749
Enquiries to: Stacey Davis
Letter Date: 05/03/2026
Reference: CD/SD
Dictated Date: 11/02/2026
Transcribed Date: 03/03/2026

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Dear Dr Davidson,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Thanks for getting in touch about Wendy. I was sorry to hear about her acute stress reaction following the break up with her partner. She has an appointment with me in September 2026 which is scheduled to be after follow up imaging. I agree with you I think it would be sensible to keep an eye on things while she is in this acute challenging phase and if it continues to be a problem let me know and I will arrange to bring her up earlier.

Many thanks.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
0/1
257 TODD STREET
Glasgow
G31 3SF

Clinical letter - GP:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	0141 201 1100
Department:	Neurology
Contact Tel:	0141 232 7749
Enquiries to:	Stacey Davis
Letter Date:	30/10/2025
Reference:	CD/SD
Dictated Date:	10/10/2025
Transcribed Date:	22/10/2025

Dear Dr Lyons,

Wendy McLeish; D.O.B: 25/05/1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

This lady had an MRI head performed on the 26th September 2025 and reported on the 30th September by Dr Finn Begbie. The MRI C -spine is normal and the MRI brain was reported with reference to the CT head of the 19th September 2025. It shows bilateral subcortical predominantly frontal T2 white matter hyperintensities felt to be in excess for patient age but non-specific in morphology and location.

She does have a known small ASD and had ECMO for severe pneumonia when she was 27 so this may be the explanation. I think it would be reasonable to perform interval imaging at 12 months and take things from there. I can see the decision has been taken to close the ASD so I have not requested an MRI just now and we can revisit when I see her in clinic.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
Flat 3/2
312 CUMBERNAULD RD
Glasgow
G31 3LY

Dr Christopher Rush
Consultant Cardiologist
Cardiology Department
Golden Jubilee National Hospital
Agamemnon Street
Clydebank
G81 4DY

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. M Lyons
Meadowpark Surgery
Parkhead Hub
1251 Duke Street
Glasgow
G31 5NZ

Main Switchboard:	
Department:	Neurology
Contact Tel:	0141 232 7749
Enquiries to:	Stacey.davis@nhs.scot
Letter Date:	18/11/2025
Reference:	CD
Dictated Date:	20/11/2025
Transcribed Date:	02/12/2025

Dear Dr. M Lyons,

Wendy McLeish; D.O.B: 25 May 1987; CHI: 2505876061
0/1, 257 TODD STREET, Glasgow, Lanarkshire, G31 3SF

Attendance: Specialty - Neurology; Clinic - SUCDONE401D-DR DOHERTY NEURO TUES PM
Date and Time of Appointment - 18/11/2025 15:45

Clinical Comments:
Limb symptoms, tremor and cognitive dysfunction

Very unwell on ECMO with strep. pneumonia when she was 27

ASD awaiting closure

Non-specific WM changes on MRI head

Diagnosed with epilepsy in 2011 with a left temporal sharp wave on EEG

Road traffic collision April 2024

Fall down a flight of stairs February 2025

Bronchiectasis

B12 deficiency

Depression and anxiety

Collateral history from partner of stressful time ~5yrs ago after which her ability changed and she "wasn't herself"

Attends with Sharon from Martha's mammies – Things are "sh*t," feeling frustrated about family circumstances, and separation from daughter.

Linked in with life links – has not yet attended/states they did not phone her.

Two "wee episodes in September" – in crisis – in Alexandra parade – police were involved, taken to hospital, on the main road in a state of undress, crisis team/intervention team for a week, and then referred in to life links. Unclear if there was a seizure but Wendy thinks she had possibly a seizure a day of two before that – approximately 19th September – helped by a passer by. There may have been incontinence- unclear if it was on both occasions or not.

The following week reported that she was assaulted with two dogs, at the hospital they enquired whether she had a further event. Reported "blanking out" and not being able to remember.

Otherwise last event with seizure markers "ages ago."

Medication: dihydrocodiene, gabapentin, lansoprazole, sertraline, propranolol, inhalers. Thinks ? fexofenadine. Lamotrigine 75mg BD.

I explained that I still have some doubt about the diagnosis of epilepsy in Wendy's case. I have asked Wendy and I've asked Sharon to try to support Wendy in trying to document the dates and details of any events, and if it is acceptable to Wendy for any events to be videoed that can be really helpful in terms of coming to a diagnosis.

Please could you increase the lamotrigine by 25mg every two weeks to 125mg BD?

The second thing we did was to look at the Wendy's recent MRI scan together and I showed her the little areas of high signal which are mainly in the frontal lobes of her brain. I completed a request for a follow up scan in 9-12 months time and I will see her again with the results.

I understand that waiting in the outpatient clinic is challenging for Wendy, so I have asked that if she has any further events or any more information becomes available, that she let the neurology secretaries know and I can review the information and offer her an appointment if that is appropriate.

Yours sincerely

Dr Carolynne Doherty

Consultant Neurologist

Electronically Signed: Dr Carolynne Doherty, Consultant

cc. Wendy McLeish
Flat 0/1
257 TODD STREET
Glasgow
G31 3SF

Outlook

RE: wendy mcleish chi 2505876061

From Carolynne Doherty (NHS Greater Glasgow and Clyde) <carolynne.doherty@nhs.scot>
Date Wed 11/02/2026 15:57
To Stacey Davis (NHS Greater Glasgow and Clyde) <stacey.davis@nhs.scot>

Thanks Stacey can you print the email to file please?
I've done a letter.
Thanks
C

From: Stacey Davis (NHS Greater Glasgow and Clyde)
Sent: 11 February 2026 15:14
To: Carolynne Doherty (NHS Greater Glasgow and Clyde) <carolynne.doherty@nhs.scot>
Subject: Fw: wendy mcleish chi 2505876061

Hi Carolynne
Please see below.
Thanks
Stacey

Stacey Davis
Medical Secretary
Neurology Department
QEUH
Tel: 0141 232 7749
Email: Stacey.davis@nhs.scot

From: Claire Davidson <claire.davidson6@nhs.scot>
Sent: 10 February 2026 17:06
To: Stacey Davis (NHS Greater Glasgow and Clyde) <stacey.davis@nhs.scot>
Subject: wendy mcleish chi 2505876061

Good afternoon,

I am emailing in regards to Wendy McLeish who is currently a patient of Dr Doherty's. She is under investigation for limb symptoms, tremor and cognitive dysfunction.

She presented on Friday with acute stress reaction following break up with her partner of 16 years. I gave her a short supply of diazepam to help manage it over the weekend. She denied any illicit substance use. However, during the appointment she mentioned worsening leg stiffness and tremors which she felt were new and I agreed to pass this on, especially as last clinic letter mentions to contact secretaries if any further events or information, in case she needs her appointment expedited? I do wonder however if this is related to the stress she is under with relationship breakdown.

Many thanks
Claire Davidson
GP Meadowpark Surgery

MRI Spine cervical

Performed	26-Sep-2025 14:24	Received	30-Sep-2025 08:35
Reported	30-Sep-2025 08:33	Order Number	G588C42232119
Status	Final	Source System	MiSys

MRI Spine cervical Final
Wendy McLeish
Clinical History :

pins and needles in hands and feet and fluctuant tremor. Working diagnosis functional neurological disorder but ? evidence of metabolic/HD/movement disorder and also ? cervical disc - fell down flight of stairs in Feb 2025 (though i think symptoms began before that.)

MRI Spine cervical :
Unenhanced routine sequences of cervical spine.

No prior for comparison.

No concerning marrow signal.
Normal vertebral alignment.
No compressive central or lateral stenosis.
Cord returns normal signal.

Opinion:
Unremarkable study.

MRI Head :
Unenhanced intracranial sequences.

Reference to CT head performed 19/09/2025.

Numerous bilateral subcortical, predominantly frontal, T2 white matter hyperintensities are deemed excessive for patient age although are nonspecific in morphology and location. Normal CSF spaces. No space-occupying lesion.

Opinion:
Several white matter hyperintensities deemed excessive for patient age but nonspecific in morphology and location. No convincing radiological evidence to support metabolic, demyelinating or movement disorder.

Reported by: Dr Finn Begbie and None
Verified by: Dr Finn Begbie

MRI Head

Performed	26-Sep-2025 14:24	Received	30-Sep-2025 08:35
Reported	30-Sep-2025 08:33	Order Number	G588C42232120
Status	Final	Source System	MiSys

MRI Spine cervical Final
Wendy McLeish
Clinical History :

pins and needles in hands and feet and fluctuant tremor. Working diagnosis functional neurological disorder but ? evidence of metabolic/HD/movement disorder and also ? cervical disc - fell down flight of stairs in Feb 2025 (though i think symptoms began before that.)

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Opinion:
Several white matter hyperintensities deemed excessive for patient age but nonspecific in morphology and location. No convincing radiological evidence to support metabolic, demyelinating or movement disorder.

Reported by: Dr Finn Begbie and None
Verified by: Dr Finn Begbie

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
PRINCESS ROYAL MATERNITY	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☐		
VALE OF LEVEN	☐	MATERNITY	☐
WEST AMBULATORY CARE HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

BADGERNET	☐
CAREVUE	☐
MEDICAL ILLUSTRATION	☐
METAVISION	☐
PHYSIOTHERAPY	☐
RADIOLOGY	☐
WEST MARC	☐
LABS	☐

23123532V
MCLEISH
WENDY

WESTERN INFIRMARY
GARTNAVEL GENERAL HOSPITALS

CONFIDENTIAL

A

NORTH GLASGO[illegible]ITALS DIVISION

NHS Greater Glasgow and Clyde
Department of Emergency Medicine
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-211-2559

CRN: 23123532V

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry, Dr N Dignon, Dr S Taylor
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow

MEDICAL RECORDS COPY

PATIENT

Surname	Forename		Age	Date of Birth	Arr Date	Time	A/E Number
MCLEISH	WENDY		19	25/05/87	09/08/06	23:25	032679/06

Address	Sex	Religion	Date of Inc	Time
1/1 52 Buccleuch Street GLASGOW	Female		09/08/06	18:00
	Marital Status: Single -	Occupation/School: STUDENT	Type of Inc: OTHER	Mode of Arrival: WALKING
PC: G3 6PQ Tel: 332 5950			Referred by: SELFREF	

GP

Name: Dr BLACKWOOD
Address: GOVAN HEALTH CENTRE, 5 DRUMOYNE ROAD, GLASGOW, G51 4BJ, 01415318470

NEXT OF KIN

Name: PENELOPE SPARROW
Relat: SUPPORT WORKER
No: 332 5950
Address: 1/1 52 Buccleuch St, GLASGOW, G3 6PQ

Initial Complaint: LIMB PROBLEMS LOWE

Triage Category:	Triage Time:
NO CATEGORY	23:25

A&E DOC1/ENP Code: MS — Time: 7350
A&E DOC2 Code: — Time:

Referred To: (Specialty) — Time:
Specialty DOC1: — Time:
Specialty DOC2: — Time:

Time of completion of treatment or decision to admit — Time: 00:45

Flow Group (see over) No: 1

ADMIT ☐ DISCHARGE ☒
Time: 00:45

Breach Code (see over)

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis: Avulsion # fifth left metatarsal

X-ray/ECG shows: Padded crepe bandage

Treatment:

Drugs: 3 days supply of Co-codamol has been given.

Drugs: 2 days supply of _____ has been given.

Tetanus Prophylaxis:(please tick) Booster_____ Course required _____ HATI_____ Not required_____

Would you please arrange_____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up	None	Arranged	We will arrange:

Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Others *(specify)*

Doctor/ENP name *(PRINT)*: ALISON POLLOCK

Signature of Doctor/ENP:

CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP
(please circle)

CODE: MS

NHS Greater Glasgow and Clyde
Department of Emergency Medicine
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-211-2559

CRN: 23123532V

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry, Dr N Dignon, Dr S Taylor
NURSE MANAGER: Mr G D Wright

NHS Greater Glasgow
TREATMENT COPY

PATIENT

Surname	Forename	Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY	19	25/05/87	10/08/06	13:55	032741/06

Address: 1/1 52 Buccleuch Street, GLASGOW
Sex: Female
Religion:
Date of Inc: 10/08/06
Time:
Marital Status: Single -
Occupation/School: STUDENT
Type of Inc: OTHER
Mode of Arrival: WALKING
PC: G3 6PQ
Tel: 332 5950
Referred by: SELFREF

GP
Name: Dr BLACKWOOD
Address: GOVAN HEALTH CENTRE, 5 DRUMOYNE ROAD, GLASGOW, G51 4BJ, 01415318470

Initial Complaint: LIMB PROBLEMS LOWE
Triage Category: NO CATEGORY
Triage Time: 13:55

NEXT OF KIN
Name: PENELOPE SPARROW
Relat. SUPPORT WORKER
Address: 1/1 52 Buccleuch St, GLASGOW, G3 6PQ
[redacted]l. No 332 5950

A&E DOC1/ENP Code: [illegible] Time: 14.10
A&E DOC2 Code: Time:
Referred To: (Specialty) Time:
Specialty DOC1: Time:
Specialty DOC2: Time:
Time of completion of treatment or decision to admit Time:
Flow Group (see over) No:
ADMIT ☐ DISCHARGE ☑
Time: 14.10
Breach Code (see over)

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis : [illegible]

X-ray/ECG shows: [illegible]

Treatment : [illegible]

[redacted] Drugs : 1 ________ days supply of ________ has been given.
Drugs : 2 ________ days supply of ________ has been given.
Tetanus Prophylaxis:(please tick) Booster____ Course required ____ HATI____ Not required____
Would you please arrange________

DISCHARGE CODES: *Please circle*
1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up: None ____ Arranged ____ We will arrange:

Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Others *(specify)*

Doctor/ENP name *(PRINT)* [illegible]
Signature of Doctor/ENP [illegible]
CON AS SpR SG SHO3 SHO FY1 FY2 CA. ENP *(please circle)*
CODE:

NHS Greater Glasgow and Clyde

North Glasgow Hospitals

Western Infirmary

Diagnostic Imaging Report

MCLEISH, WENDY **25/05/1987**

7 Wallacewell Road, Lanarkshire, G21 3NJ

E-10319181 CHI:
WIG ACCIDENT AND EMERGE
MR WM TULLETT
Hosp.

DR DAVID STEELE

Clinical History :
Car ran over foot. Tender at heel.

CALCANEUM, LEFT :
There is a linear lucency with an associated step in the cortex at the spur of the calcaneum which is likely to represent a fracture at this site.
Clinical correlation advised.

Typed By - SUSAN CLARK

08966

Patient's name Wendy McLeish Age ______ Date of Birth 25/5/87

NURSING DOCUMENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Date ______ Time ______ Triage Nurse ______ PC ______

DNA # clavi this AM

? Cast given in error

Remains in pain

Triage category 1 2 3 **(4)** 5

Relatives present: Relatives informed:

INITIAL VITAL SIGNS

at:(Time) ______
HR: ______
BP: ______
RR: ______
SaO_2: ______
Temp: ______
G.C.S: ______
Signed ______

INITIAL MANAGEMENT

Nurse ______

Oxygen started ______ %: Signed ______ ECG: Signed ______

Signed ______

Other ______

Treatment ______

NEUROLOGICAL OBSERVATIONS

RESPONSIVENESS		TIME hrs								1
EYES OPEN	spontaneously	4								eye closed by swelling =C
	to speech	3								
	to pain	2								
	none	1								
BEST VERBAL RESPONSE	orientated	5								Endotracheal tube or Tracheostomy = E Dysphaisa=D
	confused	4								
	inappropriate words	3								
	incomprehensible sounds	2								
	none	1								
BEST MOTOR RESPONSE	obey commands	6								Record the best arm response
	localises pain	5								
	normal flexion to pain	4								Paralysed =P
	abnormal flexion to pain	3								
	extention to pain	2								
	none	1								
	COMA SCORE 15									

PUPILS										2
RIGHT	size (mm)									+= Reacts -=No Recaction C= Eye closed SL= sluggish pupil
	Reaction									
LEFT	size (mm)									
	Reaction									

LIMB MOVEMENT										3
ARMS	Normal power									Record right (R) and left (L) seperatly if there is a difference between the two sides
	Mild weakness									
	Severe weakness									
	Extention									
	No response									
LEGS	Normal power									Fractured limb = #
	Mild weakness									
	Severe weakness									
	Extention									
	No response									

4

PUPIL SCALE (mm): 1, 2, 3, 4, 5, 6, 7

BLOOD PRESSURE mm Hg / PULSE RATE: 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30

Temp C°: 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30

RESPIRATORY RATE								5
SaO_2								
NURSE INITIALS								6

BLOOD GLUCOSE BM STIX	Time				
	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	pH L. eye R. eye				

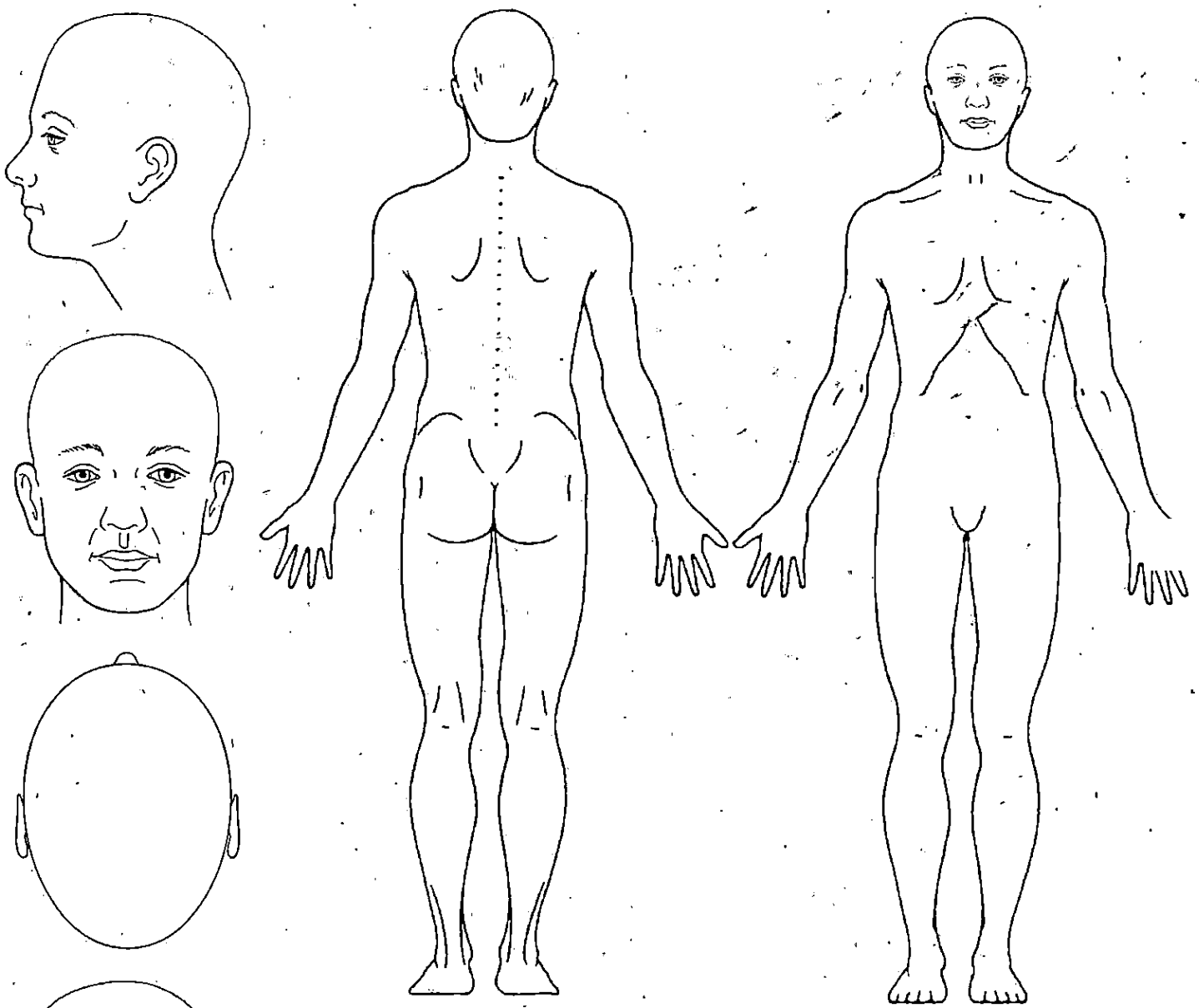
Signed: ______

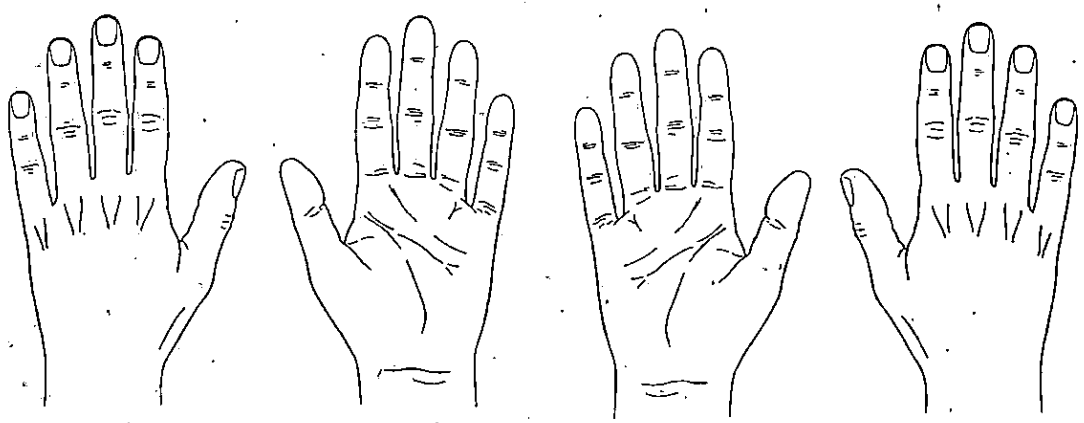
URINALYSIS

Urobilinogen µmol/L	Normal 3 ☐	16 ☐	33 ☐	66 ☐	131 ☐		
Protein gm/L	Neg ☐	Trace ☐	0.30 + ☐	1 ++ ☐	3 +++ ☐	>20 ++++ ☐	
pH	5.0 ☐	6.0 ☐	6.5 ☐	7.0 ☐	7.5 ☐	8.0 ☐	8.5 ☐
Blood	Neg ☐	Non Haem ☐	Haem Trace ☐	Small + ☐	Mod ++ ☐	Large +++ ☐	
Specific Gravity	1.000 ☐	1.005 ☐	1.010 ☐	1.015 ☐	1.020 ☐	1.025 ☐	1.030 ☐
Ketones mmol/L	Neg ☐	Trace 0.5 ☐	Small 1.5 ☐	Mod 4 ☐	Large 8 ☐	Large 16 ☐	
Bilirubin	Neg ☐	Small + ☐	Mod ++ ☐	Large +++ ☐			
Glucose mmol/L	Neg ☐	5.5 Trace ☐	14 + ☐	28 ++ ☐	55 +++ ☐	111 ++++ ☐	
Nitrites	Neg ☐	☐	Positive ☐				
Leucocytes	Neg ☐	Trace ☐	Small + ☐	Mod ++ ☐	Large +++ ☐		
BHCG	+ ve	- ve					

Signed: ______

Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds





Left

Dorsal

Palmar

Right

Palmar

Dorsal

Signed _____

CLINICAL NOTES - ACCIDENT and EMERGENCY

Consultant _____ Seen by _____

Grade: SpR SHO SHO3 JHO Clin Assist ENP *(Please circle)* At (time) _____

Date

19/
+
- calcaneal Spur #
- nvb
- Cond # clinic

Redon.
Crutches,
clinic

CLINICAL NOTES - ACCIDENT and EMERGENCY

Date

Date

CLINICAL NOTES - ACCIDENT and EMERGENCY

Date	

UNITARY MEDICAL RECORD and EXAMINATION

Consultant _____ Seen by _____

Grade: SpR SHO SHO3 JHO Clin Assist ENP *(Please circle)* At (time) _____

Date	**HISTORY**
	Presenting Complaint:
	History of Presenting Complaint:

Date

Past Medical History:

- Diabetes
- Obesity
- Hypertension
- MI
- CABG
- Rheumetic Fever
- TB

Allergies

Drug History:

Family and Social History:

EXAMINATION:

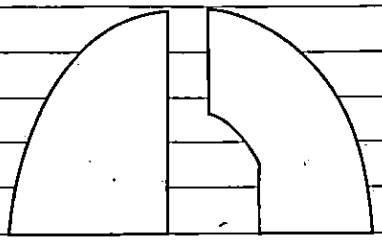
Vital Signs: BP P RR T

0_2 Sat

General Appearance:

Cardiovascular

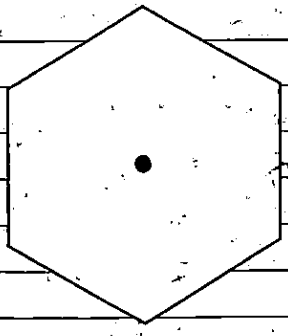
Respiratory



MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Abdominal



Central / Peripheral Nervous System GCS

EO MR VR

Other

INVESTIGATIONS DONE Time

U & E's		GLUC		LFT's		Para/Sal		Troponin		D - Dimer	
FBC		COAG		Blood Cultures		MSU		ABG			

ECG

CXR

Other

DIFFERENTIAL DIAGNOSIS

Date

PLAN

Name Sign Grade

Date Time

SHO/SPR REVIEW

Name Sign Grade Date Time

Date

Consultant Review

Name Sign Date Time

Results

Biochemistry		Haematology	Other
Na	Paracetamol	Hb	CXR.
K	Salicylate	MCV	
CL		WCC	
Ur	D - Dimer	NEUT	
Cr		Platelets	
Gluc			
Ca^{2+}	ABG	INR	
Troponin		APTT	
Amylase	O_2	PT	
Bil	CO_2		
AST	H^+		
ALT	BI		
ALP	BE		
γGT			
ALB	COHb		
CRP			

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYAXIS)

Date given	Drug *(BLOCK CAPITALS)*	Dose	Method of Administration	Time of Administration	Signature	Given by

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

MIS 109437

NHS Greater Glasgow and Clyde
Department of Emergency Medicine
WESTERN INFIRMARY
GLASGOW
G11 6NT
Tel: 0141-211-2304/2409
Fax: 0141-211-2559

CRN: 23123532V

CONSULTANTS: Mr W M Tullett, Mr P T Grant, Dr S Perry, Dr N Dignon, Dr S Taylor, Mr G D Wright
NURSE MANAGER:

NHS Greater Glasgow TREATMENT COPY

PATIENT

Surname	Forename		Age	Date of Birth	Arr Date	Time	AE Number
MCLEISH	WENDY		19	25/05/87	09/08/06	23:25	032679/06

Address: 1/1 52 Buccleuch Street, GLASGOW
Sex: Female
Religion:
Date of Inc: 09/08/06
Time: 18:00
Marital Status: Single
Occupation/School: STUDENT
Type of Inc: OTHER
Mode of Arrival: WALKING
PC: G3 6PQ
Tel: 332 5950
Referred by: SELFREF

GP
Name: Dr BLACKWOOD
Address: GOVAN HEALTH CENTRE, 5 DRUMOYNE ROAD, GLASGOW, G51 4BJ, 01415318470

EXT OF KIN
Name: PENELOPE SPARROW
Relat.: SUPPORT WORKER
Tel. No.: 332 5950
Address: 1/1 52 Buccleuch St, GLASGOW, G3 6PQ

Initial Complaint: LIMB PROBLEMS LOWE

Triage Category: NO CATEGORY — Triage Time: 23:25
A&E DOC1/ENP Code: MS — Time: 23:50
A&E DOC2 Code: — Time:
Referred To: (Specialty) — Time:
Specialty DOC1: — Time:
Specialty DOC2: — Time:
Time of completion of treatment or decision to admit: 00:45
Flow Group (see over) No: 1
ADMIT ☐ DISCHARGE ☒ Time: 00:45
Breach Code (see over)

Dear Doctor,
The above named patient attended the A & E Department today.

Diagnosis: Ankle fracture

X-ray/ECG shows: Fractured fibre

Treatment:

Drugs : 1 3 days supply of [illegible] has been given.

Drugs : 2 ____ days supply of ____ has been given.

Tetanus Prophylaxis:(please tick) Booster____ Course required____ HATI____ Not required____

Would you please arrange____

DISCHARGE CODES: *Please circle*

1. Admission
2. Discharge
3. Refer to G.P.
4. Transfer to other hospital *(see below)*
5. Died
6. Refer to O.P. Clinic *(see below)*
7. Irregular Discharge
8. D.O.A.

Ward No. *(if admitted)*	Transfer to Hospital	Consultant *(if admitted)*

Follow-up: None____ Arranged____ We will arrange:

Service/ Clinic Referral	AE	Dressings	Hand	Fracture	Ortho	Medical	Surgical	Skin	ENT	Gyn	OHPAT	IRIS	Others *(specify)*

Doctor/ENP name *(PRINT)*: [illegible]

Signature of Doctor/ENP:

CON AS SpR SG SHO3 SHO FY1 FY2 CA ENP
(please circle)

CODE: MS

Patient's name Wendy McLeish Age ______ Date of Birth ______

NURSING DOCUMENTATION - ACCIDENT & EMERGENCY DEPARTMENT

Date ______ Time 2340 Triage Nurse LA PC Car ran over (L) foot about 4hrs ago ?how this happened exactly but was crossing the road. Not weight bearing. Swelling [illegible]

Triage category 1 2 (3) 4 5

Relatives present: Relatives informed: ✓

INITIAL VITAL SIGNS

at:(Time) ______
HR: ______
BP: ______
RR: ______
SaO_2: ______
Temp: ______
G.C.S: ______
Signed ______

INITIAL MANAGEMENT

Nurse ______
Oxygen started ______ %: Signed ______ ECG: Signed ______
Signed ______
Other ______
Treatment ______

NEUROLOGICAL OBSERVATIONS

	TIME	hrs								1
RESPONSIVENESS	EYES OPEN	spontaneously 4								eye closed by swelling =C
		to speech 3								
		to pain 2								
		none 1								
	BEST VERBAL RESPONSE	orientated 5								Endotracheal tube or Tracheostomy = E Dysphaisa=D
		confused 4								
		inappropriate words 3								
		incomprehensible sounds 2								
		none 1								
	BEST MOTOR RESPONSE	obey commands 6								Record the best arm response
		localises pain 5								
		normal flexion to pain 4								Paralysed =P
		abnormal flexion to pain 3								
		extention to pain 2								
		none 1								
		COMA SCORE 15								

PUPILS	RIGHT	size (mm)								2 += Reacts -=No Recaction C= Eye closed SL= sluggish pupil
		Reaction								
	LEFT	size (mm)								
		Reaction								

LIMB MOVEMENT	ARMS	Normal power								3
		Mild weakness								Record right (R) and left (L) seperatly if there is a difference between the two sides
		Severe weakness								
		Extention								
		No response								
	LEGS	Normal power								
		Mild weakness								Fractured limb = #
		Severe weakness								
		Extention								
		No response								

4

PUPIL SCALE (mm): 1, 2, 3, 4, 5, 6, 7

BLOOD PRESSURE mm Hg: 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30

PULSE RATE

Temp C°: 40, 39, 38, 37, 36, 35, 34, 33, 32, 31, 30

RESPIRATORY RATE 5

SaO_2

NURSE INITIALS 6

BLOOD GLUCOSE	Time				
BM STIX	BM				
PEAK FLOW	Time				
	PF				
VISUAL ACUITY	R. eye aided/unaided				
	L. eye aided/unaided				
	pH L. eye R. eye				

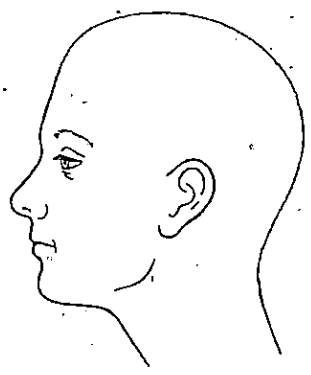
Signed: ______

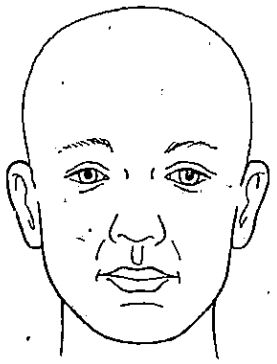
URINALYSIS

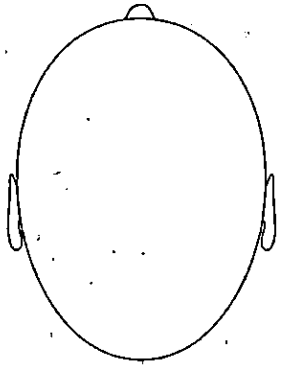
Urobilinogen µmol/L	Normal 3 ☐ 16 ☐ 33 ☐ 66 ☐ 131 ☐
Protein gm/L	Neg ☐ Trace ☐ 0.30 + ☐ 1 ++ ☐ 3 +++ ☐ >20 ++++ ☐
pH	5.0 ☐ 6.0 ☐ 6.5 ☐ 7.0 ☐ 7.5 ☐ 8.0 ☐ 8.5 ☐
Blood	Neg ☐ Non Haem ☐ Haem Trace ☐ Small + ☐ Mod ++ ☐ Large +++ ☐
Specific Gravity	1.000 ☐ 1.005 ☐ 1.010 ☐ 1.015 ☐ 1.020 ☐ 1.025 ☐ 1.030 ☐
Ketones mmol/L	Neg ☐ Trace 0.5 ☐ Small 1.5 ☐ Mod 4 ☐ Large 8 ☐ Large 16 ☐
Bilirubin	Neg ☐ Small + ☐ Mod ++ ☐ Large +++ ☐
Glucose mmol/L	Neg ☐ 5.5 Trace ☐ 14 + ☐ 28 ++ ☐ 55 +++ ☐ 111 ++++ ☐
Nitrites	Neg ☐ ☐ Positive ☐
Leucocytes	Neg ☐ Trace ☐ Small + ☐ Mod ++ ☐ Large +++ ☐
BHCG	+ ve / - ve

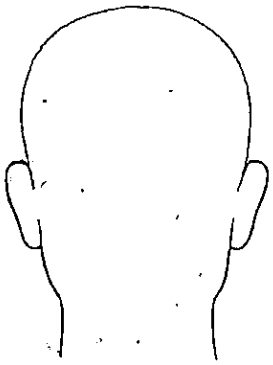
Signed: ______

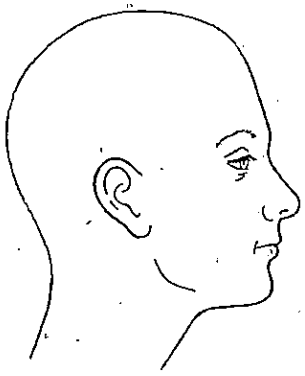
Please annotate area of: Tenderness / Bruising / Swelling / Abrasions / Lacerations / Incised wounds

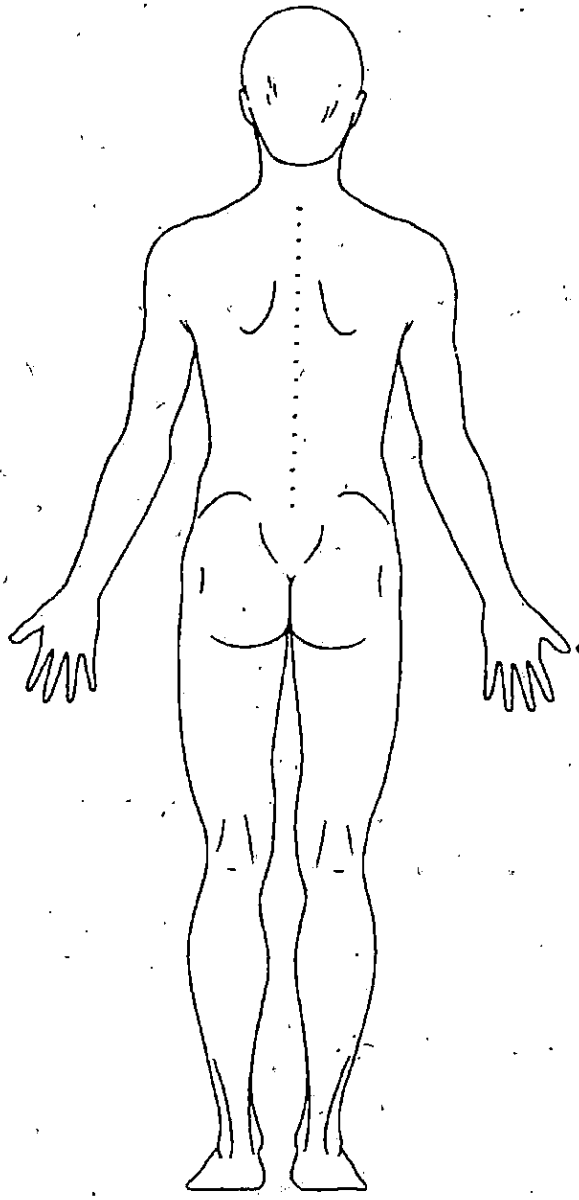


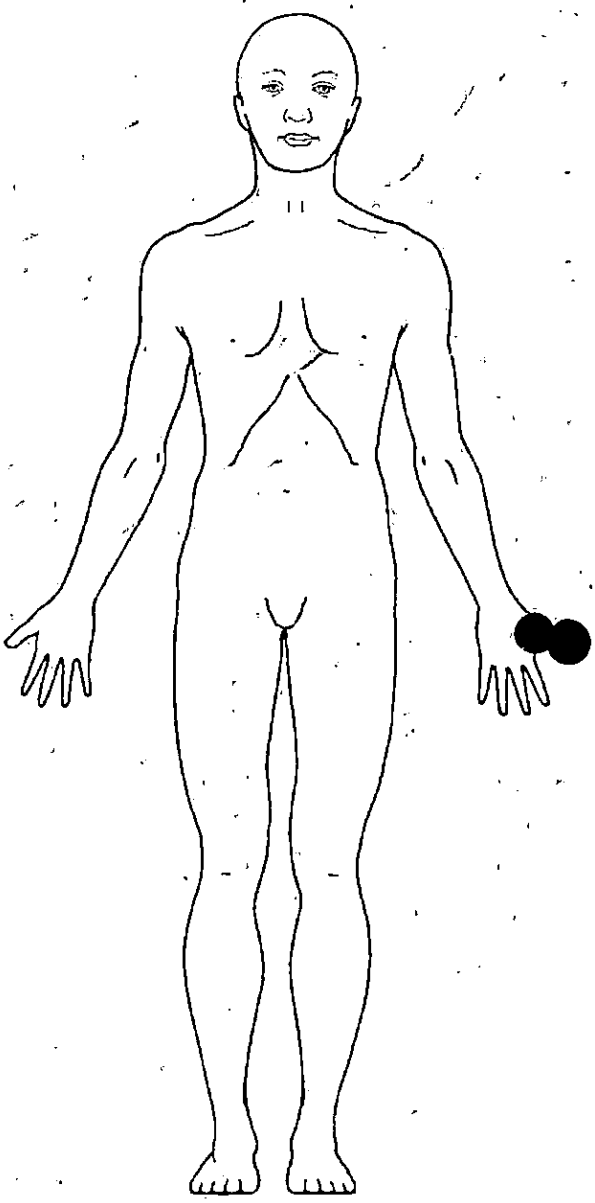


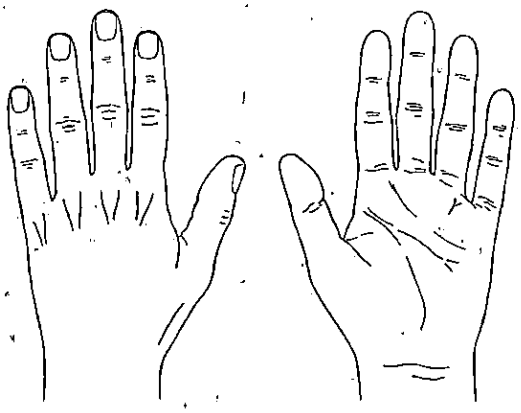








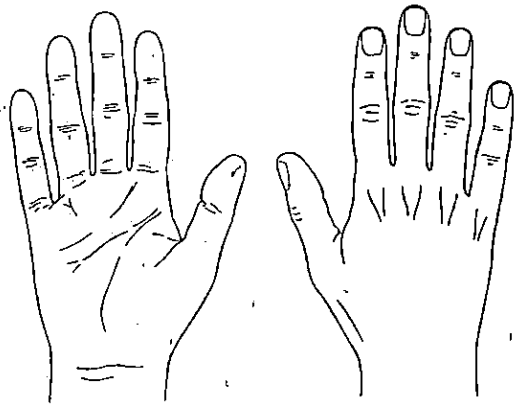




Dorsal

Left

Palmar



Palmar

Right

Dorsal

Signed _____

CLINICAL NOTES - ACCIDENT and EMERGENCY

Consultant _____ Seen by ALISON POLLOCK

Grade: SpR SHO (SHO3) JHO Clin Assist ENP *(Please circle)* At (time) 2350

Date

9/8/06 PC foot injury

HPC A car ran over his foot
Bruising & few bruises
Denies other injury
NO PMH
no analgesia taken
able to walk on tip toes
O/E small amt bruising around heel
pain toes
knee
R ankle due to pain
Neuro intact
Tender at calcaneum only
XR calcaneum → Avulsion # from heel spur
elevate + crepe
analgesia
#crutches

AP

CLINICAL NOTES - ACCIDENT and EMERGENCY

Date

CLINICAL NOTES - ACCIDENT and EMERGENCY

Date

Date

UNITARY MEDICAL RECORD and EXAMINATION

Consultant _____ Seen by _____

Grade: SpR SHO SHO3 JHO Clin Assist ENP *(Please circle)* At (time) _____

Date	**HISTORY**
	Presenting Complaint:
	History of Presenting Complaint:

Date

Past Medical History:

- Diabetes
- Obesity
- Hypertension
- MI
- CABG
- Rheumetic Fever
- TB

Allergies

Drug History:

Family and Social History:

EXAMINATION:

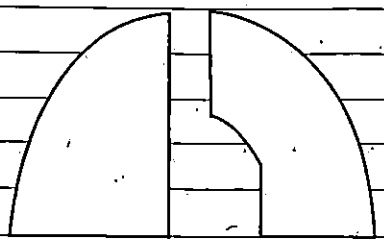
Vital Signs: BP P RR T

0_2 Sat

General Appearance:

Cardiovascular

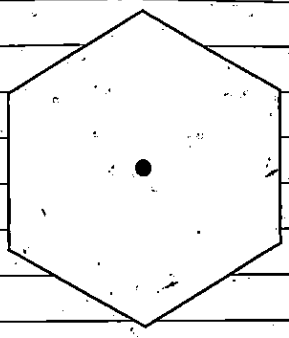
Respiratory



MEDICAL NOTES - HISTORY and EXAMINATION *(cont)*

Date

Abdominal



Central / Peripheral Nervous System GCS

EO MR VR

Other

INVESTIGATIONS DONE Time

U & E's		GLUC		LFT's		Para/Sal		Troponin		D - Dimer	
FBC		COAG		Blood Cultures		MSU		ABG			

ECG

CXR

Other

DIFFERENTIAL DIAGNOSIS

Date

PLAN

Name Sign Grade

Date Time

SHO / SPR REVIEW

Name Sign Grade Date Time

Date

Consultant Review

Name Sign Date Time

Results

Biochemistry		Haematology	Other
Na	Paracetamol	Hb	CXR
K	Salicylate	MCV	
CL		WCC	
Ur	D - Dimer	NEUT	
Cr		Platelets	
Gluc			
Ca^{2+}	ABG	INR	
Troponin		APTT	
Amylase	O_2	PT	
Bil	CO_2		
AST	H^+		
ALT	BI		
ALP	BE		
γGT			
ALB	COHb		
CRP			

ONCE ONLY PRESCRIPTIONS (INCLUDING TETANUS PROPHYAXIS)

Date given	Drug *(BLOCK CAPITALS)*	Dose	Method of Administration	Time of Administration	Signature	Given by
08/16	Coldyramol	2	PO	QID		

PARENTERAL FLUID PRESCRIPTION SHEET

Date	FLUID	Volume	Time to run	Rate mls/hr	ADDED DRUGS	Quantity	Doctors Signature	Added by	Start time 24hr Clock	Put up by	Checked by	Serial/ Batch no

N.B. IF USING A SYRINGE DRIVER/INFUSION PUMP PLEASE USE THE "PRESRIPTION AND ADMINISTRATION SHEET FOR MEDICINES GIVEN BY SYRINGE DRIVER/INFUSION PUMP"

REFUSAL TO REMAIN UNDER HOSPITAL CARE

I wish to take my discharge. I appreciate that this is against the advice and wishes of the Consultant or his or her deputy looking after me. I acknowledge that I have been informed of the risks of doing so and I accept full responsibility for my actions and any consequences arising from them.

Name *(print)* _____ Signature _____

I confirm that I have explained to the patient the risks that might arise out of his / her decision to take his / her own discharge.

Date _____ Signature _____
(Medical Practitioner)

DISCHARGE DETAILS (NURSING)

Treatment _____

_____

_____ Signed _____

(Please put initials in box)

Crutches ☐ Return appointment ☐ Advice Card ☐ Medication ☐

Escort to ward ☐ Relatives informed ☐ IRIS ☐ Transport ☐ Time booked _____

Discharged with _____ Admitted / transfered to _____

Time discharged _____ Signed _____

MIS 109437

North Glasgow University Hospitals Division
Orthopaedic Department Notes

NHS Greater Glasgow

WENDY MCLEISH
1/1
52 BUCCLEUCH STREET
GLASGOW
G3 6PQ

D.O.B 25.05.87

Western Infirmary
Dumbarton Road
Glasgow G11 6NT
0141 211-2563
0141 211-1853
0141 211-2938
0141 211-2422

Mr J Roberts New Fracture Clinic – 11 August 2006

This patient was reviewed today in the fracture clinic. A car ran over her foot 2 days ago. She has been complaining of left sided heal pain since.

On examination there is slight swelling in the lateral aspect of the heal. She is tender mildly around the calcaneus. Her ankle is non-tender and has a full range of movement. Remainder of the foot is non-tender. She does not appear to have sustained any significant soft tissue or crush injury. There is no neurovascular deficit. Achillies tendon is clinically intact.

X-ray perhaps reveals a calcaneal spur fracture.

A tubi grip has been provided and the patient has been provided and the patient has been encouraged to mobilise as her symptoms allow. She has been discharged from the clinic.

MM/DF/23123532

Cc: Dr Blackwood, Govan Health Centre, 5 Drumoyne Road, Glasgow, G51 4BJ

Michael Mullen
SHO III in Orthopaedics