

SAR Team
Health Records Department
Glasgow Royal Infirmary Hospital
8 - 16 Alexandra Parade
Glasgow
G31 2ER



MMA Legal Ltd
23 Goodlass Road
Building B
Speke
Liverpool
L24 9HJ

Date: 22nd June 2026
Your Ref: 100035
Our Ref: SAR Team /PA
Enquiries To: Patricia
Direct Line: 0141 201 3382
Email: patricia.armstrong3@nhs.scot

Dear Sir/Madam,

Re: Subject Access Request under the General Data Protection Regulation

PATIENT: LORRAINE MOFFAT DOB: 02/04/1968

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:

**GLASGOW ROYAL INFIRMARY & STOBHILL HOSPITAL RECORDS
X-RAYS NOT REQUESTED**

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 me.

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

SAR 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

☐

QUEEN ELIZABETH UNIVERSITY HOSPITAL

☐

MATERNITY

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ROYAL ALEXANDRA HOSPITAL

☐

MATERNITY

☐

ROYAL HOSPITAL FOR CHILDREN

☐

STOBHILL HOSPITAL

☐

VALE OF LEVEN

☐

MATERNITY

☐

WEST CARE AMBULATORY HOSPITAL

☐

WESTERN INFIRMARY RECORDS

☐

Including:

BADGERNET

☐

CAREVUE

☐

MEDICAL ILLUSTRATION

☒

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐



Lorraine MOFFAT
CHI: 0204686547

I certify that the enclosed photographs are
a true and accurate record of the patient above,
who was photographed by myself on

(as dated)

and witnessed by

-

MIS No: C25-065753
CHI: 0204686547
Date: 16/09/2025



Consent Status	A	B	C
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A = Records ONLY, B = Teaching & Records, C = Publication

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	☐		
QUEEN ELIZABETH UNIVERSITY HOSPITAL	☐	MATERNITY	☐
ROYAL ALEXANDRA HOSPITAL	☐	MATERNITY	☐
ROYAL HOSPITAL FOR CHILDREN	☐		
STOBHILL HOSPITAL	☒		
VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		
<u>Including:</u>			
BADGERNET	☐		
CAREVUE	☐		
MEDICAL ILLUSTRATION	☐		
METAVISION	☐		
PHYSIOTHERAPY	☐		
RADIOLOGY	☐		
WEST MARC	☐		



Dr J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison Brown
Telephone: 0141 355 1210
Reference: AB / AMcG
07/08/2025

Dear Dr Lynch

Patient Details: CHI Number 0204686547
Unit Number 0204686547
Name Lorraine Moffat
Date of Birth 02/04/1968
Address Flat 44, 3 Greenhill Court
Glasgow G73 2DH

Your patient was seen at the clinic on 04/06/2025 and at this visit, LLETZ (Loop Excision) treatment was performed.

No smear was taken.

A LLETZ biopsy of the cervix was taken and the result was CIN1.

Your patient has been treated for CIN1 and has now been discharged from the colposcopy clinic. I recommend that a follow up smear should be taken in 6 months time.

Your patient has been advised of the results and that she will be invited to attend for her next smear test. Your patient will therefore appear on your Recommended Call List (RCL) on SCCRS in due course.

Yours sincerely

Mrs A McGowan
Nurse Colposcopist

copy to:

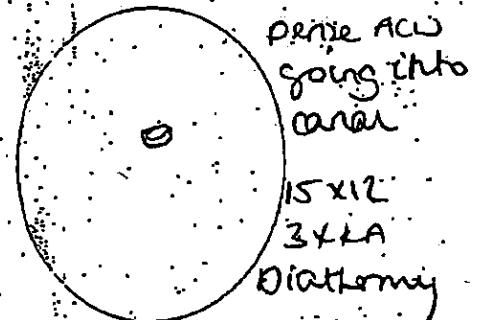
COLPOSCOPY CLINIC CARD - NEW REFERRALS ONLY

PATIENT DETAILS	
	
0204686547	
MOFFAT	F
Lorraine	02/04/1968
Flat 44	
3 Greenhill Court	
Glasgow	
G73 2DH	

APPOINTMENT DETAILS	
Hospital	Stobhill
Code	
Consultant	Ans. McQueen
Appointment Date	4.6.25
Time	
Type of Episode	New Outpatient ☒
Attendance Status:	
2: Cancelled by Patient	☐
5: Attended but Could NOT Wait	☐
1: Attended	☒
3: Cancelled by Clinic	☐
8: Did not Attend DNA	☐
LMP: Aged 44	Parity: 2 (NVD x2)
Contraception:	

NEW REFERRAL DETAILS (captured for 1 st visits only)			
Date of Referral: 10.4.25		Date of Referral Smear: 11.12.25	
* Reason for referral		* hr-HPV Status at Referral	
0: Not known	☐	1: Positive (First)	☒
1: Abnormal screening test	☒	2: Positive (Second)	☒
2: Abnormal test after colposcopy	☐	3: Positive (Third)	☐
3: Clinically suspicious cervix	☐	4: Negative	☐
4: Suspicious symptoms	☐	5: Fail	☐
5: Other	☐	99: None	☐
Main Referral Symptom		* Referral Source	
0: Not known	☐	1: GP	☐
1: None	☒	2: Consultant same unit	☐
2: IMB	☐	3: Consultant other unit, same H&Brd	☐
3: PCB	☐	4: Consultant other unit, other H&Brd	☐
4: Discharge	☐	6: Prison / Penal establishments	☐
5: PMB	☐	9: Other (includes armed forces)	☐
6: Other	☐	6: Other	☐
Previous Cervical Surgery	Yes ☐ No ☒	Year of Treatment (up to 5 can be recorded)	
0: Not Known	☐	2000	MILD DYSK
1: None	☐		
2: LLETZ	☐		
3: Cold Coagulation	☐		
4: Laser Ablation	☐		
5: Cone Laser/Knife	☐		
6: Cryotherapy	☐		
7: Trachelectomy	☐		
8: Cervical Amputation	☐		
9: Hysterectomy	☐		
Referral Cytology		Recurrent LG	
0: Not known	☐	2018 - bx Neg.	
1: No smear	☐	PMH:	
2: Negative (normal smear)	☐	WELL	
3: Unsatisfactory	☐	Drugs: Vit D, Folic Acid	
4: Borderline change in squamous cells	☐	Mirtazapine	
5: Low grade dyskaryosis	☒	Allergies: Penicillin	
6: Borderline change in endocervical cells	☐	Smoking: 20cpd - advised	
7: High grade dyskaryosis (moderate)	☐		
8: High grade dyskaryosis (severe)	☐		
9: High grade dyskaryosis? Invasive	☐		
10: Endocervical Adenocarcinoma	☐		
11: Endometrial or other malignancy	☐		

COLPOSCOPY ASSESSMENT DETAILS			
* Colposcopy Done:	Yes ☒ No ☐	* Colposcopist Name:	Ans. McQueen
Findings:		** Transformation Zone Classification	
** SCJ Visualised	Yes ☐ No ☒	0: Not known	☐
Acetowhite	☐	1: Type I - Fully visualised	☐
Mosaic	☐	2: Type II - In to canal but visualised	☐
Punctation	☐	3: Type III - Not fully visualised	☒
Atypical Vessels	☐	* Patient Pregnant?	Yes ☐ No ☒ Expected Date of Delivery: 1.1.26
** Colposcopic Opinion Cervical		** Colposcopic Opinion Vaginal	
1: No cervix	☐	1: Normal	☒
2: Normal	☐	2: HPV/Inflamm/benign	☐
3: HPV/Inflamm/benign	☐	3: VaIn/low grade	☐
4: CIN/low grade	☐	4: VaIn/high grade	☐
5: CIN/high grade	☐	5: Invasion	☐
6: Invasion	☐	6: Other	☐
7: Other	☐	7: Not performed	☐
8: Not performed	☐		



PLEASE TICK ALL APPROPRIATE BOXES ✓

* DENOTES MANDATORY ITEM for ALL NEW REFERRALS

** MANDATORY IF COLPOSCOPY / BIOPSY / TREATMENT / SMEAR DONE at VISIT

v1.0 20 Aug 2019

COLPOSCOPY CLINIC CARD - NEW REFERRALS ONLY

DIAGNOSTIC PROCEDURE / TREATMENT DETAILS

*Cervix Biopsy Type

- 1: No biopsy
- 2: Directed biopsy
- 3: Multiple directed biopsy
- 4: Excisional biopsy (LLETZ)
- 5: Wedge Biopsy

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*Cervix Histology Result 1

- 1: Unsatisfactory
- 2: Normal
- 3: CIN1
- 4: CIN2
- 5: CIN3
- 6: Invasive Squamous (Ia1)
- 7: Invasive Squamous (Ia2)
- 8: Invasive Squamous (>1a)
- 9: CGIN
- 11: Invasive Adenocarcinoma
- 12: Other

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Cervix Histology Result 2

- 1: Unsatisfactory
- 2: Normal
- 3: CIN1
- 4: CIN2
- 5: CIN3
- 6: Invasive Squamous (Ia1)
- 7: Invasive Squamous (Ia2)
- 8: Invasive Squamous (>1a)
- 9: CGIN
- 11: Invasive Adenocarcinoma
- 12: Other

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**Definitive Histology (Highest)

- 1: Unsatisfactory
- 2: Normal
- 3: CIN1
- 4: CIN2
- 5: CIN3
- 6: Invasive Squamous (Ia1)
- 7: Invasive Squamous (Ia2)
- 8: Invasive Squamous (>1a)
- 9: CGIN
- 11: Invasive Adenocarcinoma
- 12: Other
- 13: None

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*Was Vaginal Biopsy Done?

Yes ☐ No ☒

**Vaginal Biopsy Result

- 1: Unsatisfactory
- 2: Normal
- 3: VaIN1
- 4: VaIN2
- 5: VaIN3
- 6: Invasive vaginal carcinoma
- 7: Other

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Excision Complete (LLETZ)

- 1: Complete
- 2: Endo cervix - incomplete
- 3: Ecto cervix - incomplete
- 4: Both - incomplete
- 5: Inconclusive

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14x16x10

*Was smear done at Visit?

Yes ☐ No ☒

**Smear Result

- 1: Negative (normal smear)
- 2: Unsatisfactory
- 3: Borderline change in squamous cells
- 4: Low grade dyskaryosis
- 11: Borderline change in endocervical cells
- 5: High grade dyskaryosis (moderate)
- 6: High grade dyskaryosis (severe)
- 7: High grade dyskaryosis? Invasive
- 8: Glandular Abnormality
- 9: Endocervical Adenocarcinoma
- 10: Endometrial or other malignancy

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**hr-HPV Status

- 1: Positive
- 2: Negative
- 99: None

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*Procedure / Treatment Performed

- 1: None
- 2: LLETZ
- 3: Cold coagulation
- 4: Laser ablation
- 5: Cone (laser or knife)
- 6: Cryotherapy
- 7: Trachelectomy
- 8: Cervical amputation
- 9: Hysterectomy

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**Analgesia Administered

- 1: No analgesia
- 2: Local analgesia
- 3: General/regional anaesthesia

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Patient consent obtained? Yes ☒ No ☐

2 x 400 mg PBO

FOLLOW UP CARE / MANAGEMENT PLAN

*Planned follow-up care / treatment

- 1: Colposcopy clinic appointment
- 2: Hospital smear clinic appointment
- 3: Treatment - Inpatient / Day Case
- 4: Treatment - Outpatient

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- 5: Cancer Treatment
- 6: Discharge
- 7: Other care or treatment

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Discharge Pathway

- Primary HPV Screening
- Test of Cure
- Conservative Management
- Cytology Surveillance (Low Grade)
- Cytology Surveillance (High Grade)

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Standard letter number:
Dictated letter only:

Patient

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GP

☒

No months to next follow up
Recommend interval to next smear (months)

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NOTES:

SIGNATURE

Amg

DATE

4/8/25

CHAPERONE

PLEASE TICK ALL APPROPRIATE BOXES

* DENOTES MANDATORY ITEM FOR ALL NEW REFERRALS

** MANDATORY IF COLPOSCOPY / BIOPSY / TREATMENT / SMEAR DONE at VISIT



Ms Lorraine Moffat
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

COLPOSCOPY DEPARTMENT
WOMEN & CHILDREN'S DIRECTORATE
STOBHILL HOSPITAL
133 Balornock Road
Glasgow
G21 3UW
Contact: Alison Brown
Telephone: 0141 355 1210
Reference: AB / AMcG
06/08/2025

Dear Ms Moffat

CHI number: 0204686547 Unit number: 0204686547

Thank you for attending the clinic on 04/06/2025.

A LLETZ (Loop Excision) treatment was performed at this visit and the result was low-grade CIN (abnormal cells, not cancer).

The test results indicate that you no longer require to attend the colposcopy clinic. I recommend that your next smear should be taken in 6 months time.

Your GP has been advised of your results. You will be contacted nearer the time to make arrangements for your next smear appointment.

If you have any concerns please contact your own GP or alternatively contact the Colposcopy Department on 0141 355 1209 or 0141 355 1831 and we will do our best to help you.

Yours sincerely

Mrs A McGowan
Nurse Colposcopist

copy to:



***Bone Metabolism/Fracture Liaison Service
Glasgow Royal Infirmary/Stobhill Hospital
Telephone 0141 201 5301/5300***

Osteoporosis Specialist Nurses: Sr Frances Lovell/ CN David McKee
Consultant: Dr J Hinnie

Ref: FL/FL/0204686547

05-Jan-2023

Dr. JANIS LYNCH
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN

G73 2PQ

Dear Dr. LYNCH,

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Your patient recently attended hospital having sustained a fracture.
She was subsequently assessed for Osteoporosis risk on 05-Jan-2023.

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors

Past history of fragility fracture(s)

Fracture Risk Factors

History of previous fracture (>50yr)

Fracture History

TV10 (Aged 54)

Left Radius and/or Ulna (Aged 53)

Treatment Recommendations

Treatment recommendation deferred until after further assessment at the clinic

Lifestyle Recommendations

(None)

Densitometry: Patient attending for DXA assessment at an alternative osteoporosis centre.

This patient's fracture care was discussed by the trauma team GRI; this patient has not been seen in person by the Fracture Liaison Service.

This patient resides out with the GRI/Stobhill area and we will pass on their details to the appropriate team for assessment of osteoporosis, however this lady is already on the waiting list for DXA at QEUH following # left radius in January 2022.

Yours sincerely

Direct Access Spirometry Report

OUTREACH SPIROMETRY SERVICE
Stobhill Hospital

Pre vs. Post Report

Patient Information		
Name: Moffat, Lorraine	ID: 0204686547	Birthdate: 02/04/1968
Height at test (cm): 158.0	Sex: Female	Smoking history (pk-yrs):
Weight at test (kg): 58.0	Age at test: 43	Predicted set: ECCS 1983/93, Polgar(Peds)1971

Comments: Dr Lynch Overtoun Medical
Diagnosis:

Interpreted by:

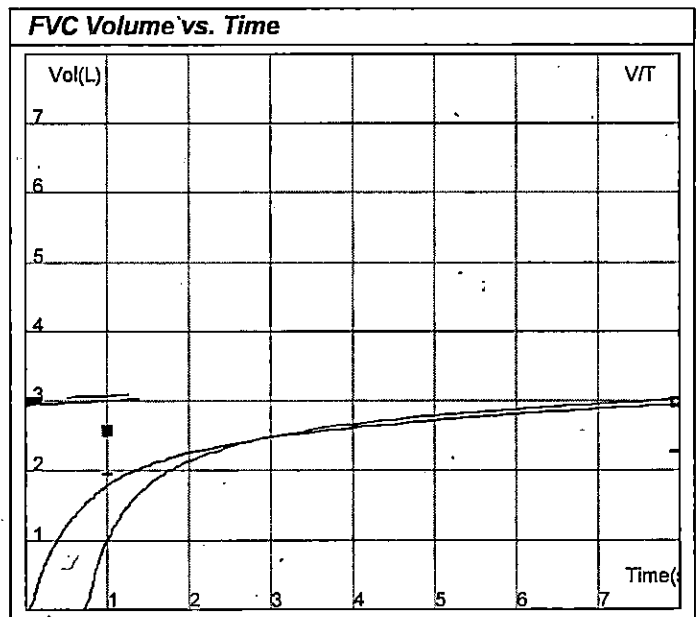
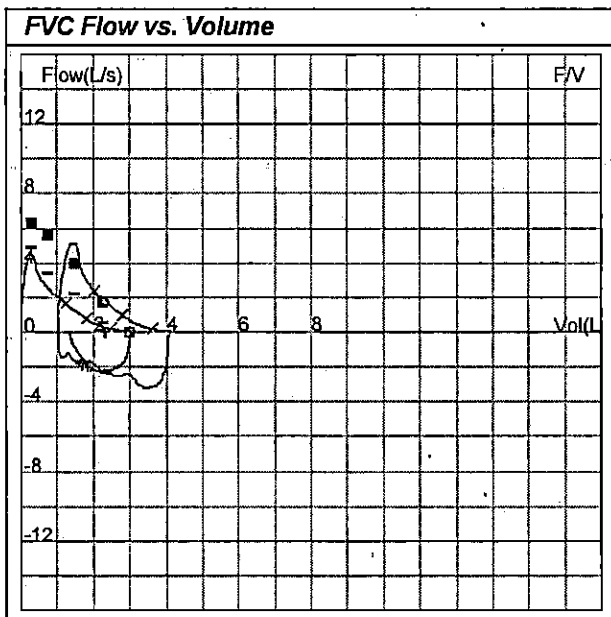
Interpretation
MODERATE OBSTRUCTIVE PULMONARY IMPAIRMENT. Bronchodilator produces no significant response. Post bronchodilator results consistent with QOF COPD (Stage 2 NICE). Suggest reinforcement of smoking cessation advice and continuation with symptomatic bronchodilator therapy as per COPD Management Guideline. Spo2 98%, MRC Grade 2: Dr R Carter

Site: Stobhill
Physician:
Technician: Clare Donnelly

Effort protocol: ATS 1987
Bronchodilator:

Test date/time: 08/08/11 14:07:48
Pre-BD Number of efforts performed: 3
Post-BD-Number of efforts performed: 3

Results						
Result	Pred	Pre	%Prd	Post	%Prd	%Chg
FVC (L)	2.99	3.02	101%	3.09	103%	2%
FEV1 (L)	2.57	1.84	72%	1.99	78%	8%
FEV1/FVC	0.81	0.61		0.64		6%
FEF25-75% (L/s)	3.44	0.86	25%	1.04	30%	21%
PEFR (L/s)	6.30	4.42	70%	5.14	82%	16%
Vext %	—	1.67	—	2.19	—	31%



ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC

☐

ACS

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BEATSON HOSPITAL

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CANNIESBURN HOSPITAL

☐

DENTAL HOSPITAL

☐

GARTNAVEL GENERAL HOSPITAL

☐

GLASGOW ROYAL INFIRMARY

☒

INVERCLYDE ROYAL HOSPITAL

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MATERNITY

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NEW VICTORIA ACH

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PRINCESS ROYAL MATERNITY

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MATERNITY

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ROYAL ALEXANDRA HOSPITAL

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MATERNITY

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ROYAL HOSPITAL FOR CHILDREN

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STOBHILL HOSPITAL

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VALE OF LEVEN

☐

MATERNITY

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WEST CARE AMBULATORY HOSPITAL

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WESTERN INFIRMARY RECORDS

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Including:

BADGERNET

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CAREVUE

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MEDICAL ILLUSTRATION

☐

METAVISION

☐

PHYSIOTHERAPY

☐

RADIOLOGY

☐

WEST MARC

☐

Letter to Patient: Clinical



Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Lorraine Moffat
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Canniesburn plastic surgery

17/10/2025

JM/MC

17/10/2025

17/10/2025

Dear Lorraine Moffa,

You were recently referred to the Plastic Surgery Department.

In accordance with the National Exceptional Protocol (2019), this referral has been assessed by the referral MDT. Decision is NRP MDT October 2025 Outcome- Unfortunately nothing for plastics to offer

Yours sincerely,

PLASTIC SURGERY

MDT Vetting Panel

Electronically Signed: ,

cc.

Clinical letter - GP: Clinical



Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF

0141 211 4000

Canniesburn plastic surgery

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated Date:

Transcribed Date:

17/10/2025

JM/MC

17/10/2025

17/10/2025

Dear Dr. Janis Lynch ,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547

Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

You recently referred this patient to the Plastic Surgery Department.

In accordance with the National Referral Protocol (2025), this referral has been assessed by the referral MDT. Decision is NRP MDT October 2025 Outcome- Unfortunately nothing for plastics to offer.

Yours sincerely,

PLASTIC SURGERY

MDT Vetting Panel

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

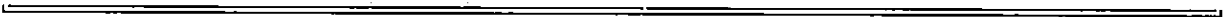
REFERRAL TO	
Plastic Surgery GGC Plastics	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral Date of referral	Routine 06-Aug-2025 Date sent 07-Aug-2025

PATIENT DETAILS	Patient's address
Surname: Moffat Forename(s): Lorraine Title: Miss Sex: Female Date of birth: 02-Apr-1968 CHI no.: 0204686547 Area of Residence:	44 3 Greenhill Court RUTHERGLEN GLASGOW G73 2DH Contact number(s): Voice: 239 4360 Voice: 07754572626

101037270251Q	Unique Care Pathway Number: 101037270251Q
-----------------	---

REGISTERED GP DETAILS	Practice address
Name: Dr J Lynch GMC code: 3493207 GP code: 33006 Practice name: Overtoun Medical Practice (18914) Practice code: 60139	130 Stonelaw Road Rutherglen G73 2PQ Contact number(s): Voice: 0141 531 6010 E-mail: OMP@nhs.scot

REFERRING GP DETAILS	Practice address
Name: Dr. Janis Lynch GMC code: 3493207 GP code: 33006 Practice name: Overtoun Medical Practice (60139) Practice code: 60139	Rutherglen Health Centre 130 Stonelaw Road RUTHERGLEN G73 2PQ Contact number(s): Voice: 0141 531 6010



CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Recurrence of Lichenoid keratosis above left upper lip

Comment: Dear Miss Tay,

This 57 year old lady had excision of an area of lichenoid keratosis from her face in 2023.

In the last six months there has been a recurrence lateral to her surgical scar which has gradually enlarged, not painful or itchy. There is an erythematous area there measuring 1x0.5cm near to the nasal labial fold.

I would be very grateful of your further assessment of her ? further excision.

Very many thanks

Yours sincerely,

Dr J Lynch

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Fracture of lower end of radius (Left)	-	26-Oct-2024	26-Oct-2024
[X]Osteopenia	-	27-Feb-2023	27-Feb-2023
Closed fracture thoracic vertebra, wedge	T9	03-Jan-2023	03-Jan-2023
Closed fracture of radius and ulna, lower end (Left)	-	07-Jan-2022	07-Jan-2022
Dry eyes	-	09-Jan-2020	09-Jan-2020
[X]Deliberate drug overdose / other poisoning	-	26-Aug-2019	26-Aug-2019
Sjogren -Larsson syndrome	-	23-Mar-2014	23-Mar-2014
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Alopecia areata	-	14-Mar-2008	14-Mar-2008
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

<u>Description</u>	<u>Comment</u>	<u>Date of Onset</u>
FH: CVA/stroke	07-Jun-2019	
FH: Ischaemic heart dis. <60	07-Jun-2019	
FH: Ischaemic heart dis. <60	08-May-2013	
No family history diabetes	Disease: SPICE Basic Health Values, priority=2	07-Sep-2007
FH: Ischaemic heart dis. <60	12-Mar-1996	

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Stexerol-D3 Tablets 1,000 units	30	30 TABLET	1 CAP MANE	-	09-Dec-2024	09-Dec-2024
Saliveze Spray 50 ml	1	1 spray	TO BE USED AS DIRECTED	-	03-Sep-2021	07-Mar-2025
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	21-Nov-2017	17-Jul-2025

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Trimethoprim Tablets 200 mg	6	6 TABLET	ONE TO BE TAKEN TWICE A DAY	-	06-Jun-2025	06-Jun-2025
Mirtazapine Tablets 45 mg	28	28 tablet	1 TABLET AT NIGHT DISPENSE WEEKLY	-	09-Sep-2024	29-Jul-2025

Blood Pressure

<u>Date Recorded</u>	<u>Systolic</u>	<u>Diastolic</u>
12-Sep-2023	120	82
13-Mar-2023	135	75
02-Dec-2021	126	60
07-Jun-2019	108	60
12-Jun-2017	106	70

Body Measurements

<u>Date Recorded</u>	<u>Height</u>	<u>Weight</u>	<u>BMI</u>
12-Sep-2023	-	46	-
02-Dec-2021	154	54	22.77
07-Jun-2019	154	54	22.77
12-Jun-2017	-	54	22.77
07-Jun-2016	-	55	-

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Height (m):	154	-
Weight (kg):	46	-
BMI (Weight / Height):	22.77	-
Ex-cigarette smoker:		02-Dec-2021
Stopped smoking:		02-Dec-2021
Ex smoker:		02-Dec-2021
Cigarette smoker, 15 Cigarettes/day:		07-Jun-2019
Never smoked tobacco:		12-Jun-2017
Alcohol consumption, 2 units/week:		07-Jun-2019
Alcohol intake within rec limit:		12-Jun-2017
Alcohol units per week 2 :		12-Jun-2017
Alcohol intake within rec limit:		09-Feb-2015
Alcohol units per week 1 :		09-Feb-2015
Aerobic exercise 2 times/week:		12-Jun-2017
GPPAQ physical act ind: active:		12-Jun-2017
GPPAQ physical act ind: active:		09-Feb-2015
GPPAQ physical act ind: active:		25-Oct-2013
Aerobic exercise 1 time/week:		08-May-2013

Clinical warnings**Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
Adverse reaction to Naproxen	abdominal pain and nausea	22-Jan-2021

Additional Support Needs

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

Clinical letter - GP:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Orthopaedics
0141 201 3734

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

24/03/2023
NPK/BM
14/03/2023
14/03/2023

Dear Dr Lynch,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: T9 insufficiency fracture, normal calcium, normal vitamin D on bloods, previous bone densitometry treated on bisphosphonate

Plan: discharged

I saw Lorraine today in the fracture clinic. She is doing fairly well. She is now 10 weeks post injury which was an insufficiency fracture. It has not changed on x-rays and she is comfortable. I have advised her as she is post menopausal to take calcium and vitamin D supplements. Otherwise, weight bearing exercises and core exercises should be done for her back.

I have discharged her back into your care if there are no further issues.

Yours sincerely,

Niak Pui Koh,

Senior Clinical Fellow

Orthopaedics

www.nhsggc.scot/orthopaedicsgri

Electronically Signed: Dr Niak Pui Koh, Doctor

cc.

Clinic Letter



Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Plastic Surgery Unit
0141 201 6436
Angela.O'Neil@ggc.scot.nhs.uk
17/02/2023
ST/AON
17/02/2023
06/03/2023

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court; Glasgow, G73 2DH

Attendance: Specialty - Plastic Surgery; Clinic - CASTPS9-DR S TAY BREAST RECON PLASTICS
FRI AM
Date and Time of Appointment - 17/02/2023 12:00

Clinical Comments:

I reviewed this lady in Clinic today. She had lichenoid keratosis of her left upper lip with no evidence of malignancy or dysplasia. She has healed very well and although her lip is pulled to the left side I think this will settle over time. She is pleased with the scar at present and I have given her some scar management advice and stressed the importance the importance of sun damage as there was evidence of sun damage within the specimen.

I am discharging her back to your care.

With kind regards,

Yours sincerely

Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

cc.

Clinical letter - GP:



Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
0141 211 4000
Orthopaedics
0141 201 3734

Dr. J. Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

06/02/2023
PR/BM
24/01/2023
24/01/2023

Dear Dr Lynch,

Lorraine Moffat; D.O.B: 02/04/1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Diagnosis: insufficiency fracture T9

Date of Injury: 03/01/23

Management: conservative

Lorraine is a 54 year old lady who sustained this injury following a fall 3 weeks ago. She was admitted to hospital for PT/OT and analgesia as she was unable to manage at home. She progressed well and was discharged. She is back today for review as her discharge letter had said to review at 2, 6 and 12 weeks with x-rays of the T spine.

X-rays today show significant wedging of the T9 vertebral body, unchanged in appearance from her x-rays on 09/01/23. She is managing well, she is mobilising with the aid of a walking stick outdoors but this is more due to balance and fear of falling as opposed to any change in her lower limb strength. Indeed, she had 5/5 power in all myotomes in the lower limbs today. She had normal sensation. She denies any bladder or bowel symptoms.

I am happy for her to go back to do light core strengthening exercises. She has a small gym at home. She has been told not to do any heavy lifting for another 6-8 weeks. We will see her back as her discharge letter stated 6 weeks with x-rays of the T spine on arrival. These would be beneficial to be standing thoracolumbar x-rays as opposed to plain film thoracic x-rays which will be requested as such, so standing thoracolumbar x-rays.

Yours sincerely,

Paul Ryan, ST4

Orthopaedic Registrar

www.nhs.uk/ggc/scot/orthopaedicsgri

Electronically Signed: Dr Paul Ryan, Doctor

cc.

McEnaney, Linda

Booked

From: Elias Jones, Cameron
Sent: 16 January 2023 08:53
To: Orthopaedic Outpatients, GRI
Subject: Re: Appointments

Hi Linda

Lorraine Moffat is a trauma patient so should be seen at the Tuesday AM # OPD on 24/1/23 - please mark "WBing Xray Thoracic spine on arrival"

Kind regards
Cameron

From: McEnaney, Linda <Linda.McEnaney@ggc.scot.nhs.uk> on behalf of Orthopaedic Outpatients, GRI <ORTHOGR752@ggc.scot.nhs.uk>
Sent: 11 January 2023 16:47
To: Elias Jones, Cameron <Cameron.EliasJones@ggc.scot.nhs.uk>
Subject: FW: Appointments

Hi Cameron see e-mail below for Lorraine Moffat. Your first available return appointment is going in to June. Can you please advise. Thanks.

From: Mares, Bogdana Andrea
Sent: 11 January 2023 15:55
To: Orthopaedic Outpatients, GRI <ORTHOGR752@ggc.scot.nhs.uk>
Subject: Appointments

Hello

Can you please book these patients:

0204686547

Lorraine Moffat

CEJ Clinic, 2weeks, 6 weeks, 8 weeks.

Immediate Discharge Letter



Highly Sensitive: No
Consent for Sharing Withheld: No

JANIS LYNCH Overton Medical Practice, Rutherglen Health Centre, 130 Stonelaw Road, RUTHERGLEN, G73 2PQ

Main Switchboard:
Date of Completion: 17-Jan-2023

Dear JANIS LYNCH,

Name	CHI	DoB	Address
Lorraine Moffat	0204686547	02-Apr-1968	Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Admitted	Type	Discharged	Destination
03-Jan-2023 02:21	IP	10-Jan-2023	

Specialty	Consultant	Ward	Telephone
Orthopaedics	Elias-Jones	GRI Ward 61 Orthopaedics	

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

Significant Operations / Procedures:
There is no data to display.

Last Discharge Review: Omonuwa Iredia (7834981 - FY2) on 10 Jan 2023 15:01

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
Beclometasone 100microg/ Formoterol 6microg/dose dry pdr inh	inhalation	ONE PUFF TO BE INHALED TWICE A DAY,				Y	
Carbomer '980' 0.2% eye drops	ophthalmic	1 eye drop twice daily when required					
Diazepam 2mg tablets	oral	1 tablet three times daily when required , one week supply please	Yes				Added Amended
Dihydrocodeine 30mg tablets	oral	1-2 tablets up to four times daily	Yes				Amended
Doxycycline 100mg capsules	oral	1 capsule twice daily , Fixed Period 5 Day(s) from 08 Jan 2023	Yes				Added
Folic acid 5mg tablets	oral	ONE TO BE TAKEN EACH DAY,	Yes			Y	
Ibuprofen 400mg tablets	oral	1 tablet three times daily	Yes				Added
Lactulose 3.1-3.7g/5ml oral solution	oral	15 mL twice daily	Yes				Added
Paracetamol 500mg tablets	oral	2 tablets four times daily when required , Fixed Period 1 Week(s) from 12 Jan 2022	Yes				
Salamol 100micrograms/dose Easi-Breathe inhaler (CST Pharma Ltd)	inhalation	1 dose four times daily when required					
Trazodone 150mg tablets	oral	1 tablet once daily at night , supply 5 days only	Yes				Added Amended

"Added" means this medicine was added to the Clinical Portal record after admission. It does not necessarily mean this medicine was started by the hospital.

Dispensing Comments
.dispensed m mallon 11/1/2023

Withheld Medication:

Date	Withheld Drug Name	Route	Dose	Note	Withheld Reason
There is no data to display.					

Stopped Medication:

Date	Stopped Drug Name	Route	Dose	Note	Stopped Reason
There is no data to display.					

Reason for Admission and Presenting Complaints	Admission Category
No data available	No data available

Clinical Comments:	Dear Dr, Lorraine Moffat was admitted with back pain and found to have a wedge fracture of t9. She was managed with PT and analgesia and found suitable for discharge with fracture clinic follow up in 2, 6 and 12 weeks. On admission she was noted to have a neutropenia. This was investigated with a blood film which showed "Mild neutropenia with mature morphology" and macrocytic cells and suggested a b12/folate screen. This screen was clear and she was treated with doxycycline for a chest infection. We discussed this with haematology who suggested a repeat blood in 6 weeks by yourselves would be most appropriate to see that this has resolved. Regards,
Discharge Comments:	
Follow Up:	Yes #clinic follow up as above
Results Awaited:	No
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Moffat Lorraine

CHI: 0204686547

DoB: 02-Apr-1968

Yours sincerely,

Omonuwa IREDIA

Prescription Review

Medications reviewed by pharmacist: Amy Harkins (Pharmacist)

Checked by: Jacqueline CAMPBELL3 (pharmacy technician)

Discharged by: Christopher LEIU (FY2)



Bone Metabolism/Fracture Liaison Service
Glasgow Royal Infirmary/Stobhill Hospital
Telephone 0141 201 5301/5300
Osteoporosis Specialist Nurses: Sr Frances Lovell/ CN David McKee
Consultant: Dr J Hinnie

Ref: FL/FL/0204686547

05-Jan-2023

Dr. JANIS LYNCH
Rutherglen Health Centre
130 Stonelaw Road
RUTHERGLEN

G73 2PQ

Dear Dr. LYNCH,

Lorraine Moffat, DOB: 02-Apr-1968
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Your patient recently attended hospital having sustained a fracture.
She was subsequently assessed for Osteoporosis risk on 05-Jan-2023.

The following clinical risk factors have been reviewed:

Osteoporosis Risk Factors

Past history of fragility fracture(s)

Fracture Risk Factors

History of previous fracture (>50yr)

Fracture History

TV10 (Aged 54)

Left Radius and/or Ulna (Aged 53)

Treatment Recommendations

Treatment recommendation deferred until after further assessment at the clinic

Lifestyle Recommendations

(None)

Densitometry: Patient attending for DXA assessment at an alternative osteoporosis centre

This patient's fracture care was discussed by the trauma team GRI; this patient has not been seen in person by the Fracture Liaison Service.

This patient resides out with the GRI/Stobhill area and we will pass on their details to the appropriate team for assessment of osteoporosis, however this lady is already on the waiting list for DXA at QEUI following # left radius in January 2022.

Yours sincerely

Sr Frances Lovell

Clinic Letter

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
0141 211 4000

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Plastic Surgery Unit
0141 201 6436
Angela.O'Neil@ggc.scot.nhs.uk
20/12/2022
ST/AON
20/12/2022
04/01/2023

Dear Dr. J Lynch,

Lorraine Moffat; D.O.B: 02 Apr 1968; CHI: 0204686547
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH

Attendance: Specialty - Plastic Surgery; Clinic - GRGPCPS3-GENERIC PLASTICS CONS TUES AM
Date and Time of Appointment - 20/12/2022 09:10

Clinical Comments:

Thank you for referring this 54 year old lady who had some Juvederm injection to her upper lip three years ago. She tells me that this became very bruised and swollen and has not really settled since. She has noticed two lesions on her left upper lip that have not healed and these look like ulcerated BCC's.

These will be amenable to excision and direct closure and unfortunately their placement makes it difficult to orientate the scar and she understands this.

She has eczema, bronchial asthma, alopecia, vitiligo, Sjogren's disease and she is on Trazodone and inhalers. She is allergic to Flucloxacillin. She lives alone and smokes 10-15 a day but will try and cut this down.

I will see her for follow-up once we have the results in roughly eight weeks.

With kind regards.

Yours sincerely

Sherilyn Tay

Consultant Plastic Surgeon

Electronically Signed: Ms Sherilyn Tay, Consultant

cc.

Immediate Discharge Letter

Highly Sensitive: No Consent for Sharing Withheld: No

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road
Rutherglen
G73 2PQ

Plastic Surgery Unit
84 Castle Street
Glasgow
G4 0SF
Main Switchboard: 0141 211 4000
Date of Completion: 20/12/2022

Dear Dr J Lynch,

Name	CHI	DoB	Address
Lorraine Moffat	0204686547	02/04/1968	Flat 44 Glasgow G73 2DH

Admitted	Type	Discharged	Destination
20/12/2022 09:45	In Patient	20/12/2022	

Specialty	Consultant	Ward	Telephone
Plastic Surgery	Ms Sherilyn Tay	GRI/CAN Laser Day Unit	

Reason for Admission and Presenting Complaints	Admission Category
	Admission for treatment - Where the patient is expected to be treated for a diagnosed condition not otherwise specified

Diagnosis	Site	Side

Date	Procedures/Interventions/Operations

Clinical Comments:

Treatments: Excision lesion left upper lip

Follow-up arranged: 1/52 ROS at GP surgery 6/52 Ms Tay

Planned Outpatient Investigations: Histopathology

Final Discharge letter y
to follow:

Medication Info:

Allergies:

Height: cm

Weight: kg

Discharge Medication:

Medicine	Route	Dose	UOM	Frequency	Duration	Pharmacy Comment
----------	-------	------	-----	-----------	----------	---------------------

Discontinued Medication:

Drug Name	Dose	UOM	Reason
-----------	------	-----	--------

Yours sincerely,
Ms Sherilyn Tay
Consultant

Prescription Review

Medications Reviewed by Pharmacist: ,
Dispensed Medications Checked by Pharmacy: ,
Nurse discharging patient: Tracey Lamont, Nurse Practitioner

Letter to Patient:



Lorraine Moffat
72 Neilvaig Crescent
Rutherglen
Glasgow
G73 4FH

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Rheumatology
Tel: 0141 232 1029
Enquiries to: Dr Sarah Saunders

Letter Date: 17/03/2014
Reference: SS/AI
Dictated Date: 14/03/2014
Transcribed Date: 14/03/2014

Dear Ms Moffat ,

Further to your Rheumatology clinic appointment I have the results of your investigations available. I did a number of blood tests on the day. Your kidney function, liver function, thyroid function and bone chemistry tests were all normal. Your blood count is normal. A blood test known as creatinine kinase which checks for inflamed muscles was also normal. Blood tests looking simply for inflammation known as CRP and ESR were also normal.

In terms of specific blood tests looking for auto-immune disorders, as before, your anti-nuclear antibody continues to be positive and you have an antibody in your blood known as anti-Ro antibody which was present previously. Blood tests for rheumatoid arthritis were negative.

As I mentioned in the clinic the antibody tests that are positive in your case are commonly seen in the condition known as Sjögren's syndrome. I do not think, however, that the type of joint pains that you were describing in the clinic fitted with the arthritis that people with Sjögren's syndrome normally have. I, therefore, do not think that any specific treatment for Sjögren's syndrome is required. I have sent the results of your tests to your GP in addition to yourself and they know that should your joint symptoms change in any way they can refer you back up to the clinic.

I have also made a referral to my Physiotherapy colleagues and they will contact you with and appointment in due course.

No further follow-up appointment with myself is required at this point.

Kind regards

Yours sincerely

Sarah Saunders

Consultant Rheumatologist

Electronically Signed: Dr Sarah Saunders, Consultant

cc. Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Referral letter:



Dr Mhairi Brandon
Ward 22
Rheumatology Day Ward
Ground Floor
Centre Block
Glasgow Royal Infirmary
GLASGOW

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Rheumatology
Tel:
Enquiries to:

Letter Date: 11/03/2014
Reference: SS/MAC
Dictated Date: 03/03/2014
Transcribed Date: 27/02/2014

Dear Dr Brandon,

Name: Moffat Lorraine
CHI: 0204686547
DOB: 02/04/1968
Address: 72 Neilvaig Crescent
Rutherglen
Glasgow
G73 4FH

I wonder if you or Lorraine Friel would be kind enough to see this lady. I have enclosed a copy of my clinic letter for your information. Essentially, she is having a lot of mechanical/ tendonitis related problems in her right arm. I think she would benefit from some targeted injections, some input regarding joint protection and the provision of an epicondylar clasp if that were something you were able to get.

As I think she would probably benefit from a multifaceted approach, I am referring her to yourselves rather than simply arranging joint injection and I am grateful to you for your help with her management.

Yours sincerely

SARAH SAUNDERS

Consultant Rheumatologist

Electronically Signed: Dr Sarah Saunders, Consultant

cc.

Refer to or
Suspect website.

INJECTION THERAPY CHECKLIST

CLINICAL DIAGNOSIS:

Gloster epicondylitis

DATE:

03/04/14

	
0204686547	
MOFFAT	F
Lorraine	02/04/1968
72 Neilvaig Crescent	
Rutherglen	
Glasgow	
G73 4FH	

MEDICAL HISTORY/MEDICATION

wides.			
Diabetes	Y/N	Type	NIDDM / IDDM
Controlled	Y/N		
Pregnant	Y/N		
Recent virus	Y/N		
Blood disorder	Y/N	Anticoagulants Y/N	Anti Platelets Y/N
Allergies	Y/N	Clarify:	Food allergy
Allergy to anaesthetic	Y/N	Epipen	Y/N
Tuberculosis	Y/N	Concurrent oral steroids	Y/N
Malignant tumours	Y/N	Respiratory	Y/N
Cardiac	Y/N	Anti - Hypertensives	Y/N
Recent infections	Y/N	Clarify/Date	
Recent trauma to area	Y/N	Epilepsy	Y/N
Vaccinations	Y/N	Clarify/Date	
General Health: Good.			
Previous injections	Y/N	Areas injected	
Previous reactions	Y/N	Dates:-	
Given advice leaflet	Y/N	Agreed to aftercare	Y/N

PGD Y/N Prescribing Consultant (if non PGD).....

Local Anaesthetic	Steroid	Depomedrone with Lidocaine
Manufacturer	Manufacturer	Manufacturer Pfizer
Strength	Strength mg/ml	Strength mg/ml 40/1
Batch number	Batch number	Batch number A06357
Expiry Date	Expiry Date	Expiry Date 07/10/15
Volume given	Volume given	Volume given 0.5ml
Aseptic technique Y/N		Bolus/Peppering
Needle gauge	21 23 25 29	

Post Injection Re-assessment :

Date of next out patient visit

Physiotherapists Signature.....

PRINT NAME.....

Physiotherapy Service
Patient Consent Form for Injection Therapy

I have read the patient information leaflet and have discussed and understand the possible side effects of a corticosteroid and / or local anaesthetic injection.

I understand that if I experience any of these side effects or am concerned about any reaction I will contact the named physiotherapist and / or my GP / Consultant.

I have received advice on what I should do and what I should avoid in the way of exercise and rest, and will follow these instructions.

I consent to receive an injection or course of injections from:

.....COLLAINE FLETCHER.....Physiotherapist (HPC registered)

Name of Patient:.....



0204686547

F MOFFAT F
8 Lorraine 02/04/1968
72 Neilvaig Crescent
Rutherglen
Glasgow

Signature of Patient:.....

G73 4FH

Signature of Physiotherapist:.....

Date 03/06/14

Clinic Letter

Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER

Main Switchboard: 0141 211 4000

Email Inquiries to:

Contact Tel Details:

Dictated Date: 27/02/2014

By: Sarah Saunders

Transcribed Date: 03/03/2014

By: Marion Ann Cameron

Dear Dr. J Lynch,

Patient

Name: Moffat Lorraine
CHI: 0204686547
DOB: 02 Apr 1968
Address: 72 Neilvaig Crescent
Glasgow
G73 4FH

Attendance

Attended: 27/02/2014 13:40
New/Return: G N RHEUMATOLOGY
Referral Source: General Practitioner
Consultant: Dr David McCarey
Specialty: Rheumatology
Clinic: GRDMRH8-DR
MCCAREY THURSDAY
PM

Clinical Comments:

Thank you for referring this patient to the Rheumatology Clinic where she was seen today.
Problems are as follows:

1. Right arm pain: She has had aches and pains on and off over the years, predominantly affecting her knees but, in the last year or so, she has developed pain in her right arm.

This localises to the forearm muscles, the epicondyles of both elbows and her right shoulder. Occasionally, she has symptoms of pins and needles in the tips of her fingers but in no other areas. This is not in a median nerve distribution. There has been no joint swelling, early morning stiffness is not a major feature. Her symptoms generally are improved by movement and there is some inactivity gelling.

On examination, there was no evidence of joint swelling or deformity. All joints exhibited a good range of movement but, on examination specifically of the right arm, she had medial and lateral epicondylitis, +ve on provocation testing. She also had a painful arc affecting her right shoulder. The left arm was less affected.

She described her daily work to me. She works in a newsagents and is lifting from below herself to above head height on a regular basis. She has been in this particular line of work on and off for 20 years. I have explained to her that she has clinical evidence of medial and lateral epicondylitis at the elbow as well as supraspinatus tendonitis at the shoulder. I am asking my physio colleagues to see her with respect to this. I think some targeted injections with the provision of an epicondylar clasp and also some advice regarding joint protection might be helpful.

There is no evidence to suggest that she has an inflammatory arthritis.

2. Probable Sjögren's syndrome: She has an interesting history of vitiligo and alopecia.

She developed alopecia 5 years ago and this diagnosis was made in the SGH. She also has photosensitivity although this has become less prominent in recent times. She has an excessively dry mouth but does not have dry eyes. Her ANA is 1:160 and she was Ro +ve. On going through her musculoskeletal complaints, they do not sound typical of those associated with connective tissue diseases. Undoubtedly though, I think she does have anti-Ro Abs and dry mouth and it is likely that she also has Sjögren's syndrome as well as vitiligo. She does not meet the diagnostic criteria for lupus. I am repeating her immunology as listed below but assuming it has the same pattern, I do not think any specific treatment is indicated.

We should, of course, be vigilant in a patient who has a number of other auto-immune conditions for any emerging auto-immune major organ manifestations but I think that, overall, her risk of this is low.

I will inform you of the results of her immunology and repeat bloods when I have them available. Otherwise, she does not require any routine monitoring in the Rheumatology Clinic. Clearly, should any new symptoms appear, I would be happy to see her again at your request. From the point of view of her mechanical symptoms in her right arm, I hope that the input from our physio will be helpful.

Yours sincerely,

SARAH SAUNDERS

Consultant Rheumatologist

Requested Outpatient Investigations:

FBC, ESR, biochemistry, CRP, ANA, complement, rheumatoid factor, CK

Medication Note:

Budesonide inhaler, Terbutaline inhaler, Tiotropium inhaler, Co-codamol

Follow-up arranged: Referred to physio but no routine rheumatology follow up

Electronically Signed: Dr Sarah Saunders, Consultant

cc. Dr Mhairi Brandon, Rheumatology Day Ward, Ground Floor, Centre Block, GRI

Clinical letter - GP:



Dr. J Lynch
Overtoun Medical Practice
Rutherglen Health Centre
130 Stonelaw Road rutherglen
Glasgow
G73 2PQ

Glasgow Royal Infirmary
Alexandra Parade
Glasgow
G31 2ER
Main Switchboard: 0141 211 4000

Department: Rheumatology
Tel: 0141 211 4965
Enquiries to:

Letter Date: 01/04/2014
Reference: SS/PM
Dictated Date: 10/03/2010
Transcribed Date: 26/03/2014

Dear Dr Lynch,

Name: Moffat Lorraine
CHI: 0204686547
DOB: 02/04/1968
Address: 72 Neilvaig Crescent
Rutherglen
Glasgow
G73 4FH

I have this lady's blood results available. Her full biochemical profile including thyroid function tests, creatinine kinase, c-reactive protein and bone profile were normal. Her full blood count was normal. Her ESR was 13. She was rheumatoid factor negative, her complement levels were normal and her anti nuclear antibody remains positive at 1 in 2560 with a staining pattern consistent with anti Ro antibodies as previously identified.

As mentioned in my letter although I think this lady is likely to have sjögren's syndrome as her underlying rheumatological diagnosis, at present to specific treatment is required. I would however be happy to see her again in the rheumatology clinic at your request if you feel she is developing any new problems that may be related to this underlying diagnosis.

In the meantime she awaits review by physiotherapy.

Yours sincerely

Dr Sarah Saunders

Consultant Rheumatologist

Electronically Signed: Dr Sarah Saunders, Consultant

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Rheumatology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Glasgow Royal Infirmary 84 Castle Street Glasgow G4 0SF	Hospital and hospital address Hospital location code: G107H Email address:
Urgency of referral	ROUTINE
Date of referral	30-Dec-2013
Date sent	30-Dec-2013

PATIENT DETAILS	Patient's address														
<table border="1"> <tr><td>Surname</td><td>Moffat</td></tr> <tr><td>Forename(s)</td><td>Lorraine</td></tr> <tr><td>Title</td><td>Miss</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>02-Apr-1968</td></tr> <tr><td>CHI no.</td><td>0204686547</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Moffat	Forename(s)	Lorraine	Title	Miss	Sex	Female	Date of birth	02-Apr-1968	CHI no.	0204686547	Area of Residence		72 Neilvaig Cres RUTHERGLEN GLASGOW G73 4FH Contact number(s): Voice: 07729137354
Surname	Moffat														
Forename(s)	Lorraine														
Title	Miss														
Sex	Female														
Date of birth	02-Apr-1968														
CHI no.	0204686547														
Area of Residence															

101006485589X	Unique Care Pathway Number: 101006485589X
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REGISTERED GP DETAILS	Practice address																
<table border="1"> <tr><td>Name</td><td colspan="3">Dr J. Lynch</td></tr> <tr><td>GMC code</td><td>3493207</td><td>GP code</td><td>08818</td></tr> <tr><td>Practice name</td><td colspan="3">Overtoun Medical Practice (18914)</td></tr> <tr><td>Practice code</td><td colspan="3">49111</td></tr> </table>	Name	Dr J. Lynch			GMC code	3493207	GP code	08818	Practice name	Overtoun Medical Practice (18914)			Practice code	49111			130 Stonelaw Road Rutherglen G73 2PQ Contact number(s): Voice: 0141 531 6010 Facsimile: 0141 531 6086
Name	Dr J. Lynch																
GMC code	3493207	GP code	08818														
Practice name	Overtoun Medical Practice (18914)																
Practice code	49111																

REFERRING GP DETAILS	Practice address																
<table border="1"> <tr><td>Name</td><td colspan="3">Dr. Janis Lynch</td></tr> <tr><td>GMC code</td><td>3493207</td><td>GP code</td><td>08818</td></tr> <tr><td>Practice name</td><td colspan="3">Overtoun Medical Practice (49111)</td></tr> <tr><td>Practice code</td><td colspan="3">49111</td></tr> </table>	Name	Dr. Janis Lynch			GMC code	3493207	GP code	08818	Practice name	Overtoun Medical Practice (49111)			Practice code	49111			Rutherglen Health Centre 130 Stonelaw Road Rutherglen Glasgow G73 2PQ Contact number(s):
Name	Dr. Janis Lynch																
GMC code	3493207	GP code	08818														
Practice name	Overtoun Medical Practice (49111)																
Practice code	49111																

Voice: 0141 531 6010

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Polyarthralgia

Comment: This forty-five year old lady gives a four to five month history of polyarthralgia principally affecting her elbows, shoulders, wrists and fingers and she experiences stiffness after sitting and in the mornings for up to twenty minutes. The right arm is affected worst, knees and ankles to a lesser extent. She is managing her activities of daily living but feels that this is now a struggle. She is peri-menopausal and had previously been on HRT but discontinued with recurring disturbing vaso-motor symptoms. This has been restarted with no impact on her joint symptoms. There is a history, I think of, osteoarthritis in her family but no other connective tissue or rheumatological problems. She has had routine blood tests done including full blood count, ESR, U & E's, LFT's, TFT's, glucose and CRP - all of which are normal. Her rheumatoid factor is negative and ANA positive, ANA titre 1/160 speckled, ENA screen positive, Ro positive (ANA conclusion - Associated with SLE and Sjogren's Syndrome). This lady cannot tolerate non-steroidal anti-inflammatories because of previous GI/reflux problems and she is currently using Co-Codamol with minimal benefit.

I would be grateful of your further evaluation of her at the clinic. ? underlying connective tissue disorder.

Many thanks.

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history**Pre-existing conditions** (High & medium priority - all)

Description	Comment	Date of onset	Date recorded
MRC Breathlessness Scale: grade 3	:	07-Jul-2011	07-Jul-2011
Chronic obstructive pulmonary disease	-	26-Jul-2006	26-Jul-2006

Past procedures (High and medium priority - all)

Description	Comment	Date performed	Date recorded
Spirometry	Disease: SPICE COPD,	26-Jul-2006	26-Jul-2006

Family conditions (All priorities)

Description	Date of Onset
FH: Ischaemic heart dis. <60	12-Mar-1996

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Budesonide Dry Powder Inhaler 200 micrograms/actuation	1	1 INHAL	2 Puffs morning and night	-	07-Jul-2011	16-Dec-2013
Terbutaline Sulfate Breath-Actuated Dry Powder Inhaler 500 micrograms/dose	1	1 INHAL	1 Puff Take as required	-	07-Jul-2011	14-Feb-2013
Tiotropium Dry powder capsules for inhalation 18 micrograms	28	28 CAPS	1 Cap Daily	-	01-Sep-2011	13-Feb-2013

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

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Co-Codamol 8/500 Tablets	100	100 TABLET	TWO TO BE TAKEN EVERY FOUR TO SIX HOURS WHEN REQUIRED (MAXIMUM OF 8 IN 24 HOURS)	-	23-Dec-2013	23-Dec-2013
Elleste Duet 2 Mg Tablets	84	84 TABLET	ONE TO BE TAKEN EACH DAY	-	04-Nov-2013	04-Nov-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Thinking about stop smoking 1:		25-Oct-2013
Cigarette smoker 15:		25-Oct-2013
Current smoker:		25-Oct-2013
Cigarette smoker, 20 cigarettes/day:		08-May-2013
Current smoker:		05-Feb-2013
Alcohol intake within rec limit:		25-Oct-2013
Alcohol units per week 1 :		25-Oct-2013
Alcohol consumption, 0 units/week:		08-May-2013
Alcohol units per week:	10:units/week priority=2	07-Jul-2011
Alcohol units per week:		07-Jul-2011
GPPAQ physical act ind: active:		25-Oct-2013
Aerobic exercise 1 time/week:		08-May-2013
Exercise grading:	6: priority=2	07-Jul-2011
Exercise grading:		07-Jul-2011
Declined referral to physical exercise programme: : priority=2		07-Jul-2011

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

THE ALAN LYELL CENTRE FOR DERMATOLOGY

British Red Cross
Camouflage Clinic
Royal Infirmary
Glasgow

Clinic: 25/02/10
Typed: 02/03/10

Dear Colleague

LORRAINE MOFFAT DOB: 02/04/68 (SG99796718) CHI: 0204686547
54 LOCHLEA ROAD, RUTHERGLEN GLASGOW, G73 4QH
Consultant: Dr. Felicity Campbell

I would be grateful if you could see this lady who has vitiligo affecting the
face with a view to advice about make up application. Many thanks.

Kind regards.

Yours sincerely

Dr. Janika Borg
ST3 in Dermatology
Victoria ACH

Ref: JB/RM

Professor C S Munro, Dr D J Bilsland, Dr A Drummond, Dr F Campbell, Dr R Herd,
Dr S Holmes

Clinical Director: Dr D J Bilsland

Direct Tel: 0141 201 1567 (SGH) 0141 201 347 8257/58/59 (VIC)

Direct Fax: 0141 201 2989 (SGH) 0141 (VIC)

Appointments: 0141 201 1560 (SGH) 0141 201 347 8260/8256 (VIC)

Southern General Hospital, 1345 Govan Road, Glasgow G51 4TF
New Victoria Hospital, Clinic G, 55 Grange Road, Glasgow G42 9LF
Website: www.show.scot.nhs.uk/sguht/

Previous Patient Notes for Dermatology (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 EXTENDED		Outpatient Note
Date/Time: 22-Oct-2025 15:12	Created By: Nurse - Band 6 - Fiona Moffat	Role: Nurse - GGC
Specialty: Dermatology	Organisation: Glasgow Royal Infirmary	Sensitive
Note: DERM - patient was sent a wig prescription on 2/10/25. Patient contacted us to say she has never received it. Duplicate prescription sent today to wig salon LA Hair solutions. 1 real hair piece		

Patient Note EXTENDED		Outpatient Note
Date/Time: 15-Jun-2020 14:30	Created By: Nurse - Band 6 - Fiona Moffat	Role: Nurse - GGC
Specialty: Dermatology	Organisation: Glasgow Royal Infirmary	Sensitive
Note: ALOPECIA AREATA Patient due a wig prescription in August 2020. Had prescription for full wig in Aug 2019. Pt feels she needs hair piece rather than a wig. Seen at dermatology in November 2019 when very concerned about her mental health regarding as felt she needed a piece instead of full wig. Have discussed with wig salon (Sharon at LA Solutions) Next wig prescription will be in August 2021		

Previous Patient Notes for Occupational Therapy (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		Inpatient Note
Date/Time: 10-Jan-2023 12:13	Created By: Rotational Occupational Therapist - Eden Baxter	Role: AHP - GGC
Specialty: Occupational Therapy	Organisation: Glasgow Royal Infirmary	Sensitive
Note: OT GRI Ward 61 S/ Patient consented to treatment at 10:10. Risk ax - none identified. B5 PT S O'May present throughout. Introduced self and explained role of OT. O/ Patient in bed on arrival. Initial interview completed - see info record for full details. Bed TF: off (bed slightly elevated to replicate pillows at home) - indep. Edge of bed sit to stand x3 - indep. Patient mobilised with PT - see PT note for full mobility and stairs ax. Patient mobilised to toilet with walking stick indep. Toilet TF: on/off (nil aids) - indep. Patient mobilised back to bed side indep with walking stick. Bed TF: on - indep. Patient reported nil concerns for home. Patient reported daughter is happy to continue to support with extended ADLs. A/ Patient safe and indep with TFs on ward. No further OT goals identified. P/ D/C OT		

DUPLICATE CHI: 0204686547

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must be copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name LORRAINE MOFFAT DOB 2/4/68
Address Flat 44, 3 Greenhill Court Postcode G73
Glasgow 2DH
Diagnosis ALOPECIA AREATA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by: Dr Moffat
Doctor/Prescriber Sign: Dr Moffat Print: F. MOFFAT

Cons Clinic Dr Holmes Hosp Site GR1 Date: 22/10/25

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?

As of April 2011, there is no prescription charge in Scotland.

Who provides these services?

Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?

No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

Is there a range of wigs available?

Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:

FREESTYLE – NATURAL IMAGE – NORIKO – AMORE – RENE OF PARIS – REVLON

These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?

No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

Duplicate prescription
Patient not received
prescription 2/10/25

0204686547

Dermatology Department NHS Greater Glasgow & Clyde Prescription Form for Wig Services

This form must be copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name LORRAINE MOFFAT DOB 2/4/68
Address Flat 44, 3 Greenhill Court Postcode G73
Diagnosis Alopecia Areata GLASGOW 2DH

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign: [Signature] Print: F. MOFFAT

Cons Clinic Dr Holmes Hosp Site GR1 Date: 2/10/25

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?

As of April 2011, there is no prescription charge in Scotland.

Who provides these services?

Wig services are provided by Hair Salons contracted to the NHS.

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FREESTYLE – NATURAL IMAGE – NORIKO – AMORE – RENE OF PARIS – REVLON

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Do I have to go on my own?

No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name..... Colleen Moffat **DOB**..... 2/4/68
Address..... 44, 3 Sleaford Hill **Postcode**..... S73
Diagnosis..... COURT, SLOSKOW 2DH

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

— ONE REAL HAIR ~~WIG~~ Piece —

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by..... *Fiona Moffat* **Doctor/Prescriber Sign:**..... **Print:**..... FIONA MOFFAT

Cons Clinic..... DERM **Hosp Site**..... GRI **Date:**..... 5/8/24

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?

As of April 2011, there is no prescription charge in Scotland.

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Wig services are provided by Hair Salons contracted to the NHS.

Am I restricted to one supplier?

No, you may use any supplier on the Scottish National contract. Details for those in the Greater Glasgow and Clyde area are listed below. Please feel free to select the supplier you would prefer to go to. You may change your supplier for subsequent wig prescriptions.

Is there a range of wigs available?

Yes, all suppliers on the national contract must be able to provide a very wide choice including leading brands such as:

FREESTYLE – NATURAL IMAGE – NORIKO – AMORE – RENE OF PARIS – REVLON

These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?

No, many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

Appointments See each suppliers requirement's on separate sheet

CHI: 0204686547

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must be copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name..... LORRAINE MOFFAT DOB..... 2/4/68
Address..... Flat 44, 3 Greenhill Court Postcode..... G73 2DH
Diagnosis..... ALOPECIA GLASGOW
AREATA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign: *Dr Moffat* Print: F. MOFFAT

Cons Clinic: Dr Holmes Hosp Site: GRI Date: 1/9/23

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Will there be a prescription charge?

As of April 2011, there is no prescription charge in Scotland.

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These are just some of the brands available. Each supplier should be able to give you a very wide choice of styles

Do I have to go on my own?

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Appointments See each suppliers requirement's on separate sheet

CH1: 0204686547

Dermatology Department NHS Greater Glasgow & Clyde
Prescription Form for Wig Services

This form must be copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient.

Patient Name LORRAINE MOFFAT DOB

Address Flat 44, 3 Greenhill Court Postcode G73 2DH

Diagnosis ALOPECIA GLASGOW

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by
Doctor/Prescriber Sign: [Signature] Print: F. MOFFAT

Cons Clinic: Dr Holmes Hosp Site: GRI Date: 2/9/22

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

Is there a prescription charge?

From April 2011, there is no prescription charge in Scotland.

Who provides these services?

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Do I have to go on my own?

Many patients have reported that it is useful to take a friend or relative with you when being fitted for a wig to help you choose the style best suited to you.

What are the appointments? See each suppliers' requirements on separate sheet

CHI 0204 686547

This form must be copied to the Directorate office by fax 314 4221 or scanned to DermAdmin@ggc.scot.nhs.uk before giving to the patient

Patient Name LORRAINE MOFFAT DOB 2/4/68
Address Flat 44, 3 GREENHILL COURT Postcode G73 2DT

Diagnosis ALOPECIA GLASGOW
AREATA

Please Supply: the following item (s) (Please state clearly the number of wigs supplied)

1 REAL HAIR PIECE

Payment may only be secured on production of the patient's signature on the satisfaction form held by the supplier.

Authorised by

Doctor/Prescriber Sign: [Signature] Print: F. MOFFAT

Cons Clinic Dr Holmes Hosp Site: Date: 9/11/21

Patient Information on Wig Services

Your Dermatology practitioner has prescribed Wig services for you.
The information below explains how to access these services.

In accordance with the guidance produced by the Scottish Government, you are entitled to up to 4 manmade wigs per year. Please note that mesh systems, vacuum wigs etc. are not available on the NHS.

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Do I have to go on my own?

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Appointments See each suppliers requirement's on separate sheet

XR Thoracic spine

Performed	14-Mar-2023 09:03	Received	14-Mar-2023 14:48
Reported	14-Mar-2023 14:46	Order Number	G107H39455154
Status	Final	Source System	MiSys

XR Thoracic spine

Final

Lorraine Moffat

Auto reported

For autosign off in TrakCare

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting**Verified by:** Calum Thomson

XR Thoracic spine

Performed	24-Jan-2023 11:03	Received	24-Jan-2023 15:26
Reported	24-Jan-2023 15:24	Order Number	G107H39282339
Status	Final	Source System	MiSys

XR Thoracic spine

Final

Lorraine Moffat

Auto reported

For autosign off in TrakCare

A radiological report will not be issued for this examination. The referrer (or a more experienced clinical colleague) will interpret and evaluate the outcome of this examination and document this outcome in the patient's case notes within an appropriate time-scale. Should the referrer wish advice or a formal report please contact the Radiology Department. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME) R 2017

Reported by: Auto Reporting**Verified by:** Calum Thomson

XR Thoracic spine

Performed	09-Jan-2023 11:30	Received	30-Jan-2023 13:50
Reported	30-Jan-2023 13:48	Order Number	G107H39225559
Status	Final	Source System	MiSys

XR Thoracic spine

Final

Lorraine Moffat

Clinical History :

WBing Xray thoracic spine. T9 wedge fracture. Xray to assess stability on physiological load.

WBing AP and lateral please

XR Thoracic spine : T9 wedge fracture unchanged from radiograph performed 3/1/23.

Reporting Consultant: Dr P Chowdhury . Consultant Radiologist, GMC: 4191056

Medica Reporting Ltd

Reported by: Dr Peter Chowdhury (MEDICA)**Verified by:** Dr Peter Chowdhury (MEDICA)

XR Thoracic spine

Performed	05-Jan-2023 13:36	Received	18-Jan-2023 16:45
Reported	18-Jan-2023 16:43	Order Number	G107H39215268
Status	Final	Source System	MiSys

XR Thoracic spine

Final

Lorraine Moffat

Paged on-call registrar, patient will re-attend after physio involvement. -RA83381

Reported by: Auto Reporting**Verified by:** Carol McQuade (Old Code)

CT Spine thoracic

Performed	04-Jan-2023 15:17	Received	04-Jan-2023 16:10
Reported	04-Jan-2023 16:08	Order Number	G107H39208442
Status	Final	Source System	MiSys

CT Spine thoracic

Final

Lorraine Moffat**Clinical History :**

T9 compression fracture, midline tenderness, please could CT be performed to further evaluate fracture pattern. Many Thanks

CT Spine thoracic :

There is a biconcave moderate to severe recent fracture of T9, minimal posterior bulging of the cortex, spinal canal remains capacious, no pathological features, presumably due to trauma/insufficiency.

Conclusion: Radiologically stable moderate to severe biconcave fracture of T9 vertebral body without concerning features.

Reported by: Dr Richard McDonald**Verified by:** Dr Richard McDonald

XR Thoracic spine

Performed	03-Jan-2023 00:36	Received	06-Jan-2023 09:16
Reported	06-Jan-2023 09:14	Order Number	G107H39208226
Status	Final	Source System	MiSys

XR Thoracic spine

Final

Lorraine Moffat

Clinical History :

major b.c1.

picked up friend in pub and experienced immediate pain + crack around t10-12 region.

ongoing pain despite 30mg IV morphine.

no neurological deficit, background of copd, smoker, alcohol excess awaiting DEXA, ?

osteoporotic fracture of thoracic spine

XR Thoracic spine :

Please note examination has been superseded by CT Thoracic spine on 04/01/2023. Please see report of CT.

Normal vertebral alignment.

There is loss of anterior vertebral body height of the T9 vertebra in keeping with an insufficiency fracture of indeterminate age. I note the patient is awaiting a DEXA scan.

No significant incidental findings of the imaged lungs.

Code M: Minor Discrepancy: There is a minor discrepancy between the radiology report and the 'Sticky Note' interpretation but this is not thought to be clinically significant.

Reported by: Dr Adriel Kwek Ju Wen (SpR) and Lianne Boyce

Verified by: Lianne Boyce

MOFFAT, Lorraine (Ms)

BORN 02-Apr-1968 (58y) GENDER Female

CHI 0204686547

Information Record; Occupational Therapy and Physiotherapy

Last updated by Eden BAXTER (Eden Baxter) 3.5 years ago (v. 2) Show History

Amendments (1)

v.2 - Update notes

10-Jan-23 12:24 by Eden BAXTER

Sensitivity

Content Restricted No

If the information on this form merits further

restriction than that of Highly Sensitive, please select

Yes to apply a Privacy Seal

Sensitivity

Sensitive

The information on this form **will** be viewable by

health and care providers with the appropriate

access permissions

Admission Information

Hospital Glasgow Royal Infirmary

Ward Ward 61

Specialty Trauma And Orthopaedic Surgery

Consultant Mr Elias-Jones

Assessment
completed by Occupational Therapist**Personal Details**Consents to
assessment Yes

Details

Does the patient
have an appointed
welfare guardian or
power of attorney No**Medical History**Relevant past
medical history COPD, emphysema,
Sjogren's Syndrome, mental
health issues, L distal radius
ORIFReason for referral / PT/OT ax
management
instructionsPresent complaint /
history of present
complaint T9 #Risks / precautions / None identified at present
contraindications /
allergies / red flagsCurrent / pending
investigations NoRelevant drug
history on admission As per drug prescription chart (Kardex)

Smoker Yes

Details

Personal and Social Circumstances

MOFFAT, Lorraine (Ms)

Personal and social circumstances
BORN 02 Apr-1968 (58y) GENDER Female

On 02 Apr-2016 6547 Patient

Lives With	Alone	Details	—
------------	-------	---------	---

Accommodation

Accommodation	Details		
Type	Flat		
Floor	6	Lift	Yes

Home Information

Home information	Details		
Ownership	—		
Door Entry System	Yes	Key Safe	No
Telecare	No	Community Alarm	No
Heating	—		
Bedroom location	All on 1 level	Bath/ Shower room location	All on 1 level
Internal stairs	No	External stairs	Yes
		Number	12
		Handrail Ascending	Left
Ability to negotiate stairs or steps	Independent	Stair lift	—
Further home information	Lift goes to floor above, patient has 6 steps, landing, 6 steps down to flat with R handrail descending		

Previous Level of Mobility

Previous mobility	Details		
Indoor	Independent	Further details	—
Outdoor	Independent	Further details	—

Previous Transfers

Previous transfers	Details		
Bed	Yes	Details and Equipment	Indep Nil aids
Toilet or Commode	Yes	Details and Equipment	Indep Nil aids
Bath	Yes	Details and Equipment	—
Shower	Yes	Details and Equipment	Indep Shower over bath, x2 grab rails
Chair or Wheelchair	Yes	Details and Equipment	Indep Nil aids
Other Transfer	—		

Additional
information**MOFFAT, Lorraine (Ms)****DOB** 02-Apr-1968 (58y) GENDER Female**Falls** CHI 0204686547**Falls** DetailsHow many falls in
the last year

1

Any sustained injury Bony

Further Information

—

Mechanism of fall

—

Sensory Function

Sensory function Details

Vision

Impaired

Further details

Glasses for distance and
reading

Hearing

Intact

Communication

Intact

Additional
information

—

Self Care

Self care Details

Washing / bathing

Independent

Further details

prompting from daughter
when low mood

Personal grooming

Independent

Further details

prompting from daughter
when low moodToileting /
continence

Independent

Further details

—

Night toileting

Independent

Further details

—

Dressing

Independent

Further details

prompting from daughter
when low mood

Eating and drinking

Independent

Further details

—

Medication

Independent

Further details

—

Additional
information

—

Domestic Life

Domestic life Details

Shopping

With assistance

Further details

Daughter completes

Laundry

Independent

Further details

prompting from daughter
when low mood

Housework

Independent

Further details

prompting from daughter
when low mood

Meal preparation

With assistance

Further details

Daughter assists

Driving

—

Further details

—

Childcare

—

Additional
information

—

Social Support

Social support Details

Home care No

MOPPAT, Lorraine (Ms)

Nurse specialist 1968 (58y) GENDER Female

Day home 0204686547 No

Tuck in No

District nurse No

Meals on wheels No

CPN No

Other No

Additional information No formal support in situ
Supportive daughter Lisa who lives 10 minutes away

Lifestyle and Leisure

Lifestyle and leisure —

Physical Activity

Physical activity —

Employment

Employment Details

Employment Status Retired

Details

Hospitality

Outcome —

Finance

Finance —

Form completed by a student No

MOFFAT, Lorraine (Ms)

BORN 02-Apr-1968 (58y) GENDER Female

CHI 0204686547

Orthopaedic Day Case Assessment

Last updated by Stuart O'MAY (Stuart Omay) 3.5 years ago (v. 1) Show History

Sensitivity

Content Restricted No

If the information on this form merits further restriction than that of Highly Sensitive, please select Yes to apply a Privacy Seal

Sensitivity

Sensitive

The information on this form will be viewable by health and care providers with the appropriate access permissions

Admission Information

Hospital Glasgow Royal Infirmary

Ward Ward 61

Specialty Trauma And Orthopaedic Surgery

Consultant Mr. Cameron Elias-Jones

Theatre date —

Procedure PC - T9 # - stable and consultant happy or pt to mobilise as able
CT on 4/1/23 - Radiologically stable moderate to severe biconcave fracture of T9 vertebral body without concerning features
Standing spine x-rays - Satisfactory

Consent to assessment Yes

Occupation and relevant social history see information record

Relevant Medical History COPD, Emphysema, Sjogren's syndrome, Mental health issues, L distal radius ORIF in jan 2022

Type of Assessment Lumbar/Cervical

Lumbar/Cervical Assessment

Circulation sensation and movement in tact Yes

Walking aid provided Yes

Details

1x w/s

Demonstrated and independent with walking aid Yes

Details

indep mob ~ 80m with 1x w/s// step through pattern slightly unsteady at times pt able to self correct and maintain standing balance

Competent on stairs Yes

Details

indep up and down stairs with step through pattern using 1x hand rail and 1x w/s

Home exercise program ☐ No ☐ Details —**MOFFAT, Lorraine (Ms)**BORN 02-Apr-1968 (58y) GENDER Female
Written exercises provided ☐ No ☐ CHI 0204686547

Additional comments / advice mob unaided ~ 20m// pt unsteady tending to path deviate to left and right able to self correct however, agreeable to use w/s and felt that w/s helped support her more so and agreeable to use w/s short term.

discussed walking aid progression with pt - pt stated she felt happy to continue with sle fmx and declined follow-up for PT

Outpatient physiotherapy required ☐ No ☐Physiotherapy discharge ☐ Yes ☐

Discharge Summary indep mob with 1x w/s and indep up and down stairs with 1x w/s declined follow-up and happy to cont with self mx

Walking Aid Issued ☐ Yes ☐

Type of walking aid Stick(s)

Make — Model / Code No. — Batch / Lot No. — Manufacturer Date —

—

—

—

—

—

—

—

—

I confirm the walking aid(s) is clean, in accordance with NHS GG&C infection control procedures, and in good working order according to the NHS GG&C walking aid guidelines.

☐ Yes ☐

I confirm that the above walking aid(s) provided is deemed safe and suitable at the date of issue.

☐ Yes ☐Completed by a Student ☐ — ☐



J204686547

WIFFAT

Lorraine

Flat 44

3 Greenhill Court

Glasgow

F
02/04/1968

G73 2DH

DATE

20/12/02

See & treat

OPERATION

Excision lesion left upper lip

SURGEON

T. Lamont for
Ms Tay

Skin marked by Ms Tay

LA - 1% Xylocaine with adrenaline 1:200,000 (4.5ml)

Skin ellipse excised with 2mm margin & cuff of fat

Haemostasis

Wound closure 5/0 monacryl (dermal)

5/0 Ethilon (skin)

5/0 Vcyl Rapide (skin)

Dressing steri strips, tape & soft paraffin

F/U 1/52 ROS at GP surgery

6/52 Ms Tay

MATERIAL SENT FOR EXAMINATION

x1 Pathology

T. Lamont (NP)

MINI MINOR (CANNIESBURN - OFD
SPR)

ID: 60854764300033801

2022/12/19, 89885-018

Central Decontamination Unit



CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ✓ appropriate directorate



J204686547

MOFFAT

Morraine

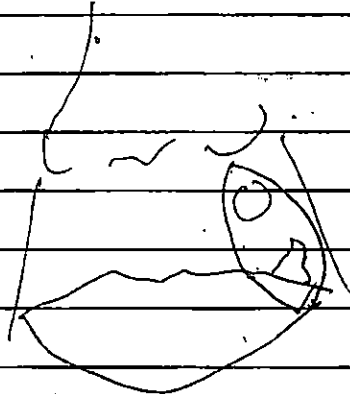
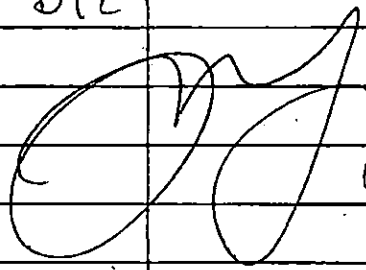
Flat 44

3 Greenhill Court

Glasgow

F
02/04/1968

G73 2DH

Date & Time	Signature, Print Name & Designation
20/12/22	
54y Juvederm injection 3yrs ago.	
bruised + swollen.	
not really settled	
Now lesion x 2 left upper lip	
PMH: Emphysema	Stx: lives alone
Bronchial	10-15/day
Allopceia	Flot: socially
Htills	
Schjorvinskiasa	
Drugs: Taradone inhalers	
Allergies: fencloxaetin-sweeing	
OE:	
	lesion w/ 2mm margin + DPC
	
	RAY cons.



0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow

02/04/1968

G73 2DH

Date: 20/12/22

PATIENT SAFETY CHECK
GRI THEATRE SUITE

LIST

Greater Glasgow
and Clyde

BEFORE
(Before administration of anaesthesia)
Anaesthetic Nurse and Surgeon to complete

Confirm name, address, DOB & CHI ☒

Consent obtained - form completed ☒

Check patient's understanding of planned procedure ☒

Surgical area marked? ☒

Allergies? ☒ Y/N
If yes, please state:
Flucloxacillin

Metalwork or Pacemaker? ☒ Y/N
If yes, please state:
left wrist

Current Medication / Medical Conditions
No blood thinners

Pregnant? ☒ Y/N/NA

Name/Sign: *[Signature]*

Surgical Pause
(Before start of surgical procedure)
All members of Theatre Team to participate

Confirm name, address, DOB & CHI ☒

Consent Check ☒

Patient Marked? Laterality? ☒

Allergies? ☒ Y/N
If yes, please state:
Flucloxacillin

Metalwork or Pacemaker? ☒ Y/N
If yes, please state:
left wrist

Imaging displayed? ☒ Y/N/NA

Any Concerns? ☒ Y/N

If yes, please state:

Circulating team to transfer information and count onto Theatre Whiteboard

Name/Sign: *[Signature]*

SIGN-OUT
(Towards end of procedure)
All members of Theatre Team to participate

Lead surgeon/NP at table ☒ Y/N

Correct procedure recorded? ☒ Y/N

Accountable item count correct? ☒ Y/N

Specimens collected? ☒ Y/N
If yes, recorded, correctly labelled and visibly confirmed ☒ Y/N

Packs/drains instilled? ☒ Y/N

If yes, post-op instructions? ☒ Y/N

Antibiotics required? ☒ Y/N
Prescribed and dispensed? ☒ Y/N

Post-Op instructions prepared ☒ Y/N

Follow-up arranged ☒ Y/N/NA

Any Concern? ☒ Y/N

If Yes, please state:

Name/Sign: *[Signature]*

20/12/20

ADDRESSOGRAPH LABEL  NAI 0204686547 MOFFAT Lorraine DO Flat 44 3 Greenhill Court Glasgow HO WARD HOSPITAL THEATRE	F 02/04/1968 G73 2DH	COUNTS	Scrub/Registered Practitioner Print Name	Circulating Practitioner - Signature & Print name
		PRE - OP SWAB COUNT	L. DAVID	M Fox
		PRE - OP INSTRUMENT COUNT	L. DAVID	M Fox
		FINAL SWAB COUNT	L. DAVID	M Fox
		FINAL INSTRUMENT COUNT	L. DAVID	M Fox
		FINAL DISPATCH COUNT	L. DAVID	M Fox
SCRUB PRACTITIONER VERIFICATION				
I have reviewed this count and can verify the count is correct				
SCRUB PRACTITIONER 1 (Sign) - [Signature]				
SCRUB PRACTITIONER 2 (Sign) - N/A ☐				

OPERATION: excision lesion left upper lip

HANDOVER COUNT IN EVENT OF REPLACEMENT SCRUB PERSONEL DURING PROCEDURE
(This Section N/A) ☐

Temporary Change of Scrub Practitioner (Comments if required)	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner, Signature/Print Name and Time	
	Outgoing Scrub (2) Print Name	Incoming Scrub (1) Print Name	Circulating Practitioner, Signature/Print Name and Time	
Permanent Change of Scrub Practitioner and/or Circulating Practitioner	Outgoing Scrub (1) Print Name	Incoming Scrub (2) Print Name	Circulating Practitioner (1) Signature/Print Name and Time	
			Circulating Practitioner (2) Signature/Print Name and Time	

TALLY OF EACH ITEM USED - ADD ANY ITEMS SPECIFIC TO YOUR SPECIALITY

Swabs (2x2)	/	Pledgels	/	Caesarean Roll	/	ACCOUNTABLE ITEMS THAT ARE TO REMAIN IN SITU e.g. Abdo packs/Swabs, Quantity and Location
Swabs (10x10)	10	Tapes	/			
Abdominal packs	/	Sloops/Slings	/			
Sutures	3	Bulldogs	/			
Blades	1	Shods	/			
IV needles	/	Ports	/			
Syringes		Tibbs Cannula	/			
Discard-a-pad	1	Staple Gun Inserts	/			
Diathermy pencil	/	Spears	/			
Diathermy tips	/	Retrieval Bag (Bert)	/			
Scratch pad	/	Digital Tourniquets	/	Throat Pack IN	☐	
Reels	/	Pen & Ruler	/	Throat pack OUT	☐	
Patties	/	BI-Polar	1	Total Number	☐	

DISCREPANCY IN COUNT - THIS SECTION N/A ☐

DETAIL IN WHICH COUNT DISCREPANCY OCCURRED:-

Detail of the discrepancy:-

ACTION TAKEN AND OUTCOME (e.g. search undertaken, wound explored, plain x-ray taken)

Scrub Practitioner Signature if count still incorrect

Datix Is Completed ☐

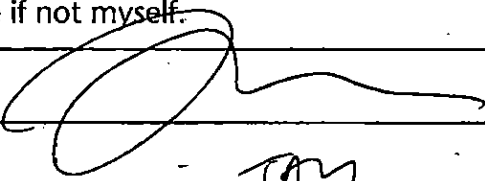
Datix Incident Number

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY LABELS ON BACK OF BLUE COPY- TO REMAIN IN THEATRE.

Patient Agreement to Investigation or Treatment Consent Form

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	 1204686547
Patient's surname / family name	MOFFAT F Lorraine 02/04/1968 Flat 44 3 Greenhill Court Glasgow G73 2DH
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner (to be filled in by practitioner with appropriate knowledge of proposed procedure)
Describe proposed operation, investigation or other treatment. Where appropriate specify site or side (write in full). <i>Excision of BCC left upper lip</i>
Specific risks / complications Please detail any specific risk/complications related to the procedure that were discussed. <i>Bleeding infection scarring poor cosmesis, smaller mouth opening.</i>
I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.
Signature of practitioner 
Name / Designation (print) <i>RAY</i>
Date <i>20/12/22</i>

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment.
I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following

Agree Disagree

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

☐	☐
--------------------------	--------------------------

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☐	☐
--------------------------	--------------------------

Patient / parent agreement to treatment

Signature 

Date

Name (print)

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, even if this results in death.

Signature

Date

Signature of practitioner

Date

1/2/2023

Incident Number: CR009460242

Patient Information

LORRAINE MOFFAT

Age/Gender: 54 years 9 months 0 days Old Female

Address: 44, 3 GREENHILL COURT, RUTHERGLEN,
GLASGOW, G73 3DH

DOB: 02/04/1968

CHI: 0204686547

Ethnicity:

Date:

02/01/2023

Incident Number:

CR009460242

Incident Type:

EMG

Incident Location:

THE OLD QUARRY BAR
CATHCART ROAD
RUTHERGLEN
GLASGOW, G73 2QZScottish
Ambulance
Service
Beating the Odds

Presenting Complaint

BACK PAIN

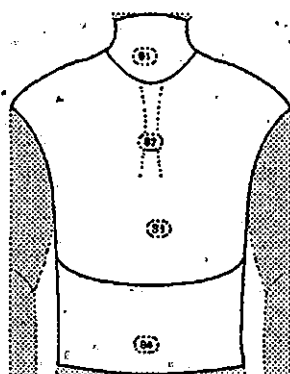
Additional Comments

Patent was drinking with friends in a pub, she tried to lift her friend but after making an awkward movement she felt the sensation of a crack or break happening in her back, felt severe pain in lower back, and difficulty in breathing. Pain described as sharp, worse on breathing in [restricting inspiration]; worse on movement. "catching" in nature. Patient did not weight bear after the incident, she collapsed back on a chair, and from there she managed to shuffle across to the ambulance chair and then on to the trolley. On examination: unable to fully assess injuries due to anxious agitation of the patient and level of pain. No neurological deficit. No palpable spinal deformities. No spine tenderness. Tender in middle lower back, centrally and on right side. Treatment: paracetamol + ibuprofen; entonox initially ineffective due to restricted breathing, later became more effective; IV access gained and IV morphine and IV ondansetron administered with good effect.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B	Breathing Adequately	Yes	Respiratory Rate 20
	Oxygen Given	No	SpO2 99
C	Pulse Rate	BP	Cap Refill
	86	128/90	<2 Secs
	Rhythm	Arm	ECG Rhythm
	Reg	Right	Sinus Rhythm
		Central/Peripheral	ECG
		Peripheral	3 Lead
D	GCS	Eyes	Voice
	15	Spontaneously (4)	Orientated (5)
			Obeys Commands (6)
E			PEARL
			Yes

Spinal Injuries			
ID	Body Part	Assessment	Treatments
S1	C-Spine	Normal Findings	None
S2	Thoracic	Normal Findings	None
S3	Thoracic	Neck/Back Pain	None
S4	Lumbar/Sacral	Neck/Back Pain	None



Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
19:08	72	18	129/83	100	<=2s	15	Alert				Sinus Rhythm				E9884860
19:53	77	18	132/83	100	<=2s	15	Alert								E9884860
18:39	67	16	131/87	95	<=2s	15	Alert				Sinus Rhythm				E9884860

12/2021

Incident Number: CP/004922-2

18:29	81	18	128/91	95	<=2s	15	Alert		Sinus Rhythm		E9884860
17:51	86	20	128/90	99	<=2 Secs	15	Alert	37	Sinus Rhythm	4 4	E9884860

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
17:51	20 (0)		99 (0)	0	128 (0)	86 (0)	Alert (0)	37 (0)	0

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
17:50	Paracetamol	1	g	OR	10/2027	10	10	E9888666
18:00	Ibuprofen	400	mg	OR	10/2023	10	10	E9888666
18:05	Entonox		PRN	INH		10	8	E9888666
18:20	Morphine	5	mg	IV	04/2025	10	9	E9888666
18:40	Morphine	5	mg	IV	04/2025	10	9	E9888666
18:50	Morphine	5	mg	IV	04/2025	9	7	E9888666
19:00	Morphine	5	mg	IV	04/2025	7	6	E9888666
19:10	Ondansetron	4	mg	IV	01/2024			E9888666

CLOSE RECORD

Treatment On Scene - Non-Emergency

Conveyance

Transport To Hospital	Normal driving	Pre-Alert	No
-----------------------	----------------	-----------	----

INCIDENT LOG

Time Call Received	17:20	Allocated	17:22	Mobile	17:22
First Resource On Scene		Crew On Scene	17:31	Crew Left Scene	18:16
Crew At Hosp	18:37	Receiving Hospital	GLASGOW ROYAL INFIRMARY	Clear Time	
Crew ID	E9888666	Crew Grade	Paramedic	Driver	YES
E9884860		Student Technician Level 4			NO



CHI: 0204686547

Glasgow Royal Infirmary

C1

Total Att: 9

12 Mth Att: 2

Title: MISS

MOFFAT

Lorraine

DOB 02/04/1968

Age: 54y

Sex: Female

Flat 44
3 Greenhill Court
Glasgow
G73 2DH
0141 239 4360

Next of kin: MOFFAT, Lisa
Relationship: Daughter

GP: J Lynch
0141 531 6010

Attendance Date: 02/01/2023

Arrival Time: 18:47

Registration Time: 18:47

Date of Incident: 02/01/2023

Major Incident Desc:

Reason for Attendance: back injury

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint:

Observation Date: 02/01/2023 19:29

Nurse name: Nurse Islay Riddell

Temp	35.7	C
HR	63	bpm
BP	114/75	mmHg
MAP	88.00	mmHg
RR	17	bpm
SpO2	98	%
Oxygen		%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	4
Motor	6
Verbal	5
Total	15

Pupils-Right	Pupils-Left
Size (mm)	Size (mm)
Reaction	Reaction

Nursing Notes: BACK INJURY. picked up a friend in the pub and felt a crack in mid back 10/10 initially. struggled to transfer from chair to bed with sas. 20mg morphine 4mg ondansetron 400mg ibuprofen and 1g paracetamol given. pain now 4/10. nil neurological deficits



0204686547
MOFFAT
Lorraine

02/04/1968



0204686547
MOFFAT
Lorraine

02/04/1968



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To be Completed by Clinician		
Child Assessment Questionnaire	Yes	No
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history / presentation		
Delay in presentation		
Fracture / head injury or significant bruising in baby or non-mobile toddler		

Discuss with Senior Medical Staff / Nurse on duty any factors identified

Date	Clinical Notes				
	<table border="1"><thead><tr><th>Seen By</th><th>Time Seen</th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	Seen By	Time Seen		
Seen By	Time Seen				

[illegible]

Date Given	Drug (Block capitals)	Dose	Method of Administration	Time of Administration	Signature	Given By
4/1/23	MORPHINE	10mg	IV	22:45	cm	[Signature]
23/01/23	ONDANSETRON	4mg 0	PO	01:15	[Signature]	[Signature]

Emergency Department Nursing Documentation

Presenting Complaint *Back Pain*

Date: *3/1/23* Time: *1015*

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Flat 44
3 Greenhill Court
Glasgow

02/04/1961

NHS
Greater Glasgow
and Clyde

G73 2DI

Assessment Complete by: Name NURSE (Please Print)

Patient Prep / Investigations

(Please tick/circle when completed)

Prepare patient for examination /
Clothing bag labelled + stored



GGC RED BAG - with patient



12 Lead ECG



Weight:

/



Blood Samples Obtained: Yes ☐ No ☐

IV Access: Yes ☐ No ☐

Blood Gas: VBG ☐ ABG ☐

Communication

(Please Circle Tick)

NEWS Chart complete / **NEWS SCORE** -
(Record pain, blood sugar and Neuro Obs on NEWS Chart)



ID Band



Peak Flow



Xrays / CT Scan Performed:



Relatives / NOK informed (Carers)



Child Protection Concern
(considered in line with policy)

Y/N

Adult Support and Protection

Y/N

Urinalysis

Leucocytes



Nitrites



Protein



Blood



Ketones



Glucose



PH

S.G.

MSSU / CSU



Toxicology



HCG



+VE



-VE



Strip No -

Screening Tools

(Please tick/circle when completed)

SEPSIS RISK? / SIRS Criteria 2 or more

Y/N

SWALLOW TEST CARRIED OUT? (suspect any
neurological signs or symptoms)

YES

Mental Health Triage Assessment

Y/N

If NOT WHY? - (details)

NO

GMAWS

Y/N

Date -

Time -

Signature -

4AT

AMT

Correct

Age

Date of Birth

Place

Current year.

Attention (months of year backwards)

> = 7 correct

0

< 7 correct

1

Unstable

2

Alertness

Normal

0

Mild sleepiness

0

Clearly abnormal

4

No mistakes = 0

1 mistake = 1

> 1 mistake = 2

Mental status according to family/carer

Acute change or fluctuating

4

YES

Acute change or fluctuating

0

NO

4AT score

/12

All over 75s and care home residents over 65. For younger patients use clinical judgement and consult local guidelines.

F	Functional impairment (new or worsening) eg difficulty with self care		
R	Resident in a care home?		
A	Altered mental state such as acute confusion or dementia use the 4AT		
I	Immobility/instability. New decline in mobility, difficulty mobilising without help or fall leading up to admission		
L	Likely to require support for discharge? (either new or increase in existing support)		

Clear need for other specialty input eg exacerbation of known long term condition such as COPD		
Need for HDU/ITU (including non-invasive ventilation)		
Suspected new stroke or TIA, consider thrombolysis and care in stroke unit		
Head injury with loss of consciousness		
Acute abdominal pain/surgical presentation		
Upper GI Bleed		
Chest pain with suspected acute coronary syndrome		
Trauma with suspected fracture		

- Prioritise transfer of care to specialist geriatric assessment service in line with local guidance.

1) Pressure Damage Does the person have redness and/or existing damage? If YES - continue with a minimum of 2 hourly Active Care + Complete PUDRA		Y/N	Date	Location of Redness/Ulcers	Grade of Ulcer
2) Mobility	Does the person require assistance?	Y/N			
3) Continence		Y/N	5) Skin	Is skin compromised by other source, eg neurological deficit, medication, substance, diabetes, co-morbid?	Y/N
4) Nutrition		Y/N	6) Judgment	In your clinical judgment is this person at risk for developing pressure damage? IF YES - DETAILS	Y/N

[illegible]

Patient Addressograph Label

At risk of falls?

(clinical judgement) (consider alcohol, mobility, age, illness, cognitive impairment etc) *At risk complete risk assessment*

YES

NO

Pause for Transfer / Discharge (Please tick when completed)

Tick when
completed

N/A

Notes

Relatives Informed of Admission / Discharge		☐	☐	Information on discussion with relatives
Relatives/carer with patient on transfer to ward		☐	Always	
GGC RED BAG - with patient		☐	Always	
Name Band		☐	Always	
Nursing Screening Tools completed		☐	Always	
Bed requested, SBAR COMPLETE		☐	☐	
NEWS chart		☐	Always	
Prescriptions / Charts signed	Infusions	☐	☐	
Cannula		☐	☐	
Notes: medical notes, GP letter, PRF		☐	☐	
Patients requiring analgesia: sufficient		☐	☐	Please note here if any other tasks required prior to transfer.
Belongings (including patients medication)		☐	Always	
SAS Transport required and ref. no.		☐	☐	
Print Name				
Sign -				

Nursing Notes

Date and Time		Print Name and Signature
21/1/23	into room	
0025	ED IV ongoing	
	ongoing Bw of the	
	for X-ray O-	
	for admission due to A IV	
	Monitored	Dr. [Signature]

Nursing Notes

[illegible]

Glasgow Royal Infirmary
Emergency Department



Do not remove
DoB
CHI Number
0204686547
or affix label

Initial Investigations Ordered

FBC ☐	COAG ☐	DD ☐	INR ☐		G+S ☐		X-match	units		
U+Es ☐	LFT ☐	GLU ☐	CRP ☐	TROP ☐	Para ☐	Sal ☐	Ethanol ☐	Mg ☐	VBG ☐	ABG ☐
B culture ☐		C/MSSU ☐		Urinalysis ☐		BHCG ☐		Other		
CXR ☐	AXR ☐	Other imaging:								ECG ☐
Current location:									Sent by:	

Clinical Notes

Date 02/01/23 Time 25:45 Name L. Meakin Grade GP Speciality Gen.

PC: Back pain

ALLERGY: NAPROXEN.

(54) COPD. Smoker, multiple ex. this year

Alopecia Meds: Clonidine

Sjogren syndrome Salivase.

Prev @ distal radius # A/w DEXA scan. Fosair

Sallbutamol.

Trazodone.

PC: felt crack in back when helped friend up in pub

20mg IV morphine pre-hospital

Paracetamol + ibuprofen @ triage

Further 10mg IV morphine 22:45.

Reports intoxicated @ pub ~~starting~~ dancing with friend at ~5pm, tried to pick friend up, did not fall to ground but immediately experienced severe back pain + felt 'heard' 'crack'.

Legs felt weak 2° pain, struggled to stand up straight.

Felt SOB w/ pain

No lower limb / torso altered sensation / numbness.

No weakness of lower limbs.

(cont)

Clinical Notes

DEPT: McEwan cont. Name: _____ Grade: _____ Speciality: _____

Has pained one lx since pain to back → @ flow/sensation. no incontin: etc.

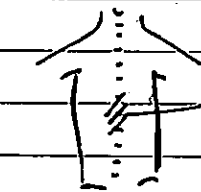
Recently well.

o/e: looks uncomfortable

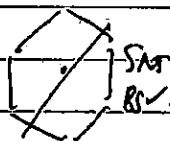
slim.

NSI — 11 — 0.

clear
expansion
over



very tender to palp
~T9-T12.



tender paraspinal muscles
bilat / adjacent to central
tenderness.

Power 5/5 lower limbs bilat → SLR ~~etc~~ worsens pain in back

• sensation @ throughout lower limbs

• Patellar reflexes + bilat

• Plantar equivocal.

Imp: Risk factors for osteoporosis

no # clear fall etc but could picking up be mechanism enough for fragility # / o.p. #?

→ Has had 30mg IV morphine + still sore, not been out of bed, lives alone. likely too sore + unsafe to d/c @.

@ - o/w Leg & Nichols → recommends d/w Ortho, ?

• benefit of plain xr, will likely require admission

- o/w ortho on call: recommends plain film xr → call back if requires admission, ortho is medicine.

Also noted that local hosp @ EMT. Exp? could go to @ but

Glasgow Royal Infirmary
Emergency Department

Patient Name
DoB
CHI Number
or affix label

Clinical Notes

DEPTZ MCBain: Name Grade Speciality

Explained likely picked up by ambulance in town + brought to local ED by paramedics. Pts would usually be admitted locally where they were taken to.

→ confirmed this with Leg Dr Nichols → agreed. If repatriation to be considered this would not occur in the ED or in O&H period.

(P) A W XR

DEPTZ
MCBain
GPSTZ

DEPTZ MCBain:

- XR thoracic spine

- looks like compression fracture at T10.

- Evid by Leg Dr Nichols, agrees compression fracture.

For referral for admission under Ortho locally.

DEPTZ
MCBain
GPSTZ

• Otho dept kindly accepted for referral to dept.

for routine bloods

DEPTZ
MCBain
GPSTZ

Glasgow Royal Infirmary
Orthopaedic Trauma Unit Admission Document



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D. o. Admission / Review: 03/01/23

Consultant: Miss Macleod

Problem/Injury:

Back pain

History:

(59)
+

Out drinking last night.

Drinking on the dance floor and lifted up partner and immediately got severe pain in back.

Proceeded to sit down and then awaited ambulance

Admits to using cocaine earlier today and previous illicit drug use

Past Medical & Surgical History:

COPD / Emphysema

Sjogren's syndrome

Mental health

Previous Orthopaedic History:

(L) Distal radius ORIF.

Social History, Mobility, Social Support:

Lives alone

Smoker 10-15 x day

Alcohol occasionally

Independent.



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Blood Results:

Date:		Bil	
WCC		ALT	
Hb		AST	
PLT		ALP	
CRP		Albumin	
PT		GGT	
APTT		ESR	
INR		Adj Ca	
Na		PO4	
K		Mg	
Cl		Lactate	
Urea		CK	
Creatinine		G+S / x-match available ☐	
eGFR			

Observations:

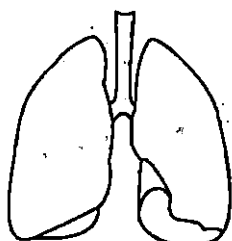
- ☐ HR _____ bpm
☐ BP ____ / ____ mmHg
☐ Temp _____ °C
☐ RR _____ min
☐ SaO2 ____ % on ____

NEWS: _____

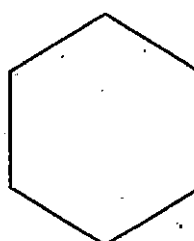
GENERAL EXAMINATION:**CV:**

Heart Sounds: I + II + _____

ECG: _____

RESP:

CXR: _____

ABDO:**FOCUSED ORTHOPAEDIC EXAMINATION:**

Pain on palpation central over thoracic spine b/w T8-T12.
No paraspinal tenderness.

	RL	LL
Tone	(+) (+)	(+) (+)
Power	S/S	S/S
Sensation	(+) L2-S1	(+) L2-S1
Reflexes	(+) (+)	(+) (+)
Clonus	none	none
Plantar	+	+

NEUROVASCULAR STATUS: _____



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02/04/196:

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NEUROLOGICAL ASSESSMENT (If applicable):GCS: E 4 V 5 M 6

Cranial Nerves:

	Tone	Reflexes
LUL		
RUL		
LLL		
RLL		

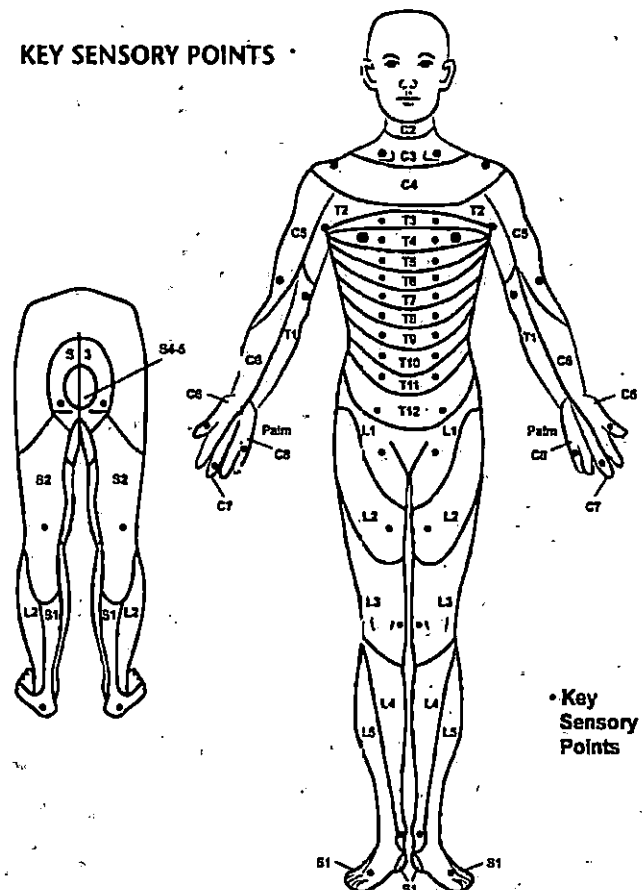
PR: Anal Tone _____ Peri-Anal Sensation - _____

Bladder Scan Vol./Residual Vol. _____

SENSATION

(NORMAL N, REDUCED ↓, ABSENT A)

R	L	R	L
C4		L1	
C5		L2	
C6		L3	
C7		L4	
C8		L5	
T1		S1	
		S2	

KEY SENSORY POINTS**POWER**

KEY MUSCLES (SCORE OUT OF 5)

R	L	
C5		Elbow flexors
C6		Wrist extensors
C7		Elbow extensors
C8		Finger flexors (distal phalanx of middle finger)
T1		Finger abductors (little finger)

R	L	
L2		Hip flexors
L3		Knee extensors
L4		Ankle extensors
L5		Long toe extensors
S1		Ankle plantar flexors

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Patient ☐ Relative/carer ☐ GP Phone call ☐ ECS ☐
 Patient own drugs ☐ Com. Pharmacist ☐ GP letter/summary ☐
 Repeat Script ☐ Other (specify) _____

[illegible]

Pharmacy review	Comments		
Compliance aid?	Yes ☐	No ☐	Community pharmacist Phone
Reviewed by:	Designation:	Date:	

NHS GG&C Risk Assessment for Venous Thromboembolism (VTE)

Trauma and Orthopaedic surgery

- Risk Assessment should be completed for all patients on admission to hospital
- Patients should be reassessed every 48 - 72 hours or sooner if condition changes
- Assessment should be documented in Kardex
- Provide patient information on VTE prevention



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Operative patients start here

Non-operative patients start here

Yes

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

Indicators of patients at standard and increased risk of VTE (tick all that apply)

STANDARD RISK

- ☐ Acute trauma/surgical admission
- ☐ Dehydration
- ☐ Age >60 years
- ☐ Surgical procedure with total anaesthetic/surgical time >90 minutes, or >60 minutes if surgery of lower limb
- ☐ Expected significant reduction in mobility relative to their normal state for more than 2 days
- ☐ Hip or knee replacement surgery or other major orthopaedic elective surgery

INCREASED RISK

- ☐ Critical care admission
- ☐ Obesity (BMI >30Kg/m²)
- ☐ Active cancer or cancer treatment
- ☐ Thrombophilia
- ☐ Personal history or first degree relative with a history of VTE
- ☐ Pregnancy or ≤6 weeks post partum (seek specialist advice)
- ☐ Hormone replacement therapy, tamoxifen
- ☐ Oestrogen containing contraceptive pill
- ☐ Varicose veins with phlebitis
- ☐ Current significant medical condition e.g.
 - Serious Infection
 - Heart Failure
 - Respiratory Failure
 - Inflammatory Disease

No

Yes Standard/Increased No
Risks

Does the patient have any bleeding risk factors? (tick all that apply)

- ☐ Surgery expected within the next 12 hours
- ☐ Surgery expected within the next 48 hours and/or risk of clinically important bleeding
- ☐ Active bleeding or risk of bleeding including
 - New-onset stroke
 - Platelet count <75 x 10⁹/L
 - Acute liver failure
 - Active duodenal ulcer or gastric ulcer
- ☐ Concurrent use of therapeutic anticoagulant
- ☐ Acute bacterial endocarditis
- ☐ Any spinal intervention (prophylactic enoxaparin is contraindicated for 12 hours before spinal and epidural anaesthetics and lumbar puncture. Enoxaparin contraindicated for 4 hours after spinal and epidural anaesthetics and removal of epidural catheter.)
- ☐ Persistent uncontrolled hypertension (BP ≥ 230/120 mmHg)
- ☐ Untreated inherited bleeding disorder (e.g. haemophilia or Von Willebrands)
- ☐ Spinal surgery (seek specialist advice)
- ☐ Proliferative diabetic retinopathy

Yes Bleeding No
Risks

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis e.g. AES unless contra-indicated
- Reassess patient every 48 hours or sooner if condition changes
- Complete risk assessment result box at foot of page

- Risk assessment now complete
- No thromboprophylaxis required
- Complete Risk Assessment Result box at foot of page
- Continue to review every 48 - 72 hours or sooner if condition changes.
- Document all assessments on kardex

• Tick to confirm ☐

NO BLEEDING RISKS

- Prescribe thromboprophylaxis for standard/increased risk as denoted overleaf
- Complete Risk Assessment Result box at foot of page
- Continue to review every 48 - 72 hours or sooner if condition changes
- Document all assessments on kardex

• Tick to confirm ☐

Risk Assessment Result (tick all that apply)

VTE Risk factors assessed ☐ Yes ☐ No Bleeding Risk factors assessed ☐ Yes ☐ No Patient Informed ☐ Yes ☐ No
 Prescribed: ☐ Thromboprophylaxis in accordance with Table overleaf ☐ AES ☐ NONE Information leaflet supplied ☐ Yes ☐ No
 Assessor's Name: Assessor's signature: Date:
 (PRINT NAME)

It is the responsibility of the consultant in charge to decide on the appropriate VTE prophylaxis. Follow recommendations recorded in the patient specific VTE prophylaxis instruction sheet. Contra-indications or drug interactions with any of these agents must be observed – if in doubt discuss directly with consultant's team.

Thromboprophylaxis on Admission

Procedure	During admission	
- Hip fracture - Lower limb fractures - Total hip replacement - Other major elective surgery to lower limbs	Standard VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily Or Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
	Increased VTE risk	Enoxaparin SC 40mg once daily started on the day of surgery at 6pm or at least 4 hours after surgery, whichever is latest Reduce dose to 20mg if eGFR <30ml/min or if patient weights <50Kg
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. <i>Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.</i>		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

Thromboprophylaxis on Discharge

Procedure	On discharge	
Hip fracture	Standard VTE risk	Continue enoxaparin SC for an overall treatment course of 2 weeks or until discharge (whichever is sooner)
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
- Lower limb fractures - Total hip replacement - Other major elective surgery to lower limbs - Total knee replacement	Standard VTE risk	Aspirin orally 150mg daily for 5 weeks
	Increased VTE risk	Continue enoxaparin SC for an overall treatment course of 5 weeks*
Rivaroxaban (under consultant advice only) A small proportion of patients may require thromboprophylaxis with rivaroxaban following total hip or total knee replacement – in these cases follow orthopaedic and/or haematology consultant recommendations. Check BNF for advice on dose and duration of treatment. Discuss arrangements with clinical pharmacist if patient is to be discharged on rivaroxaban. <i>Note that rivaroxaban is licensed for orthopaedics thromboprophylaxis only after elective hip or knee replacement and its use following an initial course of enoxaparin is off-label.</i>		
Other elective surgery (including upper limb, arthroscopy and forefoot surgery)	Standard VTE risk	No need for pharmacological; thromboprophylaxis
	Increased VTE risk	Follow recommendations from orthopaedic and/or haematology consultant
Elective spinal surgery	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of surgery and risk factors – follow recommendations from spinal surgeon	
Multiple Trauma	Thromboprophylaxis assessment done on a case-by-case basis depending on the extent of injuries – follow recommendations from orthopaedic and/or haematology consultant	
Spinal cord injury	Thromboprophylaxis assessment done on a case-by-case basis depending on the type of injury – follow recommendations from the spinal injuries team	
Orthopaedic patients who do not require surgery	Follow thromboprophylaxis guideline in the Therapeutics Handbook	

*Arrangements for the supply and administration of enoxaparin after discharge are currently under discussion with Primary Care. Contact clinical pharmacist for information on local arrangements in your hospital.

Thromboprophylaxis Guidelines for Orthopaedic Patients



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Investigations:

Imaging:

Urinalysis:

Other:

THINK BOWELS

Regular Laxatives prescribed ☐If patient prescribed laxatives
prior to admission please increaseYES ☐ N/A ☐

Summary:

Wedge compression of thoracic vertebra
T9

Plan:

- 1) Admit
- 2) Analgesia
- 3) RT/O
- 4) Regular needs
- 5) VTE prophylaxis
- 6) Discuss @ trauma meeting

PRINT & SIGN: DATE: 02/01/23GRADE: TIME: 01:30

Tick When Complete

- ☐ Med Rec
- ☐ Kardex (Laxatives + VTE prophylaxis)
- ☐ VTE form completed
- ☐ IV Fluids
- ☐ DNACPR Applicable?
- ☐ G&S / XMATCH If required

*** If for Theatre:

- ☐ Coded on PACS
- ☐ Bluespier
- ☐ Fast From
- ☐ Limb Marked
- ☐ Consent Form
- ☐ Anaesth made aware

CLINICAL NOTES - MEDICAL
NURSING
☐
☐
Please tick ☒ appropriate directorate

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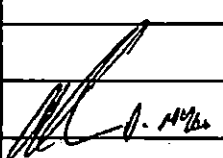
Glasgow

02/04/196

1

G73 2DI

Date & Time		Signature, Print Name & Designation
3/1/23	Missing night	
0538	News 0	
	Patient admitted to ward via A&E with T9 # following a fall. MRSA screen obtained with patient's assistance.	
	Unable to fully do a full skin check because patient unwilling to take off her trousers due to being cold. Patient reports to staff that her skin is intact.	
	Awaiting trauma meeting for plane	Assurance SN [Signature]
03/01/23	W/L Mr Ewan-Jones	
	News: 0	
	History reviewed. History positive during day.	
	OE.	
	Pain on palpation - middle back thoracic spine	
	Perched over 2 hrs since admission	
	No lower limb numbness/tingling. Hip flexors 4/5 bilaterally. Deltoids 4/5 bilaterally.	
	At dinner (3) reflexes	
	Plantar + bilateral	
	Plan: 1) Bed rest	
	2) CT scan	
		Dag [Signature]

Date & Time		Signature, Print Name & Designation
	<u>Nursing Day</u>	
3/1/23	Obs as charted - NEWS-0.	
13:30	meds as per hepma	
	Continues on BR at present.	
	PU via bedpans.	
	AIW CT scan at present.	
	IV Pabrinex disc.	
	No new concerns.	Bykes SW.
4/1/23	Nursing Notes	
	Slept for long period	
	Observations - NEWS 0	
	Medication as per hepma	
	Beside me recti attached.	
	Using bedpans tonight.	Adler AM/Dr/M
4/1/23	Assessed By FUTURE Litson Source.	
○	SE F ADMITTED with # ?TY LWR.	
	- Patient noted to be on waiting list for	
	DR to GUM following new Respiratory #.	
	- Bloods requested for Bar Phase,	
	Vitamin D level, Protein Electrophoresis and	
	Immunoglobulins - Bloodwork returns to 100 on 12	
	Previous Surgery Anti Results ☐ ^{BNP} _{11/10} 122 _{12/12} ^{12/12}	
	- We will have to do Bone Marrow	
	Test at least to know if New # and	
	Manage Reason of Priority for Oct.	
4/1/23	<u>Nursing Day</u>	
11:40	Obs as charted - NEWS 0	
	meds as per hepma.	
	PU via Bedpans, 4° CRC.	
	Still AIW CT scan.	
	Settled at present.	Bykes SW.

CLINICAL NOTES - MEDICAL ☐
NURSING ☐

Please tick ☒ appropriate directorate



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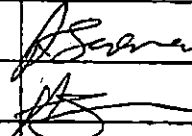
Date & Time	Signature, Print Name & Designation
04/01/23 MR ELLIS - JONES	
STILL ASSESSING CT SCAN	
C/O T PAIN → FOR PAIN TEAM A✓	
PLAN	
CT SCAN	
PAIN TEAM	
04/01/23 Acute pain team: ATSP, D. ESTON	
1445 for analgesia review. Pain localised to one area on back, not travelling anywhere. Currently taking paracetamol, codeine and PRN 5mg oramorph 4 hourly. finding analgesia a little helpful but states she thinks her pain management could be better. Previously px dinydrocodeine and found this more beneficial than codeine. Plan: switch codeine to dinydrocodeine, (CNS APT) 1 oramorph to 10mg 1 hourly px PRN. (CNS APT)	
4/1/23 Ortho MR: CEJ	
1420	
- Radiographically stable neck wedge #	
- For X Ray	
- If stable without brace with local show up a # of 6 + 12 weeks	
- If not discussion i Ortho Spine.	

Date & Time		Signature, Print Name & Designation
5/1/23	Nursing	
0300	News 0	
	Remains on bedrest pending CT results. Analgesic given for back pain and requested diazepam for anxiety. Using bedpan. Passing urine. No other issues overnight. Settled and slept well.	F. O'Driscoll SR
5/1/23	Acute Pain Team - More comfortable today.	
1600	Continue current analgesic plan.	Shan Long
05/01/23	Nursing Day.	
15:15	- NEWS 0	
	- Meads given as per Hepma.	
	- All came as planned.	
	- Using bedpans to pass urine.	
	- Patient went for standing XR but was too sore to stand. PRN Oxycodone given for relief when returned to ward.	
	- Patient quite upset with this. Reassurance given and settled now.	
	- All plan to be in place as patient very sore.	F. O'Driscoll SR
	Nursing night.	
06/01/23	News 0	
0300	Medication given as per Hepma.	
	All care delivered as planned. All new concerns to note overnight.	Shan Long SR

213

0204688547
F MOFFAT
8 Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2D

Date & Time	Nursing Day.	Signature, Print Name & Designation
06/01	- NEWS 01	
11:00	- meds given as per NPM	
	- BCL best at present.	
	- PRN oxycodone given for pain	
	no more	
	- for repeat XR of spine.	E. Leahy, RN
6/1/23	<u>Ortho MR</u>	
12:00	Radiologically stable # 19	
	Anticipate upling Thoracic spine	
	X Rays too sore at present.	
	Note Pain team review, struggling	
	PRN Oxycodone, trial of low dose MSN - not as	
	Cent but sed, rest continue	
	Can tolerate - X Rays	
	of stable machine with RT	
		E. Leahy, RN

Date & Time		Signature, Print Name & Designation
7/11/22 0335	Nursing night News 2 for slight hypotension and set GSB on room air Medication given as charted. Patient appears settled and sleeping. No new issues to note ? for enema today, bvo since admission.	ASaman SSV 
1430	Ask: - Asked to review Lorraine due to a new or requirement. - # Tg - look stable on CT but still for standing x-rays - Lorraine too sore at present. - Has been started on NBT 10mg last night & oramorph for breathing. Also a diazepam for spasms. - Finding it difficult to take deep breaths, due to pain. - Known emphysema and COPD. - Unable to take naproxen, but states better ok. Regular brake prod. - Wheez heard on chest and some bibasal crackles - finding it difficult to use inhaler, without a spacer. - Had frequent treatment for exacerbation past year. - Sputum specimen discoloured - probable chest infection. Plan 	XXXXX CURB 63 = 0

CLINICAL NOTES - MEDICAL ☐
NURSING ☐0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow

02/04/1961

G73 2DI

Please tick ☒ appropriate directorate

Date & Time		Signature, Print Name & Designation
7-1-23	ANP	
14 ³⁰ 15/01	- Suspect subcutaneous intake + px salbutamol intake - Saline nebs to help w/ expectoration - Add in ibuprofen (can take this wk) - Add oral doxycycline for LRTI - No CXR at present - clinical signs indicate LRTI, and Lorraine too sore to attend CXR. - Rebook at analgesia tomorrow, as only had 2x MIST. Encourage PRN. - Sputum sent for CTS.	ANP
	Nursing Day	
07/01/23	Care delivered as planned	
16:10	NEWS as charted. Started on O ₂ therapy as SATS 14 (88-90). On IL via Nasal cannula. Reviewed by ANP. See plan above PRN analgesia given as per HEPMA Stat dose of doxy and Ebrutin given. No other concerns at present	for SIN
8/1/23	NURSING NIGHTS	
0340	NEWS ranging from 3-4 overnight. HEPMA would not let me sign off lpm nebs as Spm close recorded as not given. Nebs given at 2100. Patient felt benefit of these. Took laxatives but not keen to have enema.	

Date & Time		Signature, Print Name & Designation
	feels abdomen is soft. No N+V. States this can be her normal. She will reassess decision today.	
	MST given as prescribed. No breakthrough required. Refused diazepam Persilose.	
	Settled night and slept for spells	1/12/22 J. Johnson
13:50	ANA.	
	- Bloods today, WCC 3.5 (neut 1.7) Hb 130 CRP 22. Renal function stable.	
	- Blood Film done - macrocytic ~~red~~ red cells. mild neutrophilia - mature morphology. few reactive lymphocytes. - Infection suggest check Vit B12 / folate.	
	- on abx for LRTI.	UK
	- Bloods for haematin regd.	
	Codine = abx	
18/01/23	Nursing Day	
16:00	Care delivered as planned MEWS as charted. Refused repeat ops as she had visitors. Refused afternoon nebs due to visitors being present. MST given late. Will inform Night shift no new concerns at present	hr S/M
	Nursing IVIS	
29/10/23	ORS stable as charted on LL	
23	na nc or therapy turned off	Cerna
03:00	on Bedrest due to pain mst given.	SPR

CLINICAL NOTES - MEDICAL
NURSING
☐
☒

Please tick ✓ appropriate directorate


0204686547
MOFFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow

02/04/196

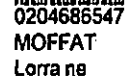
G73 2Di

Date & Time		Signature, Print Name & Designation
(cont)	No Bo Sinc 01/01/23 - Resusc	
09/10/23	Sups, enema however acetabular	
	lactures. ON Dexty. AO LEFT	
	also bones of stomach some	SN
	re. _____	
9/11/23	Nursing O/S	
1330	Attended standing x-rays prior	
	to some oral morphine given	
	note BNO - Sups given	
	no result as yet	
	Passing urine x-rays to be	
	re'd ? Plan.	
1755	AMP	
	Bloods today - folate 4.1 (3.1-20.0)	
	ferritin 321	Vit B12 41 (495)
	Iron/Tx 1.86	
	Iron 12.	
	Ts sat 26.	
	CRP ↓ WCC ↓ 3.0 (neut 1.2)	
	Referred blood biochem re: WCC + neutrophils	
	Sputum not yet resulted	
10/01/23	Nursing (pm) -	
@0130	Settled night. Alert + orientated. No complaints of	
	Pain / nausea. NEWSO. Normal diet and fluids as	
	able. mobilising with ADI to the toilet. skin intact	
	passing urine and stool. All medications given as	
	prescribed.	S. MUSTON

Date & Time		Signature, Print Name & Designation
10/01/24	D-CTON 1955 (12)	
08.40		
	nmv b	
	STANDARD AL 9.079542727	
	INFLAMMATORY MARKERS IMPROVED AND	
	PLATELET → CRP 10.222, WCC 3	
	Plan	
	Do w. # Cytoc Fu w 2, 6 + 12 hrs	
	D-CTON	
10/1/23	Flowing (TMRP)	
1310		
	ELV Blood	
	10/1 9/1 3/1	
UTES	(N) (N) (N)	
WCC	3.3 3.0 5.6	
neut	1.5 1.2 1.7	
Vit B12	495 (200-883)	
	WCC + neutrophils ↓ since	
	pt became unwell & 90 days ago	
	& now improving	
	NEWS 0 CRP (6)	
	Plan	
	(Continue as planned	
	w/ the doctor re)	
	Haemolysis	
1740	Haemolysis + BIL (N); macrocytic	
	mild neutropenia likely infection	
	driven	

(TMRP)

(TMRP)



02/04/19E

[illegible]

**Department of Orthopaedic Surgery
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF**

Mr C E-Jones
Ward round
W 61



CEJ/BM

03/01/2023

Ms Lorraine Moffat
CHI: 0204686547
Flat 44 3 Greenhill Court, Glasgow G73 2DH

This 54 year old lady has been admitted as an emergency. She was out dancing last night, she tried to lift her partner and felt a pop and immediate pain in her lumbar spine. There was no precipitating fall. Pain was severe, causing her to sit down. She localises the pain in the mid thoracic region, radiating across her back. She denies any neurological symptoms. She has passed urine spontaneously since admission.

From a past medical history standpoint she has COPD with emphysema, she has Sjogren's disease, along with mental health issues.

On examination, NEWS is satisfactory. She is very, very painful and examination of her spine reveals midline tenderness from T8-T12 with no associated paraspinal tenderness. There is no midline tenderness outwith this region. Neurological examination reveals sensation to be intact from mid thoracic level to S2. Tone is normal. Power is 4/5 in her hip flexors bilaterally secondary to pain, however, all other myotomes are 5/5. All reflexes are present and correct, plantars are downgoing and there are no long tract signs.

Reviewing her x-rays, she has a wedge compression fracture of T9. Given her significant midline tenderness, we should get a CT scan to exclude posterior elements injury. She should remain on bedrest until the CT scan has been performed and reviewed.

Mr Cameron Elias-Jones
Consultant Orthopaedic Surgeon

My Admission Record



Hospital: Ghi Ward: 61
 Date of Admission: _____ Time: 0215
 Information obtained from: Name: _____
 Patient ☒ Relative ☐ Other ☐ _____
Preferred Name: _____
 Age: 54 Telephone Number: _____
 Consultant: RCC

Name: _____
 Ad: _____
 0204686547
 F MOFFAT
 8 Lorraine 02/04/196
 Dc Flat 44
 Ct 3 Greenhill Court
 Glasgow
 AfH G73 2D

Communication

What is your first language? English
 Do you require an interpreter? Yes ☐ No ☒
 If yes, provide details of arrangements made _____
 Do you use British Sign Language (BSL)? Yes ☐ No ☒
 Do you need someone to help you to communicate? Yes ☐ No ☒ If yes, who _____

Preferred first contact

Name: Lissa Moffat
 Relationship: Daughter
 Address: _____
 Telephone: 07818747338
 Is this person aware of your admission?
 Yes ☒ No ☐
 Can we share information with this person?
 Yes ☒ No ☐

Preferred second contact

Name: _____
 Relationship: _____
 Address: _____
 Telephone: _____
 Is this person aware of your admission?
 Yes ☐ No ☐
 Can we share information with this person?
 Yes ☐ No ☐

Presenting Complaint / Diagnosis

T9 #
 Explained to the patient? Yes ☒ No ☐ Not Applicable ☐
 Do you understand the reason for your admission? Yes ☒ No ☐

Allergies / Sensitivities (Record food allergies in the Hydration and Nutrition section)

No known allergies ☐ fluclor

Relevant past medical history

On admission, is there a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place
 Yes ☐ No ☒ If yes, Who asked for a copy? _____
 Date they asked for a copy ____/____/____ Date Obtained ____/____/____

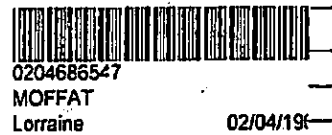
SPS mg/h

Power of Attorney / Guardianship / Adult with Incapacity		Name: _____
Does someone have Power of Attorney (POA) for you?		Ad: 
Yes ☐ No ☒		0204686547
OR		MOFFAT
Does someone have Guardianship?		3 Lorraine 02/04/196:
Yes ☐ No ☒		Do: Flat 44
If yes, is this for:- Finance ☐ Welfare ☐ Both ☐		CH 3 Greenhill Court
Which are currently in action? Finance ☐ Welfare ☐ Both ☐ Nil ☐		Glasgow G73 2D
Please obtain a copy and place in the patient's notes		
Who asked for a copy? _____ Date they asked for a copy ____/____/____ Date Obtained ____/____/____		
POA/ Guardian		
Name: _____ Relationship: _____ Contact Tel Number _____		
Name: _____ Relationship: _____ Contact Tel Number _____		
N.B. If you think the patient may lack capacity inform Medical Staff to assess and, if required, consider the need for an 'Adult with Incapacity' Section 47		

Carbapenemase-producing enterobacteriaceae (CPE)		
Have you ever:		
1. Been an inpatient in a hospital outside Scotland?	Yes ☐	No ☒
2. Received holiday dialysis outside Scotland?	☐	☒
3. Been told that you have CPE?	☐	☒
4. Been in close contact with a person with CPE?	☐	☒
If the answer is yes to ANY of the questions in this section, you must		
Isolate the patient in a side room	☐	
Obtain Rectal swab marked 'for CPE'	☐	
If patient refuses rectal swab, obtain a stool specimen marked 'for CPE'	☐	
and inform the IPCT		
MRSA Screening		
Will the patient be an inpatient for more than 23 hours	Yes ☒	No ☐ Unsure ☐
If YES complete the following section		
1. Have you ever been told that you have MRSA?	☐	No ☒ Unsure ☐
2. Have you been admitted from another hospital/ residential setting or care home?	☐	No ☒ Unsure ☐
3. Do you have a wound / skin ulcer or invasive device which you had before admission?	☐	No ☐ Unsure ☐
If YES to Q1, 2 or 3 above OR the patient is admitted to a 'high impact speciality' i.e. Orthopaedics, Vascular, Renal Unit, Critical Care – obtain MRSA swabs		
Nasal ☒ Perineum ☒ Other ☐ Specify <u>throat</u>	Patient refused ☐	
Creutzfeldt-Jakob Disease (CJD)		
Have you ever been informed that you are at increased risk of CJD or vCJD?	Yes ☐	No ☒ Unsure ☐
If YES inform the IPCT ☐		

Name: _____

Address: _____



DoB: _____

CHI: _____

Affix p: _____

Lifestyle

Smoking

Are you a: smoker ☒ ex-smoker ☐ when did you stop? 10-15 a day

Never smoked ☐

Do you use eCigarettes? Yes ☐ No ☒

If a smoker, the NHSGGC Smokefree policy has been explained and Nicotine Replacement Therapy (NRT) has been offered

Yes - administered NRT ☐ Yes - patient declined NRT ☐

If declined - Why: Does not like them

Do you want to talk to someone about your smoking? Yes ☐ No ☒

If yes, refer to Smokefree Services (Trakcare) Date referred: ____/____/____

Drugs

Do you use recreational or illicit drugs or are you receiving opiate replacement therapy (ORT / Methadone / Suboxone)? Yes ☐ No ☒

If yes, please specify and refer to the NHSGGC Guidelines for the Management of Drug Users in Glasgow and Clyde Acute Hospitals

Alcohol

Do you drink alcohol? Yes ☒ No ☐

How often do you have more than 6 units of alcohol on one occasion:

Never ☐ Less than monthly ☒ Monthly ☐ Weekly ☐ Daily or almost daily ☐

NB: If daily or almost daily commence the Glasgow Assessment and Management of Alcohol (GAMA), complete FAST Tool and take further action as per guidance.

Name (Please PRINT): A-Saman

Signature: [Signature]

Designation: S/N

Date: 3/1/25

My Assessment Record

Name	
Add	0204686547
F	MOFFAT
38	Lorraine
	02/04/19L
Do	
CH	
Affix patient ID label	

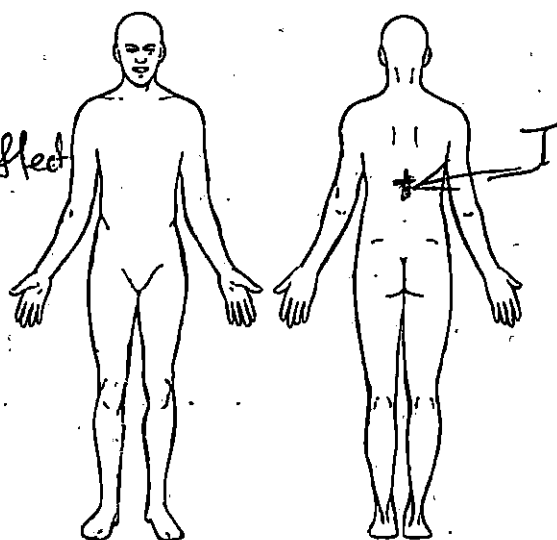
1. Breathing and Circulation

Breathing	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's breathing
No breathing problems			COPD, emphysema
Breathless at rest		✓	
Breathless on exertion		✓	
Productive / Non-productive cough			
Cyanosed			
Uses nebulisers			
Uses inhalers		✓	
Oxygen therapy			
Do you have any other symptoms?			
Circulation	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's circulation
No circulatory problems			
Chest pain at rest			
Chest pain on exertion			
Angina			
Do you take medication for symptoms of angina?			
Hypertension			
Do you have any other symptoms?			

2. Communication

	Yes ✓	No ✓	Assessment of the patient's communication needs
Do you have any difficulties communicating your needs?		✓	
Do you have any difficulties with your speech?			
Do you have a Learning Disability?			
Do you have support from a Learning Disability Team? Contact details:			

Name: _____
 Address: _____
 0204686547
 F MOFFAT
 38 Lorraine
 02/04/19L
 DoB: _____
 CHI: _____
 Affix patient: _____

3. Senses			
Vision	Yes ✓	No ✓	Assessment of the patient's vision
Do you have any problems with your vision?	✓		Distance ☐ Reading ☐ Both ☒
Do you wear glasses?			
Do you have your glasses with you?		✓	
Do you wear contact lenses?			
Do you have your lenses with you?			
Do you wear a prosthesis?			
Hearing	Yes ✓	No ✓	Assessment of the patient's hearing
Do you have any problems with your hearing?		✓	
Do you have any hearing loss?			
Do you use a hearing aid?			
Do you have your hearing aid(s) with you?			
Pain	Yes ✓	No ✓	Assessment of the patient's pain
Do you have pain?	✓		Can you describe where and what the pain is like? <i>pain has settled at back on movement</i> Have you had treatment / intervention for the pain? <i>yes, morphine with some effect</i> N.B. Complete generic pain assessment chart. If unable to self report complete Abbey Pain Scale. Can you describe any chronic pain that you have? <i>Rest and analgesia</i> What makes the pain better? <i>Rest and analgesia</i>
Mark current pain on body chart 			

Name: _____
 Address: 0204686547
 F MOFFAT
 8 Lorraine
 Flat 44
 DoB: 3 Greenhill Court
 CHI: H Glasgow
 Affix patient ID label

02/04/196

G73 2D

4. Cognitive Status **THINK DELIRIUM**

	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's cognitive status
Alert and orientated		✓	
Impaired conscious level			
Confused			
Dementia			
Stressed / Distressed			

N.B. Think Delirium

Complete 4AT for all patients 65 and over, AND for patients of any age with one or more of the following:

- existing cognitive impairment
- previous delirium
- current hip fracture
- severe illness

and follow the guidance

N.B. 'Getting to Know Me' and 'What Matters to Me' should be completed for all patients with dementia, cognitive impairment or complex needs

5. Hydration and Nutrition

Do you have any food allergies or food intolerances?

no allergies

What do you like to eat and drink?

not fussy

What do you not like to eat and drink?

Fish

N.B. Malnutrition Universal Screening Tool (MUST) to be completed for all patients within 24 hours of admission

Diet and Fluids	Admission Presentation ✓	Normal for the patient ✓	Name _____ Address _____ 0204686547 F MOFFAT 38 Lorraine 02/04/1968 D _____ C _____ A _____
Normal diet and fluids		✓	
Therapeutic diet			
Cultural, ethnic or religious diet			
Texture Modified Diet Please state _____			
Thickened Fluid Please state _____			
Oral Nutritional supplements Preferred flavour _____			
Enteral Nutrition			
Parenteral Nutrition			
Nil by Mouth			
N.B. If the patient has any difficulty in the oropharyngeal stage of swallowing complete Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS) within 4 hours of admission			Assessment of the patient's hydration and nutrition needs
Assistance with eating and drinking	Admission Presentation ✓	Normal for the patient ✓	
Independent (Green)		✓	
Prompting / encouragement / opening packets/cutting up food (Amber)			
Full assistance with eating and drinking (Red)			
Do you have any further issues which may affect your ability to eat and drink normally during this hospital admission?			
6. Elimination			
Bladder	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Pass urine with no problems		✓	
Frequently pass urine during the day			
Frequently pass urine overnight			
Sense of urgency when need to pass urine			
Urine retention			

Bladder (cont)	Admission Presentation ✓	Normal for the patient ✓	Na Ad 0204686547 F MOFFAT 8 Lorraine 02/04/1968 Flat 44 Dc 3 Greenhill Court Ch Glasgow Af G73 2DH
Haematuria			
Incontinent			

N.B. If new incontinence report to medical staff to rule out infection or physiological cause

What products do you normally use for this continence issue?

Sanitiser pads when coughing but

No urinary catheter ☒ Urinary catheter in situ: Urethral ☐ Suprapubic ☐

Date urinary catheter last changed ____/____/____

N.B. If Urinary Urethral Catheter (UCC) in situ commence NHSGGC Adult UCC Insertion and Maintenance Care Plan

Bowels

When did your bowels last move?

11/1/23

How often in a day/week do you have a bowel movement? Per day Per week *1*

Do you use any medication e.g. laxative to help your bowels move? Yes ☐ No ☐

Bowel Habit	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's elimination needs
Regular			
Constipated		✓	
Diarrhoea / loose stools			
Blood in stools			
Incontinent			

What products do you normally use for this continence issue?

N.B. if concerned about bowel patterns (e.g. infrequent movement or frequent loose stools) consider using the Bristol Stool Chart

Stoma	Yes ✓	No ✓	Assessment of the patient's needs in relation to their stoma
Do you have a stoma?		✓	
Do you require assistance with your stoma care?			
Have you brought any of your stoma products with you?			

Nan 
 Adc C204686547
 = MOFFAT
 3 Lorraine 02/04/1968 F
 Flat 44
 Do 3 Greenhill Court
 Glasgow
 CHH G73 2DH
 Affix patient

7. Personal Hygiene, Oral Health, Skin Care and Wound Care

Personal Hygiene	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's personal hygiene needs
Independent			
Requires assistance with washing and dressing	✓		
Oral Health	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's oral health needs
No problems		✓	S1
Sore mouth / mucositis / ulcer			
Requires assistance with oral hygiene			
Other (eg dry lips, tongue coated?)			
Dental work	Yes ✓	No ✓	Description of any dental work
Do you wear dentures?	✓		Top + Bottom
Do you have your dentures with you?	✓		
Are your dentures a good fit?	✓		
Do you have any other dental work that we need to be aware of?		✓	
Skin Care	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's skin care needs
No problems		✓	
Skin broken			
Skin oedematous			
Skin discoloured / red			

N.B. Complete PUDRA for all patients within 8 hours of admission

Pressure ulcer identified on admission: Yes ☐ No ☒

Pressure Ulcer Grade: _____

Pressure Ulcer Site: _____ Adult wound assessment and management chart required

N.B If Grade 2 pressure damage on ankle or below refer to Podiatry via TrakCare

Wound Care	Yes ✓	No ✓	Name: _____ A  0204686547 : MOFFAT F : Lorraine 02/04/1968 D: Flat 44 C: 3 Greenhill Court Afft Glasgow G73 2DH
Do you have any wounds? N.B. If yes, complete an assessment chart for wound management		✓	

8. Mobility

Mobility	Admission Presentation ✓	Normal for the patient ✓	Assessment of the patient's mobility needs
Fully mobile and independent			
Unsteady when walking	✓		
Do you use a mobility aid	Yes ☐	No ☒	
Do you have your mobility aid with you?	Yes ☐	No ☐	

N.B. If not fully mobile and independent on admission complete moving and handling assessment within 24 hours of admission

9. Maintaining a Safe Environment

N.B. Complete a falls risk assessment for all patients within 24 hours of admission. If a falls risk is identified complete the falls intervention checklist and document all nursing actions in the care plan.

Safety	Yes ✓	No ✓	Assessment of the patient's ability to maintain a safe environment
Is the patient at risk of falling, rolling, slipping or sliding from the bed?		✓	
Would you like bedrails to be used while in hospital?			

N.B. If yes, to either of the two questions above complete a bedrail risk assessment

10. Sleep and Rest

Sleep	Yes ✓	No ✓	Assessment of the patient's sleep and rest needs
Do you have any difficulties with sleeping?	✓		
Do you do or use anything to help you sleep?	✓		

Anti-depressants (with arrow pointing to the 'No' column for the second question)

Name		
Add	0204686547	
	MOFFAT	F
	Lorraine	02/04/1968
	Flat 44	
DoB:	3 Greenhill Court	
CHI:	Glasgow	G73 2DH
Affix		

11. Social Circumstances

Do you:

- | | | | |
|------------------------------------|-------------------------------------|---------------------------------|--------------------------|
| Live alone | ☒ | Live with family/ friend/ other | ☐ |
| Live in a nursing home | ☐ | Live in a care home | ☐ |
| Live in residential supported care | ☐ | Live in student accommodation | ☐ |
| Live in 'homeless' accommodation | ☐ | Have no fixed abode | ☐ |
| Other please specify _____ | | ☐ | |

Dependants

Yes	No
☒	☒

Do you have any dependants?

Do you support anyone (e.g. partner, children, relatives, animals)?

Do they need support from someone else whilst you are in hospital?

Would someone else be able to provide this support when you are in hospital?
If yes, who?

If no support available contact Duty Social Worker

Duty Social Worker Required ☐ Not required ☒ Referred ☐

Services

Yes	No
☒	☒

Do you have support from social work, social services or a care package?

If yes, please provide details:

If yes, has contact been made to cancel arrangements during admission?

12. Emotional and Spiritual Care

Do you have a religion or beliefs that we can help you observe while you are in hospital?

No further

Is there anything else with regards to your values, religion or culture that we can support you with during your stay in hospital (e.g. prayer meditation)?

Would you like to talk to someone (e.g. Hospital Healthcare Chaplain) about you, your loved ones, your values and beliefs, or any worries you have? Yes ☐ No ☒

Healthcare Chaplain informed Yes ☐ N/A ☒

Nat		
Ad	0204686547	
	MOFFAT	
	Lorraine	F
	Flat 44	02/04/1966
	3 Greenhill Court	
Dc	Glasgow	
CP		G73 2DJ
Affix patient ID label		

13. Person Centred Care

What matters and is important to you whilst you are in hospital?

This should focus on the personal preferences, choices and goals of the individual of what is important to include in their plan of care.

Family

N.B. Participating in 'What Matters to Me' should be offered to all patients

Informal Support

Who is important to you, to help support you whilst you are in hospital?

Lissa

NB. If the person who helps is not a preferred contact please ensure their details are listed below.

Name:

Contact Details:

.....

.....

How do you want the people who matter to you to be involved in your care?

To be kept updated when required

Do you have someone who looks after you or someone that helps you, i.e. an informal carer?

Yes ☐

No ☒

If yes, has the help or support listed above been confirmed with the patient's family/ friends?
(please tick)

Yes ☐

No ☒

Name: 
 Address: 0204686547
 MOFFAT
 3 Lorraine 02/04/196
 Flat 44
 3 Greenhill Court
 Glasgow
 DoB: 673 20
 CHI: 1
 Affix patient ID label

Required Support

Has the patient and / or carer been advised of the hospital Support and Information Service?

Yes ☐ No ☒

Referrals can be made via the central phone number: 0141 452 2387

Has the carer been advised of the Carers Information Line?

Yes ☐ No ☒ Not appropriate at this time ☐

Carers Information Line: 0141 353 6504

Carers Information Leaflet provided?

Yes ☐ No ☐

Are you:

Employed ☐

Unemployed ☐

Self-employed ☐

Retired ☒

Full time education ☐

Has your health had an impact on your ability to carry out your day to day activities at work?

Yes ☐ No ☐ Not applicable ☒

Do you have any money worries?

Yes ☐ No ☒ Not appropriate to ask at this time ☐

If yes would you like referred to a money advice service that can offer confidential advice/ support?

Yes ☐ No ☐ If yes when was patient referred: ___/___/___

Would you like a referral to a service that can support you with employment / education/ training/ skills volunteering?

Yes ☐ No ☐ Not applicable ☒ Not appropriate to ask at this time ☐

If yes when was patient referred ___/___/___

Name: _____

Address: _____

DoB: _____

CHI: _____

Affix patient ID label

Risk Assessments/Other Documentation

Additional NHSGGC Documentation	Required		Required documents completed		Date, Print and Sign when completed
	Yes ✓	No ✓	Yes ✓	No ✓	
Glasgow Assessment and Management of Alcohol (GAMA)					
Generic Pain Scale Assessment Chart					
Abbey Pain Scale (if unable to self report pain)					
4AT and TIME for Detection, Management and Prevention of Delirium					
Getting to Know Me – Relatives to complete					
What Matters to Me					
Screening Tool for Oropharyngeal Swallow Symptoms (STOPSS)					
Malnutrition Universal Screening Tool (MUST)	✓				
Adult Urethral Urinary Catheter (UCC) Insertion and Maintenance Care Plan					
Bristol Stool Chart					
Pressure Ulcer Daily Risk Assessment (PUDRA)	✓				
Adult Wound Assessment and Management Chart					
Moving and Handling Assessment					
Falls Risk Assessment	✓				
Bedrail Risk Assessment					

Clinical Notes

Date and Time	Notes	Print Name, Signature and Designation

Affix patient ID label

Pressure Ulcer Daily Risk Assessment (PUDRA)

 0204686547 F MOFFAT 18 Lorraine 02/04/1968	Hospital: CR1 Ward: 61	Points to consider: • Use within 8 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes
--	---	--

1 Pressure Damage	Does the person have redness and/or existing pressure damage? IF YES, prescribe a minimum of 2 HOURLY pressure relieving care to avoid further damage occurring and complete the pressure ulcer interventional plan overleaf.
--------------------------	--

Date	Location of redness / ulcers	Grade of ulcer	Date	Location of redness / ulcers	Grade of ulcer
/ /			/ /		
/ /			/ /		
/ /			/ /		

2 Mobility	Does the person require assistance to mobilise?
3 Continence	Does the person have continence issues with urine and/or faeces?
4 Nutrition	Does the person appear malnourished and/or unable to eat or drink?
5 Skin	Is skin compromised by any other source, e.g. neurological deficit; surgery; medication; diabetes; co-morbidities?
6 Judgement	In your clinical judgement, is this person at risk of developing pressure damage? If Yes, please give details:

Record YES/NO answers in the grid below. If YES to any of the questions 2-6, the person is at risk of developing pressure damage. Prescribe a minimum of 4 HOURLY pressure relieving care interventions and complete the pressure ulcer interventional plan overleaf.

If NO to all statements, continue with patient interventions depending on individual need and reassess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Care Prescribed	Signature
3/1/23	02:35	N	Y	N	N	N	N	4 hrly	AB
4/1/23	04:00	N	Y	N	N	N	N	4 hrly	AB
5/1/23	04:40	N	Y	N	N	N	N	4 hrly	AB
6/1/23	05:00	N	Y	N	N	N	N	4 hrly	AB
7/1/23	03:35	N	Y	N	N	N	N	4 hrly	AB
8/1/23	04:00	N	Y	N	N	N	N	4 hrly	AB
9/1/23	02:00	N	Y	N	N	N	N	4 hrly	CS
10/1/23	00:50	N	Y	N	N	N	N	4 hrly	SM
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

Complete prevention of pressure ulcer interventional plan overleaf for all patients with redness/pressure damage and for those at risk.

Prevention of Pressure Ulcer Interventional Plan



Aim: To incorporate effective pressure ulcer prevention strategies to reduce/eliminate potential for pressure ulcer development.

Outcome: To prevent pressure ulcer development through establishment of effecting work practices in line with SSKINS bundle.

Attach Addressograph

	S SKIN INSPECTION	S SURFACE	K KEEP MOVING	I INCREASED MOISTURE AND CONTINENCE MANAGEMENT	N NUTRITION	S SELF MANAGEMENT / SHARED CARE	Sign / Comments
Date of plan:	Check: - Pressure areas _____ hourly. - Skin under medical devices _____ hourly. - Specify medical devices used:	Specify: - Mattress: - Cushion: - Detail additional pressure redistributing equipment:	- Reposition _____ hourly in bed and chair. - Overnight patient / carer has agreed to repositioning _____ hourly - Specify any manual handling equipment used:	- Skin care to be carried out _____ hourly. - Specify products required for increased moisture / continence management:	- Optimise nutrition and hydration. - Refer to MUST	- Discuss and agree plan with patient / family / carer YES ☐ NO ☐ "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: - Pressure areas _____ hourly. - Skin under medical devices _____ hourly. - Specify medical devices used:	Specify: - Mattress: - Cushion: - Detail additional pressure redistributing equipment:	- Reposition _____ hourly in bed and chair. - Overnight patient / carer has agreed to repositioning _____ hourly - Specify any manual handling equipment used:	- Skin care to be carried out _____ hourly. - Specify products required for increased moisture / continence management:	- Optimise nutrition and hydration. - Refer to MUST	- Discuss and agree updated plan with patient / family / carer YES ☐ NO ☐ "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____
Date Reviewed:	Check: - Pressure areas _____ hourly. - Skin under medical devices _____ hourly. - Specify medical devices used:	Specify: - Mattress: - Cushion: - Detail additional pressure redistributing equipment:	- Reposition _____ hourly in bed and chair. - Overnight patient / carer has agreed to repositioning _____ hourly - Specify any manual handling equipment used:	- Skin care to be carried out _____ hourly. - Specify products required for increased moisture / continence management:	- Optimise nutrition and hydration. - Refer to MUST	- Discuss and agree updated plan with patient / family / carer YES ☐ NO ☐ "Prevent Pressure Ulcers" leaflet given to patient / family / carer? YES ☐ NO ☐	Date discontinued: _____

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FALLS RISK ASSESSMENT

To Be Completed For All Patients Within 24 Hrs of Admission
and on Transfer to Another Ward



GENERAL SAFETY PRECAUTIONS TO BE UNDERTAKEN FOR ALL PATIENTS

Action the following safety precautions on admission to your ward.
Update weekly or on change of condition.

	Ward: <u>61</u> Date: <u>3/1/23</u> Time: <u>02:47</u>	Ward: Date: Time: -----	Ward: Date: Time: -----	Ward: Date: Time: -----	Ward: Date: Time: -----
1. Document mobility status in clinical record and complete a moving and handling assessment (if appropriate).	<u>mobile as able</u>				
2. Check walking aid (if required) is in reach and in use.	<u>✓</u>				
3. Check call bell is in reach and working. Provide and document alternative measures if patient is unable to use call bell.	<u>in use</u>				
4. Check footwear is safe (refer to NHS GGC Footwear guidance).	<u>patient's own</u>				
5. If glasses are worn, check they are available and in use.	<u>yes</u>				
6. If hearing aid/s are worn, check they are working and in use.	<u>NA</u>				

RISK ASSESSMENT

If Yes to any of the 5 questions below complete the falls interventional plan (overleaf).

Whether Yes or No, update this assessment weekly in acute wards or, at the time of a fall or, upon a change in patient's clinical condition.

****ALL patients in older people's wards must have an interventional plan in place (overleaf)****

	Tick Yes or No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. Has the patient fallen in the last 6 months – including during this admission?	☒										
2. Does the patient have cognitive impairment or a possible delirium?			☒								
3. Does the patient attempt to walk alone although unsteady or unsafe?			☒								
4. Does the patient or their relative have a fear or anxiety of the patient falling?			☒								
5. Based on your clinical judgement, is this patient at high risk of falling?			☒								
Signature of nurse completing assessment / update		<u>AS</u>									

Highlight risk of fall at the ward safety brief.

FALLS INTERVENTION CHECKLIST

Complete for all patients identified at risk of falling.

Ward:	Ward:	Ward:	Ward:	Ward:
Date:	Date:	Date:	Date:	Date:
Time: -----	Time: -----	Time: -----	Time: -----	Time: -----

BED AND SEATING

Check the patient's bed and chair are at the right height for the patient. Consider referral to OT/ Physiotherapy for transfer, mobility or specialist seating advice.
(Patient care plan 8)

Assess if a low bed is required
(Patient care plan 9)

SAFETY

Complete / update bedrails risk assessment if bedrail in use. (Patient care plan 9)

Review the frequency of care rounding prescribing in relation to the falls risk – consider the use of a patient monitoring chart.
(Patient care plan 9)

If the patient is cognitively impaired or has poor mobility and known not to ask for assistance, provide close observation whilst using commode, toilet, bath or shower.

HEALTH

Complete /Document 4AT
– follow THINK DELIRIUM guidelines. (Patient care plan 4)

Document continence problems and link to care rounding (Patient care plan 6)

Record lying and standing blood pressure. If results show deficit, follow protocol for ongoing monitoring and inform medical staff of any concerns. (Patient care plan 1)

If medication is suspected of contributing to the patient's falls risk – highlight to medical staff.

COMMUNICATION

Give the patient / relatives / carers an Inpatient falls prevention leaflet. Discuss safety precautions with patient / carer / relative. (Patient care plan -negotiated care)

Update the ward team of the patient's mobility status. (Patient care plan 8)

Discuss the patient's fall risk at safety briefs and MDT meetings. (If appropriate)

Consider a referral to the Hospital Falls Service for advice using trackcare. (If appropriate)

Signature of nurse completing Interventional plan / or update

If a fall has occurred, refer to the Post Fall Poster and report in Datix. Share post fall lessons learned with the team
EVIDENCE ALL INTERVENTIONS IN NURSING CARE PLAN



Care discussed with patient Unable		☐ Yes	☐ No	☐	If unable, give reason:	
Care discussed with family Unable		☐ Yes	☐ No	☐	If unable, give reason:	
Date commenced & signature	1. Breathing and circulation	Date discontinued & signature	Date commenced & signature	Getting to Know Me / What Matters to Me	Date discontinued & signature	
3/1/22 AS	COPD, Emphysema, Chronic Syndrome, ~~no other health issues~~			NA		
				5. Hydration and Nutrition		
			3/1/22 AS	MDF		
	2, 3. Communication and senses					
3/1/22 AS	no issues					
				6. Elimination		
	4. Cognitive status					
3/1/22 AS	A+0		3/1/23 AS	normally constipated but accepts as normal		

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Glasgow

02/04/196

Care Plan

G73 2Di

Date Commenced and Signature	7. Personal Hygiene, oral care, skin care and wound care	Date Discontinued and Signature	Date Commenced and Signature	9. Maintaining a safe environment, Technical Care	Date Discontinued and Signature
3/1/23 BS	will require A&P			nurse call system issue	
				10. Sleep and Rest	
				Pain sleeping pattern on anti-depressants to help sleep.	
	8. Mobility				
3/1/23 BS	mobile as able			12. Privacy, dignity and sexuality	
				To be respected at all times	
				Negotiated care - Please record any planned involvement of patient/family in delivery of care	
				Plan of care discussed with patient	

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MALNUTRITION UNIVERSAL SCREENING TOOL (MUST)



Date <u>3/1/23</u> Time <u>02:40</u> of initial height and weight on admission to hospital	Actual	* Patient reported	* If unable to obtain height and / or weight (check portal / trak for previous weights) document alternative measures and use subjective criteria to assess risk of malnutrition
Admission Height <u>152.4</u> cm	☐	☒	
Admission Weight <u>54</u> Kg	☐	☒	

* Obtain accurate height/weight and rescreen as soon as possible

Patients reported normal weight _____ Unable to Recall ☐

Any unplanned weight loss in the last 6 months Yes ☐ how much _____ No ☒ Don't Know ☐

Date	<u>3/1/23</u>							
Time	<u>02:40</u>							
Ward	<u>61</u>							
Oedema/ Ascities present Y/N	<u>N</u>							
Scales Used ST = Standing, CH = Chair HT = Hoist, UW = Unable to weigh, record reason and document subjective assessment of risk in nursing notes	<u>ST</u>							
Weight (kgs)	<u>54</u>							
BMI	<u>23.3</u>							

Malnutrition Universal Screening Tool (MUST) to be completed at least every 7 days

Step 1 BMI Score >20 = 0 18.5-20 = 1 <18.5 = 2	<u>0</u>							
Step 2 Weight loss score <5% = 0 5-10% = 1 >10% = 2	<u>0</u>							
Step 3 Acute disease effect If patient is acutely ill and there has been or is likely to be no, or virtually no, food intake for > 5 days.....Score 2 Not applicable.....Score 0	<u>0</u>							
Step 4 Overall Risk of Malnutrition TOTAL	<u>0</u>							
Rescreen on	<u>1/3/23</u>							
Signature	<u>MS</u>							

Step 5 Management Guidelines (excludes patients who are Nil by Mouth)

Overall Risk of Malnutrition	Ensure plan of care for specific nutritional requirements, MUST score and plans to improve / increase nutritional intake are documented in the patients care plan
0	LOW RISK - Repeat screening every 7 days
1	MEDIUM RISK - Follow the flowchart for MUST 1 overleaf
2 or greater	HIGH RISK - Follow the flowchart for MUST 2 or greater overleaf

MUST STEP 5 Management Guidelines

MUST 1

- Check assistance required with eating and drinking (Red, Amber, Green).
- Check with patient /carer normal eating patterns and preferences.
- Use a **Food First Approach**:
 - Offering mid-morning, mid-afternoon and supper snack from ward supplies (e.g. bread with butter/jam, biscuits with butter/jam, cereal).
 - Offer full cream milk with and between meals.
 - Order additional MUST snack daily of patients choice (refer to 'catering' section in Nutrition Resource Manual).
- Encourage family and friends to bring in patient preferred snacks.
- Complete a food and drink recording chart, including all food and fluid consumed and refused, encouraging patient and family to complete where appropriate.
- Review and evaluate the above daily, clearly documenting issues actioned in nursing evaluation notes.

Is there documented evidence in the nursing evaluation notes that the above steps have been completed over a 72 hour period?

YES

Is the patient's intake 'normal' or improved for them?

YES

- Discontinue food and drink recording chart, documenting reason in nursing notes.
- Continue with 'food first' approach as above.
- Rescreen at least every 7 days.

NO

- Encourage higher calorie menu choices indicated with ☹.
- Continue with food and drink recording chart for 4 days, and if no improvement in intake, rescreen.

NO

Complete the above steps

MUST 2 OR GREATER

- Check assistance required with eating and drinking (Red, Amber, Green).
- Check with patient /carer normal eating patterns and preferences.
- Use a **Food First Approach**:
 - Offering mid-morning, mid-afternoon and supper snack from ward supplies (e.g. bread with butter/jam, biscuits with butter/jam, cereal).
 - Offer full cream milk with and between meals.
 - Order additional MUST snack daily of patients choice (refer to 'catering' section in nutritional resource manual).
- Encourage family and friends to bring in patient preferred snacks.
- Complete a food and drink recording chart, including all food and fluid consumed and refused, encouraging patient and family to complete where appropriate.
- Review and evaluate the above daily, clearly documenting issues actioned in nursing evaluation notes.

Is there documented evidence in the nursing evaluation notes that the above steps have been completed over a 72 hour period?

YES

Is the patient's intake 'normal' or improved for them?

YES

- Discontinue food and fluid chart, documenting reason in nursing notes.
- Continue with 'food first' approach as above.
- Rescreen at least every 7 days.

NO

Complete the above steps

Is the patient dying?

YES

- Discontinue food and drink recording chart.
- Stop screening.
- Offer food and fluid as appropriate.

NO

- Continue with food and drink recording chart.
- Screen at least every 7 days.
- Consider referral to dietetics via Trakcare.

DISCHARGE

If the patient is due for discharge and concerns remain regarding their oral intake, provide NHSGGC "Eating to Feel Better" booklet discussing the reason why the information is being given e.g. reduced appetite and / or weight loss before or during hospital admission.

www.nhsggc.org.uk/patients-and-visitors/information-for-patients/food-in-hospital/discharge-from-hospital/

Person Specific (Inpatient) Moving and Handling Assessment



0204686547

Person's Name:		Named Nurse:		F 0204686547 8 Lorraine Flat 44 3 Greenhill Court Glasgow G73 2DH	F 02/04/1968
1. General Information					
Body Build		Problems with comprehension, behaviour, co-operation (specify):			
Weight	Height				
Kg	5ft	cm			
BMI		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):			
Risk of Falls:	Yes	No	☒		
2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)					
Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
Model		Aid Type	People: 1 2 >3	Additional Information / Equipment:	
Sling type					
Sling Size					
3. Toileting					
Hoist	Standaid	Walking Aid	Assistance	Supervision	Independent
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1 2 >3	Additional Information:	
4. Move on / off bed pan					
Hoist	Manoeuvre	Assistance	Supervision	N/A	
See No 2 Sit to Stand Transfers for details		Roll patient Monkey pole Independent bridging	People: 1 2 >3	Additional Information:	
5. Move up / down bed					
Hoist	Handling Aids	Assistance	Supervision	Independent	
See No 2 Sit to Stand Transfers for details		Sliding sheets Monkey pole Rope ladder	People: 1 2 >3	Additional Information:	
6. Lateral Transfer to / from trolley / bed					
Hoist	Handling Aids	Assistance	Supervision	Independent	
See No 2 Sit to Stand Transfers for details		Rigid Transfer Board Other (Please specify)	People: 1 2 >3	Additional Information / Equipment (eg sliding sheets):	
7. Sit up over side of bed					
Bed Rest		Assistance	Supervision	Independent	
		People: 1 2 >3	Additional Information / Equipment (eg rope ladder, swivel cushion):		
8. Into Bath or Shower					
Equipment	Handling Aid	Assistance	Supervision	Independent	
Shower	Shower chair	People: 1 2 >3	Additional Information / Equipment (eg sling lifting hoist after risk assess):		
Variable / Fixed height bath	Shower trolley				
Bed bath	Bathing hoist (eg Alena)				
9. Walking					
No Walking	Walking Aid	Assistance	Supervision	Independent	
see 'sit to stand transfers'		People: 1 2 >3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)		
10. Other Instructions / Observations / Equipment Used					
		1 st Assessment	2 nd Assessment	3 rd Assessment	
Recording Symbol:	/	Forward slash	X	Where a forward slash exists, add a back slash to make a cross	
Date Assessed:	31/12/23				
Assessor's signature:	AS				
Proposed Review date:	Post PT				

Continuation Sheet

1. General Information (Only complete this section if changed from over page)									
Body Build			Problems with comprehension, behaviour, co-operation (specify):						
Weight		Height		Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):					
Kg		cm							
BMI									
Risk of Falls: Yes ☐ No ☐									
2. Sit to Stand to Sit Transfers (Including to and from bed, wheelchair, commode and toilet)									
Hoist	Standaid	Walking Aid	Assistance			Supervision		Independent	
Model		Aid Type	People: 1	2	>3	Additional Information / Equipment:			
Sling type									
Sling Size									
3. Toileting									
Hoist	Standaid	Walking Aid	Assistance			Supervision		Independent	
See No 2 Sit to Stand Transfers for details		see 'sit to stand transfers'	People: 1	2	>3	Additional Information:			
4. Move on / off bed pan									
Hoist	Manoeuvre	Assistance			Supervision		N/A		
See No 2 Sit to Stand Transfers for details		Roll patient	People: 1	2	>3	Additional Information:			
		Monkey pole							
		Person bridges							
5. Move up / down bed									
Hoist	Handling Aids	Assistance			Supervision		Independent		
See No 2 Sit to Stand Transfers for details		Sliding sheets	People: 1	2	>3	Additional Information:			
		Monkey pole							
		Rope ladder							
6. Lateral Transfer to / from trolley / bed									
Hoist	Handling Aids	Assistance			Supervision		Independent		
See No 2 Sit to Stand Transfers for details		Rigid Transfer Board	People: 1	2	>3	Additional Information / Equipment (eg sliding sheets):			
		Other (Please specify)							
7. Sit up over side of bed									
Bed Rest		Assistance			Supervision		Independent		
		People: 1	2	>3	Additional Information / Equipment (eg rope ladder, swivel cushion):				
8. Into Bath or Shower									
Equipment	Handling Aid	Assistance			Supervision		Independent		
Shower	Shower chair	People: 1	2	>3	Additional Information / Equipment (eg sling lifting hoist after risk assess):				
Variable / Fixed height bath	Shower trolley								
Bed bath	Bathing hoist (eg Alert)								
9. Walking									
No Walking	Walking Aid	Assistance			Supervision		Independent		
see 'sit to stand transfers'		People: 1	2	>3	Additional Information / Equipment (eg hoist with walking sling, dist. Walked)				
10. Other Instructions / Observations / Equipment Used									
		4 th Assessment			5 th Assessment		6 th Assessment		
Recording Symbol:	/	Forward slash			X	Where a forward slash exists, add a back slash to make a cross		*	Where a slash or cross exists add slashes to make a star
Date Assessed:									
Assessor's signature:									
Proposed Review date:									

0204686547

= MOFFAT

02/04/1968

3 Lorraine

3 Luffaine
Flat 44

Flat 44
3 Greenhill Court

3 Greenhouse Classroom

G73 2DH

HS
Glasgow
Clyde

Patient Name:

CHI Number:

•

Use Guidance on the reverse of this document when completing this Risk Assessment										DATE	3/1/23			
										TIME	0230			
										WARD	B1			
										HOSPITAL	CR1			
SECTION ONE - GENERAL														
1	Is the patient likely to fall, roll, slip or slide from the bed?													
2	Has the patient requested the use of bedrails?													
IF NO TO BOTH QUESTIONS IN SECTION ONE THEN THERE IS GENERALLY NO NEED FOR BEDRAILS, EXCEPT WHEN THE PATIENT IS BEING TRANSFERRED														
SECTION TWO - COGNITIVE AND PHYSICAL STATUS														
3	Is the patient at risk of climbing out of bed?													
4	Is the patient stressed, delirious or restless?													
5	Is the patient small in stature?													
6	Does the patient have an unusually large or small head that might present an entrapment issue?													
7	In your opinion, does using bedrails present a higher risk to the patient than falling out of bed?													
IF YES TO ANY OF THE QUESTIONS IN SECTION TWO, BEDRAILS MAY NOT BE APPROPRIATE - See Guidance overleaf														
SECTION THREE - COMMUNICATION														
8	Has the patient been consulted regarding the use of bedrails?													
9	Does the patient understand the purpose of bedrails? Consider communication difficulties and physical/cognitive condition													
10	Has the use of bedrails been discussed with relatives/carers?													
11	Has the patient/relatives/carers been given a copy of the bedrail information leaflet?													
12	Consent obtained for the use of bedrails via patient or AWI treatment plan?													
IF NO TO ANY OF THE QUESTIONS IN SECTION THREE, BEDRAILS MAY NOT BE APPROPRIATE - See Guidance overleaf														
SECTION FOUR - DECISION MAKING														
13	Will bedrails be used for this patient at the present time?													
14	Rationale for use of bedrails: (Please insert code in the box on the right)													
	A - Risk of falling from the bed													
	B - Risk of rolling from the bed													
	C - Risk of slipping from the bed													
	D - Risk of sliding from the bed													
	E - Patient request													
15	Bedrail risk assessment completed by:													
16	Bedrails checked by:													
17	Date													
Any issues relating to the use of bedrails including discussion with family/relatives/carers should be recorded here														

A. Alternatives to bed rails:-

- Move the patient to a more observable area
- Increase patient observation
- Ensure the bed is returned to the lowest height appropriate to the patient needs, after care delivery
- Ensure patient needs are anticipated e.g. drinks are accessible, regular toileting, call bell to hand
- Nursing patient on mattress on the floor should be the last resort, and safety checks should be made for hot pipes, trailing wires, electrical sockets etc
- A generic moving and handling assessment must be carried out for staff caring for patients nursed on mattress on the floor.
- Contact Hospital Falls team for advice where appropriate

**B. If bedrails are to be used, please consider the following:-
Is patient:-**

- Stressed, delirious or restless
- At risk of entrapment
- At risk of climbing over the top of the bed rail
- At risk of being psychologically affected by the use of the bed rail

C. Safe use and application of bedrails:-

- If bedrail is fitted and there is a gap between the lower rail and the mattress then a bedrail should not be used
- If the gap between the bars on the bedrail is greater than 12cm then a bedrail should not be used
- If the bedrail moves away from the side of the mattress then a bedrail should not be used
- If the gap between the bedrail and the headboard is between 6cm and 25cm then a bedrail should not be used
- If the gap between the bedrail and the footboard is between 6cm and 25cm then a bedrail should not be used
- If the bedrail has not been fitted correctly then the bedrail should not be used
- If the bedrail is not secure then the bedrail should not be used
- If the bedrail is not compatible with the frame it will be fitted to then a bedrail should not be used
- If the bedrail is not in good working order then the bedrail should not be used

D. Record keeping:-

All of the following should be recorded:-

- Date and time of assessment
- Bedrail information leaflet given to patient and/or next of kin
- Rationale for decision in care plan or in AWI treatment plan
- Where bedrails are considered appropriate and patient has declined their use
- Any other actions implemented
- Care planning should be reviewed and updated as per record keeping standards

Bedrail risk assessments should be made as follows:-

- On admission
- If patient's condition changes or fall / suspected fall from bed
- Daily/weekly depending on the patient's status

Discharge Checklist

Patient's name: **LURRABING
MOFFAT**
CHI number: **0204686547**

Apply addressograph label

Ward: **61**

Discharge destination: **HUMB**

Estimated Discharge Date (1) **1 1**

Estimated Discharge Date (2) **6/11/13**

Final date of discharge: **1 1**

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		2	
Relative/carer informed	✓		2	
Relative/carer involved in discharge planning discussions		✓	2	
Others informed: Care Home		✓	2	
Transport arranged				
Own transport (preferred option)	✓		2	
Ambulance: 1 man/ 2 man am/pm		✓	2	
Other: Flight, Air ambulance etc.		✓	2	
Discharge medication				
Immediate Discharge Letter completed	✓		2	
Compliance aids e.g. Dosette Box (involve pharmacist)				
Medication received				PATIENT NOT WILLING TO WAIT FOR DR. PRESCRIPTION STARTS WITH HAVE POLYURIC CAUSE INHIBIT PUPILARY
Medication explained to patient and/or relative/carer				
Own medication returned to patient		✓	2	
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)		✓	2	
Informed of discharge				
Social work/ Other agencies		✓	2	
Homecare		✓	2	
Homecare request form completed?		✓	2	
Discharge lounge handover completed?		✓	2	
Physiotherapist	✓		2	O/L PT W/ STICK 100
Occupational Therapist		✓	2	
Dietitian		✓	2	
Speech and Language Therapist		✓	2	
Clinical Nurse specialist		✓	2	
Liaison/ District Nurse/Practice Nurse		✓	2	
Other discharge items				
Access arrangements (e.g. keys, door entry)		✓	2	
Patients clothing available for day of discharge		✓	2	
Valuables e.g. cashier		✓	2	
Intravenous cannula removed	✓		2	
Equipment ordered (inc. walking aids) in place for discharge		✓	2	
Part 2 Discharge letter - Required		✓	2	
- Completed		✓	2	
Outpatient clinic appointment				
Arranged		✓	2	
To follow	✓		2	CLINIC 2 WEEKS
If unknown at time of discharge state reason		✓	2	
Additional information / leaflets / factsheets		✓	2	
Time of Discharge:				
Nurse's signature:				
Designation:				
Date:				

0204886547
MOFFAT
Lorgline
Flat 44
3 Greenhill Court
Glasgow
02/04/1986
G73 2D

	Date	Ward	Time
Admitted			
Transferred			
Transferred			
Transferred			
Transferred			

SpO2 Scale 1 Target >96% Signature: _____ Print Name: _____ Dr/ANP initials ONLY: _____ Date: _____	SpO2 Scale 2 Target 88-92% Signature: _____ Print Name: _____ Dr/ANP initials ONLY: _____ Date: _____	Patient on home oxygen Y ☐ N ☐ If yes, add details of oxygen therapy
--	---	--

NEWS 0	NEWS 1-4	NEWS 5-6 or 3 in one parameter	NEWS 7 or more
	Low Clinical Risk	Medium Clinical Risk	High Clinical Risk
Min 12 Hourly Observations	Min 4 Hourly Observation	Min Hourly Observations	Continuous Monitoring
	Inform Registered Nurse	Urgent Assessment by Medical Team	Urgent Assessment by Senior Medical Team
	Agree Frequency of Observation Required	ACE Response in Medical Notes	ACE Response in Medical Notes
		Think Sepsis if Suspicion of Infection	Consider 2222

NEWS should not replace sound clinical judgement. Any concerns regarding the patient's condition should be appropriately escalated and documented in the nursing notes

Following MDT discussion, it has been agreed that this patient no longer has a requirement for observations and can be discharged.

Medical: _____

ate:

Pupal Reaction and size

s = sluggish
+ = reaction
- = no reaction
c = eyes closed

Pupal Size (mm)

1 2 3 4 5 6 7 8

[illegible]

Affix Patient ID

Pain Score		Pain Function Score		Pain Advice						
No Pain	Mild Pain	Moderate Pain	Severe Pain							
0	1	2	3	4	5	6	7	8	9	10
Ask the patient to rate his/her pain by using numerical scale 0 to 10. Use the chart below to assist the patient. If the patient is unable to communicate, use alternative pain scoring tools.										
A No limitations, activity unrestricted by pain or action quickly										
B Mild limitations, mild activity restrictions										
C Moderate limitations, attempts but reluctant to continue because of pain.										
D Severe limitations, unable to or refuse to perform because of pain. Urgent Review Required										

[illegible][illegible][illegible][illegible][illegible]

C Blood Pressure mmHg
(Score uses systolic BP only)

Blood Pressure Range (mmHg)	Frequency
20-29	3
30-39	1
40-49	1
50-59	1
60-69	1
70-79	1
80-89	1
90-99	1
100-109	1
110-119	1
120-129	12
130-139	1
140-149	1
150-159	1
160-169	1
170-179	1
180-189	1
190-199	1
200-209	1
210-219	1
220-229	1

Time (min)	Pulse Rate (Beats/min)
0	120
1	100
2	90
3	100
4	90
5	100
6	90
7	100
8	90
9	100
10	90

[illegible]

E		Temperature	
239	2		
38.7-39.0	1		
37.1-38.0	0		
36.1-37.0	0		
35.1-36.0	1		
33.0	3		

[illegible][illegible]

02/04/1988
F
02/04/1988
MOUFAT
Lorraine
Flat 44
3 Greenhill Court
Glasgow
G73 2DH

Abbreviations for recording oxygen device	
A	Room Air
N	Nasal Cannulae
SM	Simple Mask
V	Venturi Mask and % eg. V24
NIV	Non Invasive Ventilation
IV	Invasive Ventilation
T	Tracheostomy
CP	CPAP Mask
HFN	High Flow Nasal Oxygen
NEB	Neбуliser
RM	Reservoir Mask (emergency use only)

Affix Patient ID

NEWS > 4 THINK SEPSIS
Apply SEPSIS 6 within 1 hour

1. Give oxygen to target saturation >94% (COPD 88-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output and fluid balance chart

Think ACE	
A	Action: Working diagnosis (consider SEPSIS). Consider frequency of observations. Management plan. Set review time. Document.
C	Communicate: Inform nurse of plan. Inform senior medic if necessary. Document the discussion.
E	Escalate: Document the treatment escalation plan. Should include need for next level of care & consideration of resuscitation status.

Date: 3/1/23

Attach Addressograph Label

Ward:

NHS
Greater Glasgow
and Clyde

[illegible]

Attach Addressograph Label



Ward:

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

[illegible]

Date: 04/01/23

Lorraine
Moffat

'Must dos' for me. Ask the patient if there is anything they want specifically done today;

NHS
Greater Glasgow
and Clyde

1. Signed [Signature] Name AMADAM Designation SLN
2. Signed [Signature] Name V. Sylee Designation SN.
3. Signed _____ Name _____ Designation _____

USE FOLLOWING CODES:-
Y = Yes, N = No, NA = Not Applicable, NT = No There is, S = Sleeping, D = Strongly word, I = Independent

[illegible]

Attach Addressograph Label



Ward:

1. Think Delirium	2. Pain	3. Skin Inspection	4. Keep Moving
5. Elimination	6. Food, Fluids and Nutrition	7. Environment	8. Information

[illegible]

Care Rounds Checklist

Date: 05/01/23

Attach Addressograph Label

Lorraine
Moffat

Ward:

61

'Must dos' for me..Ask the patient if there is anything they want specifically done today:

Nil.

NHS
Greater Glasgow
and Clyde

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

1. Signed [Signature] Name FADIL Designation SA

2. Signed [Signature] Name E. LIAH Designation SN

3. Signed _____ Name _____ Designation _____

[illegible]

Date: 6.1.23.

Attach Addressograph Label



I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

1. Signed _____ Name _____ Designation _____
 2. Signed *Henry* _____ Name *E. G. W. W.* _____ Designation *M.* _____
 3. Signed *[Signature]* _____ Name *[Signature]* _____ Designation *[Signature]* _____

Lorraine
muffat.

Ward:

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

NIL

[illegible]

Date: 7/1/23

Attach Addressograph Label

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

1. Signed [Signature] Name [Signature] Designation SN
2. Signed _____ Name _____ Designation _____
3. Signed [Signature] Name H. Johnson Designation SN

Horvath

muffat

Ward:

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

[illegible]

Date: 08/01/23

Attach Addressograph Label



I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

braine moftet

Ward: 61

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

[illegible]

Date: 9.1.23

Attach Add



02/04/19€

60

1. Signed [Signature] Name C. S. S. Designation SN

2. Signed _____ Name _____ Designation _____

3. Signed _____ Name _____ Designation _____

Y = Yes N = No NA = Not applicable NT = No Thanks S = Sleeping O = Off record J = missing

[illegible]

Date: 10.1.23

I have evaluated and deemed that the frequency of care delivery over the next work shift, based on the patient's most critical need should be every (please circle) 1hr 2hr 3hr 4hr

1. Signed [Signature] Name S. MUSTON Designation SN

2. Signed _____ Name _____ Designation _____

3. Signed _____ Name _____ Designation _____

Attach Address



0204686547

MOFFAT

Lorraine

Flat 44

3 Greenhill Court
Glasgow

02/04/198

G73 2D.

NHS
Greater Glasgow
and Clyde

Ward:

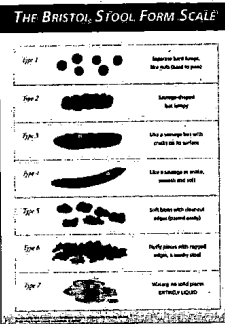
6

'Must dos' for me. Ask the patient if there is anything they want specifically done today:

④

[illegible]

Key		
Consistency	Colour	Amount
0 = Watery	0 = Chalky	0 = Very Small
1 = Soft	1 = Pale	1 = Small
2 = Normal	2 = Normal	2 = Normal
3 = Firm	3 = Dark	3 = Large
4 = Constipated	4 = Black	4 = Very Large
	5 = Red	



1. Separate hard lumps, like nuts (hard to pass)
2. Sausage-shaped but lumpy
3. Like a sausage but with cracks on its surface
4. like a sausage or snake, smooth and soft
5. Soft blobs with clear-cut edges (passed easily)
6. Fluffy pieces with ragged edges, a mushy stool
7. Watery, no solid pieces
ENTIRELY LIQUID



0204686547
F MOFFAT F
8 Lorraine 02/04/1968
Flat 44
3 Greenhill Court
Glasgow
H G73 2DH

[illegible]



Inpatient prescription & administration record for

Lorraine Moffat (0204686547)

Admission: 03/01/2023 => 11/01/2023

04:00
13/01/23

Patient Demographics			
MOFFAT Lorraine (0204686547)	Admitted:	03/01/2023	02:34
DOB: 02/04/1968	Discharged:	11/01/2023	11:32
Flat 44, 3 Greenhill Court, Glasgow, G73 2DH			

Transfer history		Responsible Consultant history	
Admission	2023-01-02 18:49:00	Assigned No Consultant	02/01/23 18:49
Transfer	2023-01-03 02:34:00	Jane Madeley	03/01/23 02:34
		Bryn Jones	04/01/23 13:47
		Cameron Elias Jones	08/01/23 08:59

Allergy	
Admission Allergy Check performed by:	
Current recorded allergy (reaction): naproxen (Other (see medical notes)); flucloxacillin (Unknown)	

ODEINE PHOSPHATE 30 mg Tablets

03/01/23	07:00	30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral)	Dariusz Gunia
03/01/23	07:00	03/01/2023 06:44	Abenaa Saamaa
03/01/23	12:00	03/01/2023 12:51	Victoria Sykes
03/01/23	17:00	03/01/2023 18:01	Victoria Sykes
03/01/23	22:00	03/01/2023 21:23	Audrey Adamson
04/01/23	07:00	04/01/2023 08:38	Victoria Sykes
04/01/23	12:00	04/01/2023 12:48	Victoria Sykes

Discontinued on: 04/01/2023 14:49 by: Arianna Clanachan. Reason: Course Complete

DIHYDROCODEINE 30 mg Tablets

04/01/23	17:00	30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral)	Arianna Clanachan
04/01/23	17:00	04/01/2023 17:24	Victoria Sykes
04/01/23	22:00	04/01/2023 22:01	Fidela Odili
05/01/23	07:00	05/01/2023 06:33	Fidela Odili
05/01/23	12:00	05/01/2023 12:21	Emily Leahy
05/01/23	17:00	05/01/2023 16:41	Emily Leahy
05/01/23	22:00	05/01/2023 21:02	Abenaa Saamaa
06/01/23	07:00	06/01/2023 07:02	Abenaa Saamaa
06/01/23	12:00	Christopher Leiu	Drug discontinued

Discontinued on: 06/01/2023 12:02 by: Christopher Leiu. Reason: Discontinued due to conflict

OXYCYCLINE 100 mg Capsules

07/01/23	22:00	100 mg TWICE DAILY 7am:10pm (Oral)	Kathleen Brown
07/01/23	22:00	07/01/2023 22:01	YVONNE JOHNSTON
08/01/23	07:00	08/01/2023 08:29	Liam Walsh
08/01/23	22:00	08/01/2023 21:46	Cameron Stewart
09/01/23	07:00	09/01/2023 08:24	Gillian Burns
09/01/23	22:00	09/01/2023 21:23	Nur1-GR166
10/01/23	07:00	10/01/2023 08:35	Joshua Crombie
10/01/23	22:00	SYSTEM	Not Charted prior to Discharge
11/01/23	07:00	SYSTEM	Not Charted prior to Discharge

07/01/23	14:58	100 mg (Oral)	Kathleen Brown
07/01/23	14:58	07/01/2023 15:28	Liam Walsh

ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

03/01/23	17:00	40 mg ONCE daily at 5pm (Subcutaneous Bolus Injection)	Dariusz Gunia
03/01/23	17:00	03/01/2023 18:01	Victoria Sykes
04/01/23	17:00	04/01/2023 17:23	Victoria Sykes
05/01/23	17:00	05/01/2023 16:41	Emily Leahy
06/01/23	17:00	06/01/2023 16:47	Emily Leahy
07/01/23	17:00	07/01/2023 17:56	Liam Walsh
08/01/23	17:00	08/01/2023 17:51	Liam Walsh

Key:	Rx	Prescription details	Recorded as "Admitted On"	Prescribed as "Self Administer"	Discontinuation details	HEPMA Prescription additional notes	HEPMA Patient admission notes (admission specific)	HEPMA Patient retained notes (not specific to admission)
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ENOXAPARIN 40 mg in 0.4mL Pre-Filled Syringe

(Continued)

09/01/23	17:00	09/01/2023	17:38	Marie Allan	
10/01/23	17:00			SYSTEM	Not Charted prior to Discharge

FOSTAIR 100/6 Metered Dose Inhalation
☒ 03/01/23 07:00 1 Puff(s) TWICE DAILY 7am:10pm (Inhalation)

Dariusz Gunia

03/01/23	07:00	03/01/2023	06:44	Abenaa Saamaa	
03/01/23	22:00	03/01/2023	21:23	Audrey Adamson	
04/01/23	07:00	04/01/2023	06:38	Victoria Sykes	
04/01/23	22:00	04/01/2023	22:01	Fidela Odili	
05/01/23	07:00			Fidela Odili	Self Administers
05/01/23	22:00			Abenaa Saamaa	Self Administers
06/01/23	07:00			Abenaa Saamaa	Self Administers
06/01/23	22:00	06/01/2023	21:19	Abenaa Saamaa	
07/01/23	07:00	07/01/2023	07:23	Abenaa Saamaa	
07/01/23	22:00			YVONNE JOHNSTON	Self Administers
08/01/23	07:00	08/01/2023	08:22	Liam Walsh	
08/01/23	22:00			Cameron Stewart	Self Administers
09/01/23	07:00			Gillian Burns	Self Administers
09/01/23	22:00	09/01/2023	21:21	Nuri GRI66	
10/01/23	07:00	10/01/2023	08:34	Joshua Crombie	
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge
11/01/23	07:00			SYSTEM	Not Charted prior to Discharge

IBUPROFEN 400 mg Tablets
☒ 07/01/23 22:00 400 mg THREE TIMES DAILY 7am:12pm:10pm (Oral)

Kathleen Brown

07/01/23	22:00	07/01/2023	22:08	YVONNE JOHNSTON	
08/01/23	07:00	08/01/2023	08:24	Liam Walsh	
08/01/23	12:00	08/01/2023	13:17	Liam Walsh	
08/01/23	22:00	08/01/2023	21:43	Cameron Stewart	
09/01/23	07:00	09/01/2023	08:24	Gillian Burns	
09/01/23	12:00	09/01/2023	12:43	Gillian Burns	
09/01/23	22:00	09/01/2023	21:23	Nuri GRI66	
10/01/23	07:00	10/01/2023	08:35	Joshua Crombie	
10/01/23	12:00	10/01/2023	15:01	Joshua Crombie	
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge
11/01/23	07:00			SYSTEM	Not Charted prior to Discharge

☒ 07/01/23 14:10 400 mg (Oral)

Kathleen Brown

07/01/23	14:10	07/01/2023	14:29	Liam Walsh	
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LACTULOSE Oral Solution
☒ 07/01/23 22:00 15 mL TWICE DAILY 7am:10pm (Oral)

Kathleen Brown

07/01/23	22:00	07/01/2023	22:03	YVONNE JOHNSTON	
08/01/23	07:00	08/01/2023	08:29	Liam Walsh	
08/01/23	22:00	08/01/2023	21:46	Cameron Stewart	
09/01/23	07:00	09/01/2023	08:25	Gillian Burns	
09/01/23	22:00			Nuri GRI66	Refused by Patient
10/01/23	07:00	10/01/2023	08:35	Joshua Crombie	
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge
11/01/23	07:00			SYSTEM	Not Charted prior to Discharge

MORPHINE SULFATE 5 mg (MST) Modified Release Tablets
☒ Note to appear in Discharge Letter added by Christopher Leiu on 06/01/2023 at 12:03

Title: MST

Ensure to stop MST prior to discharge

☒ 06/01/23 20:00 10 mg TWICE daily at 8am and 8pm (Oral)

Christopher Leiu

06/01/23	20:00	06/01/2023	20:58	Oi-Yan Chan/ Abenaa Saamaa	
07/01/23	08:00	07/01/2023	07:50	Liam Walsh/ Joshua Crombie	
07/01/23	20:00	07/01/2023	20:19	YVONNE JOHNSTON/ Oi-Yan Chan	
08/01/23	08:00	08/01/2023	13:23	Liam Walsh/ Joshua Crombie	
08/01/23	20:00	08/01/2023	22:55	Rebecca Currie/ Cameron Stewart	
09/01/23	08:00	09/01/2023	08:40	Gillian Burns/ Emily Leahy	
09/01/23	20:00	09/01/2023	22:24	Danielle Bunyan/ Nuri GRI66	
10/01/23	08:00	10/01/2023	08:48	Joshua Crombie/ Marie Allan	

☒ Discontinued on: 10/01/2023 15:12 by: Omonuwa Iredia . Reason: Course Complete
PABRINEX High Potency Intravenous Infusion

Key: 	Prescription details		Recorded as "Admitted On"		Prescribed as "Self Administered"		Discontinuation details		HEPMA Prescription additional notes		HEPMA Patient admission notes (admission specific)		HEPMA Patient retained notes (not specific to admission)
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PABRINEX High Potency Intravenous Infusion

(Continued)

03/01/23 07:00 1 Pair of ampoules THREE TIMES DAILY 7am:12pm:10pm
(Intravenous Intermittent Infusion)

Dariusz Gunia

03/01/23 07:00

Kathleen Brown

Drug discontinued

Discontinued on: 03/01/2023 11:50 by: Kathleen Brown . Reason: Rationalising Medication

PARACETAMOL 500 mg Tablets

03/01/23 07:00 1,000 mg FOUR times daily - 7am;12pm;5pm;10pm (Oral)

Dariusz Gunia

03/01/23	07:00	03/01/2023	06:44	Abenaa Saamaa
03/01/23	12:00	03/01/2023	12:51	Victoria Sykes
03/01/23	17:00	03/01/2023	18:01	Victoria Sykes
03/01/23	22:00	03/01/2023	21:23	Audrey Adamson
04/01/23	07:00	04/01/2023	08:35	Victoria Sykes
04/01/23	12:00	04/01/2023	12:47	Victoria Sykes
04/01/23	17:00	04/01/2023	17:23	Victoria Sykes
04/01/23	22:00	04/01/2023	22:01	Fidela Odili
05/01/23	07:00	05/01/2023	08:33	Fidela Odili
05/01/23	12:00	05/01/2023	12:21	Emily Leahy
05/01/23	17:00	05/01/2023	16:41	Emily Leahy
05/01/23	22:00	05/01/2023	21:02	Abenaa Saamaa
06/01/23	07:00	06/01/2023	07:02	Abenaa Saamaa
06/01/23	12:00	06/01/2023	12:02	Emily Leahy
06/01/23	17:00	06/01/2023	16:47	Emily Leahy
06/01/23	22:00	06/01/2023	21:19	Abenaa Saamaa
07/01/23	07:00	07/01/2023	07:23	Abenaa Saamaa
07/01/23	12:00	07/01/2023	13:29	Liam Walsh
07/01/23	17:00	07/01/2023	17:56	Liam Walsh
07/01/23	22:00	07/01/2023	22:00	YVONNE JOHNSTON
08/01/23	07:00	08/01/2023	08:22	Liam Walsh
08/01/23	12:00	08/01/2023	13:17	Liam Walsh
08/01/23	17:00	08/01/2023	17:51	Liam Walsh
08/01/23	22:00	08/01/2023	21:43	Cameron Stewart
09/01/23	07:00	09/01/2023	08:23	Gillian Burns
09/01/23	12:00	09/01/2023	12:43	Gillian Burns
09/01/23	17:00	09/01/2023	17:38	Marie Allan
09/01/23	22:00	09/01/2023	21:22	Nuri GRI66
10/01/23	07:00	10/01/2023	08:34	Joshua Crombie
10/01/23	12:00	10/01/2023	15:00	Joshua Crombie
10/01/23	17:00			SYSTEM Not Charted prior to Discharge
10/01/23	22:00			SYSTEM Not Charted prior to Discharge
11/01/23	07:00			SYSTEM Not Charted prior to Discharge

SALBUTAMOL 2.5 mg in 2.5mL Nebuliser Solution

07/01/23 17:00 2.5 mg FOUR times daily - 7am;12pm;5pm;10pm (Nebulised)

Kathleen Brown

07/01/23	17:00			YVONNE JOHNSTON	Other - see patient nursing notes
07/01/23	22:00	08/01/2023	00:04	YVONNE JOHNSTON	
08/01/23	07:00	08/01/2023	08:22	Liam Walsh	
08/01/23	12:00			Liam Walsh	Refused by Patient
08/01/23	17:00	08/01/2023	17:51	Liam Walsh	
08/01/23	22:00	08/01/2023	21:43	Cameron Stewart	
09/01/23	07:00	09/01/2023	08:24	Gillian Burns	
09/01/23	12:00	09/01/2023	12:43	Gillian Burns	
09/01/23	17:00			Marie Allan	Refused by Patient
09/01/23	22:00			Nuri GRI66	Refused by Patient
10/01/23	07:00			Joshua Crombie	Refused by Patient
10/01/23	12:00			Joshua Crombie	Refused by Patient
10/01/23	17:00			SYSTEM	Not Charted prior to Discharge
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge
11/01/23	07:00			SYSTEM	Not Charted prior to Discharge

SENNOSIDES (SENNA) 7.5 mg Tablets

07/01/23 22:00 15 mg ONCE daily at 10pm (Oral)

Kathleen Brown

07/01/23	22:00	07/01/2023	22:03	YVONNE JOHNSTON	
08/01/23	22:00			Cameron Stewart	Drug unavailable
09/01/23	22:00			Nuri GRI66	Refused by Patient
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge

SODIUM CHLORIDE 0.9 % (2.5mL) Nebuliser Solution

Key	Rx	Prescription details	Recorded as 'Admitted On'	Prescribed as 'Self Administer'	Discontinuation details	HEPMA Prescription additional notes	HEPMA Patient admission notes (admission specific)	HEPMA Patient retained notes (not specific to admission)
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SODIUM CHLORIDE 0.9 % (2.5mL) Nebuliser Solution

(Continued)

☒ 07/01/23 17:00 1 Nebule FOUR times daily - 7am;12pm;5pm;10pm (Nebulised)

Kathleen Brown

07/01/23	17:00	07/01/2023	22:04	YVONNE JOHNSTON	
07/01/23	22:00			YVONNE JOHNSTON	Other - see patient nursing notes
08/01/23	07:00	08/01/2023	08:22	Liam Walsh	
08/01/23	12:00			Liam Walsh	Refused by Patient
08/01/23	17:00	08/01/2023	17:51	Liam Walsh	
08/01/23	22:00	08/01/2023	21:43	Cameron Stewart	
09/01/23	07:00	09/01/2023	08:24	Gillian Burns	
09/01/23	12:00	09/01/2023	12:43	Gillian Burns	
09/01/23	17:00			Marie Allan	Refused by Patient
09/01/23	22:00			Nur1 GRI66	Refused by Patient
10/01/23	07:00			Joshua Crombie	Refused by Patient
10/01/23	12:00			Joshua Crombie	Refused by Patient
10/01/23	17:00			SYSTEM	Not Charted prior to Discharge
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge
11/01/23	07:00			SYSTEM	Not Charted prior to Discharge

TRAZODONE 150 mg Tablets
☒ 03/01/23 22:00 150 mg ONCE DAILY NIGHT 10pm (Oral)

Dariusz Gunia

03/01/23	22:00	03/01/2023	21:26	Audrey Adamson	
04/01/23	22:00	04/01/2023	22:20	Fidela Odili	
05/01/23	22:00	05/01/2023	21:02	Abenaa Saamaa	
06/01/23	22:00	06/01/2023	21:19	Abenaa Saamaa	
07/01/23	22:00	07/01/2023	22:00	YVONNE JOHNSTON	
08/01/23	22:00	08/01/2023	21:43	Cameron Stewart	
09/01/23	22:00	09/01/2023	21:22	Nur1 GRI66	
10/01/23	22:00			SYSTEM	Not Charted prior to Discharge

CARBOMER 0.2 % Eye Drops as required
☒ 03/01/23 02:34 1 Drop(s) THREE TIMES DAILY 7am:12pm:10pm (Eye Both) FOR DRY EYES

Dariusz Gunia

CHLORPHENAMINE 4 mg Tablets (CHLORPHENIRAMINE) as required
☒ 03/01/23 05:05 4 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) Itch Allergy

Dariusz Gunia

4.00 mg	03/01/2023	06:09	Abenaa Saamaa	
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CODEINE PHOSPHATE 30 mg Tablets as required
☒ 03/01/23 02:34 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) pain

Dariusz Gunia

☒ Discontinued on: 04/01/2023 14:50 by: Arianna Clanachan. Reason: Course Complete
DIAZEPAM 2 mg Tablets as required
☒ 03/01/23 02:34 2 mg EVERY FOUR HOURS (Oral) pain/spasm

Dariusz Gunia

2.00 mg	04/01/2023	05:39	Audrey Adamson	
2.00 mg	05/01/2023	12:22	Emily Leahy	
2.00 mg	05/01/2023	22:30	Abenaa Saamaa	
2.00 mg	06/01/2023	08:12	Emily Leahy	
2.00 mg	06/01/2023	12:07	Emily Leahy	
2.00 mg	06/01/2023	16:47	Emily Leahy	
2.00 mg	07/01/2023	07:24	Abenaa Saamaa	
2.00 mg	08/01/2023	08:53	YVONNE JOHNSTON	
2.00 mg	09/01/2023	08:26	Gillian Burns	

Diazepam Tablets - GMAWS PRN Regimen AS CHARTED as required
☒ 03/01/23 02:34 1 Dose (Oral) AS PER GMAWS CHART

Dariusz Gunia

DIHYDROCODEINE 30 mg Tablets as required
☒ 10/01/23 15:13 30 mg FOUR TIMES DAILY 7am:12pm:5pm:10pm (Oral) FOR PAIN

Omonuwa Iredia

MORPHINE SULFATE 10 mg in 5mL Oral Solution as required
☒ 03/01/23 02:34 5 mg EVERY FOUR HOURS (Oral) FOR PAIN

Dariusz Gunia

5.00 mg	03/01/2023	20:30	Audrey Adamson	
5.00 mg	04/01/2023	02:43	Louise McMillan	
10.00 mg	04/01/2023	14:50	Victoria Sykes	
10.00 mg	04/01/2023	22:13	Fidela Odili	
10.00 mg	05/01/2023	15:13	Emily Leahy	
10.00 mg	05/01/2023	22:30	Abenaa Saamaa	

Key:		Prescription details		Recorded as Admitted On		Prescribed as Self Administer		Discontinuation details		HEPMA Prescription additional notes		HEPMA Patient admission notes (admission specific)		HEPMA Patient retained notes (not specific to admission)
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MORPHINE SULFATE 10 mg in 5mL Oral Solution as required

(Continued)

10.00 mg	06/01/2023	12:07	Emily Leahy
10.00 mg	07/01/2023	13:32	Liam Walsh
10.00 mg	07/01/2023	16:01	Liam Walsh
10.00 mg	07/01/2023	17:57	Liam Walsh
10.00 mg	08/01/2023	06:57	YVONNE JOHNSTON
10.00 mg	08/01/2023	08:30	Liam Walsh
10.00 mg	08/01/2023	13:18	Liam Walsh
10.00 mg	08/01/2023	17:51	Liam Walsh
10.00 mg	09/01/2023	11:15	Gillian Burns
10.00 mg	09/01/2023	17:38	Marie Allan

❶ Discontinued on: 10/01/2023 15:12 by: Omonuwa Iredia . Reason: Course Complete

ONDANSETRON 4 mg Tablets as required

☒ 03/01/23 02:34 4 mg THREE TIMES DAILY 7am:12pm:10pm (Oral)
nausea/vomiting

Dariusz Gunia

SALBUTAMOL 100 micrograms (MDI) per metered dose as required

☒ 03/01/23 02:34 200 microgram (Inhalation) FOR BREATHLESSNESS

Dariusz Gunia

Key: 	Prescription details		Recorded as "Admitted On"		Prescribed as "Self Administer"		Discontinuation details		HEPMA Prescription additional notes		HEPMA Patient admission notes (admission specific)		HEPMA Patient retained notes (not specific to admission)
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