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

NHS
Greater Glasgow and Clyde

MMA Legal
STOK, 43-59 Princes Street
Stockport
SK1 1RY

Date: 5th May 2026
Your Ref: 100346
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: RICHARD HALLIGAN DOB: 11/08/1962

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
NO X-RAYS SENT

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	☐
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	☐

Previous Patient Notes for Physiotherapy (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		**Remote Consultation**
Date/Time: 18-Sep-2023 13:38	**Created By:** Physiotherapist - Taylor Wingate	**Role:** AHP - GGC
Specialty: Physiotherapy	**Organisation:**	Sensitive

Note:

PEIS 2 TC 1320. Nil risks identified. Introduced self and reason for call. Consent.

Questions from PEIS 1- no questions about session- understood was an introduction. Didn't leave session with hope- feels there will be no end for him.

concerns checklist
1- I don't think theres anything anyone can do for me- surgery is not an option and medication doesn't do anything.

2-pain clinic is my last option- I'm living with this pain and its making me depressed. Depression comes in waves. Looking for a breakthrough to help life get better. Doesn't want to be a burden on people therefore doesn't want to speak about emotional health. Believes universal credit are "breathing down his neck" telling him hes fit to work when hes not.

3-medication- Nortriptyline at night but cant take during the day as doesn't want to be under the influence of medication. Doesn't feel there is any way out and unsure what can be offered to him.

expectations- unsure- would like to discuss options but unsure what would be useful. Struggles with mobility.

P/medic at vetting
booked for f2f at pt request
struggles with mobility- may require WC for transport through clinic
booked for MS clinic NVH on 21/9/3 1030- emailed pt appointment letter with consent due to being short notice appointment

ELECTRONIC PATIENT RECORDS

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GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☑		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☐		
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VALE OF LEVEN	☐	MATERNITY	☐
WEST CARE AMBULATORY HOSPITAL	☐		
WESTERN INFIRMARY RECORDS	☐		

Including:

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

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr DAVID SUTHERLAND
Anderston Medical Centre
938 Argyle Street Anderston Glasgow
G3 8YJ

Date: 07 May 2013

Dear Dr DAVID SUTHERLAND,

Re: RICHARD HALLIGAN, 3/2 1 BROOMPARK DRIVE, GLASGOW, LANARKSHIRE, G31 2DA
Date of Birth: 11/08/1962 CHI number: 1108626173

Your patient attended Glasgow Royal Infirmary on the 07 May 2013 at 5:55 PM.

The presenting complaint was:	**FINGER INJURY**
Triage information:	**Not recorded**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**** INJURY- NOT ASSAULT** - LACERATION - UPPER LIMB LEFT - FINGERS - MIDDLE**
The following treatment was given:	**DRY DRESSING**
At the conclusion of treatment the patient was:	**DISCHARGED**
Follow-up:	**DISCHARGED**
Additional information:	**None**

Yours sincerely,

ANDREW MCCULLOCH
EMERGENCY NURSE PRACTITIONER

Accident and Emergency Department
Glasgow Royal Infirmary

64286539E

A&E No. 13000029143

Surname	HALLIGAN	**Forename**	RICHARD	**Title:** MR
Address:	3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE	**Postcode**	G31 2DA	**CHI No:**1108626173
		Telephone:	07859046918	
Date of Birth:	11.08.62	**Sex:**	M	**Age:** 50 yrs

CHI Number: 1108626173

GP Name:	SUTHERLAND DAVID		
Address:	Anderston Medical Centre 938 Argyle Street Anderston Glasgow	**Postcode**	G3 8YJ
		Telephone:	0141 221 5656

Next of Kin	NATALLIE HALLIGAN		
Relationship:	WIFE		
Address:	3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE	**Postcode**	G31 2DA
		Telephone:	07859046918
Primary Carer:			

Date of Attendance: 07.05.13 17:55
Date of Incident:
Presenting Complaint: FINGER INJURY

Triage

Tetanus Cover:

Allergies:

P= **BP=** / **RR=** **Sat=** **BM=**

PF= **GCS=**E: M: V: Total:

Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

Andy McCullagh, Esp

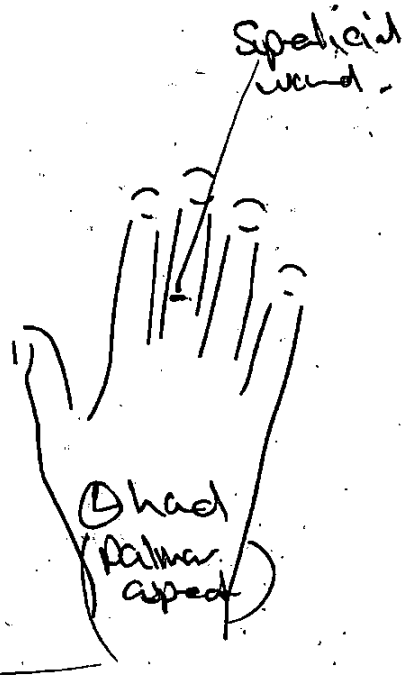
50yr old ♂ RHD, Builder.

Pc ① Origin US

HPC that Lifting Broke tile — wound ① middle finger

PMH Nil Meds Nil Allergies NKDA Tetanus up to date

O/E Very small superficial lac to prox phalanx — palmar aspect. ① middle finger.
No deep structures seen.
No tenderness. Sensation — CRT <2sec
FDS — FDP — Extension — Full ROM



Ix Superficial lac.

Plan Cleaned & Dressed
Advice re: infection
①

EMERGENCY DEPARTMENT
GLASGOW ROYAL INFIRMARY
84 CASTLE STREET
GLASGOW
G4 0SF

NHS
Greater Glasgow and Clyde

Dr DAVID SUTHERLAND
Anderston Medical Centre
938 Argyle Street Anderston Glasgow
G3 8YJ

Date: 12 Oct 2012

Dear Dr DAVID SUTHERLAND,

Re: RICHARD HALLIGAN, 3/2 1 BROOMPARK DRIVE, GLASGOW, LANARKSHIRE, G31 2DA
Date of Birth: 11/08/1962 CHI number: 1108626173

Your patient attended Glasgow Royal Infirmary on the 12 Oct 2012 at 7:45 AM.

The presenting complaint was:	**RIGHT EYE INJURY**
Triage information:	**CUTTING METAL 2 DAYS AGO HAS BEEN USING OPTREX EYE BATH SINCE FOR PAINFUL RIGHT EYE RED WATERY EYE**
The following investigations were carried out:	**None**
The A&E diagnosis was:	**EYE - FOREIGN BODY ON EXTERNAL EYE**
The following treatment was given:	**None**
At the conclusion of treatment the patient was:	**DISCHARGED FROM G R I WITH REFERRAL**
Follow-up:	**OPTHALMOLOGY CLINIC**
Additional information:	**None**

Yours sincerely,

PAULINE RUSH
EMERGENCY NURSE PRACTITIONER

Accident and Emergency Department
Glasgow Royal Infirmary

64286539E

A&E No. 12000069347

3

Surname	HALLIGAN	**Forename**	RICHARD	**Title:** MR	
Address:	3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE	**Postcode** **Telephone:**	G31 2DA 07859046918	**CHI No:**	1108626173
Date of Birth:	11.08.62	**Sex:**	M	**Age:**	50 yrs

CHI Number: 1108626173

GP Name:	SUTHERLAND DAVID		
Address:	Anderston Medical Centre 938 Argyle Street Anderston Glasgow	**Postcode** **Telephone:**	G3 8YJ 0141 221 5656

Next of Kin	NATALLIE HALLIGAN		
Relationship:	WIFE		
Address:	3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE	**Postcode** **Telephone:**	G31 2DA 07859046918
Primary Carer:			

Date of Attendance: 12.10.12 07:45
Date of Incident:
Presenting Complaint: RIGHT EYE INJURY

Triage CUTTING METAL 2 DAYS AGO HAS BEEN USING OPTREX EYE BATH SINCE FOR PAINFUL RIGHT EYE RED WATERY EYE

Tetanus Cover:

Allergies:

P= **BP=** / **RR=** **Sat=** **BM=**

PF= **GCS=**E: M: V: Total:

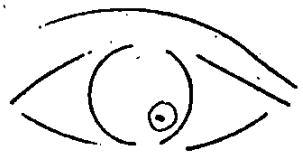
Drugs Prescribed

Date	Drug	Dose	Route	Signature	Given By	Time

50yr (M) Self-Employed Builder. Pauline Leigh GUP

Pc Right Eye FB.

HPc Cutting Metal on Tuesday, felt hot shavings entering eye. (wearing glasses).
Self treated 1/c optrex Eye bath.
1/c little effect.
Eye - gritty, painful, watery ++

O/E FB noted @ 4pm Cornea.

fluorescein applied - ?rust ring.
present.
Visual Acuity (R) 6/6 (L) 6/6.
(wears glasses)

Rx/Is - nil Dx - nil Allergies - NKDA.

appointment made for 0945 Gateshead today - thanks

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

TEL: 0141 211 1243
FAX: 0141 211 4060

CONSULTANT: MR L A RYMASZEWSKI

ADMITTED:	25/02/2010	**WARD:**	50
DISCHARGED:	01/03/2010	**AGE:**	11/08/1962
HOSPITAL NUMBER:	64286539E	**CHI NUMBER:**	1108626173
DISPOSAL HOME		**NAME :**	Mr Richard Halligan
FOLLOW UP **ELBOW CLINIC**		**ADDRESS:**	3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
DISTRIBUTION OF LETTERS :		**Dr David Sutherland** **Woodside Health Centre** **Barr Street** **Glasgow** **G20 7LR**	

	FINAL DIAGNOSIS	ICD10		OPERATION	OPCS
1.	Osteoarthritis, left elbow		1.	Left Arthrolysis of the Elbow	
2.			2.		
3.			3.		

Dear Dr Sutherland,

This gentleman underwent arthrolysis of the left elbow, intra operatively he had a full range of motion in extension/flexion and pronation/supination. He complied with CPM under local anaesthetic block and had no medical problems post operatively.

He will be reviewed in six weeks' time as an outpatient.

Yours sincerely,

D Russell
ST3 ORTHOPAEDICS

DR/HB 18 03 10

Mr Rymaszewski

26/02/2010

Left Open Arthrolysis of the Elbow

Name: Mr Richard Halligan		**Ward:**	50
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA		**Surgeon:**	Mr Lech Rymaszewski
Hospital No:	64286539E **D.O.B.:** 11/08/1962	**Assistant:**	
Indication:	Osteoarthritis - Primary	**Anaesthetist:**	

Cheilectomy in the Upper Limb (OpNote) (Left)

Preparation
The tourniquet was inflated to 250 mm/Hg. Inflated after exsanguination of the limb with a Rhys-Davies exsanguinator.
A cocktail of two antibiotics given as prophylaxis.
He was positioned in the lateral decubitus position.
A posterior incision was made.

Intra operative procedure
The debridement consisted of excision of osteophytes, Extensive osteophytes removed - coronoid/coronoid fossa, olecranon tip and sides /olecranon fossa and radial head excised as maltracking and impingement. Triceps split - an anterior capsular release and a posterior capsular release. Dissected out and protected: ulnar nerve. Posterior band of medial ligament released with improvement from 100 135 degress flexion. Full exytension achieved with congruous tracking. Ulnar nerve subluxed for exposure posterior band medial ligament but not transposed

Closure
The wound was closed 3 drill holes through lateral ridge / routine closure / vicryl / nylon and clips.
Tourniquet time was 2 hours and 10 minutes.

Post-operative instructions
The patients risk of DVT is low.
For antibiotic prophylaxis Gentamicin 2 g given intravenously but need not be given again post-operatively.
In addition Teicoplanin 400 mg was given intravenously at induction but need not be given again post-operatively.

Rehabilitation
His rehabilitation will be routine with cpm once back on ward. He will be reviewed in 6 weeks in the outpatient clinic.

Addenda:

Procedure	Code Type	Code

cc:

Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 1243**
Fax: **0141 211 4060**

25/01/2010

Our Reference: LAR/HB

Mr Richard Halligan
3/2 1 Broompark Drive
Glasgow
Lanarkshire
G31 2DA

Dear Mr Halligan,

Further to my letter of 12th January, I write to inform you that your anaesthetic review appointment has been changed.

Your new appointment is as follows –

Wednesday 10th February 2010 @ 1pm – Gatehouse Building, GRI.

Please contact me on the above telephone number to confirm this.

Yours sincerely,

Heather Bryce
Secretary to Mr L A Rymaszewski

Department of Urology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

☎ Tel. No. 0141 211 4800
🖷 0141 211 4464

Mr M A Underwood's secretary
☎ Direct line - 0141 211 5492
✉ janice.paulley@ggc.scot.nhs.uk

MAU/JP

Dict: 17/08/2009
Typed: 19/08/2009

Dr David Sutherland
Woodside Health Centre
Barr Street
G20 7LR

Dear Dr Sutherland

Richard Halligan - 11/08/1962 - CHI: 1108626173 CRN: 64286539E
3/2 1 Broompark Drive, Glasgow, Lanarkshire, G31 2DA

This couple were seen in the joint fertility clinic today. Semen analysis confirms severe oligospermia. The genetic screen of XY, Y and cystic fibrosis screen have been performed today. The couple will be placed on the waiting list for ICSI assisted conception. This gentleman will try and change his lifestyle by cutting down his Cannabis smoking to see if this improves his semen analysis so pregnancy can occur naturally.

Yours sincerely

Mark A Underwood
Consultant Urologist

Department of Urology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

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MAU/JP

Dict: 22/06/2009
Typed: 30/06/2009

Dr Gp Unknown
Unknown Gp

NK01 0AA

Dear Dr Unknown

Richard Halligan - 11/08/1962 - CHI: 1108626173 CRN: 64286539E
3/2 1 Broompark Drive, Glasgow, Lanarkshire, G31 2DA

This couple were seen in the joint fertility clinic today. We don't have an up to date semen analysis, but one performed on 2007 demonstrated only 500,000 sperm/ml. with a motility of 35% on a normal volume. The couple need a definitive swim up test to be performed, and this has been arranged. If his sample is less than 5 millions/ml. they would need to be considered for ICSI assisted conception, but would require genetic testing prior to being listed. They will be seen back at the next available appointment when the up to date semen analysis is available.

Yours sincerely

Mark A Underwood
Consultant Urologist

Department of Urology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

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HK/CL

Dict: 09/04/2009
Typed: 16/04/2009

Dr David Sutherland
938 Argyle Street
Anderston
GLASGOW
G3 8YJ

Dear Dr Sutherland

Richard Halligan - 11/08/1962 - CHI: 1108626173 CRN: 64286539E
3/2 1 Broompark Drive, Glasgow, Lanarkshire, G31 2DA
Partner: Natalie Hinton CHI 0103775102

Your patient attended the Infertility Clinic. He has had a child from a previous relationship 28 years ago. He and his current partner have been trying to conceive for a while. He has smoked cannabis and cocaine in the past. He has no other medical problems of note.

On examination, the abdomen was soft with no masses felt. Genitalia were normal.

I have arranged for him to have hormonal tests including FSH and arranged for him to have semen analysis as well. He will be reviewed in the clinic with the results.

With kind regards.

Yours sincerely

Mr H Khan
Specialist Registrar in Urology

XR Elbow Lt

Performed	29-Dec-2009 10:09	Received	30-Dec-2009 09:32
Reported	30-Dec-2009 09:32	Order Number	G107H13432016
Status	Final	Source System	MiSys

XR Elbow Lt Final

Richard Halligan

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. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation Medical Exposures Regulations IRM(E) R 00

Reported by: AUTO REPORTING and BLANK CLINICIAN
Verified by: AUTO REPORTING

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (GENERAL)	☑		
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	☐		

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Dict: 17/08/2009
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Dr David Sutherland
Woodside Health Centre
Barr Street
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MAU/JP

Dict: 22/06/2009
Typed: 30/06/2009

Dr Gp Unknown
Unknown Gp

NK01 0AA

Dear Dr Unknown

Richard Halligan - 11/08/1962 - CHI: 1108626173 CRN: 64286539E
3/2 1 Broompark Drive, Glasgow, Lanarkshire, G31 2DA

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Yours sincerely

17/8/09
Genetic Screen
+ ICSI only w/c

Mark A Underwood
Consultant Urologist

Department of Urology
Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow G31 2ER

☎ Tel. No. 0141 211 4800
🖷 0141 211 4464

Mr M A Underwood's secretary
☎ Direct line - 0141 211 5492
✉ janice.paulley@ggc.scot.nhs.uk

HK/CL

Dict: 09/04/2009
Typed: 16/04/2009

Dr David Sutherland
938 Argyle Street
Anderston
GLASGOW
G3 8YJ

Dear Dr Sutherland

Richard Halligan - 11/08/1962 - CHI: 1108626173 CRN: 64286539E
3/2 1 Broompark Drive, Glasgow, Lanarkshire, G31 2DA
Partner: Natalie Hinton CHI 0103775102

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On examination, the abdomen was soft with no masses felt. Genitalia were normal.

I have arranged for him to have hormonal tests including FSH and arranged for him to have semen analysis as well. He will be reviewed in the clinic with the results.

With kind regards.

Yours sincerely

Mr H Khan
Specialist Registrar in Urology

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Failure to conceive

Comment: This 31 year old lady presents with difficulty in conceiving. She and her partner have been trying for a pregnancy for 18 months now unsuccessfully. Natalie herself has never had a baby before, however, her partner has fathered one child in the past.

Bloods indicate that Natalie is ovulating and that she is Rubella immune. I enclose a copy of the semen analysis done on her partner and of note see that he appears to have a low sperm count at 500,000/ml. This sample dates back to May of last year and I have suggested that he attend his own GP for a more up to date sample before the couple are seen by yourselves.

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Ex smoker:		08-Nov-2007

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

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

No current medications recorded

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

No recent medications recorded

Clinical warnings

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 1-21 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:Yes

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

North Glasgow University Hospitals
NHS Trust

NHS
Greater Glasgow

51321723B
HINTON F
NATALIE 01/03/1977
3/2 1 Broompark Drive

GLASGOW G31 2DA
CHI-0103775102

16/3
@ 9.20

Glasgow Royal Infirmary
16 Alexandra Parade
Glasgow
G31 2ER

Infertility Clinic

Dear Patient

An appointment is enclosed for your attendance at the above clinic. Please note that your partner should also attend for examination on this date.

It is important that you return the completed form immediately to ensure that the necessary documentation is prepared for your partner and to keep waiting times at the clinic to a minimum.

* **Please complete and return this form in the ~~stamped~~ addressed envelope enclosed**

PARTNER'S DETAILS

64286539

SURNAME: HALLIGAN

FORENAME: RICHARD

DATE OF BIRTH: 11/8/62

ADDRESS: 1 BROOMPARK DR Flat 3/2

POST CODE: G31 2DA

GP'S NAME: Dr Sutherland

GP ADDRESS: Anderson Medical Centre.

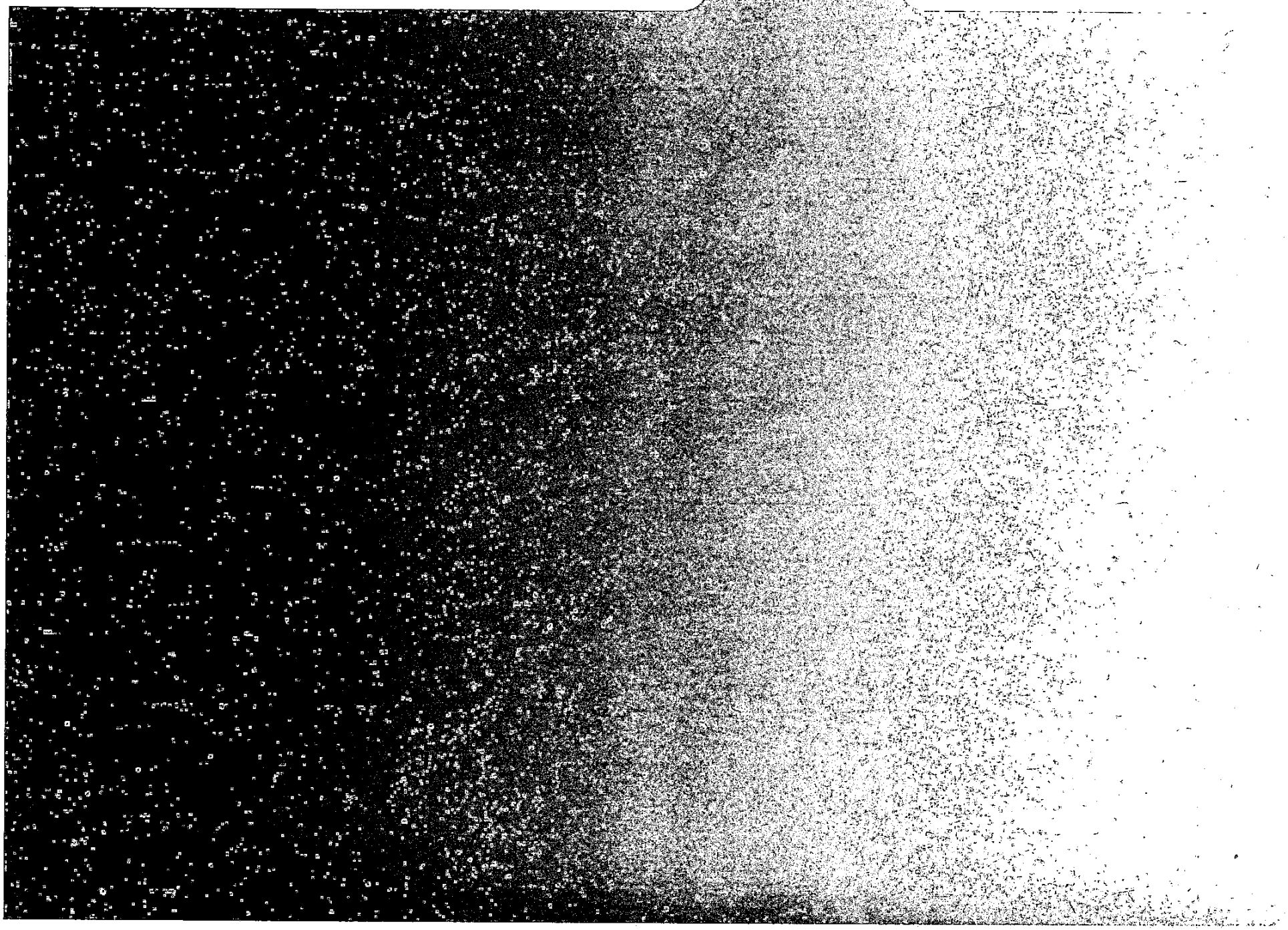
Has your partner previously attended GLASGOW ROYAL INFIRMARY? **YES / NO**

If so, please give year of attendance & department: **Year:** presently **Department:** physiotherapy

* **Please assist us by returning this completed form as soon as possible**

POSITIVE ABOUT DISABLED PEOPLE

01811



GLASGOW ROYAL INFIRMARY

UROLOGICAL DEPT.

MALE INFERTILITY CLINIC

64286539E
HALLIGAN
RICHARD M
11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

PLEASE WRITE OVER WHITE LETTERS

REFERRED BY GP | PRIVATE DOCTOR

FINAL DIAGNOSIS

CASE HISTORY

WIFE

AGE 32 GENERAL HEALTH _____ OBESITY _____

HOSPITAL INVESTIGATIONS FOR STERILITY _____

RESULT: _____

PATIENT

GENERAL HEALTH – I child from a previous Relationship 28yrs ALCOHOL _____ TOBACCO _____

PREVIOUS ILLNESSES -ESP. MUMPS _____ V.D. _____

PREVIOUS OPERATIONS -ESP. HERNIA _____ HYDROCELE _____ } nil

TRAUMA TO TESTICLES _____ } Cannabis - occasional

ARMED FORCES Service _____ Duration _____ Foreign Service _____ Medical Grading _____

MARITAL HISTORY

PREVIOUS MARRIAGE _____

DATE & DURATION OF MARRIAGE _____

PREGNANCIES _____ MISCARRIAGES _____

MARITAL HABITS

INTERCOURSE: Regular/irregular _____ FREQUENCY _____ POSITION _____

ATTENTION TO "FERTILE PERIOD" _____

CONTRACEPTION: DURATION 20 TECHNIQUE _____

LIBIDO _____

ERECTION _____

EJACULATION _____

ORGASM _____

UNGRATIFIED DESIRE _____

OTHERS _____

No problem ? Seeds

EXAMINATION

GENERAL CONDITION _____ ANAEMIA _____

OBESITY _____

GENITALIA

PENIS

SCROTUM PERINEUM

TESTIS R _____ L _____

EPIDIDYMIS R _____ L _____

VASA R _____ L _____

RECTAL EXAMINATION

SHEET NUMBER 835

MANUAL PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY (ORTHOPAEDIC)	☑		
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	☐		

Including:

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

Acute Services Division

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 1243**
Fax: **0141 211 4060**
Appointments: **0141 211 4608**

MR L A RYMASZEWSKI'S ELBOW CLINIC

Clinic and dictated: 15/06/2010
Typed: 17/06/2010
Our Reference: BD/HB

Dr David Sutherland
Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Dear Dr Sutherland

Re: Mr Richard Halligan 11/08/1962; CHI: 1108626173; CRN:64286539E
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA

Diagnosis Osteoarthritis, left elbow
Surgery Left elbow arthrolysis 26 02 10
Outcome Review at years' anniversary of his surgery

Mr Halligan returned to the elbow clinic today at just over 3 months post op. He is aware of a significant improvement in his range of movement and has little discomfort in the joint. He has been practising his home exercises as instructed. He has not yet returned to work as a self employed builder.

On examination his range of movement is 20/120◦ extension/flexion and 90/75◦ pronation/supination.

He is progressing satisfactorily and further range in flexion is anticipated. He is now at the stage where he can return to work gradually introducing resisted activity.

He will return to the clinic for his final review him in February 2011 with x-ray on arrival.

Yours sincerely,

B Danks
Extended Scope Physiotherapy Practitioner (Orthopaedics)

TRAUMA AND ORTHOPAEDICS

Glasgow Royal Infirmary
84 Castle Street
GLASGOW G4 0SF

TEL: 0141 211 5186
FAX: 0141 211 5067

MR L.A. RYMASZEWSKI'S ELBOW CLINIC

BD/JG

Clinic and dictated: 13/04/2010
Typed: 15/04/2010

Dr David Sutherland
Woodside Health Centre
Barr Street
Glasgow
G20 7LR

Dear Dr Sutherland

Re: Mr Richard Halligan 11/08/1962, CRN:64286539E, CHI: 1108626173
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA

Diagnosis: **Osteo-arthritis left elbow**
Operation: **Left elbow arthrolysis (26 02 10)**
Outcome: **Review in two months**

This gentleman attended the Elbow Clinic today, six weeks post surgery. He has only mild discomfort in the elbow and does not require analgesia. He has had no problems with his wound. He has no symptoms relating to his ulnar nerve. He is a little disappointed with regard to the progress of his range of flexion although sees an improvement in his extension. He has not yet been able to return to driving and is still off work as a self-employed builder. Although he has been using his limb functionally as able he has not been carrying out specific exercises.

On examination his range of movement is 20/100° extension/flexion and 80/60° pronation/supination.

He has been taught active exercises with particular emphasis on flexion. He understands that he should avoid passive stretching.

He has been reassured that further progress in his range is expected and he will return to the clinic for further review in two months' time.

Yours sincerely

B. DANKS
Extended Scope Physiotherapy Practitioner
(Orthopaedics)

20/120
90/75

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

TEL: 0141 211 1243
FAX: 0141 211 4060

CONSULTANT: MR L A RYMASZEWSKI

ADMITTED:	25/02/2010	**WARD:**	50
DISCHARGED:	01/03/2010	**AGE:**	11/08/1962
HOSPITAL NUMBER:	64286539E	**CHI NUMBER:**	1108626173
DISPOSAL HOME		**NAME :**	Mr Richard Halligan
FOLLOW UP **ELBOW CLINIC**		**ADDRESS:**	3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
DISTRIBUTION OF LETTERS :		**Dr David Sutherland** **Woodside Health Centre** **Barr Street** **Glasgow** **G20 7LR**	

	FINAL DIAGNOSIS	ICD10		OPERATION	OPCS
1.	Osteoarthritis, left elbow		1.	Left Arthrolysis of the Elbow	
2.			2.		
3.			3.		

Dear Dr Sutherland,

This gentleman underwent arthrolysis of the left elbow, intra operatively he had a full range of motion in extension/flexion and pronation/supination. He complied with CPM under local anaesthetic block and had no medical problems post operatively.

He will be reviewed in six weeks' time as an outpatient.

Yours sincerely,

D Russell
ST3 ORTHOPAEDICS

DR/HB 18 03 10

20/100
80/60

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Telephone: **0141 211 1243**
Fax: **0141 211 4060**

25/01/2010

Our Reference: LAR/HB

Mr Richard Halligan
3/2 1 Broompark Drive
Glasgow
Lanarkshire
G31 2DA

Dear Mr Halligan,

Further to my letter of 12th January, I write to inform you that your anaesthetic review appointment has been changed.

Your new appointment is as follows –

Wednesday 10th February 2010 @ 1pm – Gatehouse Building, GRI.

Please contact me on the above telephone number to confirm this.

Yours sincerely,

Heather Bryce
Secretary to Mr L A Rymaszewski

Department of Trauma & Orthopaedics
Glasgow Royal Infirmary
84 Castle Street
Glasgow G4 0SF

Telephone: 0141 211 1243

LAR/HB

Date: 12/01/2010

Mr Richard Halligan
3/2 1 Broompark Drive
Glasgow
Lanarkshire
G31 2DA

Dear Mr Halligan,

Re: G.R.I. Hospital No: 64286539E

Please confirm that you are able to attend all of these appointments as soon as possible by telephoning **0141 211 1243**. Failure to contact us may result in the cancellation of your surgery.

I am pleased to confirm that your orthopaedic operation has now been arranged under the care of Mr L A Rymaszewski.

Admission Details:

On condition that your health check is satisfactory, I have arranged your admission as follows:

Anaesthetic Review Clinic with Dr Stuart on **Wednesday 17th February 2010 @ 1pm** (Gatehouse Building). You may be in the clinic 1-2 hours.

Admission to ward 50 (Jubilee Building) on **Thursday 25 02 10**

Operation on: **Friday 26 02 10**

Please telephone the ward on 0141 211 4430 between 7 - 8 am on the day of admission to confirm that there is a bed available and to be advised what time to arrive at the ward.

Please bring with you **ALL** your medicines, in their original packs to your anaesthetic review appointment and on admission. This includes all medicines bought over the counter, supplements and herbal medicines.

If you require an ambulance for your health check or admission, please telephone me as soon as possible as this can take some time to arrange.

Yours sincerely

Heather Bryce
Orthopaedic Secretary

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

day's date 29/12/2009

PROBLEMS WITH YOU

During the past 4 weeks.....

✓tick one box for each question

1. *During the past 4 weeks.....*
Have you had difficulty lifting things in your home, such as putting out the rubbish, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☑	☐	☐	☐

2. *During the past 4 weeks.....*
Have you had difficulty carrying bags of shopping, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☐	☑	☐

3. *During the past 4 weeks.....*
Have you had any difficulty washing yourself all over, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☑	☐	☐

4. *During the past 4 weeks.....*
Have you had any difficulty dressing yourself, because of your elbow problem?

No difficulty	A little bit of difficulty	Moderate difficulty	Extreme difficulty	Impossible to do
☐	☐	☑	☐	☐

5. *During the past 4 weeks.....*
Have you felt that your elbow problem is "controlling your life"?

No, not at all	Occasionally	Some days	Most days	Every day
☐	☐	☐	☑	☐

6. *During the past 4 weeks.....*
How much has your elbow problem been "on your mind"?

Not at all	A little of the time	Some of the time	Most of the time	All of the time
☐	☐	☐	☐	☑

During the past 4 weeks.....

✓tick one box for each question

7. *During the past 4 weeks.....*
Have you been troubled by pain from your elbow in bed at night?

Not at all	1 or 2 nights	Some nights	Most nights	Every night
☐	☐	☑	☐	☐

8. *During the past 4 weeks.....*
Have you felt that you needed too much help from other people, because of your elbow problem?

No, not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☐	☑	☐	☐

9. *During the past 4 weeks.....*
How often has your elbow pain interfered with your sleeping?

Not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☑	☐	☐	☐

10. *During the past 4 weeks.....*
How much has your elbow problem interfered with your usual work or everyday activities?

Not at all	A little bit	Moderately	Greatly	Totally
☐	☐	☐	☑	☐

11. *During the past 4 weeks.....*
Has your elbow problem limited your ability to take part in leisure activities that you enjoy doing?

No, not at all	Occasionally	Some of the time	Most of the time	All of the time
☐	☐	☑	☐	☐

12. *During the past 4 weeks.....*
How would you describe the worst pain you had from your elbow?

No pain	Mild pain	Moderate pain	Severe pain	Unbearable
☐	☐	☐	☑	☐

13. *During the past 4 weeks.....*
How would you describe the pain you usually had from your elbow?

No pain	Mild pain	Moderate pain	Severe pain	Unbearable
☐	☐	☐	☑	☐

THE QuickDASH OUTCOME MEASURE

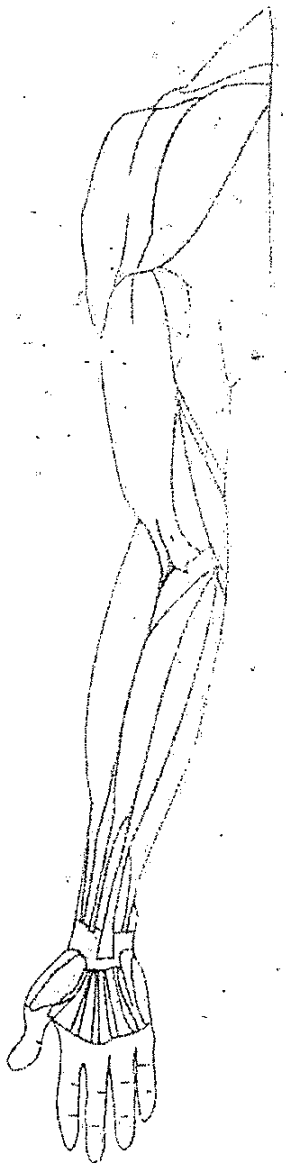
INSTRUCTIONS

This questionnaire asks about your symptoms as well as your ability to perform certain activities.

Please answer *every question*, based on your condition in the last week, by circling the appropriate number.

If you did not have the opportunity to perform an activity in the past week, please make your *best estimate* of which response would be the most accurate.

It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.



QuickDASH

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	(1)	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	(2)	3	4	5
3. Carry a shopping bag or briefcase.	1	2	(3)	4	5
4. Wash your back.	1	2	3	(4)	5
5. Use a knife to cut food.	(1)	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	(4)	5

	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, *to what extent* has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	(3)	4	5

	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	(3)	4	5

Please rate the severity of the following symptoms in the last week. *(circle number)*	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	(3)	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	(1)	2	3	4	5

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? *(circle number)*	1	(2)	3	4	5

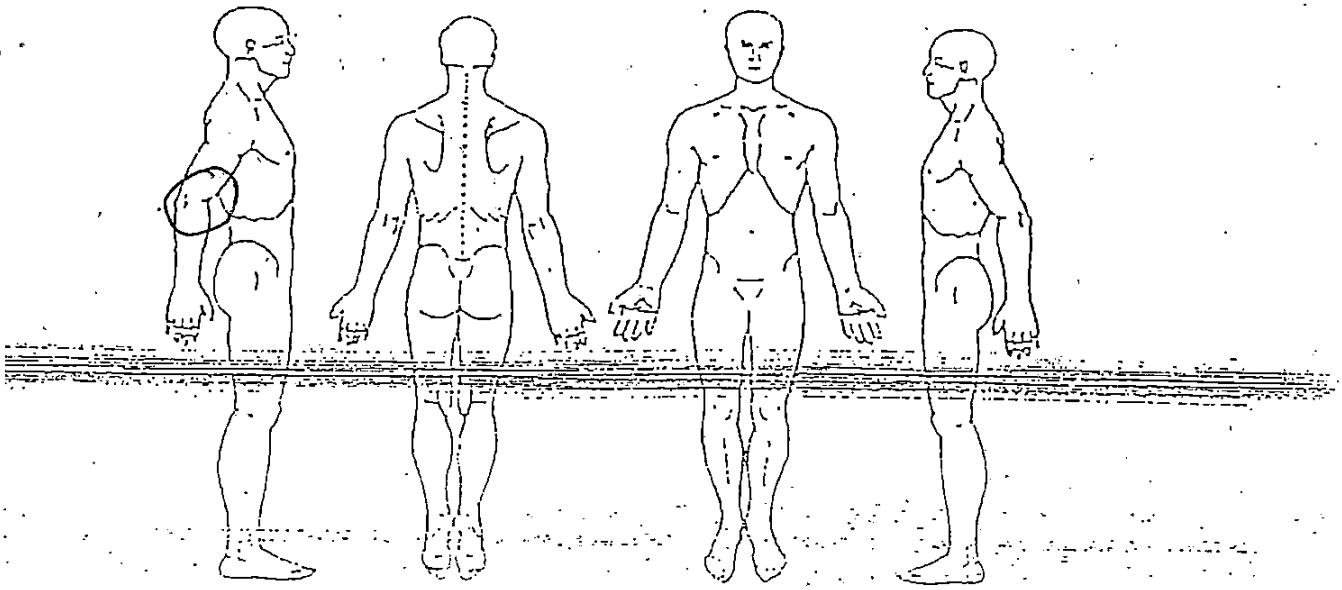
*Quick*DASH DISABILITY/SYMPTOM SCORE = $\left(\left[\frac{\text{(sum of n responses)}}{n}\right] - 1\right) \times 25$, where n is equal to the number of completed responses.

A *Quick*DASH score may <u>not</u> be calculated if there is greater than 1 missing item.

PAIN - PATIENT SELF-EVALUATION

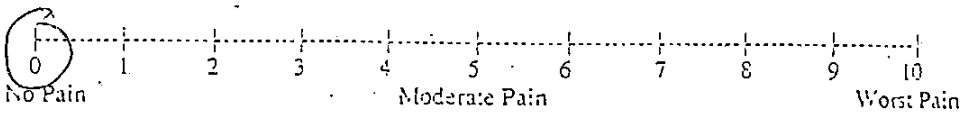
Do you experience pain in your arm shoulder or hand? (YES) / NO.

If yes please mark on the body charts the area of your pain.

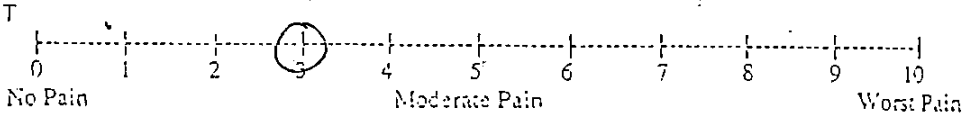


Please indicate your CURRENT pain level on the chart below:

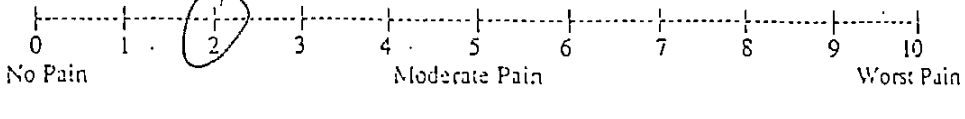
AT REST



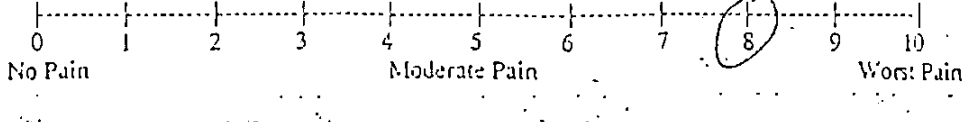
AT NIGHT



LIFTING A HEAVY OBJECT



WHEN DOING A TASK WITH REPEATED ARM MOVEMENTS



Do you take pain killers? YES / (NO) If yes what type are they? (if know) .....

How many do you take? .....

64286539

29/12/09

Acute Services Division

NHS
Greater Glasgow and Clyde

Surgery and Anaesthetics Directorate
DEPARTMENT OF ORTHOPAEDIC SURGERY
THE WESTERN INFIRMARY
DUMBARTON ROAD
GLASGOW
G11 6NT

Secretary: 0141 211 2938
Appointment Office: 0141 232 9499
Department Fax: 0141 211 2466

Our Ref: ZH/JK

Typed: 02/11/2009

MR HUSSAIN'S ORTHOPAEDIC CLINIC– 27/10/2009

Mr Rymaszewski
Consultant Orthopaedic Surgeon
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

Dear Mr Rymaszewski

Mr Richard Halligan DOB 11/08/1962 ~ Hosp: 64286539E
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
CHI: 1108626173

Diagnosis: **Left elbow primary OA**
Outcome: **Referral to Mr Rymaszewski for opinion**

We would be grateful for your opinion on this 47 year old gentleman. He is a right hand dominant builder who describes a 2 year history of decreasing range of movement and increasing pain in his left elbow. There is no history of recent trauma to the elbow, although he had what sounds like a left humeral shaft fracture treated conservatively at the age of 15. He tells me that there were no problems following this injury. Range of movement is this gentleman's main complaint, although he does tell me that the elbow gets knocked during the course of the working day; pain is a problem. He is carrying on with work at the moment, but is finding a progressive functional restriction due to his range of movement. He finds it difficult to bring a fork to his mouth and finds this embarrassing and awkward when eating in public.

On examination the inspection of the elbow was normal. Range of movement was 95° flexion/50° extension and full pronation and supination. He felt discomfort at the end range of flexion anteriorly at the end range of extension posteriorly. Grip and grind test was negative and there was no weakness of any muscle groups. There were no problems with the shoulder and wrists.

X-rays show degenerative changes in humeral ulnar and radial capitelar joints.

After discussion with Mr Hussain, we feel that this patient would benefit from possible arthrolysis of the elbow and would welcome your opinion on further management of this patient.

Yours sincerely

Zoe Higgs
ST4 in Orthopaedics

Age 47
(R)
F/E ~~-45/130~~
~~full flex~~
full rot
impingt Ext/
pain flex
N

Orthopaedic

NHS
Greater Glasgow and Clyde

North Glasgow University Hospitals Divisions

Glasgow Royal Infirmary

Integrated Care Pathway for Ward

Name:	Mr Richard Halligan
DoB:	11/08/1962
Address:	3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
CHI:	1108626173
Hospital No:	64286539E

CONFIDENTIAL

CONSULTANT:	Mr Rymaszewski
DATE OF SURGERY:	
OPERATION:	L Elbow Arthrolysis
NAMED NURSE:	
PRE-OP ASSESSMENT NURSE:	Ms Mariee Cullen
PRE-OP ASSESSMENT DATE:	29/12/2009
EXPECTED DISCHARGE DATE	

ALERTS/: Allergies Drug allergies, penicillin-collapses

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Personal Details

Age: 47
Occupation: Employed
Religion:
Home Telephone: 07859046918
Mobile Telephone:
Sacrament of Sick: No

Next of Kin

Name: Natalie Halligan
Relationship: Wife
Address:
Day Phone No: 07746094866
Night Phone No: S/A
Aware of admission: Yes
Other Contact / Phone No:

GP Details

Name: Dr David Sutherland
Telephone: 01415319550
Address: Woodside Health Centre Barr Street Glasgow G20 7LR

Past Medical History

Previous Operations:
Previous Anaesthetics: Local anaesthetic
Anaesthetic Reaction: No problems
Any Family History:

Any Other Relevant Illnesses or Medical Problems

NIL

Current Medication

NIL

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

General Health Information

Diagnosis:

Heart Attack:	No	Diabetes:	No
Heart Murmur:	No.	Arthritis:	
AF:	No	Palpitations:	No
Heart Failure:	No.		
High Blood Pressure:	No	Hiatus hernia/ Heartburn /Acid reflux:	No
Angina:	No	Stomach Ulcer:	No
Stroke:	No	Bowel habits and problems:	Regular
Rheumatic Fever:	No	Jaundice:	No
lot in Lung/Legs:	No	Epilepsy / Blackouts (Last episode):	No
ecent H/O cough:	No	Bladder or related problems:	No
TB:	No	Asthma / Bronchitis:	No
Other:			

Personal History

Alcohol intake:	Yes occassionally	Smoking:	Yes Cigarettes and 10 daily
Diet:	Normal diet and fluids	Personal hygiene:	Independent
Recreational Drugs:	No		
Lives with:	Spouse	Dwelling:	Apartment / Flat
Home Help:	None at present.	District Nurse:	
Hearing:	Normal	Washing facilities:	Shower wtihin bath
'earing aids:		Glasses:	Yes constantly
ommunication:	No problems	Contacts:	No
Sleeping:	No problem with sleep		
Neck problems:	No	Dental status:	Own teeth and Caps or crowns
		Loose teeth:	
Skin:	Normal	Crowns:	
Alert/Orientated:		Concerns:	No concerns
Mental well being:	Alert / Orientated		
Info Booklet:	Issued	Admit arrangements:	Yes
Letter issued:			

64286539E M
HALLIGAN
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Observations

BP:	115/68 mm/Hg	Pulse:	62
Temp:	35.8	O2 SATS (on air):	98%.
Height:	170 cm	BMI:	26
Weight:	74 kg	Respiratory Rate:	12-14
Peak Flow	Yes	Exercise tolerance:	Full flight of stairs without stopping
DVT Risk:	age.	Anti Coagulant therapy:	No.

Scores

Oxford:

Notes / Reports

Case notes available:	No	General case notes requested:	No
Other case notes:	Yes	X-ray available:	No
MRI available:	No	CT available:	No

Investigations

ECG:	No	X-ray:	No - N/A
C-Spine:	No	CXR:	
		Urinalysis:	No
MSSU:	No	Blood Tests completed:	No bloods required
GP Contacted re: UTI:	No.	Previous MRSA:	No.
		MRSA Screen:	Yes.
Hip brace:	No.	Femoral head:	No.

Notes for Anaesthetist

Anaesthetist e-mailed: No Signature: M E Cullen

Signature of Assessment nurse: M E Cullen

Print name :Marie E Cullen

Additional Information

Pre and post op care discussed

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Orthopaedic Pre-Assessment Continuati...

	Yes	No	N/A
Consented Bone Donation	☐	☐	☐
Suitable for Bone Donation	☐	☐	☐

Signature Bone Bank .....

	Yes	No	N/A
Brace Ordered	☐	☐	☐
Femoral Head Requested	☐	☐	☐

Amount ..... for surgery date .....

DVT RISK FACTORS

.....

.....

ALERTS/ALLERGIES PENICILLIN

.....

.....

Assessors Name .....

Signature .....

Additional information as follows:

.....

.....

.....

.....

.....

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Integrated Care Pathway	Affix label – or c	64286539E HALLIGAN M RICHARD 11/08/1962 3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE G31 2DA CHI-1108626173
Date: ...../...../..... Ward:	Patient's Nar Hospital No:	

CONFIDENTIAL – PREADMISSION ASSESSMENT QUESTIONNAIRE

PAST MEDICAL HISTORY

1. Please record any health problems that you have including any operations

NONE

2. Have you ever had a bad reaction to anaesthetic?

NO.

3. Please tell us about any other illnesses or medical problems that have not been mentioned yet.

NONE

- Are you allergic to any medicines or other things (eg Penicillin) YES - PENICILLIN
- Who lives with you at home? WIFE
- Do you smoke? YES How many per day? 10
- Do you drink alcohol? YES How much per day/week? INFREQUENTLY (ONCE A MONTH)
- Are you working at the moment? YES If so, what is your job? BUILDER
- Do you sleep lying flat, sitting up or propped up? LYING FLAT

CONFIDENTIAL – PREADMISSION ASSESSMENT QUESTIONNAIRE (Cont'd)

MEDICATION:

Please write down the name of the medication you are taking including the dosage.

Name of medication:	Dose/How much?	How often?
NONE		

Please Tick	YES	NO	Please Tick	YES	NO
Diabetes		✓	Heart Attack		✓
TB		✓	Stroke		✓
Asthma or Bronchitis		✓	High Blood Pressure		✓
Rheumatic Fever		✓	Angina		✓
Jaundice		✓	Epilepsy		✓
Stomach Ulcer		✓	Hiatus Hernia		✓
Clots in legs or lungs		✓			

Please read the following list and tell us if you ever suffer from any of these things.

Please Tick	YES	NO	If yes, use this box to give more details
Pain or tightness in your chest		✓	
Shortness of breath or wheezing		✓	
A cough, do you have a spit as well?		✓	
Upset stomach or heart burn	✓		HEART BURN
Bowel problems		✓	
Headaches or dizzy spells		✓	
Blackouts or faints		✓	
Weakness or loss of function		✓	

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Physiotherapy pre-op assessment

Date:

Presenting complaint

Night pain

Previous joint surgery	Other joints affected

Walking aids

Mobility/functional difficulties

House:

Type.....

Stairs internal _____ banister Yes / No
external _____ banister Yes / No

Bathroom upstairs downstairs
2nd toilet upstairs downstairs none

Range of movement

Hip joint:	R	L
Flexion		
Extension		
Abduction		
Adduction		
Internal rotation		
External rotation		

Knee joint:	R	L
Flexion		
Extension		

Leg length discrepancy:

	R	L
True		
Apparent		

Quads Power: R ☐ L ☐

Gait:

Physiotherapist:

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Preop Assessment/Initial Interview

e:

nsent to OT treatment Y☐ N☐ Social work area

asurements equipment insitu current function
)ressing
:hair
:ed
oilet
:ath/shower over
Walk in shower
:xtended ADL
:mployment/leisure/other
:ognitive function

L+sh ☐

nctional Score ☐

ecautions discussed in relation to ADL Y☐ N☐

ture OT treatment plan discussed Y☐ N☐

n:

quipment supply:	GRI Issue/ Referred to:	Date of Issue/ Referral/order	Order No:	Issue/deliver/ fitting
elping Hand				
n(landled shoe horn				
ock/tights Aid				
ng Handled Sponge				
hair Raisers				
ed Raisers				
oilet Frame/RTS				
hower Board/Bath Board				
ath Seat				
ther				

st op assessment required: Self care Y N
Transfers Y N
Kitchen Y N

T Signature:

Day of Admission
Please sign and print name.
DATE: .....

Medical Staff	✓	Signature
Mark limb		
Check consent		
Review medical history		
X match/ Group and Save		
Check blood results available		
DVT prophylaxis as per protocol		
Complete drug Kardex		

Nursing	✓	Signature
Explain Named Nurse / Team Nursing		
Record TPR & BP		
Record Nutritional Score		
Inspect pressure areas / record Waterlow score		
Apply ID bracelet		
Check medication Self medicating / nurse administration (delete as required)		
Valuables sent home		

Please record additional information in this space

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MEDICAL CLERK IN

Cardiovascular Examination –

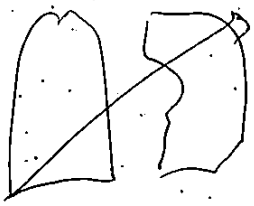
BP 98/67 pulse 72 regular

HS 1+2+0

No added sounds

Carotids OK

Respiratory Examination –



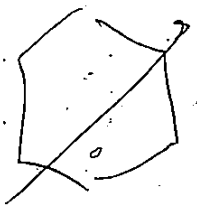
Chest clear

resonant to percussion

Oxsats 97% on air

Smokes 10-15 cpd

Abdominal Examination -



BSV

Abdomen soft

CSCN NAD

GLASGOW ROYAL INFIRMARY

Mr Rymaszewski

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

DATE 26/02/2010

OPERATION **Left Open Arthrolysis of the Elbow** SURGEON

Name: Mr Richard Halligan
3/2 1 Broompark Drive Glasgow Lanarkshire G31 2DA
Hospital No: 64286539E **D.O.B.:** 11/08/1962
Indication: Osteoarthritis - Primary

Ward: 50
Surgeon: Mr Lech Rymaszewski
Assistant:
Anaesthetist:

Cheilectomy in the Upper Limb (OpNote) (Left)

Preparation
The tourniquet was inflated to 250 mm/Hg. Inflated after exsanguination of the limb with a Rhys-Davies exsanguinator.
A cocktail of two antibiotics given as prophylaxis.
He was positioned in the lateral decubitus position.
A posterior incision was made.

Intra operative procedure
The debridement consisted of excision of osteophytes, Extensive osteophytes removed - coronoid/coronoid fossa, olecranon tip and sides /olecranon fossa and radial head excised as maltracking and impingement. Triceps split - an anterior capsular release and a posterior capsular release. Dissected out and protected: ulnar nerve. Posterior band of medial ligament released with improvement from 100 135 degress flexion. Full exytension achieved with congruous tracking. Ulnar nerve subluxed for exposure posterior band medial ligament but not transposed

Closure
The wound was closed 3 drill holes through lateral ridge / routine closure / vicryl / nylon and clips.
Tourniquet time was 2 hours and 10 minutes.

Post-operative instructions
The patients risk of DVT is low.
For antibiotic prophylaxis Gentamicin 2 g given intravenously but need not be given again post-operatively.
In addition Teicoplanin 400 mg was given intravenously at induction but need not be given again post-operatively.

Rehabilitation
His rehabilitation will be routine with cpm once back on ward. He will be reviewed in 6 weeks in the outpatient clinic.

Addenda:

Procedure	Code Type	Code

cc:

Woodside Health Centre
Barr Street
Glasgow
G20 7LR

MATERIAL SENT FOR EXAMINATION

No. 05230

Anaesthetic Record

No. 05148

GLASGOW ROYAL INFIRMARY

PRE-OPERATIVE INSTRUCTIONS:
Blood results please

64286539E
HALLIGAN
RICHARD M
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GLASGOW
LANARKSHIRE G31 2DA
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HOSPITAL NO
SURNAME
MARITAL STATUS
OCCUPATION
CONSULTANT

PLEASE WRITE OVER WHITE LETTERS

Place	Date & Time	Premedication	Ordered by	Given by	Time Given

lefteban

PRE-OPERATIVE ASSESSMENT

GA block

WEIGHT: 74 kg HEIGHT: 170 cms AGE 47

PREVIOUS ANAESTHESIA / OPERATIONS:
child TS No problems GA

PREVIOUS MAJOR ILLNESS:
Well

RECENT DRUG THERAPY
None

CO-EXISTING CHRONIC DISORDERS:

CVS : IHD Angina Grade: PVD CCF HBP

RS : Asthma COAD Dyspnoea Grade: Smoking

GIS : occas Reflux heartburn Liver Disease Alcohol / Drugs
Diabetes Obesity

CNS : Epilepsy Chronic CNS Chronic Psychiatric

GUS : Renal Failure

RSTU ALT 10.2.10

ALLERGIES / DRUG REACTIONS
PENICILLIN → "collapse"

ASA (1) 2 3 4 5 E

Acute Physiological State - Clinical Features

HR	RR	Hb 14	Na^+ 139
BP 115/68	F_IO_2	WBC 8.9	K^+ 4.2
CVP	P_aO_2	Platelets 200	Cl^- 107
PAWP	P_aCO_2	PT / INR	HCO_3
ECG	H^+	KCCT / APPT	Urea 5.4
	HCO_3	Blood Group	Creatinine 90
SaO_2 98%	CXR		ARF
State of Consciousness:			Glucose

Fasted? NPI

Dentition: crown

Jaw / Neck Mobility:

Anticipated Difficulty with Intubation:

Anaesthesia

Patient's Name: Richard Mulligan

Date:- 26 2 10

Site of Injections	L/R Hand / Arm / Foot
Site of Infusions	L/R Hand / Arm / Foot
Central Venous Site	
Arterial Site	
Cuffed / Uncuffed	Oro / Nasal Tracheal Tube
Size 8.5	Mask
HME gel	Laryngeal Mask Airway Oral / NP
Ventilation: Spontaneous / I.P.P.V.	
Circuit:	Ventilator: 6/5
Position:- (R) lateral	

Intravenous Fluids Blood Warmer ✓

lower body warmer

(1) RL 1000ml +

(2) HARTMANNS 1000 ✓

Start: ..... Finish: .....

ECG / NIBP / SpO2 / ETCO2 / FiO2 / ETAA / Temp / Disconnect / CVP / IABP / PA Cath / TOF

Drugs and Fluid given:- Time:-

	10	30	11	30	12	30
fentanyl	25,25,50µg					
midazolam	2,2,2mg					
propofol	150mg					
endanesthon	4mg					
gentamicin	240mg					
Teicoplanin	400mg					
diclofenac	75mg					
paracetamol		1g				
vecuronium	7mg		+1			
morphine			5mg			
I.V. Fluid Nos.	(1)				(2)	
Vt x f / Pressure						
FiO2	.5 .5 .5		.4 0.4	0.4 0.4	0.4	0.4 0.4
Saturation %	99 99 99		98 99	98 99	99	99 99
ETCO2	4.8 4.7 4.8		4.4 4.2	4.2 4.2	4.4	4.5 4.5
Temperature	1.2 1.1 1.1		0.96 1.2	1.3 1.4	1.4	1.3 1.3

200 180 160 140 120 100 80 60 40 20

CVP/PCWP

Urine

Blood Loss:-

PO2

PCO2

H+

HCO3

K+

THb

BRACHIAL PL BLOCK – SUBCLAVICULAR ROUTE

REGIONAL ANAESTHESIA awake sedation fentanyl .75mg midazolam 4mg **INSTITUTED PRE/POST-OPERATIVELY**

DESCRIPTION US guidance
19g 100cm Pajunk

DRUG(S) USED clear visualisation **VOLUME / DOSE** **NEEDLE SIZE**
INTRODUCER SIZE
No pain or paraesthesia **CATHETER SIZE**
20ml 0.5% Lbupivacaine **DEPTH** catheter in situ

OTHER ANAESTHETIC COMMENTS
12.30 * eyes not taped perioperatively. I am leaving hospital to go to meeting. Please ensure no clinical problems
ESTHER STUART

DATE: 26 2 10 **THEATRE:** ☑

OPERATION: left elbow arthrolysis

ANAESTHETIST: PSTUART EWALLIS **SURGEON:** L RYMASZEWSKI

DURATION:

CONDITION ON LEAVING THEATRE

PATIENT SPEAKS	B.P.	AIRWAY: ☐
RESPONDS TO SPEECH:	HEART RATE	L.MASK ☐
RESPONDS TO STIMULUS:	TEMP. - CORE	E.T.T: ☐
NO RESPONSE	TEMP. - SKIN	I.P.P.V.: ☐
	SHIVERING	

FLUIDS:	IN		OUT	MONITORING
BLOOD		BLOOD		ARTERIAL LINE ☐
COLLOID		URINE		C.V.P. ☐
CLEAR		OTHER		PA. CATH. ☐
TOTAL		TOTAL		URINARY CATH.
				NASO GASTRIC

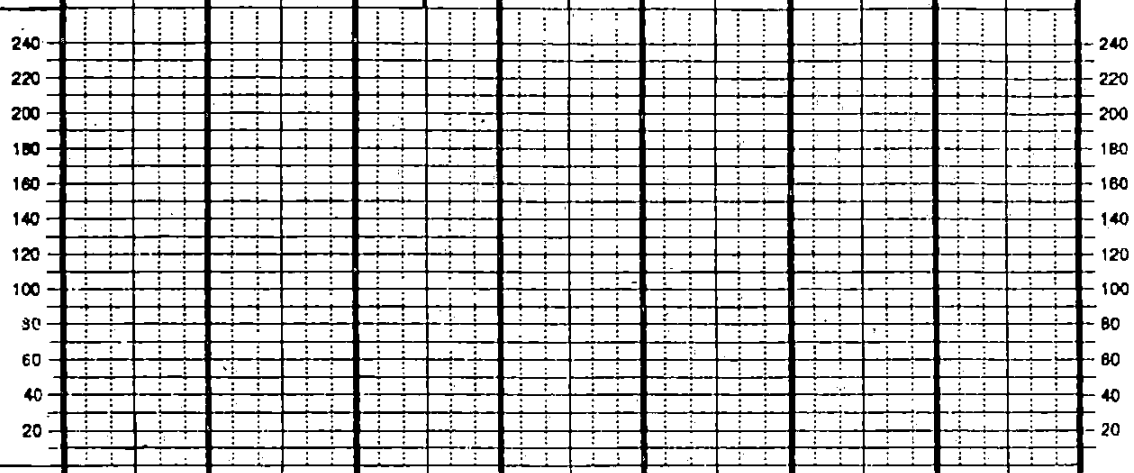
RECOVERY ROOM INSTRUCTIONS

ANALGESIA: prescribed 1mg IV q6h Morphine 2-10mg IV.
OXYGEN: 4L/min 4h postop
FLUIDS: NSaline / 5% dextrose 1:2 125 ml/hr until adequate oral intake
OTHER:

ANAESTHETIST'S SIGNATURE:

DRUGS & ROUTE:

TIME														
TIME														



E.C.G.														
C.V.P.														
PERIPH. TEMP.														
CORE TEMP.														
WOUND CHECK														
URINE VOL.														
Drain 1.														
Drain 2.														
Drain 3.														

I.V. FLUIDS:

TIME	
1.	
2.	
3.	
4.	
5.	

Blood Gas Results:

Time		
	F_IO_2	
	P_aO_2	KPa
	P_aCO_2	KPa
	H^+	
	HCO_3	
	Glucose	mmol/l

NURSING NOTES

Time		
	F_IO_2	
	P_aO_2	KPa
	P_aCO_2	KPa
	H^+	
	HCO_3	
	Glucose	mmol/l

Peri-Operative Care Plan

NHS Greater Glasgow and Clyde

Pat 64286539E
HALLIGAN
RICHARD
3/2 1 BROOMPARK DRIVE 11/08/1962 M
GLASGOW
LANARKSHIRE
CHI-1108626173 G31 2DA

Date: 26/2/10
Ward: 50
Consultant: Mr
Proposed operation: (L) ELBOW ARTHROLYSIS

Baseline Observations

Water Low Score:	Pulse:	BP:	Temp:	SPO2:	Resp.	Height: Weight:	BMI:
2	74.	96/67.	36.5C	97% ON AIR	14	170cm 74kg	26.

These checks must be made immediately prior to administration of pre-med.

Pre-operative checks comments:	Ward comments:	Reception
Identify band correct (name, date of birth, hospital number, ward	✓	✓
Consent signed and dated	✓	✓
Fasted from: 02:00 ICN BCU.	Food: ✓ Fluid: ✓	2am
Correct site surgery marked and prepared	✓	(L) arm marked
Allergies/sensitivities and reaction	* PENICILLIN *	→ collapse.
Medical conditions, i.e. other relevant information:	NIL	
Inhalers/Sprays	~~NIL~~ NA	
Blood Glucose (if relevant)	NA	
Antiembolitic Treatment e.g. TEDs	NIL	
Implants insitu e.g. pacemaker, joint replacements	NIL	
Dentures / ~~loose teeth~~ Caps, Crowns	OWN.	secure
Hearing Aid, Spectacles and Hair pieces remaining in situ (contact lenses to be removed) - please state	GLASSES.	insitu.
Others (please state) *IN theatre* Wedding ring removed and put on (R) hand. Glasses removed and placed in bag SSmith		
Make up/nail polish removed	NA	
Jewellery/body piercing ~~taped/removed~~	TAPE	✓
Underwear removed/disposable pants	PAPER PANTS	✓
Voided urine/catheter insitu	VOID	✓
Documentation (case notes, nursing notes, prescription charts, ECG, X-ray, Blood results)	✓	no bloods no ECG. ✓
Premedication given:	NIL PRESCRIBED	

* Theatre aware

Please sign once check completed:

Ward Nurse:	Reception Practitioner:	Anaesthetic assistant/Theatre Practitioner
[signature]	[signature]	[signature]

Time into Reception: 0820

Operational Data	Time into Anaesthetic Room 0900 Time into Theatre 1010 Time out of Theatre 1230	Scrub Practitioner Sn Thomson Circulating Practitioner Sn McNally Anaesthetic Assistant J anderson/Smith

ANAESTHETIC ROOM

Blood Availability check	Anaesthetic Practitioner has confirmed with Anaesthetic that X matched blood is:- Required ☐ Available ☐ Grouped and Saved ☐ *(tick or cross as necessary)*	
Psychological care given to allay anxiety	Verbal & Non Verbal Communication given ☐ Explanation of expected events/routine given ☐ Communication adapted to meet needs of the patient ☐ Certificate of Incapacity ☐	
Safe Application, Preparation and Use of Equipment	SP02 ☑ Position Rotated Hourly ☐, Arterial Line ☐ CVP Line ☐ Temperature probe ☐	Infusion Device Numbers
	ECG ☑ Warming Device Bear hugger	
	NIBP ☑ Other	

THEATRE

Information given in Scrub Nurse and Senior Circulating Nurse by Anaesthetic Nurse	Scrub nurse must check patient ID band with consent ☑ Patient Allergies ☑ Prosthesis ☐ Other ☐ Name Scrub Practitioner Sn Thomson
Operation Site & procedure safety check	Scrub Nurse and Senior Circulating Nurse confirms with Surgeon the procedure to be performed ☐ Correct Site and Site of operation ☐
Safe positioning and prevention of injury to Skin, Joints and Nerves	Moving Aids - Pat Slide ☑ Roll Board ☐ Sliding Sheets ☑ Hover mattress ☐ Other ☐ _____

DIATHERMY PAD MUST BE CHECKED WHEN RE-POSITONING PATIENT

Position(s)	1- Lateral	Torrence Score Key
Pre- operative Skin Check + Torrence Score	appears intact	
Post operative Skin Check + Torrence Score	0	
Positioning Devices (type, position)	Patient on full length Gel Pad with pillow at head	
Padding (type, position)	2x heel pads.	
Arm Position and Security (type, position)	arm in Gutter with padding	

Sk tegrity e.g. Int , Red, Broken, Bruise

Risk Assessment Toll - Name and Score

Positioning Devices e.g. Pillow, Wedge, Stirrups, Rolls etc.

Padding e.g. Heel, Pads, Headrest, Gel Pads etc.

Arm Position e.g. By side, Arm Boards, Over Abdomen. Secured By e.g. Ties, J Board

N.B ARM BOARDS MUST BE PLACED AT LESS THAN 90 DEGREES TO AVOID INJURY

Measures to reduce the risks of Compartment Syndrome	**LEGS IN LITHOTOMY OR LLOYD DAVIS POSITION MUST BE LOWERED EVERY 3 HOURS FOR A MINIMUM OF 5 MINUTES** Remove compression stockings pre operatively

Position	Time legs positioned	Time legs lowered and duration	Time legs lowered and duration	Removal of Comp. Stockings prior to surgery

DVT Prophylaxis

Elastic Compression Stockings ☐ Sequential Compression device ______________ mmhg

Flowtron Boots ☐ ______________ mmhg

Safe use and application of Intraoperative equipment to prevent injury

Diathermy - Monopolar (Bi polar)

Monopolar return eletrode - Site ______________

Skin site assessed - meets safety criteria ☑ Skin prepared - N/A ☐ Clipped ☐ Dry Shaved ☐

Tourniquet - Checked ☑ Padding applied ☑

	Position	Time inflated	Pressure	Time deflated	Time inflated	Pressure	Time deflated
Site 1	Upper arm	10.15	250	1227			
Site 2							

Skin Preparation to reduce the risk of infection

Correct site(s) to be checked with Surgeon ☑

Site	Skin	Prepping Solution
Site 1-	None ☑ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ____ ☐ Chlorhexidine ____ ☑ Betadine Alcohol ☐ Other ☐ + PINK DYE
Site 2-	None ☐ Clipped ☐ Wet Shave ☐ Dry Shave ☐	Betadine Antiseptic ☐ Chlorhexidine Acetate ____ ☐ Chlorhexidine ____ ☐ Betadine Alcohol ☐ Other ☐

Aseptic Technique to reduce risk of infection

Drain(s) Inserted ☐

	Type	Site	Size	Secured with
Drain 1				
Drain 2				
Drain 3				

Urinary Catheter ☐

Type	Site	Size	Ballooned Inflated with	Pepping Solution
			mls	

Wound Closure/Dressings

	Site	Wound Closure	Dresssing	Other
1		3/0 monosoft Steript	Bluesmarks	wool & crep
2				

Wound Bath - Sterile Saline 0.9% ☐ Other ☐ ______________

Pack left in situ

Site	Type	Size	Number

OPERATION PERFORMED Arthrolysis of left elbow + Radial Head Excision

COMMENTS / NOTES

PROTHESIS STICKERS

TRACEABILITY STICKERS

MERCIAN SURGICAL LTD.
REF TD2100-20 Twist Drill -
AO Fitting 2.0mm
Diameter x 100mm Length
LOT TWD6437
2012-02

Post Operative Instructions

Oxygen:

Fluids:

Other:

Anaesthetist's Signature:

Surgeons Notes

Signature of Surgeon:

Nursing Notes

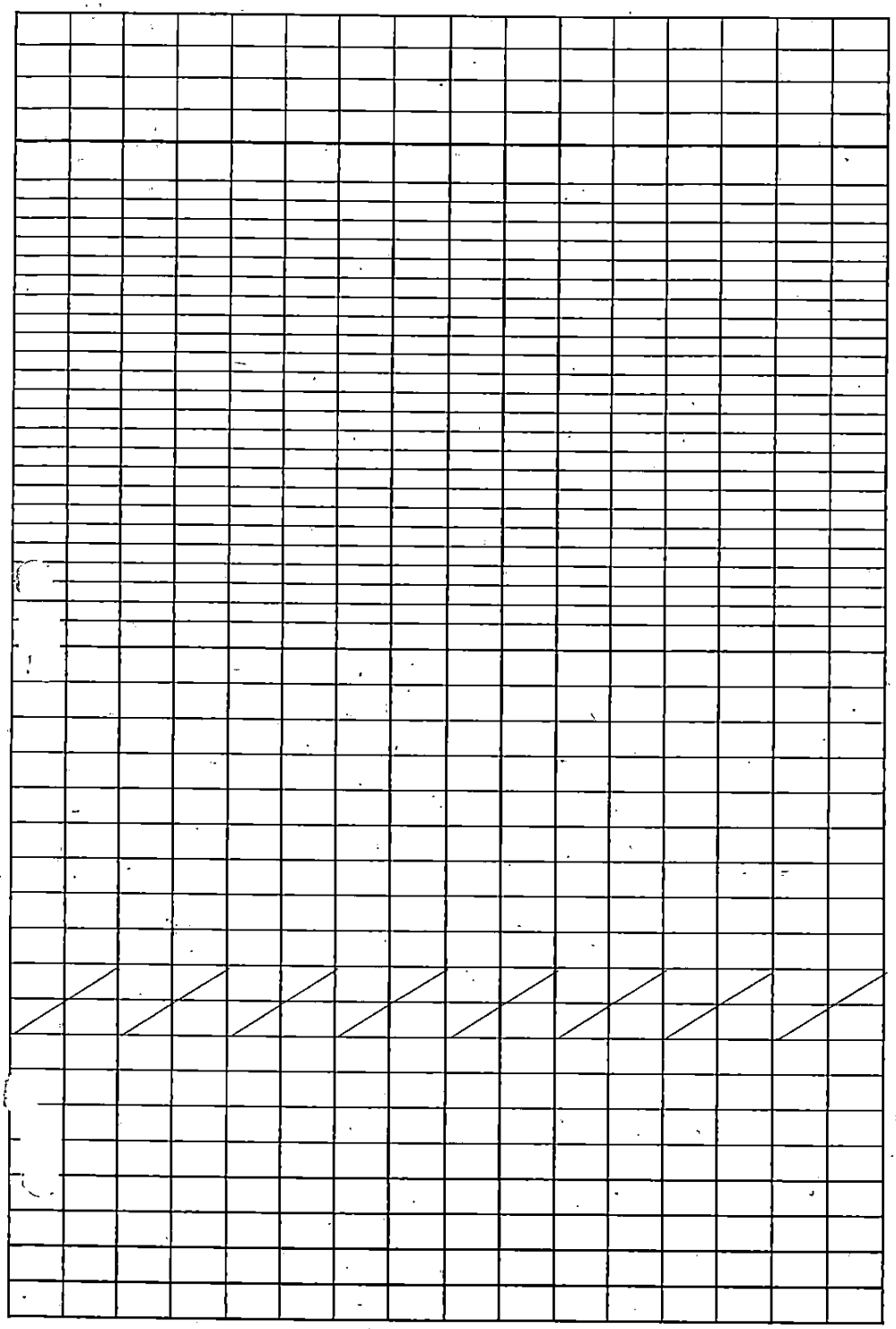
Patients Wedding ring moved to Right hand to facilitate procedure.

Drugs & Route	Time
L A INFUSION	

Time	12^15	12^40	12^55
SPO₂	97	97	97
240			
230			
220			
210			
200			
190			
180			
170			
160			
150			
140			
130			
120			
110			
100			
90			
80			
70			
60			
50			
40			
30			
20			
Airway Type	5	1	1
Resp. Rate	17	13	16
0_2 Therapy	4L	5L	4L
Sedation score	1	1	0
E.C.G	SB	SB	SB
Wound score	0	0	0
Core Temp:		36	
Pain score	0	0	0
P.O.N.V.	0	0	0
$^1/_2$ Hrs Urine Volume			
Total Volume			
C		pink	pink
S		-ve	-ve
M		-ve	-ve

I.V. Fluids from Theatre (A) peripheral line ha. t. norm 1000 1

Time	Type of Fluid	Volume	Batch No.	Signature
1				
2				
3				
4				
5				



KEYS

AIRWAY TYPE

1 Spontaneous
2 Guedel
3 NASO - pharangeal
4 L.M.A.
5 E.T.T.
6 Double lumen ET.T.
7 Tracheostomy

WOUND SCORE

0 Dry and intact
1 Slight staining
2 Moderate staining
3 Saturation/Pad req.

PAIN SCORE

0 No pain at rest, no pain on movement
1 No pain at rest, slight pain on movement
2 Intermittent pain at rest, moderate pain on movement
3 Continuous pain at rest, severe pain on movement

SEDATION SCORE

0 Awake
S Normal sleep
1 Drowsy, easy to rouse: eyes open to speech or light shake
2 Sedated, difficult to rouse: eyes open only to vigorous shaking
3 Unconscious, unrousable

PONV ASSESSMENT

0 None
1 Mild nausea
2 Moderate Nausea
3 Severe Nausea
4 Patient Vomiting

MEWS	
Pulse	
Resp. Rate	
Temp	
Avpu	
Urine Output	
Systolic BP	
$Sp0_2$%	
Total	

Waterlow Score
See Chart

Discharge Criteria Achieved Yes / No - see Nursing Notes

Recovery Practitioner Signature: _____

MEDICAL ILLUSTRATION SERVICES
To obtain copies of this document, phone 24692 or email info@medill.co.uk
Reference No 139355 – Nov. 2007 – Review Date: Nov. 2009

North Glasgow Hospitals

NHS Greater Glasgow and Clyde

Intra Operative Count Record

Patient Information

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Anaesthetic Nurse Anderson/Smith
Circulating Nurse Sr McNally
Scrub Nurse Sr Thomson
Scrub Nurse None
1st Count P. Joy
2nd Count P. Joy
3rd Count P Joy

Consultant Mr Rymaszewski
Surgeon Mr Rymaszewski
Mr ~~[redacted]~~ Murray
Anaesthetist Dr Stuart
none
Date 28/2/10
Theatre N
Time in 09 00
Out 1230

Procedure Arthrolysis of left elbow (left) + Radial Head Excision

Total Items Used		Additional Count Items	
Swabs (Raytec)	10	Discardapad	1
ominal Packs	0	Power Blade	1
Pledgelets	0	Burr	1
Blades	6	Drill	1
Sutures	3		
Hypodermic Needles	0		
Ligature Reels	0		

CODE: 28933 2014.11 LOT:289334609
CODE: 28933 2014.11 LOT: 289334609
CODE: 28933 2014.11 LOT: 289334609

Trays	Tray No	Trays	Tray No
S1149-001 1318540 Elbow Instruments		S780-003 131778 French Osteotomes & Toffel	
S847-015 1288874 Stryker TPS System (torn or damaged)		S782-011 1319236 Hand Tray Theatres M & N	
011474-017 1313634 bone nibblers small			

Sup[illegible]
[illegible]-001 1312976
[illegible]-057146-001 1290812 [illegible]ler Medium
Forcep Bone Holding Heygr[illegible]

Anaesthetic Equipment

Tourniquet Time
② ↑ 10·15
↓ 1227

REF 777400 LOT 09404860 2014-09
(01)07332551039554
REF 60211 LOT 09417578 2014-10
(01)07332551427146
BARRIER

[illegible]scribe & Count)

Catheters

Patient Agreement to Investigation or Treatment

NHS Greater Glasgow and Clyde

CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Hospital/Clinic/GP Practice .....

Patient's surname/family name :.....

Patient's first name(s): .....

Date of Birth____/____/_____ Gender: Male ☐ Female ☐

NHS/ CHI Number _____

Special requirements (e.g. other language/communication method) .....

.....

Responsible practitioner: M C Szymaszewski

Job title: Consultant

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

Left elbow
arthrolysis ? proceed

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).

Signature of practitioner: .....

Name/Designation (Print) .....

Date 25/2/10

00526

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.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- 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 the following:-	**Agree**	**Disagree**
that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, 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 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 ...../...../.....

Practitioner Signature: ..... Date ...../...../.....

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: ..... Date 25/2/10

Name (Print): Richard Mallinson

GLASGOW ROYAL INFIRMARY

CLINICAL NOTES

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

25/2/10 1630 NURSING
ADMITTED TO WARD 50 FFMN 1st on LIST
AM
Grant SN

26/2/10

Rt to ward after planned surgery under g.A. observations stable on return to ward. no sensation or movement. colour present. profusion present.
Haggis block insitu. IV fluid continue.
M. Grant.

15⁰⁰

C.P.M started. pt still no sensation or movement. M. Grant

19⁰⁰

Theatre dressing renewed, obs satisfactory tolerating fluid + diet. passing urine.
M. Grant

27/2/10 NURSING NOTES 06:00

Patient slept for short intervals. c/o tightness in arm. Reviewed by medical staff - Arm re-positioned and bandages re-applied. Sensation remains altered due to Haggis block. IV fluids discontinued overnight. observations stable as charted. Temp 38.°c - Blood cultures taken. passing urine via urinals Emackinnon SN

Form 05171

27/2/10 Nursing.

Settled day, observations satisfactory.
c.p.m continues.
Bupivicaine block re-newed.
M. Doork.

28/2/10 NURSING 2am

OBSERVATIONS RECORDED
NIL COMPLAINTS OFFERED
FAIRLY COMFORTABLE OVERNIGHT
BLOCK INSITU
WGrant SN

Day
Obs Stable
Rested reasonably.
Mobilised with PADL's
No complaints offered.
Remain on CPM
GBarker.

1.3.10 NURSING NOTES 05.00

Bupivicaine block re-newed overnight.
Patient has remained comfortable. Nil
Complaints offered. Oral analgesia given
as prescribed. Independant to toilet

Emackinnon S/N

1.3.10 Nursing

Bupivicaine renewed tup intruct. Obs stable.
Wnd appears dry. Opsite renewed. S/o physio
Discharged home. Advice + drgs given.
To attend practice nurse 9.3.10 for ROC. S/N KJ

Western Infirmary, GLASGOW

NHS
Greater Glasgow and Clyde

NAME:
UNIT NO.:

(LABEL) 642865398 M
HALLIGAN 11/08/1962
RICHARD
3/2 1 BROOMPARK DRIVE
GLASGOW G31 2DA
LANARKSHIRE
CHI-1108626173

WARD: _____

ON DAY OF ADMISSION, SELECT AND RECORD CARE WHICH IS MOST APPROPRIATE FOR PATIENT.

RECORD **CHANGES** OF CARE IN NURSING ACTION FLOWCHART.

USE AN ARROW e.g. ⟶ TO INDICATE **CONTINUATION** OF CARE ON THE FLOWCHART

ALL ENTRIES MUST BE RECORDED IN BLACK INK AND SIGNED.

WATERLOW SCORE (MUST BE COMPLETED ON ADMISSION FOR **EVERY** PATIENT)

Build/Weight		Skin		Sex/Age		Continence		Mobility		Appetite	0
								Fully	0	Average	1
Average	0	Healthy	0	Male	1	Complete/		Restless/Fidgety	1	Poor	
Above Average	1	Tissue paper	1	Female	2	catheterised	0	Apathetic	2	Fluids only/	2
Obese	2	Dry	1	14 - 49	1	Occasional		Restricted	3	Nasogastric feed	
Below Average	3	Oedematous	1	50 - 64	2	incontinence	1	Inert/traction	4	Nil by mouth	3
		Discoloured	2	65 - 74	3	Cath./incont.		Chairbound	5	anorexic	
		Broken/spot	3	75 - 80	4	faeces	2				
				81 +	5	Doubly incont.	3				

4

SPECIAL RISKS			
Tissue Malnutrition	**Neurological Deficit**	**Major Surgery Trauma**	**Medication**
Terminal	Diabetes, MS,	Orthopaedic –	High dose Anti-
Cachexia 8	CVA, 4-6	Below waist/	inflammatory,
Cardiac Failure 5	Motor / Sensory	Spinal 5	Steroids,
P.V.D. 5	Paraplegia	On table	Cytotoxics 4
Anaemia 2		> 2 hours. 5	
Smoking 1			

SCORE
10+ AT RISK
15+ HIGH RISK
20+ VERY HIGH RISK

1 MONITORING OF VITAL SIGNS Standard observations (BP, P, T, R, $Sa0_2$) - requirement & frequency CSM/Neurovascular observations Special observations eg. blood glucose, peak flow, Neurological obs Special requirements (0_2, chest physio)	**AIM** To detect abnormalities and maintain optimum function.	**ASSESSMENT / INTERVENTIONS**
2 IV THERAPY Peripheral / Central Line - Sites Use of Venflon Careplan Infusion Chart in use **NB:** 4° temp required if patient has an IV	Early detection / prevention of the problems of IV therapy.	
3 MAINTAINING SAFETY Level of conciousness Chronic / Acute confusion Alcohol withdrawal Seizures Wandering / at risk of injury	To maintain safety at all times.	
4)BILITY / MOVING & HANDLING Assess DVT risk using SIGN guidelines Specify limitations/current ability & aids used Traction Active/Passive exercise TED Stockings on admission	To prevent / reduce the complications of reduced mobility. To move the patient safely. To promote independence.	
5 PRESSURE AREA CARE Waterlow score Interventions	The patients skin will remain healthy and intact.	
6 PAIN Monitor effectiveness of analgesia - involve patient & medical staff - use of Pain Chart	The patient will state that he is comfortable.	
7 PERSONAL HYGIENE Self caring or ecify assistance required ....uth care Eye care	To maintain a high standard of personal hygiene. To promote independence.	
8 NUTRITIONAL STATUS Score: (Use nutrition risk assessment) Special Dietary requirements Fasting / fluid restrictions Fluid balance monitoring required	To maintain adequate nutritional intake. To promote healing.	
9 URINARY & BOWEL FUNCTION Independent or specify aids used (urinals, bedpan etc) Catheterised - size free drainage / hourly volumes Bowel - Stoma, Aperients – Chart daily	To detect any problems with output. To promote independence.	
10 OTHER e.g. Wound Care / Dressing **NB:** For other wounds, use GRI Tissue Viability Careplan	The patient will have clean & dry wounds. To promote Healing.	

Sign: _____

Date: 26/2/10	Date: 27/2/10 B.D. bbs	Date: 28/2/10	Date: 1/3/10	Date:
Post op obs + news	~~N/R obs~~ + news CPM machine	→	obs stable	
venflon (R) arm	→	→	NIL in place	
Cot sides insitu + nurse call	alert & orientated	→	alert · checked	
independant	→	→	Independt	
W/L (4) skin intact	→	→	WL	
~~Bupivicaine~~ Haggis Block + oral analgesia	Bupivicaine Block renewed. →	→	Removed oral analgesia	
minimal assistance ;)	→	→	↑ indeped	
normal diet + IV fluids	normal diet	→	→	
	independant	→	→	
Theatre dressing insitu M. Cart.	opsite Dry. clips in wound M. Cart	Dry. Excel	opsite renewed By	

Date:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

ate:	Date:	Date:	Date:	Date:

Date:	Date:	Date:	Date:	Date:

Notes

GLASGOW ROYAL INFIRMARY

Department of Physiotherapy

64286539 E
RICHARD HALLIGAN

1108626173

I.D. LABEL

Date	Details of Treatment and Progress
PC	(L) Elbow Arthrolysis 26/2/10
PMH	- Nil
26/2/PS 14-20	V drowsy. Unable to maintain conscious > 20 sec @ a time.
O/	Bradycardia sub 50's @ times.
	Supine
	Block - complete anaesthesia & paraesthesia (L) U/L
	P ROM - 10 - 110° - Ltd by dressing
Rx/	CPM applied. 10 - 100°
P/	Review am. G. Sa[illegible] (G SHANNON) SIDF
27.2.10	Comfortable in CPM Tolerating 10° - 110°
	Advise given on rest etc. if he becomes uncomfortable
	r/v Sunday.
	Norma V. Goodfellow Supt III physio
28/2/10	comfortable. delighted c̄ progress so far. ROM 20 - 100° this am.
1.3.10	Out of CPM now - swollen & bruised, advice given re regard to this
	ROM 15° - 95° Absolutely delighted c̄ the ROM. D/C c̄ advice
	r/v 6/52
	Norma V. Goodfellow Supt III physio.

05240

PLEASE PLACE IN PROFESSIONS ALLIED TO MEDICINE DIVIDER

Date	Details of Treatment and Progress

Patient Observation Chart

NHS Greater Glasgow and Clyde

Name

Address

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Hospital N

DOB

Admitted Date _____ Ward _____

Transferred Date _____ Ward _____

Transferred Date _____ Ward _____

Patient Observation Chart Guidelines

Not all patients will require every part of this observation chart to be completed. Clinical judgement should be used to dictate the type and frequency of vital sign monitoring required.

The following patients are considered to be at high risk of developing a critical illness therefore it would be considered good practice to commence MEWS at the earliest opportunity.

- All emergency admissions
- Unstable patients
- Patients whose condition is causing concern
- Patients requiring frequent or increasing frequency of observations
- Patients who have stepped down from a higher level of care
- Patients with a chronic health problem
- Patients who are failing to progress
- Post-operative patients

There are also patients in whom the use of MEWS may be inappropriate:

- Day case patients
- Patients requiring no observations
- Patients who are terminally ill
- Planned discharges.

This is not an exhaustive list. Although the majority of patients may benefit from utilisation of the scoring system, a nurse's own clinical judgement dictates whether he/she feels the patient reqiures scoring. For guidance on the use of MEWS, refer to the Nurse in Charge.

Pain Score

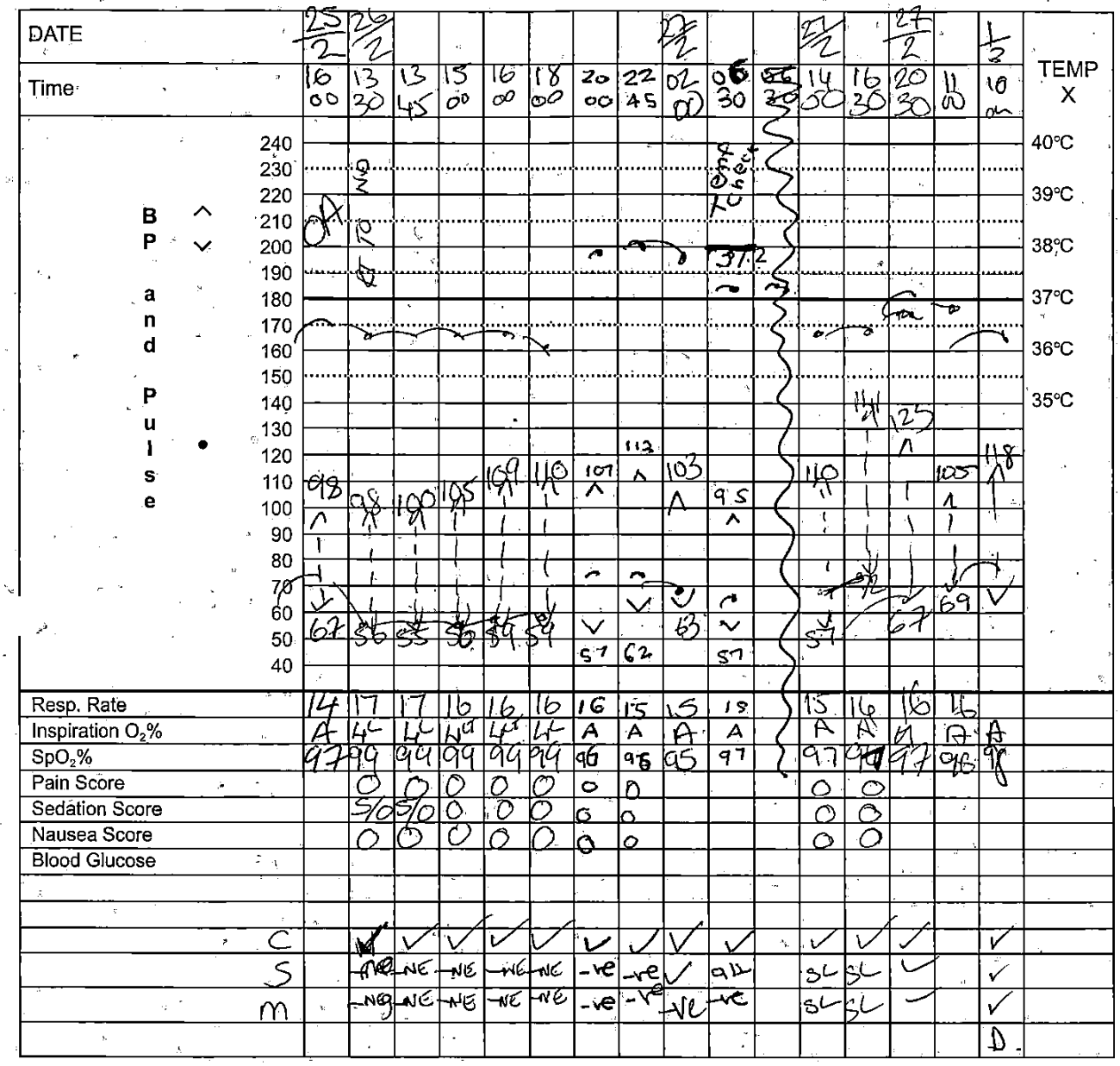
Remember to check scores after pain relief.
Patient asked to report pain at rest and on movement.
0 = No pain at rest or on movement
1 = No pain at rest, slight pain on movement
2 = Intermittent pain at rest, moderate on movement
3 = Continuous pain at rest severe on movement
Review 5 mins after I/V, 1 hour after I/M, S/C or oral analgesia.
Sustained pain score of 2 or pain score of 3 requires intervention.

Sedation Score

0 = Awake, alert, orientated
1 = Mild, aroused by verbal stimulus
2 = Moderate, aroused by physical stimulus
3 = Severe, no response
S = Normal sleep, easy to rouse
Score 2 or 3 requires immediate intervention

Nausea Score

0 = No nausea
1 = Mild (No treatment wanted)
2 = Moderate (Treatment required)
3 = Severe (Clinical problem persists despite treatment)
Review 1 hour after treatment. Inform doctor if additional treatment required.



Modified Early Warning Score (MEWS)

Score	3	2	1	0	1	2	3
Resp. Rate		≤8	9-10	11-20	21-25	26-30	≥31
Pulse		≤40	41-50	51-100	101-110	111-130	≥131
Systolic BP	≤84	85-89	90-100	101-199		>200	
GCS / AVPU	≤8	9-13	14 New agitation or confusion	15 / Alert	Voice	Pain	Unresponsive
Urine	<10mls/hr for 2 hrs	<30mls/hr for 2 hrs					
Temp. (°C)		≤35.0	35.1-35.9	36.0-37.4	37.5-38.5	≥38.6	
SpO_2%	≤87	88-91	92-94	95-100			

DATE																		
Time																		TEMP X
BP ^ v and Pulse •	240																	40°C
	230																	
	220																	39°C
	210																	
	200																	38°C
	190																	
	180																	37°C
	170																	
	160																	36°C
	150																	
	140																	35°C
	130																	
	120																	
	110																	
	100																	
	90																	
	80																	
	70																	
	60																	
	50																	
	40																	
Resp. Rate																		
Inspiration O_2%																		
SpO_2%																		
Pain Score																		
Sedation Score																		
Nausea Score																		
Blood Glucose																		

MEWS																		
	Resp. Rate																	
	Pulse																	
	Systolic BP																	
	GCS / AVPU																	
	Urine Output																	
	Temp.																	
	SpO_2%																	
	TOTAL																	

Calling Criteria

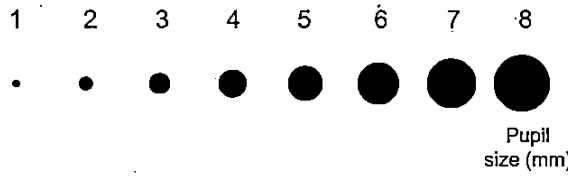
Score is 1-3	Increase frequency of patient observations, monitor trends and inform Nurse in Charge.
Score is 3 in one category	Contact Senior Nurse and increase frequency of patient observations.
Score is 4 and above or increasing by 2 or more Patient's GCS falls by 2 or more Any patient whose condition is causing concern	Contact Senior Nurse and increase frequency of patient observations Contact Critical Care Outreach Team.

The Senior Nurse will direct patient care and contact the appropriate medical staff when necessary.

Neurological Observation Chart

DATE																				
Time																				
COMA SCALE	E Eyes open	Spontaneously	4																	Eyes closed by dwelling = C
		To speech	3																	
		To pain	2																	
		None	1																	
	V Best verbal response	Orientated	5																	Endotracheal tube or tracheostomy = T
		Confused	4																	
		Inappropriate words	3																	
		Incomprehensible sounds	2																	
		None	1																	
	M Best motor response	Obeys	6																	Usually record the best arm response
		Localises	5																	
		Flexion - withdrawal	4																	
		Flexion - abnormal	3																	
		Extension to pain	2																	
		None	1																	
		TOTAL SCORE																		
PUPILS		R Size																		= reacts —no reaction c. eyes closed
		R Reaction																		
		L Size																		
		L Reaction																		
LIMB MOVEMENT	ARMS	Normal power																		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness																		
		Severe weakness																		
		Spastic flexion																		
		Extension																		
		No response																		
	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Glasgow Coma Scale



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	LEGS	Normal power																		
		Mild weakness																		
		Severe weakness																		
		Extension																		
		No response																		

Medical Illustration Services, MIS 111948 - Reorder CEDAR 35497

Nutrition Profile

NHS Greater Glasgow and Clyde

Name:	Date of admission: 25/2/10
Address: 64286539E HALLIGAN M RICHARD 11/08/1962 3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE G31 2DA	Time: 1620
DoB:	HOSPITAL: GRI
CHI number: CHI-1108626173	Ward: 50
Affix patient data label	

To be recorded within 24 hours of admission*

Height: m/ft Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐

Weight: kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☐ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

Normal diet

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental?** Yes ☐ No ☑

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): W GRANT Signature: W Grant Date: 25/2/10

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	25/2									
Initials	WS									
Height (see page 1) 170cm Weight	74									
Oedema or ascites present Y/N	N									
BMI	26									

'MUST'

Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 .5 - 20 ..... 1 <18.5 2										
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2										
Step 3: Acute Disease Effect Score 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										
Step 4: Overall Risk of Malnutrition Total:										

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation.....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

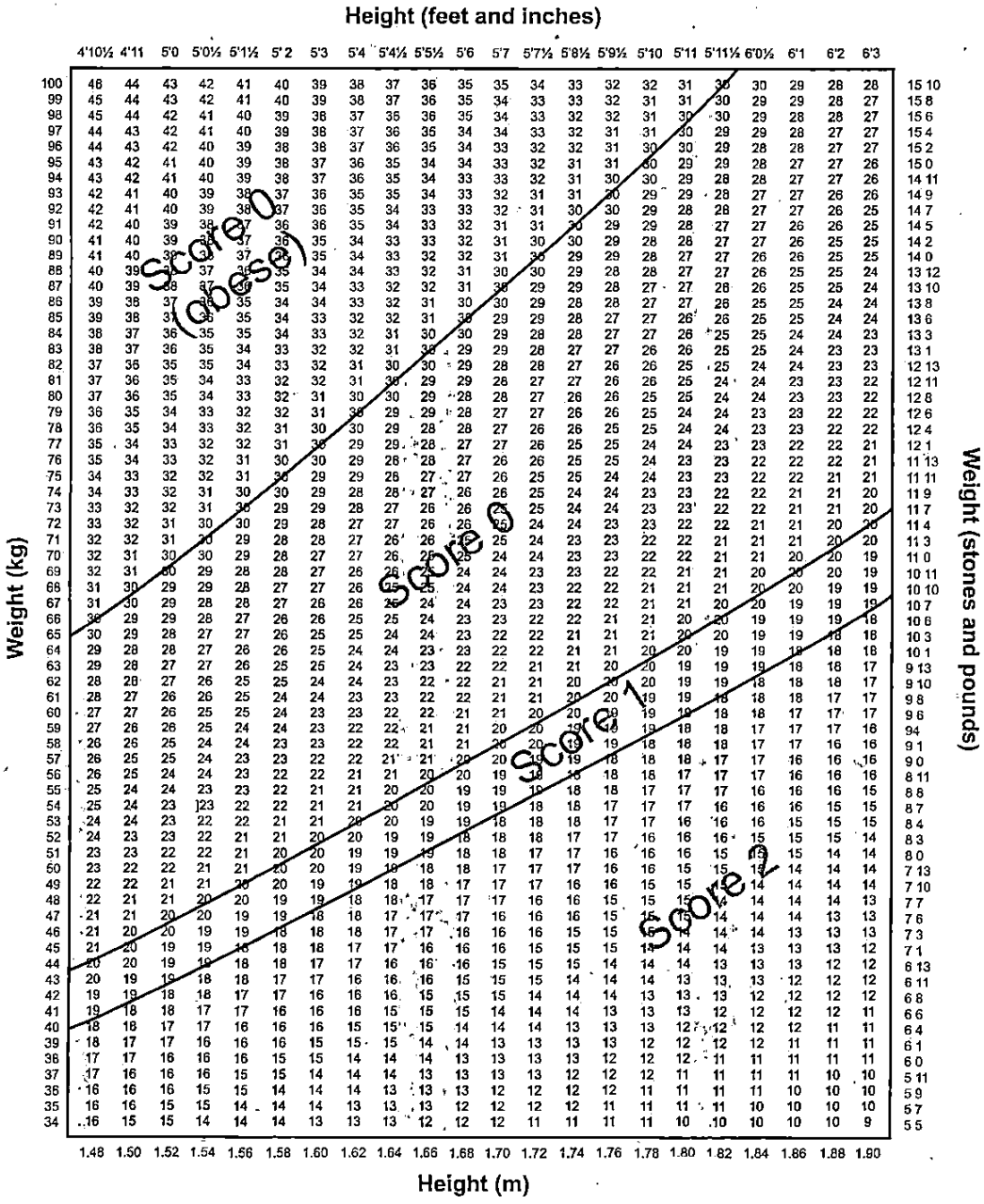
Dietitian	Date: / /	Outcome:
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Review date	Name (PRINT) Signature/Designation
25/2	O	NO ACTION TAKEN		

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

Step 1 - BMI Score



Step 2 - Weight Loss Score

Weight before weight loss (kg)	Score 0 W't loss <5%	Score 1 Wt loss 5-10%	Score 2 W't loss >10%
34 kg	<1.7 kg	1.7-3.4 kg	>3.4 kg
36 kg	<1.8 kg	1.8-3.6 kg	>3.6 kg
38 kg	<1.9 kg	1.9-3.8 kg	>3.8 kg
40 kg	<2 kg	2-4 kg	>4 kg
42 kg	<2.1 kg	2.1-4.2 kg	>4.2 kg
44 kg	<2.2 kg	2.2-4.4 kg	>4.4 kg
46 kg	<2.3 kg	2.3-4.6 kg	>4.6 kg
48 kg	<2.4 kg	2.4-4.8 kg	>4.8 kg
50 kg	<2.5 kg	2.5-5 kg	>5 kg
52 kg	<2.6 kg	2.6-5.2 kg	>5.2 kg
54 kg	<2.7 kg	2.7-5.4 kg	>5.4 kg
56 kg	<2.8 kg	2.8-5.6 kg	>5.6 kg
58 kg	<2.9 kg	2.9-5.8 kg	>5.8 kg
60 kg	<3 kg	3-6 kg	>6 kg
62 kg	<3.1 kg	3.1-6.2 kg	>6.2 kg
64 kg	<3.2 kg	3.2-6.4 kg	>6.4 kg
66 kg	<3.3 kg	3.3-6.6 kg	>6.6 kg
68 kg	<3.4 kg	3.4-6.8 kg	>6.8 kg
70 kg	<3.5 kg	3.5-7 kg	>7 kg
72 kg	<3.6 kg	3.6-7.2 kg	>7.2 kg
74 kg	<3.7 kg	3.7-7.4 kg	>7.4 kg
76 kg	<3.8 kg	3.8-7.6 kg	>7.6 kg
78 kg	<3.9 kg	3.9-7.8 kg	>7.8 kg
80 kg	<4 kg	4-8 kg	>8 kg
82 kg	<4.1 kg	4.1-8.2 kg	>8.2 kg
84 kg	<4.2 kg	4.2-8.4 kg	>8.4 kg
86 kg	<4.3 kg	4.3-8.6 kg	>8.6 kg
88 kg	<4.4 kg	4.4-8.8 kg	>8.8 kg
90 kg	<4.5 kg	4.5-9 kg	>9 kg
92 kg	<4.6 kg	4.6-9.2 kg	>9.2 kg
94 kg	<4.7 kg	4.7-9.4 kg	>9.4 kg
96 kg	<4.8 kg	4.8-9.6 kg	>9.6 kg
98 kg	<4.9 kg	4.9-9.8 kg	>9.8 kg
100 kg	<5 kg	5-10 kg	>10 kg
102 kg	<5.1 kg	5.1-10.2 kg	>10.2 kg
104 kg	<5.2 kg	5.2-10.4 kg	>10.4 kg
106 kg	<5.3 kg	5.3-10.6 kg	>10.6 kg
108 kg	<5.4 kg	5.4-10.8 kg	>10.8 kg
110 kg	<5.5 kg	5.5-11 kg	>11 kg
112 kg	<5.6 kg	5.6-11.2 kg	>11.2 kg
114 kg	<5.7 kg	5.7-11.4 kg	>11.4 kg
116 kg	<5.8 kg	5.8-11.6 kg	>11.6 kg
118 kg	<5.9 kg	5.9-11.8 kg	>11.8 kg
120 kg	<6 kg	6-12 kg	>12 kg
122 kg	<6.1 kg	6.1-12.2 kg	>12.2 kg
124 kg	<6.2 kg	12.4 kg	>12.4 kg
126 kg	<6.3 kg	12.6 kg	>12.6 kg

Weight before weight loss (st/lb)	Score 0 W't loss <5%	Score 1 W't loss 5-10%	Score 2 W't loss >10%
5st 4lb	<4lb	4lb-7lb	>7lb
5st 7lb	<4lb	4lb-8lb	>8lb
5st 11lb	<4lb	4lb-8lb	>8lb
6st	<4lb	4lb-8lb	>8lb
6st 4lb	<4lb	4lb-9lb	>9lb
6st 7lb	<5lb	5lb-9lb	>9lb
6st 11lb	<5lb	5lb-10lb	>10lb
7st	<5lb	5lb-10lb	>10lb
7st 4lb	<5lb	5lb-10lb	>10lb
7st 7lb	<5lb	5lb-11lb	>11lb
7st 11lb	<5lb	5lb-11lb	>11lb
8st	<6lb	6lb-11lb	>11lb
8st 4lb	<6lb	6lb-12lb	>12lb
8st 7lb	<6lb	6lb-12lb	>12lb
8st 11lb	<6lb	6lb-12lb	>12lb
9st	<6lb	6lb-13lb	>13lb
9st 4lb	<7lb	7lb-13lb	>13lb
9st 7lb	<7lb	7lb-13lb	>13lb
9st 11lb	<7lb	7lb-1st	>1st
10st	<7lb	7lb-1st	>1st
10st 4lb	<7lb	7lb-1st	>1st
10st 7lb	<7lb	7lb-1st 1lb	>1st 1lb
10st 11lb	<8lb	8lb-1st 1lb	>1st 1lb
11st	<8lb	8lb-1st 1lb	>1st 1lb
11st 4lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 7lb	<8lb	8lb-1st 2lb	>1st 2lb
11st 11lb	<8lb	8lb-1st 3lb	>1st 3lb
12st	<8lb	8lb-1st 3lb	>1st 3lb
12st 4lb	<9lb	9lb-1st 3lb	>1st 3lb
12st 7lb	<9lb	9lb-1st 4lb	>1st 4lb
12st 11lb	<9lb	9lb-1st 4lb	>1st 4lb
13st	<9lb	9lb-1st 4lb	>1st 4lb
13st 4lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 7lb	<9lb	9lb-1st 5lb	>1st 5lb
13st 11lb	<10lb	10lb-1st 5lb	>1st 5lb
14st	<10lb	10lb-1st 6lb	>1st 6lb
14st 4lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 7lb	<10lb	10lb-1st 6lb	>1st 6lb
14st 11lb	<10lb	10lb-1st 7lb	>1st 7lb
15st	<11lb	11lb-1st 7lb	>1st 7lb
15st 4lb	<11lb	11lb-1st 7lb	>1st 7lb
15st 7lb	<11lb	11lb-1st 8lb	>1st 8lb
15st 11lb	<11lb	11lb-1st 8lb	>1st 8lb
16st	<11lb	11lb-1st 8lb	>1st 8lb
16st 4lb	<11lb	11lb-1st 9lb	>1st 9lb
16st 7lb	<12lb	12lb-1st 9lb	>1st 9lb
16st 11lb	<12lb	12lb-1st 9lb	>1st 9lb

VI MEDICAL ILLUSTRATION • NUTRITION & DIET • 12366/01.09.08

STORES ORDER CODE 41850

Acute Services Division

Hospital / Department

NHS
Greater Glasgow and Clyde

Cannard Falls Risk Assessment Pack

Patient name: .....

Ward: .....

CHI number: .....

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

.....

.....

.....Unit/Hospital number .....

Contents

Notes: Risk assessment should be completed within 24 hours of admission.

Assessment Wards: Risk assessment and care plan should be reviewed weekly.

Continuing Care Wards: Mobile and 'at risk' patients should have risk assessment and care plan reviewed monthly.

Cannard Falls Risk Assessment

(Must be completed within 24 hours)

SCORE ALL OPTIONS THAT APPLY IN EACH SECTION						DATE 25/2	DATE	DATE	DATE	DATE	DATE	DATE
History of falls in the last 6 months	At home 1	In ward / unit 2	None (0)			0						
Sex	Male 1	Female 2				1						
Age	60-70 1	71-80 2	81+ 1			✓						
Sensory deficit	Sight* 2	Hearing* 1	Balance* 2	None 0		✓						
Medication type **	Drugs for mental illness 1	Blood pressure / water tablets 1	Sleeping tablets 1	None of these 0		✓						
Medical history	Diabetes 1	Confusion 1	Fits 1	Incontinent 1	Inability to cooperate* 1	✓						
Mobility	Fully mobile 1	Uses aids 2	Restricted* 3	Bed bound 1		✓						
Gait	Steady 1	Hesitant in initiating movement* 1	Poor transfer* 3	Unsteady 3		✓						
				TOTAL SCORE		1						
				ACTION(S) TAKEN Enter action code(s)		(1)						
SCORE 2 - 8 = LOW, 9 – 12 = MEDIUM, 13+ = HIGH RISK				NURSE SIGNATURE		WSvcal						

** If you are in any doubt about whether a person's medicine belongs to one of the types listed ask the person or carer or please phone the number on the medicine container and ask the community or hospital pharmacist.

* Please see back page for clarification

Falls Assessment Care Plan

Please tick all applicable nursing interventions

	NURSING INTERVENTIONS	DATE 23/12	DATE	DATE	DATE	DATE	DATE	DATE
Action code	**LOW, MODERATE AND HIGH RISK**							
1	Prevention and general safety precautions discussed with patient and family.	✓						
	MODERATE AND HIGH RISK							
2	Move to more observable area of ward to optimise supervision.							
3	Refer to Physiotherapist.							
4	Refer to Occupational Therapist.							
5	Patient requires footwear or podiatry referral. (Date referred:)							
6	Commence continence assessment							
7	Monitor lying and standing BP and pulse.							
8	Request medication review.							
9	Select suitable seating (refer to policy).							
10	Non-slip mat on chair/floor following advice of OT.							
11	Bed rails/bumpers to be used (refer to policy).							
12	Falls map in use for seven days.							
13	Bed/chair monitor in use.							
14	If patient is unable/unwilling to cooperate with intervention, advise medical staff and MDT.							
15	Patient to be nursed on mattress on the floor (refer to policy.)							
16	Patient requires one to one nursing care.							
17	Other interventions.							
	HIGH RISK ONLY (Score of 13 or over)							
18	Provide hip protectors to patients being discharged to care homes/longterm NHS facilities							
	SIGNATURE	[signature]						

Review Cannard score weekly / monthly as per policy.

Enter action code(s) selected in action taken section on Falls Risk Assessment.

Cannard Falls Risk Assessment

Glossary of terms used in risk assessment

SIGHT DEFICIT means patient cannot see well even when wearing glasses or is registered blind.

HEARING DEFICIT means person has hearing problems even with a hearing aid or has hearing problems and does not wear a hearing aid.

BALANCE DEFICIT means person is unable to stand without the support of another person or a walking frame.

MEDICINES FOR SOME MENTAL ILLNESSES include Chlorpromazine (Largactil), Risperidone (Risperdal), Lithium (Camcolit or Priadel), Haloperidol, Chloral hydrate (Welldorm), Clomethiazole (Heminevin), antidepressants.

BLOOD PRESSURE TABLETS include Captopril, atenolol and many others.

WATER TABLETS (DIURETICS) are such as Bendroflumethiazide, Furosemide and Co-amilofruse.

SLEEPING TABLETS include medicines such as Diazepam, Temazepam, Nitrazepam, Chlordiazepoxide and Zopiclone (Zimovane).

INABILITY TO CO-OPERATE includes failure to use walking aids or putting themselves in situations with a high risk of falling (usually due to mental impairment).

RESTRICTED MOBILITY means the person requires supervision and/or help to walk (i.e. is not safe to walk alone even with an aid.

HESITANT IN INITIATING MOVEMENT means difficulty in starting to walk.

POOR TRANSFER means the person requires help and is not safe to do the following alone - get in or out of bed, on or off a chair, move from chair to standing.

GLASGOW ROYAL INFIRMARY

64286539E M
HALLIGAN 11/08/1962
RICHARD
3/2 1 BROOMPARK DRIVE
GLASGOW G31 2DA
LANARKSHIRE
CHI-1108626173

24hr. FLUID BALANCE CHART (including Blood)
12mn - 12mn

Date 26/2/10

INTAKE				TIME	OUTPUT			
CODE LETTER OR DESCRIPTION OF INTAKE	ORAL ml.	I.V. ml.	OTHER		URINE	GASTRIC	OTHER	COMMENTS
fl fr th		2,000		13				
				14				
				15				
				16				
T+Toast	250			17	210ml (RV)			
				18				
				19	300			
N Saline	500			20	300			
				21				
				22				
				23				
				24				
				12mn.				

TOTAL INTAKE = mls. TOTAL OUTPUT = mls.

APPROXIMATE MEASURES:- TUMBLER = 200mls. ORDINARY CUP = 150 mls. FEEDING CUP = 175mls. SOUP BOWL = 250m

05094

DAILY SUMMARY OF FLUID BALANCE

DATE OF B
FIRST NAM
ADDRESS
ADDRESS
HOSPITAL

4286539E M
ALLIGAN 11/08/1962
ICHARD
/2 1 BROOMPARK DRIVE
LASGOW G31 2DA
ANARKSHIRE
HI-1108626173

NO.
AL STATUS
CUPATION
SULTANT

PLEASE WRITE OVER WHITE LETTERS

No. 05173

DATE	INTAKE				OUTPUT			
	ORAL	I.V.	OTHER	TOTAL	URINE	GASTRIC	OTHER	TOTAL

GLASGOW ROYAL INFIRMARY

4286539E
ALLIGAN M
ICHARD 11/08/1962
/2 1 BROOMPARK DRIVE
LASGOW
ANARKSHIRE G31 2DA
HI-1108626173

I.V THERAPY
PRESCRIPTION SHEET

No. 05199

	DATE	FLUID (USE BLOCK LETTERS / ADDITIVE DRUG)	Vol (ml). / Dose (mg)	Route of Admin.*	Dur. of Admin.*	SIGNATURE	Serial No. / Batch No.	Time Begun	Given B / Added b
A	26/2/10	N/Saline	500	IV	125 mls/hr	APAC	09L 02T 55	14.30	M.Can
B	26/2/10	5% Dextrose	500	IV	125 mls/hr	APAC	09CO 9E JU	20 30	Rm
C									
D									
E									
F									
G									
H									
I									
J									
K									
L									
M									
N									
O									

RATE OF FLOW (Drops/Min.) = VOL. OF FLUID (ml) x 15 / (Duration (Mins.))

6.62

(1ml = 15 drops)

Approximate Rate for 500ml.

1 hr. = 120 Drops/min.

4 hr. = 30 Drops/min.

6 hr. = 22 Drops/min.

8 hr. = 15 Drops/min.

SHEET NO .....

Acute Services Division

Discharge Checklist

NHS Greater Glasgow and Clyde

Patient's name:	Ward: 50
Unit number: 64286539E	Discharge destination: Home
CHI number: HALLIGAN M RICHARD 11/08/1962 3/2 1 BROOMPARK DRIVE GLASGOW LANARKSHIRE G31 2DA CHI-1108626173	**Estimated Discharge Date (1)** 1/3/10
	Estimated Discharge Date (2) / /
	Final date of discharge : / /

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓			
Relative/carer informed				
Others informed: Care Home				
Transport arranged				
Own transport (preferred option)	✓			
Ambulance-1 man/ 2 man am/pm				
Other: Flight, Air ambulance etc.				
Discharge medication				
Discharge prescription completed	✓			
Compliance aids e.g. Dossette Box (involve pharmacist)				
Medication received				
Medication explained to patient and/or relative/carer				
Own medication returned to patient				
Dressings/continence aids (7 day supply, ensure District Nurse referral completed)				
Informed of discharge				
Social work/ Other agencies/Home help				
Physiotherapist				
Occupational Therapist	N/A			
Dietician				
Speech and Language Therapist				
Clinical Nurse specialist e.g. Care Home Liaison				
Liaison/ District Nurse/Practice Nurse				
Other discharge items				
Access arrangements (e.g. keys, door entry)				
Patients clothing available for day of discharge				
Valuables e.g. cashier	N/A			
Intravenous cannula removed				
Equipment ordered (inc. walking aids) in place for discharge				
Part 2 Discharge letter - Required				
- Completed				
Out patient clinic appointment e.g. Anticoagulation clinic				
Arranged / To follow	6/52			
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				
Time of Discharge:				
Nurse's signature:			Designation: SN	Date: 1/3/10

FORM NUMBER 0005752

VI MEDICAL ILLUSTRATION • DISCHARGE • 12410/14.01.08

Acute Services Division

Part 2 Discharge Letter / Transfer Plan

NHS Greater Glasgow and Clyde

- [x] Glasgow Royal Infirmary 0141 211 4000
- [ ] Stobhill Hospital 0141 201 3000
- [ ] Western Infirmary 0141 211 2000
- [ ] Southern General Hospital 0141 201 1100
- [ ] Victoria Infirmary 0141 201 6000
- [ ] Mansionhouse Unit 0141 201 6101
- [ ] Gartnavel General Hospital 0141 211 3000
- [ ] Blawarthill Hospital 0141 211 9000
- [ ] Drumchapel Hospital 0141 211 6000
- [ ] Lightburn Hospital 0141 211 1500
- [ ] Vale of Leven Hospital 01389 754 121
- [ ] Royal Alexandra Hospital 887 9111
- [ ] Inverclyde Royal Hospital 01475 633777
- [ ] Other:

Name: _____

Address: _____

64286539E
HALLIGAN M
RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
CHI-1108626173

Discharge Address: _____

CHI number: _____

Unit number: _____ D.O.B. _____

Telephone: _____

Next of kin: [illegible]

Relationship: wife

Address: [illegible]

Telephone: _____

Ward: 50

Telephone: 0141/ 211 / 4430

Admission date: 25/ 2/ 10

Final discharge/transfer date: 1/ 3/ 10

Named Nurse: _____

Consultant: MR RYMASZEWSKI

G.P.: DR SUTHERLAND

Address: ANDERSON MEDICAL CENTRE ARGYLE STREET GLASGOW G3

Telephone: _____

Post Discharge Services Arranged (e.g. District Nurse, CPN, Day Hospital, Home Care)
State package requested and time of first visit.

Service: _____	Service: _____
Contact number: _____	Contact number: _____
Service details:	Service details:

Additional/Transfer Information (including equipment/adaptions)

Patient Assessment/Comments

Mobility:

Personal hygiene/Dressing:

Continence: Catheter in situ: Yes ☐ No ☐
Type: Size:
Date of change:

Continence details:

Dietary requirements:

Communication / Swallowing:

Mental state:

Skin condition/Waterlow Score:

Wound care/Stoma care: Opsite on wound. keep dry.

Special Instructions for Patient (e.g. Exercise , Diet, Wounds, Others)

- Follow physio instructions
- Attend practice nurse on 8.3.10 for removal of clips
- Keep dressing dry

Others/Follow-up arrangements

6 weeks Appointment will be posted out.

Progress discussed with patient: Yes ☑ No ☐
Progress discussed with relative/carer: Yes ☐ No ☐

This information has been fully discussed with Patient/Carer.

Date and signature of Nurse: Geoff

Date and signature of Patient/Carer:

Diagnosis:
ARTHROLYSIS
(L) ELBOW

TOP COPY TO - Patient; OTHER COPIES TO - G.P.; District Nurse; Case Notes.

Immediate Discharge and Medicine Prescription Form - Confidential

Glasgow Royal Infirmary
16 Glasgow G4 0SF
Telephone: 0141 211 4000

Ref. No: 138

Name of Pt

64286539E M
HALLIGAN 11/08/1962
RICHARD
3/2 1 BROOMPARK DRIVE
GLASGOW G31 2DA
LANARKSHIRE
CHI-1108626173

Dr. D SUTHERLAND
WOODSIDE HEALTH CENTRE
BARR STREET
GLASGOW
G20 7LR

Fix ID label

Ward: 50 Rymaszewski

Tel:

Post Code

DOB: / /

Unit no:

Weight

CHI no:

Admission: Elective ☐ Emergency ☐ Transfer ☐

Discharge date: 28/02/10

NURSE TO COM

Out Patient appointment date:

Diagnosis informed (circle): Patien

Circle support servi

District Nurse Home Help

Oncology referral Hospice day care

Discharge address if not home:

WARD USE O

Medication Rec. on Ward by:

Checked against kardex:

Issued by: D

Signature of Recipient:

All known drug sensitivities / adve

Reason for Admission, Diagnosis	Treatment, Investigations, Operations	Complications
	(L) open arthrolysis elbow	

New Drug	New Dose	MEDICINE	Form	Dose	TIMES FOR ADMINISTRATION: am 8	md 12	pm 2	pm 6	pm 10	Other times	Course length
		Co codamol 8/500	2 tabs		OS					reg. pain max 4/24	
		diclofenac	50mg		as					req. tds. pain	

PHARMACY US

Clinical Pharmacy Check ☐

Quantity supplied	Dispens
100	PRE PACK
28	PRE PACK

Medicines Discontinued	Reason if known e.g. side effect	Other Information

Dispensed by: MH

Checked by:

Non-childproof containers req

Medicine compliance aids requ

North Glasgow University Hospitals Division
Glasgow Royal Infirmary/Western Infirmary

NHS Greater Glasgow

) BE FILED UNTIL DISCHARGE

Name: 642865539E M Unit No.:

HALLIGAN RICHARD 11/08/1962
3/2 1 BROOMPARK DRIVE
GLASGOW G31 2DA
LANARKSHIRE
CHI-1108626173

Date:			27/2									
Time of R												
WCC 4-11			12·9									
Hb M - 13-18 F - 11.5-16.5			13·9									
Plat..... 150-400			178									
Amylase.....<100												
CRP .....<10												
Na^+..... 135-145			137									
K^+ 3-5-50			3·8									
Cl^- 97-107			104									
Bic.....23-30												
Urea 2-5-8.0			3·7									
Creat. 40-130			86									
Glucose ... 3-0-5-5												
Bilirubin..... 3-22												
AST 12-48												
ALT.....3-55												
Alk. Phos. 80-280												
G-GT.....5-50												
Protein 62-82												
Albumin 35-55												
Globulin 22-33												
Adj Ca 2.2-2.6												
Ca 2.2-2.6												
PO_4.....0.7-1.4												
PT 12-16												
APTT 32-44												
TCT 10-13												
H^+..... 35-45												
PO_2..... 12-15												
PCO_2..... 4.4-5.6												
HCO_2..... 20-28												
KSR												

MIS 109801/GRI/WIG

MEDICINE **PRESCRIPTION FORM** Hospital Name: .....

PATIENT DETAILS

Nat

CH 64286539E
HALLIGAN M
RICHARD 11/08/1962
Ho 3/2 1 BROOMPARK DRIVE
GLASGOW
LANARKSHIRE G31 2DA
DO CHI-1108626173

Height:

Weight:

Surface area:

Date of writing discharge prescription: __/__/__

Ward:

Date of Admission: __/__/__

Consultant Name:

Date and time this form prepared: __/__/__ Time:_____

Sheet No .....

2nd Prescription in use Yes or NO

DRUG SENSITIVITIES

PENICILLIN

DVT Risk on Admission (SIGN Guideline)

High ☐ Moderate ☐ Low ☐

Assessed by: Date: __/__/__

OTHER CHARTS IN USE

Insulin ☐
PCA and other infusions ☐
Anticoagulants: Heparin ☐ Oral ☐
Topical: ☐

TPN: ☐
Enteral Nutrition: ☐
Oxygen Therapy: ☐
Other:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF PRESCRIBER	GIVEN BY	TIME GIVEN
26/10	TRAMADOL	50mg	O	22⁰⁰	[signature]		

PHARMACY INFORMATION

Community Pharmacy Details:

Tel No.:

Use of Patients Own Medicines in Hospital

Patient Consent Y/N	Initials	Date

Compliance Aid Details:

PATIENT'S NAME:

ADMINISTRATION

Parenteral Drugs: Regular Prescription

DATE →

MONTH → 3

Other time

0700-0900

1200-1400

1600-1800

2200-2400

Other time

Patient's Own Medicine

For Use Y/N

Qty:

Date:

Assessed by:

Ordered from Pharm.

A DRUG: BUPIVACAINE 0.125 %

DOSE: 10ml/hr | ROUTE: subclavian catheter | DATE: 2 | 10

STOPPED DATE:

SIGNATURE OF PRESCRIBER:

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

B DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF PRESCRIBER

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

C DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF PRESCRIBER

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

D DRUG

DOSE | ROUTE | DATE

STOPPED DATE:

SIGNATURE OF PRESCRIBER

STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Parenteral Drugs: Regular Prescription

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

E DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

F DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

G DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

H DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

...and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →	26	27	28	1
MONTH →	2	2	2	3

J DRUG: Cocodamol 8/500
DOSE: 2 tabs | ROUTE: O | DATE: 26 2 10 | STOPPED DATE: | INITIALS:
SIGNATURE OF PRESCRIBER: [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	26/2	27/2	28/2	1/3
Other time				
0700-0900 ✓		MC	[illegible]	KS
1200-1400 ✓		MC	[illegible]	
1600-1800 ✓	MC	MC	[illegible]	
2200-2400 ✓	RM	[illegible]	RM	
Other time				

Patient's Own Medicine — For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

← FOR PRESCRIBERS USE ONLY →

K DRUG: DICLOFENAC
DOSE: 50mg | ROUTE: O | DATE: 26 2 10 | STOPPED DATE: | INITIALS:
SIGNATURE OF PRESCRIBER: [illegible]
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

Time	26/2	27/2	28/2	1/3
Other time				
0700-0900 ✓		MC	[illegible]	KS
1200-1400				
1600-1800 ✓	MC	MC	r	
2200-2400 ✓	Rm	[illegible]	Rm	
Other time				

For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

← FOR PRESCRIBERS USE ONLY →

L DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
SIGNATURE OF PRESCRIBER:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
Times: Other time, 0700-0900, 1200-1400, 1600-1800, 2200-2400, Other time
For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

← FOR PRESCRIBERS USE ONLY →

M DRUG:
DOSE: | ROUTE: | DATE: | STOPPED DATE: | INITIALS:
SIGNATURE OF PRESCRIBER:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY
Times: Other time, 0700-0900, 1200-1400, 1600-1800, 2200-2400, Other time
For Use Y/N; Qty:; Date:; Assessed by:; Ordered from Pharm.

← FOR PRESCRIBERS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

N

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

P

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

R

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

S

DRUG

DOSE | ROUTE | DATE | STOPPED DATE: | INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

Oral and Other Drugs: Regular Prescriptions

ADMINISTRATION

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

T DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

V DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

W DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

X DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

Y DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

AA DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

BB DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

CC DRUG

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

ADMINISTRATION

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Other time
0700-0900
1200-1400
1600-1800
2200-2400
Other time

Patient's Own Medicine
For Use Y/N
Qty:
Date:
Assessed by:
Ordered from Pharm.

DD DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

EE DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

FF DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

GG DRUG

DOSE | ROUTE | DATE

STOPPED DATE:
INITIALS:

SIGNATURE OF PRESCRIBER

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

← FOR PRESCRIBERS USE ONLY →

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Oral and Other Drugs: Regular Prescriptions

DATE →
MONTH →

Patient's Own Medicine

HH DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

JJ DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

KK DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

LL DRUG

DOSE | ROUTE | DATE | STOPPED DATE:

SIGNATURE OF PRESCRIBER | STOPPED INITIALS:

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FOR PRESCRIBERS USE ONLY

Other time	
0700-0900	
1200-1400	
1600-1800	
2200-2400	
Other time	

For Use Y/N | Qty: | Date: | Assessed by: | Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

PATIENT'S NAME:

All Routes: As Required Prescriptions

ADMINISTRATION

Patient's Own Medicine — For Use Y/N — Qty: — Date: — Assessed by: — Ordered from Pharm.

MM DRUG: DF118
DOSE: 30-60mg | ROUTE: O | INDICATION: pain
SIGNATURE OF PRESCRIBER: [signature] | MAX.FREQUENCY: 4h | DATE: 26/2/10
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																									
TIME																									
DOSE																									
GIVEN BY																									

NN DRUG: TRAMADOL
DOSE: 50-100mg | ROUTE: O | INDICATION: pain
SIGNATURE OF PRESCRIBER: [signature] | MAX.FREQUENCY: 4-6h | DATE: 26/2/10
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE	27/2	27/2	1/3																						
TIME	50mg	0900	0140																						
DOSE	100mg	100mg	50mg																						
GIVEN BY	MC	MC	MC																						

PP DRUG: MORPHINE
DOSE: 5-10mg | ROUTE: SC/IV | INDICATION: pain
SIGNATURE OF PRESCRIBER: [signature] | MAX.FREQUENCY: protocol | DATE: 26/2/10
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																									
TIME																									
DOSE																									
GIVEN BY																									

RR DRUG: LACTULOSE
DOSE: 30ml | ROUTE: O | INDICATION: constipation
SIGNATURE OF PRESCRIBER: [signature] | MAX.FREQUENCY: as req | DATE: 26/2/10
STOPPED DATE: | INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

DATE																									
TIME																									
DOSE																									
GIVEN BY																									

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Patient's Own Medicine

SS DRUG: CYCLIZINE

DOSE	ROUTE	INDICATION	STOPPED DATE:
50mg	IM	nausea	INITIALS:
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY	DATE:	
	8h	26/2/10	

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N
DATE		Qty:
TIME		Date:
DOSE		Assessed by:
GIVEN BY		Ordered from Pharm.

TT DRUG

DOSE	ROUTE	INDICATION	STOPPED DATE:
			INITIALS:
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY	DATE:	

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N
DATE		Qty:
TIME		Date:
DOSE		Assessed by:
GIVEN BY		Ordered from Pharm.

VV DRUG

DOSE	ROUTE	INDICATION	STOPPED DATE:
			INITIALS:
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY	DATE:	

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N
DATE		Qty:
TIME		Date:
DOSE		Assessed by:
GIVEN BY		Ordered from Pharm.

WW DRUG

DOSE	ROUTE	INDICATION	STOPPED DATE:
			INITIALS:
SIGNATURE OF PRESCRIBER	MAX.FREQUENCY	DATE:	

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

		For Use Y/N
DATE		Qty:
TIME		Date:
DOSE		Assessed by:
GIVEN BY		Ordered from Pharm.

Note: To discontinue a prescription, initial and date appropriate boxes and draw a diagonal line through section

Nurse/Midwife Administration by Protoc Authorised Nurses/Midwives Or

(Maximum number of doses as per protocol)

Warning: Check the As Required and Regular Prescription sections to ensure that the drug has not already been prescribed by a doctor.

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the nurse/midwife administration protocol No.(s) ..... with the following exceptions: _____

Signature: _____ Date: _____

DATE	DRUG	DOSE	ROUTE	TIME	SIGNATURE OF NURSE	GIVEN BY	TIME GIVEN

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).

2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).

3. Sign your full name clearly against each prescription entry.

4. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes.

5. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.

6. The following metric unit abbreviations must be used –

Milligram = mg Gram = g
Millilitre = ml Millimoles = mmol
Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. The use of decimal points should be avoided, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

7. The route of administration can be abbreviated using the following -

O	= oral	ID	= Intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.

2. Insert initials in the relevant date column and time row each time a drug is administered.

3. Check that all drugs prescribed at a certain time have been administered.

4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

Codes for Non-Administration of Drugs

(3) Patient refused
(4) Drug not available
(5) Nil by mouth/fasting
(6) Patient unavailable
(7) Patient asleep
(8) Time varied on doctor's instructions
(9) Dose withheld on doctor's instructions
(10) Nausea/vomiting
(11) Unable to swallow
(12) No intravenous access
(13) Patient Self-Administration of Medicine
(14) Other - Record in nursing notes
(15) Prescription clarification required

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