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

NHS
Greater Glasgow and Clyde

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

Date: 13th July 2026
~~Your Ref: DSAR-20260623-E751EB~~
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: DAVID BEAVERS **D.O.B: 20.12.1957**

Thank you for your request received 23rd June 2026 in which you seek a copy of your client's personal information.

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL
NEW VICTORIA INFIRMARY

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

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

ALL HOSPITAL RECORDS HELD NHSGGC	☐		
ACS	☐		
BEATSON HOSPITAL	☐		
CANNIESBURN HOSPITAL	☐		
DENTAL HOSPITAL	☐		
GARTNAVEL GENERAL HOSPITAL	☐		
GLASGOW ROYAL INFIRMARY	☐		
INVERCLYDE ROYAL HOSPITAL	☐	MATERNITY	☐
NEW VICTORIA ACH	☑		
PRINCESS ROYAL MATERNITY	☐		
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	☐
LABS	☐

Acute Services Division

NHS Greater Glasgow and Clyde

Discharge Checklist

Patient's 2012576494 BEAVERS M Unit num David 20/12/1957 28 Elizabethan Way CHI num Renfrew, Renfrewshire PA4 0LY Apply addressograph label	Ward: 9 C Discharge destination: (H) **Estimated Discharge Date** (1) / / **Estimated Discharge Date** (2) / / Final date of discharge : 10 / 12 / 18

Checklist	Yes	N/A	Initials	Comments
Patient informed	✓		[initials]	
Relative/carer informed	✓		[initials]	
Others informed: Care Home				
Transport arranged				
Own transport (preferred option)	✓		[initials]	
Ambulance-1 man/ 2 man am/pm				
Other: Flight, Air ambulance etc.				
Discharge medication				
Discharge prescription completed				Patient given meds from
Compliance aids e.g. Dossette Box (involve pharmacist)				ward as per Kardex (
Medication received				part 1) Still to be
Medication explained to patient and/or relative/carer				updated
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				
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				
Intravenous cannula removed	✓		[initials]	
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				
If unknown at time of discharge state reason				
Additional information / leaflets / factsheets				

Time of Discharge: 20W	
Nurse's signature: [signature]	Designation: SN — Date: 11 / 12 / 18

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

NHS Greater Glasgow and Clyde

Affi 2012576494
Na BEAVERS M
CH David 20/12/1957
DC

Theatre 3

Admission Checklist

Hospital: QEUH SDAU		Consultant: Mr McArthur	Date: 10-12-18
Proposed Operation:- Open mesh repair			
Patient Questionnaire Completed?		Yes ☑	No ☐
Pre-Op assessment Completed?		Yes ☑	No ☐
Escort Details (responsible Adult)Name: Cara (daughter)		Telephone Number: 07735231491	
Confirm "Next of Kin" on pre-assessment (Yes) Name: Angela (wife)		Telephone No:	
Interpreter Required? If "YES" confirmation of booking Duration of booking (if known).....		Yes ☐	No ☑
Carer required to stay with patient?		Yes ☐	No ☑
Date of LMP?		Date.....	
Are you, or could you be pregnant? If "Yes" pregnancy test must be performed		Yes ☐	No ☐
Pregnancy test results		+VE	-VE
Group and save results checked Date done.....		Yes ☐	No (N/A)
Anti D required		Yes ☐	No ☑
Is the patient on Anti-Coag therapy? If "Yes" state type..... Are INR results available within last 24hrs? If "No" INR taken date .....time.....		Yes ☐ Yes ☐ Result.....	No ☑ No ☐
Is the patient diabetic If "Yes" BM on admission results.....		Yes ☐ NIDD ☐ DD ☐	No ☑
Urinalysis done Results.....		Yes ☐	No (N/A)
CJD single question asked Answer to CJD single question		Yes ☑ DD ☐ At Increased Risk ☐ Not at increased Risk ☑	Comment if required If at risk theatre notified By..... To.....
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD for public health purposes?"		Yes, I have been notified No, I have not been notified	Comment if required
Alert Sticker (if required)		Yes ☐	N/A ☑
Does the patient have any pressure area issues? If 'Yes': Area..... Issue+/- Score..... Tissue Viability contacted Yes N/A		Yes ☐	No ☑
Other Information- Document any other relevant information e.g. needle phobia , request for female practitioner 'Getting to know you' information.			
Fit Form required		Yes ☐	No ☑

Baseline Observations
Height - 1·67
Weight - 86·1
BMI 31

Ranitidine ☑

	Time...0/A	Time.....
SP02	100%	
BP	155/93	
HR	66	
Temp	35.8	
Staff Initials	MA	

Please print & sign name when checklist completed

Name :
Time : 0/A

Acute Services Division
Surgery & Anaesthetics

2012576494
BEAVERS M
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GG&C Day Surgery/23 hour Care Plan
Admission Checklist

Patient mode of transport to theatre Trolley ☐ Walking ☑ Chair ☐

Pre-op Checklist - to be completed immediately prior to the patient being given a Pre Med

Preoperative Checks	Admission Check	Reception Check N/A	Anaesthetic Check
Identity band correct (Name, DOB, CHI number, Gender) and checked with Patient	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Case Notes/Scanner Folder	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Addressograph Labels	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
X-Rays and Scans – Hardcopy	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☑ No ☐ N/A ☑
Prescription Chart	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Alert sticker	[redacted]	Please see page 1 Checked ☐	Please see page 1 Checked ☐
Consent / Incapacity (circle) Signed & Dated	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Checked against theatre list	Yes ☑ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Check with: Patient/Incapacity/Consent(Circle)	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
Procedure and site for Surgery	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☑ No ☐
Correct site marked		Yes ☐ No ☐	
Comments & details eg Welfare Guardian/ Power of Attorney	Yes ☐ No ☑		Yes ☐ No ☑
Allergies/Sensitivities and Reactions	Yes ☐ No ☑	Yes ☐ No ☐	Yes ☐ No ☑
If Yes, please specify			NKDA
Fasted from - specify time (24hr clock	Food: 2200 Fluid: 0900	Checked:	Checked: F. 2200 Fluids 0900 9/12/18
Blood Glucose Score (N/A)	Time: Score:	Time: Score	Time: Score
Internal Prosthesis in situ e.g metalwork, pacemaker, implant	Yes ☑ No ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
If 'Yes' state location and type	(R) inguinal hernia - mesh		(R) inguinal - mesh
External prosthesis e.g. hair extensions, hair pieces.	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If left in situ, state location on patient			
If removed state where stored			
Jewellery/Body piercing removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state where stored.			
Jewellery/Body piercing taped	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
If 'Yes' state Location on body			
Make-up/Nail polish removed	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
False Nails	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑
Comments			
Loose Teeth /caps/crowns/bridges /dental work	Yes ☑ No ☑ N/A ☐	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
State Location:	Dental Crowns -		Dental Crowns
Dentures Removed If "Yes' state where stored:	Yes ☐ No ☐ N/A ☑	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☐
Spectacles/ contact lenses removed (circle) If 'Yes' state where stored:	Yes ☑ No ☐ N/A ☐ Theatre	Yes ☐ No ☐ N/A ☐	Yes ☐ No ☐ N/A ☑ Theatre

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan
Admission Checklist

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DC 20/12/1957

Preoperative Checklist *continued*

Pre-operative checks	Admission Check		Reception Check N/A	Anaesthetic Check
Hearing aid(s)	R ☐ L ☐	N/A ☑	R ☐ L ☐ N/A ☐	R ☐ L ☐ N/A ☐
Hearing aid(s) removed If removed state where stored:	Insitu ☐ Removed ☐		Insitu ☐ Removed ☐	Insitu ☐ Removed ☐
CJD question asked Answer to CJD question			Please see page 1 Checked ☐	Please see page 1 Checked ☐ Question Asked.
If CJD question has not been asked then ask the question " Have you ever been notified that you are at an increased risk of CJD or vCJD or public health purposes?"			Please see page 1 Checked ☐	Please see page 1 Checked ☐ Not Relevant.
MRSA screen results (if applicable)	Positive ☐ Results Pending ☐		Negative ☐ N/A ☑	Comments if required: Neg.
Inhalers / Sprays with patient State Type	Yes ☐ No ☐	N/A ☑	Type: No.	
Anti-embolic/DVT Prophylaxis State Type	Yes ☑ No ☐	N/A ☐	Type: TED's.	
Paper Pants in situ	Yes ☑ No ☐	N/A ☐		
Voided urine/ Catheter in situ/ Urostomy (circle)	Yes ☑ No ☐	N/A ☐	Comment if required	Comment if required
Date of Last Menstrual period			See P1 Checked ☐	See P1 Checked ☐ n/a
Is there any chance you are pregnant?			See P1 Checked ☐	See P1 Checked ☐ n/a
Pregnancy test carried out Pregnancy test result			See P1 Checked ☐	See P1 Checked ☐ n/a
Tampon Removed Comments:	Yes ☐ No ☐	N/A ☑	See Admission Check Checked ☐	See Admission Check Checked ☐
Local anaesthetic cream applied	Yes ☐ N/A ☑		If "Yes" time applied..... Site(s) applied.....	If "Yes" time applied..... Site(s) applied..... n/a .....
Pre-Medication Given	Yes ☐ N/A ☑		Yes ☐ N?A ☐	Yes ☐ N/A ☐
Trolley/Bed checked for head down tilt and O2/Accessories	Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☑		Bed ☐ Trolley ☐ Operating Chair ☐ Yes ☐ No ☐	Bed ☐ Trolley ☑ Operating Chair ☐ Yes ☐ No ☐
Any relevant medical history or other information	See POA. attached			
Please print and sign name once the checklist is complete	Admission: SDAU Time: n/a		Reception: N/A ☐ Time:	Anaesthetic Assistant: Time 1405

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

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PA4 0LY

Surgical Brief

Surgical Brief carried out: Yes ☐ No ☐	If 'No' please specify				
Baseline Observations Date & Time	Pulse: 75	BP: 166/106	Temp: 35.2	SpO2: 96	Resps:
Anaesthetic Assistant has confirmed with Anaesthetist that cross matched blood is:	Required: Yes ☐ N/A ☐	Available: Yes ☐ No ☐	Or patient has been grouped and saved: Yes ☑ No ☐		
STOP BEFORE YOU BLOCK carried out Yes ☐ No ☐ N/A ☐					
Anaesthetic Type – Please Tick all that apply					
General Anaesthetic LMA (5)	Epidural ☐	Spinal ☐	Regional Block ☐	Throat Spray ☐	
Local Anaesthetic	Site:	Drug:	mls:		
Sedation	Drug:		mls:		

Skin Prep used for Anaesthetic Monitoring/Block(s) — This section NOT applicable ☐

SPINAL/EPIDURAL	Yes ☐ N/A ☐	Specify Prep:
REGIONAL BLOCK	Yes N/A	Specify Prep:
OTHER SPECIFY	Yes N/A	Specify Prep:

Blood Glucose Monitoring — This section NOT applicable ☐

Time								
BM score								

Safe use of SpO2 probe to prevent injury — This section NOT applicable ☐

SpO2 Probe rotated hourly	Yes ☑ No ☐ N/A ☐				Initial Position	Left over head	
Time Rotated							
Probe Position							

Prevention of Eye Injury — This section NOT applicable ☐

Eyes protected from injury during procedure	Yes ☑ No ☐	Specify: Both eyes taped Micropore

Maintenance of Norm-thermia — This section NOT applicable ☐

Actions taken to maintain the patient's Temperature	Yes ☐ No ☐	Warm air blanket device – specify: upper warmer	Yes ☑ No ☐ N/A ☐
		Warm Fluids 500mls Hartmanns	Yes ☑ No ☐ N/A ☐
		Warming Mat	Yes ☐ No ☑ N/A ☐
		Thermal Hat	Yes ☐ No ☑ N/A ☐
		IV fluid warmer	Yes ☐ No ☑ N/A ☐
		Other - specify	Yes ☐ No ☑ N/A ☐
Patients Temperature documented by Anaesthetist	Yes 35.2 No		

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Anaesthetics

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Record of Anaesthetic Pump Infusion Device Numbers	This section NOT applicable ☐				

Comments/Events

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Theatre

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Safe Positioning — This section NOT applicable ☐

Moving aids used to move patient	Yes ☑ No ☐	Pat Slide ☐	Sliding sheet ☑	Roll Board ☐
		Hover Mattress ☐	Other specify: ☐	

Pre-op Pressure Area Care

Pre-operative skin issues (please circle)	Excoriation Level: (0) 1 2 3	PU Grade: (N/A) 1 2 3 4

Area of concern identified (include area of body)	Actions Taken

Position 1

Time: 1420

Positioning Devices				Pressure Relieving	Arm Position	
Supine ☑	Prone ☐	Head ring ☐	Lateral supports ☐	Gel Pads ☐	R Arm Position	L Arm Position
Left Lateral ☐	Right Lateral ☐	Pillows ☑	Hydraulic leg supports ☐	Heel gel Pads ☑	At side ☐	At side ☑
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☐	On boards ☑	On boards ☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand Table ☐	Hand Table ☐
Lithotomy ☐	Other ☐				Hand Traction ☐	Hand Traction ☐
					Secured with:	Secured with:
					Straps ☐	Straps ☐
					J Board ☐	J Board ☑
					Pressure Care:	Pressure Care:
					Gel / Foam Pads ☑	Gel / Foam Pads ☐

Position 2 — This section NOT applicable ☐

Positioning Devices				Pressure Relieving	Arm Position	
Supine ☐	Prone ☐	Head ring ☐	Lateral supports ☐	Gel Pads ☐	R Arm Position	L Arm Position
Left Lateral ☐	Right Lateral ☐	Pillows ☐	Hydraulic leg supports ☐	Heel gel Pads ☐	At side ☐	At side ☐
Lloyd Davis ☐	Jack-knife ☐	Straps ☐	Limb Traction ☐	Full gel mattress ☐	On boards ☐	On boards ☐
Tren-delenburg ☐	Deckchair ☐	Wedge ☐	Side Supports ☐	Gel Wedge ☐	Across chest ☐	Across chest ☐
Reverse Tren-delenberg ☐	Lower Limb Traction ☐	Sandbag ☐	Bolster ☐	Pillows ☐	Hand Table ☐	Hand Table ☐
Lithotomy ☐	Other ☐				Hand Traction ☐	Hand Traction ☐
					Secured with:	Secured with:
					Straps ☐	Straps ☐
					J Board ☐	J Board ☐
					Pressure Care:	Pressure Care:
					Gel / Foam Pads	Gel / Foam Pads

Electrosurgery — This section NOT applicable ■

Monopolar Yes ☑ N/A ☐		Bipolar Yes ☐ N/A ☐
Site(s) of Monopolar electrode		Right thigh
Skin site(s) assessed and meets safety criteria as per policy	Yes ☑ No ☐	If 'No' state reason:
Skin site(s) hair removal	Yes ☐ N/A ☑	State site:
Electrode site(s) checked after patient repositioned and is satisfactory	Yes ☐ No ☐ N/A ☐	If 'No' state reason and action:

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

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Tourniquets — This section NOT applicable ☐

Tourniquet equipment applied	Yes ☐ No ☐ N/A ☐					
Padding under tourniquet	Yes ☐ No ☐ N/A ☐					
Cover over tourniquet	Yes ☐ No ☐ N/A ☐					
Post op skin check(s) satisfactory	Yes ☐ No ☐	If 'No' state reason and action:				
Site	**Time inflated**	**Pressure**	**Time deflated**	**Time re-inflated**	**Pressure**	**Time deflated**

Digit Tourniquets — This section NOT applicable ☐

Digit applied:	Time applied :	Time Removed:
Digit applied:	Time applied :	Time Removed:

Skin Preparation — This section NOT applicable ☐

Site	Clipped	Preparation solution used	
Abdomen + Groin (Left)	Yes ☑ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☑ 2 % Other ☐ Specify:.....%
Site	**Clipped**	**Preparation solution used**	
	Yes ☐ No ☐ N/A ☐	Aqueous Iodine based solution Alcohol Iodine based solution Aqueous Iodine and sodium chloride 50/50	Chlorhexidine solution ☐ Chlorhexidene acetate Solution ☐ ..... % Other ☐ Specify:.....%

Local Anaesthetic Infiltration to Wound — This section NOT applicable ☐

Site Groin	Drug Chirocaine 0.5%	Quantity 20ml
Site	Drug	Quantity

Drains — This section NOT applicable ☐

Drain	Site	Type	Size	Secured with	Dressing
1					
2					
3					

Wound Closure and Dressings (including Packing) — This section NOT applicable ☐

Wound Closure used: Yes ☑ No ☐ N/A ☐ | Wound Dressings: Yes ☑ No ☐ N/A ☐

	Site	Wound closure	Dressings	Packing
1	Left Groin	3/0 Caprosyn	premierpove	
2				

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

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Urinary Catheter **Inserted prior to admission** **This section NOT applicable** ☐

Type	Size	Anaesthetic lubricant applied / inserted	Balloon inflated with	Prepping Solution
		mls	mls	

Operation / Procedure Performed

Left Inguinal Hernia Repair with Mesh

Blood Tags **This section NOT applicable** ☐

Blood Tags checked and dispatched appropriately: Yes ☐ No ☐ N/A ☐

Post-op Pressure Area Care

Skin Inspection Scores Post operative (circle)	Excoriation level: 0 1 2 3	Pressure Ulcer Grade: N/A 1 2 3 4

Action taken if required

Notes / Comments / Events **This section NOT applicable** ☐

Fluticasone Bilateral nostrils.

Traceability Stickers

REF SM29105CE
www.medline.com
LOT 18BAMF198 2023.01
(01)00884389152785

T-00149-016 5293144
GGC General Medium Tray

BARD Soft Mesh Pre-shaped
REF 0117014
2023-06-28
LOT HUCT2093

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Immediate Post-op Recovery

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C 28 Elizabethan Way
C Renfrew, Renfrewshire
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Post -Op Instructions e.g. sutures, physio, follow up appointments

top left lip cut during intubation.

Verbal Handover from Theatre to Recovery

Verbal handover given by: anaesthetist To: L. Hewson

Handover should include the following:

Patient	Anaesthetic	Theatre	Other
Patient's name	Anaesthetic Type	Drains	
Theatre	Airway type	Wounds/Dressings	
Procedure	Peripheral IV	Urinary Catheter	
lergies	Local Anaesthetic infiltration	Skin Inspection results	
	Pain management	Intra-operative events	
		Post-Op Instructions	

Pressure Area Issues (Skin inspection score post-operative see page 9)

N/A ☐

Area of Concern identified (include area of body)	Actions Taken

Notes / Comments / Events This section NOT applicable ■

Acute Services Division
Surgery & Anaesthetics

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GG&C Day Surgery/23 hour Care Plan

Immediate Post-operative Recovery

Post-operative Observations

Time	1600	1615	1630	1641	1700	1715	1730										
210																	
200																	
190																	
180		167															
170		^	148	157													
160			^	^	147	148											
150			^		^	^	136										
140							^										
130																	
120																	
110																	
100		103	V	V	V	V	V										
90																	
80				94	84	82											
70			V				81										
60			69														
50																	
40																	
30																	

Airway type	1	1	1	1	1	1	1										
O_2 Therapy	5L	5L	5L	5L	5L	5L	5L										
SpO_2	99	99	99	99	97	99	99										
Resp. Rate	12	14	14	14	16	14	14										
CVP																	
Temp.	35·7																
Pain Score	0	0	8	7	5	4	3										
P.O.N.V.	0	0	0	0	0	0	0										
Sedation Score	0	0	0	0	0	0	0										
BM Score																	
HemoCue Score																	
Hourly Urine Vol. Total Urine Vol.	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Wound Score	0	0	0	0	0	0	0										
Wound Score																	
Wound Score																	
PV Staining																	
Circulation +ve/-ve																	
Sensation +ve/-ve																	
Movement +ve/-ve																	
Pedal Pulse – Left																	
Pedal Pulse – Right																	
Drain 1																	
Drain 2																	
Drain 3																	
Drain 4																	
Staff initials	LH	LH	LH	LH	LH	LH	LH										

A: 2012576494
N: BEAVERS
David
M
20/12/1957
C: 28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
D:

Time							
210							
200							
190							
180							
170							
160							
150							
140							
130							
120							
110							
100							
90							
80							
70							
60							
50							
40							
30							
Airway type							
O_2 Therapy							
SpO_2							
Resp. Rate							
CVP							
Temp.							
Pain Score							
P.O.N.V.							
Sedation Score							
BM Score							
HemoCue Score							
Hourly Urine Vol.							
Total Urine Vol.							
Wound Score							
Wound Score							
Wound Score							
PV Staining							
Circulation +ve/-ve							
Sensation +ve/-ve							
Movement +ve/-ve							
Pedal Pulse – Left							
Pedal Pulse – Right							
Drain 1							
Drain 2							
Drain 3							
Drain 4							
Staff initials							

Key to Scoring / Abbreviations

Airway Type	
1	Maintaining own airway
2	Guedel
3	Naso-pharyngeal
4	L.M.A.
5	E.T.T.
6	Tracheostomy
Post Operative Nausea and Vomiting Assessment	
0	None
1	Mild – *Not distressed; No retching/vomiting*
2	Moderate – *Troublesome; Occasional retching/vomiting*
3	Severe – *Distressing; Frequent retching/vomiting*
Sedation Score	
0	Awake
S	Normal Sleep
1	Drowsy, easy to rouse – *Eyes open to speech or light shaking*
2	Sedated, difficult to rouse – *Eyes open only to vigorous shaking*
3	Unconscious, unrousable
Wound Score	
0	Dry and Intact
1	Slight Staining
2	Moderate Staining
3	Saturation / Pad required

Pain Score										
0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Recovery

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

2nd Stage Recovery

Verbal Handover from Immediate Recovery to 2nd Stage Recovery

Verbal handover given by: To:

Handover should include the following:

Patient	Anaesthetic	Theatre	Recovery	Other
Patient's name	Anaesthetic Type	Drains	Skin Inspection results	
Theatre	Local anaesthetic infiltration	Wounds/Dressings	Post Op Instructions	
Procedure	Peripheral IV	Urinary Catheter	Pain management	
Allergies	Pain Management	Intra-operative events		

Pre Mobilisation Patient Checks

Time		Comments
BP		
HR		
SpO2		
Wound Site 1		
Wound Site 2		
Diet & Fluids tolerated		
Operated limb N/A ☐ Colour Sensation Movement		

Signature:

Events / Comments

This section NOT applicable ■

Events / Comments	Time	Signature

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Discharge Criteria

Affix
2012576494
Name BEAVERS
CHI : David M
28 Elizabethan Way 20/12/1957
DOB Renfrew, Renfrewshire
PA4 0LY

Discharge Criteria			
	Yes	N/A	Comments
Able to dress, sit & walk unaided			
Stable Vital Signs			BP / HR SpO2 %
Sedation Score (alert & orientated)			
Pain Controlled (mild <3 to 0)			
Post - op Nausea & vomiting satisfactory			
Tolerating Food & Fluids			
Voided Urine post-op			
Advice given if not voided urine post-op			
Wound site(s) checked & satisfactory 1. 2.			
CSM of operated limb checked & satisfactory			
IV Cannula removed			
ID bracelet/ECG electrodes removed			
Anti-D given			
Appliances given			
Post –Op discharge letter			
Follow up appointment arranged			By post ☐ Given ☐
Practice/ District Nurse referral			
Post- Op Instructions given			
Discharge medication			
Responsible adult escort			
Responsible adult supervision overnight			
Any skin issues prior to discharge reported			
Patient advised that while awaiting collection after discharge that they must alert staff if there is any change in their condition.			
Admission, dosage, frequency and contraindications of discharge drugs discussed with patient			
Patient met discharge criteria at ..... hrs			By.....
Patient left DSU at.....			Destination.....
Discharged into the care of			Relationship.....

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

2012576494
BEAVERS M
David 20/12/1957
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY

1610/ Patient admitted into Recovery. Continual monitoring applied.
1630/ Morphine boluses commenced.
NEWS (1) temp

Nursing days.
Transferred to 9c via theatres
Observations stable.
[illegible], wound site satisfactory.
Can eat + drink as tolerated.
Alert to ward + buzzer system.
still to pass urine.
?home later if eat + drink and
Passed urine [signature] SN

11/12/10
Patient mobile to toilet to pass urine, diet & fluids tolerated, venflon removed, discharge drugs given from ward stock without discharge script as per S/N Clarkes advice from Kardex part 1 to be sent to patient, wound advice given to patient and relative, patient discharged from ward.
[signature] S/N

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Affi: 2012576494
BEAVERS
Nar David M
CH 28 Elizabethan Way 20/12/1957
Renfrew, Renfrewshire
DC PA4 0LY

Acute Services Division
Surgery & Anaesthetics

GG&C Day Surgery/23 hour Care Plan

Notes

Affix Addressograph Label

Name :

CHI :

DOB :

NEWS – National Early Warning Score

NHS Greater Glasgow and Clyde

Name
Address
2012576494
BEAVERS
David
28 Elizabethan Way
Renfrew, Renfrewshire
PA4 0LY
M
20/12/1957
CHI No.
DoB

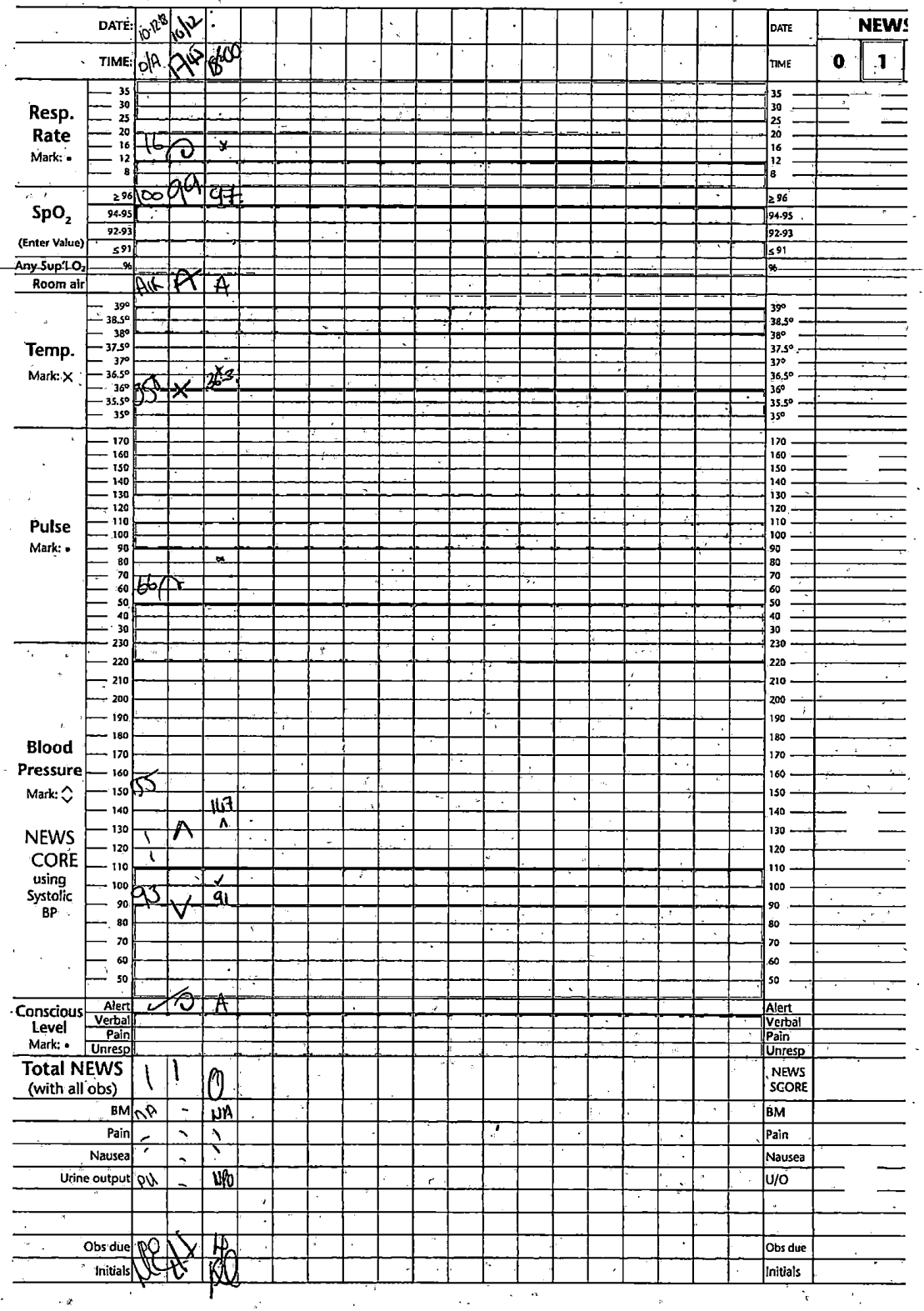
	Date	Ward
Admitted	10-12-18	SDAU
Transferred		
Transferred		

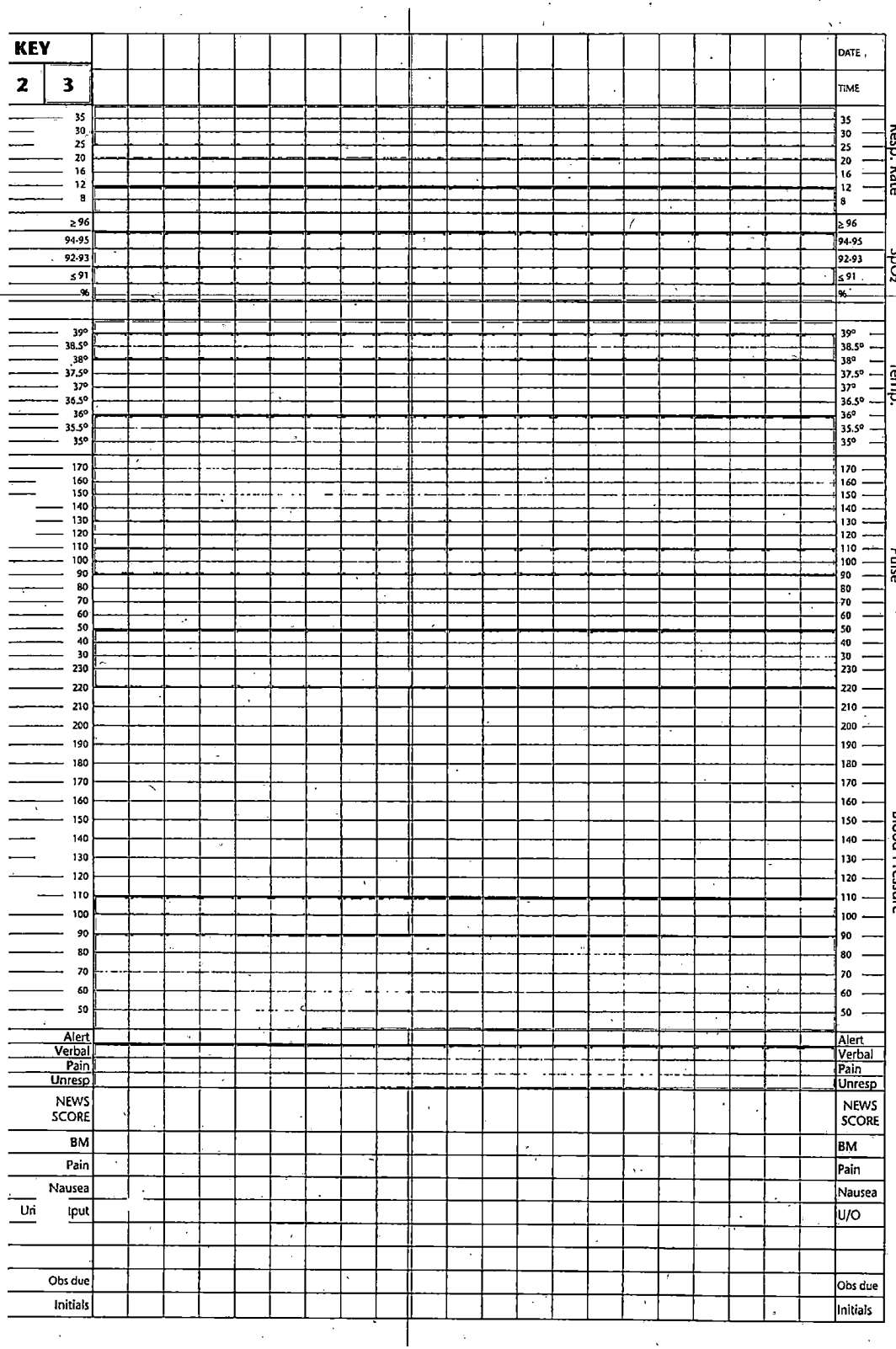
Physiological Parameter	NEWS – NHS Early Warning Score						
	3	2	1	0	1	2	3
Respiration Rate	≤8		9-11	12-20		21-24	≥25
Oxygen Saturations	≤91	92-93	94-95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0°		35.1-36.0°	36.1-38.0°	38.1-39°	≥39.1°	
Pulse	≤40		41-50	51-90	91-110	111-130	≥131
Systolic BP	≤90	91-100	101-110	111-219			≥220
Conscious Level				A			V, P or U

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

See NEWS Actions Reference Tool for local escalation policy

NEWS Score	Frequency of Monitoring	Clinical Response
0	Minimum 12 hourly	• Continue routine NEWS monitoring with every set of observations.
Aggregate 1- 4	Minimum 4 hourly	• Inform trained nurse. • Trained Nurse assessment: - Assess the patient - Review frequency of monitoring required - Assess need for escalation of clinical care and direct as appropriate.
Aggregate 5 or more or 3 in one parameter	Increased frequency to a minimum of 1 hourly	• Trained Nurse assessment. • Inform medical team caring for the patient. • Urgent assessment by a medical / surgical / nursing team with core competencies to assess acutely ill patients. • Consider level of monitoring required in relation to clinical care.
Aggregate 7 or more	Continuous monitoring of vital signs	• Trained Nurse to assess immediately. • Inform medical team caring for the patient – this should be at least senior medical staff level. • Emergency assessment by a clinical team with core competencies in the assessment of critically ill patients. This team will have critical care competencies and a practitioner/s with advanced airway skills and resuscitation skills. • Consider referral to high dependency or ITU.


DATE
10-12-18
10/12
TIME
0/A
A45
B600
Resp. Rate
Mark: •
16
SpO2
(Enter Value)
Any Sup'l O2
Room air
A
Temp.
Mark: X
35
Pulse
Mark: •
66
Blood Pressure
Mark: ◇
155
167
NEWS CORE using Systolic BP
93
91
Conscious Level
Mark: •
Alert
Verbal
Pain
Unresp
Total NEWS (with all obs)
1
1
0
BM
n/a
N/A
Pain
Nausea
Urine output
P/U
U/O
Obs due
Initials
DATE
TIME
NEWS
0
1
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials


KEY
2
3
DATE
TIME
Resp. Rate
35
30
25
20
16
12
8
SpO2
≥ 96
94-95
92-93
≤ 91
%
Temp.
39°
38.5°
38°
37.5°
37°
36.5°
36°
35.5°
35°
Pulse
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
Blood Pressure
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
Alert
Verbal
Pain
Unresp
NEWS SCORE
BM
Pain
Nausea
U/O
Obs due
Initials

Glasgow Coma Scale

Pupil size (mm) • • 1 2 3 4 5 6 7 8

Neurological Observations

Date:																											
Time:																											
COMA SCALE	E Eyes open	Spontaneously	4																								Eyes closed by swelling = 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
		Reaction																									
	L	Size																									
		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																									
		Spastic flexion																									
		Extension																									
		No response																									

Pain Score

Ask the patient to rate his/her pain by choosing a number between 0 and 10. Use the diagram below to assist the patient. If patient's pain is chronic, use generic tool. If patient is unable to communicate, use observational tool.

0	1	2	3	4	5	6	7	8	9	10
No Pain	Mild Pain			Moderate Pain			Severe Pain			

Nausea and Vomiting	
0	= None
1	= Mild (*Not distressing – no retching/vomiting*)
2	= Moderate (*Troublesome – occasional retching/vomiting*)
3	= Severe (*Distressing – frequent retching/vomiting*)

Management Plan and Patient Exclusions

Date and Time	Notes	Signed

Pressure Ulcer Daily Risk Assessment (PUDRA)

NHS Greater Glasgow and Clyde

2012576494 8EAVERS David att 28 Elizabethan Way Renfrew, Renfrewshire PA4 0LY M 20/12/1957	Hospital: QEUH Ward: SDAU	Points to consider: • Use within 6 hrs of admission to care area • Re-assess daily and more frequently if a person's condition changes

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

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

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

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

If NO to all statements, continue Active Care Prescribing as assessed for individual need and re-assess daily.

Date	Time	Pressure Damage	Mobility	Continence	Nutrition	Skin Compromised	Clinical Judgement	Active Care Prescribed	Signature
20/12/18	01A	N	N	N	N	N	N	~~hrly~~	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	
/ /	:							__hrly	

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

Prevention of Pressure Ulcer Inter ntional Plan

NHS Greater Glasgow and Clyde

Attach Addressograph

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

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

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

Acute Services Division

Surgery and Anaesthetics Directorate

Department: Pre Op Assessment Unit

Specialty: General Surgery

NHS Greater Glasgow and Clyde

Hospital Name	Queen Elizabeth University Hospital

Patient Details		GP Details	
Name	Beavers, David	Name	MURPHY, LORRAINE
Address	28 Elizabethan Way Renfrew Renfrewshire PA4 0LY	Address	Renfrew Health Centre 10 Ferry Road Renfrew
Correspondance Address		Telephone	
Correspondance Postcode		CRN Number	RAH435389, SG03240332
Telephone		Consent	Yes
Patient Contact Number	07838 164 108	Sensitivity	Sensitive
CHI Number	2012576494	Consultant Name	Mr McArthur
Sex	Male	Requires Transport	No
Date of Birth	20/12/1957	Religion	Church of Scotland

Next of Kin / Person to Notify	Next of Kin	Person to Notify
Name	Angela	Cara
Address	S/A	
Landline		
Mobile		07735231491
Relationship	Wife	Daughter

Assessor

Mary McLaughlin Date Assessed: 27/11/2018

POA First Line

Surgery / Procedure: Left open mesh Hernia repair
Admission - SDA
TCI Date - 10/12/2018
Fasting information provided

Availability

Reason -
Details -

Examination

Age: 60 Weight (kg): 86.1 Height (m): 1.67 BMI: 31
BP: 170/96mmHg Pulse: 68/ min Rhythm: Regular SaO2: 96%

Patient has had an anaesthetic before. There is not a family history of anaesthetic problems.

Patient has had surgery before. 2014 - Primary Repair Of Right Inguinal Hernia Using Insert Of Prosthetic Material - RAH

Patient is currently taking the following medication:

Loratadine
10 mg Tablets
PRN

Patient does not have any allergies

Patient does not suffer from heartburn or indigestion. Ranitidine has been dispensed,

Patient does not have any heart conditions

Patient does not have high blood pressure

Patient does not have diabetes. .

Patients best level of fitness is - climbs 1 flight of stairs without stopping.

Patient does not have breathing problems

Patient does not have kidney / liver problems

Patient has not been notified that they are at risk of CJD, vCJD.

Patient does not smokePatient drinks 15.00 units or alcohol per week. Patient has consumed this amount for 20 years.

Patient has Implants / Prosthesis.
Patient has implants
Details - Crown - secure - right lower rear

MRSA Screening - Patient requires a Clinical Risk Assessment.

The following investigations are required:

Investigation	Required	Ordered	Investigation Date	Med Staff Informed	Action Required	Re-Test Required
FBC	Yes	Yes	28/11/2018	No	No	
U&Es	Yes	Yes	28/11/2018	No	No	
ECG	Yes	Yes	28/11/2018	No	No	

Referrals and Type of admission - Recommended Admission pathway		
Type of Admission:	SDA	
Admission Deferred:	No	

Further Details:

POA 27/11/18. TCI 10/12/18. QEUH

Very anxious today
Has a fear of skin being pierced eg bloods etc

PMH

BMI 31
Ranitidine given as per PGD protocol

2014 - Primary Repair Of Right Inguinal Hernia Using Insert Of Prosthetic Material - RAH
No problems

BP elevated 170/96, 179/108 & 173/93

ECG & bloods obtained with FY1 clerk in

All relevant information leaflets given

Out for anaesthetic review re BP - see below
GP surgery informed by telephone

30/11/18
Voicemail left with pt to inform of Dr Baker's review

05/12/18
Pt called back
Informed of Dr Baker's input
He will contact GP following surgery next week

Anaesthetist:	BAKER
Grade:	Cons
Summary:	
28.11,18 NOte BP elevated at POA but w/in acceptable limits so ok to proceed. Please refer back to GP to investigate and manage.	

There is no further information for this patient.

GREATER GLASGOW AND CLYDE
FY1 PRE-ASSESSMENT CLERK-IN

Patient Label: 2012576494 BEAVERS David M 20/12/1957 28 Elizabethan Way Renfrew, Renfrewshire PA4 0LY	Date: 27/11/18 Time: 12:09 Consultant MR. Mc Arthur
Planned Operation: Open mesh Repair (L) inguinal hernia	
Past Medical History: 2014 – Hernia repair (R) side inguinal Nil Medical Conditions.	Current Medication: Nil regular meds. Allergies NKDA.
Clinical Examination:	
CVS: HS I + II + 0 Pulse Regular 0 ankle oedema	Resp: Chest clear. good AE bilateral
Abdo: SOFT non tender Bowels moving regularly BS ✓ (L) inguinal repair ø erythema	Other: grossly. Neuro – intact
Comments: ECG – NSR HR 66 Feels well. wound on staples/clean/dry	
Doctor:	Designation: FY1
GMC No. 7591058	

South Glasgow University Hospitals
Department of Surgery, Victoria Infirmary

Fix
2012576494
BEAVERS
David
M
20/12/1957

Prophylaxis of Venous Thromboembolism (VTE)

High risk factors: (Tick all that apply)

- o Previous VTE
- o Active cancer
- o Lower limb ischaemia/paralysis
- o Major arterial surgery
- o Amputation
- o Major trauma
- o ITU
- o OCP/HRT/tamoxifen/raloxifene/high dose progestogen
- o Pregnancy/post partum (seek specialist advice)

Other risk factors: (Tick all that apply)

- o Age > 40 ✓
- o Obesity (BMI > 30) ✓
- o Severe infection
- o Acute medical illness
- o Dehydration
- o Heart failure
- o Haematological/autoimmune disease (inc IBD)
- o Surgery > 30 mins ✓
- o General anaesthesia ✓
- o Emergency surgery
- o Surgery/trauma < 4 weeks previously
- o Varicose veins

Risk of VTE:
High Risk: Patient has 1 or more high risk factors **or** 3 or more other risk factors
Moderate Risk: Patient has 1 or 2 other risk factors
Low Risk: Patient has no risk factors

Assessment for **this** patient: Tick **and** prescribe on the drug chart as appropriate

High Risk ☑ - Graduated Elastic Compression Stockings (GECS) unless contraindicated
- Enoxaparin 40mg SC daily at 1800 unless contraindicated
- Reduce dose to 20mg if CrCl < 30ml/min

Moderate Risk ☐ - Graduated Elastic Compression Stockings (GECS) unless contraindicated
- Enoxaparin 20mg SC daily at 1800 unless contraindicated

Low Risk ☐ - Graduated Elastic Compression Stockings (GECS) unless contraindicated

For contraindications see Therapeutics Handbook

Date: 27/11/18 Print Surname: [illegible] PYL Sign:

SOUTHERN GENERAL HOSPITAL
1345 GOVAN ROAD
GLASGOW G51 4TF
Accident & Emergency Dept
Phone (0141) 201 1456 Fax (0141) 201 2997

DR. LORRAINE L MURPHY
THE HEALTH CENTRE
103 PAISLEY ROAD
RENFREW

PA4 8LH
0141 314 4621

Dear Dr. LORRAINE L MURPHY,

Your Patient
Name : DAVID BEAVERS
DOB : 20/12/1957
Address : 28 ELIZABETHAN WAY
RENFREW
RENFREWSHIRE
PA4 0LY

Consultant : MR MALCOLM W G GORDON

Account # : AE0043846/10 Unit # : SG03240332 CHI # : 201

Attended at : 1110 on 28/05/2010
Left A&E at : 1215 on 28/05/2010

Reason for Visit : RIGHT EYE IRRITATION

Diagnosis : Foreign Body Corneal : RIGHT : Eye

Investigations :

Treatments :

Prescribed Drugs : DRUGS DIRECTIONS

Tetanus Given : N

Additional Notes:
FB REMOVED AND CHLORAMPHENICOL OINTMENT 7 DAYS. NO V/A LOSS

Follow Up :

Yours sincerely

DR. CATHERINE MANGHAM

If you require any further information please quote this attendance number: AE00

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	
Department:	Urology
Contact Tel:	0141 347 8213
Enquiries to:	Lynne Thomas
Letter Date:	22/09/2017
Reference:	LM/RH
Dictated Date:	26/09/2017
Transcribed Date:	03/10/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Urology; Clinic - SGLMURI-MR MORRISON URO EXTRA CLINIC
Date and Time of Appointment - 22/09/2017 09:30

Clinical Comments:
This patient was seen at the clinic today. He was referred up with a history of difficulty in achieving erections and a bend in the penis when it is erect. It is difficult to ascertain how severe this is as he does not appear to have tried intercourse recently.

On examination he has a plaque consistent with a diagnosis of Peyronie's disease.

I have reassured him that this is not related to any hernia repairs which he has had in the past. We did discuss the possibility of surgery but he does not appear too keen on this at present. I have suggested to him that he could try PDE5 inhibitors to assess what he is capable of. I have asked him to attend your surgery so you may consider prescribing this for him. Should this fail he should be referred to the Royal Infirmary for assessment of his Peyronie's disease.

Yours sincerely

Mr Lindsay Morrison

Associate Specialist In Urology

Electronically Signed: Mr Lindsay Morrison, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

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

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	
Department:	Respiratory
Contact Tel:	0141 451 6165
Enquiries to:	carri.barr@ggc.scot.nhs.uk
Letter Date:	04/07/2017
Reference:	AMcK:cb
Dictated Date:	04/07/2017
Transcribed Date:	06/07/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - Respiratory Medicine; Clinic - SGAKRE4-DR MCKAY CHEST TUESDAY PM
Date and Time of Appointment - 04/07/2017 13:40

Clinical Comments:
This gentleman did not attend a respiratory clinic appointment on 4th July 2017. I will send him one further appointment.

Yours sincerely,

Anne McKay,
Consultant Respiratory Physician.

Electronically Signed: Dr Anne McKay, Consultant

cc.

Clinic Letter

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel: 0141 451 6045
Enquiries to: Carol.patterson@ggc.scot.nhs.uk
Letter Date: 09/06/2017
Reference: MCDON
Dictated Date: 09/06/2017
Transcribed Date: 14/06/2017

Dear Dr. L Murphy,

David Beavers; D.O.B: 20 Dec 1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Attendance: Specialty - General Surgery; Clinic - SUDMGS0-MR MCARTHUR GEN SURG FRI PM
Date and Time of Appointment - 09/06/2017 14:00

Follow Up: Deferred Waiting List for repair of hernia in December

Clinical Comments:
I met Mr Beavers at the clinic today. Previously he has had a right inguinal hernia repair with an open tension free mesh at the RAH. He tells me that he had some difficulties post operatively and he currently has ongoing issues with erectile dysfunction. I note he is awaiting Urology review.

I have explained to Mr Beavers that in terms of complications of open inguinal hernia surgery it is very difficult to explain his current urological symptoms. It is not outwith the realms of possibility that there has been a concurrent issue resulting in his present symptoms but nonetheless I await with interest the opinion of the Urologist.

Mr Beavers also has a left inguinal hernia. It is soft and reducible and he is keen for repair of this. Once again we discussed the risks of recurrence, haematoma, infection and chronic pain as well as the potential of paraesthesia following division of cutaneous nerves. I have placed Mr Beavers on the deferred Waiting List for surgery in December as per his request and would be interested in the opinion of the Urologists.

Kind regards
Yours sincerely

Mr Donald Alexander McArthur
Consultant Surgeon

Electronically Signed: Mr Donald Alexander McArthur, Consultant

cc.

Final Discharge Letter

NHS
Greater Glasgow and Clyde

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

Dr. L Murphy
Braehead Medical Practice
Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Main Switchboard:	
Department:	General Surgery
Contact Tel:	0141 451 6045
Enquiries to:	
Letter Date:	19/12/2018
Reference:	DMcA/CP
Dictated Date:	19/12/2018
Transcribed Date:	19/12/2018

Dear Dr. L Murphy,

David Beavers; D.O.B: 20/12/1957; CHI: 2012576494
28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admission: Specialty - General Surgery; Ward - QEUH Ward 9C General Surgery
Consultant - Mr Donald Alexander McArthur; Date of Admission - 10/12/2018
Date of Discharge - 10/12/2018; Discharged to - Private Residence - no additional detail added

Clinical Comments:

FDL REVIEW – NIL TO ADD

Donald McArthur

Consultant Surgeon

Electronically Signed: ,

cc.

Immediate Discharge Letter

Highly Sensitive: No
Consent for Sharing Withheld: No

NHS Greater Glasgow and Clyde

LORRAINE MURPHYBraehead Medical Practice,Renfrew Health Centre,10 Ferry Road, Renfrew, PA4 8RU

Queen Elizabeth Hospital,1345 Govan Road,Glasgow G51 4TF
Main Switchboard: 0141 2011100
Date of Completion: 13-Dec-2018

Dear LORRAINE MURPHY,

Name	CHI	DoB	Address
David Beavers	2012576494	20-Dec-1957	28 Elizabethan Way, Renfrew, Renfrewshire, PA4 0LY

Admitted	Type	Discharged	Destination
10-Dec-2018 07:16	IP	11-Dec-2018	Private Residence - no additional detail added

Specialty	Consultant	Ward	Telephone
General Surgery	McArthur	QEUH Ward 9C General Surgery	0141 2011100

Primary Diagnosis
There is no data to display.

Secondary Diagnosis
There is no data to display.

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

Last Discharge Review: Vivian Pringle (Vivian Pringle - FY1 Aug 18) on 13 Dec 2018 16:05

Discharge Medication:

Active Drug Name	Route	Dose	Disp	Reason	Further Details	ECS	Since Admission
There is no data to display.							

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

Dispensing Comments
There is no data to display.

Withheld Medication:

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

Stopped Medication:

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

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

Clinical Comments:	Dear Doctor, David Beavers, 60, was admitted to QEUH on 10th December for an elective left inguinal hernia repair with mesh. This procedure was performed successfully with no complications. Mr Beavers recovered well upon transfer to the ward, and was able to mobilise and eat/drink small amounts of food and fluid. He was passing urine, and the wound site was healing satisfactorily. He was otherwise well, and fit for home with simple analgesia. He was discharged home on 11th December. Yours sincerely, Vivian Pringle FY1 QEUH Ward 9C

Follow Up:	No
Results Awaited:	No .
Pharmacist Comments:	
Final Discharge Letter to Follow:	Yes

Yours sincerely,

Vivian Pringle

Prescription Review
Nurse discharging patient: Catherine Auld (nurse)

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:	0141 201 1100
Department:	Respiratory
Contact Tel:	0141 451 6163
Enquiries to:	diane.mckeraghan@ggc.scot.nhs.uk
Letter Date:	15/11/2017
Reference:	
Dictated Date:	10/11/2017
Transcribed Date:	10/11/2017

Dear Mr Beavers,

Unfortuatnely I note you have been unable to attend the clinic. I am conscious you had been unable to attend the first two appointments and your wife kindly phoned to explain the situation to us and asked for a further appointment which we sent. Unfortunately as I say, you have been unable to attend. In this situation, I am unable to offer you a further appointment and would require further referral from your GP if the symptomatology is still is felt require hospital review.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard: 0141 201 1100
Department: Respiratory
Contact Tel: 0141 451 6163
Enquiries to: diane.mckeraghan@ggc.scot.nhs.uk
Letter Date: 26/09/2017
Reference:
Dictated Date: 21/09/2017
Transcribed Date: 21/09/2017

Dear Mr Beavers,

I am conscious your wife you has been in touch with my secretary securing a further appointment. I appreciate you have been unable to attend your two initial appointments sent out. I have therefore added you back to the waiting list for an appointment for myself and an appointment will be sent out in due course. Unfortunately there is a waiting list for the clinic and if on receipt of the appointment you are unable to attend, please do not hesitate to contact us and we will rearrange your appointment.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Letter to Patient:

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:	0141 201 1100
Department:	Respiratory
Contact Tel:	0141 451 6163
Enquiries to:	diane.mckeraghan@ggc.scot.nhs.uk
Letter Date:	29/08/2017
Reference:	
Dictated Date:	21/08/2017
Transcribed Date:	28/08/2017

Dear Mr Beavers ,

I note you were unable to attend the clinic today. Unfortunately, this appears to be the second such occasion. In this situation, I have not sent you a further appointment to the clinic but would more than happily do so on receipt of a referral from you GP if a further appointment is still required.

Yours Sincerely

Dr Scott Davidson

Consultant Respiratory Physician

(GMC4086305)

Electronically Signed: Dr Scott Davidson, Consultant

cc. Dr Murphy, Braehead Medical Practice, Renfrew Health Centre, 10 Ferry Road, Renfrew, PA4 8 RU

Letter to Patient: CONTACT LETTER

NHS
Greater Glasgow and Clyde

Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:	0141 201 1100
Department:	GENERAL SURGERY
Contact Tel:	0141 451 6055
Enquiries to:	ANNIE CONNOR
Letter Date:	30/01/2017
Reference:	2012576494
Dictated Date:	30/01/2017
Transcribed Date:	30/01/2017

Dear David Beavers,

You are currently on our waiting list for a General Surgery outpatient appointment within NHS Greater Glasgow & Clyde.

Please telephone to confirm your availability over the coming weeks on 0141 451 6055. Office hours are Monday - Friday 08.00am-12.00pm.

If no-one is available to take your call please leave a message stating name, CHI number and telephone number. You will receive a reply within 48 hours Monday-Friday.

Yours Sincerely,

Annie Connor

Waiting List Coordinator

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:	
Department:	Urology
Contact Tel:	0141 451 5949
Enquiries to:	Jean McGlynn
Letter Date:	26/01/2017
Reference:	
Dictated Date:	
Transcribed Date:	

Dear David Beavers,

I refer to my recent letter regarding your Urology outpatient appointment. I would be most grateful if you could contact the department in the next 7 days to advise if you still require your appointment.

Please contact Jean on the above number between the hours of 9.00 am and 12.00pm Monday to Friday.

Looking forward to hearing from you.

Yours sincerely,

Jean McGlynn

Electronically Signed: ,

cc.

Letter to Patient:

NHS
Greater Glasgow and Clyde

New Victoria Hospital
Grange Road
Glasgow
G42 9LF
0141 201 6000

David Beavers
28 Elizabethan Way
Renfrew
Renfrewshire
PA4 0LY

Main Switchboard:
Department: Urology
Contact Tel: 0141 451 5949
Enquiries to: Jean McGlynn
Letter Date: 18/01/2017
Reference:
Dictated Date:
Transcribed Date:

Dear David Beavers,

We are currently reviewing our waiting list and note that you are on the Outpatient Waiting List. I would be very grateful if you could contact me with the following details:-

- Contact telephone number

- Do you still require to have your appointment

- Are you available to attend at short notice and do you have any holidays planned that you are unavailable for

Please contact Jean on the above number between the hours of 9.00 am and 12.00pm Monday to Friday.

If I do not hear from you in 7 days of this letter I will assume that you no longer require this appointment and will advise your Consultant who in turn will decide if you should be removed from our waiting list. If this happens, the Consultant will write to your General Practitioner to advise of this.

Many thanks.

Yours sincerely

Jean McGlynn

Electronically Signed: ,

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Attachments
Urology - 09062017 Hospital Clinic Letter 574591

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral Routine
Date of referral 03-Aug-2017 **Date sent** 03-Aug-2017

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101014187445F Unique Care Pathway Number: 101014187445F

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488

REFERRING GP DETAILS

Name	Dr. Catherine MacMillan		
GMC code	3488274	GP code	34657
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Peyronie's disease and erectile dysfunction

Comment: Dear Doctor

Thank you for seeing this gentleman. He developed Peyronie's disease and erectile dysfunction which he dates to around about the time of his inguinal hernia repair at the beginning of last year. It is causing him ongoing concern and he would like to see to you discuss his options.

He unfortunately missed his clinic appointment due to work commitments. He failed to notify the hospital.

I enclose a copy of the Surgical opinion that he has recently had for your information.

I would be grateful if you could send him a further clinic appointment.

Thank you,

Yours sincerely

Dr Catherine MacMillan

Enc

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset	Date recorded
C/O - cough (Mild, Moderate)	03-Aug-2017	03-Aug-2017

Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Sodium Cromoglicate Eye drops 2 %	13.5	13.5 ML	APPLY ONE DROP TO THE AFFECTED EYE(S) FOUR TIMES DAILY	-	03-Aug-2017	03-Aug-2017
Loratadine Tablets 10 mg	30	30 tablet	ONE TO BE TAKEN EACH DAY	-	03-Aug-2017	03-Aug-2017
Beclometasone Aqueous nasal spray 50 micrograms/actuation	200	200 DOSE	TWO SPRAYS TO BE USED IN EACH NOSTRIL TWICE A DAY	-	03-Aug-2017	03-Aug-2017

Blood Pressure

Date Recorded	Systolic	Diastolic

28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:Yes

Urology - 09062017 Hospital Clinic
Letter 574591

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Respiratory Medicine GGC General Referral	——	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	——	**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral Routine
Date of referral 13-Jan-2017 **Date sent** 13-Jan-2017

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101012830046Z Unique Care Pathway Number: 101012830046Z

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Cough

Comment: Dear Doctor

Thank you for seeing this 59 year old gentleman. He has had a cough for four months. It was thought to be viral/infection induced at the outset or possibly late adult onset asthma. He was treated symptomatically and he had Salbutamol and then followed by an inhaled Corticosteroid in the form of Clenil. It has helped slightly but not significantly. He is still coughing more so at night. At one point he had a course of oral antibiotics and oral steroids which did resolve his symptoms completely, however, they have recurred. He is currently using Salbutamol PRN, Clenil 200, two puffs twice a day and we have added in Montelukast at night.

He has never smoked and there is no past history of respiratory disease.

Past history and medication are as enclosed.

I would appreciate your further assessment.

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Montelukast Sodium Tablets 10 mg	28	28 tablet	1 Tab At night	-	11-Jan-2017	11-Jan-2017
Omeprazole Capsules (Gastro-Resistant) 20 mg	28	28 capsule	ONCE DAILY	-	11-Jan-2017	11-Jan-2017
Clenil Modulite Cfc-free inhaler 200 micrograms/actuation	1	1 INHALER	2 PUFFS TO BE INHALED TWICE A DAY	-	12-Dec-2016	12-Dec-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	12-Dec-2016	12-Dec-2016
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED	-	08-Nov-2016	

Salbutamol Cfc-free inhaler 100 micrograms/puff			WHEN REQUIRED UP TO FOUR TIMES A DAY			08-Nov-2016
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

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

Referred By:Referring GP

Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Urology GGC General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF		**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral Routine
Date of referral 15-Nov-2016 **Date sent** 15-Nov-2016

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101012515100F Unique Care Pathway Number: 101012515100F

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Peyronie's Disease

Comment: Dear Doctor

Thank you for seeing this gentleman. He developed Peyronie's disease and erectile dysfunction which he dates to around about the time of his inguinal hernia repair at the beginning of last year. It is causing him ongoing concern and he would like to see to you discuss his options.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80
24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

General Surgery GGC General Referral	—	**Consultant / receiving practitioner** and/or **specialty clinic**
Queen Elizabeth University Hospital 1345 Govan Road Glasgow G51 4TF	—	**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral Routine
Date of referral 15-Nov-2016 **Date sent** 15-Nov-2016

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955
Voice: 07838164108

101012514908K Unique Care Pathway Number: 101012514908K

REGISTERED GP DETAILS

Name	Dr Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (19015)		
Practice code	87697		

Practice address

Renfrew Health and Social Work
10 Ferry Road
RENFREW
RENFREW
PA4 8RU

Contact number(s)

Voice: 0141 207 7480
Facsimile: 0141 207 7488

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	Braehead Medical Practice (87697)		
Practice code	87697		

Practice address

Renfrew Health Centre
10 Ferry Road
Renfrew
PA4 8RU

Contact number(s)

Voice: 0141 207 7480

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Left inguinal hernia

Comment: Dear Doctor

Thank you for seeing this gentleman. He became aware of a discomfort and swelling in the left side of his groin during a recent chest infection when he was coughing a lot. He has had a previous right inguinal hernia repaired.

On examination there is a left inguinal hernia and he would like to see you to discuss his options.

Past history and medication are as enclosed.

Thank you,

Yours sincerely

Dr Lorraine Murphy

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history
Family conditions (All priorities)

Description	Comment	Date of Onset
No FH: Ischaemic heart disease	Disease: SPICE DES CVD, priority=2	12-Oct-2006
No family history diabetes	Disease: SPICE DES CVD, priority=2	12-Oct-2006

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)

Drug name	Quantity	Formulation	Dosage	Frequency	Date started	Date last issued
Amoxicillin Capsules 500 mg	21	21 capsule	ONE TO BE TAKEN THREE TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Prednisolone Tablets 5 mg	40	40 TABLET	EIGHT TO BE TAKEN IN THE MORNING	-	08-Nov-2016	08-Nov-2016
Salbutamol Cfc-free inhaler 100 micrograms/puff	1	1 INHALER	ONE OR TWO PUFFS TO BE INHALED WHEN REQUIRED UP TO FOUR TIMES A DAY	-	08-Nov-2016	08-Nov-2016
Aerochamber Plus Spacer device standard (blue)	1	1 device	TO BE USED WITH MDI	-	08-Nov-2016	08-Nov-2016
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPSULE	ONE TO BE TAKEN EACH DAY	-	05-Sep-2016	05-Sep-2016

Blood Pressure

Date Recorded	Systolic	Diastolic
28-May-2014	126	86
20-Feb-2009	138	80
20-Feb-2009	138	80
24-May-2007	122	80

24-May-2007	122	80

Body Measurements

Date Recorded	Height	Weight	BMI
28-May-2014	170	81.2	28.1
20-Feb-2009	170	80	-
12-Oct-2006	170	80	-

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		28-May-2014
Never smoked tobacco:	Disease: SPICE Basic Health Values, priority=1	20-Feb-2009
Never smoked tobacco:	Disease: SPICE DES CVD, priority=2	12-Oct-2006
Alcohol consumption, 2017 units/week:		28-May-2014
Aerobic exercise 0 times/week:		28-May-2014

Clinical warnings

Additional Support Needs
No known ASN requirements

Additional relevant information
Administrative information
OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes
Referred By:Referring GP
Electronic Attachment Present:No

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

Hospital use only	Clinic	Day Date	Time	Hospital No.

	REFERRAL LETTER MEDICAL IN CONFIDENCE	**Attachments**

Additional Support Needs:
No known ASN requirements

REFERRAL TO

MARCBRANSBY-ZACHARY (Consultant) Trauma and Orthopaedic Surgery G General Referral		**Consultant / receiving practitioner** and/or **specialty clinic**
Southern General Hospital		**Hospital** and **hospital address** Hospital location code. G405H Email address

Urgency of referral ROUTINE
Date of referral 24-Feb-2009 **Date sent** 24-Feb-2009

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494
Area of Residence	-

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955

**	Unique Care Pathway Number:

REGISTERED GP DETAILS

Name	Dr L Murphy		
GMC code	3442500	GP code	C38334
Practice name	RENFREW HEALTH CENTRE		
Practice code	87697		

Practice address

103 Paisley Road
RENFREW
PA4 8LH

Contact number(s)

Voice: 0141 314 4621
Facsimile: 0141 314 4612

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	The Health Centre (87697)		
Practice code	87697		

Practice address

103 Paisley Road
Renfrew

Contact number(s)

Voice: 0141 314 4621

CLINICAL INFORMATION

History of presenting complaint
Presenting complaint

Description: Problems with left shoulder

Comment: Dear Mr Bransby-Zachary

Thank you for seeing this gentleman who has problems with his left shoulder. He has a full range of movement but he does get discomfort and the feels that "something is restricting" movement. I wonder if he has an impingement symptom and I would appreciate your further assessment.

Thank you

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Date of onset
Body mass index index 25-29 - overweight	20-Feb-2009
Neck sprain	01-Jan-1978
Motor vehicle traffic accidents (MVTA)	01-Jan-1978
Molluscum contagiosum	10-Mar-1969
Impetigo	01-Jan-1961
Acute tonsillitis	01-Jan-1960

Family conditions (All priorities)

Description	Date of Onset
No FH: Ischaemic heart disease	12-Oct-2006
No family history diabetes	12-Oct-2006

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

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		20-Feb-2009
Never smoked tobacco:		12-Oct-2006

Clinical warnings

Allergies

Description
Adverse reaction to drug NOS

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-21 days):Yes
Patient has disability or requires wheelchair access:No
Referred By:Referring GP
Electronic Attachment Present:No

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

Anaesthetic Record

NHS Greater Glasgow and Clyde

Name David Beavers.
Hospital no. 2012576494
CHI no.
DoB / Age

Pre-op
Procedure(s) (L) mesh hernia repair. open
Anaesthetist(s) R.fa:
Surgeon(s) McArthur.

Elective ☑ Urgent ☐ Immediate ☐

C ☐ SAS ☐ ST ☐ CT ☐ PA ☐

Date 10/12/2018

Discussed with supervising consultant

SUMMARY

ASA 1 (2) 3 4 5
Comment

GA ☑ FM vent OK ☐
Spinal ☐ LMA OK ☑ 5
Epidural ☐ Laryngoscopy gd (I) Attempted intubation, one attempt, unable to pass ETT size 8.5 decided to use LMA as difficult B&M + facial hair because of beard.
Sedation ☐ McGrath + Stylet.
Other LA

Anaesthetist Sign / Print R.fa:

ASSESSMENT

Airway / Dentition Mo L
NM L
MP I

RS
CVS
asymptomatic.

Ht
Wt kg
BMI

BP ___ / ___
ECG

Hb 152
WCC 6.7.
Plts 234
XMatch
Clotting

Na
K
U
Cr
Gluc
(N)

Allergies / Reactions
NKDA.

Current therapy
Loratadine

GI / Renal / CNS / Other
Non Smoker.

OK with NSAIDs ☑

Previous anaesthesia / Family history
no probs

Risks discussed

Assessor Sign / Print / Date R.fa: 10/12/18

Anaesthetic Record Anaesthetic Record Anaesthetic Record Anaesthetic Record

Equipment check performed ☑

Vascular access

Cannula 18g @hand

A line

CVP

Airway/Ventilation

FM

LMA 5

ETT

Grade

Pre-ox ☑

Cricoid P ☐

SV ☑

IPPV ☑

Regional Anaesthesia

20 mls of 0.5% L.bupivacaine infiltrated into wound by Surgeon.

Amoxil 1g								
Gentamicin	240 mg							
Fentanyl 100 mcg		50mg						
Propofol 200mg	50 mg	Rocuronium						
Morphine mg	4+3+3							
Ondansetron				4 mg				
Atropine mg	0.6							
Ephedrine 6mg	↓	↓						
Reversal				N/Gn: 2.5/0.5				
metaraminol				0.5mg				
Time	14:15		15:15					

Position

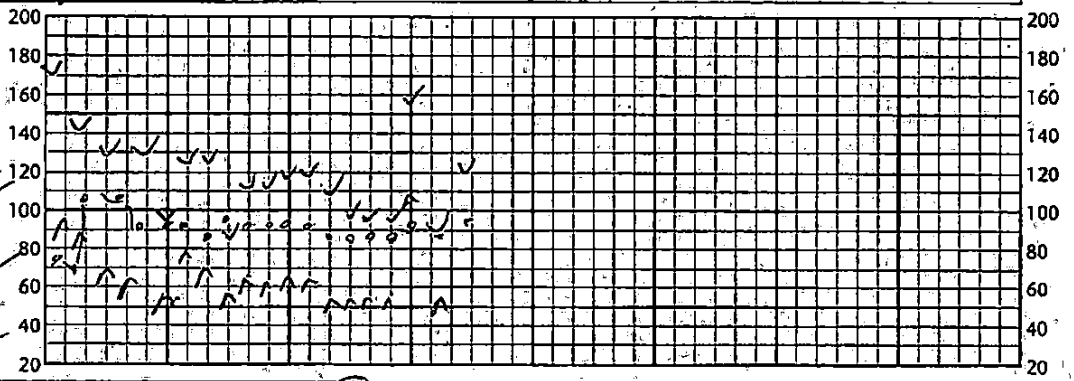
Supine

ECG SpO_2 ☑

NIBP

Fluid warmer ☑

Patient warmer ☑



IV Fluids ① ②

Events

FiO_2 N_2O ☐	0.6	0.6	0.6	0.6	0.67			
SpO_2	97	99	98	98	98			
$ETCO_2$	5.1	5.1	7.5	6.8	6.7			
ETAA	2.1	2.3	2.1	2.5	2.4			

Eye care ☑

Pressure point care ☑

Events

Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ

IV fluids

① RL 500 ml ⑨

② RL 500 ml. ⑩

③ ⑪

④ ⑫

⑤ ⑬

⑥ ⑭

⑦ ⑮

⑧ ⑯

NHS
Greater Glasgow and Clyde

Name

Hospital no.

CHI no.

DoB / Age

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Anaesthetic Record

Time									

200
180
160
140
120
100
80
60
40
20

IV Fluids									
Events									
FiO_2 N_2O☐									
SpO_2									
$ETCO_2$									
ETAA									

NHS Greater Glasgow and Clyde — Intraoperative Accountable Items Count Record

Date 10/12/18

ADI 2012576494
NA BEAVERS M
David 20/12/1957
28 Elizabethan Way
DC Renfrew, Renfrewshire
PA4 0LY

HOSP/CHI no.

WARD
SDAU

HOSP
QEUH

THEATRE
Theatre 3

COUNTS	Scrub Nurse(s) Print Name	Circulating Nurse(s) - Signature & Print name
PRE - OP SWAB COUNT CORRECT	SCN Wright	CMULLEN
PRE - OP INSTRUMENT COUNT CORRECT	SCN Wright	CMULLEN
FINAL SWAB COUNT CORRECT	SCN Wright	CMULLEN
FINAL INSTRUMENT COUNT CORRECT	SCN Wright	CMULLEN
FINAL SWAB DISPATCH COUNT CORRECT	SCN Wright	LCoyle

SCRUB NURSE VERIFICATION - PLEASE SIGN ON PAGE UNDERNEATH.

I have reviewed this count sheet and can verify my count(s) correct
SCRUB NURSE 1 - SIGNATURE -
SCRUB NURSE 2 SIGNATURE -
To be signed by replacement scrub nurse if applicable

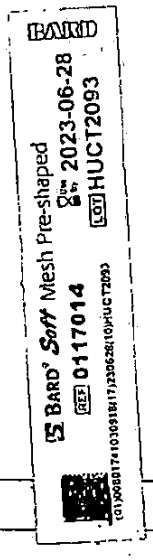
HANDOVER COUNT IN EVENT OF REPLACEMENT OF SCRUB NURSE DURING PROCEDURE

	Outgoing Scrub Nurse - Print Name	Incoming Scrub Nurse - Print Name	Circulating Nurse(s) - Signature & Print name
OUTGOING COUNT *To be completed for permanent and temporary replacement*			
INCOMING COUNT *To be completed for temporary replacement*			

OPERATION: Inguinal Hernia Repair (Mesh)

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

Swabs (2x2)	—	Tapes	—			ITEMS REMAINING IN SITU (Type & Number)
Swabs (10x10)	10	Sloops/Slings	—			
Abdominal packs	—	Bulldogs	—			
Sutures	5	Shods	—			
Blades	1	Tibbs Cannula	—			
IV needles	1	Ports	—			
Syringes	1	Staple Gun Inserts	—			
Discard-a-pad	1	Spears	—			
Diathermy pencil	1	Throat packs - Anae	—			
Diathermy tips	1	Throat packs - Scrub	—			
Scratch pad	1	Retrieval Bag (Bert)	—			
Reels	1	Digital Tourniquets	—			
Patties	—	Light Handle	2			
Pledgelets	—					



DISCREPANCY IN COUNT - ACTIONS AND OUTCOME

COUNT IN WHICH DISCREPANCY OCCURRED

DETAILS

ACTIONS TAKEN AND OUTCOME (I.E. SWABS ISOLATED, SEARCH UNDERTAKEN, WOUND EXPLORED, X - RAY TAKEN) -

SCRUB NURSES SIGNATURE IF COUNT STILL INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

SURGEONS SIGNATURE IF COUNT INCORRECT FOLLOWING ALL POSSIBLE ACTIONS

PLEASE INSERT TRACEABILITY STICKERS ON BACK OF COPY- TO STAY IN THEATRE.

Operation note: Op note

NHS
Greater Glasgow and Clyde
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
G51 4TF
Main Switchboard: 0141 201 1100
Department: General Surgery
Contact Tel:
Enquiries to:
Letter Date: 10/12/2018
Reference:
Dictated Date: 10/12/2018
Transcribed Date:

10/12/18 Queen Elizabeth University Hospital
Department: General Surgery

Galbraith / McCallum / McArthur (unscrubbed)

Open repair of left inguinal hernia

10/12/18
Galbraith / McCallum / McArthur (unscrubbed)
Open repair of left inguinal hernia

Indication: Symptomatic large left inguinal hernia

Findings: Large indirect sliding hernia. Small direct hernia component. Cord lipoma. Large bulky redundant cord.

Procedure:
GA. Surgical pause. Pre-operative amoxicillin and gentamicin. Draped and prepped. Left inguinal incision. Cord identified and dissected with vas and cord structures identified and preserved. Back wall plicated with 2/0 Polysorb x2. Cord lipoma dissected off x2, and indirect sac which was wide necked and chronic was dissected from cord and reduced. Haemostasis achieved. 6 x 13.5cm Bard mesh used for reconstruction of deep ring. Secured with 2/0 SurgiPro to pubic tubercle continuously up inguinal ligament. Further 2/0 Polysorb interrupted superior and laterally. External oblique reinforced with 1/0 continuous Polysorb. 2/0 Polysorb to Scrpa's. 3/0 Caprosyn to skin subcuticular. 20ml 0.5% Chirocaine locally and to cord. Testicle confirmed in scrotal position post-op.

Post op: Eat and drink. Simple analgesia. Hoem when meeting nursing discharge instructions. No formal follow up.
N Galbraith ST4

MEDICINE PRESCRIPTION FORM

Hospital Name: .....

MEDICINES RECONCILIATION

Medicines Reconciled on Admission YES ☐

Date _____ Name (Print) _____

Discharge Prescription Prepared & Reconciled YES ☐

Date _____ Name (Print) _____

Date and time this form prepared:	Sheet No	2nd Prescription in use
__/__/__ Time: _____	.....	YES ☐ NO ☐

DOCTOR'S DECLARATION (if required by Local Protocol)

I authorise nurse/midwife administration of the medicines included in the symptomatic relief policy & local protocol:

_____

with the following exceptions: _____

Print & Sign: _____ Date: _____

COMMUNITY PHARMACY INFORMATION

Name _____ Tel No. _____

Address _____

Compliance Aid Details _____

Patient consent to share discharge information Y/N

Print & Sign _____

PATIENT DETAILS

Hospit 2012575494

DOB: BEAVERS David - M 20/12/1957

Date of Consul

Height:

Weight:

Surface area:

Ward:

ONCE ONLY AND PREMEDICATION DRUGS

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)
10/12/18	TEMAZEPAM	20mg	PO	ON CALL	RIFAI	PO AKING	1305

50 10-12 Cen.

DATE

MONTH

RECORD OF THROMBOPROPHYLAXIS ASSESSMENT (IN EACH CASE RECORD WITH Y OR N - REASSESS NEED AT LEAST EVERY 48 HRS)

IS DRUG THROMBOPROPHYLAXIS INDICATED? Y / N

ARE ANTIEMBOLISM STOCKINGS INDICATED? Y / N

SIGNATURE OF ASSESSOR

ARE ANTIEMBOLIC STOCKINGS ON PATIENT? RECORD DAILY AT 1800 DRUG ROUND WITH Y OR N

Parenteral Drugs : Regular Prescription

Patient's Own Medicine

A DRUG enoxaparin + TEDS

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE 40mg | ROUTE SC | DATE 10/12 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

B DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

C DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

	A	B	C	For Use Y/N	Qty:	Date:	Assessed by:	Ordered from Pharm.
Other time								
0700-0900								
1200-1400								
1600-1800								
2200-2400								
Other time								

REVIEW THE NEED FOR IV ANTIBIOTIC DAILY. SWITCH TO ORAL THERAPY AS SOON AS POSSIBLE (SEE IVOST POLICY)

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.

D DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

E DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

F DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

G. DRUG

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DOSE | ROUTE | DATE | STOPPED DATE: INITIALS:

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 Prescription

DATE → 10
MONTH → 12

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.

H

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: COCODAMOL 30/500

DOSE: two tablets | ROUTE: PO | DATE: 10/12/18 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): RIFAI

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

J

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG: IBUPROFEN

DOSE: 400 mg | ROUTE: PO | DATE: 10/12/18 | STOPPED DATE: | INITIALS:

PRESCRIBER (PRINT & SIGN): RIFAI

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

K

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

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

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

L

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐

DRUG:

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

PRESCRIBER (PRINT & SIGN):

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY:

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

Oral and Other 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.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

M DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

N DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

P DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

R DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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 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.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

S DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

T DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

V DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

W DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

DATE
MONTH

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

X DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

Y DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

AA DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

BEFORE ADMISSION ☐ | NEW DOSE ☐ | NEW MEDICATION ☐

BB DRUG

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

PRESCRIBER (PRINT & SIGN)

ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

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 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.

BEFORE ADMISSION ☐
NEW DOSE ☐
NEW MEDICATION ☐

CC DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

DD DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

EE DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

FF DRUG
DOSE | ROUTE | DATE
PRESCRIBER (PRINT & SIGN)
STOPPED DATE: INITIALS:
ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY

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

Oral and Other Drugs: Regular Prescription

		DATE → / MONTH →	Patient's Own Medicine
BEFORE ADMISSION ☐	**GG** DRUG	Other time	For Use Y/N
	DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900	Qty:
NEW DOSE ☐		1200-1400	Date:
	PRESCRIBER (PRINT & SIGN) / STOPPED INITIALS:	1600-1800	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	2200-2400	Ordered from Pharm.
		Other time	
BEFORE ADMISSION ☐	**HH** DRUG	Other time	For Use Y/N
	DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900	Qty:
NEW DOSE ☐		1200-1400	Date:
	PRESCRIBER (PRINT & SIGN) / STOPPED INITIALS:	1600-1800	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	2200-2400	Ordered from Pharm.
		Other time	
BEFORE ADMISSION ☐	**JJ** DRUG	Other time	For Use Y/N
	DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900	Qty:
NEW DOSE ☐		1200-1400	Date:
	PRESCRIBER (PRINT & SIGN) / STOPPED INITIALS:	1600-1800	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	2200-2400	Ordered from Pharm.
		Other time	
BEFORE ADMISSION ☐	**KK** DRUG	Other time	For Use Y/N
	DOSE / ROUTE / DATE / STOPPED DATE:	0700-0900	Qty:
NEW DOSE ☐		1200-1400	Date:
	PRESCRIBER (PRINT & SIGN) / STOPPED INITIALS:	1600-1800	Assessed by:
NEW MEDICATION ☐	ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY	2200-2400	Ordered from Pharm.
		Other time	

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

All Routes: As Required Prescriptions

BEFORE ADMISSION	NEW DOSE	NEW MEDICATION					STOPPED		DATE	TIME	DOSE	GIVEN BY	Patient's Own Medicine
☐	☐	☑	LL	DRUG: Ondansetron			DATE:						For Use Y/N
			DOSE: 4mg	ROUTE: PO/IV	INDICATION: nausea		INITIALS:						Qty:
			PRESCRIBER (PRINT & SIGN):		MAX.FREQ: 8O	DATE: 10/12							Date:
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										Assessed by:
													Ordered from Pharm.
☐	☐	☑	MM	DRUG: Paracetamol			DATE: 10/12						For Use Y/N
			DOSE: 1g	ROUTE: PO	INDICATION: Pain		INITIALS:						Qty:
			PRESCRIBER (PRINT & SIGN):		MAX.FREQ: QID	DATE: 10/12							Date:
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										Assessed by:
													Ordered from Pharm.
☐	☐	☐	NN	DRUG: dihydrocodeine			DATE: 10/12						For Use Y/N
			DOSE: 30mg	ROUTE: PO	INDICATION: Pain		INITIALS:						Qty:
			PRESCRIBER (PRINT & SIGN):		MAX.FREQ: QID	DATE: 10/12							Date:
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY										Assessed by:
													Ordered from Pharm.
☐	☐	☐	PP	DRUG: MORPHINE			DATE:						For Use Y/N
			DOSE: 2mg	ROUTE: IV	INDICATION: pain		INITIALS:						Qty:
			PRESCRIBER (PRINT & SIGN): RIFAT		MAX.FREQ: 1 only	DATE: 10/12							Date:
			ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY: In recovery only										Assessed by:
													Ordered from Pharm.

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

BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**RR**	DRUG ORAMORPH	STOPPED DATE:	DATE																							Patient's Own Medicine For Use Y/N
		DOSE 10 mg · ROUTE PO · INDICATION pain	INITIALS:	TIME																							Qty:
		PRESCRIBER (PRINT & SIGN) RIFAI · MAX.FREQ. 1hourly	DATE: 10/12	DOSE																							Date:
				GIVEN BY																							Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**SS**	DRUG CYCLIZINE	STOPPED DATE:	DATE																							For Use Y/N
		DOSE 50 mg · ROUTE IV · INDICATION N+V	INITIALS:	TIME																							Qty:
		PRESCRIBER (PRINT & SIGN) RIFAI · MAX.FREQ. 8hly	DATE: 10/12	DOSE																							Date:
				GIVEN BY																							Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**TT**	DRUG	STOPPED DATE:	DATE																							For Use Y/N
		DOSE · ROUTE · INDICATION	INITIALS:	TIME																							Qty:
		PRESCRIBER (PRINT & SIGN) · MAX.FREQ.	DATE:	DOSE																							Date:
				GIVEN BY																							Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY																									Ordered from Pharm.
BEFORE ADMISSION ☐ NEW DOSE ☐ NEW MEDICATION ☐	**VV**	DRUG	STOPPED DATE:	DATE																							For Use Y/N
		DOSE · ROUTE · INDICATION	INITIALS:	TIME																							Qty:
		PRESCRIBER (PRINT & SIGN) · MAX.FREQ.	DATE:	DOSE																							Date:
				GIVEN BY																							Assessed by:
		ADDITIONAL INSTRUCTIONS / COMMENTS / PHARMACY		The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.																							Ordered from Pharm.

Name ____________________

CHI No ____________________

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

____

____

Nurse/Midwife Administration by Symptomatic Relief Policy or other Protocol - Authorised Nurses/Midwives Only (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.

DATE	DRUG	DOSE	ROUTE	TIME (24hr)	NURSE (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)

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. Print & Sign your full name clearly against each prescription entry.

4. Time should be recorded in 24hr format e.g. 0600, 1800.

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

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

7. 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).

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

Cat. No. 40995 Ver 4, 09/2010 GGC0029

Patient Agreement to Investigation or Treatment
Consent Form

3

NHS Greater Glasgow and Clyde

Patient details (or pre-printed label)	
Hospital / clinic / GP practice	
Patient's surname / fami	2012576494 BEAVERS David M 20/12/1957
Patient's first name	
Date of birth	Gender Male ☐ Female ☐
CHI number	7
Special requirements (e.g. other language / communication method)	

Statement for practitioner
(to be filled in by practitioner with appropriate knowledge of proposed procedure)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side (write in full).

Open Repair of LEFT INGUINAL HERNIA

Specific risks / complications
Please detail any specific risk/complications related to the procedure that were discussed.

Bleeding	Urinary retention
Infection	Testicular ischaemia
Haematoma	Chronic pain / numbness
Recurrence	Damage to surrounding structures

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.

Signature of practitioner	
Name / Designation (print)	Neil Gunson ST6
Date	12/10/18

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

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

I understand

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

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

I agree

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

Additionally you have to agree or disagree to the following	**Agree**	**Disagree**
to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.	☐	☑
that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.	☐	☑

Patient / parent agreement to treatment

Signature * Daniel Soares	Date 10/12/18
Name (print)	

Patient refusal for blood products

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

Signature	Date
Signature of practitioner	Date

Beavers, David ID:2012576494 27-NOV-2018 11:50:05 GREATER GLASGOW SITE-QEOPPA ROUTINE RECORD

20-DEC-1957 (60 yr)
Male

Room:
Loc:1375

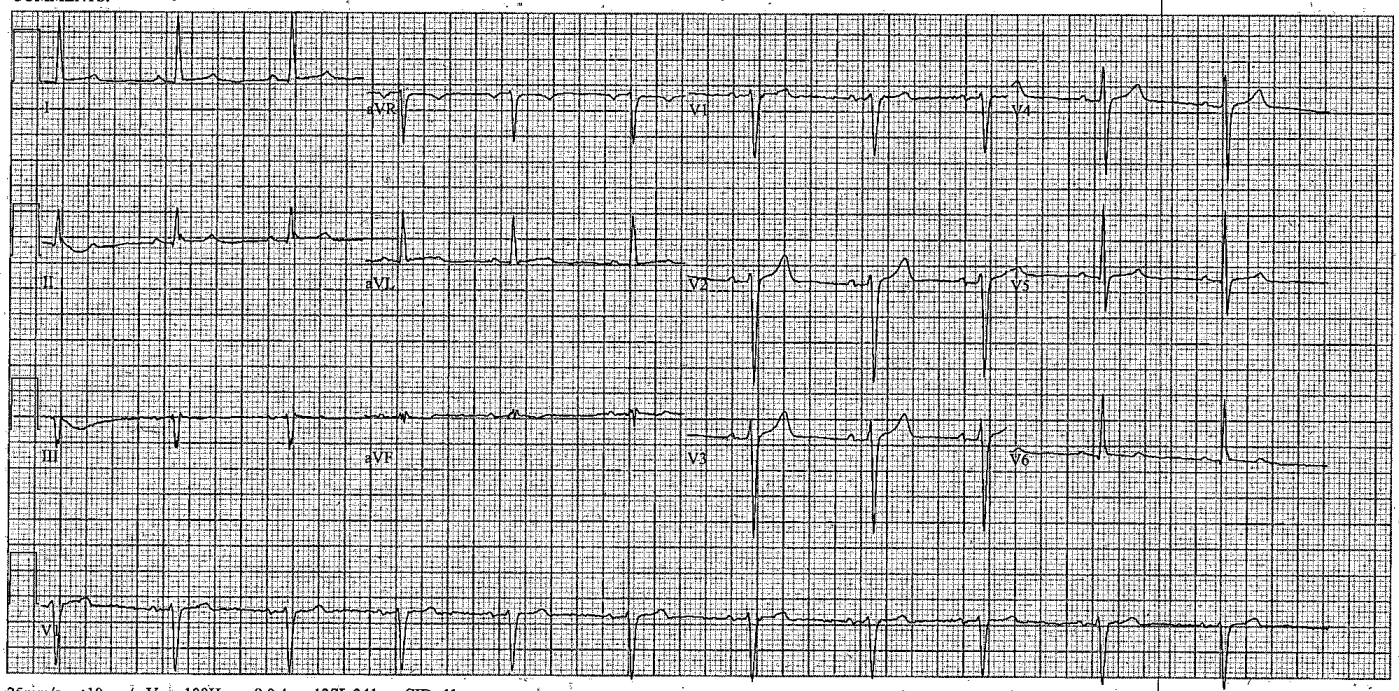
Vent. rate	66	BPM
PR interval	150	ms
QRS duration	104	ms
QT/QTc	384/402	ms
P-R-T axes	21 4	25

Normal sinus rhythm
Nonspecific T wave abnormality
Abnormal ECG

Technician: 324
Test ind:PRE OP

Referred by: QEOPPA MR MCARTHUR Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.4 12SL 241 CID: 41 SID: 2038974 EID: EDT: ORDER:

XR Thumb Lt

Performed	23-Mar-2009 15:06	Received	26-Mar-2009 12:07
Reported	26-Mar-2009 12:07	Order Number	G405H12848532
Status	Final	Source System	MiSys

XR Shoulder Lt Final

David Beavers

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING
Verified by: AUTO REPORTING

XR Shoulder Lt

Performed	23-Mar-2009 15:06	Received	26-Mar-2009 12:07
Reported	26-Mar-2009 12:07	Order Number	G405H12848531
Status	Final	Source System	MiSys

XR Shoulder Lt Final
David Beavers
These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING
Verified by: AUTO REPORTING

MANUAL PATIENT RECORDS

David Beavers

2012576494

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	☐

LABS

NHS GREATER GLASGOW

SURNAME (Block Letters)	FIRST NAME	UNIT No.
BEAVERS	DAVID	3240339

ADDRESS	RELIGION	SEX	DATE OF BIRTH
28 Elizabethan Way Renfrew PA4 0LY		M	20-12-5

PHONE No. 0141 885 0955

CHANGE OF ADDRESS

PHONE No.

CHANGE OF ADDRESS

PHONE No.

NEXT OF KIN (Name and Address)

NAME AND ADDRESS OF OWN DOCTOR
DR L. Murphy
103 Paisley Road
Renfrew PA4 8LH.

NAME AND ADDRESS OF OWN DOCTOR

UNITCASE RECORDS (Delete)

DISABILITY YES ☐ NO ☐

CHI NUMBER
201257

ETHNIC ORIGIN

INDEX OF ATTENDANCES

Every NEW out-patient attendance, and EACH in-patient admission must be noted below

DATE	CLINIC / WARD	DOCTOR	DIAGNOSIS / OPERATION	CODED	DISCH. DATE
23/3/09	Ortho	MBZ/PO			

18045 01/09

USE RED INK FOR NOTIFICATION OF DEATH. ALL OTHER ENTRIES IN BLACK

DEPARTMENT OF ORTHOPAEDIC SURGERY

MR MARC BRANSBY-ZACHERY FRCS
Orthopaedic Hand & Upper Limb Service

Our Ref: MB-Z/MD
Enquiries To: Helen Carlisle

Southern General Hospital
1345 Govan Road
Glasgow
G51 4TF
Direct Tel: 0141 201 1473

23/03/09

DR LORRAINE L MURPHY
THE HEALTH CENTRE
RENFREW
PA4 8LH

Dear Dr Murphy

DAVID BEAVERS DOB: 20/12/57 (SG03240332)
28 ELIZABETHAN WAY, RENFREW, PA4 0LY

Many thanks for asking us to see Mr Beavers who is a 51 year old right handed electrician who attends clinic today with pain in his left shoulder but he also on attendance complains of some pain around his left thumb. He has pain now over the last 3-4 months. He is currently buying some anti-inflammatories over the counter and taking them to control his pain. He stated today that if he did not take these tablets he would be either be unable to go to his work or indeed complete a days work. As he had taken his tablets today he did not really have much in the way of pain.

On examination he had a non-tender neck and a good range of cervical spine motion. He had no tenderness around his acromial area in his left shoulder and he demonstrated a full pain free range of motion. There was no obvious wasting or deformity around his left shoulder. He had a slight discomfort when performing the Hawkin's Kennedy test. With regards to his left thumb he had no obvious wasting or deformity. He had no tenderness at his IP, MCP or CMC and ballotting his thumb did not give him much pain. He appeared to have good intact collateral ligaments also at his thumb.

I took the liberty of x-raying both his thumb and his shoulder in clinic today. His shoulder does show some early sclerosis consistent with impingement and there was some evidence of early wear around his thumb.

This gentleman appears to be suffering from a left subacromial impingement and also some early wear changes to his thumb. Currently he can control his symptoms by taking shop bought anti-inflammatories but I have suggested to him it would be much better for him to attend yourself and get a regular prescribed dose. In the event that tablets would not control his pain then I suggested in the future we could offer him injections. He is not very fond of needles and was not very receptive to this. I have given him some general advice and also an open

appointment should he feel his pain recurs and he is anable to control it with tablets I would be more than happy to see him again with a view to injection. Kind regards.

Yours sincerely

Karen Shields
Extended Scope Practitioner

3240332 - SG - MIUP

(L)(XL)

Hospital use only	Clinic	Day Date	Time	Hospital No.

Transport required?

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

MARC BRANSBY-ZACHARY (Consultant)
Trauma and Orthopaedic Surgery C8
G General Referral

— **Consultant / receiving practitioner** and/or **specialty clinic**

Southern General Hospital

— **Hospital** and **hospital address**

Hospital location code. G405H

Email address

Urgency of referral ROUTINE
Date of referral 24-Feb-2009 **Date sent** 24-Feb-2009

PATIENT DETAILS

Surname	BEAVERS
Forename(s)	David
Title	Mr
Sex	Male
Date of birth	20-Dec-1957
CHI no.	2012576494

Patient's address

28 Elizabethan Way
RENFREW
PA4 0LY

Contact number(s)

Voice: 0141 885 0955

REGISTERED GP DETAILS

Name	Dr L Murphy		
GMC code	3442500	GP code	C38334
Practice name	RENFREW HEALTH CENTRE		
Practice code	87697		

Practice address

103 Paisley Road
RENFREW
PA4 8LH

Contact number(s)

Voice: 0141 314 4621
Facsimile: 0141 314 4612

REFERRING GP DETAILS

Name	Dr. Lorraine Murphy		
GMC code	3442500	GP code	38334
Practice name	The Health Centre (87697)		
Practice code	87697		

Practice address

103 Paisley Road
Renfrew

Contact number(s)

Voice: 0141 314 4621

APPMADE
23/3/09
MB2 / P.O

25 FEB 2009
SOUTH

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Problems with left shoulder

Comment: Dear Mr Bransby-Zachary

Thank you for seeing this gentleman who has problems with his left shoulder. He has a full range of movement but he does get discomfort and the feels that "something is restricting" movement. I wonder if he has an impingement symptom and I would appreciate your further assessment.

Thank you

Lifestyle Risks and Alerts / Examinations and Investigations

Description/Question	Result/Comment	Date
Never smoked tobacco:		20-Feb-2009
Never smoked tobacco:		12-Oct-2006

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & medium priority - all)

Description	Modifier	Extension	Date of onset
Body mass index index 25-29 - overweight	-	-	20-Feb-2009
Neck sprain	-	-	01-Jan-1978
Motor vehicle traffic accidents (MVTA)	-	-	01-Jan-1978
Molluscum contagiosum	-	-	10-Mar-1969
Impetigo	-	-	01-Jan-1961
Acute tonsillitis	-	-	01-Jan-1960

Family conditions (All priorities)

Description	Modifier	Extension	Date Recorded
No FH: Ischaemic heart disease	-	-	12-Oct-2006
No family history diabetes	-	-	12-Oct-2006

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

Allergies

Adverse reaction to drug NOS

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:No

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

SOUTH GLASGOW HOSPITALS
SOUTHERN GENERAL HOSPITAL

7

SG03240332
DAVID BEAVERS
28 ELIZABETHAN WAY

RENFREW 20/12/1957
PA4 0LY CHI 2012576494

CLINICAL NOTES

DATE	
23/3/09	PC Shoulder pain (L) / CMC
	HPC Roughly had pain in (L) Shoulder / (L) CMC
	had for 3-4mths feels that
	generally has aches + pains in (L) Sh
	diff to ascertain what irritates / relieves pa
	PMH Nil of note
	DH Ibroprofen (shop bought)
	SH 51 year old, (R) handed electrician
	work FT. no specific hobbies
	Tablets only Rx so far
	Obj, Full AROM
	?mild impingement on (L) c int/ext
	rot elge
	CMC - OK - no blething etc
	Has had tablets today so no pain
	XR - sclerosis &
	CMC
	Guly OA CMC / impingement
	[signature] GSP

JMcC/71589