A&E Records

E1686065

E1339723

600091165X

McDonald

Charmaine, Martha

69 Gilmerton Dykes Crescent
Edinburgh
Midlothian

EH17 8JP

07833538856

31/12/1979

30 Female

Dr J Taylor

65 Liberton Gardens
Edinburgh

EH16 6JT

Betts, Catherine

25/03/2010 12:02

Private Transport

General Practitioner

CHI: 3112791401

30 yr old female

B/G: Depression, 4 Children, Back pain - known disc protrusions @ L4/L5, L5/S1

PC: Back pain/Incontinence/weak legs

HPC: Known sciatica symptoms for a number of months, withlower back pain radiating to legs bilat. Recently worsening symptoms for 2/52 with weak legs, alteration in sensation of lower legs bilat and urinary incontinence.

Sys: Denies symptoms aside of above. No faecal smearing/incontinence. Describes 'feeling the need to go to the toilet, but can't'. Has no infective urinary symp.

Meds: Mirtazepine/co-codamol/ibuprofen/omeprazole

Sx: Independent

O/e:
Well, apyrexial, obs stable
HS pure
Chest clear, abdo SNT BS present
Neuro - CN's intact
Arms: equal 5/5 power/tone/co-ord/sens
Legs: 4/5 power bilat, normal tone, altered sens L4/L5/S1 distribution, co-ord normal.
PR: normal sacral sensation, anal tone perhaps reduced, nil else
Lower paralumbar tenderness upon palpation
Urine dip - negative

IMP: Increasing symptoms/cord compression

Plan: MRI - No change in disc herniation from prev, no cord compression
D/W neurosurgeons - nil acute today, cannot find reason for bladder dysfunction, but can occur in relation to herniation of disc. Thus will get in contact with patient and kindly r/v in the ward next week.

Dr Caspar Wood Doctor

E1686065

E1339723

600091165X

McDonald

Charmaine, Martha

69 Gilmerton Dykes Crescent
Edinburgh
Midlothian

EH17 8JP 07833538856

31/12/1979

Dr J Taylor

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Betts, Catherine

30 Female

25/03/2010 12:02

Private Transport

General Practitioner

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

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

NHS Lothian

A/E no. E1686065
Previous no. E1339723
UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Address 69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
Postcode EH17 8JP

Date of Birth 31/12/1979
Age 30 Yrs Sex F
Telephone 07833538856

Contact Address Betts, Catherine
Telephone H
W

Complaint back pain
Allergies

Attendances in last 12 months: 0
School:

General Practitioner

Name
J Taylor
Address
65 Liberton Gardens
Edinburgh
EH16 6JT
Telephone 0131 664 3050

Date and Time of Attendance
25/03/2010 12:02
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
General Practitioner

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer
37	75	12	117/63	5.2	99%			

Nursing Assessment

See G.P letter Pt has ongoing back pain recent MRI. Developed incontinence.

Pain Assessment Score
Waterlow Score
Pain Score Review Time
Triage Score
Signature Time 12:35 Print Name Russell

Clinical Notes

30 F.

C: Back pain/incontinence/weak legs

HPC: known sciatica b/lat ± disc bulge @ L4/5 & 5/S1
? weakness 2/12 ? urinary incontinence 5/52 no faecal smearing
well in result. Described wanting to pass urine but can't
? retention

Meds: Nortriptyline/co-codamol/ibuprofen/omeprazole.

PMH/SH: Nil.

O/E: Well NAD chest clear Abdo Soft. Gen
Nerve: CN's intact.
Upper limbs N.
MSK: ? Local tenderness lower limb - Power 4/5 thigh, 5/5 knee/ankle
- Tone N
- Co-ord N.
Imp: ? Cauda equina - Sens altered L5/S1 distribution
Plan MRI, Analgesia: - Sacral sens
- urine - ve.

Diagnosis

Doctor's Name (print) Signature

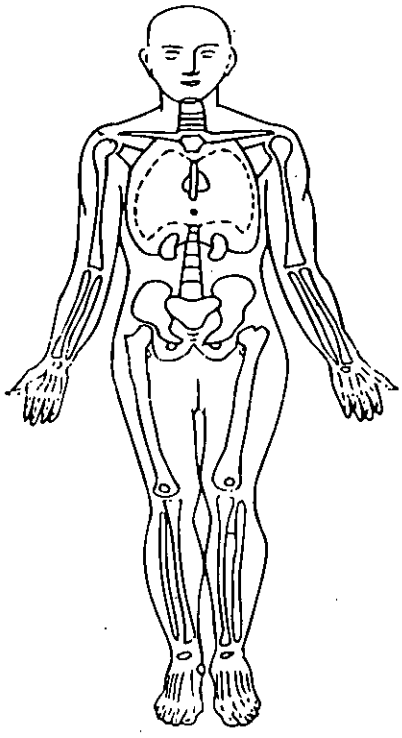
Nursing Release			
Instruction/Health Education	Y	N	N/A
Medication	Y	N	N/A
Review			
X-rays	Y	N	N/A
Clinic	Y	N	N/A
Notes/X-rays	Y	N	N/A
Walking Aids	Y	N	N/A
Transport			
Self	Y	N	N/A
Other	Y	N	N/A
Amb ref no.....	Y	N	N/A
Primary Care Ref.			
Safe Home	Y	N	N/A
Crisis Care	Y	N	N/A
District Nurse	Y	N	N/A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

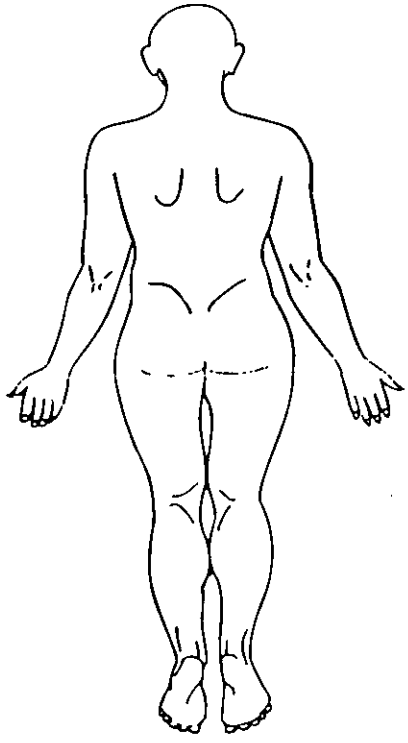
Clinical Notes Continued

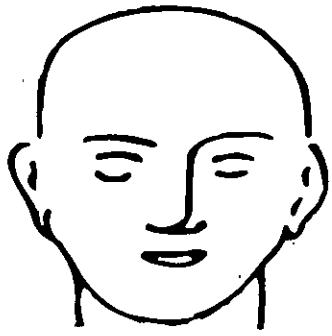
→ Neurosurgeons.

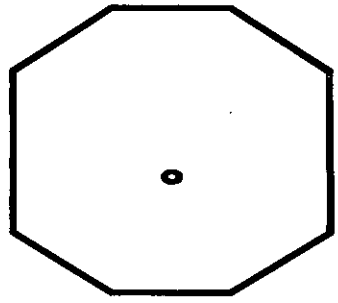
- Will contact patient for further assessment on ward.

CH
GT.









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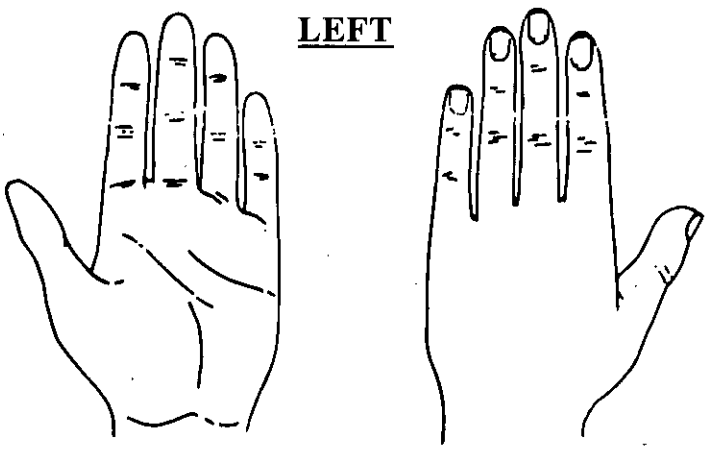

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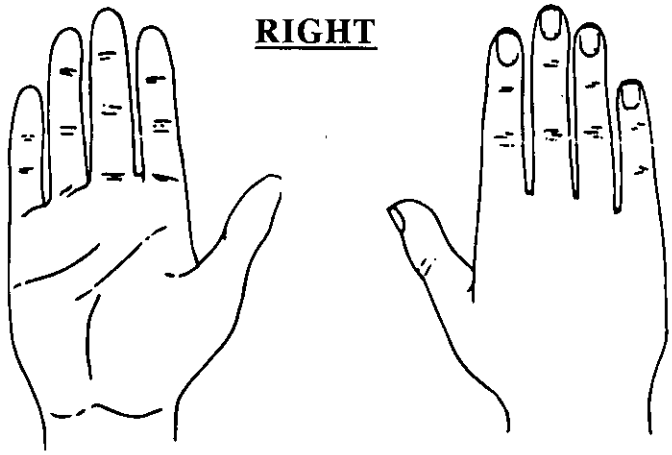


Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

Clinical Lead Dr. A. Gray
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no E2402075
Previous no. E1737367
UHPI no 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Date of Birth 31/12/1979
Age 33 Yrs Sex F
Address 69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
Postcode EH17 8JP
Telephone 07833538856
Contact Betts, Catherine
Address
Telephone H
W
Complaint fall - wrist inj
Allergies
Attendances in last 12 months: 0 School:

General Practitioner

Name
LE Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
02/02/2013 10:11
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment (S) Fall 10/7 ↑ out stretched Arm, Pain in Left Wrist.
Scaphoid (O) pt well perfused, Swelling Painful on pressing over Scaphoid
Triage 4
(I) Analgesia Senior Rev

Pain Assessment Score — Waterlow Score
Pain Score Review — Time — Triage Score 4
Signature — Time 10:20 — Print Name Alan Beach

Clinical Notes

10:30

HPC: 33 F LHD. Student
FOOSH 1/52 ago
GP Concerned scaphoid #.

PMH: back pain
DH: DF118
NKDA

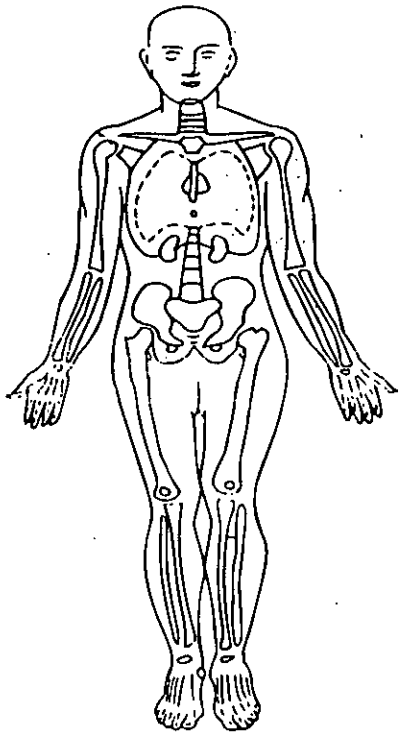
O/E (L) wrist. (N)
Specifically tender @ ASB. on 2 surfaces.
pain axial compression thumb.
non tender radius / ulna / remaining carpals.

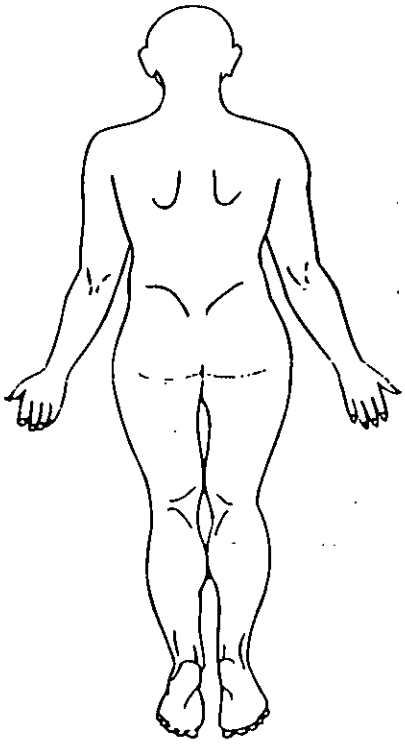
XR scaphoid - no obvious #
Imp (O) scaphoid clinical #
Plan. # clinic 1/52 - (2/52)
SWS TE CT analgesia

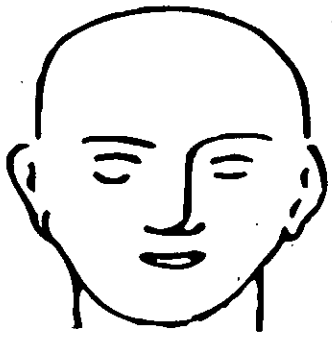
Diagnosis

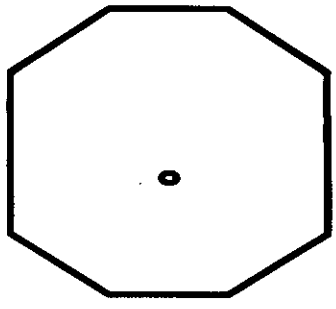
Doctor's Name (print) HAMILTON GMP Signature

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









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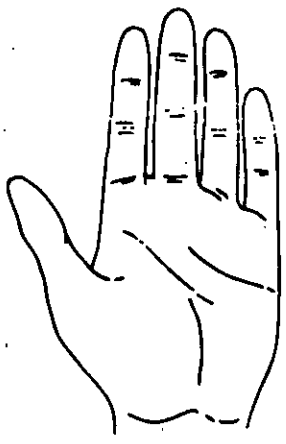

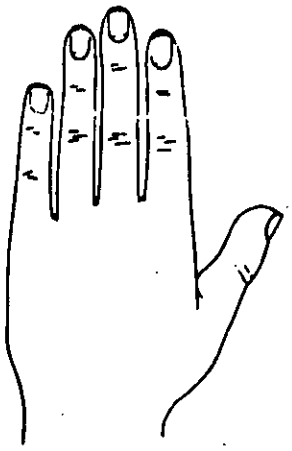

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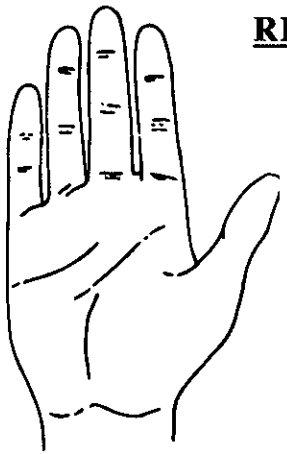
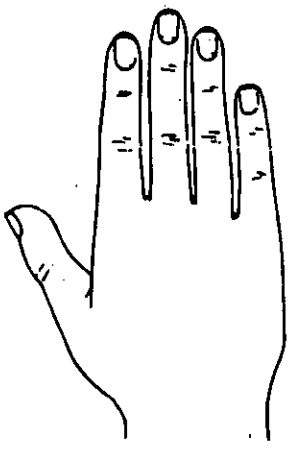




NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 02/02/2013

Emergency Discharge Summary

Patient	Charmaine McDonald 69 Gilmerton Dykes Crescent Edinburgh Midlothian EH17 8JP	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (33 years) 600091165X E2402075
Attendance Date	02/02/2013	**Contact**	Betts Catherine
Attendance Time	10:11		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	02/02/2013		
Discharge To			

Dear Dr LE Duncan

Presentation: fall - wrist inj

33 year-old LHD F student. FOOSH one week ago, GP concerned regarding scaphoid fracture.

PMH: Back pain
DH: DF118
NKDA

OE L wrist: Normal appearance. Specifically tender at ASB on two surfaces. Pain on axial compression of thumb. Non-tender radius/ulna but remaining carpals. DNVI.

XR scaphoid: Shows no obvious fracture

Imp: L clinical scaphoid fracture

Plan: Fracture clinic in 1 week as this is now one week since time of incident. Spencer wrist support with thumb extension. Continue own analgesia. Should return or see GP if any concerns meantime.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Kirsteen Hamilton, Nurse Practitioner

LOTHIAN CHRONIC PAIN SERVICE

Pain Management Programme
Department of Clinical Psychology
Astley Ainslie Hospital
133 Grange Loan
EDINBURGH
EH9 2HL

Tel: 0131 537 9128
Fax: 0131 537 9120

Pain Clinic
Department of Clinical Neurosciences
Western General Hospital
EDINBURGH
EH4 2XU

Tel: 0131 537 1646/1659
Fax: 0131 537 2179

Ms Charmaine McDonald
69 Gilmerton Dykes Crescent
EDINBURGH
EH16 6RN

Dictated:
Date: 05 February 2013
Ref: CAG/DK/600091165X

Dear Ms McDonald

An appointment has been made for you to attend DCN x-ray to see Dr Craig Grice, Consultant in Anaesthesia & Pain Medicine on Tuesday the 5th March, 2013, at 2.30 p.m. for injections as discussed. Please report to the DCN x-ray reception desk on the ground floor of the DCN building. Please arrange for somebody to accompany you home as you will not be permitted to drive immediately after the procedure.

If this date is unsuitable please contact us on 0131 537 1659/1646.

Yours sincerely

DEBBIE KIRKWOOD
Pain Clinic Secretary

NHS 24 FAX REPORT

NHS 24 ID:	Call ID: 13149881	**Site:**	Glasgow
CHI #:	3112791401	**Caller Name:**	
Surname:	MCDONALD	**Date/Time Call Received:**	17/05/2013 13:19
Forename:	CHARMAINE		
DOB:	31/12/1979	**Date Call Completed:**	
Gender:	Female	**Time Call Completed:**	
Address:	69 Gilmerton Dykes Crescent	**Call Priority:**	CS3
		Call Reason:	BACK PAIN 1 DAY SEE A/V
	Edinburgh	**Current Location:**	69 Gilmerton Dykes Crescent
	EH17 8JP		Edinburgh
PH NO:	01316644863 (Return)		EH17 8JP
		Special Directions:	Front Door
		Current PH NO:	01316644863 (Return)
Care Provider:	DUNCAN, LINDA	**Care Provider Details:**	24 GRACEMOUNT DRIVE EDINBURGH EH16 6RN Scotland
Temporary Resident:	No		

Referred To: **Recommended Action:**

CLINICAL SUMMARY

BACK PAIN FOR 1 DAY AND LOWER BACK PAIN ACROSS THE BACK. UNABLE TO PASS URINE SINCE LATE AFTERNOON YESTERDAY. TAKEN DIHYDROCODEINE, PREGABALIN & PARACETAMOL WITH NO EFFECT.HAD OPERATION FOR SLIPPED DISCS IN 2010. RESPONDED WELL IN MARCH TO EMP & CORTISONE INJECTIONS. WT 105 KG. SAS 1 HR AMBULANCE REQUESTED.

PAST MEDICAL HISTORY

MEDICAL PROBLEMS

DISCS REMOVED 2010

MEDICATIONS

AS PER ECS

ALLERGIES

AUGMENTIN

Referred Clinical Notes:

T:
P:
R:
BP: /

Print Name: **Signature:**

LHB925

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

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

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

NHS Lothian

A/E no. E2475188
Previous no. E2402075

UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Address 69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
Postcode EH17 8JP

Date of Birth 31/12/1979
Age 33 Yrs Sex F
Telephone 0131 664 4863

Contact Betts, Catherine
Address
Telephone H
W

Complaint back problems
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

Name
LE Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
17/05/2013 15:11
Incident Date & Time:
Mode of Arrival
Emergency Ambulance
Source of Referral
NHS 24

T	P	RR	BP	BM	SpO2	SEWS	Urinalysis	Alcometer

Nursing Assessment 9 Dach pain for past 2 days - unable to move or walk. pt had range of spinal surgery. known to the pain team @ the WGH on CMCC. GCS 15, MSK in tact

Pain Assessment Score
Waterlow Score
Pain Score Review Time
Triage Score 10
Signature Time 15:20 Print Name

Clinical Notes - Chronic back pain since school injury.
- ? exacerbation of chronic

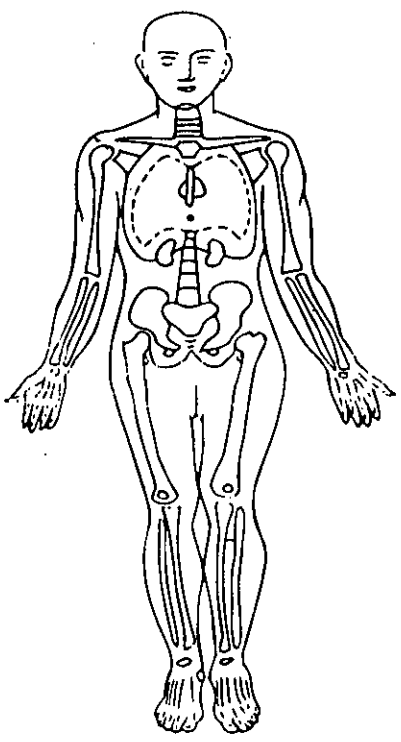
→ lower back pain:
yesterday: Not doing anything unusual
not sudden
- Straight across back
- not able to weight bear.
- 2010 surgery done
4/5
- NO trauma
- not in context

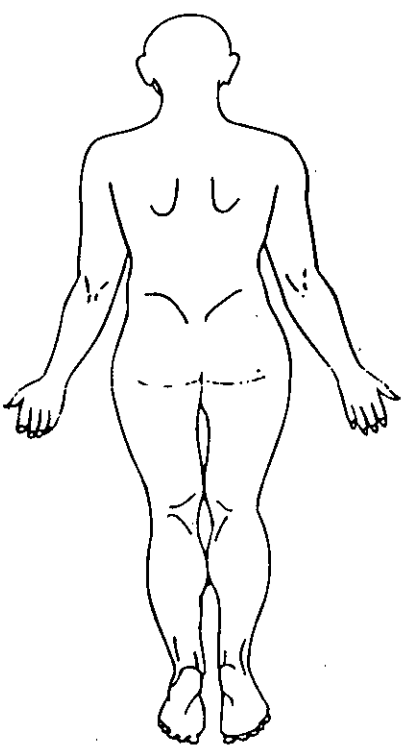
Taken - dihydrocodeine
- pregabalin
- diclofenac
- amitriptyline

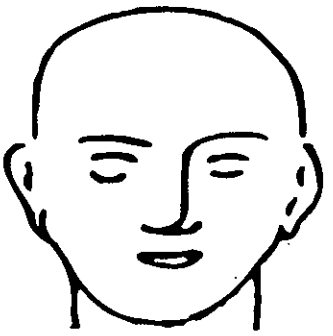
- Tender sacral -
- can weight bear
- given crutches.
- I can persuade to return.
Normal under sensation + perianal area.
dihydrocodeine and diazepam.

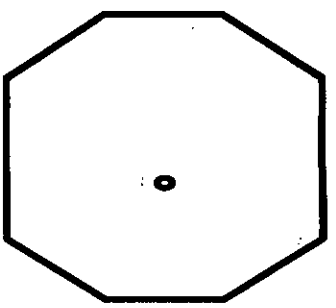
Diagnosis Chronic back pain; on acute →
Doctor's Name (print) Signature

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









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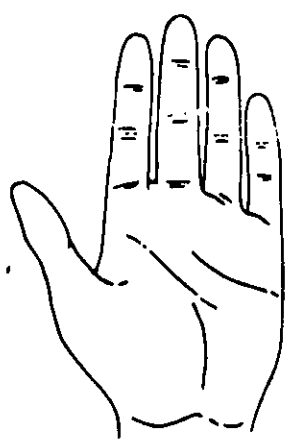

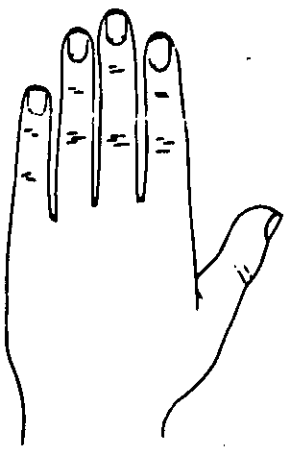

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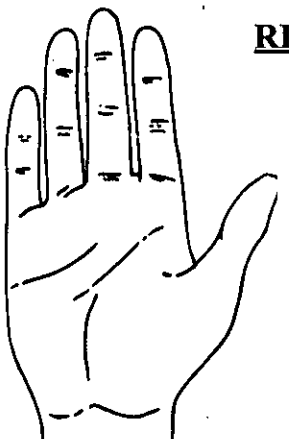
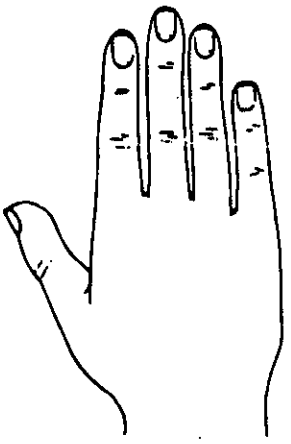




NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 21/05/2013

Emergency Discharge Summary

Patient	Charmaine McDonald 69 Gilmerton Dykes Crescent Edinburgh Midlothian EH17 8JP	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (33 years) 600091165X E2475188
Attendance Date	17/05/2013	**Contact**	Betts Catherine
Attendance Time	15:11		
Mode of Arrival	Emergency Ambulance		
Source of Referral	NHS 24		
Discharge Date	17/05/2013		
Discharge To			

Dear Dr LE Duncan

Presentation: back problems

CHI: 3112791401

This 33 year old lady with chronic back pain had a slipped disc operation in 2010. Since then she has been seen by Chronic Pain and recently had steroid injection a couple of months ago. She took DHC, pregabalin, amitriptyline, but not sometimes admits regular. She has been otherwise well, but she has come with a 2 day history of lower back pain. No acute trauma. This pain is the same as what she has been having for long term. Yesterday, she was having pain while walking and while lying flat, she said that nothing really made her feel any better. She feels okay when she is sitting down. She usually walks with a stick and she is able to weight bear. She is able to walk normally.

On exam: Very tender sacral area. She is able to mobilise both hips. A little bit painful on leg straight raise on the right.
She was also seen by GP OOH.
She is able to go to the toilet. No numbness. She can pass urine even though she has not passed since yesterday, but feels that she is quite dehydrated. I did not feel it was necessary to do an x-ray and that this was probably chronic pain not improving.

She was given DHC 90 mgs which she usually takes at home and Diazepam 6 mgs which did improve slightly her pain. She was able to get up and weight bear.

IMP: Probable ongoing chronic pain with muscular spasm.

Plan: Diazepam and DHC which she has taken in the department. I have told her to return if she is having more problems with passing urine, but otherwise she should make an appointment with her GP. I do not think that this is an acute problem, however, if she is not improving and her GP cannot help her then she may have to be seen again by Chronic Pain.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Dr Marena Zikry, Doctor

SCOTTISH AMBULANCE SERVICE - PATIENT REPORT FORM

GCS McDuncan

Last 600091165X/E2712952 F 31/12/1979

First **McDonald, Charmaine M**

69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP

CHI 3112791401

I E Duncan

N	N	N	N	N	N	N		A	S	1
e										
f	o	m				Age	3	4		
S						Sex	F	X		
			D of B	3	1	1	2	7	9	

Date	2	3	0	4	1	6
Time of Call			1	7	3	4
Time at Patient			1	7	3	9
Time Left			1	7	4	6
AMPDS Code	3	1	A	0	1	
AMPDS Revised						

Airway Clear [X] Suction [ ] N/OPA [ ] ET [ ] LMA [ ] Successful ? [Y] C-spine Injury [Y]

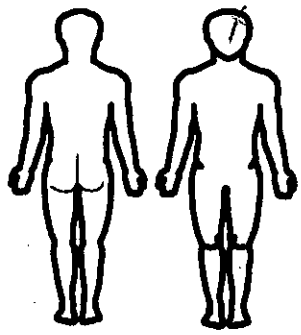
Breathing [X] Rate [F] [N] [S] BVM [ ] Ventilation [ ] Successful ? [ ] Paralysis [Y] Fitting [Y]

Pulse [X] Rate [F] [N] [S] CPR [ ] IV/IO [ ] Fluids [ ] Successful ? [ ] ECG [ ]

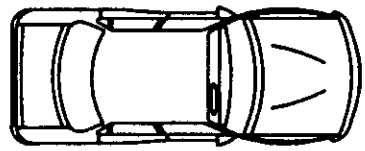
Despite the above unable to

Clear airway [ ] Detect breathing [ ] Detect pulse [ ] [Y] [Y] [P] [ ]

Injury Site	Wound	#	Pain	Splint	Dressed
Head			X		
Neck					
Chest					
Abdomen					
Back					
R/Arm					
R/Leg					
L/Arm					
L/Leg					



RTA [ ]
Trapped [ ]
Ejected [ ]
M / cyclist [ ]
Cyclist [ ]
Pedestrian [ ]
>20 min. Extricate [ ]



Temp. 36.8 °C

PEFR [ ] % B. Sugar [ ] mmol

Allergies: Augmentin

Medication: Dihydrocodeine

Assisted by and Name -

Doctor [ ] Nurse [ ] Other [Y]

Time	Pulse	Resp	BP	C / Refill	SpO2 %	GCS	Lpupil	Rpupil
1743	123	22	154	89	F S X	99	456	NR	NR
			S Y S	D I A	F S N		E V M	S R	S R
			S Y S	D I A	F S N		E V M	S R	S R
			S Y S	D I A	F S N		E V M	S R	S

Time	Fluid/Drug/Gas	Dose	Unit	Route	Effect	Rhythm	No. Joules	Repeat	Result Rhythm
					0				
					0				
					0				
					0				

Condition at NCMH A/E hospital Pulse [X] Breathing [X] Conscious [X] Time at Hospital 1750

History and Additional Information: Burned head in fire surround @ 1715. Nurses fully recovered - dressed up 20 mins later collapsed - faint - all obs ok - no swelling etc (c) site of injury.

Working assessment: Collapse ? cause

Diagnosis Code

Crew Name 1 Griffin Grade X

Crew Name 2 PMaddon Grade X

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

NHS Lothian

Previous Adverse Reactions	Co-Amoxiclav

600091165X/E2712952 F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Weight .....

DRUG AND PRESCRIPTION RECORD
ONCE ONLY PRESCRIPTION

Date 23 04 14

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By (Initials)	Checked By (Initials)
		Oxygen	%		target sats			
		via np/mask/nrbn						

Are any 2 of following present?

- temp >38.3 or <36 ☐
- Hr >90 bpm ☐
- RR >20 bpm ☐
- Acutely altered mental status ☐
- wcc >12 or <4 ☐
- BM >7 (unless diabetic) ☐
- Clinical signs of infection ☐
- Age >70 ☐

Think sepsis - start sepsis 6

1. High flow O2 ☐
2. measure lactate ☐
3. iv antibiotics ☐
4. iv fluids ☐
5. blood cultures ☐
6. measure urine output ☐

initials and time

If above combined with hypotension or raised lactate discuss with ED senior ASAP

Reason why not sepsis 6 not used

_____

_____

LU 067

TIME OF RECORDING →				12:1																
GLASGOW COMA SCORE	EYES	Spontaneous	4	4																
		Speech	3																	
		Pain	2																	
		None	1																	
	VERBAL	Oriented	5	5																
		Confused	4																	
		Words	3																	
		Sounds	2																	
		None	1																	
	MOVEMENT	To Command	6	6																
		Localises	5																	
		Withdrawal	4																	
		Flexion	3																	
		Extension	2																	
		None	1																	
TOTAL		14-15		15																
		12-13																		1
		9-11																		2
		<8																		3

PUPILS																				
	RIGHT	Size																		
		Reaction																		
	LEFT	Size																		
		Reaction																		

PUPIL SIZE 1mm • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ●

PAIN SCORE																				
	VERY SEVERE	9-10																		
	SEVERE	6-8																		
	MODERATE	4-5																		
	MILD	1-3																		
	NONE	0																		

BLOOD SUGAR	>25																			
	15-25																			
	4-15	5.9																		
	<4																			

URINE OUTPUT (mls/hr)	>30																			0
	<30																			3

Key = 0	SEWS SCORE	<3	0																	
1		3-5																		
2		6-10																		
3		>10																		

If Sews > 3 contact senior doctor

TIME OF RECORDING	1815																

BLOOD PRESSURE

Score if Systolic falls within parameters

200																			200
190																			190
180																			180
170																			170
160																			160
150																			150
140	A																		140
130																			130
120																			120
110																			110
100																			100
90	V																		90 1
80																			80
70																			70 2
60																			60
50																			50
40																			40 3
30																			30
ENTER VALUE IF SYSTOLIC BELOW 30 →																			Enter value if Systolic below 30

PULSE RATE

ENTER VALUE ABOVE 180 →																			Enter value above 180
180																			180
																			3
160																			160
140																			140
120																			120 2
100	9																		100 1
80																			80
60																			60
50																			50 1
40																			40 2
30																			30
ENTER VALUE BELOW 30 BPM →																			Enter value below 30 BPM 3

RESPIRATORY RATE

ENTER VALUE ABOVE 40 RPM →																			Enter value above 40 RPM
40																			40 3
35																			35
30																			30 2
25																			25 1
20																			20
15	0																		15
10																			10
8																			8
ENTER VALUE BELOW 8 RPM →																			Enter value below 8 RPM 3

TEMPERATURE

39°																			39° 2
38°																			38° 1
37°	0																		37°
36°																			36°
35°																			35° 2
34°																			34° 3

SAO2	>93	99																	
	90-92																		1
	85-89																		2
	<85																		3
Inspired O2%	%	R																	

I.V. LINE 1______________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

I.V. LINE 2______________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

DISCHARGE DRUGS

Drug name	dose	frequency	duration	instructions	signature

DRUG INFUSION

	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															

LHB 925

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Neil Boyle
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SU
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

A/E no. E2712952
Previous no E2475188
UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forename Charmaine Martha
Date of Birth 31/12/1979
Age Yrs Sex F

Address 69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
Postcode EH17 8JP
Telephone 0131 664 4863

Contact Betts, Catherine
Address
Telephone H
W

Complaint collapse ? cause
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

LE Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
23/04/2014 18:03
Incident Date & Time:
Mode of Arrival
Emergency Ambulance
Source of Referral
999 Emergency

Temp	Pulse Rate	BP	RR	Sats O2 (air)	BM	PF best	Alcometer	GCS	SEWS
36.8	94	141/87	16	97 %	5.4			/15 e_v_m	

Presenting Complaint: hit head, had "fuzzy hair" after wards,
History of Presenting Complaint: + "collapsed". Now c/o only of mine
Assessment: headache GCS 15 fine

Triaged no.: 1 2 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time.....

BLOODS Routine ☐ Troponin ☐ Amylase ☐ TOX ☐ Other ☐ _____ Bloods Done ☐ _____
time due..... (time of OD.....)

ECG Required ☐ Done ☐ Time.....

X-RAYS CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / – *(circle)* MSU Sent: Y / N

PAIN SCORE ___/10 Analgesia ☐ Time.....

Are any 2 of the following present:

1. temp >383 or <36 ☐
2. HR > 90 ☐
3. RR > 20 ☐
4. WCC > 12 or < 4 ☐
5. BM > 7 (+ not diabetic) ☐
6. age > 70 ☐
7. signs of infection ☐

>2 → **think sepsis and triage up**

FAST + / – *(circle)* Onset Time: .....
Stroke Test

Book Bed: CAA ☐ Ortho ☐ Other ☐ .....

Speciality Informed ☐ time .....

Time of Triage: 1805

Triaged by: *(sign)* .....

(print) .....

Clinical Notes

Care Providers Name:..... Signature:.....

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 24/04/2014

Emergency Discharge Summary

Patient	Charmaine McDonald 69 Gilmerton Dykes Crescent Edinburgh Midlothian EH17 8JP	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (34 years) 600091165X E2712952
Attendance Date	23/04/2014	**Contact**	Betts Catherine
Attendance Time	18:03		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	23/04/2014		
Discharge To			

Dear Dr LE Duncan

Presentation: collapse ? cause

Clinical note: SHO locum
BACKGROUND- normally fit and well, previous back surgery
Meds- dihydrocodeine, PRN paracetamol, amitriptyline
Allergy to augmentin
Lives with partner, smoker, minimal alcohol

PC- Head injury, collapse
HPC- 34 year old woman, hit her head on the wooden fireplace this afternoon at 1700, was bending down and then stood and hit left side of her head. Initially painful but was able to continue standing. Good memory of event. 20 minutes following this, collapsed onto the floor and was unconcious for 1.5 minutes, witnessed by partner to have mild upper body shaking and eye rolled back- showing the whites of her eyes. No tongue biting or incontinence. Came round and was able to say her name and DOB, no post ictal confusion. Patient does not remember collapse but remembers questions when she came round. Good memory since then.
Left sided dull headache and sensitivity to light.
No neck stiffness/fever/rash/cough/cold. No other pain. No blurred or double vision. No weakness/change in sensation. No palpitations or chest pain.
Did have short- 30 second episode while in A&E, witnessed by partner, eyes rolled back in head and gentle shaking movement in upper limbs but then came round and was back to normal.
No previous similar episodes. No family history of epilepsy. No previous head injuries.

O/E
Obs at triage- temp 36.8C, HR 94, BP 141/87, RR 16, sats 97% room air
Looks pale, alert and responsive, GCS 15
Warm and well perfused, good cap refill, dry skin
Pulse regular
Pupils equal and reactive, patient able to tolerate light in eyes
Mucous membranes moist

HS normal
Chest clear
Neuro- romberg negative, gait normal
tone/power/sensation and coordination normal in all limbs

Impression- minor head injury, no indication of serious head injury. Collapse does not sound like seizures and no indication of other pathology ?vasovagal

Plan- Given head injury advice leaflet which was explained and advised to be watched by relative and to return if issues.
Simple analgesia for headache

L.MERRY

Yours Sincerely,

Dr Lindsay Merry, Doctor

TIME OF RECORDING →				0/A																
GLASGOW COMA SCORE	EYES	Spontaneous	4	0																
		Speech	3																	
		Pain	2																	
		None	1																	
	VERBAL	Oriented	5	0																
		Confused	4																	
		Words	3																	
		Sounds	2																	
		None	1																	
	MOVEMENT	To Command	6	6																
		Localises	5																	
		Withdrawal	4																	
		Flexion	3																	
		Extension	2																	
		None	1																	
TOTAL			14-15	15																1
			12-13																	2
			9-11																	3
			<8																	

PUPILS																				
	RIGHT	Size																		
		Reaction																		
	LEFT	Size																		
		Reaction																		

PUPIL SIZE 1mm • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ●

PAIN SCORE																				
	VERY SEVERE	9-10																		
	SEVERE	6-8																		
	MODERATE	4-5																		
	MILD	1-3																		
	NONE	0																		

BLOOD SUGAR																				
	>25																			
	15-25																			
	4-15	5.0																		
	<4																			

URINE OUTPUT (mls/hr)																				
	>30																			0
	<30																			3

Key = 0	SEWS SCORE	<3																		
1		3-5																		
2		6-10																		
3		>10																		

If Sews > 3 contact senior doctor

TIME OF RECORDING	2025	2245															
BLOOD PRESSURE	200																
	190																
	180																
	170																
	160																
	150		1														
	140	144 A															
	130		135														
	120		A														
	110																
	100	V															
Score if Systolic falls within parameters	90	100															
	80		V														
	70		81														
	60																
	50																
	40																
	30																
ENTER VALUE IF SYSTOLIC BELOW 30 →																	

ENTER VALUE ABOVE 180 →																	
PULSE RATE	180																
	160																
	140																
	120																
	100	113															
	80		72														
			C														
	60																
	50																
	40																
ENTER VALUE BELOW 30 BPM →	30																

ENTER VALUE ABOVE 40 RPM →																	
RESPIRATORY RATE	40																
	35																
	30																
	25		16														
	20	o	C														
	15																
	10																
ENTER VALUE BELOW 8 RPM →	8																

TEMPERATURE	39°																
	38°		37.4														
	37°	o	C														
	36°																
	35°																
	34°																

SAO2	>93	99	95														
	90-92																
	85-89																
	<85																
Inspired O2%	%	RA	4LPM														

1
2
3

I.V. LINE 1____________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

I.V. LINE 2____________________________**location**

Time prescribed	Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
	Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

DISCHARGE DRUGS

Drug name	dose	frequency	duration	instructions	signature

DRUG INFUSION

	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															
	Rate *(ml/hr)*															
	Level															
Pump No:	*Amount Infused*															

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

LHB 925

A/E no. E2925134
Previous no. E2712952
UHPI no. 600091165X
CHI no. 0112791401

PATIENT INFORMATION

Surname McDonald
Forename(s) Charmaine Martha
Date of Birth 31/12/1979
Age 36 Yrs Sex F
Address 5 Matthew Street
Flat 4
Postcode EH16 4GZ
Telephone 07730373951
Contact Address Betts, Catherine
Telephone H
W
Complaint Chest pain
Allergies
Attendances in last 12 months: 1
School:

General Practitioner

GP Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
14/02/2015 20:10
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

TRIAGE

Presenting Complaint: Chest discomfort.
History of Presenting Complaint: Symptoms from last night.
Assessment: O/E Anxious ++. Previous panic attack.

OBSERVATIONS

Temp	Pulse Rate	BP	RR	Sats % O2/air	BM	PF best	Alcometer	GCS	SEWS
37.1	113	144/100	16	99	5.0			/15 e__v__m__	

? SEPSIS temp >383 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST Stroke Test + / − *(circle)* Onset Time: _____

Triaged no.: 1 2 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time_____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: ..... Time:.....

Size		Position		Standard technique	
Blue	☐	LEFT	☐	Handwash	☐
Pink	☐	RIGHT	☐	Gloves	☐
Green	☐	Hand	☐	CHD skin prep	☐
Orange	☐	Forearm	☐	Aseptic Insertion	☐
Brown	☐	ACF	☐	Needle free port	☐
Grey	☐	Foot	☐	Dressing labelled	☐

Operator Signature: .....

BLOODS Routine ☐ Troponin ☐ Amylase ☐
(Trop due_____)
TOX ☐ Other ☐ _____
(time of OD_____)
BTS ☐ SENT ☐

ECG Required ☑ Done ☐ Time_____ **X-RAYS** CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / − *(circle)* MSU Sent: Y / N

BED REQUIRED YES / NO *(circle)*

Speciality Informed ☐ Time_____

Time of Triage: 2020
Triaged by: *(sign)* .....
(print) M. Hill
Care Provider: *(print)* .....

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

22 40. Pt left cubicle + indicated to staff that she felt much better + was going home - Family with patient. Patient advised to wait + see doctor I offered to summon doctor immediately She declined this + left the department. Charge nurse informed.

MLP CYNOSN

Care Providers Name:..... Signature:.....

3112791401 14/02/2015 20:23:07 mcdonald, charmaine RIE (1)
Born 31/12/1979 Female Race: White Dept: Emergency Dept. (4>

Oper: mh

Rate 90 . Sinus rhythm.....normal P axis, V-rate 60- 99
. Baseline wander in lead(s) V5,V6

PR 126
QRSD 89
QT 374
QTc 458

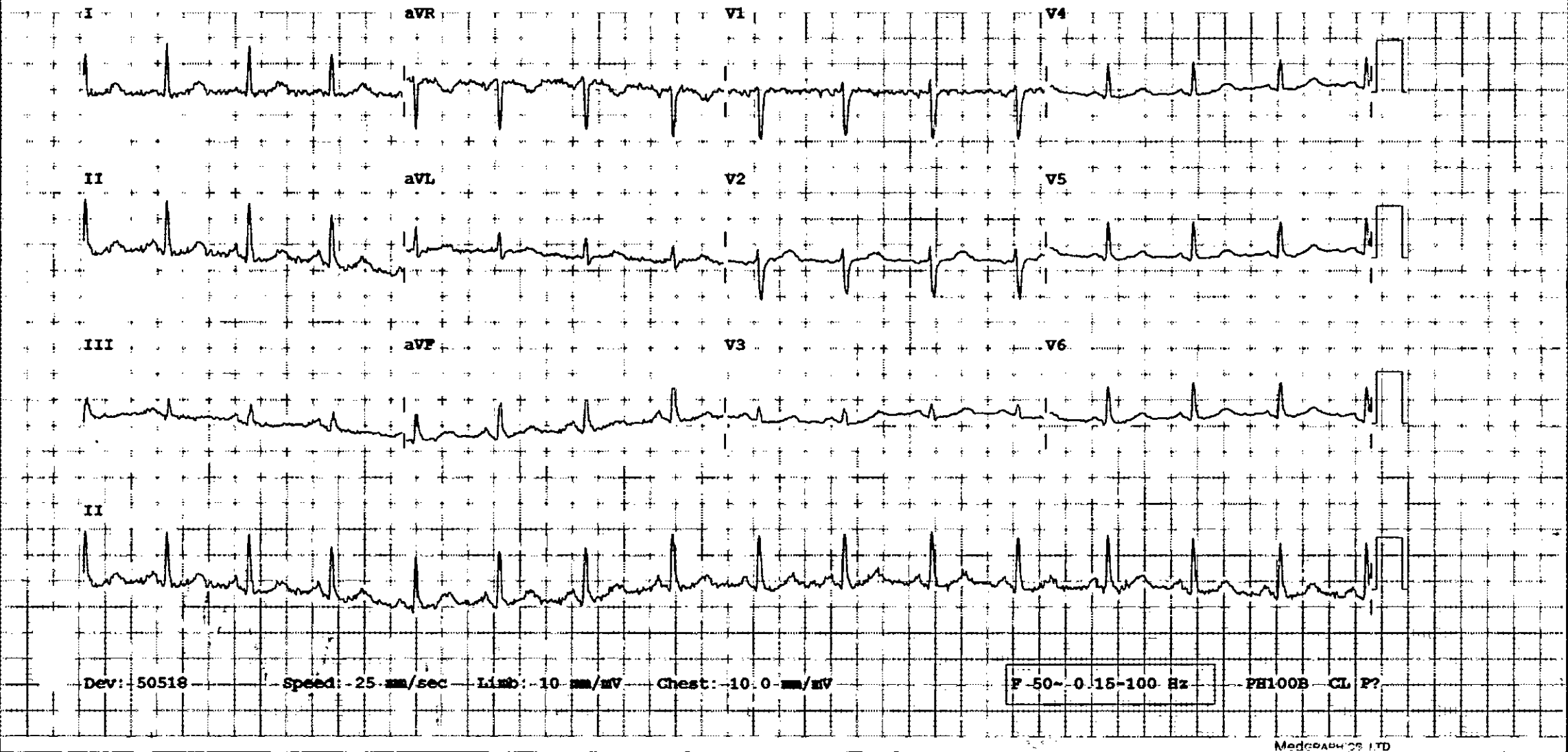
--AXIS--
P 72
QRS 52
T 34

No CP

- NORMAL ECG -

Unconfirmed Diagnosis

600091165X/E2925134 F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 LE Duncan



Medgraph 28 LTD

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

NHS Lothian

600091165X/E2925134 F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 LE Duncan

Previous Adverse Reactions	AUGMENTIN.

Weight .....

DRUG AND PRESCRIPTION RECORD
ONCE ONLY PRESCRIPTION

Date 14.2.15.

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By (Initials)	Checked By (Initials)
		Oxygen	%		target sats			
		via np/mask/nrbn						

SEWS SCORE

SCORE MORE THAN 3?

Are any of the following present?
Clinical signs of infection ☐

PLUS 2 of these:
Temp >38 or <36 ☐
Hr >90 bpm ☐
RR >20 bpm ☐
Acutely altered mental status ☐
WCC >12 or <4 ☐
BM >7 (unless diabetic) ☐
Age >70 ☐

Think sepsis - start sepsis 6
Complete within one hour

1. Consider high flow O_2 ☐
2. Measure lactate ☐
3. Blood cultures ☐
4. IV antibiotics ☐
5. IV fluids ☐
6. Measure urine output ☐

Initials and Time:

If above indicators combine with hypotension or raised lactate, discuss with Consultant

Reason why sepsis 6 not used:

MCDONALD, CHARMAINE ID:3112791401 14-FEB-2015 20:23:07 NHS LOTHIAN-RIE_ED ROUTINE RECORD

31-DEC-1979 (35 yr)
Female Caucasian

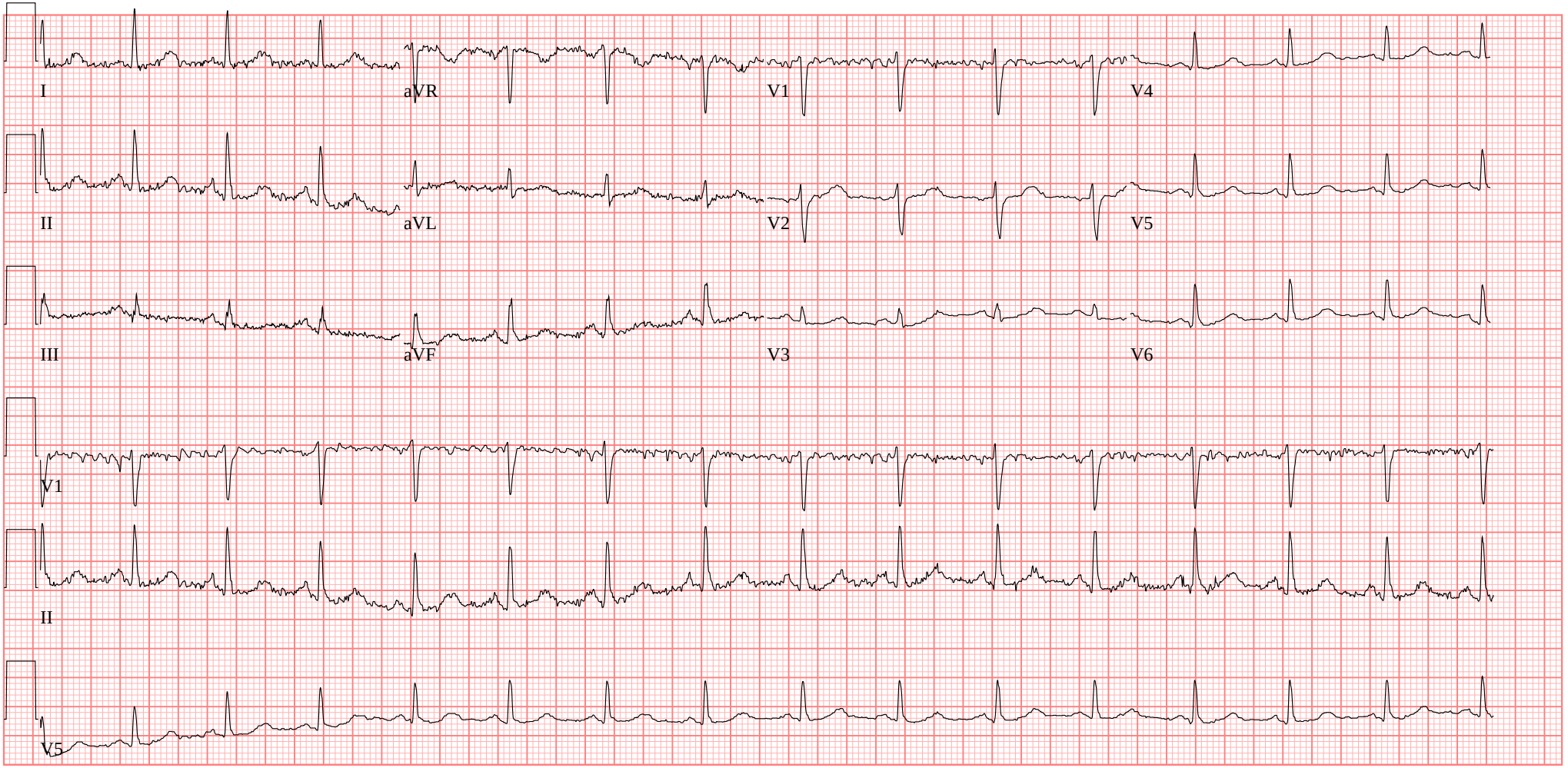
Room:
Loc:40

Vent. rate	90	BPM
PR interval	126	ms
QRS duration	89	ms
QT/QTc	374/458	ms
P-R-T axes	72 52	34

Technician: mh
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 50518

SID: 1952883 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 22/02/2015

Emergency Discharge Summary

Patient	Charmaine McDonald 5 Matthew Street Flat 4 Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (35 years) 600091165X E2925134
Attendance Date	14/02/2015	**Contact**	Betts Catherine
Attendance Time	20:10		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	14/02/2015		
Discharge To			

Dear Dr LE Duncan

Presentation: chest pain

Clinical note: CHI: 3112791401

Patient did not wait to be seen.

Any queries please contact A&E Reception on 0131 242 1300

Yours Sincerely,

Dr Unknown, Consultant

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

LHB 925

A/E no. E2969578
Previous no. E2925134
UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Date of Birth 31/12/1979
Age 35 Yrs
Sex F
Address 5 Matthew Street
Flat 4
Postcode EH16 4GZ
Telephone home 0770373951
Contact Betts, Catherine
Address
Telephone 07792338221 W
Complaint Wrist inj
Allergies
Attendances in last 12 months: 2
School:

General Practitioner

LE Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
17/04/2015 15:21
Incident Date & Time: 14/04/2015
Mode of Arrival
Public Transport
Source of Referral
Self Referral to A&E

TRIAGE

Presenting Complaint: (L) wrist Pain
History of Presenting Complaint: - Pain for 3 days - no history of trauma.
Assessment: DROM. B/T Radios head. Taken dihydrocodine

OBSERVATIONS

Temp	Pulse Rate	BP /	RR	Sats % O_2/air	BM	PF best	Alcometer	GCS	SEWS
						:		/15 e__v__m__	

? SEPSIS temp >383 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST Stroke Test + / − *(circle)* Onset Time: _____

Triaged no.: 1 2 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time_____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: ..... Time:.....

Size		Position		Standard technique	
Blue	☐	LEFT	☐	Handwash	☐
Pink	☐	RIGHT	☐	Gloves	☐
Green	☐	Hand	☐	CHD skin prep	☐
Orange	☐	Forearm	☐	Aseptic Insertion	☐
Brown	☐	ACF	☐	Needle free port	☐
Grey	☐	Foot	☐	Dressing labelled	☐

Operator Signature: .....

BLOODS Routine ☐ Troponin ☐ Amylase ☐
(Trop due_____)
TOX ☐ Other ☐ _____
(time of OD_____)
BTS ☐ SENT ☐

ECG Required ☐ Done ☐ Time_____

X-RAYS CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / − *(circle)* MSU Sent: Y / N

BED REQUIRED YES / NO *(circle)*

Speciality Informed ☐ Time_____

Time of Triage: 16:05

Triaged by: *(sign)* .....

(print) S/N URD

Care Provider: *(print)* .....

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Allergies
Augmentin

Care Providers Name:..... Signature:.....

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 18/04/2015

Emergency Discharge Summary

Patient	Charmaine McDonald 5 Matthew Street Flat 4 Edinburgh EH16 4GZ	**CHI**	**3112791401**
		Date of Birth / Age	31/12/1979 (35 years)
		UHPI	600091165X
		A&E Attendance Number	E2969578
Attendance Date	17/04/2015	**Contact**	Betts Catherine 07792338221
Attendance Time	15:21		
Mode of Arrival	Public Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	17/04/2015		
Discharge To			

Dear Dr LE Duncan

Presentation: l wrist inj

Diagnosis:

Left Hand: Carpus: clinically suspected scaphoid fracture

Clinical notes: CHI: 3112791401

35y/o female.

P/C: Left wrist pain over past 5 days unsure mech of inj.

PMH: Back pain
Meds: Painkillers
Allergies: Co amoxiclav

O/E L lower arm: Of normal appearance.
Very tender in ASB only, DNVI.
FROM elbow, DROM wrist/hand.

Xray L Scaphoid: NBI

Imp: Clinical scaphoid fracture

Plan
- Wrist splint/thumb ext
- TTC
- Verbal/written advice given
- Take simple analgesia
- Worsening statement given, return if concerned

Referred to: Orthopaedic Trauma Triage Clinic

Date of injury: 14/04/2015 Place of injury: Other
Mechanism of injury: Other

Comorbidities: Other significant comorbidities

Patient consents to be contacted by orthopaedics service by telephone: Yes
Home number: 07730373951 Mobile Number: 07730373951

The relevant advice leaflet has been provided: Yes

Yours Sincerely,

Andrew W Brown, Nurse Practitioner

NHS Lothian
University Hospital Services
Department of Emergency Medicine

LHB 925

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

seen by Racnall

A/E no. E3083656
Previous no. E2969578
UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Date of Birth 31/12/1979
Age 35 Yrs Sex F

Address 5 Matthew Street
Flat 4

Postcode EH16 4GZ
Telephone 07730373951

Contact Address Betts, Catherine
Telephone 07792338221 W

Complaint seizure - see letter
Allergies

Attendances in last 12 months: 2
School:

General Practitioner

LE Duncan
Address
Gracemount Medical Practice
24 Gracemount Drive
EH16 6RN
Telephone 0131 664 2377

Date and Time of Attendance
16/09/2015 08:28
Incident Date & Time: 16/09/2015
Mode of Arrival
Emergency Ambulance
Source of Referral
General Practitioner

TRIAGE

Presenting Complaint: Head Injury + Seizure - Witnessed
History of Presenting Complaint: Previous Seizure but no diagnosis
Assessment: Alert + Chatting

OBSERVATIONS

Temp	Pulse Rate	BP /	RR	Sats %	O2/air	BM	PF best	Alcometer	GCS	SEWS
36.2	80	129/71	12	97 %	OA	6.1			/15 e4 v5 m6	0

? SEPSIS temp >38.3 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST Stroke Test + / – (circle) Onset Time: _____

Triaged no.: 1 2 3 4 7 (circle) Triaged to: HD / IC / exam / WR / GP (circle) Senior Doctor Informed? Y / N time _____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: ..... Time: .....

Size		Position		Standard technique	
Blue	☐	LEFT	☑	Handwash	☐
Pink	☑	RIGHT	☐	Gloves	☐
Green	☐	Hand	☐	CHD skin prep	☐
Orange	☐	Forearm	☑	Aseptic Insertion	☐
Brown	☐	ACF	☐	Needle free port	☐
Grey	☐	Foot	☐	Dressing labelled	☐

Operator Signature: .....

BLOODS Routine ☐ Troponin ☐ Amylase ☐
(Trop due _____)
TOX ☐ Other ☐ _____
(time of OD _____)
BTS ☐ SENT ☑

ECG Required ☐ Done ☐ Time _____

X-RAYS CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☐ HCG: + / – (circle) MSU Sent: Y / N

BED REQUIRED YES / NO (circle)

Speciality Informed ☐ Time _____

Time of Triage: .....
Triaged by: (sign) .....
(print) .....
Care Provider: (print) .....

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

600091165X/E3083656 F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 LE Duncan

RIE ED Nursing Care Plan

Admission Nurse Signature: LMcRea

Admission Nurse Print Name: Laura McRea

Date: 16-09-15

Presenting History :
?Siezure activity

Date/ Time	Progress Notes	Signature
16-09-15	Transfered to IC, No siezure activity seen. AW med I/V and bloods.	LMcRea
	error	
1105	Patients ~~worker~~ family stated that patient had ?siezure pt became shakey, eye rolling at back of head. Patient GCS 15, not witnessed by staff obs stable, drink and snack provided.	LMcRea

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	IN TRIAGE LMc	ECG completed	LMc
Sews Score recorded		CXR ordered	
BM Reading		Alcometer Reading Recorded	
GCS assessed		DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable		Falls / Risk Assessment Require / Complete	
Name band Attached		Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) ~~NA~~ In Situ At home	LMc	Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) ~~NA~~ In Situ At home	LMc	Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware	LMc	Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented	LMc	4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A	1100				
Clinical Area of ED	IC	IC				
Initials of Care Round Leader	LMc	LMc				
Review frequency of Vital Signs & Cardiac Monitoring						
Vital signs frequency	1°	1°				
Cardiac monitoring required	Y / (N)	Y / (N)	Y / N	Y / N	Y / N	
Pain Management (Refer to CP for analgesia if required)						
Please note pain score (0-10 Score)	0	0				
Mobility						
Fully weight bearing	✓	/				
Requires some assistance and / or uses walking aid						
Non Weight bearing and requires full assistance						
Elimination						
Ask patient if toilet is required	✓					
Patient is Self Caring and can walk to toilet		/	/			
Patient is Incontinent and requires to be checked						
Patient has catheter in situ and requires to be checked						
Nutrition / Hydration						
Self Caring	✓	✓				
Patient requires assistance with feeding						
Patient is allowed fluids only						
Patient is NBM						
Patient has IVI in Situ						
Refreshments (Provided / Refused : Please indicate P / R)						
Drink	P	(P) / R	P / R	P / R	P / R	P / R
Snack		(P) / R	P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R	P / R
Visual Skin Inspection						
Patient is healthy / no concerns	✓	/				
Visible areas of redness						
Broken skin and evidence of Pressure Ulcers						
Invasive devices (please tick if in situ)						
PVC /Arterial Line / Central Line / (PVC)	x1	x1				
Urinary Catheter / Chest Drain						
Infusion Device						
NG tube / PEG tube / Tracheostomy						
Other						
Family Communication (Please tick)		/				
Patient & Relatives present & made aware of any changes						
Cubicle Tidy (Please tick)		/				
Ensure area is tidy and free of obstruction		/				

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature	SW NORMA	Nurse Signature	
Date	16-9-15	Date	16/09/15

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr LE Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 16/09/2015

Emergency Discharge Summary

Patient	Charmaine McDonald 5 Matthew Street Flat 4 Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (35 years) 600091165X E3083656
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	16/09/2015 08:28 Emergency Ambulance General Practitioner 16/09/2015	**Contact**	Betts Catherine 07792338221

Dear Dr LE Duncan

Presentation: seizure - see letter

Clinical note: 35F

Witnessed seizures(?) this am first by child, fell to the floor and started shaking(?)
No incontinence or tongue biting
Allegedly banged her left temple on the floor during incident.
Partner says further episode on his arrival after helping her into a chair.

Says eyes wouldn't focus and bilateral limb shaking - not tonic-clonic
Pt states has an ongoing headache, denies recent infective symptoms, feels generally 'stressed' and 'shattered' at the moment.
Apparent similiar episode last November, no f/u.
Denies alcohol/ drug use last night/ today
Alcohol within normal limits.
? confused at the time
Now orientated to T,P,P

PMH: Chronic back pain (known to chronic pain team)
Prev OD 2008

ECG - NSR/ normal QTc

O/e obs & BM within normal parameters
No bruising/ haematoma or evidence of HI
No neck tenderness

GCS 15, PERL
CN - intact, normal eye movements
HS1+2+0
HR reg
chest clear
abdo SNT

Moving all 4 limbs normal power/ tone/ sensation

Imp: Doesn't sound like organic seizure activity, unconvincing story
Episode lasting 30 secs witnessed by SN - not seizure like.

P: Check routine bloods + electrolytes
As second attendance with similar - refer O/P first seizure clinic

CK 277, K+ normal, ca/ mag/ PO4 added on

Partner concerned having further short lasting episodes in dept - none witnessed.
Still c/o headache and feeling confused, although seems orientated.
Likely fuctional element, but ongoing symptoms - unmonitored medical bed

Yours Sincerely,

Catherine Ward, Doctor

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr CW Jones
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 25/08/2016

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI**	**3112791401**
		Date of Birth / Age	31/12/1979 (36 years)
		UHPI	600091165X
		A&E Attendance Number	E3348677
Attendance Date	22/08/2016	**Contact**	Betts Catherine 07792338221
Attendance Time	11:55		
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	22/08/2016		
Discharge To			

Dear Dr CW Jones

Presentation: fall - back injury

Clinical note: 36 yr old BIBA with back pain after fall
HPC - Slipped and fell in bathroom. Excruciating pain in lower back and right hip since then. Unable to mobilise
PMH - Chronic back pain, known to chronic pain
Meds - oromorph, pregabalin, amitriptyline,
SH - lives with partner and children

O/E - in pain++, tender right hipand buttock area. legs not shortened/rotated. power and sensation normal
tender lower l spine in midline.

x ray pelvis and l spine - no bony injury,. degenerative disease l spine as previous

Able to mobilise after 2 doses oromorph.
P - home iwht oromorph, GP review of analgesia later in week.
discharged with 20 doses of oromorph

Yours Sincerely,

Dr Michele G Open, Consultant

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. Sara Robinson
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371

A/E no. E3616152
Previous no. E3348677
UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forename Charmaine Martha
Date of Birth 31/12/1979
Age 37 Yrs Sex F

Address Flat 4
5 Matthew Street

Postcode EH16 4GZ
Telephone 0131 468 2145

Contact Address Betts, Catherine
Telephone H 07792338221
W

Complaint Ganglion left wrist - doubled in size overnight
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

R Baumann
Address
Niddrie Medical Practice
Craigmillar Medical Cent
EH16 4DT

Telephone 0131 536 9595

Date and Time of Attendance
25/07/2017 14:35
Incident Date & Time:
Mode of Arrival
Walked
Source of Referral
Self Referral to A&E

INITIAL ASSESSMENT

Presenting Complaint	
History of PC	Has a ganglion on (L) wrist and it looks. Red + swollen. Pt attended GP yesterday who tried to drain it but couldn't get anything out & it.
Assessment	

PAIN SCORE	/ 10	ANALGESIA PRESCRIBED	YES NO	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36.7°c		/		%					

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN)		TRIAGED BY (PRINT)	CRAIG DIACHUK

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	
OPERATOR SIGNATURE					

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please Indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT		YES / NO	POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED		SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER
BED REQUIRED	YES	NO	TRIAGE CAT.	(Please Circle)	1	2	3	(4)	5	6	7
			TRIAGED TO	W/RM	RESUS	HD	IC	EXAM			

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr JM Bennison
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 27/07/2017

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI**	**3112791401**
		Date of Birth / Age	31/12/1979 (37 years)
		UHPI	600091165X
		A&E Attendance Number	E3616152
Attendance Date	25/07/2017	**Contact**	Betts Catherine 07792338221
Attendance Time	14:35		
Mode of Arrival	Walked		
Source of Referral	Self Referral to A&E		
Discharge Date	25/07/2017		
Discharge To			

Dear Dr JM Bennison

Presentation: Ganglion left wrist - doubled in size overnight

CLINICAL NOTES:
Clinical note: Left wrist ganglion present for a while, but 2/7 ago patient woke up to find it had increased in size (around double) and was painful. Attended GP who attempted to aspirate it without success. Today wrist is more painful and the ganglion is slightly larger in size. Systemically well, no fevers or vomiting. Patient is already on multiple painkillers for back pain, but has also started taking paracetamol and ibuprofen.

PMH: Chronic back pain

Obs: Temp 36.7, HR 70

O/E
Looks systemically well
Left dorsal wrist ganglion ~1cm diameter. Mildly erythematous with two visible puncture marks. No increased warmth, non pulsatile. Tender ++ to palpate.
Limited ROM wrist due to pain. Good ROM fingers and normal power. Slight reduction in sensation on palmar surface hand.

Imp: Dorsal wrist ganglion. No current evidence of infection.

Plan//
Wrist splint
Elevate and ice at home when at rest
Worsening statement re signs of infection
Will return to see GP if no improvement - may need ortho referral

Dr Sophie Fox, FY2

Yours Sincerely,

Sophie R Fox, Doctor

MCDONALD, CHARMAINE ID:3112791401 20-JUL-2018 23:51:53 NHS LOTHIAN-RIE_ED ROUTINE RECORD

31-DEC-1979 (38 yr)
Female Caucasian

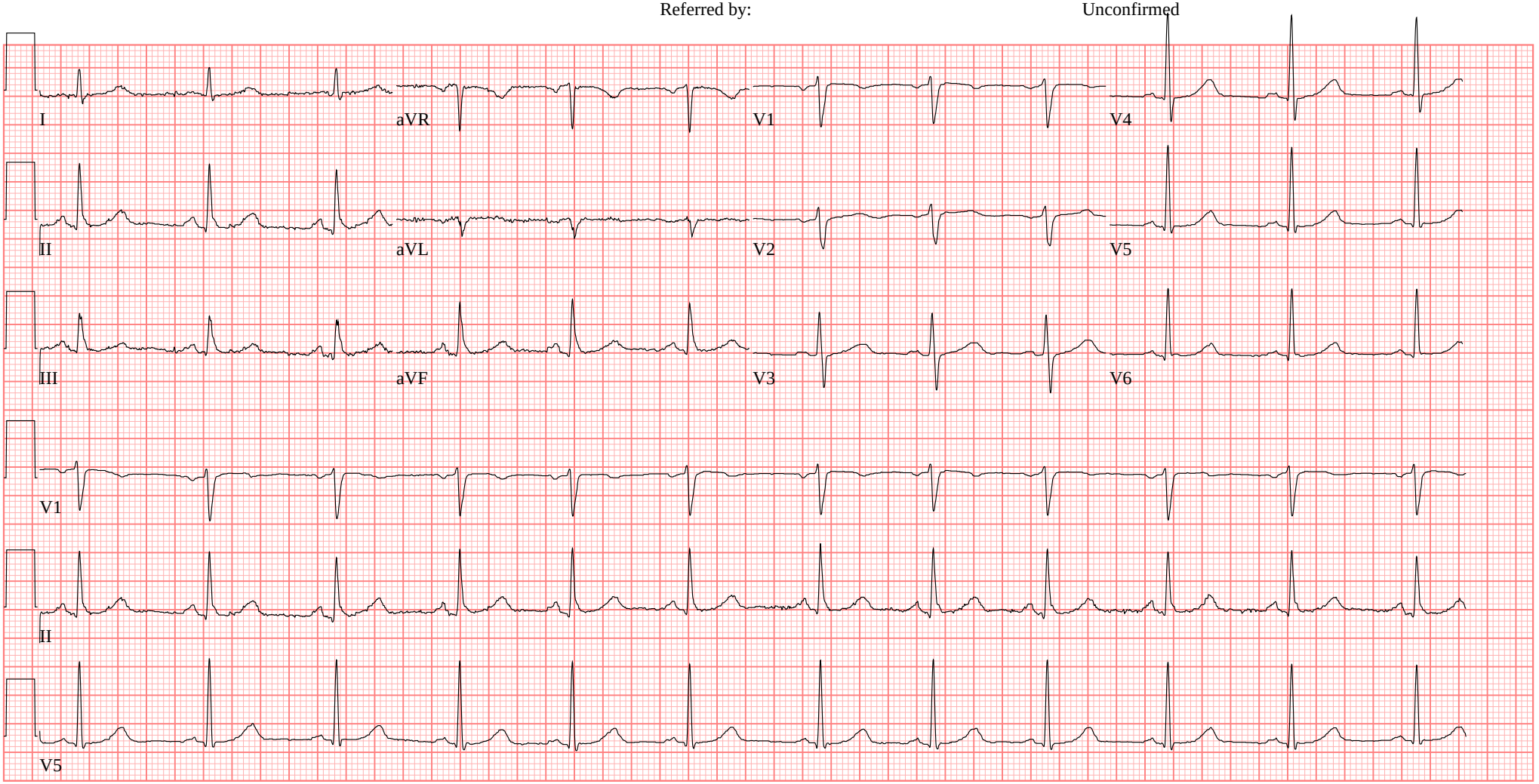
Room:
Loc:40

Vent. rate	71	BPM
PR interval	144	ms
QRS duration	96	ms
QT/QTc	419/455	ms
P-R-T axes	78 77	57

Technician:
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 65535

SID: 1952883 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Date: 24/07/2018

Dr JM Bennison
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (38 years) 600091165X E3907997
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	20/07/2018 19:42 Emergency Ambulance 999 Emergency 21/07/2018	**Contact**	Betts Catherine 07792338221

Dear Dr JM Bennison

Presentation: Seizure (fit), siezure

CLINICAL NOTES:
Clinical note: CHI: 3112791401

Presented to the ED this evening with history of being at work and had had her break but didn't feel well, has been feeling very tired recently. Felt light headed and vision blurred and passed out. Was unconscious for 2 minutes and colleague said she was shaking. They tried to help her up but then she passed out again for 90 seconds with shaking. States when she came round she knew where she was and did not have a post ictal - tired period. No incontinence and no tongue biting. However the 2nd epsiode was witnessed by a GP according to SAS sheet as being a

seizure. Is currently reducing her amitriptyline, pregabalin and dihydrocodeine. no cough/cold/fever. Eating and drinking as normal. Passing urine and opening bowels as normal.

PMhx:
1) chronic back pain - is reducing medication as gets injections in spine twice a year which was helping
Dhx: amitriptyline, pregabalin, dihydrocodeine
Allergies - penicillin
SHx: lives with partner, works in Tesco, smoker, alcohol none

Obs Temp 36.9, HR 86, BP 105/83, RR 15, Sats 100%, BM 5.4

Alert
Resp - chest clear
CVS - HS 1+2+0 no added sounds/murmurs, CRT<2secs, warm and well perfused
Abdo - soft, non-tender, BS present, no masses palpable
Neuro E4, V5, M6
Tone normal throughout
Power 5/5 throughout
Co-ordination normal throughout
Sensation normal throughout
No sensory inattention
Propriception normal
Reflexes upper and lower present
Plantars downgoing bilaterally
CN 2-12 no power loss no sensory loss
PEARL - no diplopia, no nystagmus

IMP: possible seziure but seems to more inkeeping with syncope - however documentation on ambulance chart of GP witnessing a seizure

Plan
bloods
ECG - NSR, QTc 456
home with partner
given first seizure follow-up information and seziure information
does not drive
partners mum has epilepsy so is happy to look after her
to return if any concerns

Yours Sincerely,

Dr Gillian Pickering, Doctor

corpuls³ D-ECG (1) 0002641

Mission: 20210628150854 Time: 16:16
Mission start: 28.06.2021 16:08 UTC+01:00

Patient: --, --
ID: -- Case No.: --
Date of birth (Age): --.--.---- (--)
Sex: -- Weight: --
Height: --

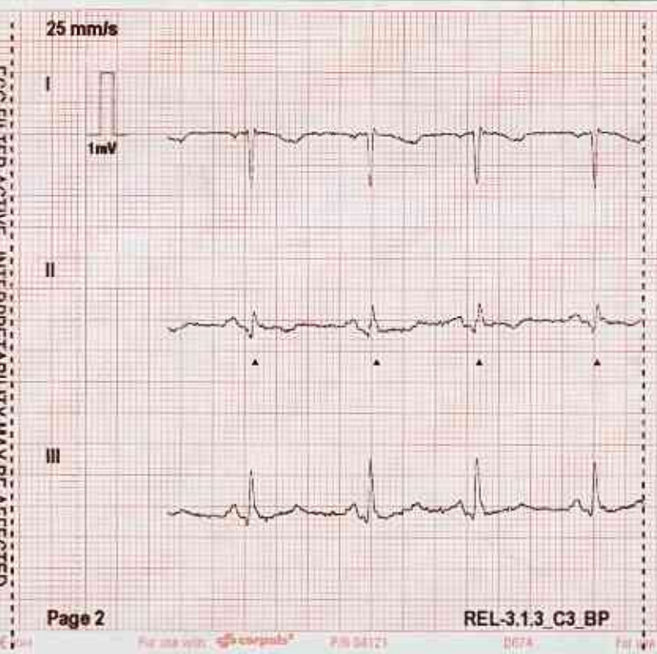
HR: 83 /min NIBP: 128 / 73 (91)? mmHg
CO2: -- kPa RR: -- /min
SpO2: -- % PR: -- /min
PI: -- %

Device: 0002641
Radio: --
Medical team: --
Callback phone: --

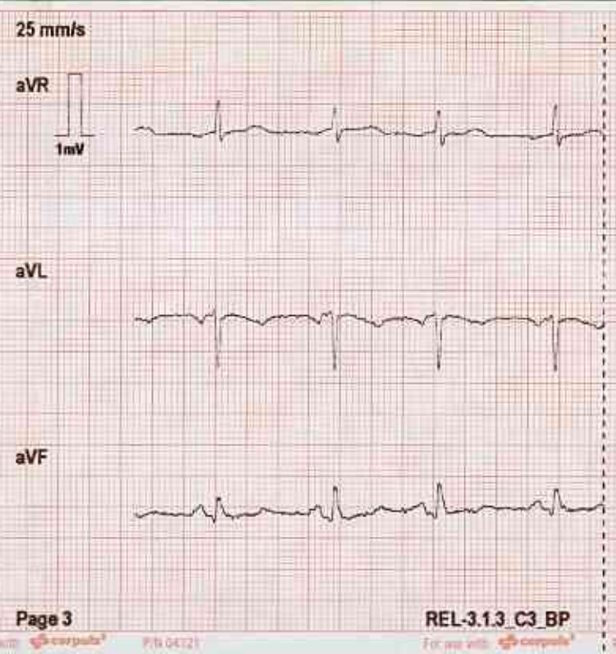
ECG filter: 0.05 - 40 Hz Mains filter: 50 Hz

ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED

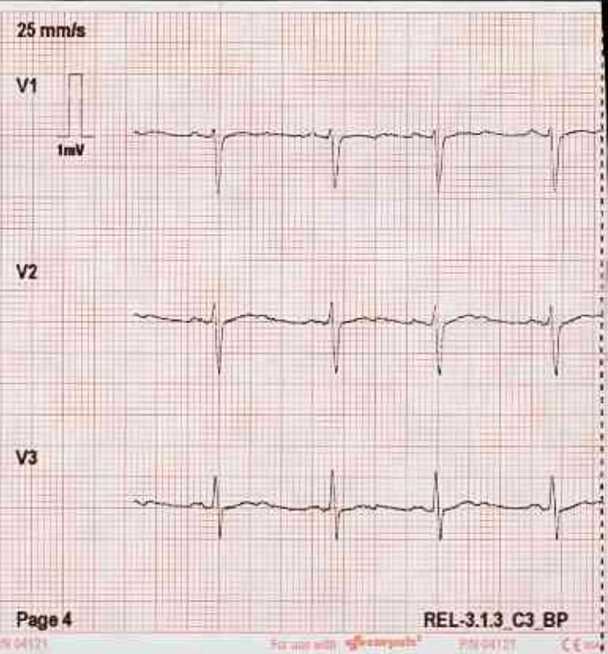
Page 1 REL-3.1.3_C3_BP



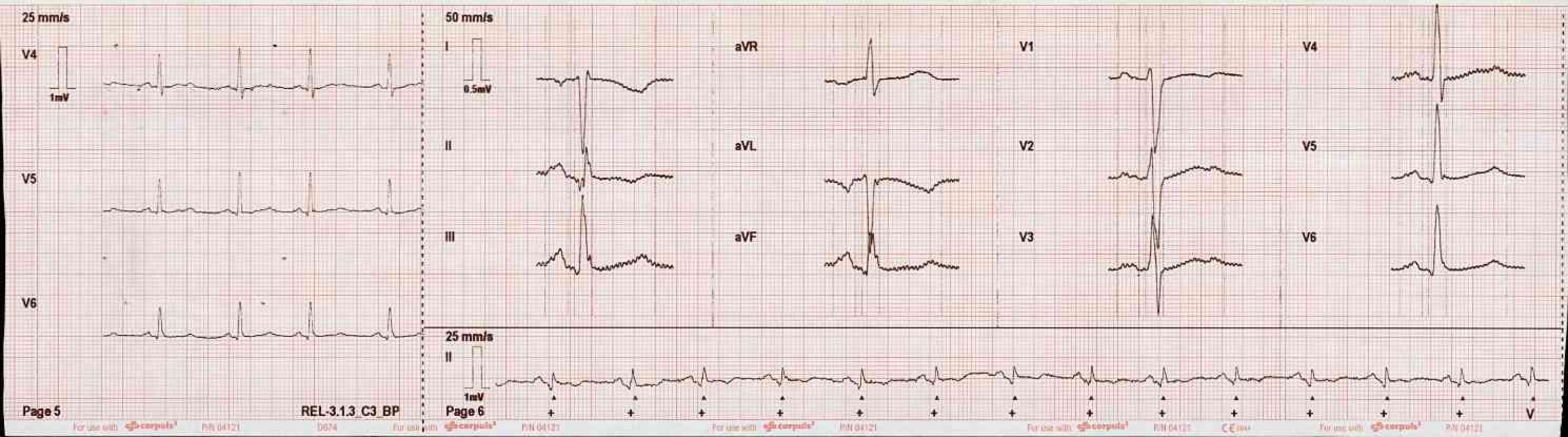
Page 2 REL-3.1.3_C3_BP



Page 3 REL-3.1.3_C3_BP



Page 4 REL-3.1.3_C3_BP



Page 5

REL-3.1.3_C3_BP

Page 6

```
hr    83 /min.                          frontal vectors :  P    106°
P    106 ms    PR  136 ms                                  QRS  151°
QRS   84 ms                                                T    158°
QT   376 ms    QTc 442 ms    QTr 114 %     right axis deviation

+---+---+---+---+---+---+---+---+---+---+---+---V
-------------------------------------------------

SPECIFIC FINDINGS

noise   33 µV high
check ECG - repeat recording
RMS:    20   31   14   20   22   33   17   15
high offset in:  II III AVF
probably limb leads reversed
LI leads  :    RSR     QR      Q*R     RS      RS      Q*R
CH leads  :    RS      RS      RS      RS      QR      QR

Q in                      :  II
R loss or reduction in:  AVL
reduced R in              :   I
tall R in                 : AVR
small S in                : AVR
deep S in                 :   I
no QRS-T evaluation because of reversed limb electrodes
QT-dispersion             : only 4/8 valid leads - no calculation
QT-dispersion             : only 2/6 valid leads - no calculation

remarks:                        HES EKG 18.24 - 06 b
checked by doctor:
```

END OF PRINTOUT

3112791401 mcdonald, charmaine 28/06/2021 18:26:24

DOB 31/12/1979 41 Years Female

Royal Infirmary of Edinburgh (1)

Accident & Emergency (40)

Rate	91	. Sinus rhythm.....normal P axis, V-rate 60- 99
		. Consider left ventricular hypertrophy.....(S V1/V2+R V5/V6) >3.25mV
PR	140	
QRSD	90	
QT	367	
QTc	452	

--AXIS--

P	-4
QRS	38
T	45

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis

NSR

700652652L/E4747751 M 04/10/1963

Butt, Parvez A

12 Hawthornden Avenue,

Bonnyrigg,

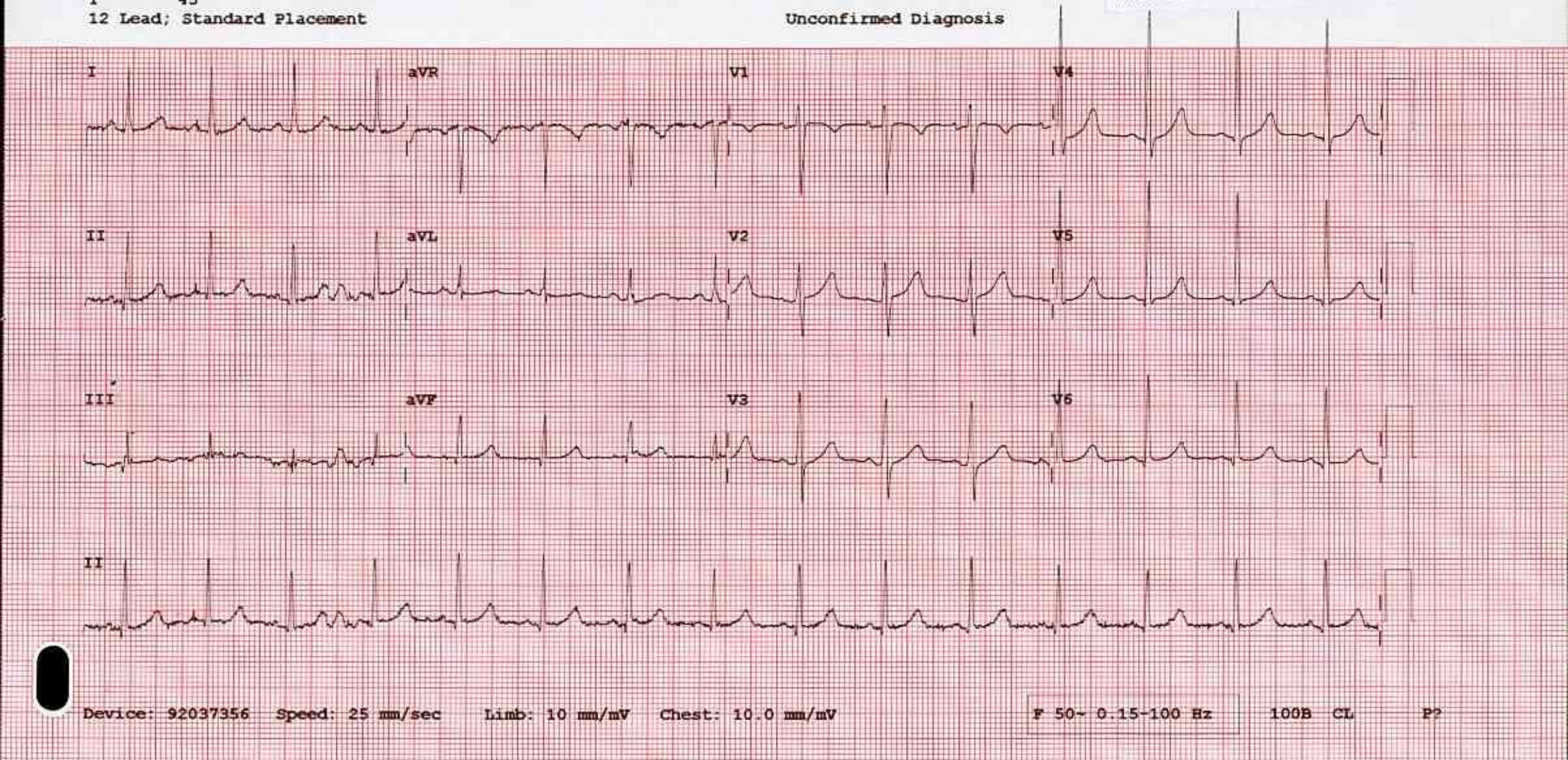
Midlothian, EH19 2JP

L+S BT

ECG

CHI 0410631175

77055 SA Christie



Device: 92037356 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

3112791401 mcdonald, charmaine 28/06/2021 18:18:31
DOB 31/12/1979 41 Years Female Royal Infirmary of Edinburgh (1)

Accident & Emergency (40)

Rate 49 ✓. Sinus bradycardia.....rate< 60

PR 151 ✓
QRSD 92
QT 456 ✓
QTc 412

--AXIS--
P 71
QRS 56
T 31
12 Lead; Standard Placement

- OTHERWISE NORMAL ECG -

Unconfirmed Diagnosis

prev chest pain
TWI aVR + V1
+ same as previous

600091165X /E4747841 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1401
70198 JM Bennison
Flat 4
EH16 4GZ

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

Device: 92037356 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

70.872 MEDGRAPHICS LTD

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. David McKean
Clinical Nurse Manager Ms Heidi Byrne
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

PLOT1371
E4747841
A/E no. E3907997
Previous no. 600091165X
UHPI no. 3112791401
CHI no.

PATIENT INFORMATION

Surname McDonald
Forename Sharmaine Martha
Date of Birth 31/12/1979
Age 41 Yrs Sex F

Address Flat 4
5 Matthew Street

Postcode EH16 4GZ
Telephone 0131 468 2145

Contact Betts, Catherine
Address
Telephone H 07792338221
W

Complaint Chest pain
Allergies

Attendances in last 12 months: 0 School :

General Practitioner

JM Bennison
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT
0131 652 2004

Address
Telephone

Date and Time of Attendance 28/06/2021 17:37
Incident Date Time: 28/06/2021
Mode of Arrival Emergency Ambulance
999 Emergency
Source of Referral

INITIAL ASSESSMENT

Presenting Complaint	chest pain
History of PC	2/7 hx of chest pain. intermittent in nature. today felt it radiated down at approx 1430.
Assessment	given asprin and GTN with good effect. well perfused. No pain @ rest.

PAIN SCORE	0 / 10	ANALGESIA PRESCRIBED	YES (NO)	FAST	+ / -	ONSET TIME	:

Temp	HR	BP	RR	SPO2 %	AVPU	NEWS SCORE	ALC	PF (BEST OF 3)	BM
36.2	88	129/81	16	98%	A	0			5.0

Frequency of Observations (Please Tick)		Cardiac Monitoring (Please circle)	SPEICAL INSTRUCTIONS
Hourly		YES	pmh-nil.
30 Minutes minimum			
15 Minutes minimum		NO	
10 Minutes minimum			

TRIAGED BY (SIGN) Mandy
TRIAGED BY (PRINT) Mandy

PERIPHERAL VENOUS CANNULA INSERTION (Please circle all that applies)

DATE :		TIME :		STANDARD TECHNIQUE	
BLUE	PINK	LEFT	RIGHT	HANDWASH	GLOVES
GREEN	ORANGE	HAND	FOREARM	CHD SKIN PREP	ASEPTIC INSERTION
BROWN	GREY	ACF	FOOT	DRESSING LABELLED	

OPERATOR SIGNATURE

BLOODS (Please tick)

ROUTINE		CRP	
TROPONIN		COAG	
AMYLASE		TOX SCREEN	
BTS		OTHER	

ADDITIONAL INVESTIGATIONS (Please indicate all that applies)

ECG	REQD	DONE	TIME DONE		X-RAYS	CXR		OTHER	
URINALYSIS	REQD	DONE	MSU SENT	YES / NO	HCG	CONSENT	YES / NO		POS / NEG

ON-GOING CARE PLAN

SPECIALTY INFORMED	SURG	VASC	MEDICS	ORTHO	G.I	STROKE	GYNAE	OTHER

BED REQUIRED	YES	NO	TRIAGE CAT. (Please Circle)	1	2	3	4	5	6	7
			TRIAGED TO	W/RM	RESUS	HD	IC	EXAM		

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

Care Providers Name:..... Signature:.....

600091165X/E4747841 F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

Patient Information		Date:	28/06/2021
CHARMAINE MCDONALD		Incident Number:	CR007559219
Age/Gender:	41 years 5 months 28 days Old Female	Incident Type:	EMG
Address:	5/4 MATHEWS ST,EH164JZ	Incident Location:	TESCO STORES LTD 7 BROUGHTON ROAD EDINBURGH, EH7 4EW
DOB:	31/12/1979		
CHI:	3112791401		
Ethnicity:			

Presenting Complaint

CHEST PAIN

Additional Comments

2/7 hx intermittent L 'stabbing' chest pain 4/10 severity radiating from heart region to scapula while at rest. No worsening or relieving factors noted. Pain would resolve after minutes. Today while at work on checkout became dizzy, SOB, clammy and pale with 'severe' 'stabbing' pain in chest radiating to L arm with associated parasthesia in hand. Aspirin 300Mg administered by work colleagues. Pain and palour improved by SAS GTN administration No Cough or Fevers, Dysuria, Altered bowel habits PMx: Degenerative disc disease DHx: Penicillin Anaphylaxis, Dihydrocodeine, Amitryptyline SHx: Tesco Customer service advisor, Tobacco Smoker, Social Drinker THx: No known viral contacts, No foreign travel FHx: Unknown Cannot exclude cardiac event due to history and relief by GTN.

PATIENT ASSESSMENT

ACVPU <C>

A Clear

B Breathing Adequately: Yes | Respiratory Rate: 18 | SPO2: 99
Initial SPO2 On: Air | Oxygen Given: No

C

Pulse Rate	BP	Cap Refill	ECG Rhythm
86	128/73	<=2 Secs	Sinus Rhythm

Rhythm	Arm	Central/Peripheral	ECG
Reg	Left		12 Lead

D

GCS	Eyes	Voice	Motor	PEARL
15	Spontaneously (4)	Orientated (5)	Obeys Commands (6)	

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
16:50	75	16	117/73	97											E9884442
16:11	86	18	128/73	99	<=2 Secs	15			36.8		Sinus Rhythm				E9884442

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
15:00	Aspirin	300	mg	OR				E9884442
16:11	GTN	2	mcg	SL	04/2023	8	3	E9884442
16:21	GTN	2	mcg	SL	04/2023	3	0	E9884442

MEDICAL

ACS

Symptoms: Central Chest Pain, Arm/s

Associated Symptoms: Nausea/Vomiting, Pallor, Breathlessness, Clammy Skin

MI/STEMI Checklist

ECG Sent To CCU: No | Discussed ECG With CCU: No | Direct Triage To CCU: No

Patient Thrombolysed: No

Consent

Patient Information		Date:	28/06/2021
CHARMAINE MCDONALD		Incident Number:	CR007559219
Age/Gender:	41 years 5 months 28 days Old Female	Incident Type:	EMG
Address:		Incident Location:	TESCO STORES L BROUGHTON RO/ EDINBURGH, EH7
DOB:	31/12/1979		
CHI:			
Ethnicity:			

600091165X/E474/841 F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

Presenting Complaint

RESOLVED CHEST PAIN

Additional Comments

O.a pru i/a. O/e full eprf printed off by pru with a full report / history. Copy given to crew. Additional obs recorded.

PATIENT ASSESSMENT

ACVPU	Alert		<C>	No
A	Clear			
B	Breathing Adequately: Yes		Respiratory Rate: 16	SPO2: 99
	Oxygen Given: No			
C	Pulse Rate: 170	BP: 105/75	Cap Refill: <=2 Secs	ECG Rhythm
	Rhythm: Reg	Arm: Left	Central/Peripheral: Peripheral	ECG
D	GCS: 15	Eyes: Spontaneously (4)	Voice: Orientated (5)	Motor: Obeys Commands (6)
	PEARL: Yes			

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
17:26	88	16	129/81	98	<=2s	15	Alert								E9884424
17:05	170	16	105/75	99	<=2 Secs	15	Alert					4	4		E9884424

CLOSE RECORD

Treatment On Scene	Non Emergency

Conveyance

Transport To Hospital	Normal driving	Pre Alert	No

INCIDENT LOG

Time Call Received	15:23	Allocated	16:27	Mobile	16:28
First Resource On Scene		Crew On Scene	16:43	Crew Left Scene	17:04
Crew At Hosp		Receiving Hospital	NEW EDINBURGH ROYAL INFIRMARY	Clear Time	

Crew ID	Crew Grade	Driver
E0031011	Paramedic	YES
E9884424	Paramedic	NO

Capacity Assessed	Deemed To Have Capacity
Clinical Assessment	Consent Gained
Clinical Treatment	Consent Gained

CLOSE RECORD

Treatment On Scene	Emergency

Non Conveyance

I have Seen, Examined, Treated the patient and (the patient/parent/carer/guardian and) I have reached the following decision: Dealt with by other vehicle

Left In Care Of	CONVEYING CREW

INCIDENT LOG

Time Call Received	15:23	**Allocated**	15:57	**Mobile**	15:57
First Resource On Scene		**Crew On Scene**	16:04	**Crew Left Scene**	16:19
Crew At Hosp		**Receiving Hospital**	NEW EDINBURGH ROYAL INFIRMARY	**Clear Time**	

Crew ID	Crew Grade	Driver
E9884442	Nurse	YES

S.P. CRAIG MILLER

NOK. SCOTT MATHIESON (PARTNER) 07734 167 025

600091165X /E4747841 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1401
70198 JM Bennison
Flat 4
EH16 4GZ

RIE ED Nursing Care Plan

Admission Nurse Signature.....

Admission Nurse Print Name.....C. Keogh.....

Date.....28.6.21.....

Presenting History :
Chest pain

Date/ Time	Progress Notes	Signature
1825	Admitted to pod C. Awaits R/v. News=2	
	Pain = 1/10. Had aspirin and GTN.	

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	
Sews Score recorded	✓	CXR ordered	
BM Reading	✓	Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set	✓	LCP commenced / CP Aware	
Patient made comfortable	✓	Falls / Risk Assessment Require / Complete	
Name band Attached	✓	Swallow Assessment Required / Complete	
IV Cannula in Situ, Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	1825				
Clinical Area of ED	C				
Initials of Care Round Leader	CU				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	6				
Cardiac monitoring required	Y / (N)	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required	✓				
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	✓	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	✓				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC	✓				
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)	✓				
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name		Nurse Name	
Nurse Signature		Nurse Signature	
Date		Date	

Emergency Department (ED)
Royal Infirmary of Edinburgh

Clothing and Valuables Document

NHS Lothian

600091165X /E4747841 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1401
70198 JM Bennison
Flat 4
EH16 4GZ

Name:
Date o
CHI:

atient Addressograph

Date of Admission: 28/6/24

Date of Transfer: ...../...../.....

Outer Wear	T*	Cut (tick)
Trousers/Skirt		
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan		
Shoes		
Underwear		
Vest/Bra		
Pants		
Socks/Tights		
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	**Locked in ED Safe Y / N**
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed ..... Verbal consent. ..... (Patient)

Name of ED Nurse: C.Ueosh ..... (PRINT)

Signature of ED Nurse: C.U. .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as appropriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Obscervation Record

NHS Lothian

dbs

600091165X /E4747841 F
MCDONALD Charmaine
31-Dec-79 **CHI:** 311 279 1401
70198 JM Bennison
Flat 4
EH16 4GZ

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
penicillin. augmentin	kgs Actual / Estimate	28/6/21.

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Obscervation Record

NHS Lothian

dbs

600091165X /E4747841 F
MCDONALD Charmaine
31-Dec-79 **CHI:** 311 279 1401
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Flat 4
EH16 4GZ

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
penicillin. augmentin	kgs Actual / Estimate	28/6/21.

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key: 0 1 2 3

Parameter	Range	Obs 1	Obs 2	Score
	Date:	28/6	28/6	
	Time:	1725	18	
A+B Respirations Breaths/min	≥25			3
	21-24			2
	18-20			
	15-17	16	16	
	12-14			
	9-11			1
	≤8			3
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	98	97	
	94-95			1
	92-93			2
	≤91			3
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure	≥97 on O_2			3
	95-96 on O_2			2
	93-94 on O_2			1
* ONLY use Scale 2 under the direction of a qualified clinician	≥93 on air			
	88-92			
	86-87			1
Tick box if using SpO_2 Scale 2	84-85			2
Sign:	≤83			3
Air or Oxygen?	A = Air	A	A	
Oxygen is a drug and prescribed by target range	O^2 L/min or %			2
	Device			
C Blood Pressure mmHg Score uses Systolic BP only	≥220			3
	201-219			
	181-200			
	161-180			
	141-160			
	121-140	129		
If manual BP mark as M	111-120			
	101-110		107	1
	91-100			2
	81-90	81		3
	71-80			3
	61-70		70	3
	51-60			3
	≤50			3
C Pulse Beats/min	≥131			3
	121-130			2
	111-120			2
	101-110			1
	91-100			1
Manual pulse	81-90	88		
	71-80			
	61-70			
	51-60		54	
	41-50			1
	31-40			3
	≤30			3
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	✓	A	
	New Confusion			3
	V			3
	P			3
	U			3
E Temperature °C	≥39.1°			2
	38.1-39.0°			1
	37.1-38.0°			
	36.1-37.0°	36.2		
	35.1-36.0°		35.8	1
	≤35.0°			3
NEWS TOTAL		0	2	
Monitoring frequency		1	12	
Escalation of care Y/N		Y	N	
Blood Glucose reading or N/A		5.0		
Pain score (0-10)		0	N	
Initials		[illegible]	[illegible]	

NEWS of 5 or more?

Think Sepsis!

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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

Section	Item	Score	Entry	Notes
	Date		28/6	
	Time		17 30	
GLASGOW COMA SCALE – Eyes Open	Spontaneously	4	o	Eyes closed by swelling = C
	To speech	3		
	To pain	2		
	None	1		
Best Verbal Response	Orientated	5	o	Endotracheal tube or tracheostomy = T
	Confused	4		
	Inappropriate words	3		
	Incomprehensible sounds	2		
	None	1		
Best Motor Response	Obey commands	6	o	Always record the best arm response
	Localise to pain	5		
	Flexion to pain	4		
	Abnormal flexion	3		
	Extension to pain	2		
	None	1		
	Total GCS Score		15	
Right Pupil	Size			+ reacts - no reaction c: eye closed
	Reaction			
Left Pupil	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			
	Extension			
	No response			
LEGS	Normal power			
	Mild weakness			
	Severe weakness			
	Extension			
	No response			
	Initials		[illegible]	

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

MCDONALD, CHARMAINE ID:3112791401 28-Jun-2021 18:18:31 NHS LOTHIAN-RIE_ED ROUTINE RECORD

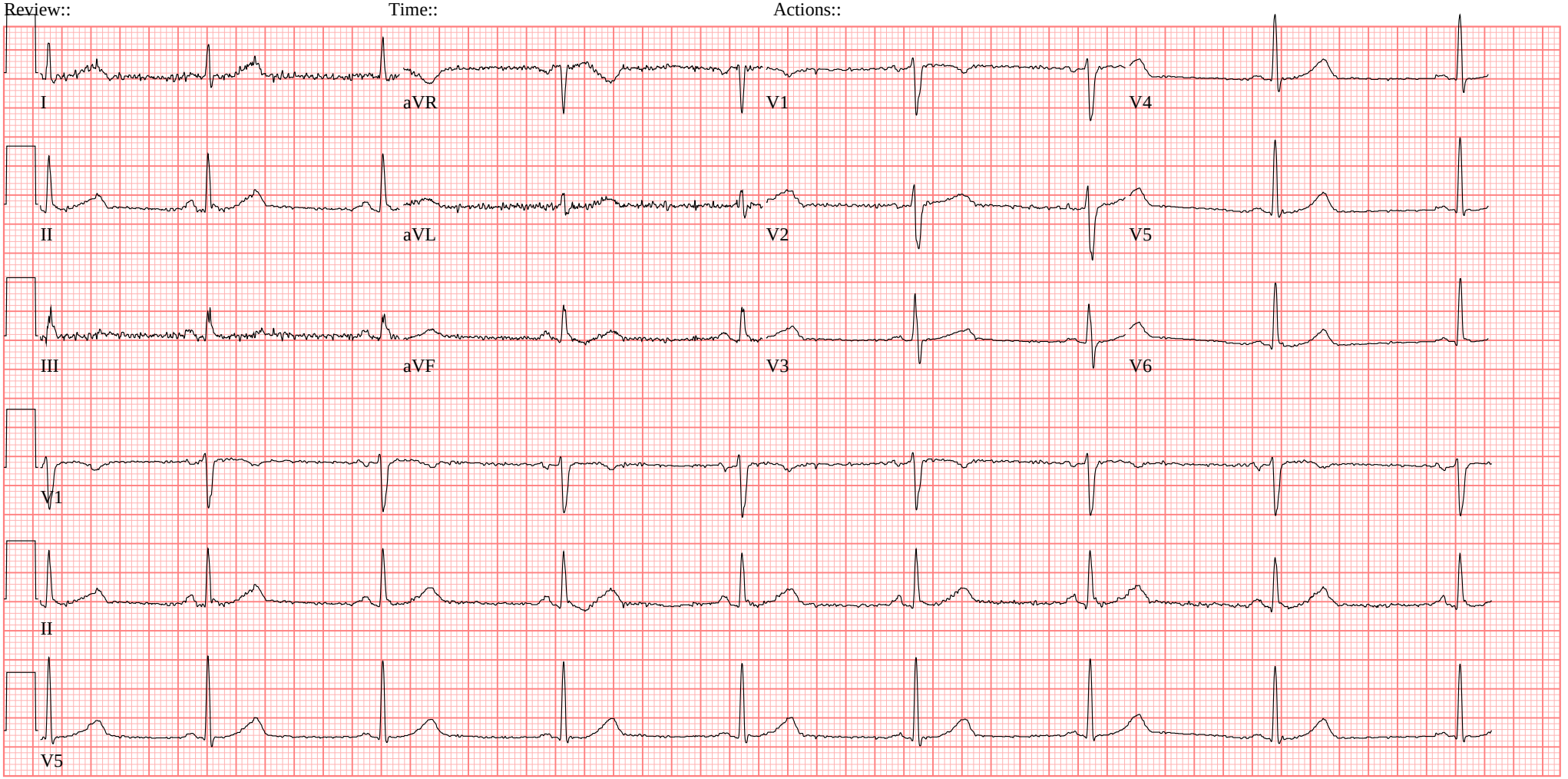
31-Dec-1979 (41 yr)
Female Caucasian

Room:
Loc:40

Vent. rate	49	BPM
PR interval	151	ms
QRS duration	92	ms
QT/QTcB	456/412	ms
P-R-T axes	71 56	31

Technician:
Test ind:

Review:: Time:: Actions::



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID: SID: 1952883 EID: EDT: ORDER:

MCDONALD, CHARMAINE ID:3112791401 28-Jun-2021 18:26:24 NHS LOTHIAN-RIE_ED ROUTINE RECORD

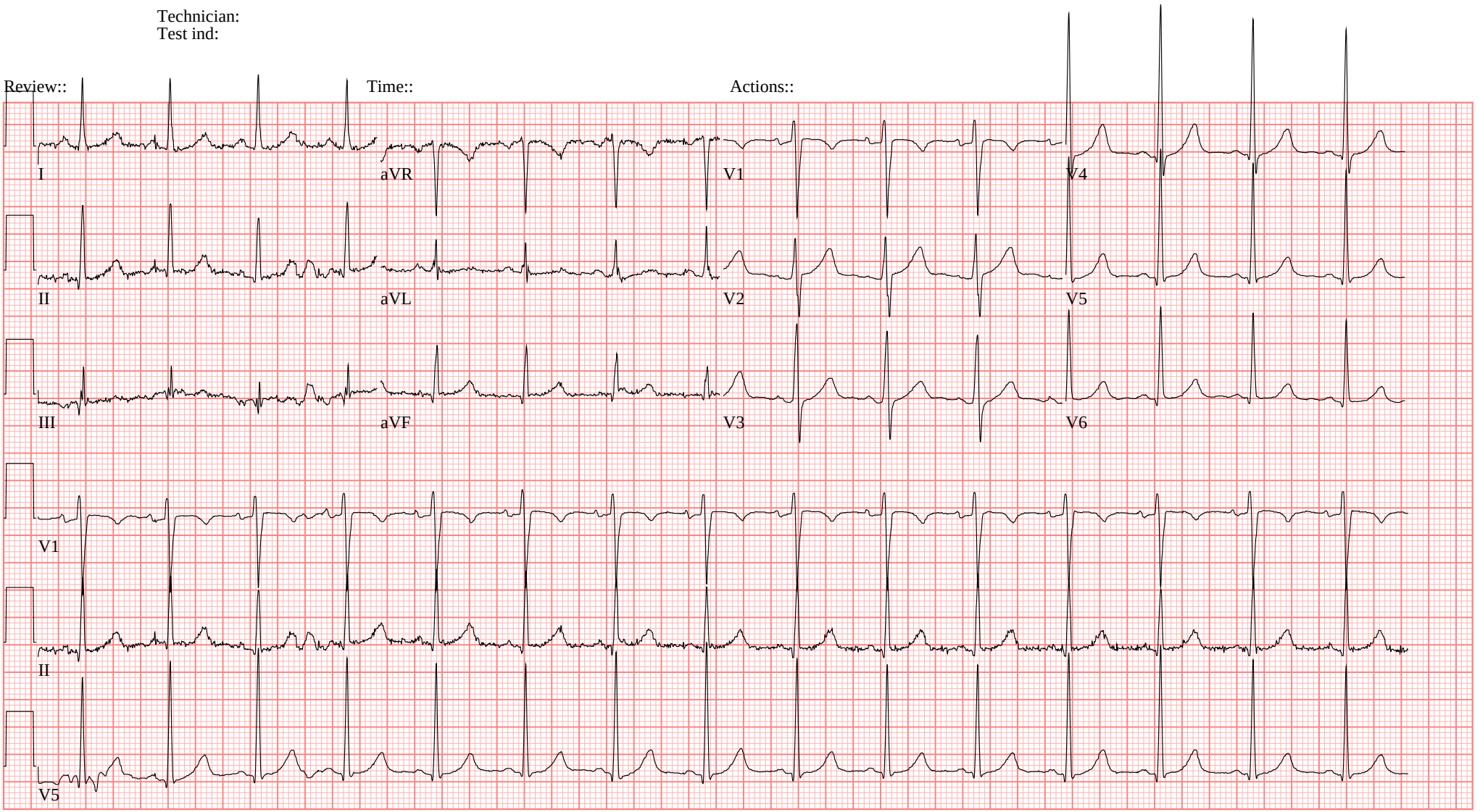
31-Dec-1979 (41 yr)
Female Caucasian

Room:
Loc:40

Vent. rate	91	BPM
PR interval	140	ms
QRS duration	90	ms
QT/QTcB	367/452	ms
P-R-T axes	-4 38	45

Technician:
Test ind:

Review:: Time:: Actions::



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID:

SID: 1952883 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr JM Bennison
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 29/06/2021

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (41 years) 600091165X E4747841
Attendance Date	28/06/2021	**Contact**	Betts Catherine
Attendance Time	17:37		07792338221
Mode of Arrival	Emergency Ambulance		
Source of Referral	999 Emergency		
Discharge Date	28/06/2021		
Discharge To			

Dear Dr JM Bennison

Presentation: Chest pain

CLINICAL NOTES:
Clinical note: Locum SHO Lang

41yo female
BIBA

PC: Chest pain

HPC:
Sudden onset central chest pain radiating to L arm
Associated with nausea and dizziness
Eased with 300mg aspirin and GTN given by SAS - currently pain free
Has been moving boxes at work, thought it might have been a pulled muscle originally
No calf pain
No infective symptoms
First covid jab and awaiting second
No history DVT / PE / estrogen contraception

Lives with partner and daughter. Independent. Works in Tesco
Smoker 10/day long standing
Minimal alcohol

PMH:
Chronic back pain - facet joint injections under anaesthetics

Medications: as per ECS
Allergies: penicillin

O/E
Looks well
A - patent
B - RR 16 Sao2 98% on RA - chest clear, nil added
C - HR 88 139/81 WWP, calves SNT - nil peripheral oedema
D - GCS 15 apyrexial
E -

CXR: unremarkable
ECG: sinus brady, nil ischaemic
Bloods: unremrakable
Troponin: <1

Impression: non specific chest pain

Plan
-discharge with strong worsening advice

Yours Sincerely,

Christina Lang, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no.	E5380308
Previous no.	E4747841
UHPI no.	600091165X
CHI no.	3112791401

Patient Information

Surname	McDonald	Date of Birth	
Forenames	Charmaine Martha	Age / Sex	31/12/1979
		43 Yrs	F
Address	Flat 4 5 Matthew Street		
Postcode	EH16 4GZ	Telephone	0131 468 2145
Contact Address	Betts, Catherine	Telephone H W	07792338221
Complaint	chest pain	Allergies	

Attendances in last 12 months: 0 School :

General Practitioner

Address: S MacCallum
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT
Telephone: 0131 652 2004

Date and Time of Attendance: 10/06/2023 11:45
Incident Date Time:
Mode of Arrival: Public Transport
Source of Referral: Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐

MSU Sent	Yes ☐	No ☐
HCG Consent	Yes ☐	No ☐
HCG Result	Yes ☐	No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐
CT Scan	Yes ☐	No ☐
Other (Please state)		

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Specialty)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name: _____ Signature: _____

600091165X /E5380308 F
MCDONALD Charmaine
Name: 31-Dec-79 · CHI: 311 279 1401
70198 S MacCallum
Date o Flat 4
EH16 4GZ
CHI Nc

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
10-6-23 1310	- NEWS=2, GCS-15, Independent. Pain 4/10	
	Chest and arms.	FS
	Analgesia administered.	FS

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

600091165X /E5380308 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1 :01
70198 S MacCallum
Flat 4
EH16 4GZ

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
Penicillin, Augmentin	kgs Actual / Estimate	10/06/23

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
10/6	1310	Paracetamol	1000mg	PO		1315	FS	
10/6	1430	Diclofenac	50mg	oral		1440	DW	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)
	Omeprazole	20mg	OD	oral	1 box			DF	AW

National Early Warning Score 2 (NEWS2) Chart

NEWS Key: 0 | 1 | 2 | 3

Parameter	Range	Obs 1	Obs 2	Obs 3	Score
	Date:	1/6			
	Time:	1155	1350	14:15	
A+B Respirations Breaths/min	≥25	28			3
	21-24		23	22	2
	18-20				
	15-17				
	12-14				
	9-11				1
	≤8				3
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 96-100%	≥96	100%	98	100	
	94-95				1
	92-93				2
	≤91				3
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure	≥97 on O_2				3
	95-96 on O_2				2
	93-94 on O_2				1
	≥93 on air				
* ONLY use Scale 2 under the direction of a qualified clinician	88-92				
	86-87				1
Tick box if using SpO_2 Scale 2	84-85				2
Sign:	≤83				3
Air or Oxygen?	A = Air	A	A	A	
Oxygen is a drug and prescribed by target range	O^2 L/min or %				2
	Device				
C Blood Pressure mmHg Score uses Systolic BP only	≥220				3
	201-219				
	181-200				
	161-180				
	141-160				
	121-140	132	135	128	
If manual BP mark as M	111-120				
	101-110				1
	91-100				2
	81-90	92		85	3
	71-80		81		3
	61-70				3
	51-60				3
	≤50				3
C Pulse Beats/min	≥131				3
	121-130				2
	111-120				2
	101-110				1
	91-100	94			1
Manual pulse	81-90			87	
	71-80		79		
	61-70				
	51-60				
	41-50				1
	31-40				3
	≤30				3
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	A	A	A	
	New Confusion				3
	V				3
	P				3
	U				3
E Temperature °C	≥39.1°				2
	38.1-39.0°				1
	37.1-38.0°				
	36.1-37.0°	36.2	36.2	36.4	
	35.1-36.0°				1
	≤35.0°				3
NEWS TOTAL		3	2		
Monitoring frequency		1°	1°		
Escalation of care Y/N			N		
Blood Glucose reading or N/A					
Pain score (0-10)			4		
Initials		SC	FJ		

NEWS of 5 or more?

Think Sepsis!

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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date	[illegible]		
		Time	[illegible]	[illegible]	
GLASGOW COMA SCALE	Eyes Open	Spontaneously 4	[illegible]	4	Eyes closed by swelling = C
		To speech 3			
		To pain 2			
		None 1			
	Best Verbal Response	Orientated 5	[illegible]	5	Endotracheal tube or tracheostomy = T
		Confused 4			
		Inappropriate words 3			
		Incomprehensible sounds 2			
		None 1			
	Best Motor Response	Obey commands 6	[illegible]	6	Always record the best arm response
		Localise to pain 5			
		Flexion to pain 4			
		Abnormal flexion 3			
		Extension to pain 2			
		None 1			
		Total GCS Score	[illegible]	15	
Right Pupil		Size			+ reacts - no reaction c eye closed
		Reaction			
Left Pupil		Size			
		Reaction			
LIMB MOVEMENT	ARMS	Normal power		PL	Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
	LEGS	Normal power		PL	
		Mild weakness			
		Severe weakness			
		Extension			
		No response			
		Initials	[illegible]	[illegible]	

Pupil Scale mm 1 • 2 • 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr S MacCallum
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 11/06/2023

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI**	**3112791401**
		Date of Birth / Age	31/12/1979 (43 years)
		UHPI	600091165X
		A&E Attendance Number	E5380308
Attendance Date	10/06/2023	**Contact**	Betts Catherine 07792338221
Attendance Time	11:45		
Mode of Arrival	Public Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	10/06/2023		
Discharge To			

Dear Dr S MacCallum

Presentation: Chest pain, chest pain

CLINICAL NOTES:
Clinical note: D Whitehall ST3 (EM)

PC:

Chest pain

HPC:

Woke this morning with left sided chest pain.
Sharp in nature. Pleuritic. Radiates into left arm and back.
Associated SOB. Been clammy and sweating.
Nauseated but no vomiting.
No palpatations.
Pre-syncopal symptoms.
Denies any exertional CP or breathlessness. Works as runner at Tesco so very active.
No recent illness.

PMH:

Low back pain

DH:

Allergies: Penicillin
Meds as per ECS

SH:

Smoker - 10/day

O/E:

Alert, looks well. Has ongoing pain.
No IWOB. SpO2 100% on RA. RR 28 Chest clear
Warm to edges. Regular pulse. HS I+II+0 No peripheral oedema.
Calves NAD
Apyrexial.

Ix:

Bloods - FBC/U&Es/LFTs/trop normal

Imp:

No evidence of infection or ACS
Need to rule out PE and PTX given pleuritc pain.
???aortic syndrome

Plan:

1) Add on d-dimer
2) CXR
3) Analgesia

CXR - No focal consolidation or collapse

D-dimer - 247 (negative)

Imp:

Reassuring trop and d-dimer exclude MI/PE/aortic syndrome
No evidence of pneumothorax or infection
Cause of pain unclear but significant pathology excluded

Plan:

1) Home
-will trial PPI as has frequent reflux symptoms
-to see GP next week if ongoing issues
-worsening advice

Yours Sincerely,

Dr Daryl Thomas Whitehall, Doctor

MCDONALD, CHARMAINE ID:3112791401 15-Jun-2023 12:29:12 NHS LOTHIAN-RIEECG ROUTINE RECORD

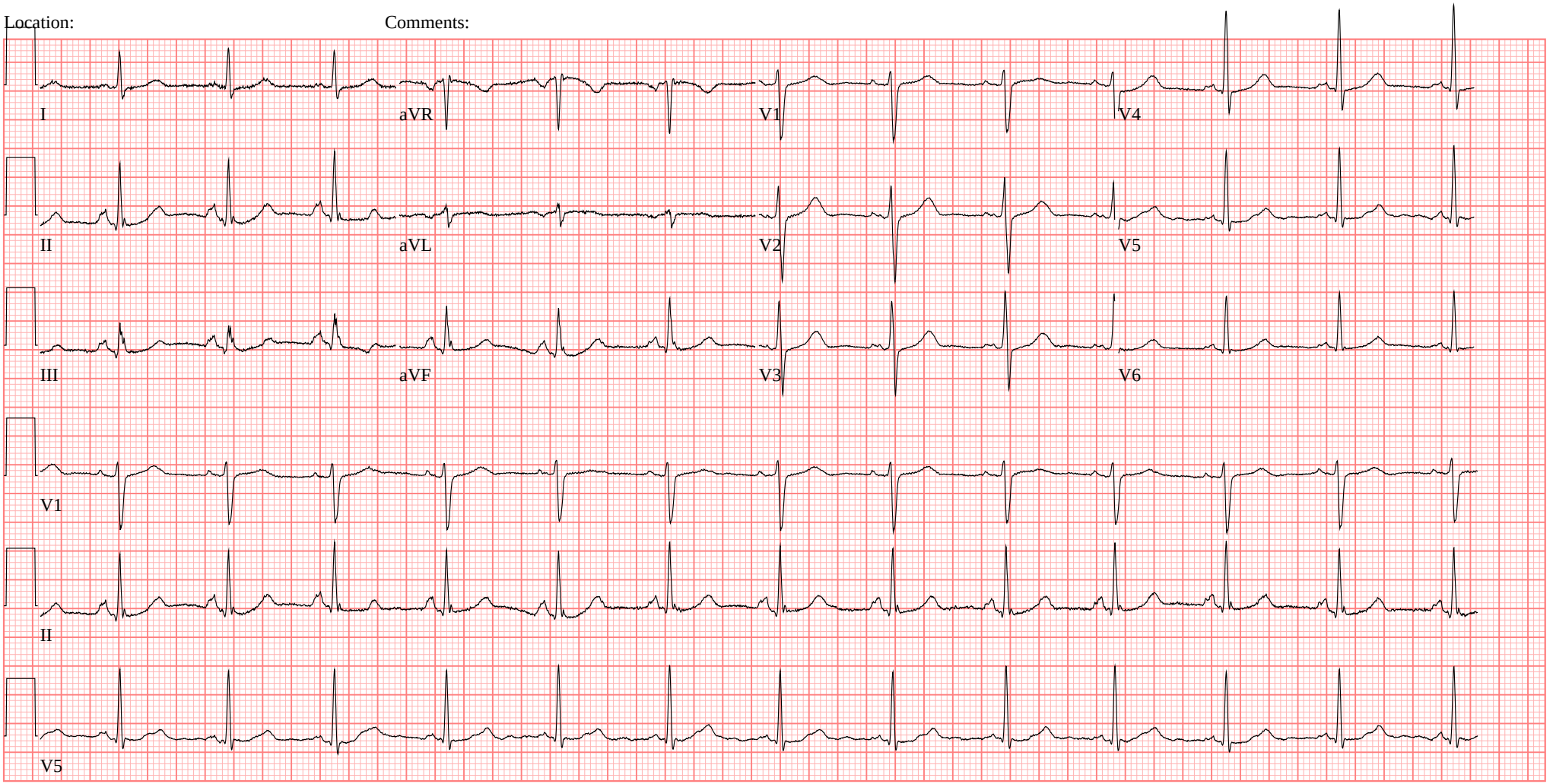
31-Dec-1979 (43 yr)
Female Caucasian

Room:
Loc:2

Vent. rate	78	BPM
PR interval	126	ms
QRS duration	80	ms
QT/QTcB	390/444	ms
P-R-T axes	79 60	66

Technician: paulina/kirsty
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 57411 SID: 1952883 EID: 13 EDT: ORDER:

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no. E5564720
Previous no. E5380308
UHPI no. 600091165X
CHI no. 3112791401

Patient Information

Surname McDonald
Forenames Charmaine Martha
Date of Birth 31/12/1979
Age 43 Yrs Sex F
Address Flat 4
5 Matthew Street
Postcode EH16 4GZ
Telephone 0131 468 2145
Contact Address Betts, Catherine
Telephone H 07792338221
W
Complaint chest pain
Allergies
Attendances in last 12 months: 1 School :

General Practitioner

Address S MacCallum
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT
Telephone 0131 652 2004

Date and Time of Attendance 29/12/2023.16:03
Incident Date Time:
Mode of Arrival Public Transport
Self Referral to A&E
Source of Referral

Initial Triage Assessment

Presenting Complaint	[illegible]
History of Presenting Complaint	[illegible]
Assessment	

Nursing Observations & Assessments

TEMP	°C	SCORE	MIN FREQ	(glucose/ketones)	Blood Sugar	mmol/L	Pain Score		/ 10	
HR		NEWS 0-1	Hourly		Peak Flow 1)		Analgesia Given		YES ☐	NO ☐
BP	/	NEWS 2-4	30mins Min		Peak Flow 2)		Fast Assessment		POS ☐	NEG ☐
SPO2%	%	NEWS 5-7	15mins Min		Peak Flow 3)		Onset Time:			
RR		NEWS >7	10mins Min		Alcometer		Weight		Height	
AVPU		Special Clinical Instructions								
Sepsis Screen in Progress	Yes (= +2) No (= 0)	Please indicate any specific clinical observations to be continued or repeated once patient has left OPP								
NEWS SCORE										

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion.			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐
Urinalysis - Please tick
Required ☐ Done ☐
MSU Sent Yes ☐ No ☐
HCG Consent Yes ☐ No ☐
HCG Result Yes ☐ No ☐
X-Rays - Please tick
CRX Yes ☐ No ☐
CT Scan Yes ☐ No ☐
Other (Please state)

On Going Care Plan

Speciality Informed (enter time)		Bed Required		Triaged To - Please tick			
Surg:	G.I:	Yes ☐	No ☐	Waiting Room		GP Out of Hours	
Vasc:	Stroke:	Transfer To: (Please tick if required)		Resus		Gynae Triage	
Medics:	Gynae:	WGH		HD		SMMP	
Ortho:	Neuro:	SJH		IC		MIU	
Other (state Specialty)		Other (please state)		Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

TRAST
- cerv Pain
- $\frac{1}{7}$ Lx
- Left Sided

Care Providers Name:_____ Signature:_____

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

600091165X /E5564720 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1401
70198 S MacCallum
Flat 4
EH16 4GZ

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight kgs Actual / Estimate	Date
Penicillin Augmentin.		29.12.23

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
29/12/23	1935	PARACETAMOL	1g	ORAL		1935	CJ	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																								
	Date:																							
	Time:	1600	1930																					
A+B Respirations Breaths/min	≥25										3													
	21-24										2													
	18-20																							
	15-17		15																					
	12-14																							
	9-11										1													
	≤8										3													
A+B SpO_2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	93	98																					
	94-95										1													
	92-93										2													
	≤91										3													
SpO_2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O_2										3													
	95-96 on O_2										2													
	93-94 on O_2										1													
	≥93 on air																							
	88-92																							
	86-87										1													
Tick box if using SpO_2 Scale 2 Sign:	84-85										2													
	≤83										3													
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A	A																					
	O^2 L/min or %										2													
	Device																							
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220										3													
	201-219																							
	181-200																							
	161-180																							
	141-160																							
	121-140	131	128																					
	111-120																							
	101-110										1													
	91-100										2													
	81-90										3													
	71-80	66	80																					
	61-70																							
	51-60																							
	≤50																							
C Pulse Beats/min Manual pulse	≥131										3													
	121-130																							
	111-120										2													
	101-110																							
	91-100										1													
	81-90																							
	71-80	80																						
	61-70		66																					
	51-60																							
	41-50										1													
	31-40										3													
	≤30																							
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	✓	✓																					
	New Confusion										3													
	V																							
	P																							
	U																							
E Temperature °C	≥39.1°										2													
	38.1-39.0°										1													
	37.1-38.0°	36.3																						
	36.1-37.0°		36.9																					
	35.1-36.0°										1													
	≤35.0°										3													
NEWS TOTAL		0	0																					
Monitoring frequency		12	2*																					
Escalation of care Y/N			N																					
Blood Glucose reading or N/A		1	N/A																					
Pain score (0-10)		4	0																					
Initials																								

NEWS of 5 or more?
Think Sepsis!

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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

Special Instructions

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date	16/2	
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	Eyes closed by swelling = C
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score	12	
Right Pupil		Size		+ reacts - no reaction c eye closed
		Reaction		
Left Pupil		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		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

MCDONALD, CHARMAINE ID:3112791401 29-Dec-2023 16:29:00 NHS LOTHIAN-RIE_ED ROUTINE RECORD

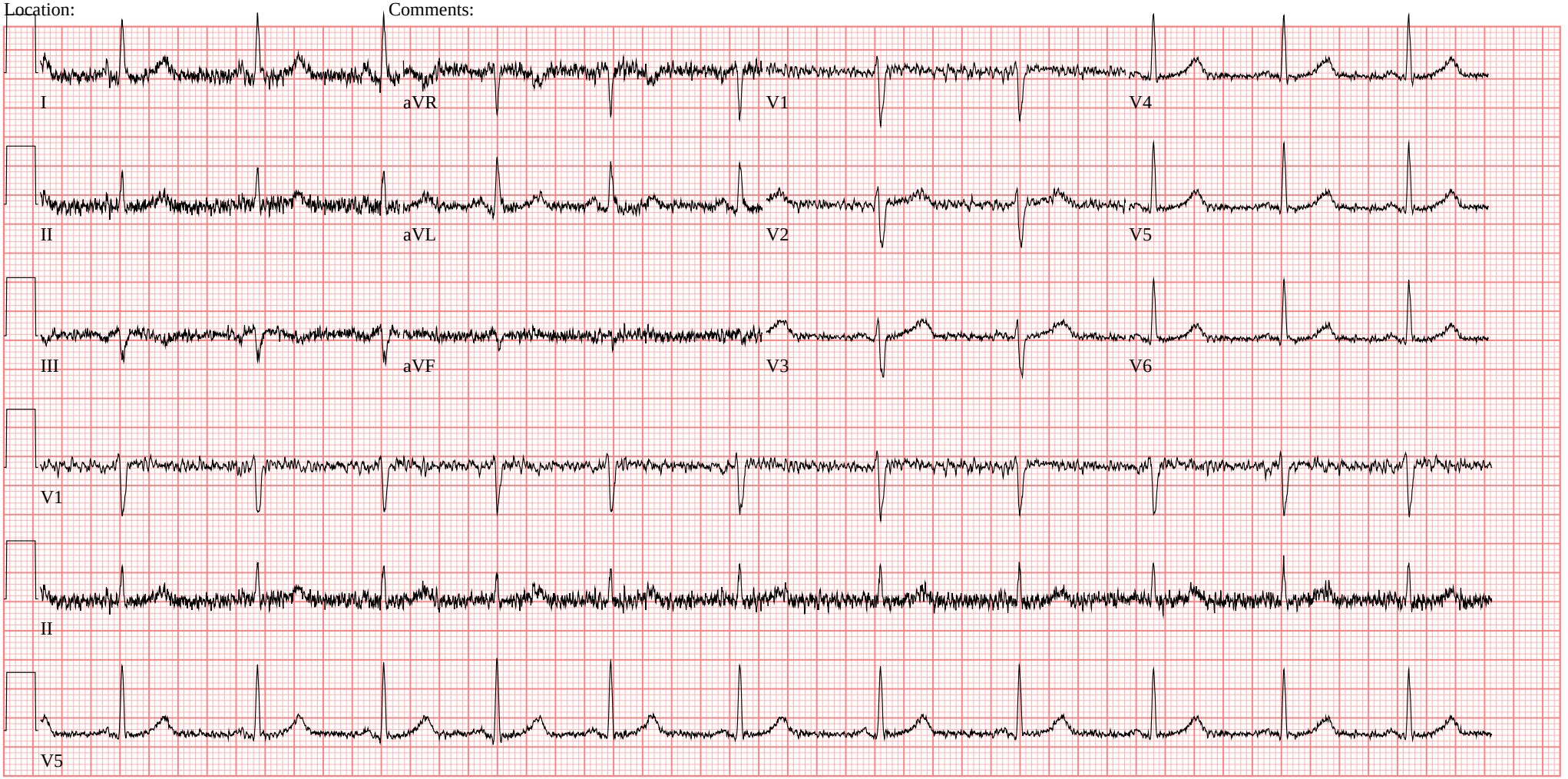
31-Dec-1979 (43 yr)
Female Caucasian

Room:
Loc:40

Vent. rate	68	BPM
PR interval	134	ms
QRS duration	80	ms
QT/QTcB	426/452	ms
P-R-T axes	-18 4	-1

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 38524 SID: 1952883 EID: 13 EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr S MacCallum
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date: 25/01/2024

Emergency Discharge Summary

Patient	Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI** **A&E Attendance Number**	**3112791401** 31/12/1979 (44 years) 600091165X E5564720
Attendance Date **Attendance Time** **Mode of Arrival** **Source of Referral** **Discharge Date** **Discharge To**	29/12/2023 16:03 Public Transport Self Referral to A&E 29/12/2023	**Contact**	Betts Catherine 07792338221

Dear Dr S MacCallum

Presentation: Chest pain, CHEST PAIN, T2 cardiac pain 1/7hx left sided chest pain, sharp in nature, relief with taking own gtn spray news 0 r.maritn

CLINICAL NOTES:
Clinical note: Tristem - Locum SHO

PC: Chest Pain

HPC:

Today 15:00 whilst standing at works sudden onset right sided chest pain
Felt could have radiated down right arm, nil worsening factors
Took GTN which helped pain, not pleuritic in nature
Nil noticeable trigger
Reports has had similar pain before but not like this
Disclosed when she gets chest pain, panics and this makes things worse

Recently well, nil fevers, eating and drinking well
Nil bowel or bladder issues
Nil cough, nil palpitations, nil SOB
Nil LOC, nil recent travel, nil sick contacts
Nil OCT, nil recent surgies
Has recently purposely lost 3stone and reduced smoking/ EtoH

PMHX: Lower Back Pain
DHx: Nil Reguar
NKDA

SHx - Current smoker /10day
Non drinker. denies drugs
Independant, Works in Tesco

OE - RR:15, 98%OA, 128/80, HR:66, 36.4
Alert, orientated, appears very well, High BMI
No iWOB, Chest Clear
WWP, Pulse Regular
Abdomen SNT
No chest wall tenderness
Calves SNT

Investigations
ECG:SR
Bloods: Unremarkable
Troponin <3
PERC:0

Impression: Non-specific Chest Pain
- ?Element of Anxiety

Plan
Home
Reassurance given
Given encoragement to address lifestyle factors

CT

Yours Sincerely,

Dr Charlotte Tristem, Doctor

thurs Seen 12/5

ward 210

15/5 @ 1330

Gynaecology Emergency

OUT OF HOURS EMERGENCY REFERRAL – FILL IN ALL BOXES

Date: 14/5/2025	Time: 03:13
Patient Details: Charmaine Mcdonald	CHI: 3112791401
Contact No: 07734162025	Referred from: Ward 210
Presenting complaint/Clinical Details: LIF Severe Pain 0-7 PVB ~ for a Scan ± Pipelle light bleeding pain settled	LMP: 25/4/2025 Pregnancy Test: Negative
USS Required: Y/N	Do not request USS this will be done when appointment allocated.
Further Relevant information/Social history	Interpreter Required: Y/N Language:
Referring Dr Details: Dr. AlKhafire	EMERGENCY USS ARE AVAILABLE AT WEEKENDS AT MAIN USS

Please advise patient they will be contacted between 0830-0900 the next day and will be allocated a time to attend. They may be required to attend at short notice.

Please note if the patient is referred at the weekend they can be seen in 210 at the weekend – not wait until Monday!

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Dr. Dave McKean ED Clinical Director
Ray Middlemiss ED Clinical Nurse Manager
The Royal Infirmary of Edinburgh
51 Little France Crescent, Edinburgh, EH16 4SA
Tel: 0131 242 1300 Fax: 0131 242 1344

NHS Lothian

A/E no.	E6034471
Previous no.	E5564720
UHPI no.	600091165X
CHI no.	3112791401

Patient Information

Surname	McDonald	Date of Birth	
Forenames	Charmaine Martha	Age / Sex	31/12/1979 45 Yrs F
Address	Flat 4 5 Matthew Street		
Postcode	EH16 4GZ	Telephone	0131 468 2145
Contact Address	Betts, Catherine	Telephone H / W	07792338221
Complaint	pain in side	Allergies	

Attendances in last 12 months: 0 School :

General Practitioner

Address: S MacCallum
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT
Telephone: 0131 652 2004

Date and Time of Attendance: 14/05/2025 00:16
Incident Date Time: 14/05/2025
Mode of Arrival: Private Transport
Source of Referral: Self Referral to A&E

Initial Triage Assessment

Presenting Complaint	
History of Presenting Complaint	
Assessment	

Nursing Observations & Assessments

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

Triaged By: Print Name: Signature: Triage Time:

Opp Care & Discharge Record

PVC Insertion - Please initial when complete

Handwash		Gloves	
CHD Skin Prep		Aseptic Insertion	
Dressing Labelled		Paperlite Bundle	
Reason for PVC Insertion:			

Blood Samples - Please tick all that apply

Routine		CRP	
Troponin		Coag	
Amylase		Tox Screen	
BTS		Other (Please state)	

Additional Investigations

ECG - Please tick
Required ☐ Done ☐

Urinalysis - Please tick
Required ☐ Done ☐
MSU Sent Yes ☐ No ☐
HCG Consent Yes ☐ No ☐
HCG Result Yes ☐ No ☐

X-Rays - Please tick

CRX	Yes ☐	No ☐	
CT Scan	Yes ☐	No ☐	
Other (Please state)			

On Going Care Plan

Speciality Informed (enter time)

Surg:	G.I:		
Vasc:	Stroke:		
Medics:	Gynae:		
Ortho:	Neuro:		
Other (state Specialty)			

Bed Required Yes ☐ No ☐

Transfer To: (Please tick if required)

WGH			
SJH			
Other (please state)			

Triaged To - Please tick

Waiting Room		GP Out of Hours	
Resus		Gynae Triage	
HD		SMMP	
IC		MIU	
Exam		Other (Please state)	

"What Happens To The Patient?"

Clinical Notes

Think:- Other Sources of Information:

Family ☐ Carers ☐ SAS ☐ PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ Patient Alerts ☐

Care Providers Name: _____ Signature: _____

NHS LOTHIAN
Emergency Department
Adult Majors
Prescription, Administration & Observation Record

NHS Lothian

600091165X /E6034471 F
MCDONALD Charmaine
31-Dec-79 CHI: 311 279 1401
70198 S MacCallum
Flat 4
EH16 4GZ

The section below must be completed before any medicine is prescribed/given

Previous Adverse Reactions	Weight	Date
penicillin	kgs Actual / Estimate	14/5/25

Once Only Prescription

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber Sign & Print	Time Given	Issued by (Initials)	Checked by if applicable (Initials)
14/5	0057	IBUPROFEN	400mg	PO	EVANS	0058	DB	

Discharge Medication

Date & Time	Medicine (Approved Name)	Dose	Frequency	Route	Quantity	Duration	Prescriber Sign & Print	Issued by (Initials)	Checked by (Initials)

National Early Warning Score 2 (NEWS2) Chart

NEWS Key 0 1 2 3																						
	Date:																					
	Time:	0004																				
A+B Respirations Breaths/min	≥25									3												
	21-24									2												
	18-20																					
	15-17	17																				
	12-14																					
	9-11									1												
	≤8									3												
A+B SpO₂ Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	96																				
	94-95									1												
	92-93									2												
	≤91									3												
SpO₂ Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% (+ hypercapnic respiratory failure)	≥97 on O_2									3												
	95-96 on O_2									2												
	93-94 on O_2									1												
	≥93 on air																					
	88-92																					
* ONLY use Scale 2 under the direction of a qualified clinician	86-87									1												
Tick box if using SpO_2 Scale 2	84-85									2												
Sign	≤83									3												
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																				
	O^2 L/min or %									2												
	Device																					
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220									3												
	201-219																					
	181-200																					
	161-180																					
	141-160																					
	121-140																					
	111-120	120																				
	101-110									1												
	91-100	1								2												
	81-90																					
	71-80																					
	61-70	68								3												
	51-60																					
	≤50																					
C Pulse Beats/min Manual pulse	≥131									3												
	121-130																					
	111-120									2												
	101-110																					
	91-100									1												
	81-90																					
	71-80																					
	61-70	69																				
	51-60																					
	41-50									1												
	31-40									2												
	≤30									3												
D Consciousness Score for new onset of confusion (no score if common)	Alert	A																				
	New Confusion									3												
	V																					
	P																					
	U																					
E Temperature °C	≥39.1°									2												
	38.1-39.0°									1												
	37.1-38.0°																					
	36.1-37.0°	36.4																				
	35.1-36.0°									1												
	≤35.0°									3												
NEWS TOTAL		0																				
Monitoring frequency		12																				
Escalation of care Y/N		N																				
Blood Glucose reading or N/A																						
Pain score (0-10)		8																				
Initials		BT																				

NEWS of 5 or more?
Think Sepsis!

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

Signs of Infection

- Temperature <36°c or >38°c
- Heart rate >90 beats pm
- Respiratory rate >20 breaths pm
- New confusion
- WCC <4 or >12
- Blood sugar >7.7 in non-diabetic

Addressograph

Name:

DOB:

CHI:

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

*or increase in NEWS score of 2

Conscious Level Chart to be completed when clinically indicated

		Date		
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	Eyes closed by swelling = C
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score		
	Right Pupil	Size		+ reacts - no reaction c. eye closed
		Reaction		
	Left Pupil	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		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 •

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Rate	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	**IV Line(s)**	**Oral Input**		**Input**		**Urine**		**Gastric**	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

00091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

Gynae Triage Communication Log

Date: 15/5/25 **Nurse:** Ashley

Cons on call: Dr Rose **Time seen:**

Assessing Dr: Jo **Time discharged:**

Details/Investigations

Presenting Complaint	LIF Pain + Bleeding Propanol (Reducitra regularly) HRT patch. 3 month ago started. Pain Score 3/10, colocortrol. 12pm ↳ left side pubic area. Bleeding stopped this morning No discharge. period ↑ end of April. Con stensed: 2006, same partner passing urine, Bowels okay.
Scan	No cysts, masses or free fluid. → ✓ largest 17 x 16 x 17 with two more fibroids, measuring 95). ~20mm and 10mm.
Obs	HR 81 BP 123/79 o2 Sats 93 / 96%. Temp: 36.2. resps: 15.
News	1
Bloods	(last two days)
BM – if required	
Urine	
HCG	
Swabs	two days ago.
CPE/Covid completed for admission	

~~Bloods not completed~~ ~~Dr he Reynolds~~
~~so can't write letter~~

GP Letter: ✓ Results signed off: ✓ Follow Up:

Scan/Requested Notes:

Patient & GP Information

UHPI Number	600091165X
CHI Number	3112791401
Episode Number	04109066
Surname/Forename	McDonald, Charmaine
Date of Birth	31/12/1979
Sex	Female
Patient Address.	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
Registered GP	N Sharp
GP Address.	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E1339723	E1686065
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E1737367	E2402075
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E2475188	E2712952
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E2925134	E2969578
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E3083656	E3348677
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E3616152	E3907997
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E4747841	E533014
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
E5380308	E5564720
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X
3112791401
E6034471
McDonald, Charmaine
31/12/1979
Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	04109066

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: E1339723 Dr Aftab Hanif 05/10/2008 Paula Grieve	CHI: 3112791401 ,,28yo female,PC: paracetamol OD plus Sleepeeze tabs,HPC: this 28yo girl was found today at 855pm when she had an argument with her friend and took 32 tabs paracetamol 500mgs each, also taken 20 Sleepeeze tablets (combination of herbs and nutrients used to stabilise CNS and works as sedative and anxiolytic). Also taken 5 cans of beer and then slashed her R wrist with a knife and sustained 2 incised wounds on R wrist about 4 to 5 cms of superficial thickness). She has also got a bruise over L infraorbital margin close to L medial canthus (has been hit by can of beer by her friend). While in A&E she has 2 x vomiting, feels tired, she states that she has done this with a view to suicide and wants to die and she does not feel guilty about this. No history of OD in the past, no other specific complaints.,,PMH: depression,Meds: anti depressants,Allergies: nil,SH: lives with 2 children (older child age 12),,OE: young, alert, smells of alcohol, looks depressed,GCS 15/15,Pulse 84, RR 16, BP 115/67, BM 5.8, temp 36.4, Sats 96% RA,R hand - 2 incised wounds 4 - 5 cm (1 partial thickness), no tendon injury, FROM, NVI,Face - small bruise over L medial canthus with some swelling over L infraorbital margin, normal eye movements, normal vision, no diplopia, no numbness over infraorbital margin.,CVS: S1+S2+0,Resp: bilateral air entry, no creps or wheeze,GI: SNT, BS normal,CNS: GCS 15/15, PERLA, no focal neurology,Investigations: FBC, U&Es, LFTs, INR - awaited,Diagnosis and plan: mixed OD, paracetamol and salicylate levels to be done at 1255hrs,Wrist wound - stitched with 5 x 5.0 Ethilon sutures, 8 stitches given, wound dressed.,Admit CAA to be reviewed by psych liaison in the am and chase bloods.

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E1686065 Dr Caspar Wood 25/03/2010 18:40 Dr Caspar Wood	CHI: 3112791401,,30 yr old female,,B/G: Depression, 4 Children, Back pain - known disc protrusions @ L4/L5, L5/S1,,PC: Back pain/Incontinence/weak legs,,HPC: Known sciatica symptoms for a number of months, withlower back pain radiating to legs bilat. Recently worsening symptoms for 2/52 with weak legs, alteration in sensation of lower legs bilat and urinary incontinence.,,Sys: Denies symptoms aside of above. No faecal smearing/incontinence. Describes 'feeling the need to go to the toilet, but can't'. Has no infective urinary symp.,,Meds: Mirtazepine/co-codamol/ibuprofen/ omeprazole,,Sx: Independent,,O/e:,Well, apyrexial, obs stable,HS pure,Chest clear, abdo SNT BS present,Neuro - CN's intact,Arms: equal 5/5 power/tone/co-ord/sens,Legs: 4/5 power bilat, normal tone, altered sens L4/L5/S1 distribution, co-ord normal.,PR: normal sacral sensation, anal tone perhaps reduced, nil else,Lower paralumbar tenderness upon palpation,Urine dip - negative,,IMP: Increasing symptoms/cord compression,,Plan: MRI - No change in disc herniation from prev, no cord compression,D/W neurosurgeons - nil acute today, cannot find reason for bladder dysfunction, but can occur in relation to herniation of disc. Thus will get in contact with patient and kindly r/v in the ward next week.,,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E1737367 Dr Ian Coulter 08/06/2010 14:08 Ian Coulter	PC: Fall,,Background: L4/5 Microdiscectomy and L5 root decompression on 19/5/10,,Patient reports a fall down 5 stairs earlier this morning bumping head and injuring back. No LOC, no amnesia no vomiting, mild headache. Lay for couple of hours and clawed her way to her front door to get help. Very painful to mobilise due to lower back pain. Has been mobilising since operation. Patient aware of bladder and bowels.,,PMH: Sciatic, recent op as above, depressive illness,DH: Gabapentin, Tramadol, Movicol, Paracetamol, Ibuprofen, Omeprazole,ADVERSE REACTION TO AUGMENTIN - RASH ,SH: Lives with children, in house with stairs,,O/E OBS: Temp 35.8, Pulse 90, RR 16, BP 124/62, BM 8.0, Sat 98%,,Looks well, painful to move,Cardiorespiratory examination unremarkable,Abdomen soft and NT,,PEARL, CN II-XII intact,Normal upper limbs,Tone in lower limbs - NAD,Appears to have normal power in lower limbs with some pain evident on movement,Reflexes - Knee and ankle present bilaterally,Reduced sensation to fine touch Rt posterior calf and lateral leg, Lt posterior calf,Normal anal tone,,Imp: Mechanical lower back pain,,Plan: Analgesia, mobilise, refer to ortho if not mobilising, XRs of lumbar and thoracic spine,,XR of lumbar and thoracic spine NAD, D/w neurosurgeons, no need for neurosurgical intervention, refer to ortho for analgesia

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E2402075 Kirsteen Hamilton 02/02/2013 17:50 Mark Taylor (NMR)	33 year-old LHD F student. FOOSH one week ago, GP concerned regarding scaphoid fracture.,,PMH: Back pain,DH: DF118,NKDA,,OE L wrist: Normal appearance. Specifically tender at ASB on two surfaces. Pain on axial compression of thumb. Non-tender radius/ulna but remaining carpals. DNVI.,,XR scaphoid: Shows no obvious fracture,,Imp: L clinical scaphoid fracture,,Plan: Fracture clinic in 1 week as this is now one week since time of incident. Spencer wrist support with thumb extension. Continue own analgesia. Should return or see GP if any concerns meantime.,,Any queries please contact A&E Reception on 0131 242 1300

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E2475188 Dr Marena Zikry 21/05/2013 11:04 Valerie Hardie	CHI: 3112791401,,This 33 year old lady with chronic back pain had a slipped disc operation in 2010. Since then she has been seen by Chronic Pain and recently had steroid injection a couple of months ago. She took DHC, pregabalin, amitriptyline, but not sometimes admits regular. She has been otherwise well, but she has come with a 2 day history of lower back pain. No acute trauma. This pain is the same as what she has been having for long term. Yesterday, she was having pain while walking and while lying flat, she said that nothing really made her feel any better. She feels okay when she is sitting down. She usually walks with a stick and she is able to weight bear. She is able to walk normally. ,,On exam: Very tender sacral area. She is able to mobilise both hips. A little bit painful on leg straight raise on the right. ,She was also seen by GP OOH. ,She is able to go to the toilet. No numbness. She can pass urine even though she has not passed since yesterday, but feels that she is quite dehydrated. I did not feel it was necessary to do an x-ray and that this was probably chronic pain not improving. ,,She was given DHC 90 mgs which she usually takes at home and Diazepam 6 mgs which did improve slightly her pain. She was able to get up and weight bear.,,IMP: Probable ongoing chronic pain with muscular spasm.,,Plan: Diazepam and DHC which she has taken in the department. I have told her to return if she is having more problems with passing urine, but otherwise she should make an appointment with her GP. I do not think that this is an acute problem, however, if she is not improving and her GP cannot help her then she may have to be seen again by Chronic Pain.,,,Any queries please contact A&E Reception on 0131 242 1300

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E2712952 Dr Lindsay Merry 23/04/2014 19:48 Lindsay Merry	, ,Clinical note: SHO locum,BACKGROUND- normally fit and well, previous back surgery,Meds- dihydrocodeine, PRN paracetamol, amitriptyline,Allergy to augmentin,Lives with partner, smoker, minimal alcohol,,PC- Head injury, collapse,HPC- 34 year old woman, hit her head on the wooden fireplace this afternoon at 1700, was bending down and then stood and hit left side of her head. Initially painful but was able to continue standing. Good memory of event. 20 minutes following this, collapsed onto the floor and was unconcious for 1.5 minutes, witnessed by partner to have mild upper body shaking and eye rolled back- showing the whites of her eyes. No tongue biting or incontinence. Came round and was able to say her name and DOB, no post ictal confusion. Patient does not remember collapse but remembers questions when she came round. Good memory since then. ,Left sided dull headache and sensitivity to light. ,No neck stiffness/fever/rash/cough/cold. No other pain. No blurred or double vision. No weakness/change in sensation. No palpitations or chest pain.,Did have short- 30 second episode while in A&E, witnessed by partner, eyes rolled back in head and gentle shaking movement in upper limbs but then came round and was back to normal.,No previous similar episodes. No family history of epilepsy. No previous head injuries. ,,O/E,Obs at triage- temp 36.8C, HR 94, BP 141/87, RR 16, sats 97% room air,Looks pale, alert and responsive, GCS 15,Warm and well perfused, good cap refill, dry skin,Pulse regular,Pupils equal and reactive, patient able to tolerate light in eyes,Mucous membranes moist,HS normal,Chest clear,Neuro- romberg negative, gait normal, tone/power/sensation and coordination normal in all limbs,,Impression- minor head injury, no indication of serious head injury. Collapse does not sound like seizures and no indication of other pathology ?vasovagal,,Plan- Given head injury advice leaflet which was explained and advised to be watched by relative and to return if issues. , Simple analgesia for headache,,L.MERRY ,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E2925134 Dr Unknown 22/02/2015 14:40 Carol Reilly	, ,Clinical note: CHI: 3112791401,,Patient did not wait to be seen.,,Any queries please contact A&E Reception on 0131 242 1300 ,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E2969578 Andrew W Brown 17/04/2015 17:19 Andrew W Brown	,Diagnosis:,,Left Hand: Carpus: clinically suspected scaphoid fracture,, ,Clinical notes: CHI: 3112791401,,35y/o female.,,P/C: Left wrist pain over past 5 days unsure mech of inj.,,PMH: Back pain,Meds: Painkillers,Allergies: Co amoxiclav,,O/E L lower arm: Of normal appearance.,Very tender in ASB only, DNVI.,FROM elbow, DROM wrist/hand.,,Xray L Scaphoid: NBI,,Imp: Clinical scaphoid fracture,,Plan,- Wrist splint/thumb ext,- TTC,- Verbal/written advice given,- Take simple analgesia,- Worsening statement given, return if concerned,,Referred to: Orthopaedic Trauma Triage Clinic,,Date of injury: 14/04/2015 Place of injury: Other,Mechanism of injury: Other,, Comorbidities: Other significant comorbidities,,Patient consents to be contacted by orthopaedics service by telephone: Yes,Home number: 07730373951 Mobile Number: 07730373951,,The relevant advice leaflet has been provided: Yes,,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E3083656 Catherine Ward 16/09/2015 12:19 Leon Amos (NMR)	, ,Clinical note: 35F,,Witnessed seizures(?) this am first by child, fell to the floor and started shaking(?) ,No incontinence or tongue biting,Allegedly banged her left temple on the floor during incident. ,Partner says further episode on his arrival after helping her into a chair.,Says eyes wouldn't focus and bilateral limb shaking - not tonic-clonic,Pt states has an ongoing headache, denies recent infective symptoms, feels generally 'stressed' and 'shattered' at the moment. ,Apparent similiar episode last November, no f/u. ,Denies alcohol/ drug use last night/ today,Alcohol within normal limits. ,? confused at the time,Now orientated to T,P,P,,PMH: Chronic back pain (known to chronic pain team),Prev OD 2008,,ECG - NSR/ normal QTc,,O/e obs & BM within normal parameters ,No bruising/ haematoma or evidence of HI,No neck tenderness,,GCS 15, PERL ,CN - intact, normal eye movements,HS1+2+0,HR reg,chest clear,abdo SNT,,Moving all 4 limbs normal power/ tone/ sensation,,Imp: Doesn't sound like organic seizure activity, unconvincing story,Episode lasting 30 secs witnessed by SN - not seizure like.,,P: Check routine bloods + electrolytes,As second attendance with similar - refer O/P first seizure clinic,,CK 277, K+ normal, ca/ mag/ PO4 added on,,Partner concerned having further short lasting episodes in dept - none witnessed.,Still c/o headache and feeling confused, although seems orientated.,Likely fuctional element, but ongoing symptoms - unmonitored medical bed,,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E3348677 Dr Michele G Open 25/08/2016 11:30 Valerie Hardie	, ,Clinical note: 36 yr old BIBA with back pain after fall,HPC - Slipped and fell in bathroom. Excruciating pain in lower back and right hip since then. Unable to mobilise,PMH - Chronic back pain, known to chronic pain,Meds - oromorph, pregabalin, amitriptyline, ,SH - lives with partner and children,,O/E - in pain++, tender right hipand buttock area. legs not shortened/rotated. power and sensation normal,tender lower l spine in midline.,,x ray pelvis and l spine - no bony injury,. degenerative disease l spine as previous,,Able to mobilise after 2 doses oromorph. ,P - home iwht oromorph, GP review of analgesia later in week. ,discharged with 20 doses of oromorph,,,,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E3616152 Sophie R Fox 25/07/2017 18:13 Sophie R Fox	CLINICAL NOTES: ,Clinical note: Left wrist ganglion present for a while, but 2/7 ago patient woke up to find it had increased in size (around double) and was painful. Attended GP who attempted to aspirate it without success. Today wrist is more painful and the ganglion is slightly larger in size. Systemically well, no fevers or vomiting. Patient is already on multiple painkillers for back pain, but has also started taking paracetamol and ibuprofen.,,PMH: Chronic back pain,,Obs: Temp 36.7, HR 70,,O/E,Looks systemically well,Left dorsal wrist ganglion ~1cm diameter. Mildly erythematous with two visible puncture marks. No increased warmth, non pulsatile. Tender ++ to palpate. ,Limited ROM wrist due to pain. Good ROM fingers and normal power. Slight reduction in sensation on palmar surface hand.,,Imp: Dorsal wrist ganglion. No current evidence of infection.,,Plan//,Wrist splint,Elevate and ice at home when at rest,Worsening statement re signs of infection,Will return to see GP if no improvement - may need ortho referral,,Dr Sophie Fox, FY2,

Surname/Forename	McDonald, Charmaine
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Note Details	Clinical Notes
A&E Notes Episode/Ref: E3907997 Dr Gillian Pickering 21/07/2018 00:08 Gillian MPickering	CLINICAL NOTES: ,Clinical note: CHI: 3112791401,,Presented to the ED this evening with history of being at work and had had her break but didn't feel well, has been feeling very tired recently. Felt light headed and vision blurred and passed out. Was unconscious for 2 minutes and colleague said she was shaking. They tried to help her up but then she passed out again for 90 seconds with shaking. States when she came round she knew where she was and did not have a post ictal - tired period. No incontinence and no tongue biting. However the 2nd epsiode was witnessed by a GP according to SAS sheet as being a seizure. Is currently reducing her amitriptyline, pregabalin and dihydrocodeine. no cough/cold/fever. Eating and drinking as normal. Passing urine and opening bowels as normal.,,PMhx: ,1) chronic back pain - is reducing medication as gets injections in spine twice a year which was helping,Dhx: amitriptyline, pregabalin, dihydrocodeine,Allergies - penicillin,SHx: lives with partner, works in Tesco, smoker, alcohol none,,Obs Temp 36.9, HR 86, BP 105/83, RR 15, Sats 100%, BM 5.4,,Alert,Resp - chest clear,CVS - HS 1+2+0 no added sounds/ murmurs, CRT<2secs, warm and well perfused,Abdo - soft, non-tender, BS present, no masses palpable,Neuro E4, V5, M6,Tone normal throughout,Power 5/5 throughout,Co-ordination normal throughout,Sensation normal throughout,No sensory inattention,Propriception normal,Reflexes upper and lower present,Plantars downgoing bilaterally,CN 2-12 no power loss no sensory loss,PEARL - no diplopia, no nystagmus,,IMP: possible seziure but seems to more inkeeping with syncope - however documentation on ambulance chart of GP witnessing a seizure,,Plan,bloods,ECG - NSR, QTc 456,home with partner ,given first seizure follow-up information and seziure information,does not drive,partners mum has epilepsy so is happy to look after her,to return if any concerns,

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E4747841 Christina Lang 28/06/2021 19:02 Dr Christina Lang	CLINICAL NOTES: Clinical note: Locum SHO Lang 41yo female BIBA PC: Chest pain HPC: Sudden onset central chest pain radiating to L arm Associated with nausea and dizziness Eased with 300mg aspirin and GTN given by SAS - currently pain free Has been moving boxes at work, thought it might have been a pulled muscle originally No calf pain No infective symptoms First covid jab and awaiting second No history DVT / PE / estrogen contraception Lives with partner and daughter. Independent. Works in Tesco Smoker 10/day long standing Minimal alcohol PMH: Chronic back pain - facet joint injections under anaesthetics Medications: as per ECS Allergies: penicillin O/E Looks well A - patent B - RR 16 Sao2 98% on RA - chest clear, nil added C - HR 88 139/81 WWP, calves SNT - nil peripheral oedema D - GCS 15 apyrexial E - CXR: unremarkable ECG: sinus brady, nil ischaemic Bloods: unremrakable Troponin: <1 Impression: non specific chest pain Plan -discharge with strong worsening advice

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E5380308 Dr Daryl Thomas Whitehall 10/06/2023 14:44 Dr Daryl Whitehall	CLINICAL NOTES: Clinical note: D Whitehall ST3 (EM) PC: Chest pain HPC: Woke this morning with left sided chest pain. Sharp in nature. Pleuritic. Radiates into left arm and back. Associated SOB. Been clammy and sweating. Nauseated but no vomiting. No palpatations. Pre-syncopal symptoms. Denies any exertional CP or breathlessness. Works as runner at Tesco so very active. No recent illness. PMH: Low back pain DH: Allergies: Penicillin Meds as per ECS SH: Smoker - 10/day O/E: Alert, looks well. Has ongoing pain. No IWOB. SpO2 100% on RA. RR 28 Chest clear Warm to edges. Regular pulse. HS I+II+0 No peripheral oedema. Calves NAD Apyrexial. Ix: Bloods - FBC/U&Es/LFTs/trop normal Imp: No evidence of infection or ACS Need to rule out PE and PTX given pleuritc pain. ???aortic syndrome Plan: 1) Add on d-dimer 2) CXR 3) Analgesia CXR - No focal consolidation or collapse D-dimer - 247 (negative) Imp: Reassuring trop and d-dimer exclude MI/PE/aortic syndrome No evidence of pneumothorax or infection Cause of pain unclear but significant pathology excluded Plan: 1) Home

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Note Details	Clinical Notes
	-will trial PPI as has frequent reflux symptoms -to see GP next week if ongoing issues -worsening advice

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Note Details	Clinical Notes
A&E Notes Episode/Ref: E5564720 Dr Charlotte Tristem 29/12/2023 21:09 Dr Charlotte Tristem	CLINICAL NOTES: Clinical note: Tristem - Locum SHO PC: Chest Pain HPC: Today 15:00 whilst standing at works sudden onset right sided chest pain Felt could have radiated down right arm, nil worsening factors Took GTN which helped pain, not pleuritic in nature Nil noticeable trigger Reports has had similar pain before but not like this Disclosed when she gets chest pain, panics and this makes things worse Recently well, nil fevers, eating and drinking well Nil bowel or bladder issues Nil cough, nil palpitations, nil SOB Nil LOC, nil recent travel, nil sick contacts Nil OCT, nil recent surgies Has recently purposely lost 3stone and reduced smoking/ EtoH PMHX: Lower Back Pain DHx: Nil Reguar NKDA SHx - Current smoker /10day Non drinker. denies drugs Independant, Works in Tesco OE - RR:15, 98%OA, 128/80, HR:66, 36.4 Alert, orientated, appears very well, High BMI No iWOB, Chest Clear WWP, Pulse Regular Abdomen SNT No chest wall tenderness Calves SNT Investigations ECG:SR Bloods: Unremarkable Troponin <3 PERC:0 Impression: Non-specific Chest Pain - ?Element of Anxiety Plan Home Reassurance given Given encoragement to address lifestyle factors CT

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Note Details	Clinical Notes
A&E Notes Episode/Ref: 04109066 Dr Winney SW Chu 06/05/2004	Hx: 24 y.o. lady. para3+0 traumatic abdominal pain and PV bleed,16/40 pregnant, at 13.00 at home, accidentally being hit by the fallen paint cans and hit to right lower abdomen. RLQ very tender followed by self-limited PV bleed. Patient worried about her baby. Unsure her rhesus status. Due first Baby scan next Monday. Prev PV deliveries X3 in Simpsons Maternal Unit.,,PMH: nil,DH; allergic to augmentin, nil,SH: lives with family. not living with partner. Unemployed,,o/e: P-106 RR16 BP123/77 sats 98% RA, no furter PV bleed,CVS: P-106 HSpure,RS: RR14 chest clear,GI: soft, tender RLQ. no palpable mass or organomegaly. BS present and normal.,,Impression: traumatic right sided abdo pain and PV bleed. need to exclude threatened misscarriage,,d/w Dr. Pai (Obstetric Reg) T/F Obstertric triage.

Surname/Forename	McDonald, Charmaine
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Note Details	Clinical Notes
A&E Notes Episode/Ref: E533014 Dr Laura Wells 13/07/2007	27 yo F. 4/7 hx of R sided lower abdo pain. Put down to UTI although no urinary sx. Over past few days sx have worsened and pain has now moved up into RUQ and R flank. Feels shivery and tired. Denies dysuria but has noticed creamy PV discharge. Feels nauseated but no vomiting. No change in bowels. Has been with same partner for 1 year and denies possibility of STI. Previously fit and well. Missed appointment to check clearance of PID in 2000.,,PMH: PID 1998, 2000, sterilisation, OD,DH: Nil, allergic to augmentin,SH: Mum of 4. At college,,O/E: T 36.7 HR 88 RR 24 BP 134/60 BM 4.8 Sats 97%RA,GCS 15 PEARLA A&O,Chest clear,HS pure,Abdo - soft throughout. Vol guarding RUQ. and tender in R flank. No peritonism. BS normal.,Calves SNT,,Imp: ?pyelonephritis ?PID ?ectopic pregnancy,,Plan:,UA + HCG - Bld trace, Pro trace Leu + HCG -ve MSU sent,Analgesia,Abdo pain bloods: Hb 128 WBC 8.7 Plts 189 Ur 2.4 Cr 76 Na 138 K 4.1 Bil 5 ALT 25 ALP 58 GGT 8 CRP 55 Amy 45,,Old notes: PID presented in very similar way with RUQ and shivering. DNA to GUM for follow up appointment. d/w gynae: will review in gynae triage for swabs. If gynae happy no gynae cause, please discharge home with ciprofloxacin for treatment of pyelonephritis and instruct GP F/U for repeat MSU. Many thanks,,

Case Notes

University Hospitals Division

Western General Hospital
Edinburgh Breast Unit
Crewe Road South
Edinburgh EH4 2XU

NHS Lothian

Department of Edinburgh Breast Unit

Mrs Charmaine M McDonald
69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
EH17 8JP

Date	04/08/2010
Our Ref	600091165X
CHI	3112791401

Dear Mrs McDonald

Outpatient Appointment Non Attendance Letter

You were recently offered an outpatient appointment which you failed to attend.

Specialty and Consultant: **Edinburgh Breast Unit, Clinic A**

Date and Time: **Monday 2 August, 2010 at 10:15 am**

If you still require to be seen, could you please contact your General Practitioner who will arrange a re-referral.

Yours sincerely,

Appointments Officer.

University Hospitals Division

Western General Hospital
Edinburgh Breast Unit
Crewe Road South
Edinburgh EH4 2XU

NHS Lothian

Department of Edinburgh Breast Unit

Dr J Taylor
65 Liberton Gardens
Edinburgh
EH16 6JT

Date 04/08/2010
Our Ref 600091165X
CHI 3112791401

Dear Dr Taylor,

Patient: McDonald, Charmaine **DOB**: 31/12/1979
Address: 69 Gilmerton Dykes Crescent, Edinburgh, Midlothian, EH17 8JP

Outpatient Appointment Non Attendance Letter

I am writing to let you know that your patient failed to attend their appointment.

Specialty and Consultant: **Edinburgh Breast Unit, Clinic A**

Date and Time: **Monday 2 August, 2010 at 10:15 am**

In view of our waiting list we are not routinely arranging further appointments. If you feel this patient still needs to be seen, please arrange a new referral.

Yours sincerely,

Appointments Officer

70376 J Taylor

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP

CHI 3112791401

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TO

General Surgery - Breast C1A
L Breast - Non Urgent

Western General Hospital (S116H)
Crewe Road South
Edinburgh
EH4 2XU

Urgency of referral	Routine
Date of referral	11-May-2010
Date submitted	11-May-2010

PATIENT DETAILS

Surname	MCDONALD'"
Forename(s)	CHARMAINE
Title	MRS
Sex	Female
Date of birth	31-Dec-1979
CHI no.	3112791401
Previous Surname	

Address

69 GILMERTON DYKES CRESCENT
EDINBURGH
EH17 8JP

Contact number(s)

REFERRING PRACTITIONER DETAILS

Name	Dr. Jill Taylor
GMC code	4612S6B
GP code	46981
Practice name	6S LIBERTON GARDENS (70376)
Practice code	70376

Practice address

EDINBURGH
EH16 6JT

Contact number(s)

Voice : 0131 664 3050

CLINICAL INFORMATION

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: breast tenderness

Comment: Please can you see this 30 year old lady who saw me at the end of March with a lump under her left nipple. I had found it quite difficult to palpate a discrete lump at that time.On review she tells me that she had subsequently developed itch and discomfort in the area but that this has now settled. However on examination though I could not feel any discrete lumps she remains quite tender aorund the left nipple, especially below the nipple in the 6-B o'clock position. The right breast is non tender and there is no axillary lymphadenopathy.She has no family history of breast cancer.In view of her persistent tenderness I would be gratfeul for your further review of her.

Examinations and Investigations

Description	Result	Date
Unilateral Mastalgia :	true	
Main Lesion :	(BREAST NOT SPECIFIED)	
Main Lesion :	(POSITION NOT SPECIFIED)	
Main Lesion :	(SIZE NOT SPECIFIED)	
Other Lesion :	(BREAST NOT SPECIFIED)	
Other Lesion :	(POSITION NOT SPECIFIED)	
Other Lesion :	(SIZE NOT SPECIFIED)	
Duration :	1-2 months	
Previous Breast History :	Not Known	
Menopausal Status :	Pre	

Reason for referral

Care type requested: Out Patient - New

Expected outcome: Not Specified

Past medical history

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[V]Personal-PH,family-FH prob.			28-Nov-2005	28-Nov-2005
[D] Pelvic pain			25-Mar-2005	25-Mar-2005
Anxiety with depression			25-Mar-2005	25-Mar-2005
Spontaneous vaginal delivery		START_DATE=14/07/1996	25-Mar-2005	25-Mar-2005
Spontaneous vaginal delivery		START_DATE=15/07/1997	25-Mar-2005	25-Mar-2005
Spontaneous vaginal delivery		START_DATE=05/06/2001	25-Mar-2005	25-Mar-2005
Spontaneous vaginal delivery		START_DATE=31/10/2004	25-Mar-2005	25-Mar-2005
Patient MRE received from HB			14-May-2004	14-May-2004
Pat. GP7B/GP8B card from HB			07-Apr-2004	07-Apr-2004
Patient reg. form sent to HB			06-Apr-2004	06-Apr-2004

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

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
BENZOYL PEROXIDE wash 10%	0S538003	mls	APPLY DAILY		11-May-2010		11-May-2010
CO-CODAMOL tabs 30mg 500mg	08B76003	tablet(s)	2 FOUR TIMES A DAY		11-May-2010		11-May-2010
MIRTAZAPINE tabs 45mg	13018001	tablet(s)	ONE DAILY		11-May-2010		11-May-2010
GABAPENTIN caps 300mg	05164002	capsule(s)	TAKE ONE 3 TIMES/DAY		11-May-2010		11-May-2010
GABAPENTIN caps 300mg	05164002	capsule(s)	TAKE ONE 3 TIMES/DAY		30-Apr-2010		30-Apr-2010

CO-CODAMOL tabs 30mg S00mg	08876003	tablet(s)	2 FOUR TIMES A DAY	30-Apr-2010	30-Apr-2010
IBUPROFEN tabs 400mg	02873002	tablet(s)	TAKE ONE 3 TIMES/DAY	30-Apr-2010	30-Apr-2010
OMEPRAZOLE gastro-res cap 20mg	05588001	capsule(s)	TAKE ONE DAILY	30-Apr-2010	30-Apr-2010
MOVICOL sach	091S8001	sachet(s)	1 A DAY	30-Apr-2010	30-Apr-2010
TRAMADOL caps S0mg	07322001	capsule(s)	TAKE 1 THREE TIMES A DAY	30-Apr-2010	30-Apr-2010
TRAMADOL caps S0mg	07322001	capsule(s)	TAKE 1 THREE TIMES A DAY	1S-Apr-2010	1S-Apr-2010
MOVICOL sach	091S8001	sachet(s)	1 A DAY	1S-Apr-2010	1S-Apr-2010
OMEPRAZOLE gastro-res cap 20mg	05588001	capsule(s)	TAKE ONE DAILY	15-Apr-2010	15-Apr-2010
IBUPROFEN tabs 400mg	02873002	tablet(s)	TAKE ONE 3 TIMES/DAY	15-Apr-2010	15-Apr-2010
CO-CODAMDL tabs 30mg S00mg	08876003	tablet(s)	2 FOUR TIMES A DAY	1S-Apr-2010	1S-Apr-2010
GABAPENTIN caps 300mg	05164002	capsule(s)	TAKE ONE 3 TIMES/DAY	1S-Apr-2010	15-Apr-2010
BENZOYL PEROXIDE wash 10%	0SS38003	mls	APPLY DAILY	2S-Mar-2010	25-Mar-2010
MIRTAZAPINE tabs 45mg	13018001	tablet(s)	ONE DAILY	2S-Mar-2010	2S-Mar-2010
IBUPROFEN tabs 400mg	02873002	tablet(s)	TAKE ONE 3 TIMES/DAY	2S-Mar-2010	2S-Mar-2010
CO-CODAMOL tabs 30mg S00mg	08876003	tablet(s)	2 FOUR TIMES A DAY	2S-Mar-2010	2S-Mar-2010
CO-CODAMOL tabs 30mg 500mg	08876003	tablet(s)	2 FOUR TIMES A DAY	08-Mar-2010	08-Mar-2010
OMEPRAZOLE gastro-res cap 20mg	0SS88001	capsule(s)	TAKE ONE DAILY	04-Mar-2010	04-Mar-2010
MIRTAZAPINE tabs 45mg	13018001	tablet(s)	ONE DAILY	04-Mar-2010	04-Mar-2010
MIRTAZAPINE tabs 45mg	13018001	tablet(s)	ONE DAILY	12-Feb-2010	12-Feb-2010
IBUPROFEN tabs 400mg	02873002	tablet(s)	TAKE ONE 3 TIMES/DAY	12-Feb-2010	12-Feb-2010
CO-CODAMDL tabs 8mg 500mg	03246001	tablet(s)	TAKE 1 OR 2 4 TIMES/DAY prn	12-Feb-2010	12-Feb-2010

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Allergic drug reaction NOS	Reaction type: Allergy, Certainty of allergy: Likely, Severity of allergy: Moderate. NOTES: augmentin - rash, vomiting.			2S-Mar-2010

Additional relevant information

Smoking history (Encounters): Cigarette smoker , Date recorded: 9-Sep-2009

Patient Weight in Kilograms:83

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

Clinic Letters & Notes

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Western General HOSPITAL
Date 25/2/12

Dear Doctor,

Your patient attended the Chronic Pain Out-patient clinic today.

Recommendation –

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Pregabalin 75mg	Increase as directed to 300mg twice daily	Indefinite
	Start at 75mg twice daily	
Capsaicin Cream 0.025%	Apply upto 4 times daily	

He/She will attend again in

A full letter will follow.

Yours sincerely,

STATUS Consultant Pain Medicine

LHB 474

O.P. CLINICAL NOTES

(Surgical)

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

DATE	SHEET No.
	Charmaine McDonald
	Referral (R) leg pain
	Hip - radiating down leg - not to foot - to feel like a kick - sharp - numbness in both feet - lateral edge of (R) more worse (L)
	• DHC • Percocet • Ibuprofen • Amitriptyline 30mg SR Diazepam. - Leg acupuncture - Pain specialist - N. - Right L5 root injection
25/2/12	GRICE
	(R) leg pain. • Amitriptyline 30mg • Dihydrocodeine 90mg SR
	Nerve root injection last week - mobility better since -
	Dull pain - Like spiders running up and down leg - Walks with stick - Had physiotherapy - Tried TENS - made pain worse

DATE

Swim + Active →

2 children 7+10 –
Student – child health + social care

Supportive pattern –

Gabapentin → ↑ involuntary movements of leg

Uses dep heat – helps

Plan:

Try Progesterone if not helpful → Oxcarbazepine

Progesterone 75mg bd → 300mg bd.

Capsaicin Cream 0.025%.

Follow Gabapentin

CA Gore

painDETECT

PAIN QUESTIONNAIRE

Date: 25.12.12 Patient: Last name: McDonald First name: Charmaine

How would you assess your pain now, at this moment?

0 1 2 3 4 5 6 7 8 9 10

none max.

How strong was the strongest pain during the past 4 weeks?

0 1 2 3 4 5 6 7 8 9 10

none max.

How strong was the pain during the past 4 weeks on average?

0 1 2 3 4 5 6 7 8 9 10

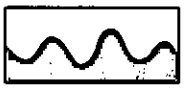
none max.

Mark the picture that best describes the course of your pain:

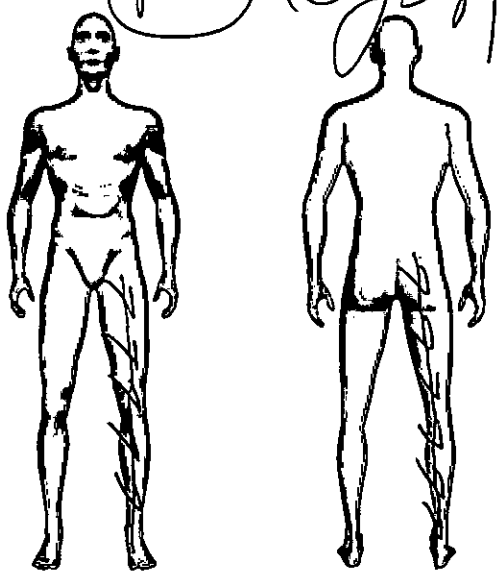

Persistent pain with slight fluctuations ☐


Persistent pain with pain attacks ☐


Pain attacks without pain between them ☐


Pain attacks with pain between them ☑

Please mark your main area of pain



Does your pain radiate to other regions of your body? yes ☑ no ☐

If yes, please draw the direction in which the pain radiates.

Do you suffer from a burning sensation (e.g., stinging nettles) in the marked areas?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☑ very strongly ☐

Do you have a tingling or prickling sensation in the area of your pain (like crawling ants or electrical tingling)?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☑

Is light touching (clothing, a blanket) in this area painful?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☑ very strongly ☐

Do you have sudden pain attacks in the area of your pain, like electric shocks?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☐ very strongly ☑

Is cold or heat (bath water) in this area occasionally painful?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☑ very strongly ☐

Do you suffer from a sensation of numbness in the areas that you marked?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☑ very strongly ☐

Does slight pressure in this area, e.g. with a finger, trigger pain?

never ☐ hardly noticed ☐ slightly ☐ moderately ☐ strongly ☑ very strongly ☐

(To be filled out by the physician)

never	hardly noticed	slightly	moderately	strongly	very strongly
☐ x 0 = 0	☐ x 1 =	☐ x 2 =	☐ x 3 =	☐ x 4 = 5	☐ x 5 = 7

Total score ☐☐ out of 35

R. Freynhagen, R. Baron, U. Gockel, T.R. Tölle, CurrMed ResOpin Vol 22, 2006, 1911-1920 06-00547 December 2010

painDETECT

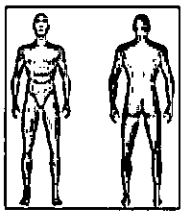
SCORING OF PAIN QUESTIONNAIRE

Date:	.....	Patient:	Last name: ..... First name: .....

Please transfer the total score from the pain questionnaire:

Total score ☐☐

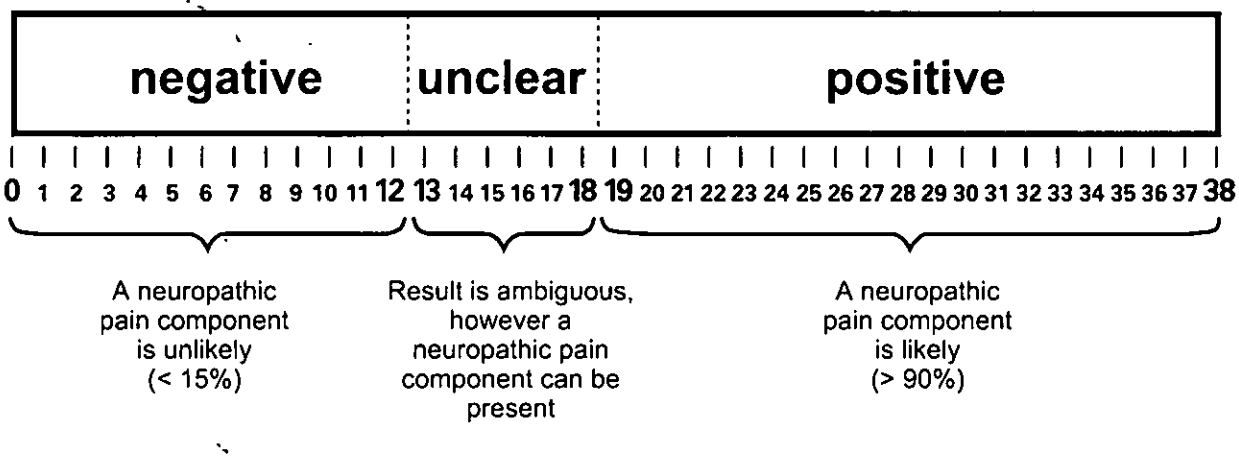
Please add up the following numbers, depending on the marked pain behaviour pattern and the pain radiation. Then total up the final score:

	Persistent pain with slight fluctuations	0	
	Persistent pain with pain attacks	- 1	if marked, or
	Pain attacks without pain between them	+1	if marked, or
	Pain attacks with pain between them	+1	if marked
	Radiating pain?	+2	if yes

Final score ☐☐

Screening Result

Final score



This sheet does not replace medical diagnostics.
It is used for screening the presence of a neuropathic pain component.

R. Freynhagen, R. Baron, U. Gockel, T.R. Tölle, CurrMed ResOpin Vol 22, 2006, 1911-1920

PAIN CLINIC – NEW PATIENT ASSESSMENT FORM

PATIENT NAME: Charmaine McDonald **CLINIC DATE:** 25/2/12

In order for us to assess your pain problem, we would be very grateful if you would take the time to answer the following questions. If you have any problems in answering or understanding the questions, please ask for help from one of the clinic staff.

1. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last week.

0	1	2	3	4	5	6	7	(8 – 9)	10
NO PAIN									PAIN AS BAD AS YOU CAN IMAGINE

2. Please rate your pain by circling the one number that best describes your pain on the **average**.

0	1	2	3	4	5	(6)	7	8	9	10
NO PAIN										PAIN AS BAD AS YOU CAN IMAGINE

3. Circle the one number that describes how, during the past week, pain has **interfered** with your:

A. GENERAL ACTIVITY

0	1	2	3	4	5	6	7	(8)	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

B. MOOD

0	1	2	3	4	5	6	7	8	(9)	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

C. WALKING ABILITY

0	1	2	3	4	5	6	7	(8)	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

D. NORMAL WORK (includes both work outside the home, housework and hobbies)

0	1	2	3	4	5	6	7	8	9	(10)
DOES NOT INTERFERE										COMPLETELY INTERFERES

E. RELATIONS WITH OTHER PEOPLE

0	1	2	3	4	5	6	7	(8)	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

F. SLEEP

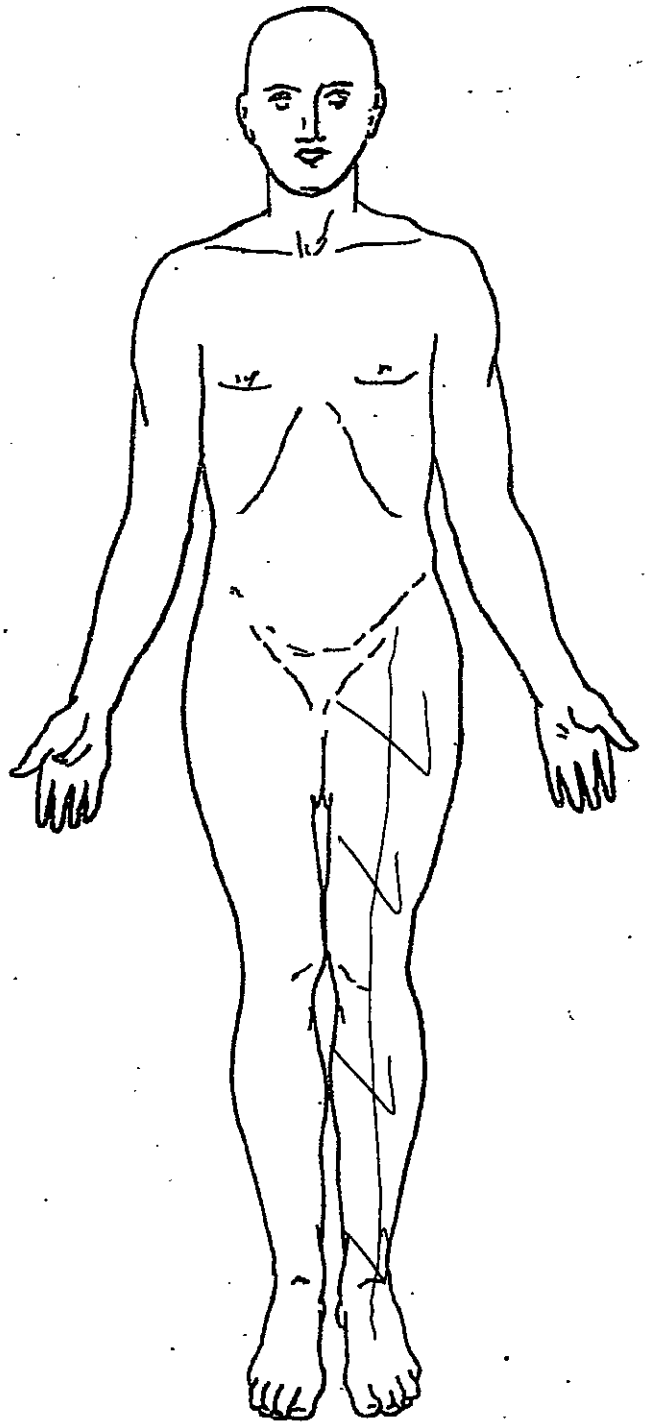
0	1	2	3	4	5	6	7	(8)	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

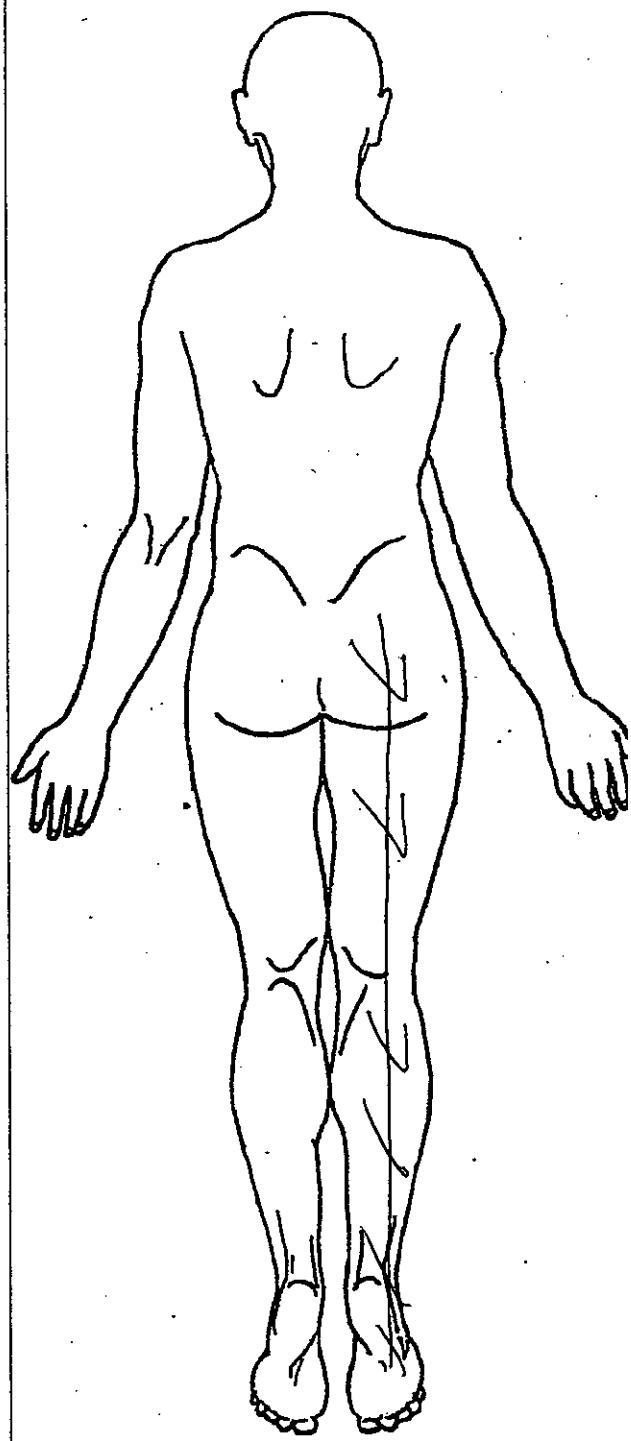
G. ENJOYMENT OF LIFE

0	1	2	3	4	5	6	7	(8)	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

DEPARTMENT OF SURGICAL NEUROLOGY - EDINBURGH

Name Catherine McDonald Date 25/2/12





70516 LE Duncan
600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Written
General HOSPITAL
Date 22/6/12

Dear Doctor,

Your patient attended the CHRONIC PAIN Out-patient clinic today.

Recommendation W.ll refer for Physiotherapy and book Dr pulsed RF nerve root.

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Pregabalin	300mg morning	In light
	450mg night	
Diuretic	60mg morning	

He/She will attend again in .....

A full letter will follow.

Yours sincerely,

STATUS Consultant
Pain Medicine

LHB 474

O.P. CLINICAL NOTES

(Medical)

70516 LE Duncan
600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

DATE | GRICE | SHEET No.

22/6/12 - Neuropathic pain ~~left~~ RIGHT leg.

Pregabalin 300mg bd

Pregabalin helped initially — however nerve root injection in Feb

Mood low

Frustrated + Irritable.

Amitriptyline ↑ 75mg

Try Dilaretic 60mg

Pregabalin - 300mg morning
450mg night

Dihydrocodeine SR 90mg bd

Book for nerve root injection

Last Physiotherapy appt — through GP
~12 months

A Duncan

LOTHIAN CHRONIC PAIN SERVICE

Pain Management Programme
Department of Clinical Psychology
Astley Ainslie Hospital
133 Grange Loan
Edinburgh EH9 2HL
Tel: 0131 537 9128
Fax: 0131 537 9120

05 NOV 2012

Pain Clinic
Department of Clinical Neurosciences
Western General Hospital
Crewe Road
Edinburgh EH4 2XU
Tel: 0131 537 1659
Fax: 0131 537 2179

☑ Please reply to **AAH**
☐ Please reply to **WGH**

Dr Craig Grice
Cons in Anaesthesia & Pain Medicine
Western General Hospital
Lower Ground Floor
Dept. of Clinical Neurosciences
Crewe Road South
EH4 2XU

Your Ref:600091165X
Our Ref:SM /LMcG

17th October 2012

File

Dear Craig

Re: Mrs Charmaine McDonald, 69 Gilmerton Dykes Crescent, EH17 8JP
CHI: 311279 1401

Assessed by: Shona Murray, Specialist Physiotherapist on 17th October 2012.

Diagnosis: Low back and bilateral leg pain, plus ongoing Mental Health problems.

Pain Management Plan: Individual Pain Management Physiotherapy.

Action by Referrer/G.P.: Nil.

Follow-up: 2 weeks.

At Assessment:

BIO-
Pain
As you know, Mrs McDonald reported the onset of back pain about three years ago which culminated in her having surgery. She stated that this produced some improvement but not as much as she would hope for and she still has a significant problem. She is currently on the waiting list for a radio frequency procedure which I understand from our secretaries at the Western General Pain Clinic, will not be before February of 2013.

Charmaine describes low back and bilateral leg pain and paraesthesia of a constant nature. All postures and activities produce increased pain and the only thing that eases her pain is her medication, heat and lying supine.

Despite taking sleeping pills, Charmaine only gets about two hours sleep before she has to start getting up and down over night. She tends to sleep for about two hours most days.

Activity
Charmaine was using a stick and had a marked limp when she visited me today. She doesn't seem to do much around the house and her partner seems to do all the chores and child care. Charmaine accesses several Courses through Ballendon House which she has been attending for about 2 ½ years. She loves going to these Courses, particularly dress making and sewing classes.

She stated she has a mobility scooter to help her get out and about.

PSYCHO
Distress
Charmaine scored highly on the Depression and Anxiety scales of the questionnaire she filled in before attending. She rated her Depression as being 7/10 currently with 10 being the worst she could imagine. She stated that she felt that that was normal for her.

Charmaine stated she will be discharged from Ballendon House in February as she will have then been attending for three years and she is quite worried about this as she has had a huge amount of support there. She stated she has recently been discharged by her C.P.N. and she stated it was because she was being looked after by the Pain Clinic now.

Charmaine reported marked Anxiety although she had learnt some strategies for this and she stated that she tries to avoid ruminating and just gets on with things. She reports panic attacks for which she uses some breathing techniques.

Attitudes & Beliefs
Charmaine understands that she has nerve pain. She thinks that doctors in general are not interested in her pain. She is upset that she has been refused medication to help lose weight. She stated she has tried lots of ways herself to lose weight but this has been unsuccessful. She feels if she could lose weight then that would help her situation a lot. She did not seem to have any maladaptive beliefs along the lines of ongoing pain equating with new damage.
SOCIAL/
Environment
Charmaine lives with her partner and his son aged 22, her own son aged 11 ½ and daughter aged 8. She has no concerns about her children. I did not enquire about her past but I see from her TRAK notes that she had a very difficult childhood and some difficult relationships as an adult.

CONCLUSION
Charmaine is a lady with ongoing Mental Health problems and ongoing low back and bilateral leg pain of a neuropathic nature. She is quite anxious about the forthcoming termination of her contact with Ballendon House. She does however have a plan for the future- she is going to go into a dress making business with a friend. She was reasonably realistic about what Pain Management could offer although she does want her pain to reduce and she wants to lose weight before she can achieve certain things and this is perhaps not realistic.
She reported that she has done some Relaxation in the past. It hasn't been progressive muscle relaxation so this is certainly something that we can try. She could do with learning to pace her

sitting as she over-sits and it might be possible to introduce an exercise and stretch programme. Hydrotherapy might be an option and I shall explore that more with her at her next appointment.

I shall see her individually for a few sessions and she will probably not progress into our Group based Pain Management Programmes as I don't feel that she is appropriate for them.

Yours sincerely

S Murray

Shona Murray
Senior Chartered Physiotherapist

c.c. **Dr Duncan**, Gracemount Med Practice, 24 Gracemount Drive, EH16 6RN

LOTHIAN CHRONIC PAIN SERVICE

Pain Management Programme
Department of Clinical Psychology
Astley Ainslie Hospital
133 Grange Loan
Edinburgh EH9 2HL
Tel: 0131 537 9128
Fax: 0131 537 9120

Pain Clinic
Department of Clinical Neurosciences
Western General Hospital
Crewe Road
Edinburgh EH4 2XU
Tel: 0131 537 1659
Fax: 0131 537 2179

☑ Please reply to **AAH**
☐ Please reply to **WGH**

Dr Craig Grice
Consultant in Anaesthesia & Pain Medicine
Pain Clinic
DCN
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Your Ref:600091165X
Our Ref:SM/LMcG

25th February 2013

Fte

Dear Craig

Re: Mrs Charmaine McDonald, 69 Gilmerton Dykes Crescent, EH17 8JP
CHI: 311279 1401

Following Mrs McDonald's assessment here in October 2012, she returned for two follow-up appointments. I tried to address pacing with her but she was very vague and contradictory and ultimately I couldn't actually get an accurate feel of what her activity levels were. I introduced her to a relaxation CD but she stated that she had a very similar one at home. I offered her Hydrotherapy but she didn't wish this due to embarrassment about her weight.

She did seem to be very enthusiastic about exercising so I introduced her to some basic lumbar spine mobility exercises which I was planning to progress and introduce her to some gym equipment. However she failed to come back for her third appointment and didn't contact us so she is therefore now discharged.

Yours sincerely

S Murray

Shona Murray
Senior Chartered Physiotherapist

c.c. **Dr Duncan**, Gracemount Med Practice,

NHS Lothian

CONSENT FORM: Medical or Dental Investigation, Treatment or Operation

70516 LE Duncan
600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Hospital .....
Patient's Surname .....
Other Names .....
Unit Number .....

Sex (tick box) Male ❑ Female ❑ Date of Birth .....

(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.

R L5 nerve root pulsed radiofrequency + local anaesthetic + steroid

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Relevant Written Information given to the patient: ❑ Yes ❑ No

Signature ..... Date 4/3/13

Name and Status of Practitioner Consultant Pain Med

Re-confirmation of Consent on the day of admission:

Signature ..... Date .....

Name and Status of Practitioner .....

To the Patient (or Parent or Guardian if Appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient/parent/guardian (*delete as necessary*)

I agree ✧ to what is proposed, which has been explained to me by the practitioner named above

I understand
- ✧ that anaesthesia (general/regional/local) or sedation will be needed
- ✧ that the procedure may not be done by the practitioner who has been treating me so far
- ✧ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told ✧ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

* x Pain Bleed
* x Nerve injury
* Steroid

Signature ..... Name .....

Address ..... Date .....

NOTES TO ALL HEALTH PRACTITIONERS
(DOCTORS, DENTISTS, NURSES, PROFESSIONS ALLIED TO MEDICINE)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition & proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature & probability of material (= significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuatior of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

DATE

5/3/13 GRICT. (R) leg pain.
Previous LS nerve root injection
helped for 6 weeks

Pulsed RF (R) LS Sterile.
X-ray guidance Chlorcaine.
Sensory: 0.4 V · 100 Hz
motor 1.0 V · 1 Hz.

Injection: 40 mg Triamcinolone
0.5% Bupiv — 0.5 ml

Review 6/52

9/5/13 GRICT (R) leg pain
50% pain ↓
Overall ↑ activity
Continue current medication
Review 6/12

11/13 All well.
Continues to improve
not walking with sticks
↑ activity levels
Advised further exercise
Review 6/12

PAIN CLINIC – PATIENT TREATMENT ASSESSMENT FORM

PATIENT NAME: Charmaine M'Donald **CLINIC DATE:** 9/5/13

In the last week how much pain relief has treatment or medications (obtained from this clinic) provided?

1. Please circle the one percentage that shows how much pain relief you have received.

0%	10%	20%	30%	40%	(50%)	60%	70%	80%	90%	100%
NO RELIEF										COMPLETE RELIEF

2. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last week.

0	1	2	3	4	(5)	6	7	8	9	10
NO PAIN										PAIN AS BAD AS YOU CAN IMAGINE

3. Please rate your pain by circling the one number that best describes your pain on the **average**.

0	1	2	3	4	(5)	6	7	8	9	10
NO PAIN										PAINAS BAD AS YOU CAN IMAGINE

4. Circle the one number that describes how, during the past week, pain has **interfered** with your:

A. GENERAL ACTIVITY

0	1	2	3	4	5	(6)	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

B. MOOD

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

C. WALKING ABILITY

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

D. NORMAL WORK (includes both work outside the home, housework and hobbies)

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

E. RELATIONS WITH OTHER PEOPLE

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

F. SLEEP

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

G. ENJOYMENT OF LIFE

0	1	2	3	4	(5)	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

E-Pacer PATIENT REPORT

Time	15:17	Date	17/05/2013

PATIENT AND INCIDENT DETAILS

Incident number	ED003641324.001
Name	Charmaine McDonald
Address	AS ABOVE
Age	33
Date of birth	31/12/1979
Gender	Male
Incident location	69 GILMERTON DYKES CRESCENT EDINBURGH
Incident post code	EH17 8JP
Incident type	URG
Call received	17/05/2013, 13:34
Call passed	17/05/2013, 14:31
Crew mobile	17/05/2013, 14:31
Crew at scene	17/05/2013, 14:40
Crew left scene	17/05/2013, 14:56
Patient at hospital	17/05/2013, 15:05
Receiving hospital and department	NERI New Edinburgh Royal Infirmary

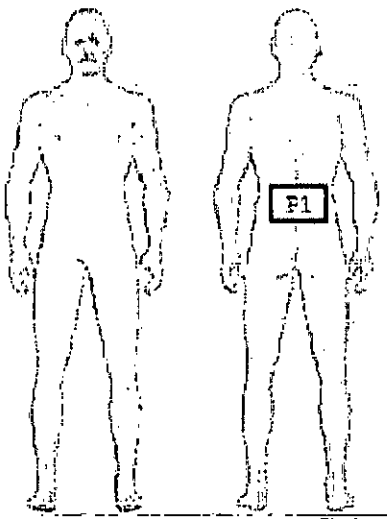
PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	

CIRCULATION

Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry

INJURIES



AMPDS

Final code	05A01	Back Pain, Non-traumatic

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

Time	Pulse bpm	Pulse rhyth	Resp rpm	BP mmHg	Cap refill (s	Peak flow %	Blood sugar	Pain score	Temp °C	SpO2 %	GCS Total	SEWS	RTS	ECG
14:53	90	Regu		122 / 85	<2 secs	-	-	-	-	99	15	-	7.550	-

AMPLE

Allergies	
Other allergies	AUGMENTIN
Medication	MEDS WITH PT
Past history	3 YEAR HX OF BACK PROBLEMS.
Last eaten	3 hrs
Events prior	AS2 33YOF BACK PROBLEMS

DRUGS, GASES AND PAIN RELIEF

Pain before	Drug / gas given	Time given	Dose given	Route	Batch No.	Pain after
9/10	Entonox	13:50	-	Inh	-	5/10

FINAL OBSERVATION AND COMMENTS

O/A PT LYING ON SETTEE ,PT HAS LUMBAR PAIN FOR 2/7 ,UNABLE TO MOBILSE UNASSISTED,PT HAS 3 YEAR HX OF BACK PROBLEMS,HAD L4 AND L5 REMOVED 2YEARS AGO ,HAD CORTISONE INJECTION IN MARCH WHICH GAVE HER RELIEF FROM PAIN ,NO LOSS OF MOVEMENT/ SENSATION IN LOWER LIMBS DR A[illegible]RTH GRA[illegible]DICAL PRA[illegible]RY GATTI 664

325823ec-a445-4c69-b8ba-ff5da1baa905

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

NHS Lothian

600091165X/E2475188 F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70516 LE Duncan

PREVIOUS ADVERSE REACTIONS	Mild augmentin.

DRUG AND PRESCRIPTION RECORD

Date .....

ONCE ONLY PRESCRIPTION

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Paracetamol		Oral				
		Ibuprofen	400mg	Oral				
		Co-Codamol $^{30}/_{500}$		Oral				
16/30	17.5.13	dihydrocodeine.	90mg	oral	Zuf	1640		
		~~diazepam.~~	~~20mg~~					
16/30	17.5.13	diazepam.	5mg	oral	Z ivcf.			
		Tetanus						

DISCHARGE MEDICATION

Date	Time	Drug (Approved Name)	Dose	Frequency	Route	Prescriber's Signature	Given by (Initials)	Checked by (Initials)
		Paracetamol	1g	QDS	Oral			
		Ibuprofen	400mg	TID	Oral			
		Co-Codamol $^{30}/_{500}$	1 - 2	QDS	Oral			
		Chloramphenicol		QDS	Top			
		Co-Amoxiclav	500/125	TID	Oral			
		Flucloxacillin	500mg	QDS	Oral			

LOT 112

TIME OF RECORDING						
BLOOD PRESSURE						
200						
190						
180						
170						
160						
150						
140						
130						
120						
110						
100						
Score if Systolic falls within parameters 90						
80						
70						
60						
50						
40						
30						
ENTER VALUE IF SYSTOLIC BELOW 30 →						

ENTER VALUE ABOVE 180 →						
PULSE RATE						
180						
160						
140						
120						
100						
80						
60						
50						
40						
30						
ENTER VALUE BELOW 30 BPM →						

ENTER VALUE ABOVE 40 RPM →						
RESPIRATORY RATE						
40						
35						
30						
25						
20						
15						
10						
8						
ENTER VALUE BELOW 8 RPM →						

BLOOD SUGAR	>25						
	15-25						
	4-15						
	<4						

TEMPERATURE							
39°							
38°							
37°							
36°							
35°							
34°							

SAO2	>93						
	90-92						
	85-89						
	<85						
Inspired O2%	%						

TIME OF RECORDING →						
GLASGOW COMA SCORE						
EYES	Spontaneous	4				
	Speech	3				
	Pain	2				
	None	1				
VERBAL	Oriented	5				
	Confused	4				
	Words	3				
	Sounds	2				
	None	1				
MOVEMENT	To Command	6				
	Localises	5				
	Withdrawal	4				
	Flexion	3				
	Extension	2				
	None	1				
TOTAL	14-15						
	12-13						
	9-11						
	<8						

PUPILS	RIGHT	Size					
		Reaction					
	LEFT	Size					
		Reaction					

PAIN SCORE						
VERY SEVERE	9-10					
SEVERE	6-8					
MODERATE	4-5					
MILD	1-3					
NONE	0					

Treatment (delete as appropriate)	Time requested	Done by	Time completed
Dressing ☐ - wound/burn			
Plaster ☐ - colles BS - BK BS - AK BS - U slab			
Crutches ☐ - WB/NWB			
Wrist splint ☐ - thumb/no thumb			
Sling ☐ - BAS/HAS			
Tubigrip ☐ - ankle/wrist/knee			
Eye irrigation ☐			

PAIN CLINIC – PATIENT TREATMENT ASSESSMENT FORM

PATIENT NAME: Charmaine McDonald **CLINIC DATE:** 21/11/13

In the last week how much pain relief has treatment or medications (obtained from this clinic) provided?

1. Please circle the one percentage that shows how much pain relief you have received.

0%	10%	20%	30%	(40%)	50%	60%	70%	80%	90%	100%
NO RELIEF										COMPLETE RELIEF

2. Please rate your pain by circling the one number that best describes your pain at its **worst** in the last week.

0	1	2	3	4	(5)	6	7	8	9	10
NO PAIN										PAIN AS BAD AS YOU CAN IMAGINE

3. Please rate your pain by circling the one number that best describes your pain on the **average**.

0	1	2	3	4	5	(6)	7	8	9	10
NO PAIN										PAINAS BAD AS YOU CAN IMAGINE

4. Circle the one number that describes how, during the past week, pain has **interfered** with your:

A. GENERAL ACTIVITY

0	1	2	3	4	5	6	(7)	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

B. MOOD

0	1	2	3	4	5	6	(7)	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

C. WALKING ABILITY

0	1	2	3	4	5	6	(7)	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

D. NORMAL WORK (includes both work outside the home, housework and hobbies)

0	1	2	3	4	5	6	(7)	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

E. RELATIONS WITH OTHER PEOPLE

0	1	2	3	4	5	(6)	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

F. SLEEP

0	1	2	(3)	4	5	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

G. ENJOYMENT OF LIFE

0	1	2	3	(4)	5	6	7	8	9	10
DOES NOT INTERFERE										COMPLETELY INTERFERES

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
P: **CHI** 3112791401
70516 LE Duncan

Lothian C.T.C. HOSPITAL

Date 25/9/14

Dear Doctor,

Your patient attended the Chronic Pain Out-patient clinic today.

Recommendation Refer Physiotherapy
Stop Tramadol

I would be grateful if you would prescribe the following:

DRUGS & Form	Dose and frequency	Anticipated length of course
Pregabalin	75mg morning 150mg night.	
	1 week (1) 150mg night	
	(2) 75mg morning	
	150mg night.	

He/She will attend again in Nurse led medication clinic.

A full letter will follow.

Yours sincerely,

CRAIG GRICE STATUS Consultant

Pain Medicine

LHB 474

O.P. CLINICAL NOTES

(Medical)

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

DATE | SHEET No.

Worsening of symptoms

Hot / stabbing pain — top of back.
- Pain ← shoulder in feet —
- Shooting pain down (R) leg

Stopped — Pregabalin — —

Amitriptyline — 25g — night
Dihydrocodeine — SR — 90g — bd

(Taken Tramadol 100g PRN

Attends gym regularly — bench
does physio daily

Imp: Normal variation on nerve root symptoms

Plan:
Restart Pregabalin 75g am 150g night

Nurse led medication review clinic

LOT 103

DATE

70516 LE Duncan
600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

PAIN CLINIC ASSESSMENT FORM

PATIENT NAME:

CLINIC DATE: 25-9-14

In the last week how much pain relief has treatment or medications (obtained from this clinic) provided?

1. Please circle the one percentage that shows how much pain relief you have received.

0% 10% 20% (30%) 40% 50% 60% 70% 80% 90% 100%
NO RELIEF COMPLETE RELIEF

2. Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

0 1 2 3 4 5 6 (7) 8 9 10
NO PAIN PAIN AS BAD AS YOU CAN IMAGINE

3. Please rate your pain by circling the one number that best describes your pain on the average.

0 1 2 3 4 5 6 (7) 8 9 10
NO PAIN PAINAS BAD AS YOU CAN IMAGINE

4. Circle the one number that describes how, during the past week, pain has interfered with your:

A. GENERAL ACTIVITY
0 1 2 3 4 5 6 (7) 8 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

B. MOOD
0 1 2 3 4 5 6 7 (8) 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

C. WALKING ABILITY
0 1 2 3 4 5 6 7 (8) 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

D. NORMAL WORK (includes both work outside the home, housework and hobbies)
0 1 2 3 4 5 6 7 (8) 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

E. RELATIONS WITH OTHER PEOPLE
0 1 2 3 4 5 6 7 (8) 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

F. SLEEP
0 1 2 3 4 5 6 7 (8) 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

G. ENJOYMENT OF LIFE
0 1 2 3 4 5 6 (7) 8 9 10
DOES NOT INTERFERE COMPLETELY INTERFERES

600091165X F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 LE Duncan

WARD

IN-PATIENT PROGRESS / COMMUNICATION SHEET

State Action/s taken After Exception Reporting
Each entry should be dated & timed

Date & Time	Progress notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
4/8/15	(R) side - L5 nerve root ... Consent / Steile - Chlorprep - G/G/M/SF. Marcain 0.5% 6ml Stab + Tissues. Xray - Good needle position AP + lateral.	
	20G Neurotherm - / Pulsed RF 10mm	
	Triamcinolone - 20mg - 0.5ml Bupivacaine 0.5% - 0.2ml.	
	Follow up - telephone 12.	

CONSENT FORM:

Medical or Dental Investigation, Treatment or Operation

NHS Lothian

600091165X F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 LE Duncan

Hospital: .....
Patient's Surname: .....
Other Names: .....
Unit Number: .....
CHI Number: .....

Sex (tick box) Male ❑ Female ❑ Date of Birth .....

(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.

Right L5 Nerve Root injection - Local anaesthetic + steroid - PRSel RF.

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available and if relevant, the need for anaesthesia or sedation.
Relevant Written Information given to the patient: ❑ Yes ❑ No

Xray --

Signature ..... Date 4/8/15.

Name and Status of Practitioner ... CRAIG GRICE -

Re-confirmation of Consent on the day of admission:

Signature ..... Date .....

Name and Status of Practitioner .....

To the Patient (or Parent or Guardian if Appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient/parent/guardian (*delete as necessary*)

I agree ✧ to what is proposed, which has been explained to me by the practitioner named above

I understand
- ✧ that anaesthesia (general/regional/local) or sedation will be needed
- ✧ that the procedure may not be done by the practitioner who has been treating me so far
- ✧ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told ✧ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

* x Pain - Nerve root injury.....
* x Infection.....
* x Steroid.....

Signature x ..... Name x .....

Address ..... Date .....

NOTES TO ALL HEALTH PRACTITIONERS
(DOCTORS, DENTISTS, NURSES, PROFESSIONS ALLIED TO MEDICINE)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition & proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature & probability of material (= significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

600091165X F 31/12/1979
McDonald, Charmaine M
5 Matthew Street,
Flat 4,
Edinburgh,
EH16 4GZ
CHI 3112791401
70516 I.F. Duncan

DCN, Western General Hospital, Edinburgh

Checklist for:
Radiology Pause

NHS Lothian

Procedure: RF.

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other			✓	
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			(R) SIDE
Allergies documented			✓	
Medical notes			✓	
IV access			✓	
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓		✓	

Name (print) P. DEMPSTER Sign P Dempster
Designation S/NURSE. Date / time 4/8/15 @ 1430.

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented	✓			
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

Name (print) P. DEMPSTER Sign P Dempster.
Designation S/N Date / time 4/8/15 @ 1450.

0000911653X F 31/12/1979

Name: McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
Date of Birth: EH16 4GZ
CHI 3112791401
CHI No: 70198 JM Bennison

6000011653X F 31/12/1979

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
25.9.17	Attended gp (P) LS/S. re wt loss.	

Patient Addressograph

Name:

Date of Birth:

CHI No:

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

Dept of Clinical Neurosciences (DCN), Western General Hospital, EDINBURGH
Checklist for Radiology Pause

DCN, Western General Hospital, Edinburgh

Checklist for:
Radiology Pause

0000911653X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

Procedure: (L) Nerve Root Injection.

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			(L)
Allergies documented	✓			Penicillin
Medical notes		✓		
IV access		✓		
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Skin prep used	✓			
Appropriate discharge arrangements	✓			Not driving ✓
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓ ✓			LMP SIGNED ✓

Name (print) LAURA WILSON Sign LWilson 16⁰⁰
Designation CSW Date / time 25/9/17

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			Lot: 13646124 OMNIPAQUE™ 300 mg I/ml 20 ml GE Healthcare
Post procedure instructions documented		✓		
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

Name (print) LAURA WILSON Sign LWilson 16³⁰
Designation CSW Date / time 25/9/17

Consent Form

Medical or Dental Investigation, Treatment or Operation

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

RIGHT L5/S1 NERVE ROOT INJECTION

Relevant written information outlining risks given to patient (tick box) **Yes** ☐ **No** ☐

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 25.9.17
Name and Status of Practitioner ...MR.....

Reconfirmation of Consent on the day of admission:

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

Tick relevant box	YES	NO
I agree to allow students to be present in theatre:		
I agree to be examined by a medical student whilst under general anaesthesia:		

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name .....
Date 25.9.17

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	**YES**	**NO**
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

Consent Form

Medical or Dental Investigation, Treatment or Operation

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison
Hospital

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

RIGHT L5/S1 FACET JOINT INJECTION

Relevant written information outlining risks given to patient (tick box) **Yes** ☐ **No** ☐

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 25.6.18
Name and Status of Practitioner .....

Reconfirmation of Consent on the day of admission:

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

Tick relevant box	YES	NO
I agree to allow students to be present in theatre:		
I agree to be examined by a medical student whilst under general anaesthesia:		

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name .....
Date .....

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

The health practitioners are here to help you. He or she will explain the proposed treatment and what other alternatives exist. You can ask any questions and seek further information. You can also refuse treatment.

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I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present. It is important that you understand all the information given to you. Please ask for clarity if something is not clear.

Your treatment may provide an important opportunity for training doctors, dentists, nurses and other health professionals. Such training is under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	YES	NO
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

Dept of Clinical Neurosciences (DCN), Western General Hospital, EDINBURGH
Checklist for Radiology Pause

DCN, Western General Hospital, Edinburgh

Checklist for:
Radiology Pause

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

Procedure: (L) Nerve Root Injection

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			(L)
Allergies documented	✓			Penicillin
Medical notes		✓		
IV access		✓		
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Skin prep used	✓			
Appropriate discharge arrangements	✓			Not driving ✓
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓ ✓			LMP signed ✓

Name (print) LAURA WILSON Sign LWilson
Designation CSW Date / time 26/6/18 1600

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented		✓		
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

Name (print) LAURA WILSON Sign LWilson
Designation CSW Date / time 25/6/18 1615

PAIN CLINIC

Consent Form

Medical or Dental Investigation, Treatment or Operation

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

To be completed by the medical, dental, nursing or paramedical practitioner. See notes overleaf

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate

RIGHT L5/S1 NERVE ROOT INJECTION

Relevant written information outlining risks given to patient (tick box) **Yes** ☐ **No** ☐

I confirm I have explained to the patient and / or their parents or guardians in terms suited to their understanding, the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Signature ..... Date 26 nov. 08
Name and Status of Practitioner .....

Reconfirmation of Consent on the day of admission:

Signature ..... Date .....
Name and Status of Practitioner .....

Medical Students

Tick relevant box	YES	NO
I agree to allow students to be present in theatre:		
I agree to be examined by a medical student whilst under general anaesthesia:		

To the patient (or Parent or Guardian if appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the patient / parent / guardian (delete as necessary)
I agree - to what is proposed which has been explained to me by the practitioner above
I understand - that anaesthesia (general/regional/local) or sedation will be needed
- the procedure may not be done by the practitioner who has treated me so far
- any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I do not agree to the procedures below without having the opportunity to consider them first
.....
.....
.....

Signature ..... Name .....
Date .....

Note to all health practitioners (Doctors, Dentists, Nurses, Professions allied to Medicine)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment and should be given sufficient information, in a way that they can understand, about the proposed treatment and possible alternatives. Patients may refuse or withdraw consent at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the NHS Lothian Policy).

Note to Patients

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I. Nature of your condition and proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature and probability of material (=significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

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You may decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care.

Medical Photography – I agree to the use of Medical Photography

Tick relevant box	**YES**	**NO**
For my medical records for the purpose of diagnosis and treatment		
For the purpose of teaching and education		
For the purpose of publication		
To be shown to other patients as an example		

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

DCN, Western General Hospital, Edinburgh

Checklist for:
Radiology Pause

NHS Lothian

Procedure: L L5/S1 Nerve Root Injection

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			Right
Allergies documented	✓			Aubergine, Penicillin
Medical notes		✓		
IV access		✓		
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Skin prep used	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓ ✓			

Name (print) A Diamond Sign
Designation SN Date / time 26/11/18 1345

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			Dexamethasone 33mg/ml x2 BN: WK1804D4 EXP 3/20
Post procedure instructions documented	✓			Levobupivacaine 50mg/10ml. Lot: 1019018 EXP 1/21
Untoward event recorded				
Any specimens correctly labelled and delivered to lab			✓	

Name (print) A Diamond Sign
Designation SN Date / time 26/11/18 1355

NHS Lothian consent form

NHS Lothian

Patient 600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
Attach **CHI** 3112791401
70198 JM Bennison

DOB CHI

Consultant or other health professional responsible for your care

Name and job title: [redacted] NURSES

COMS PAIN MED

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

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear) Patient's side left / right or N/A

RIGHT L5/S1 NERVE ROOT INJECTION

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

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

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

PAIN RELIEF

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

BRUISE COMMON

NERVE DAMAGE V. RARE

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

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

2 The following information leaflet has been provided:

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

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: _____

Name (PRINT): _____ Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient / person with parental responsibility

Photography, Audio or Visual Recording

a) **I agree** to the use of any of the above type of recordings for the purpose of diagnosis and treatment. **Yes / No**

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

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
Yes / No

Use of Tissue

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

I have received the patient information sheet about the Bioresource. **Yes / No**

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

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

.....

.....

.....

.....

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

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

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): ..... Date: .....

Name of patient (PRINT): .....

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

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

Signed: ..... Date: .....

Relationship to patient: .....

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

Signed (Witness): _____ Date: _____

Name of witness (PRINT): _____

Address: _____

D Confirmation of consent

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

Signed (Health professional): _____ Date: _____

Name (PRINT): _____

Job title: _____

Please initial to confirm all sections have been completed: _____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter): _____ Date: _____

Name (PRINT): _____

Or, please note the language line reference ID number: _____

F Withdrawal of patient consent

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

Signed (Patient): _____ Date: _____

Signed (Health professional): _____ Date: _____

Name (PRINT): _____

Job title: _____

Pain clinic

DCN, Western General Hospital, Edinburgh

Checklist for:
Radiology Pause

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

Procedure: Right L5/S1 nerve root injection.

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			
Allergies documented	✓			NKDA
Medical notes		✓		
IV access		✓		
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			Levobupivacaine BN: 1121389 Exp: 05/2022 Dexamethasone BN: 9460002 Exp: 11/2021 x2
Skin prep used	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓	n/a	n/a	

Name (print) Y. Amoah Sign
Designation SN Date / time 03/02/20 15:25

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented	✓			
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

GE Healthcare 20 ml OMNIPAQUE 300 mg I/ml Lot: 14595291

Name (print) Y. Amoah Sign
Designation SN Date / time 03/02/20 15:35

REF K58535 LOT 19K0264 KIMAL

600091165X F 31/12/1979

DCN, RIE, Edinburgh

Checklist for:
Radiology Pause

Na **McDonald, Charmaine M**
Ad Flat 4,
5 Matthew Street,
Do Edinburgh,
Ur EH16 4GZ
Cl **CHI** 3112791401
70198 JM Bennison

NHS Lothian

Procedure: _____

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			
Allergies documented				Penicillin + Augmentin
Medical notes	✓			
IV access			✓	
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Skin prep used	✓			
Appropriate discharge arrangements				
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓			

Name (print) FIONA MACPHERSON Sign FMacPherson
Designation CNS Date / time 6.2.21 10.40

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented	✓			
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

Name (print) FIONA MACPHERSON Sign FMacPherson
Designation CNS Date / time 6.2.21 10.55

NHS Lothian Consent Form

NHS Lothian

Patient N: 600091165X F 31/12/1979 | DOB | CHI

McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

Attach La

Consultant or health professional responsible for your care

Name and job title: Dr. IAN MARRIS

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

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

(RIGHT) TRANSFORAMINAL L5/S1.
NERVE ROOT INJECTION

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

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

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

PAIN RELIEF

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

BRUISE COMMON

COVID RISK UNKNOWN

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

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

2 The following patient information leaflet has been provided:

_____ Version No.: _____

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

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 6 Feb 21

Name (PRINT): MARCH Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

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

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

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

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

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

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

_____

_____

_____

_____

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

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

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: _____

Name of patient (PRINT): _____

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

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

Signed: _____ Date: _____

Relationship to patient: _____

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

Signed:_____ Date:_____

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

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

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

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

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

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

DCN, RIE, Edinburgh

Checklist for:
Radiology Pause

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

Procedure: NERVEROOT INJECTION

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Patient to confirm identity (check name bands if inpatient)	✓			
Consent signed	✓			
Correct side identified	✓			
Allergies documented	✓			Penicolan and ibuprofen.
Medical notes			✓	
IV access			✓	
Anticoagulant stopped			✓	
Coagulation screen checked and satisfactory			✓	
All equipment available	✓			
Drugs checked and prescribed as appropriate	✓			
Skin prep used	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. Appropriate Dosimeters worn	✓ ✓			NOT PREGNANT

Name (print) LIZ KNOX — Sign E Knox
Designation CSW — Date / time 15/11/21 @1315

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented	✓			
Untoward event recorded			✓	
Any specimens correctly labelled and delivered to lab			✓	

Name (print) LIZ KNOX — Sign E Knox
Designation CSW — Date / time 15/11/21 @1330

NHS Lothian Consent Form

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 JM Bennison

NHS Lothian

Patient Name

Attach Label

Consultant or health professional responsible for your care

Name and job title: Dr IVAN MARSH

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

A **Name of proposed procedure or course of treatment**
(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

RIGHT L5/S1 INTERLAMINAR ROOT INJECTION

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

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

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

PAIN RELIEF

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

BRUISE COMING

NERVE DAMAGE V. RARE

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

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

2 The following patient information leaflet has been provided:

_____ Version No.: _____

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

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☑ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 15 NOV 21

Name (PRINT): _____ Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

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

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

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

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

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

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

_____

_____

_____

_____

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

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

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: 15.09.21.

Name of patient (PRINT): _____

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

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

Signed: _____ Date: _____

Relationship to patient: _____

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

Signed:_____ Date:_____

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

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

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

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

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

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

SIEMENS Urit (-)

MULTISTIX 8 SG REPORT

Name Uwamaare M Date 21/05/20

Ward Ryoro – Triage Patient No. _____

TESTS	Please tick appropriate box for each test						
LEUCOCYTES 1-2 minutes	NEG.	TRACE		SMALL +	MODERATE ++	LARGE +++	
NITRITE 60 seconds	NEG.				POSITIVE (any degree of pink colour)		
PROTEIN 60 seconds	NEG.	g/L TRACE	0.30 +	1 ++	3 +++	≥ 20 ++++	
pH 60 seconds	5.0	6.0	6.5	7.0	7.5	8.0	8.5
BLOOD 60 seconds	NEG.	NON HAEMOLYZED TRACE	HAEMOLYZED TRACE	SMALL +	MODERATE ++	LARGE +++	
SPECIFIC GRAVITY 45 seconds	1.000	1.005	1.010	1.015	1.020	1.025	1.030
KETONE 40 seconds	NEG.	mmol/L TRACE 0.5	SMALL 1.5	MODERATE 4	LARGE 8	16	
GLUCOSE 30 seconds	NEG.	mmol/L TRACE 5.5	14 +	28 ++	55 +++	≥111 ++++	

X600270 MP&D

500091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

Gynae Triage Communication Log

Date: 21/03/24 **Nurse:** RonCP

Cons on call: Dr Nicholson **Time seen:**

Assessing Dr: **Time discharged:**

Allergies – Penicillin
Meds –

Details/Investigations

Presenting Complaint LMP – Last Month Normally regular.	LIF Pain on and off Pain for a few days, but progressed yesterday. Passing urine okay, normal bowel movement. Sexually active with regular partner.
Scan	✓
Obs	BP – 114/73 Temp – 36.5 Sat – 97% RR – 16 PR – 71
News	0
Bloods	Sent 10dc
BM – if required	
Urine	
HCG	
Swabs	
CPE/Covid completed for admission	

GP Letter: ✓ Results signed off: ✓ Follow Up: GP

Scan/Requested Notes:

GYNAECOLOGY TRIAGE

OUT OF HOURS REFERRAL

10^00 Scan

Date 21/3/24	Time
Patient Details CHARMAINE MCDONALD	CHI 3112791401
Contact No 07734167025	Referred from: GP
Presenting complaint/clinical details 14 year. LIF P. 7days	LMP 2 weeks ago Pregnancy Test Urine
USS required (Y) N	Please do not request USS. This will be done when appointment allocated.
Further relevant information/social history	Interpreter required Y N (If yes please give details of language)
Referring doctors details S-mil ELH	Does the patient need to be seen within 24 hours Y (N) Review in 1-2 days (Y) N

PLEASE ADVISE PATIENTS THEY WILL BE CONTACTED BETWEEN 0830-0900 THE NEXT DAY AND WILL BE ALLOCATED A TIME TO ATTEND. THEY MAY BE REQUIRED TO ATTEND AT SHORT NOTICE. PLEASE NOTE IF THE REFERRAL IS MADE AT WEEKEND THEN THE PATIENT WONT BE CONTACTED UNTIL MONDAY

NHS Lothian Consent Form

NHS Lothian

Patient Name

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

CHI

Attach Label

Consultant or health professional responsible for your care

Name and job title: Dr [illegible]

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

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)
Please circle: Patient's **LEFT / RIGHT** side or **N/A**

RIGHT L5/S1 NERVE ROOT INJECTION

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

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

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

PAIN RELIEF

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

BRUISE COMMON

NERVE DAMAGE v. RARE

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

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

2 The following patient information leaflet has been provided:

_____ Version No.: _____

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

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 17.1.25

Name (PRINT): _____ Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

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

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

Medical Training

I agree to the involvement of medical and other students as part of their formal training. **YES / NO**

Use of Tissue

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

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

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

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

_____

_____

_____

_____

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

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

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: 13·1·25

Name of patient (PRINT): _____

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

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

Signed: _____ Date: _____

Relationship to patient: _____

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

Signed:_____ Date:_____

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

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

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

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter):_____ Date:_____

Name(PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

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

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

Version 2.0 Authorised: Dec 2019 Review: Dec 2022

600091165X F 31/12/1979
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5 Matthew Street, [illegible]E
Edinburgh,
EH16 4GZ
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70198 S MacCallum

X-ray Angiogram Checklist

NHS Lothian

Date of procedure: 13.1.25 Theatre DR

Consultant: maples

Planned Procedure is: Nerve root injection

Case type: Emergency ☐ or Elective ☐, and in Normal Hours ☐ Out-Of-Hours ☐ Weekend ☐.

Pre Procedure Checklist: Completed by Ward Nurse	Y	N	N/A
Patient details correct			
Consent: signed			
Consent: verbal			
Fasted since: 12 MN			
Two identity bands in place			
Does patient have a known Allergy? If Yes Please state: NKA			
Dentures removed			
Prosthesis			
Jewellery: Taped or removed			
Anti Embolic Stockings/ TEDs			
Pre-medication prescribed			
Pre-medication administered			
Signature Print			
Nursing Handover: All above details checked & correct:			
Ward nurse: Signature Print			
Imaging Nurse: Signature Print			

X ray Angiogram Checklist

NHS Lothian

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Consent signed	✓			
Correct side identified	✓			
Allergies documented	✓			Penicillin and omeprazole.
Medical Notes			✓	
IV access			✓	
Anticoagulant stopped			✓	
All equipment available	✓			
Drugs checked	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. IRMER compliant	✓ ✓		✓	not pregnant.

Name (Print and Sign) LG [signature]

Designation CDN Date / time 13-1-25 @ 1507

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
13.1.25	1500	Bupivacaine 0.5%. FM063 ex 5/27	4ml			1505	IM.
13.1.25	1500	Dexamethasone 3.3mg WK231504 ex 8/25.	2ml			1510	IM
13.1.25	1500	Exp: 12-2026 Lot: 16903891 GE Healthcare 20 ml OMNIPAQUE™ 300 mg I/ml	2ml			1508	IM

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented			✓	
Untoward event recorded			✓	

Name (Print and Sign) LG [signature]

Designation CDN Date / time 13.1.25 @ 1515.

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P + C please.

Gynae Triage Communication Log

Date: 12/5/25 **Nurse:** Jenny

Cons on call: DR Rose **Time seen:**

Assessing Dr: Benet **Time discharged:**

B/B - fine
P/V - fine. Jo

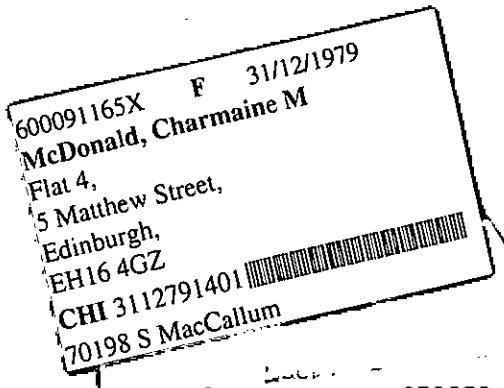
Details/Investigations

Presenting Complaint PV bleeding after sex on Friday - still bleeding	LIF pain - (known for Chron pain) after sex on Friday 8/10 - I+P+C - 12.00
Scan LMP - 28/4/25.	
Obs 36.6. 128/78. 75 98%	15.
News 0	
Bloods	
BM – if required	
Urine	
HCG	
Swabs	
CPE/Covid completed for admission	

~~X~~ Allergic to Penicillan } Swelling rash

GP Letter: Results signed off: Augmentin Follow Up:

Scan/Requested Notes:



370658

Patient: Charmaine

Multistix® 8 SG
Test date 12-05-2025
Time 16:52
Operator M McDonald
Test number 3526
Color Not Entered
Clarity Not Entered

GLU Negative
KET Trace
SG 1.025
BLO Large
pH 5.0
PRO 100 mg/dL
NIT Negative
LEU Trace

Visibly bloody urine may cause falsely elevated PRO results

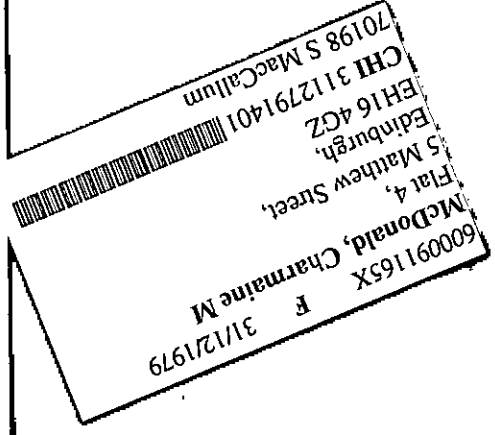
Siemens
Clinitek Status®

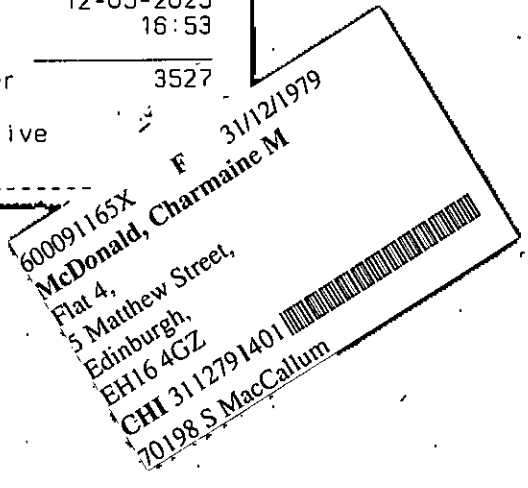
Serial Number:
370658

Patient:

Clinitest® hCG
Test date 12-05-2025
Time 16:53
Operator
Test number 3527

hCG Negative





PRESCRIPTION AND ADMINISTRATION RECORD

Standard Chart

NHS Lothian

Hospital/Ward:

Consultant:

Weight:

Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed:

Completed by:

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401 [redacted]
70198 S MacCallum

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given.		Completed by (sign & print)	Date
Date	Type of Chart	None known ☐			
		Medicine / Agent	Description of reaction		
		Penicillin	swelling/rash	Reynolds	12/5/ES

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration

The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
12/5	1600	Paracetamol	1g	PO	Reynolds	16:30	
12/5	1600	Codeine	30mg	PO	Reynolds	16:30	
12/5	1840	Dihydrocodeine	30mg	PO	Reynolds		

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered.as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

	Start Date Time	Route Mask (%)	 Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date Time
OXYGEN						

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
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Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
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Prescriber - sign + print		Pharmacy	18															
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Medicine (Approved Name)		For Use / Date	6															
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Dose	Route	Quantity	8															
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Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

REGULAR THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
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Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
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Medicine (Approved Name)		For Use / Date	6															
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			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

AS REQUIRED THERAPY

Name of Patient:

CHI Number:

D.O.B.:

(Attach printed label here)

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
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			Time												
Prescriber - sign + print		Pharmacy	Dose												
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Medicine (Approved Name)		For Use	Date												
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Dose + frequency + max	Route	Quantity	Dose												
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Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

Gynaecology

Dr Sharp
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EH16 4DT

Date First Created: 05/05/2005
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Gynaecology	**Consultant:**	Prof HD Critchley

Thank you very much for referring this 25 year old para 4 to Professor Critchley's clinic requesting sterilisation. As you are aware, she has been using Depo Provera up until the end of January of this year. However, this has now run out and she is not using any contraception at present. She has four children, the two eldest children live with her previous partner's mother. However, she feels certain her family is complete.

We discussed sterilisation. She is aware of the failure rate of 1:200 and the increased risk of ectopic pregnancy, the irreversible nature of the procedure and the risks of laparoscopy. We discussed alternative contraception - the Mirena, Implanon and vasectomy, however she is adamant that she wishes to be sterilised.

I have discussed her case with Professor Critchley, and she is happy in view of the fact that she has four children already to carry out laparoscopic sterilisation, and she has been placed on the waiting list for this. In the meantime I have discussed her contraception again with her today, and she will attend yourself for further Depo Provera.

Yours sincerely

Dr C. Black
Specialist Registrar to Professor Critchley

University Hospitals Division

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Dermatology

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Date First Created: 02/12/2009
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Dermatology	**Consultant:**	Dr VR Doherty

Thank you for your urgent referral of this lady regarding a lesion on her left forearm. She had been aware of having a lesion since childhood and over a number of years she has had a history of recurring inflammation related to this lesion. The lesion becomes swollen, itchy and sometimes releases some pusy fluid.

She has no past history or risk factory of great note. She previously was a sunbed user.

On examination today she had a flesh coloured nodule on her arm, which would be in keeping with an area of prurigo.

Given her very clear history of the lesion fluctuating and being itchy, the likelihood of any form of malignancy would seem very low.

In the first instance I have suggested that she use a dressing and some Synalar cream over the area to reduce itching and reduce the risk of her continuing to scratch the area.

I have not arranged for her to come backwards and forwards to the clinic. We would obviously be happy to see her in the future in the event of any further concern.

With best wishes,

Yours sincerely

Dr Val R Doherty
Consultant Dermatologist

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Dermatology

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Date First Created:	02/12/2009
Date/Time Printed:	14/05/2026 15:53
Our Ref:	600091165X
CHI:	3112791401

Unsolicited Results

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Date First Created: 05/10/2010
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Unsolicited Results	**Consultant:**	

I reviewed this 30 year old patient in Mr Ross' clinic. She had a lumbar radiculopathy in May 2010 and had an L4/5 microdiscectomy. Today in clinic she was mobilising with a walking stick but she tells me that her leg pains have improved significantly and she has normal sensation in the left leg, and almost normal sensation in the right leg. She had no problems with her bladder or bowel function and her she also feels her back pain is beginning to settle although she still needs a walking stick. I was delighted to see that she had improved. I have reassured her that she has had good recovery from the operation and have discharged her from clinic with no further follow up.

Yours sincerely,

Mr I Liaquat
Specialist Registrar to Mr Ross

University Hospitals Division

Western General Hospital
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NHS Lothian

Neurosurgery

Dr Sharp
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Date First Created: 10/11/2011
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Neurosurgery	**Consultant:**	Mr Jerard Ross

I saw Charmaine in the clinic today. As you know she had a previous L4/5 microdiscectomy which resulted in some improvement of her right sided sciatica and complete resolution of her left sided sciatica.

However, over the last nine months she has had a recurrence of her right sided sciatica going down to her right ankle. In addition she has numbness in both feet although the pain is predominantly down to her ankle on the lateral edge of her right foot.

She is currently taking Dihydrocodeine, Paracetamol, Ibuprofen and Amitriptyline with intermittent Diazepam.

Her repeat MRI scan shows a well decompressed L5 root with a very small lateral prolapse at the L4/5 level but certainly much improved from pre-operatively.

I think that she may have some nerve root compression from this lateral component of the disc and I am going to arrange a right L5 nerve root injection. In addition, I would like her to see our pain specialists here because obviously she is struggling with getting appropriate analgesia and I don't think that further surgery is going to improve things significantly. The one addition which may be valuable would be that of a long acting Opiate instead of the Dihydrocodeine but I will leave that in your hands to decide upon. I will make arrangements for the other specialists to see her and will catch up with her next year.

Yours sincerely

MR J ROSS
CONSULTANT NEUROSURGEON

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NHS Lothian

Neurosurgery

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Date First Created: 10/11/2011
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

cc.

Dr M Cullen
Consultant Pain Clinic
DCN
WGH

cc.

Consultant Neuroradiologist
DCN X-ray
DCN
WGH

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NHS Lothian

Neurosurgery

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Date First Created: 10/11/2011
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Neurosurgery	**Consultant:**	Mr Jerard Ross

I wonder if you would be kind enough to see this pleasant lady who has severe right sided sciatica. She has had a L4/5 discectomy and the scan looks much improved but her pain unfortunately is not significantly better although there was a period where things were improved.

You will see from my letter that she is on extensive medications and I have arranged a right L5 nerve root injection in case there is still a minor right sided compressive portion to her problems but I would be really grateful for your input.

Yours sincerely

MR J ROSS
CONSULTANT NEUROSURGEON

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Date First Created: 10/11/2011
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Neurosurgery	**Consultant:**	Mr Jerard Ross

I would be most grateful if this lady could have a right L5 nerve root injection.

She has had a L4/5 discectomy which improved her symptoms significantly and resolved her left sided symptoms. Unfortunately her symptoms have recurred, particularly on the right side and there is no major disc prolapse for a direct surgical approach. There is a small residual lateral disc on the right at L4/5 and I wonder if a right L5 nerve root injection may improve her symptoms.

Many thanks for your help.

Yours sincerely

MR J ROSS
CONSULTANT NEUROSURGEON

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NHS Lothian

Chronic Pain

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Date First Created: 07/04/2012
Date/Time Printed: 14/05/2026 15:53
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I saw Charmaine Macdonald in the Pain Clinic today following referral from yourself. She has problems with left leg pain following an L4/5 discectomy. She has had an L5 nerve root injection in February and this produced some improvement in her symptoms.

I have prescribed her Pregabalin to see if this helps with the neuropathic symptoms at a dose of 75 mgs twice daily increasing to 300 mgs twice daily. I have also advised her to try Capsaicin 0.025% cream applied to the lower leg area. I plan to see her again in approximately three months' time.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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Appointments: 0131 537 2115

cc.
Dr Duncan
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EDINBURGH

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Date First Created:	07/04/2012
Date/Time Printed:	14/05/2026 15:53
Our Ref:	600091165X
CHI:	3112791401

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Chronic Pain

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Date First Created: 15/07/2012
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I saw Charmaine in the Pain Clinic today. She has problems with neuropathic pain in her left leg following from a 4/5 discectomy. She describes some initial improvement from commencing Pregabalin however this also corresponded with the time when she had a nerve root injection so it is difficult to determine what produced the benefit. Unfortunately now her symptoms have returned. She currently takes Pregabalin at a dose of 300 mgs twice daily and I would be grateful if you could increase this to 300 mgs in the morning and 450 mgs at night. She tells me her mood is low, she feels frustrated and irritable and feels that the pain problem is taking over her life. In terms of improving her outlook and also as another inroad into her neuropathic pain, a trial of Duloxetine 60 mgs daily might prove helpful. I will book her in for a pulsed RF of her nerve root to see if we can achieve a more sustained effect in terms of pain reduction. Additionally she has not had any physiotherapy input for twelve months and this was practice-based. She would benefit from more specialised pain physiotherapy input and I will refer her to our Pain Clinic physiotherapists for this at the Astley Ainslie Hospital.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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Date First Created: 15/07/2012
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

cc.
Physiotherapists, Pain Management Programme, Department of Clinical Psychology, AAH

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Date First Created: 15/07/2012
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I would be grateful if you could assess this young woman who has problems with neuropathic pain in her left leg following an L4/5 discectomy. I have commenced her on various anti-neuropathic drugs but this has produced little so far in terms of improvement. Additionally I am planning to see her for a pulsed radiofrequency ablation of the nerve root to see if this proves helpful. She last had physiotherapy approximately twelve months ago through her GP but I feel would benefit from more specialised pain physiotherapy as she has unfortunately entered the cycle of low mood, frustration and sleep disturbance. I enclose a copy of the original clinic letter with some additional information.

Yours sincerely

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University Hospitals Division

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Orthopaedics

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Date First Created: 13/02/2013
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Orthopaedics	**Consultant:**	Prof C Court-Brown

Diagnosis
Left hand soft tissue injury left scaphoid. date of injury 26 January 2013.

Plan
Discharged from clinic, for physiotherapy.

This 33 year old lady sustained the above-named injury when she fell on her left hand. History includes back pain post-back surgery.

On examination tender over the scaphoid and anatomical snuffbox with pain on radial ulnar deviation. Complains of numbness in ulnar nerve distribution, though power is normal.

X-rays done today did not reveal any scaphoid fracture.

This lady has a soft tissue injury. Plan is for her to continue her wrist splints. To see the physiotherapist, and reassured her there is no fracture pain. Her pain has gradually subsided. We have not planned any formal follow up for her.

Yours sincerely

O Onibere, LAT
Clinic - Professor C Court-Brown, Consultant Orthopaedic Surgeon
OO/ld
Secretary - Tel. 242 3516

University Hospitals Division

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NHS Lothian

Chronic Pain

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Date First Created: 25/03/2013
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I carried out a right-sided L5 pulsed radiofrequency ablation with local anaesthetic and steroid injection on this patient in the clinic today. I will review her to see how she is getting on.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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NHS Lothian

Chronic Pain

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Date First Created: 23/05/2013
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I reviewed Mrs McDonald in the Pain Clinic on 9th May 2013. She had a pulsed radiofrequency ablation at the L5 nerve root at the beginning of March 2013. I am pleased to say that she has had a 50% improvement in her pain overall and described increased mobility and activity levels.

She is currently taking Duloxetine 60mgs, Amitriptyline 75mgs, Pregabalin 300mgs in the morning and 450mgs at night and Dihydrocodeine slow release 90mgs twice daily. I have advised her to continue her activity levels and also continue with her physiotherapy-based exercises. She tells me that she also attended a weight loss programme and has lost some weight which will obviously help things overall. I plan to see her again in approximately 6 months time.

Yours sincerely

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Consultant in Anaesthesia & Pain Medicine

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NHS Lothian

Chronic Pain

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Date First Created: 02/12/2013
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I reviewed Mrs McDonald in the Pain Clinic on 21st November 2013. I am pleased to say that she continues to have significant reduction in her pain levels. She is walking without a stick now and her activity and mobility levels have increased. I have reinforced the message for her to increase these further with regular exercise. I feel she should continue with her current medication as it stands, which is Duloxetine 60mgs; Amitriptyline 75mgs; Pregabalin 300mgs in the morning and 450mgs at night & Dihydrocodeine slow release 90mgs twice daily. She knows to contact me if she requires a further nerve root injection should this be required, but I will see her again routinely in 6 months time where we will continue to further reduce her medication.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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Chronic Pain

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Date First Created: 30/09/2014
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I reviewed this lady in the pain clinic who has considerably improved since her initial referral. She had problems with low back and right leg pain secondary to nerve root irritation.

She complains of some worsening of symptoms in terms of the hot stabbing pains at the top of her right buttock and also some pins and needles in her right foot and occasional shooting pain down the right leg.

Since her last attendance she has stopped pregabalin and also considerably reduced her amitriptyline to 25 mgs at night.

She attends the gym on a regular basis and carries out her physiotherapy exercises on a daily basis.

My overall impression is this is probably just a normal variation in her nerve root symptoms and Charmaine herself feels it is not a significant deterioration in her clinical condition.

I would recommend restarting her on some pregabalin at a dose of 150 mgs at night in the first week, 75 mgs in the morning and 150 mgs at night for the second week and to continue with this for the next few months.

I have asked our clinical nurse specialist to see her in the medication review clinic to see how she is getting on with the change.

Yours sincerely

University Hospitals Division

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Chronic Pain

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Date First Created:	30/09/2014
Date/Time Printed:	14/05/2026 15:58
Our Ref:	600091165X
CHI:	3112791401

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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NHS Lothian

Chronic Pain

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EH16 4DT

Date First Created: 12/01/2015
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

I saw Charmaine McDonald in my nurse-led Medication Review Clinic this morning. Charmaine continues on Dihydrocodeine long-acting 90 mgs twice daily and she has now stopped the Amitriptyline. At her last appointment here with Dr Grice he had suggested she could restart the Pregabalin, however Charmaine has not done this as she is now back at work and always found that the Pregabalin sedated her quite badly even at a small dosage. She has continued to do well. She has lost five and a half stone in weight and continues with exercises given to her by physios. She does continue to have shooting pains mainly in her right leg and would be quite keen to be considered for repeat radiofrequency injections. Dr Grice had performed these well over a year ago and she did have very good benefit. I will let Dr Grice know how Charmaine is getting on and he will possibly see her again for repeat injection and we will be in touch with Charmaine in due course.

Yours sincerely

FIONA MACPHERSON
Clinical Nurse Specialist in Chronic Pain

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Appointments: 0131 536 6230

Dictated 07.01.15/Typed 12.01.15 FJM/DK

University Hospitals Division

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NHS Lothian

Chronic Pain

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EH16 4DT

Date First Created: 11/06/2015
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice (EDIN Clinic)

DICTATED 4/6/15, TYPED 11/6/15

You wrote recently regrding Charmaine and the appointment for her repeat radiofrequency ablation of facet joints.

She has been sent an appointment to attend on 4th August 2015 at 2.00pm.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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University Hospitals Division

Western General Hospital
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Chronic Pain

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Date First Created: 06/08/2015
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice

Today I performed a right L5 nerve root injection using local anaesthetic and steroid. I also carried out some pulsed radiofrequency lesioning to the nerve root. The procedure was uneventful and she was discharged home. I will contact Charmaine in approximately one month's time to see how she is progressing.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
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Appointments: 0131 536 6230

Dictated 04/08/15. Typed 06/08/15. CAG/SM.

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NHS Lothian

Chronic Pain

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Date First Created: 15/10/2015
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Craig A Grice

DICTATED 8/10/2015
TYPED 15/10/2015

Thank you for your letter regarding this patient. I am glad to hear that the L5 nerve root and the radiofrequency lesioning have helped. In terms of reducing dihydrocodeine a regime of reduction over several months by approximately 30 mgs per month would be my recommendation. In this situation it is better to do this slowly over several months. Other than that I have little else to offer.

Yours sincerely

DR CRAIG GRICE
Consultant in Anaesthesia & Pain Medicine

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Date First Created: 05/10/2017
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I performed a repeat right L5/S1 transforaminal nerve root injection under x-ray control. The procedure was uneventful and she was discharged home. I hope this will give Charmaine her usual period of pain relief.

Yours sincerely

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 28/06/2018
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I performed a right L5/S1 nerve root injection under x-ray control. The procedure was uneventful and she was discharged home. I hope this will push Charmaine's pain in the right direction to allow her to reduce her analgesic consumption.

Yours sincerely

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 04/12/2018
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I performed right L5/S1 nerve root injection under x-ray control. The procedure was uneventful.

Yours sincerely

electronically checked & signed

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 06/02/2020
Date/Time Printed: 14/05/2026 15:58
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I performed repeat right L5/S1 transforaminal nerve root injection under x-ray control. The procedure was uneventful.

Yours sincerely

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Dictated 06.02.20/Typed 13.02.20 ILM/DK

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 17/02/2021
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr IL Marples (Extra)

Today I performed right L5/S1 transforamenal nerve root injection under x-ray control. The procedure was uneventful.

Yours sincerely

e-signed

DR IVAN
MARPLES
Consultant in Anaesthesia & Pain Medicine
IM/JT

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 15/11/2021
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I repeated right L5/S1 transforaminal nerve root injection. The procedure was uneventful.

Yours sincerely

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

Dictated 15.11.21/Typed 18.11.21 ILM/DK

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Chronic Pain

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 07/06/2023
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Chronic Pain	**Consultant:**	Dr Ivan L Marples

Today I performed a right L5/S1 transforaminal nerve root injection under x-ray control. Charmaine experienced transient paraesthesia in the right leg on needle placement, but there were no lasting effects and Charmaine was discharged home.

Yours sincerely

DR IVAN MARPLES
Consultant in Anaesthesia & Pain Medicine

Lothian Chronic Pain Service Secretaries
Tel: 0131 536 6277/6276/6269
Appointments: 0131 536 6230

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gynaecology

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 22/03/2024
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Gynaecology	**Consultant:**	Gynaecology Triage

Dear Doctor,

DIAGNOSIS
1. Ruptured haemorrhagic cyst

Your patient was reviewed in Gynaecology triage, RIE on 21/03/2024.

She presented with a 3 day history of sudden onset, sharp LIF pain, she denied any associated changes to her bowel or new urinary symptoms. She denied any fever, nausea or vomiting. There was no associated irregular PV bleeding or discharge.

She is P4+0, with 4 previous vaginal deliveries with a regular cycle (5/28-30)with no intermenstrual/ post coital bleeding. She has not had a smear test for over 20 years having had previous colposcopy for an abnormal smear.

She has a past medical history of chronic lower back pain and previous laparoscopic sterilisation.

Examination revealed a soft abdomen with mild LIF tenderness sonly, normal vagina and cervix and no adnexal masses with only mild adnexal tenderness on deep palpation. A smear test was taken.

INVESTIGATIONS
Bloods: NAD
Urine: NAD
Pelvic US: The anteverted uterus appears normal in shape size and position measuring 87x57x54mm. The endometrial cavity appears clear with an AP diameter of 13mm. The right ovary appears normal.

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

Gynaecology

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 22/03/2024
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Within the left ovary there is a collapsing haemhorragic cyst this measures 19x21x21mm.
No further adnexal masses or free fluid seen.
Swabs: outstanding

She was discharged with strong worsening advice with no changes to her regular medications.

FOLLOW-UP
Discharge to care of GP

Should you require any further information please contact Gynae Triage, Simpsons Centre for Reproductive Health, RIE. (0131 242 2551)

Information in this letter has been discussed with the patient.

Yours sincerely,

Staff name: C.Stevenson
Grade: ST1
Consultant on-call: Dr S Nicholson

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gynaecology

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 29/03/2024
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Gynaecology	**Consultant:**	Gynaecology Triage

I apologise as there has been a problem processing your cervical smear test taken for you on 21/03/24. If you wish to get this redone then I would suggest you contact your GP practice to organise this. Apologies again for the inconvenience.

Yours Sincerely

Dr Andrew C Pearson
Consultant Gynaecologist
Secretary: 0131 242 2519

cc. Dr Carla Stevenson, ST1 Obs and Gynae, RIE

Ref: AP/RH

Dictated: 05/04/24
Typed: 09/04/24

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gynaecology

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 22/05/2025
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Gynaecology	**Consultant:**	Gynaecology Triage

Dear Doctor,

Charmaine was reviewed in Gynaecology Triage on 15/05/25. She had been seen overnight in 210 and returned for a pelvic USS. She presented with LIF pain and PV bleeding. On exam she had a healthy cervix and very mild bleeding from the os, with no clots. She had a pelvic USS which showed new uterine fibroids. A pipelle biopsy was performed. Her bleeding had settled so she was discharged without any medications.

Subsequently her swabs came back positive for bacterial vaginosis. She preferred a stat dose of metronidazole to 5-day course and collected this from ward 210 a few days later.

Her pathology results will be followed up.

Many thanks for your ongoing care.
Dr A Curtis, FY2
Obstetrics and Gynaecology

University Hospitals Division

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh
EH16 4SA

NHS Lothian

Gynaecology

Dr Sharp
Niddrie Medical Practice
Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

Date First Created: 07/07/2025
Date/Time Printed: 15/05/2026 08:42
Our Ref: 600091165X
CHI: 3112791401

Patient:	Miss Charmaine McDonald Flat 4 5 Matthew Street Edinburgh EH16 4GZ	**UHPI:** **Date of Birth:**	600091165X 31/12/1979
Specialty:	Gynaecology	**Consultant:**	Gynaecology Triage

I am writing to you with the results of the biopsy recently taken from the lining of the womb. I am pleased to confirm it was all benign, which is very reassuring. I am glad the bleeding has settled and that you got on well with your course of antibiotics for the bacterial vaginosis. I wish you all the best for the future.

With kind regards,

Yours sincerely

Dr KI Rose
Consultant Gynaecologist

Ref: KIR/CP
Enquiries to: 0131 242 2654

Date of Dictation: 07.07.25

Copy:

GP - sent electronically.

In Patient Records

Single Text Result

Surname: McDonald, Charmaine **UHPI:** 600091165X **CHI:** 3112791401

DOB: 31/12/1979

Location: 3 - Exam, A&E **Specialty:** 3 - Exam, A&E **Consultant:** Dr Caspar Wood

Printed on: 26/03/2010 at 11:28 am

NHS Lothian

Order Name	Result Date	Time
MRI Spine Lumbar/Sacral	25/03/2010	15:31

Result

Clinical details

Report
The appearances are virtually identical to those on the scan of 29.01.2010.

There is a small disc bulge at L3/4. It contains a high signal intensity zone in its posterior annulus and indents the dural sac. It does not compress nerve roots.

Large L4/5 disc bulge that is more prominent to the right of midline. It compresses the right L5 nerve root and causes minor compression of the left L5 nerve root.

Posterior disc bulge at L5/S1 that touches but does not compress the S1 roots.

Degenerative disc disease at L4/5/S1 including disc narrowing and dehydration and endplate changes

No evidence of disc prolapse or stenosis at other levels.

Normal conus and cauda equina.

Retroverted uterus. Large bladder.

Ref Via Mr Liquat.
Pt to Attend PIU Wed 31/3 @ 10.45
Pt had MRI @ RIE 26/3 - report enclosed.

DEPARTMENT OF CLINICAL NEUROSCIENCES
Neurosurgical Waiting List

UHPI	**(OR ADDRESSOGRAPH LABEL)**
NAME	CHARMAINE MACDONALD
ADDRESS	69 GILMERTON DYKES CRESCENT, EDIN, EH17 8BP
CONSULTANT	JR/LM
DOB	31/12/79 (30)
Date on W/L	25/03/10
TELEPHONE NUMBER	**Source** Liaison → Physio re Prolapse

DIAGNOSIS	L4/L5, L5/S1 disc prolapse
PROCEDURE	Assessed for CESI Date of Admission etc. to be entered overleaf
ANTICIPATED LENGTH OF PROCEDURE	
ANTICIPATED LENGTH OF STAY	1 day

ROUTINE / SOON / URGENT (Please circle one of the above)	**LEVEL 1 / LEVEL 2 BED (HDU) REQU. POST-OP** YES / NO (If yes, please specify level) .....
SUITABLE FOR PRE-ADMISSION	**YES / NO** (IF NO – WHY)
PATIENT WILLING TO ATTEND FOR PRE-ADMISSION	**YES / NO** (IF NO – WHY)
Further SCANS / INVESTIGATIONS to be carried out prior to admission	**YES / NO** Please Specify
SCANS / INVESTIGATION RESULTS to be obtained from WGH or other Centres prior to admission date	**YES / NO** Please Specify
TRANSPORT REQUIRED	**YES / NO** Type.....
PATIENT WILLING TO BE ADMITTED AT SHORT NOTICE (eg cancellation)	**YES / NO** If yes – how much notice required .....
DATES NOT AVAILABLE FOR ADMISSION (eg holidays)	**YES / N/A** (if yes – please specify)

ANY ADDITIONAL INFORMATION
(eg Joint procedure with another consultant, Theatre equipment required etc)

Admit to ward next week of PIU for assessment of leg pain + urinary problems

For Secretarial use Please initial + date when Completed	
TRAK	✓
W/L Booking	✓
Letter Sent	Verbal.
Adm Diary	PIV BOOKED.

TIME OF RECORDING →																			
GLASGOW COMA SCORE	EYES	Spontaneous	4																
		Speech	3																
		Pain	2																
		None	1																
	VERBAL	Oriented	5																
		Confused	4																
		Words	3																
		Sounds	2																
		None	1																
	MOVEMENT	To Command	6																
		Localises	5																
		Withdrawal	4																
		Flexion	3																
		Extension	2																
		None	1																
TOTAL		14-15																	1
		12-13																	2
		9-11																	3
		<8																	

PUPILS																			
	RIGHT	Size																	
		Reaction																	
	LEFT	Size																	
		Reaction																	

PUPIL SIZE 1mm • 2mm ● 3mm ● 4mm ● 5mm ● 6mm ●

PAIN SCORE																			
	VERY SEVERE	9-10																	2
	SEVERE	6-8																	1
	MODERATE	4-5																	
	MILD	1-3																	
	NONE	0																	

BLOOD SUGAR	>25																		2
	15-25																		1
	4-15	5-2.																	0
	<4																		2

URINE OUTPUT (mls/hr)	>30																		0
	<30																		3

Key = 1		E.D.Acuity Score /25	<3	0															
2			3-5																
3			6-10																
			>10																

TIME OF RECORDING	12.30																	
BLOOD PRESSURE	200																	200
	190																	190
	180																	180
	170																	170
	160																	160
	150																	150
	140	110																140
	130																	130
	120																	120
	110	↑																110
	100																	100
Score if Systolic falls within parameters	90	1																90 1
	80																	80
	70	1																70 2
	60	V																60
	50	63																50
	40																	40 3
ENTER VALUE IF SYSTOLIC BELOW 30 →	30																	30 Enter value if Systolic below 30

ENTER VALUE ABOVE 180 →	180																	Enter value above 180 180
																		3
	160																	160
	140																	140
																		2
PULSE RATE	120																	120
																		1
	100																	100
	80	75																80
	60																	60 1
	50																	50
	40																	40 2
ENTER VALUE BELOW 30 BPM →	30																	30 Enter value below 30 BPM 3

ENTER VALUE ABOVE 40 RPM →	40																	Enter value above 40 RPM 3 40
	35																	35 2
RESPIRATORY RATE	30																	30
	25																	25 1
	20																	20
	15	12																15
	10																	10
ENTER VALUE BELOW 8 RPM →	8																	5 Enter value below 8 RPM 3

	39°																	39° 2
	38°																	38° 1
TEMPERATURE	37°	37																37°
	36°																	36°
																		1
	35°																	35°
																		2
	34°																	34° 3

SAO2	>93	99																
	90-92																	1
	85-89																	2
	<85																	3
Inspired O2%	%	RA																

I.V. LINE 1

Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

I.V. LINE 2

Fluid	volume	start	finish	PRESCRIBER'S SIGNATURE	given by
Added Drugs	dose	start	finish	PRESCRIBER'S SIGNATURE	added by

PATIENT MANAGEMENT PLAN

PRIMARY ASSESSMENT			
AIRWAY	TICK	TIME	SIZE
PATENT			
GUEDEL			
NASO PHARYNGEAL			
ETT			
TRACHEOSTOMY			
BREATHING	TICK	TIME	SIZE
SELF VENTILATION			
ASSISTED VENTILATION			
ASPIRATION			
CHEST DRAIN L☐ R☐			
THORACOTOMY			
CIRCULATION	TICK	TIME	SIZE
CARDIAC OUTPUT			
CPR			
CANNULATION			
VENEPUNCTURE			
IV FLUIDS			
DEFIBRILLATION / CARDIOVERSION			
SHOCK NO.			
JOULES			

EQUIPMENT REQUIRED	
TYPE	TICK
BAIR HUGGER	
NIV	
DEFIB	
INTERNAL DEFIB	
LEVEL ONE	
PROPAQ	
THUMPER	
VENTILATOR	
OTHER–	
REFERRAL TO	
ANAESTHETICS	
CARDIO THORACIC	
CARDIOLOGY	
GASTRO-INTESTINAL	
MEDICINE	
NEUROLOGY	
ORTHOPAEDICS	
SURGERY	
VASCULAR	
OTHER –	

PROCEDURES REQUIRED		
TYPE	TICK	TIME
12 LEAD ECG		
A LINE		
CATHETERISATION		
CORE TEMP MONITORING		
CVP LINE		
INTUBATION		
NG TUBE		
OTHER SCAN		
PERITONEAL LAVAGE		
ULTRASOUND		
OTHER –		

Single Text Result

Surname: McDonald, Charmaine **UHPI:** 600091165X **CHI:** 3112791401

DOB: 31/12/1979

Location: 3 - Exam, A&E **Specialty:** 3 - Exam, A&E **Consultant:** Dr Caspar Wood

Printed on: 26/03/2010 at 11:28 am

NHS Lothian

Order Name	Result Date	Time
MRI Spine Lumbar/Sacral	25/03/2010	15:31

Result

Clinical details

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Retroverted uterus. Large bladder.

Ref Via Mr Liquat.
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Pt had MRI @ RIE 26/3 - report enclosed.

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Neurosurgical Waiting List

UHPI	**(OR ADDRESSOGRAPH LABEL)**
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ADDRESS	69 GILMERTON DYKES CRESCENT, EDIN, EH17 8BP
CONSULTANT	JR/LM
DOB	31/12/79 (30)
Date on W/L	25/03/10
TELEPHONE NUMBER	**Source** Liaison → Physio re Prolapse

DIAGNOSIS	L4/L5, L5/S1 disc prolapse
PROCEDURE	Assessed for CESI Date of Admission etc. to be entered overleaf
ANTICIPATED LENGTH OF PROCEDURE	
ANTICIPATED LENGTH OF STAY	1 day

ROUTINE / SOON / URGENT (Please circle one of the above)	**LEVEL 1 / LEVEL 2 BED (HDU) REQU. POST-OP** YES / NO (If yes, please specify level) .....
SUITABLE FOR PRE-ADMISSION	**YES / NO** (IF NO – WHY)
PATIENT WILLING TO ATTEND FOR PRE-ADMISSION	**YES / NO** (IF NO – WHY)
Further SCANS / INVESTIGATIONS to be carried out prior to admission	**YES / NO** Please Specify
SCANS / INVESTIGATION RESULTS to be obtained from WGH or other Centres prior to admission date	**YES / NO** Please Specify
TRANSPORT REQUIRED	**YES / NO** Type.....
PATIENT WILLING TO BE ADMITTED AT SHORT NOTICE (eg cancellation)	**YES / NO** If yes – how much notice required .....
DATES NOT AVAILABLE FOR ADMISSION (eg holidays)	**YES / N/A** (if yes – please specify)

ANY ADDITIONAL INFORMATION
(eg Joint procedure with another consultant, Theatre equipment required etc)

Admit to ward next week of PIU for assessment of leg pain + urinary problems

For Secretarial use Please initial + date when Completed	
TRAK	✓
W/L Booking	✓
Letter Sent	Verbal.
Adm Diary	PIV BOOKED.

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Department of Clinical Neurosciences

Dr Taylor
65 Liberton Gardens
Edinburgh
EH16 6JT

Print Date	14/04/2010
Print Time	09:34
Our Ref	600091165X
CHI	3112791401

Patient:	Charmaine M McDonald 69 Gilmerton Dykes Crescent Edinburgh EH17 8JP	**UHPI:**	600091165X
		Date of Birth:	31/12/1979
Ward:	Ward 31A WGH	**Admission Date:**	31/03/2010
Consultant:	Mr Jerard Ross	**Discharge Date:**	31/03/2010

Surgical Neurology

Mr T Russell
Tel 0131 537 2110
Mr PFX Statham
Tel 0131 537 2106
Miss L Myles
Tel 0131 537 2178
Mr M Fitzpatrick
Tel 0131 537 2100
Prof IR Whittle
Tel 0131 537 2102
Mr I P Fouyas
Tel 0131 537 2422
Mr J Ross
Tel 0131 537 2178

Inpatient Discharge Summary

DIAGNOSIS: Lumbar radiculopathy (M51.1)
PROCEDURE: None
FOLLOW-UP: To be readmitted for surgery in due course

SUMMARY:
This 30 year old lady was referred to the neurosurgical department on 25th March 2010 and was reviewed in PIU on 31st March 2010. She has been suffering with low back pain and bilateral sciatica since November 2009. The pain is constant and on the right side it goes as far as the little toe and on the left side the pain radiates to the heel. The pain is worse in her back compared to her legs. It is not relieved or exacerbated by changing posture. Charmaine was also complaining of paraesthesia affecting both lower limbs and occasional post micturition dribbling for a few months.

The patient is smoker, had problems with depression in the past and has four children. She takes Cocodamol, Ibuprofen and Mirtazepine.

On examination straight leg raising was limited to approximately 40 degrees bilaterally because of severe back pain but the sciatic nerve stretch test was negative. Power, sensation, tone and reflexes were normal in both lower limbs.

She underwent two MRI scans of her lumbar spine, the first in January and the second in March 2010. The MRI images were virtually identical. At L4/5 level there is a disc bulge that compresses the right L5 nerve root and causes minor compression of the left L5 nerve root. There is a smaller posterior disc bulge at L5/S1 level that touches but does not compress the S1 roots. I explained to the patient she will most likely need to be put on the waiting list for L4/5 discectomy. I have discussed the patient with Mr Ross, Consultant in charge, who has agreed to place this lady's name on the waiting list for L4/5 discectomy.

Yours sincerely,

Mr N Stavrinos
Specialty Doctor in Neurosurgery

Inpatient Discharge Summary

ROYAL INFIRMARY OF EDINBURGH
EMERGENCY DEPARTMENT

600091165X/E1686065 F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

ALLERGIES	AUGMENTIN

DRUG AND PRESCRIPTION RECORD
ONCE ONLY PRESCRIPTION

Date 25/3/10

Date	Time	Drug (Approved Name)	Dose	Route	Prescriber's Signature	Time Given	Given By (Initials)	Checked By (Initials)
25/3/10		CO-CODAMOL 30/500	11	PO				
25/3/10		IBUPROFEN	600mg	PO				

Insulin Sliding Scale Prescription Chart

BM	Insulin u/hr	Dextrose 10% ml/hr	Other Action	BM	Insulin u/hr	Dextrose 10% ml/hr	Other Action
				INSULIN		SIGNATURE	

CHECK: Does this patient have a Drug Kardex?
If YES, discontinue this prescription record

DRUG INFUSION	DRUG NAME	STARTING AMOUNT	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS	TIME / MLS

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

WESTERN GENERAL HOSPITAL

NEUROSCIENCES PAIN ASSESSMENT AND OBSERVATION CHART

Nausea Score
0 = No symptoms
1 = Nausea without vomiting (consider antiemetic)
2 = Vomited since last recording (administer antiemetic)
3 = Persistant vomiting (contact doctor)

Sedation Score
S = Normal sleep (Wake if respiratory rate 8 or less)
0 = Awake and alert
1 = Slightly drowsy, easy to rouse
2 = Frequently drowsy, easy to rouse
3 = Severely drowsy, difficult to rouse

≥ 6 and or unaccaptable to patient

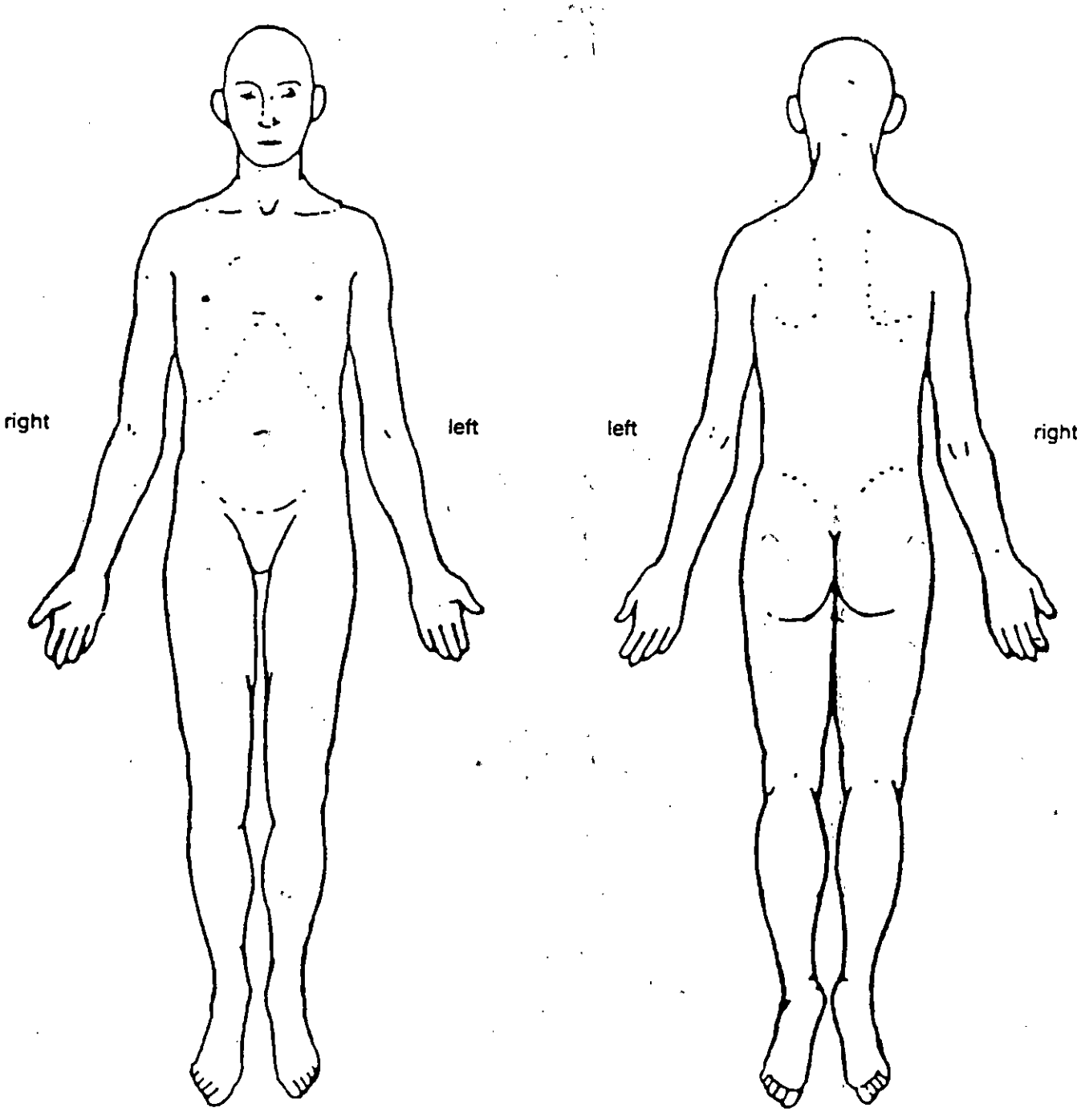
(contact APS bl 5292 / 5112 if any score crosses into a SHADED AREA)

0 = NO PAIN — **10 = WORST PAIN IMAGINABLE**

Date	20/5/10			21/5				22/5		23/5			24/5			25/5			
Time	1600	1750	22	0150	7	10.	1814	1020	1830	1030	1640	2230	07	1850	2210	1030			
Temp												36.1°		37.6					
BP															126				
Pulse														126					
														78	63				
			RA									RA		RA	RA				
SaO2%	98%	98	96	97	96		95	99	99	98	97	98	98	97	98	98			
Respirations	12	12	13	14	15	14	16	16	14	14	16	14	14	16	16	16			
Pain score at rest	8		7		8	5			7		8		0	6	7				
Pain score movement			7			10			7		8			8					
Pain score post pain relief						3													
Location of pain						RLeg								Head	Head				
Sedation Score							0	0	0	0	0		0	0	0				
Nausea Score							0	0	0	0	0		0	0	0				
Limb Movement																			
A Normal Power																			
R Mild Weakness																			
M Severe Weakness																			
S Extension																			
No response																			
L Normal Power												L	L		L	L			
E Mild Weakness						LR						R	L		R	R			
G Severe Weakness																			
S Extension																			

PAIN SITES

Please draw on the body outlines below to show where you feel pain.
Label each site of pain with a letter A. B. C. etc.



Name
Unit No:
Ward:

ID LABEL

WESTERN GENERAL HOSPITAL

NEUROSCIENCES PAIN ASSESSMENT AND OBSERVATION CHART

DOB
Charmaine 31/12/195
McDonald.

Nausea Score
0 = No symptoms
1 = Nausea without vomiting (consider antiemetic)
2 = Vomited since last recording (administer antiemetic)
3 = Persistant vomiting (contact doctor)

Sedation Score
S = Normal sleep (Wake if respiratory rate 8 or less)
0 = Awake and alert
1 = Slightly drowsy, easy to rouse
2 = Frequently drowsy, easy to rouse
3 = Severely drowsy, difficult to rouse

≥ 6 and or unacceptable to patient (contact APS bl 5292 / 5112 if any score crosses into a SHADED AREA)

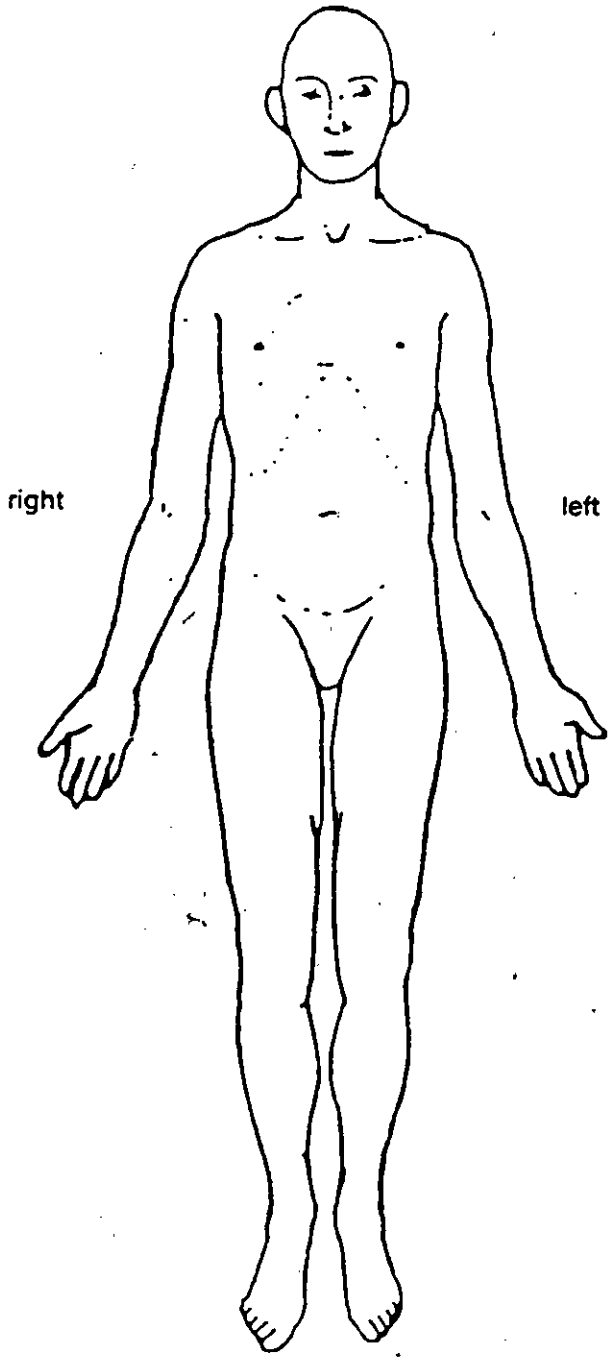
0 = NO PAIN ——— 10 = WORST PAIN IMAGINABLE

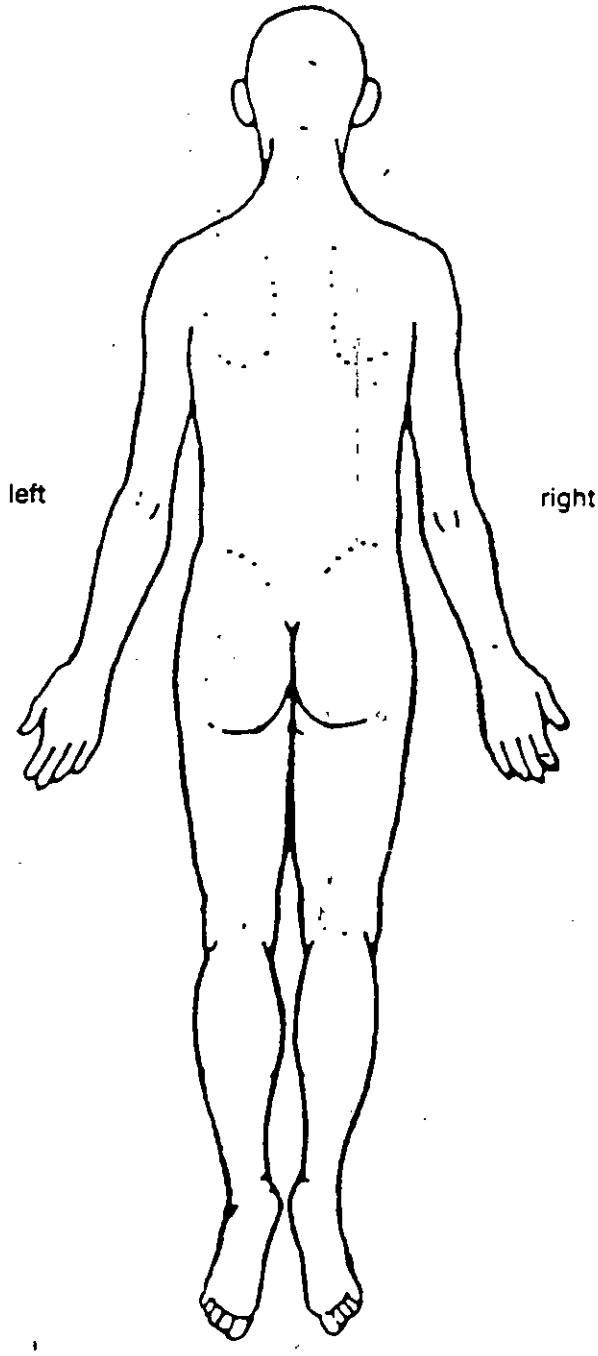
Date	4.05/1	19/5	20/5															
Time	R60	1940	2250	0630		1040	1050	1100	1110	1120	1130	1140	1150	1200	1230	1300	1330	1400	1500	
Temp 40																				40
39																				39
38																				38
37	37	•		36.7											37		•	•	•	37
36			1	•																36
35																				35
BP 210																				210
200																				200
190																				190
180																				180
170																				170
160																				160
150																				150
140																				140
130																				130
120		^					^	^	^	^							112			120
110	~		^	103		^					^				106		^			110
Pulse 100																		91	87	100
90												^	^	^		^		^	^	90
80	✓	✓	✓					^									•	•	•	80
70				63		✓	✓	✓	✓	✓	✓				✓	✓				70
60						✓	✓					✓			66		✓		✓	60
50													✓	✓			61	✓	S9	50
40																		50		40
SaO2%	95	96	96	97		98	98	95	97	98	99	99	99	98	100	100	100	98	100	
Respirations		14	14	14											8	8	8	12	12	
Pain score at rest		7	2	6											6	6			9	
Pain score movement															↑	↑				
Pain score post pain relief																				
Location of pain		Lower back pain																		
Sedation Score		0	0	0																
Nausea Score		0	0	0																
Limb Movement																				
A Normal Power			↑	↑																
R Mild Weakness								0	0	↑	↑	↑	↑	0	~	~	↑	↑	R L	
M Severe Weakness																				
S Extension						ETT	ETT													
No response																				
L Normal Power			↑	↑																
E Mild Weakness								~	0	0	0	↑	0	0	~	~	↑	↑	↑	
G Severe Weakness																				
S Extension																				

Morphine

PAIN SITES

Please draw on the body outlines below to show where you feel pain.
Label each site of pain with a letter A. B. C. etc.





LHB 798

INTRAVENOUS FLUID (ADDITIVE MEDICINE)

PRESCRIPTION SHEET

How Added Code

IC – In Fluid Container
B – Via Burette
M – Minibag/Minibottle

Ward

Fluid (Use Block Letters)	Vol (ml)

Date	Additive Medicine	Dose (mg)	How Added	Start Time	Finish Time	Prescribed by (Signature)	Batch No.	Given	Given by / Added by
20/05/10	HARTMANNS	500	B stat	1130.		[signature]	10C0 17 3A		SL
20/05/10	(N) Saline	500	B 1°	1210.		[signature]	10C1052		SL
20/5/10	0.9% NaCl	500	1°	1510.		[signature]	10C17T5N EXP 02/2013.	(500)	
20/5/10	HARTMANN'S	500	4°			[signature]	10C0 17 3A EXP 02/13	(500)	

ime 600091165X F 31/12/1979
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Init No.

LHB 798

INTRAVENOUS FLUID (ADDITIVE MEDICINE)

PRESCRIPTION SHEET

How Added Code

IC – In Fluid Container
B – Via Burette
M – Minibag/Minibottle

Name   Unit No.

Consultant   Ward

	Fluid (Use Block Letters)	Vol (ml)							Given by
Date	**Additive Medicine**	Dose (mg)	How Added	Start Time	Finish Time	Prescribed by (Signature)	Serial No. Batch No.	Volume Given	**Added by**

.....HOSPITAL

24 HOUR FLUID BALANCE CHART

DATE 2015 /10

Surname

First Name Charmane

Unit No. Mcdonald

Ward

Previous 24 Hour Intake:– Output:– Balance:–

Oral Intake			Intravenous Intake				Output							
Time	Nature	Vol	Time	Nature	Line 1 Vol	Line 2 Vol	Time	Urine	Gastric	1 Drain	2 Drain	Use as required		
	Fasting		TH	NaCl 0.9%	1000									
				Hartmans	500									
Recovery Water		200			1500									
							1900	600						
1230	Water	200												
	Coffee	200/600												
1300	Icecream (BT)		1510	Naeloy (500)	500/2000									
	Water (600)													
			1700	Hartmans (500)			1630	600						
							1910	420						
Total			Total											

Total intake

Total output

Balance

LHB341

WGH HOSPITAL

24 HOUR FLUID BALANCE CHART

DATE 21/5/10

Surname McDonald
First Name Charmaine
Unit No.
Ward 33

Previous 24 Hour Intake:– Output:– Balance:–

Oral Intake			Intravenous Intake				Output					Use as required		
Time	Nature	Vol	Time	Nature	Line 1 Vol	Line 2 Vol	Time	Urine	Gastric	1 Drain	2 Drain			
	Tea	200												
	Juice	600												
		800												
0800	milk	200/1000												
	tea	200/1200												
Total			Total											

Total intake
Total output
Balance

LHB341

NHS LOTHIAN ANA

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Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

Proposed operation: Hysterectomy L4/52

Name:
Hospital N
Date of Bi
CHI Numb
Gender: Age:

Date: Side:

NCEPOD: Ele ☐ Sch ☐ Urg ☐ Eme ☐

PRE-OP ASSESSMENT

Assessor: Nurse SBN CONS ☑ SAS ☐ SPR ☐ SHO ☐ Other ☐

Date: 19/5/10 Location: 53 Consent form signed and checked ☐

History/Examination (& see care pathway)

Hysterectomy Swinton 2009. (W) 2L.
CVS Resp.

HR 79.
BP 108/72
Weight (kg) 89
Height (m) 1.58.

Medications (including herbal)

TRAMADOL
SYNTHOL
AMOXICILLIN
CO-CODAMOL
NORVASC EN

Allergies

AMOXICILLIN → Rash++.

ASA Grade

1 2 3 4 5 6 E

Airway Assessment

Ream neck

Teeth ✓ Crown.

Previous Anaesthesia

Hysterectomy problems.

Uneventful Family History Y ☐ N ☐ N/A ☐

Alcohol
Smoking ✓
Drugs
Reflux/GORD Dyspepsia.
Fasted

Investigations

FBC ✓
U&E's/eGFR ✓
G+S/EI/X-match 1S ✓
ECG
CXR

Information Given to Patient

	Y	N
Post-operative analgesia discussed	☐	☐
Consent for PR drug administration	☐	☐
Intended anaesthetic technique discussed	☐	☐
Patient information leaflet	☐	☐
Regional/local anaesthetic technique discussed	☐	☐

PONV Risk score

Female	☐
Non-smoker	☐
Use of opioids	☐
History of motion sickness or PONV	☐

(Score 1 per +ve response, ≥2 consider prophylactic antiemesis)

Pre-op Instructions

	Y	N	N/A
Pre-medication prescribed on drug chart	☐	☐	☐
Give charted medication	☐	☐	☐
Omit anticoagulant	☐	☐	☐
Keep dentures in	☐	☐	☐

Fasting: Solids _____ hrs Clear fluids _____ hrs

Other:

Post-operative Remarks *(Critical incidents, warnings, hazards, significant events)*

Uneventful Anaesthetic Y ☐ N ☐

Name:

Hospital Number: Affix Label

Date of Birth:

ANAESTHETIST(S): ROBSON (CONS) NICHOLSON (ST4) GRADE:

SUPERVISING CONSULTANT:

INFORMED Yes ☐ No ☐

CONDUCT OF ANAESTHETIC

Induction

Pre O_2 ☑ RSI ☐ Cricoid ☐

Propofol 30+100mg

Fentanyl 50+150microg

Rocuronium 40+60mg

Maintenance

Sevo/O_2/AIR (Anaes)

Des/O_2/AIR (Th)

Reversal

2.5mg Neostigmine

500microg Glycopyrrolate

AIRWAY

Face Mask ☑

Oral Airway ☐

Nasal Airway ☐

LMA ☐

Type

Size

ETT ☑

Cuff ☑

Type reinforced

Size 7

Laryngoscopy grade 1 2 3 4

BREATHING SYSTEM

Circuit CIRCLE

Ventilator Datex

Gas flow <1L/min

Filter /Humidifier ☑

S.V. ☐

I.P.P.V. ☑

Throat Pack In ☐ Out ☐

Easy to hand ventilate? Y ☑ N ☐ N/A ☐

VASCULAR ACCESS

Cannula(e) Site

16G (L) Hand

A–line ☐

CVP ☐

Ultrasound guidance Y ☐ N ☐

EVENTS

A Ind

B Prone

C Theatre

D KTS

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

TIME	0830	0900					1000		1100
S_pO_2	98	99	98	98	97	98	98	98	
F_ECO_2		5.2	5.4	5.2	4.3	4.3	4.3	4.3	
F_iO_2	0.21	0.8	0.55	0.5	0.5	0.6	0.65	0.7	
F_EA_n		2.0	1.8	1.9	7.0	7.4	6.9	6.8	
P_{aw}		19/0	18/0	23/0	24/0	23/0	23/0	23/0	
CVP									
Urine Output									
Blood loss									
Temperature									

200 150 100 50 0

SBP - v MAP - X DBP - ^ Pulse - •

Events		A	B	C	D				
Fluids			(1)	(2)			(3)		
CEFUROXIME			1.5g						
MORPHINE	(mg)			3	2			3	2
GRANISETRON	(mg)			1mg					
CYCLIZINE	(mg)			50					

OPERATION PERFORMED: L4/5 Discectomy

LOCATION: Th17 DCN

SURGEON: Ross.

DATE:

START TIME:

END TIME:

TRAINED ASSISTANT PRESENT ☐

MONITORING

Machine checks

- Anaesthetic room ☑
- Theatre ☑

Monitor used Datex

ECG	☑	P_{aw}	☑
S_pO_2	☑	Disconnect	☑
NIBP	☑	NMB	☐
F_IO_2	☑	Steth	☐
F_ECO_2	☑	Temp	☐
Agent	☑	Urine	☐
Anaesthetic depth			☐

POSITION

Patient / limb position Prone (Wilson Frame)

- Eye care ☑
- Pressure care ☑
- Fluid warmer ☐
- Warming blanket ☐

PROPHYLAXIS

	Y	N	N/A
DVT TEDS Flowtron	☑	☐	☐
Antibiotics	☑	☐	☐
PONV	☑	☐	☐

REGIONAL

- Consent ☐
- Awake ☐
- Asleep ☐
- Stimulator ☐
- Catheter ☐
- Ultrasound guidance ☐
- Type of block
- Entry site
- Needle used
- Drugs given
- Technique

Local infiltration by surgeons

FLUIDS

1 (N) Saline 500
2 CSL 500
3 (N) Saline 500
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18

TOTAL FLUIDS

TOTAL BLOOD LOSS

TOTAL URINE

RECOVERY ROOM* (→ WARD on day of surgery)

TIME IN: 1040 TIME OUT:

Discharge criteria met? Y ☐ N ☐

Name:

Hospital Number: Affix Label

Date of Birth:

EVENTS

A Recovery
B Extubation
C
D
E
F
G
H

TIME	1040	1050	1100	10	20	30	40	50	2
Airway	ETT	ETT	SV	SV	SV	SV	SV	SV	SV
Oxygen Therapy	15	15	6	6	6	6	6	6	6
S_pO_2	98	98	95	97	98	98	97	98	98
Respiration	RBRB		8	8	10	8	9	6	6
PAIN Severe 6-10				8	8	8	6		
PAIN Moderate 4-5								4	
PAIN Mild 1-3									
PAIN None 0			0	0					
Nausea Score			0	0	0	0	0	0	
Sedation Score	ETT	ETT	2	1	1	1	1	1	
Urine Volume			/	/	/	/	/	/	
Wound Check			Dry	→	→	→	→	Dry	
Drains	NIL	→	→	→	→	→	→	→	
Temperature	35.9								

200 / 150 / 100 / 50 / 0

SBP - v
MAP - X
DBP - ^
Pulse - •

See obs chart.

Events	A.	B.
Fluids		
Drugs		

PAIN SCORE
- 0 NONE — Continue to assess pain with every set of observations
- 1-3 MILD — Continue to assess pain with every set of observations
- 4-5 MODERATE — Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review
- 6-10 SEVERE — Assess. Using guidelines, prescribe/give analgesia as appropriate for the patient. Review

NAUSEA SCORE
- 0 No Nausea
- 1 Nausea (consider anti-emetic)
- 2 Nausea/vomiting (administer anti-emetic)
- 3 Persistent nausea and/or vomiting (contact Doctor)

SEDATION SCORE
- 0 None, patient alert
- 1 Mild, occ drowsy, easy to rouse
- 2 Mod, frequently drowsy, easy to rouse
- 3 Severe, somnolent, difficult to rouse
- S Normal sleep, stirs to light touch
- U Unconscious

RECOVERY COMMENTS

Uneventful extubation in recovery.
moving all limbs well.

Wound dry

Pain in leg. morphine given with effect.

Tolerating oral fluids.

BPV - Spoke with Dr Robson. Instructed to give bag of Hartmans stat.

ANAESTHETIC INSTRUCTIONS

Oxygen Keep O_2 >95%
Monitoring routine
Fluids until eating & drinking — As charted ☑
Analgesia — As charted ☑
Antiemesis — As charted ☑

Special Instructions

Destination: Day case ☐ Ward ☑ HDU ☐ ITU ☐

Name (print) Ramsay Signature RAMSAY

Name (print) [illegible] Signature NICHOLSON

Contact No. 8155

RV'd in recovery: BP 89/44 (Pre-Op 108/70) warm & well perfused. HR 60. Drowsy but rousable → RR ≥8 Has had morphine 14mg

Plan → ward, pls monitor RR/SpO_2, 1 hr BP is (N) & hr, can eat & drink.

DEPARTMENT OF CLINICAL NEUROSCIENCES

Neurosurgical Pre Admission Clinic – Discussion Topics

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

DOB

CONS ..JK.....

PAC Date ..14.05.10 @ 11.00...

Admission Date / Time ..20.05.10 19.....

Theatre Date ..20.05.10.....

Topic	Sub Topic	Discussed (tick)	Comments
Admission Day	Ward Layout	✓	Orientate upon Admission
	Ward Routine	✓	
	Visiting Hours	✓	
	Telephone (Ward / mobile / relative enquiries	✓	
	TEDS	0-	
Pre –op Care	Fasting / Pre med / safety	✓	
	Time of Fasting	✓	
	Instruction for Normal Medication	✓	
	Time of admission to DOSA	✓	
	Preparation for theatre	✓	
	Journey to/ from theatre	✓	
Post – Op Care	Pain Relief	✓	
	Hydration / Nutrition	✓	
	Post – op observations	✓	
	Position Change	✓	
	Passing Urine / BO	✓	
	Mobility	✓	
	Wound	✓	
Discharge	Provisional Date	✓	
	Transport Arrangements	✓	
	Wound – suture / staple removal	✓	
	Discharge Drugs	✓	
	Home Circumstances	✓	
MRSA Status			

Other Info

Ensure the following are addressed (circle appropriate answer)

- Patient given Anaesthetic Booklet: YES / NO
- Patient given going to Hospital Booklet: YES / NO
- Discuss one stop dispensing policy: YES / NO

Pre Admission Nurse (Signature + Designation) ..S/N MARIA CAITLIN.....

35
48

8 9 Staples
1-58 cm

DEPARTMENT OF CLINICAL NEUROSCIENCES

Neurosurgical Pre Admission Clinic – Check List

600091165X F 31/12/1979
McDonald, Charmaine M
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EH17 8JP
CHI 3112791401
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DOB

CONS ..... TR

PAC Date ..... 14.05.10 @ 11.00

Admission Date / Time ..... ~~20~~ 19.05.10

Theatre Date 20.05.10

Investigations	Completed	Recorded	Comments
Bloods FBC U/E CLOTT	✓ 19.05.10		
ECG N/A			
MRSA SWAB	✓ 14.05.10		

Please Complete the following on Patients admission to Ward

1. **Orintation to Ward**
2. **Baseline Observations**
3. **Care Plan/Integrated Care Pathway**
4. **Discharge Pathway**
5. **Valuables/Drugs/Waterlow score to be completed on Proforma**
6. **Give TED Stockings to Patient** ..... D- .....
7. **Name bands** PROF. MORRIS
8. FOL ANAESTHETIC R/V BY ~~DR~~ CONSULTANT ✓
9. TO BE CONSENTED ✓
10. PLEASE OBTAIN MRSA RESULT, BLOOD RESULT + G/M RESULT ✓

Please Sign S/N MARIAM CAIRNS DATE: 19.05.10

PATIENT DISCHARGE INFORMATION SUMMARY

Western General Hospital, Crewe Road South, Edinburgh, EH4 2XU Tel No: SEE BELOW

GP/Address: Dr Taylor 65 Liberton Gardens Edinburgh **Tel No:**	**Affix Patient Addressograph or complete** **Patient's Name:** Charmaine McDonald. **DOB:** **CHI Number:** 69 Gilmerton Dykes Cres Edinburgh **Tel No:** (311 7791401 CHI)

Admitting Ward: 33 **Date Admitted:** 19/5/10	**Discharge Ward:** 33 **Date Discharged:** 24/5/10 **Ward Tel No: 0131** 537 2147	**Consultant:** Russell.

Principal Diagnosis/Operation Pain / Paresthesia

Treatment/Comments incl Details of Special Instructions/Additional Information: (Community Services; leaflets, fact sheets etc)

(R) L4/5 microdiscectomy + L5 Root Decompression.

Future Investigations:

Absorbable Sutures

Follow Up: OPD Clinic: (Yes) / No — **Type of Clinic:** Mr Russell

Location: WGH OPD DCN — **Tel No:**

Date: **Time:** — **Transport Booked:** Yes / No — 3-6/12

Has appt been made at surgery? Yes / No — **If 'No' patient to make appt within** .....days

Warfarin ***Not Applicable*** ☐ ***Started*** ☐ ***Continued*** ☐ ***Stopped*** ☐

Indication..... ***Target INR***.....

Duration.....

Start Date..... ***Patient has A/C booklet*** Yes / No

Recent INRs	**Date**			
	Dose			
	INR			

Discharge Medication	**Form**	**Dose**	**Admin Times**				**Quantity Supplied**	**Additional Information** Reason if non-formulary drug
1 CARBOCISTEINE	CAP	750mg	✓		✓	✓		PLEASE CRUSH
2 PARACETAMOL	CAP	1G	✓	✓	✓	✓		
3 MORPHINE	TAB	10mg	✓		✓			
4 CODEINE PHOSPHATE	TAB	30mg				→	3	change dose
5 DIAZEPAM	TAB	2mg	✓		✓	✓		
6 IBUPROFEN	CAP	400mg	✓	✓	✓	✓		
7 OMEPRAZOLE	CAP	20mg	✓					
8 MORPHINE	ORAL	10mg/5ml	7.5ml			(7.5ml)	~~120~~ 80ml	NOW 10ml/5ml * from pharm
9								
10								
Previous adverse drug reactions	CO-AMOXICLAV							

Prescribed by: ..... Date 21/5/10 Print Name .....

Dispensed by: ..... Date 25/5/10 Print Name .....

Pharmacist Check ..... Date 24/5/10 Print Name A Thomson

Final Check ..... Date ..... Print Name .....

Information contained in this form has been discussed with the patient.

Staff Signature ..... Patient Signature .....

Print Name ANN FERGUSON Date 25/5/10 Time 11.20

Designation: STAFF NURSE

White Copy: Patient Blue Copy: GP/Community Services Pink Copy: Casenotes Yellow Copy: Pharmacy

Ref: LU014

WESTERN GENERAL HOSPITALS NHS TRUST

NEU[illegible]: PATIENT CARE PLAN

70576 J Taylor
600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Patient Details: Name _____ DOB _____

Unit Number _____ Ward 33 Weight 89.5kg.

Pre-Operative Assessment: Pre-Operative Visit Performed: Yes ☐ No ☐

Signature _____ Date _____

Identified Problems	Planned Nursing Care

Pre-Operative Checklist: To be completed by Nurse preparing patient for theatre:

Patient Details Correct: Yes ☑ No ☐ Comments: _____

Consent: Signed ☑ Verbal ☐ Comments: _____

Fasted Since: 12MN ☑ _____ HRS Comments: Sip of water with meds AM

Allergies: None Known ☐ Comments: co-amoxiclav (Rash & Nausea)

Teeth/Dentures: Own ☐ Removed ☐ Comments: Crown x2 at front.

Prosthesis: Yes ☐ No ☑ Comments: _____

Jewellery: Taped ☐ Removed ☑ Comments: _____

Pre-Medication: Yes ☐ No ☑ Comments: _____

Single Patient Record: Yes ☑ No ☐ Comments: _____

Operation Site Marked: Yes ☐ No ☑ Comments: _____

Anti Embolic Stockings: Yes ☑ No ☐ Comments: _____

~~Two~~ X3 **Identibands:** Yes ☑ No ☐ Comments: _____

Signature R. Runaman S/N Date 20.5.10.

Nursing Handover: All above details checked and correct: Yes ☐ No ☐

Comments: _____

Ward Nurse: _____

Theatre Nurse: Ramsay

1995

WGH 107

Anaesthetic Room Care:

Anaesthetic:

Face Mask ☑ Airway ☑ Laryngeal Mask ☐ ETT ☑

General ☑ Epidural ☐ Spinal ☐ Nerve Block ☐ Sedation ☐ Local ☐

Comments: 99% 65bpm 103/51 36.8°C.

Lines Inserted:

IVI ☑ 16g LOH.

Arterial ☐ _____

Central ☐ _____

Procedures:

Urinary Catheter: _____ Emptied: _____

NG/OG Tube: _____

Shave: Yes ☐ No ☐ Site: _____

Other: _____

Safe Environment:

Patient Position:

Supine ☑ intubation Prone ☑ surgery Right Lateral ☐ Left Lateral ☐ Park Bench ☐

Other ☐ _____

Table accessories/Pressure care Wilson frame, horseshoe, ankle roll, gel mattress

Eye Care: Taped ☑ padded + steroid.

Diathermy Plate Position:

Right Buttock ☐ Left Buttock ☐ Right Thigh ☑ Left Thigh ☐ Trunk ☐ None ☐

Anaesthetist (s): Dr Robson Dr Nicholson

Signature: Skamsay JAllcl **Nurse/ODA**

Identified Problems	Planned Nursing Care
↑risk DVT	Flowtrons
↑risk hypothermia	Bairhugger

Peri Operative Care:

Surgeon(s): Ross / Stirling

Operative Procedure: Right L4/5 Microdiscectomy
& L5 root decompression

Date: 20/5/10

Signature: _____ **Surgeon**

Prep Solution: Betadine Antiseptic ☑ Other ☑ betadine scrub solution

Infiltration: Xylocaine ~~0.5%~~ 1% with Adrenaline 1:200,000 ☑ None ☐

Other ☐ 0.5% marcain 50:50 mix 20 mls infiltrated at start

Diathermy: Monopolar ☑ Bipolar ☑ None ☐

Implant: nil

Blood Loss: minimal

Drains: Vacuum Drain ☐ External Ventricular Drainage ☐ None ☑ Other ☐

Comments: _____

Wound Closure: Absorbable ☑ Non-Absorbable ☐ Clips ☐ Steri-strip ☐ None ☐

Dressing: Mepore ☑ Telfa ☐ Tegaderm ☐ Head Bandage ☐ None ☐

Other ☐ _____

Comments: 10 mls 0.5% bupivacaine to wound on closing

Signature: Sarahwood S/N **Scrub Nurse**

Recovery Room Care

MIDAS REX STYLUS
DRILL SET - NO2 (LOAN)
ID:032232 2010/05/06 LK127
Edinburgh Royal Infirmary

SPINAL DCN
ID:007452 2010/05/18 DCN014
Edinburgh Royal Infirmary

Pack Name RMT3070-REVB-Lothian Mino

Cat No RMT3070-REVB

Lot No W025572

Date 4/12/2010

Rocialle, Wales
Tel: +44 (0) 1443 471300
Fax: +44 (0) 1443 471301
www.rocialle.com

Pain Score:
0 Asleep/Comfortable
1 Mild Pain
2 Moderate Pain
3 Severe Pain

Peri-Op Analgesia/Antiemetic _____

Summary/Evaluation _____

Signature: _____ **Recovery Nurse**

SSION PROFORMA

600091165X F 31/12/1979

SURNAM McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
FORENA Edinburgh,
Midlothian,
EH17 8JP
PREFER CHI 3112791401
70376 J Taylor

TITLE Miss

ADDRESS:
S.A.

POSTCODE:
TELEPHONE HOME 07833538856

WORK

DATE OF BIRTH 31.12.79

AGE 30 4.0 SEX F.

OCCUPATION STUDENT

Marital Status: (S) M W D
RELIGION NON PRACTISING
ETHNIC ORIGIN FIRST LANGUAGE

ALLERGIES* (including food allergies/intolerances) & SPECIAL RISKS:

* AUGMENTIN * RASH VOMIT

*Please tick if pt has 'no known' allergies / sensitivities ☐

NEXT OF KIN (1) / First Contact:

NAME MR GARY [redacted] GATTI

ADDRESS

RELATIONSHIP BOYFRIEND

TELEPHONE HOME 07950480477

WORK

CONSULTANT JR

SPECIALITY:
(SURG.NEURO) MED NEURO
[Pre-Op. Assessment ICP initiated: (Y) N]

UNIT NO. WG0
CHI 3112791401

WARD: 33

GP: DR. Taylor.

ADDRESS 65 Liberton Gdns.
Edinburgh.

POSTCODE:
TELEPHONE:

FAX:

Named nurse Associate nurse

(INPATIENT) / OUT PATIENT attendance
ELECTIVE / (EMERGENCY)

(NHS) / Non NHS

REFERRING AGENCY Or

- Has patient got any pending out-patient appointments in DCN: Y* / N,
  *If Yes, when/who with:
- Is this appointment still required: Y / N**,
  **If No, has it been cancelled / DCN records staff informed ☐

NEXT OF KIN (2) / Second Contact:

NAME

ADDRESS

RELATIONSHIP

TELEPHONE HOME

WORK

Who should be called first :

DATE OF ADMISSION (1)	DATE OF ADMISSION (2)	DISCHARGE DATE & DESTINATION
TH-20-05-10 19-05-10		

TAC - 19-05-10

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DCN, NHS Lothian

CHI 3112791401 dob
70376 J Taylor
DATE AND TIME SEEN 19/5/10 1210
HANDEDNESS R (L)
Previous DCN notes Y☐, N☐

PRESENTING COMPLAINT

Lower back + leg pain.

HISTORY

30 ♀ care-worker student

low back + bilateral leg pain since November 2009. Sudden onset.

(R) → toe + sole of foot.
(L) → heel + sole of foot. Both side equally sore.

Pins + needles in anterior thighs
Also occasional perineal numbness + post micturition dribbling

MRI x 2 Jan/March 2010 L4/5 disc bulge + compressing (R) L5 nerve root

Elective admission for L4/5 discectomy.

Admission Proforma/Integrated Care Pathway for Patients undergoing:
Elective lumbar discectomy including foraminotomy/fenestration (nerve root decompression)
Department of Clinical Neurosciences, University Hospitals Division, NHS Lothian

Criteria:	Patients within the neuro-surgical wards
Definition:	Undergoing Elective lumbar discectomy including foraminotomy/fenestration (nerve root decompression)

Patient Details:

Arrival: PAC Date: 19/01/10	600091165X F 31/12/1979
Pathway Commenced: time: 11.00 sign: JMcW	Name: McDonald, Charmaine M DoB: 69 Gilmerton Dykes Crescent, Edinburgh, Midlothian, EH17 8JP Unit numb CHI: CHI 3112791401 70376 J Taylor

THIS IS AN INTEGRATED CARE PATHWAY (ICP).

- It incorporates the present guidelines & practice that most commonly occurs for patients presenting for this treatment.
- It is an ***Interdisciplinary*** tool – therefore any member of the multidisciplinary team can use it to monitor progress / record variances.
- It is intended for use throughout each 24-hour period.
- If a patient does not receive any of the care / investigations listed this needs to be recorded as a variance. Variances are to be expected, not all patients follow the same pathway.
- The idea behind the pathway is consistency of care, enhanced continuity and accurate recording of care / investigations. It will also allow care to be better evaluated.

PLEASE NOTE:
A Care Pathway is intended to act as a guide to treatment and an aid to documenting a patient's progress. Clinicians are free to exercise their own professional judgements as appropriate. **However, any alteration to the practice identified within this ICP should be noted as a Variance.**

GUIDELINES FOR ICP USE:

Once staff have completed an entry on the signature sheet (located on page 2) only a set of initials is required to be used throughout this document. This will be taken as confirmation that that aspect of care has been completed.

For more detail about treatment: please refer to the relevant guidelines and protocols.

ABBREVIATIONS USED IN THIS DOCUMENT			
ABG'S	Arterial Blood Gases	IV	Intravenous
BD	Twice daily	IVI	Intravenous Infusion
BO	Bowels Opened	LBM	Last Bowel Movement
BP	Blood Pressure	N/A	Not Applicable / Not Required
CXR	Chest Xray	NPU	Not Passed Urine
D/C	Discharge	OPA	Out Patient Appointment
ECG	Electrocardiograph	OT	Occupational Therapy
FBC	Full Blood Count	TPR	Temperature, Pulse, Respirations
G & S	Group & Save	V. No	Variance Number
GP	General Practitioner		
ICP	Integrated Care Pathway		

For further information about this ICP please contact: Hester Niven, Charge Nurse, ward 33, extension 32141

600091165X F 31/12/1979 S Lothian
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69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

KEY to INITIALS of ALL STAFF COMPLETING THIS ICP	CHI 703?6 J Taylor

Print name	Designation	Initials	Signature	Date
1. MARIAN CAMUS	S/N	MEC		14-05-10
2. JULIE FERRIER	S/N	JF		21/5/10
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

Please Note:
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70376 - J Taylor

PAST MEDICAL HISTORY

	Y	N	
HYPERTENSION	☐	☒	
MYOCARDIAL INFARCTION	☐	☐	
RHEUMATIC FEVER	☐	☐	
TB	☐	☒	
ASTHMA	☐	☐	
JAUNDICE	☐	☐	
DIABETES	☐	☐	
EPILEPSY	☐	☐	
PREVIOUS General Anaesthetic	☑	☐	→ sterilisation. No GA problem

PREVIOUS CONTACT WITH DCN:
CONS:
YEAR:

Smokes 15 cpd → requests patch
No alcohol.

CURRENT MEDICATIONS or **N/A** ☐

Name	Form	Dose	Frequency	Comments
IBUPROFEN	ORAL	400mg	TDS	
CO-CODAMOL 30/500	ORAL	2 tabs	QDS	
GABAPENTIN	ORAL	600mg	TDS	
TRAMADOL	ORAL	50mg	QDS	
MOVICOL	ORAL	1 sachet	OD	

ALLERGIES OR N/A ☐

CO-AMOXICLAV - rash + vomiting.

Medication history obtained from:

Patient ☑ Patient's family ☐ Repeat prescription list ☐
Patient's own medicines ☐
GP Surgery ☐ GP Letter ☐ Hospital transfer letter ☐
NHS Medicine administration chart ☐ Other ☐ Details:

Does patient have a compliance aid e.g. dosette box? Y ☐ * N ☐ *Details:

Systemic enquiry

Generally well
CVS/RS - occ cough / SOB / CP
GIS - BO every 7 days
GUS - some numbness + vaginal

Family History

Nil of note

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NURSING ENQUIRY

dob

HOME CIRCUMSTANCES (IF YES, DESCRIBE)

DEPENDANTS / WHO'S AT HOME

84.0 SON
54.0 GIRL

GROUND FLOOR ACCOMMODATION	STAIRS IN HOUSE	STEPS INTO HOUSE
Y / (N)	(Y) / N	(Y) / N X1

HOME ADAPTATIONS
Y / (N)

COMMUNITY SERVICES (PLEASE TICK ALL THAT APPLY) or N/A ☐

DISTRICT NURSE ✓	HEALTH VISTOR ✓	HOME HELP ✓	OCCUPATIONAL THERAPIST ✓
SPEECH THERAPIST ✓	PHYSIOTHERAPIST ✓	SOCIAL WORKER ✓	DAY HOSPITAL ✓

Details

CIGARETTES	ALCOHOL (UNITS/WEEK)
STARTED..... 12 YRS OLD STOPPED..... NUMBER/DAY 15-20 / DAY	NON DRINKER

WEIGHT (kg)	BMI	RECENT CHANGE IN WEIGHT?	HEIGHT (m)
89.5 KGS	36 MUST = 0 OBESE	Y* / N ↑ WEIGHT Details:	1.58CM

DIET / APPETITE

PROBLEMS Y* / (N)
Details:

SPECIAL NEEDS Y* / (N)
Details:

➢ Patient needs referred to DIETITIAN No / Yes if 'Yes' date referred:

MOBILITY

INDEPENDENT	USE OF WHEELCHAIR	RISK ASSESSMENT FOR FALLS & WANDERING
(Y) / N (FOR SHORT DISTANCES)	Y / (N)	COMPLETED* ☐
REQUIRES ASSISTANCE Y / (N)	TRANSFERS WITH HELP OF 1/2	USE OF WALKING AIDS (Y) / N
		*Falls risk: Low ☐ Med ☐ High ☐
		*Wandering risk: Low ☐ Med ☐ High ☐

Details
X1

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HYGIENE

REQUIRES ASSISTANCE	BATH AIDS
Y / (N)	Y / (N)
SKIN CONDITION: NO PROBLEMS	WATERLOW SCORE:

DRESSING

REQUIRES ASSISTANCE: Y / (N)

BOWEL PATTERN	SLEEP PATTERN	BLADDER / SOU
ON LAXATIVE DAILY OR Q OTHER DAY	VARIABLE	BLADDER: NO PROBLEMS SOU: NAD

BREATHING Difficulties Y (N) If yes, please describe

PAIN ASSESSMENT SEVERITY (e.g 0 — 10)

HEADACHE	Y	(N)	0 — 10
NECK PAIN	Y	(N)	0 — 10
R LEG PAIN	(Y)	N	0 — 8 — 10
L LEG PAIN	(Y)	N	0 — 8 — 10
BACK PAIN	(Y)	N	0 — 9 — 10

VISION	HEARING	PROSTHESIS or N/A ☐
GLASSES	NO PROBLEMS	CROWN X 2 TOP

PSYCHOLOGICAL ASSESSMENT/UNDERSTANDING OF REASON FOR ADMISSION:

AWARE OF REASON

RELATIVES KNOWLEDGE OF ILLNESS

RELATIVES AWARE

CRITERIA FOR USE OF PATIENTS OWN DRUGS

Drugs received	Y	N	All the tablets the same	Y	N
Name, strength & expiry date identifiable	Y	N	Patient's agreement	Y	N
Original container in good condition & correctly stored	Y	N	Supply at home	Y	N

IF 'NO' CIRCLED FOR ANY SINGLE CRITERION, DO NOT USE PATIENT'S OWN DRUGS
Refer to policies & procedures for medicines manual for further information

OBSERVATIONS

TEMP.	PULSE	RESPIRATION	BP
36.5°C	74 bpm	SATS - 95%	108/72

VALUABLES RECEIVED Y* N *Details: POCKET EXAMINED + HANDED TO [illegible]

DATE RECEIVED

J Lewis — SHO MEDICINE CARDIFF — 19-05-10

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NAME CHI 3112791401 dob
70376 J Taylor

GENERAL OBSERVATIONS Temp

Analgesia

CARDIOVASCULAR HR

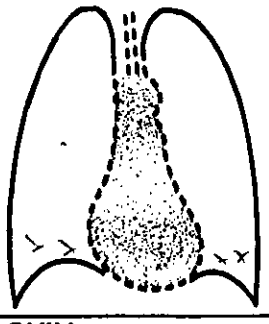
HS 1+11+0

mild ankle oedema

BP /

RESPIRATORY

harsh bronchial sounds at bases.

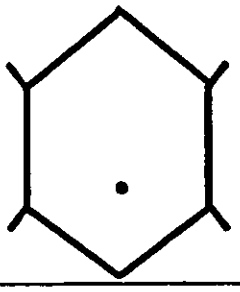


ABDOMINAL

SNT.

BS✓

No masses



MUSCULOSKELETAL / SKIN

GLASGOW COMA SCALE

EYE OPENING	
4 SPONTANEOUS	✓
3 TO SPEECH	
2 TO PAIN	
1 NONE	
BEST VERBAL RESPONSE	
5 ORIENTATED	✓
4 CONFUSED	
3 INAPPROPRIATE WORDS	
2 SOUNDS	
1 NONE	
BEST MOTOR RESPONSE	
6 OBEYS COMMANDS	✓
5 LOCALISES PAIN	
4 NORMAL FLEXION	
3 ABNORMAL FLEXION	
2 EXTENDS TO PAIN	
1 NONE	
TOTAL	15

HIGHER MENTAL FUNCTION and SPEECH

Alert oriented

ABBREVIATED MENTAL TEST

ORIENTATION [/10]

TIME WARD
DATE HOSPITAL
DAY TOWN
MONTH DISTRICT
YEAR COUNTRY

ATTENTION & CALCULATION [/5]

subtract 7 from 100 and then from result 5 times; alternatively spell world backwards

Language [/8]

1 For each of two objects correctly named

1 For "No, ifs and or buts"

3 For a 3 stage command obeyed "take this paper in your right hand fold it in half and put it on the floor

1 for correct response to written command "close your eyes"

1 If a written sentence has meaning, a verb and a subject

REGISTRATION [/3]

Name 3 objects: score 0-3 according to number correctly repeated; re-submit until word perfect and use late-test of recall, scoring only first attempt

RECALL [/3]

Of the 3 objects used in registration test

VISUOSPATIAL [/1]

copy a complex diagram of intersecting pentagons

/30

NINE HOLE PEG TEST, or, N/A ☐

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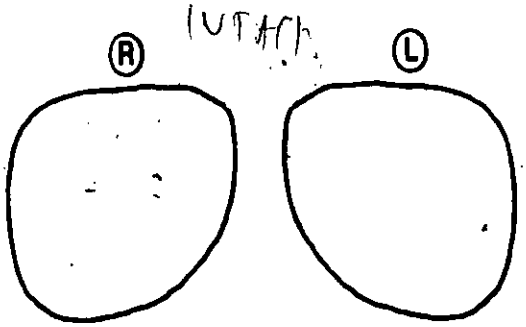
dob

PUPILS	R	L
SIZE & SHAPE	3	>
Reactions to	—	—
LIGHT – DIRECT	—	—
LIGHT – CONSENSUAL		
ACCOMMODATION		
ACUITY		
SNELLEN / JAEGER		

VISUAL FIELDS



FUNDI

NAD.

CRANIAL NERVES – I, V - XII

N

EYE MOVEMENTS / DIPLOPIA / NYSTAGMUS / PTOSIS

FROEM.

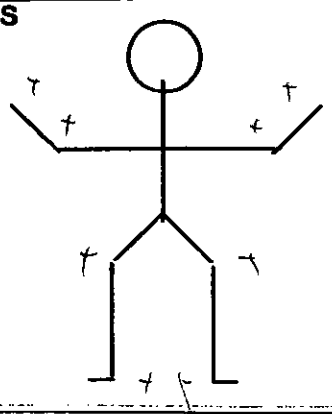
CEREBELLAR SIGNS

N

UPPER LIMBS	R	L
GENERAL		
TONE	N →	
POWER	5 ↘	
SHOULDER ABD		
ELBOW FLEX		
EXT		
WRIST FLEX		
EXT		
FINGER FLEX		
EXT		
ABD		
ADD		
ABPB		

LOWER LIMBS	R	L
GENERAL		
TONE	N	N
POWER	5 but limited by pain ↘	
HIP FLEX		
EXT		
KNEE FLEX		
EXT		
ANKLE DF		
PF		
EHL		

REFLEXES



+++ Very Brisk
++ Brisk
+ Present
+/- with reinforcement
~~O Absent~~
Cl Clonus

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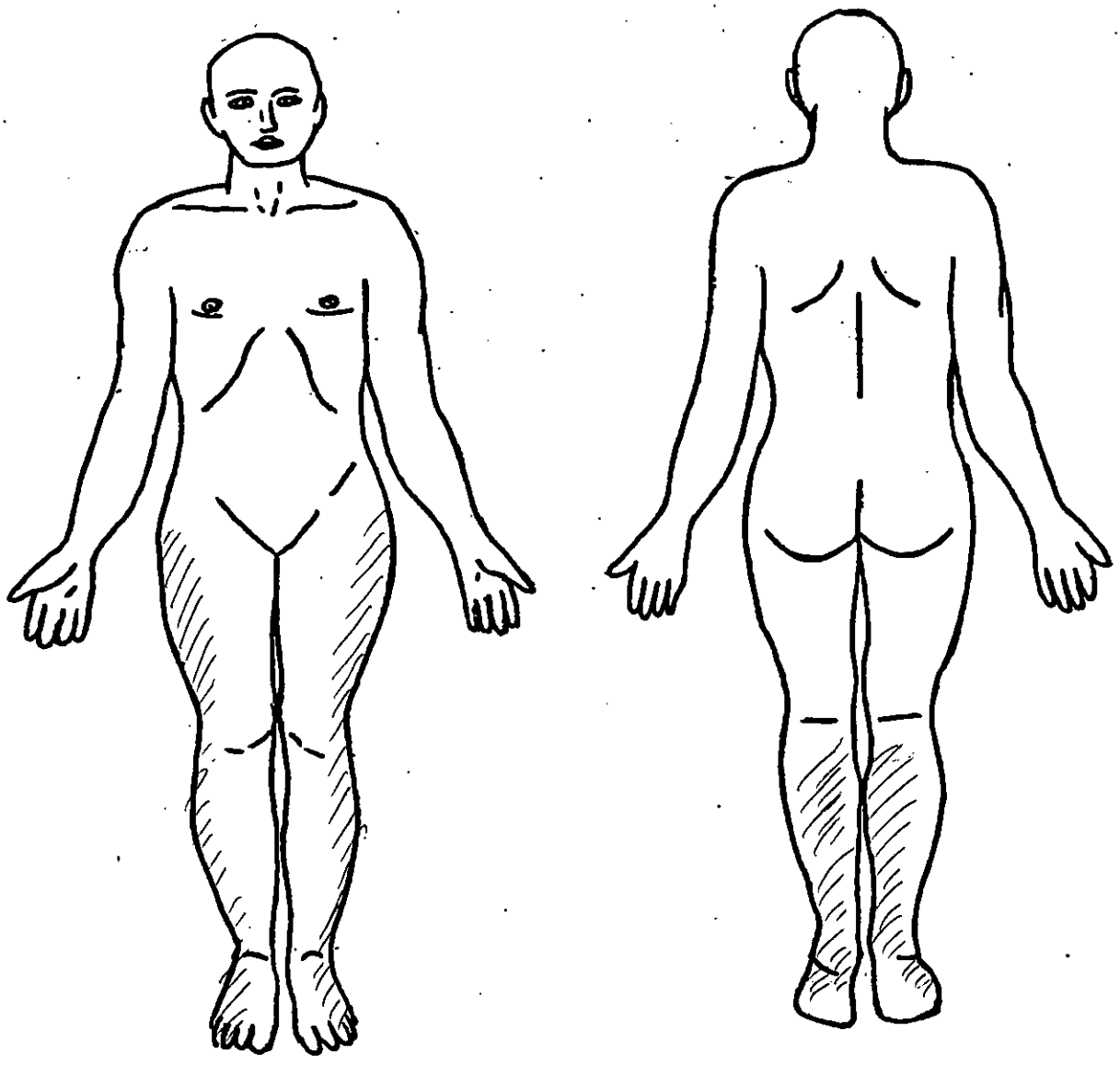
SENSORY TESTING AND INJURY CHART



BALANCE · STANCE · GAIT · MOBILITY · RHOMBERG

10 METRE WALK TIME

Antalgic slow gait

Spinal examination	Posture	Deformity	Tenderness	Range of Movement	Straight leg raise

Bilateral leg raising 40° bilaterally.

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SUMMARY

30 ♀ student with 6/12 history of back & bilateral leg pain radiating to thigh, calf & lateral sole of feet.

Occasional urinary urgency & perineal numbness.

MRI - L4/5 disc bulge compressing (L) L5 nerve root + small bulge L5/S1 not compressing S1 root.

DIAGNOSIS · DIFFERENTIAL DIAGNOSIS

L5 + ? S1 radiculopathies

INVESTIGATIONS and MANAGEMENT

Routine bloods + CRP.

Anaesthetic review.

Nicotine Patch.

Chaperone requested ☐ or N/A ☐, present ☐ / refused ☐

Name/Designation of chaperone:.....

DVT PROPHYLAXIS *see Neurosciences guidelines

RISK: LOW ☐ MED ☐ HIGH ☐

ACTION TAKEN: TEDS.

REASON FOR NONE: .....

ADMISSION RESULTS

Na +	
K+	
Urea	
Creatinine	
Glucose	
Hb	
Haematocrit	
WCC	
PLT	
ESR	
INR	
APPT	
Fib	
G&S	X-MATCH

LUMBAR PUNCTURE / CSF ACCESS	
Opening pressure	
Protein	
Glucose	
WCC	
RBC	
Organisms	
COMMENTS	

SIGNATURE	PRINT NAME	DATE	Bleep no.
DESIGNATION FY2	MCU [illegible]	19/5/10	8613

Page intentionally left blank

600091165X F 31/12/1979 Midlothian

McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
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CHI 3112791401

DOB: ... / ... / ... Age ...

Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

ADMISSION/PRE-OPERATIVE ASSESSMENT (a)

Cons: JK *Indicate whether completed in PAC or ward 32/33

MEDICAL		Date & Time*	Initials (+Var)
Clerking completed	JAR	19.05.10 1120	MH
Drug Kardex completed N/A ☐	JAR	19.05.10 1120	MH
Notes reviewed			

Pre-op Investigations:

R=Requested, N/A= not applicable, C=Completed

	R	N/A	C		R	N/A	C		
U&E	☐	☐	☑	CXR	☐	☐	☐	JAR	19.05.10 1030 MH
LFT	☐	☐	☐	ECG	☐	☐	☐		
ESR	☐	☐	☐	ECHO	☐	☐	☐		
FBC	☐	☐	☑	PFTs	☐	☐	☐		
Gluc	☐	☐	☐	GTT MRSA SCREEN	☐	☐	☑		
Chol	☐	☐	☐		☐	☐	☑		

OSWESTRY Disability Index (Appendix 2)	/ 50 X 100 =	%	
Informed Consent Obtained: (Additional space below to provide details)			

Date & time	Additional Information about **MEDICAL ADMISSION / PRE-OPERATIVE ASSESSMENT / CONSENT** (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
19/5/10	- Admitted for surgery tomorrow.
1930	- obs stable.
	- Nicotene patches ordered + administered.
	- c/o pain to legs PRN analgesia given
	- fast from midnight.
	- for anaesthetic RV in am. JN
20/5/10	- obs stable
0300	- complaining of pain, regular meds +
Nurses	breakthrough dihydrocodine given McMaster
	- settled for spells, independant SLW

Note Variances from Pathway with 'VAR' & explain more fully on Variance sheet at end of Pathway

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70376 J Taylor
DOB : ..... / ..... / ..... Age .....

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

ADMISSION/PRE-OPERATIVE ASSESSMENT (b)

Cons. JK *Indicate whether completed in PAC or ward 32/33

NURSING		Date & Time *	Initials (+Var)
Appropriate admission assessment completed	MPL	19.05.10 1200	MR
Orientated to ward surroundings and routine	MR	19.05.10 1200	MR
Admission book / bed state entry completed			
Discharge arrangements considered (eg transport issues)			
Baseline observations charted and satisfactory	MR	19.05.10 1200	MR
Pain assessed and controlled			
Explanation / Discussions carried out re :			
• Pathway/Protocol ☑	MR	19.05.10 1300	MR
• theatre ☐ post-op care ☐	MR	19.05.10 1300	MR
• discharge requirements ☐	MR	19.05.10 1300	MR
Recovery Nurse visited- assessment & discussion ☐			

ADDITIONAL CARE / REQUIREMENTS		Date & Time *	Initials (+Var)
Ensure identification band x 1 in situ			
Drip stand attached to bed			
Date of LBM documented : / /			
Pt measured for TED stockings/placed by bedside (size: D-)	MR	14.05.10 1310	MR
To fast from : Date: 19/05/10 Time: 12 MN	MR	14.05.10 1400	MR
ADDITIONAL INSTRUCTIONS or N/A ☐ :			

PHYSIOTHERAPY		Date & Time *	Initials (+Var)
10 metre walk carried out			
Post-op instruction booklet provided			

Other – *Please consider whether patient requires any of the following:*		*date referred:	Time	Initials
Patient needs OT Assessment:	No / Yes*			
Patient needs SLT Assessment	No / Yes*			
Patient needs Pharmacy Assessment	No / Yes*			

Date & time	Additional Information for NURSING & AHPs ADMISSION / PRE-OPERATIVE ASSESSMENT / CONSENT (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
Pre-op	Ross (R) (L) L4/5 disc prolapse ✓ plain radiographs
20/5/10	angio by [illegible]
07/6/10	[illegible] improve by [illegible]
	risks - nerve injury, CSF leak, infection, recurrence, visceral / vascular injury
	informed consent.

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

OPERATION DAY (a)

date 20/5/10 ward ..... Cons. JT

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NURSING Pre-op preparation	Time	Initials (+Var)
Baseline observations charted and satisfactory		
Patients notes + drug kardex collated		
Theatre check list completed		
Pre-med administered and post pre-med instructions given		
Patient escorted to theatre : • Identity checked		
• notes handed over		
Post-op bed space prepared- dinamap, suction, oxygen etc		

MEDICAL

OPERATION NOTES:

Procedure L4 laminotomy and L4/5 microdiscectomy + medial facetectomy

Surgeon . Ross. Asst. Stavrinos RA. Robson

GA. ETT. Prone on Wilson frame, padded. Rigged. to Cohanzine

X/ray localised L4/5 interspinous space

Midline incision, through fatty

Muscle swept off L4 + L5 Spines on right

L4 laminotomy, L4/5 right medial facetectomy

Flavectomy and L5 root decompressed in lateral recess

L4/5 disc opened, good discectomy + decompression

Closed : 1 vicryl thecal, 3/0 vicryl 4/0 PDS Subcuticular

. Mepor

Mobilise as pt. ✱ Lumbar Pain tomorrow ✱. Physio assessment.

Name:	Signature:	Designation:	Date:
Ross		SHO	20/5/10

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

OPERATION DAY (b)

date 20/5/10 ward 33 Cons

MEDICAL	Time	Initials (+Var)
Post-op analgesia and anti-emetic prescribed		
Post - op IV fluids prescribed		
Post operatively in ward : ☐ examination carried out & condition stable		
☐ Plan of care discussed, decided & communicated		
NURSING Post-operative care		
Return from recovery room time : 1230	1605	
Oxygen at 4l..... l/min Discontinue at.....hrs/when fully awake	1605	
1/2 hrly assessment of TPR, BP, limbs, wound, pain recorded & satisfactory x 4 hrs post-op in total (including drain function - n/a ☐)	1605	
1 hrly assessment of TPR, BP, limbs,wound, pain recorded & satisfactory x 4 hrs (including drain function - n/a ☐)	1605	
2 hrly assessment of TPR, BP, limbs, wound, pain recorded & satisfactory x 4 hrs (including drain function - n/a ☐)		
4 hrly assessment of TPR, BP, limbs, wound, pain recorded and satisfactory (including drain function - n/a ☐)		
Ensure fluid balance chart initiated and accurately updated	1625	
IV fluids maintained and cannulation site satisfactory	1625	
Pain and nausea controlled	1625	
2 hrly care performed : • positioning side to side	1625	
• encourage hip / knee flexion and deep breathing	1625	
• mouth care or n /a ☐	1625	
Sips of fluids tolerated ☐ > Free oral fluids tolerated ☑	1625	
Light diet tolerated ☑	1625	
Has passed urine post-operatively ☑	1625	
☞ If NPU within 6 hours post-op, discuss with nurse in charge / medical staff and record as variance		
IV fluids discontinued ☐ or Not appropriate ☐		

Other – Please consider whether patient requires the following:	*date referred	time	Initials
☞ Patient needs Respiratory Physiotherapy: (No) / Yes*			

Date & time	Additional Information about Operation Day (b) (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
20/5/10	Pt has been keyhole on returning to ward. Medical staff made aware only fluids prescribed. Megan RN
21/5/10	No additional pain relief required overnight, morphine x1 this morning OF

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

POST - OPERATIVE DAY 1

date 21/5/10 ward 33 Cons .....

MEDICAL	Time	Initials (+Var)
Operative findings discussed with patient		
Observations / neurology / wound / pain reviewed & satisfactory		
Analgesia reviewed - oral analgesia prescribed		
Decision made re: removal of drain or n/a ☐		
Laxative prescribed or n/a ☐		
Mobility plan communicated to physiotherapist		

NURSING	Time	Initials (+Var)
BD assess of TPR, BP, limbs, recorded & satisfactory	17:20	
IVI discontinued if not already	17:20	
Venflon removed & cannulation site satisfactory	17:20	
Patient assisted with shower/bedbath/dressing as required (eg TEDS)	17:20	
Fluid balance chart discontinued - pm	17:20	
Pain controlled	17:20	
Drain removed or n/a ☑		
No problems experienced with bladder function	17:20	
No discomfort experienced re: bowels Date of LBM :	17:20	
Mobility - patient encouraged to:		
• stand for meals	17:20	
• stand / lie from side to side or prone	17:20	
• follow physiotherapy activity plan	17:20	

Other – *Please consider whether patient requires the following:*	*date referred	Time	Initials
▷ Patient needs OT assessment (No) / Yes*			

PHYSIOTHERAPY	Time	Initials (+Var)
Sensory / Motor Changes Y ☐* N ☐ *refer to appendix 1- (POST OP DAY 1 BODY CHART)		

Mobility/ Exercises					
	Chest Physio req Y ☐ N ☐ Start exercises ☐ May sit for short spells ☐ Gait re-education ☐ Physio D/C goals set ☐ Teach back care advice & precautions ☐	**Mobility** Aid ☐ _____ Indep ☐ Sup ☐ Assist ☐ Distance_____ No Physio input ☐	**Transfers** Sit >Stand Indep ☐ Sup ☐ Assist ☐ Lie > Sit Indep ☐ Sup ☐ Assist ☐ Stairs Assessed Y ☐ N ☐		

Date & time	**Additional Information about Post-Operative Day 1** (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
21/5/10	Ward Round: C/o pain in R leg to the foot. The left leg is fine, wound looks good to be mobilised today LG Bain
21/5/10	Pt has been complaining of having an R/S of pain extra analgesia has been prescribed

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Paraminotomy / fenestration (nerve root decompression)

POST - OPERATIVE DAY 2

date 22/5/10 ward ..... Cons .....

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DOB : ..... / ..... / ..... Age .....

MEDICAL AB 22/5/10	Time	Initials (+Var)
Observations / neurology / wound / mobility / pain reviewed & satisfactory		
OSWESTRY Disability Index (Appendix 2) / 50 X 100 = %		
Discharge date & destination agreed- date: destination:		
Immediate discharge letter written		

NURSING	Time	Initials (+Var)
BD assess of TPR, BP, limbs recorded & satisfactory	✓	AC
Patient assisted with shower/dressing as required (e.g TEDS)	✓	AC
Wound site satisfactory and exposed	✓	AC
Pain controlled	✓	AC
Minimal sitting encouraged	✓	AC
Discharge arrangements :		
• own transport confirmed		
• home support confirmed		
• relatives informed		
• OPA made date ..... time		
• suture / clip removal date identified (Details:) and patient provided with clip removers or n/a ☐		
• discharge time set	✓	AC
No problems experienced with bladder function	✓	AC
BO within last 3 days (if not, discuss administration of suppositories with nurse in charge).	✓	AC
Alert Pharmacist to review D/C letter		

Other— *Please consider whether patient requires the following:*	*date referred	Time	Initials
▷ Patient needs OT assessment No / Yes*			

PHYSIOTHERAPY				Time	Initials (+Var)
Sensory / Motor Changes Y ☐* N ☐ *Refer to appendix 1- (post op day 2 Body chart)					
Mobility/ Exercises	Progression of activity & exercises ☐ May sit for short spells ☐ Reinforced back care advice, education & precautions ☐ Physio discharge goals met ☐	**Mobility** Aid ☐ _____ Indep ☐ sup ☐ Assist ☐ Distance_____ No Physio input ☐	**Transfers** Lie >Stand Indep ☐ Sup ☐ Assist ☐ Stairs Assessed Y ☐ N ☐ Indep ☐ Sup ☐ Assist ☐		

Date & time	Additional Information about **Post-Operative Day 2** (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
22/5/10. 0400	Nursing observations of vital signs satisfactory apyrexial. Oramorph 5mg given as charted quite regularly for leg/back pain. Independent around ward. Appears to be settled at present. Rmarshall SN

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

POST - OPERATIVE DAY 3 or **N/A** ☐

date ..... ward ..... Cons .....

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DOB : ..... / ..... / ..... Age .....

MEDICAL	Time	Initials (+Var)
Observations / neurology / wound / mobility / pain reviewed & satisfactory		
OSWESTRY Disability Index (Appendix 2) / 50 X 100 = %		
Discharge date & destination agreed - date: destination:		
Immediate discharge letter written		

NURSING	Time	Initials (+Var)
BD assess of TPR, BP, limbs recorded & satisfactory		
Patient assisted with shower/dressing as required (e.g TEDS)		
Wound site satisfactory and exposed		
Pain controlled		
Minimal sitting encouraged		
Discharge arrangements :		
• own transport confirmed		
• home support confirmed		
• relatives informed		
• OPA made Date ..... Time		
• suture / clip removal date identified (Details:) and patient provided with clip removers or n/a ☐		
• discharge time set		
No problems experienced with bladder function		
BO within last 3 days (if not, discuss administration of suppositories with nurse in charge).		
Alert the Pharmacist to review discharge letter		

Other – *Please consider whether patient requires the following:*	*date referred	Time	Initials
☞ Patient needs OT assessment No / Yes*			

PHYSIOTHERAPY				Time	Initials (+Var)
Sensory / Motor Changes Y ☐* N ☐ * refer to appendix 1- (POST OP DAY 3 BODY CHART)					
Mobility/ Exercises	Progression of activity & exercises ☐ May sit for short spells ☐ Reinforced back care advice, education & precautions ☐ Physio D/C goals met ☐	**Mobility** Aid ☐ _____ Indp ☐ sup ☐ Assist ☐ Distance_____ No Physio input ☐	**Transfers** Lie >Stand Indep ☐ Sup ☐ Assist ☐ Stairs Assessed Y ☐ N ☐ Indep ☐ Sup ☐ Assist ☐		

Date & time	Additional Information about **Post-Operative Day 2** (PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)
23/5/10	Nursing 0330 - Very regularly analgesia given Precisely

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

DISCHARGE

Patie... Hosp... CHI...

date ..... ward ..... Cons .....

DOB : ..... / ..... / ..... Age .....

MEDICAL	Time	Initials (+Var)
Discharge fitness ensured : ☐ Observations / neurology / wound / mobility & pain reviewed & satisfactory		
Questions invited and answered		
Advice offered re : returning to work & exercise		
After discharge : dictation of discharge summary		
NURSING	Time	Initials (+Var)
No problems identified with observations / wound		
No problems identified with bladder / bowel function		
Pain controlled		
Returned to patient : ☐ own drugs or n/a ☐ ☐ valuables or n/a ☐		
Provided for patient : ☐ discharge drugs & instructions ☐ GP letter ☐ clip removers or n/a ☐ ☐ arrangements re removal of clips / sutures confirmed with patient or n/a ☐ ☐ OPA ☐ Sickness certificate or n/a ☐		
Questions invited and answered		
After discharge - Completed, collected and filed : ☐ ICP/Proforma (along with progress sheets if applicable) ☐ Communication sheet / Waterlow sheet / Prescription chart ☐ GP letter ☐ discharge care plan / check list ☐ observation / fluid balance charts		
Record discharge on/in: ☐ bed state (complete d/c destination & date on pink form) ☐ admission book		
PHYSIOTHERAPY	Time	Initials (+Var)
Patient agreed to follow -up Y ☐ N ☐		
Pain Score on d/c:		
Referral to..... or N/A ☐		

Date & time Additional Information about **DISCHARGE**
(PLEASE INITIAL ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)

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Integrated Care Pathway

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression)

For additional information not anywhere else in document

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DOB : ..... / ..... / ..... Age .....

PLEASE DATE, INITIAL & TIME ALL ENTRIES AFTER ENSURING THAT A SIGNATURE, PROFESSIONAL DESIGNATION AND KEY TO INITIALS HAS BEEN COMPLETED ON PAGE 2 OF THIS DOCUMENT)

20/5/10 FY2 NEURO

1510 ATP - hypotensive 85/65 °dizziness. Minimal urinary loss. Readmission BP 108/75 Obs otherwise stable, c/o back pain. Pupils small. No bowel sounds. 5/5 power legs.
(P) Oral fluids encouraged + IV Hyp-ty Fluids.
Analgesia regularly + PRN. Reassurance given re. pain.
Miriam FYR

21/5/10 Physio
S/ Consent. Pt c/o pain ++ (R) Leg Posterior Buttock → thigh.
O/ Pt Side Ly on (R) in bed. Trans abs taught in supine x10.
Ly → BES (I) but laboured
STS. raised bed. Mob c A1 to Window.
Lateral weight T/F work. ↑ in pain c WB via (R) LL
c Radicular pain pattern down sciatic nerve to calf.
Pain c WB 9.5/10 non WB via (R) LL 5/10.
BES → Ly c mod A1 for legs. Pain ++ reported
A/ Analgesia requires R/V. Pt. on gabapentin but little effect.
↑ in pain c WB on (R) LL Neuropathic in nature. Will monitor symptoms and place on WE 1st.
P/ ↑ mob, R/V booklet c pt, ? Stairs if able
C Torres Jnr Physio.

23/05/10 Physio
Pt not on ward. N/S report pt has walked down - very brief. Requested. Pt still requiring analgesia + unable to A.
Plan. A on stairs as able '/7.
Kmacdonald Physio

Ensure all entries have a date, time, signature + printed name and designation

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VARIANCE recording SHEET:

all staff to identify & record variances

Patie
Hospi
CHI
DOB : ..... / ..... / ..... **Age .....**

Types of Variance break down into types, indicating appropriate Code Letter

Code Letters

A. Patient/ relative/carer, B. Clinical Staff, C. Hospital System, D. Community /external.

Record of Variance

Date	time	Description of issue & [page, section no]	Reason	Action	Initials	Variance code letter
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						
/ /						

APPENDIX 2: OSWESTRY DISABILITY INDEX 2.0 (Fairbanks et al)

OSWESTRY DISABILITY INDEX 2.0

Section 1: Pain Intensity

I can tolerate the pain I have without having to use pain killers. [0 points]

The pain is bad but I manage without taking pain killers. [1 point]

Pain killers give complete relief from pain . [2 points]

Pain killers give moderate relief from pain. [3 points]

Pain killers give very little relief from pain. [4 points]

Pain killers have no effect on the pain and I do not use them. [5 points]

Section 2: Personal Care

I can look after myself normally without causing extra pain. [0 points]

I can look after myself normally but it causes extra pain. [1 point]

It is painful to look after myself and I am slow and careful. [2 points]

I need some help but manage most of my personal care. [3 points]

I need help every day in most aspects of self care. [4 points]

I do not get dressed wash with difficulty and stay in bed. [5 points]

Section 3: Lifting

I can lift heavy weights without extra pain. [0 points]

I can lift heavy weights but it gives extra pain. [1 point]

Pain prevents me from lifting heavy weights off the floor but I can manage if they are conveniently positioned for example on a table. [2 points]

Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned. [3 points]

I can lift only very light weights. [4 points]

I cannot lift or carry anything at all. [5 points]

Section 4: Walking (bad question)

Pain does not prevent me walking any distance. [0 points]

Pain prevents me walking more than 1 mile. [1 point]

Pain prevents me walking more than 0.5 miles. [2 points]

Pain prevents me walking more than 0.25 miles. [3 points]

I can only walk using a stick or crutches. [4 points]

I am in bed most of the time and have to crawl to the toilet. [5 points]

Section 6: Standing (Remember, standing is NOT walking.)

I can stand as long as I want without extra pain. [0 points]

I can stand as long as I want but it gives me extra pain. [1 point]

Pain prevents me from standing for more than 1 hour. [2 points]

Pain prevents me from standing for more than 30 minutes. [3 points]

Pain prevents me from standing for more than 10 minutes. [4 points]

Pain prevents me from standing at all. [5 points]

Section 7: Sleeping

Pain does not prevent me from sleeping well. [0 points]

I can sleep well only by using tablets. [1 point]

Even when I take tablets I have less than 6 hours sleep. [2 points]

Even when I take tablets I have less than 4 hours sleep. [3 points]

Even when I take tablets I have less than 2 hours of sleep. [4 points]

Pain prevents me from sleeping at all. [5 points]

Section 8: Sex Life (by pain = for fear of causing pain)

My sex life is normal and causes no extra pain. [0 points]

My sex life is normal but causes some extra pain. [1 point]

My sex life is nearly normal but is very painful. [2 points]

My sex life is severely restricted by pain. [3 points]

My sex life is nearly absent because of pain. [4 points]

Pain prevents any sex life at all. [5 points]

Section 9: Social Life

My social life is normal and gives me no extra pain. [0 points]

My social life is normal but increases the degree of pain. [1 point]

Pain has no significant effect on my social life apart from limiting energetic interests such as dancing. [2 points]

Pain has restricted my social life and I do not go out as often. [3 points]

Pain has restricted my social life to my home. [4 points]

Integrated Care Pathway - **APPENDIX 1:**

ELECTIVE LUMBAR DISCECTOMY including Foraminotomy / fenestration (nerve root decompression

PHYSIOTHERAPY Sensory Body Chart

addressograph label, or:

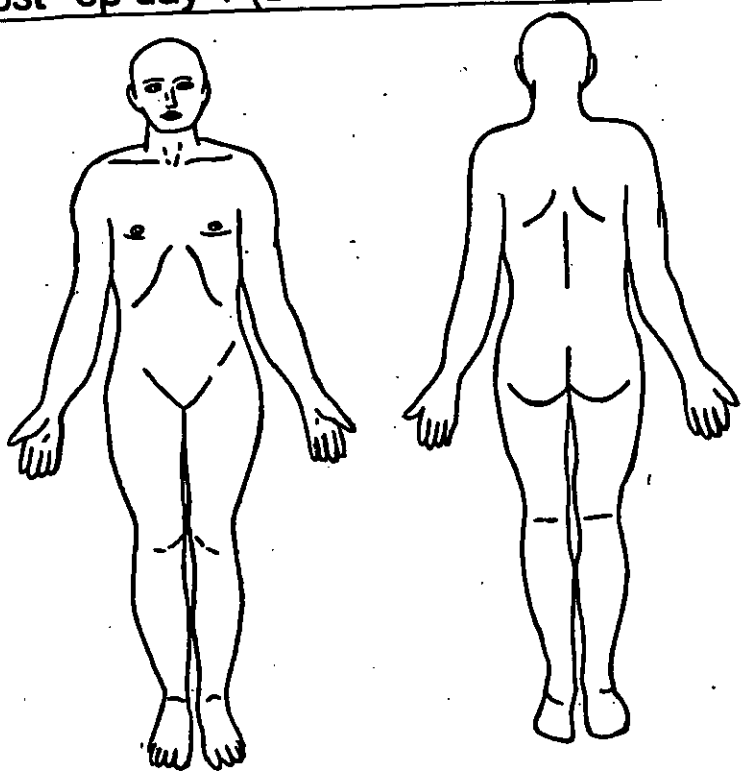
Patient name :

Hospital number : WGO .....

CHI

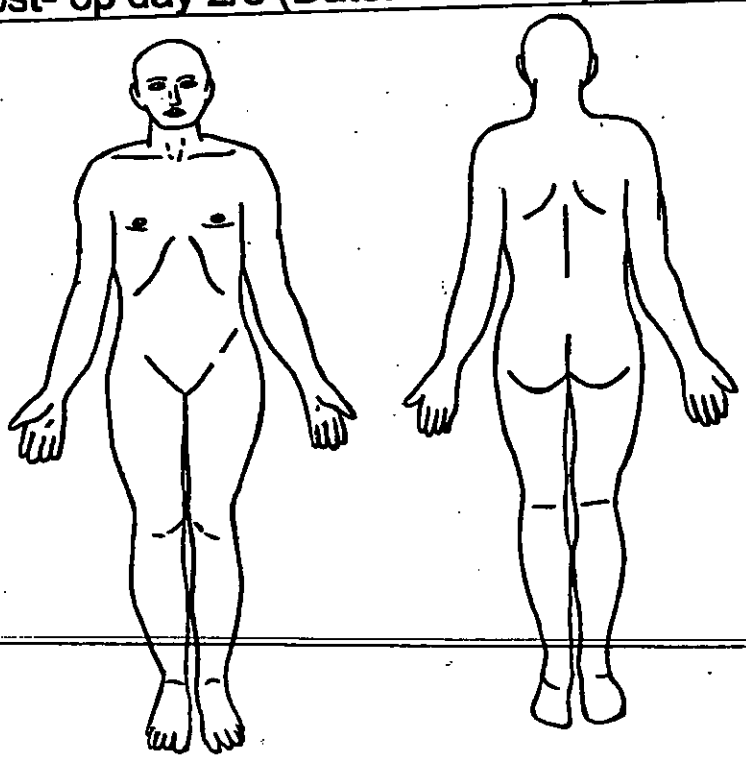
DOB : ..... / ..... / ..... Age .....

Post- op day 1 (Date:)



Power	Right	Left
L2 Psoas		
L3 Quads		
L4 Tib Ant		
L5 EHL		
S1 Plantarflexors		

Post- op day 2/3 (Date:)



Power	Right	Left
L2 Psoas		
L3 Quads		
L4 Tib Ant		
L5 EHL		
S1 Plantarflexors		

	I have no social life because of pain. [5 points]
Section 5: Sitting ("Favourite chair" includes a recliner.) I can sit in any chair as long as I like. [0 points] I can only sit in my favourite chair as long as I like. [1 point] Pain prevents me sitting more than 1 hour. [2 points] Pain prevents me from sitting more than 0.5 hours. [3 points] Pain prevents me from sitting more than 10 minutes. [4 points] Pain prevents me from sitting at all. [5 points]	**Section 10: Travelling** I can travel anywhere without extra pain. [0 points] I can travel anywhere but it gives me extra pain. [1 point] Pain is bad but I manage journeys over 2 hours. [2 points] Pain restricts me to journeys of less than 1 hour. [3 points] Pain restricts me to short necessary journeys under 30 minutes. [4 points] Pain prevents me from travelling except to the doctor or hospital. [5 points]

INTERPRETATION:

Now, simply add up your points for each section and plug it in to the following formula in order to calculate your level of disability: **point total / 50 X 100 = % disability (aka: 'point total' divided by '50' multiply by ' 100 = percent disability)**

For example: my Current level of disability, 11-11-04 is calculated as follows:
14 / 50 X 100 = 28%

ODI SCORING:

0% to 20%: minimal disability: The patient can cope with most living activities. Usually no treatment is indicated apart from advice on lifting sitting and exercise.

21%-40%: moderate disability: The patient experiences more pain and difficulty with sitting lifting and standing. Travel and social life are more difficult and they may be disabled from work. Personal care sexual activity and sleeping are not grossly affected and the patient can usually be managed by conservative means.

41%-60%: severe disability: Pain remains the main problem in this group but activities of daily living are affected. These patients require a detailed investigation.

61%-80%: crippled: Back pain impinges on all aspects of the patient's life. Positive intervention is required.

81%-100%: These patients are either bed-bound or exaggerating their symptoms.

References: [http://www.chirogeek.com/001_Oswestry_20.htm#Fairbanks#Fairbanks]

1) Fairbank JC, Pynsent PB, "The Oswestry Disability Index." Spine 2000; 25(22):2940-2952

2) Fairbank JCT, Couper J, Davies JB. "The Oswestry low Back Pain Questionnaire." Physiotherapy 1980; 66: 271-273.

22/5
WR SpR

Well

Plan (H) Monday

SSctt Scott
FY2

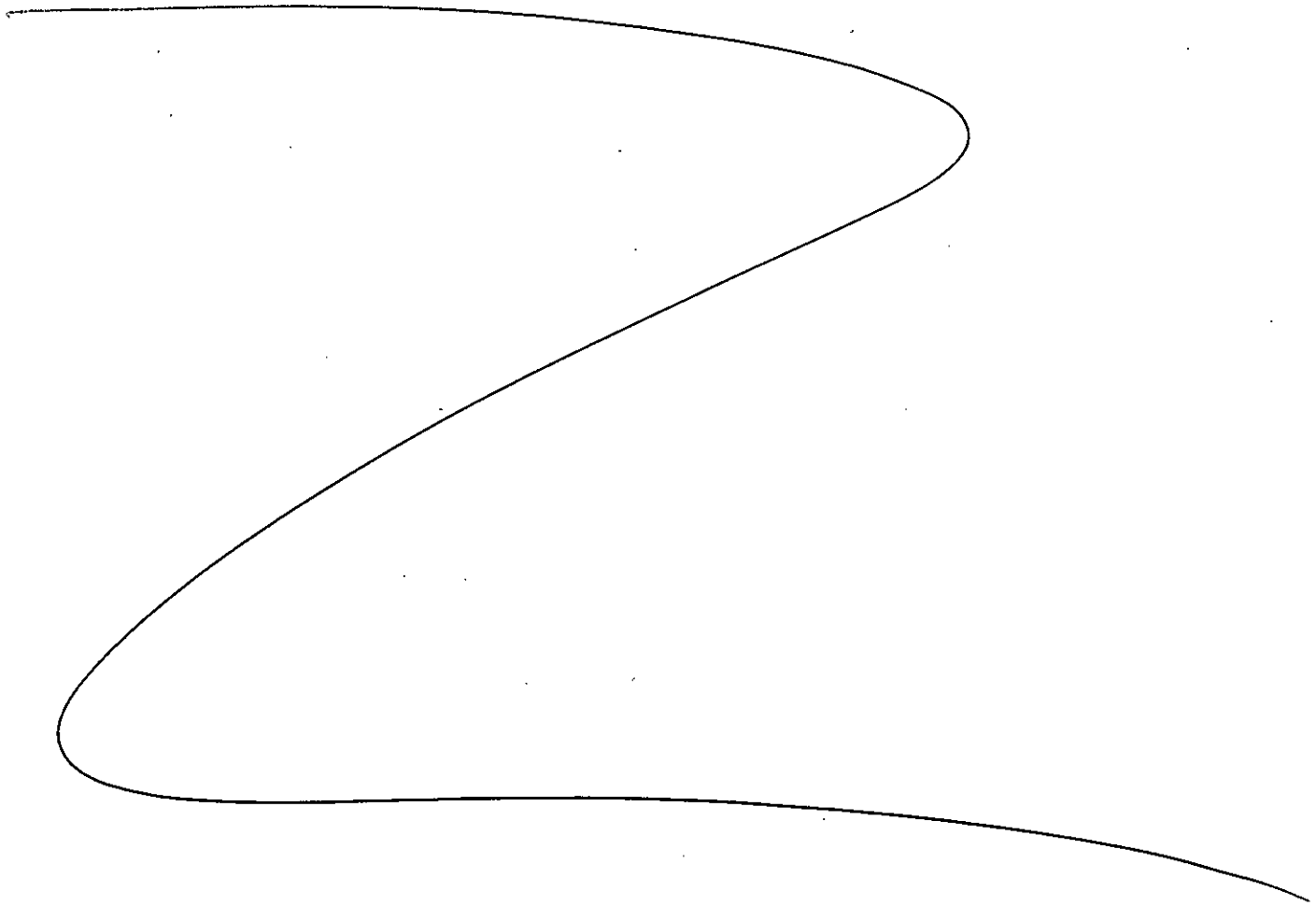
23/5

Mr Shekhar

Ongoing bg pain /
PU better.
Mobilising Better.

Plan (R) ? Monday Home.

SSctt Scott



CHARMAINE MCDONALD 30 4·0 JK

COMMUNICATION SHEET AND FORWARD PLANNING PAGE ( )

DATE & TIME	REMARKS	SIGNATURE & DESIGNTION
19.05.10	ATTENDED DCW PRE-ADMISSION CLINIC TODAY. FOR ADMISSION 19.05.10	
	WHENEVER A BED IS AVAILABLE. FOR THEATRE OF L4/5, L5/S1	
	LUMBAR SURGERY. FASTING FROM 12 MIDNIGHT OF 19.05.10	
	AND WATER UNTIL 6am 20.05.10 ☐ TO BE CONSENTED ☑ FOR	
	ANAESTHETIC R/V BY ~~PRE~~ POST ADMISSION ☐ PHYSIO INFO ☐	
	ANAESTHETIC BOOKLET ☐ BLOODS ☐ ECG ☐ MRSA SCREEN +	
	BOOKLET ☐ OBSERVATIONS RECORDED.	
	PMH: LOW BACK PAIN + BILATERAL LEG PAIN	
	SINCE NOVEMBER 2009 SUDDEN ONSET.	
	(R) TOE + SOLE OF FOOT. (L) HEEL + SOLE OF FOOT	
	MRI: L4/5 DISC BULGE COMPRESSING (R) L5	
	NERVE ROOT.	SW M. CAMPBELL
	PLEASE OBTAIN RESULTS FOR MRSA SCREEN, BLOODS + ECG ☐	J Lewis
19/5/10	Anaesthetic R/V am 20/5/10.	FMF
	Nicotine patches ordered ☑	
20/5.	THEATRE L4/5 L5/S1	
	PU ☑	
	(R) leg pain.	
	(R) worse than (L)	
	Physio ☑	UNO
	Wound check ☑ NAD.	
23/5/10.	Pain remains. pt ☐	Rehan
	Needs pain review ☐.	
	slipped in bathroom on saturday pain now ↑	PW
24/5.	PHYSIO will review again	
	today. ☑	UNO
	DVT prophylaxis ☑	
	continue to (R) pain	
	mobility improving	
	Aim home Tues.	
	Letter ☑	
	Cromolyn to cupboard	UNO

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

WGH 2259

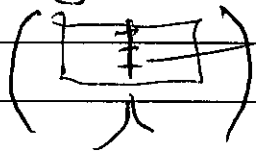
COMMUNICATION SHEET AND FORWARD PLANNING

PAGE ( )

DATE & TIME	REMARKS	SIGNATURE & DESIGNTION

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

MULTIDISCIPLINARY COMMUNICATION SHEET

Date & Time		Signature (& print) Designation
23/5/10	NURSING: 15.30 - GCS 15 - mobilising @ abet off ward for periods. - Pain still an issue - regular PRN analgesia given	
23/5	FY2 weekend. ATSP - slipped + fell in shower landed on bottom. No head inj / loc. No ↑ leg pain/ numbness p+N. localised pain across low back. O/E Alert + orientated no signs head inj. mov in bed. Neuro exam legs ✓ Palpation  generalised tenderness no focal bony tenderness Perianal sensation intact -	
	Imp: uncomplicated fall no obvious inj	
	Plan ① analgesia ② keep under r/v	SHO/SpR FY2

AFFIX ADDRESSOGRAPH LABEL	**MULTIDISCIPLINARY COMMUNICATION SHEET**

Date & Time		Signature (& print) Designation
	24/5 right shift: settled right c/o protrusion noted	
	24/5 WR S/C	
	C. McDonald. Mobility improving. c/o pain down leg when mobilising. ↑ numbness / pins + needles (P) ↑ analgesia until ↑ mobility. PT. LMFHR	
	Physio	
24/5/10 14:10	S/ Hx of WTE re: skip noted. Thanks. Pt has 2 young children at (H). Partner works ∴ pt would be looking after children daily. Reports not putting on own socks, also not able to pick objects off floor. Pain score 9.5/10 on WB mob, 4/10 S. Ly. Nonwb. O/ Explained about post-op pain. Explained criteria for (H) would be (I) ↑ mob, pain under control, (I) ↑ ADL's. Reiterated about spending ↑ time in positions of ease (i.e S. Ly) and avoiding excess positions off aggravation. Pt mob (I) ↑ x1 stick (brought in from H). Pain radiating from buttock → post thigh → lateral (R) calf. Mob ↑ (R) sided antalgic gait pattern ↑ x1 stick. Keen for stairs ax: ↓↑ x10 steps (R) foot lead ↓, (L) foot lead ↑ (I) but very laboured 2° to pain. A/ Unable to D/C pt (H) at present 2° to ↑ pain. Needs analgesia R/V. 2 young children at (H) to consider. Pt now aware of D/C criteria and will require OPA at Gracemount. CONT	E Moore OT/PT

AFFIX ADDRESSOGRAPH LABEL	MULTIDISCIPLINARY COMMUNICATION SHEET

Date & Time		Signature (& print) Designation
24/5/10 14:10	P/ Analgesia R/V, ? OT, ? if Elc's would help ↑ mob	C. Moore JNR PHYSIO.
24/5/10:	Nursing 1545.	
–	Observations stable.	
–	mobilising (I)	
–	requiring PRN pain relief	E CRUICKSHANK
–	(E) with ADL's	
–	no new issues	
25/5/10	Nursing	
03.15	- observations stable, GCS 15	
	- c/o pain once overnight PRN oramorph administered to good effect	K Roper
	- slight weakness in (R) leg - appears to have slept well	
—	C. McDonald WR S/R 25/5/10.	
—	Safe on stairs yesterday	
—	(F) home today if Pt happy	
	WM FHZ	

AFFIX ADDRESSOGRAPH LABEL	MULTIDISCIPLINARY COMMUNICATION SHEET

Date & Time	Physio	Signature (& print) Designation
25/5/10 9.45am	S/ Consent. Pt keen for D/C (17). States pain feels better today and has mobilised down for a cigarette this am.	
	O/ Pt side ly on (L) in bed. Advised that if pain worsens at (17) to see GP ASAP. Educated & reiterated about Pacing, ° SOOB for long periods, ° Heavy lifting. Spending time in ~~Pain~~ Positions that ease Symptoms, mobilise little but often.	
	A/ Pt (I) but laboured i mob keen for D/C (17) Now feels pain at manageable level.	C MORRIS PHYSIO
	P/ D/C PT i Flu at Gracemount H/C.	

University Hospitals Division

Physiotherapy Department
Department of Clinical Neurosciences
Western General Hospital
Edinburgh, EH4 2XU
Tel: 0131 537 2120

NHS Lothian

To: Gracemount

From:

Name CAROLYN MORRIS

Designation ONR PT

Date 25/5/10.

Request for Outpatient Physiotherapy Follow-up

Please could you review this patient approximately 4 weeks after surgery, if possible?

Post-op exercises and advice have been provided prior to discharge.
If you require any further information, please do not hesitate to contact me. Thank you.

Patient Details

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

CHI. No.

Tel No. 07833538856

Date of Admission 19/5/10.

Date of Discharge 25/5/10.

Consultant Mr Ross

GP Details Dr Taylor
65 Liberton Gdns.

Pre-Op Summary/Investigations LBP & bilat leg pain since Nov 09.
(R) foot and sole of foot (L)=(R) for pain MRI: L4/5 D.C bulge compromising (R) L5 nerve root

Surgery/Findings Date:
L4 laminotomy & L4/5 microdiscectomy and medial facetectomy. (Good discectomy & decompression)

Post-Op Summary Still has (R) leg pain Buttock, Post thigh, lateral calf. Medical staff happy that this seems to be standard post-op pain. Agg: weight bearing Ease: Side lying. Some numbness (R) lateral calf and intermittant P+N's in (R) foot. Please treat for pacing, ↑ mob, ↑ strength, core stability and ↑ ROM.

Additional Information

Name: Charmaine McDonald

Date of birth:

Age: 30

Date of admission: 19/5/10

Consultant: JRoss

Allergies: Co-amoxiclav

Resus Status: full

Next of Kin details: Gary Gatti

name; Partner

phone; 079504 04877

Admitted from: home

Notes or Scans:

Infection status:

Presented with: (in RED please)

Back pain, pins & needles inner thighs
Bilat leg pain.
L4/5 disc bulge + ? L5 nerve root.

Past medical history:

Sterilisation

Diagnosis / Surgery L4/5 discectomy

Planned investigations:

MRI Jan / ~~Feb~~ March 2010.

Referrals (please date if/when referral made)

S.A.L.T Dietician Weight= MUST=

Physio OT Social work Robert Taylor

Nurse Specialists

NAME: Charmaine McDonald DOB: Date of admission:

1. Observations and Vital Signs	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig
	21/5/10	22/5/10	23/5/10	25/5/10			
½ hour neuro/spinal obs + vitals + wound							
1 hour neuro/spinal obs + vitals + wound							
2 hour neuro/spinal obs + vitals + wound							
4 hour neuro/spinal obs + vitals + wound							
BD neuro obs/spinal + vital signs + wound	✓	✓	✓	✓			
Daily neuro obs/spinal + vital signs + wound							
EVD/DRAIN							
2. Dressing Requirements							
Independent with dressing		✓	✓	✓			
Assistance req'd with lower garments	✓						
Full assistance required							
OT referral for dressing assessment							
3. Pain Assessment							
Assess pain frequently	✓	✓	✓	✓			
Assess effectiveness of current therapy	✓	✓	✓	✓			
Liaise with medical staff if pain persists	✓	✓	✓	✓			
Referral to pain team							
PCA Checks							
Day Shift Signature:	[signature]	[signature]	[signature]	PM(STN)			
Night Shift Signature:							

NAME: Charmaine M'Donald DOB: Date of admission:

4. Hygiene Requirements	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig
	20/5/10	22/5/10	23/5/10	24/05/10			
Independent with washing	✓	✓	✓	✓			
Assistance of 1 nurse to wash/shower							
Full assistance required							
2 hourly eye and mouth care required							
5. Mobility		✓	✓	✓			
Independent of nurses							
Walk with 1 nurse	✓						
Transfer with 1 nurse							
Transfer with 2 nurses / Stand aid							
Hoist transfer							
Bed rest							
2 hourly turns and pressure checks							
Passive limb exercises							
Continuing care chart							
Physiotherapy referral							
Constant Care due to wandering							
Falls Risk							
Independent with washing							
Day Shift Signature::	[illegible]	[illegible]	[illegible]	AM (STN)			
Night Shift Signature:							

NAME: Charmaine McDonald **DOB:** **Date of admission:**

6. Hydration	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig
	21/5/10	22/5/10	23/5/10	24/05/10			
Oral fluids independently	✓	✓	✓	✓			
Assistance required with oral fluids							
SALT referral							
Fluid balance chart							
NG/PEG regime							
Dietician referral							
IV fluids as per prescription chart							
Intake total.....in 24 hours							
7. Respiratory							
Self ventilating on air	✓	✓	✓	✓			
Oxygen therapy.....%							
Oxygen therapy.....%							
Liaise with physiotherapy							
Monitor oxygen saturations							
Tracheostomy size ...							
Inner Tube cleaning 4 hourly + PRN							
Suction							
Bagging							
Day Shift Signature::	[illegible]	[illegible]	[illegible]	AH (STN)			
Night Shift Signature:							

NAME: Charmaine M'Donald DOB: Date of admission:

8. Elimination	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig	Date & Sig
	21/5/10	22/5/10	23/5/10	24/05/10			
Independent		✓	✓	✓			
Using bottles / commode at bedside	✓						
Urinary catheter: Type.....							
Size.....							
Six hourly catheter volumes							
Record on fluid balance chart							
Pad and pants							
Urosheath							
Bowel Movement							
9. Nutrition							
MUST score (once per week)							
Weekly weight							
Normal diet	✓	✓	✓	✓			
Nil by Mouth / Fasting							
Special Diet:							
Referral SALT							
Requires assistance to feed							
NG/PEG feed as per dietician regime							
Other e.g. diabetes?							
Day Shift Signature::	[illegible]	[illegible]	[illegible]	AM (STN)			
Night Shift Signature:							

PRESCRIPTION AND ADMINISTRATION RECORD

including the Warfari

Hospital/Ward: Consultant:

Weight: Height:

If re-written, date:

DISCHARGE PRESCRIPTION

Date completed:- Completed by:-

6008911658 F 31/12/1979
McDonald, Charlotte M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401

Name
CHI N
D.O.B

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known ☐			
		Medicine/Agent	Description of reaction		
		CODEINE	RASH + NAUSEA	LMcL	19/5/10

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
19/20/5/10	recovery	MORPHINE	up to 10mg	IV	K Nicholson	1122 2mg 1129 1mg	SK SK
20/5/10	1500	TRAMADOL	100mg	ORAL	LMcL	1130 1mg 1510	SK JF
20/5/10	1900	TRAMADOL	50mg	ORAL	L McINTYRE	1920	SAS
20/5/10	2300	TRAMADOL	50mg	ORAL	LMcL	2330	JF

Name: CHARMAINE MCDONALD D.O.B.: 31/12/79

REGULAR THERAPY

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**
  - The only acceptable abbreviations are:
    IV - intravenous SL - sublingual NG - nasogastric
    IM - intramuscular PR - per rectum ID - intradermal
    SC - subcutaneous PV - per vagina TOP - topical
    INHAL - inhaled NEB - nebulised
  - Never abbreviate ORAL or INTRATHECAL
  - Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full e.g. micrograms
  - Avoid decimal points e.g. 100 micrograms (not 0.1 mg) If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber – Sign + print	Administered by	Stop Date	Stop Time

PRESCRIPTION

Patient's Own Medicine

Date → / Time ↓ : 19/5/10 | 20/5/10 | 21/5/10 | 22/5/10 | 23/5/10 | 24/5/10 | 25/5/10

Medicine (Approved Name): CO CODAMOL 30/500

Dose: 2 tabs | Route: ORL | Quantity: 8

Notes | Start Date: 19/5/10 | Date

Prescriber – sign + print | Pharmacy

Time	19/5/10	20/5/10	21/5/10	22/5/10	23/5/10	24/5/10	25/5/10
6							
8		MCF	JF				
12	JF	4					
14							
18	JF	AF					
22	MCF	JF					

Medicine (Approved Name): LIBARIUM

Dose: 600mg | Route: ORL | Quantity

Notes | Start Date: 19/5/10 | Date

Prescriber – sign + print | Pharmacy

Time	19/5/10	20/5/10	21/5/10	22/5/10	23/5/10	24/5/10	25/5/10
6							
8		MCF	JF	RW	PB		KR
12							
14	JF	AF	AF			AM/AF	
18							
22	MCF	JF	RW	PB		KR	

Medicine (Approved Name): TRAMADOL

Dose: 50mg | Route: ORL | Quantity

Notes | Start Date: 19/5/10 | Date

Prescriber – sign + print | Pharmacy

Time	19/5/10	20/5/10	21/5/10	22/5/10	23/5/10	24/5/10	25/5/10
6							
8		MCF	JF	RW	PB		KR
12	JF	4	AF			AM	AF
14							
18	JF	X					
22	MCF	X					KR

Medicine (Approved Name): MOVICOL

Dose: 1 sachet | Route: ORL | Quantity

Notes | Start Date: 19/5/10 | Date

Prescriber – sign + print | Pharmacy

Time	19/5/10	20/5/10	21/5/10	22/5/10	23/5/10	24/5/10	25/5/10
6							
8		MCF	JF				
12							
14							
18	JF	AF					
22							

Name: CHARMAINE McDONALD D.O.B.: 31/12/79

REGULAR THERAPY

PRESCRIPTION

Patient's Own Medicine

Date → / Time ↓

19/5 10 | 20/5 10 | 21/5 10 | 22/5 | 23/5 | 24/5 10 | 25/5 10

Medicine (Approved Name): TEIS
For use:
Dose: 1 puff
Route: for
Quantity:
Notes:
Start Date: 19/5/10
Date:
Prescriber – sign + print: [illegible]
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): NICORETTE PATCH
For use:
Dose: 21 mg
Route: for
Quantity:
Notes:
Start Date: 19/5/10
Date:
Prescriber – sign + print: [illegible]
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): PARACETAMOL
For use:
Dose: 1 gram
Route: iv/ord
Quantity:
Notes:
Start Date: 21/5
Date:
Prescriber – sign + print: [illegible]
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): IBUPROFEN
For use:
Dose: 400mg
Route: oral
Quantity:
Notes:
Start Date:
Date:
Prescriber – sign + print:
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): OMEPRAZOLE
For use:
Dose: 20mg
Route: ORAL
Quantity:
Notes:
Start Date: 24/5/10
Date:
Prescriber – sign + print: SCOTT
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Medicine (Approved Name): ENOXAPARIN
For use:
Dose: 20mg
Route: SC
Quantity:
Notes:
Start Date: 24/5/10
Date:
Prescriber – sign + print: [illegible]
Pharmacy:

6 | 8 | 12 | 14 | 18 | 22

Name: ______________________________ D.O.B.: ______________

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature Date

Date	INR	Warfarin Dose	Prescriber – sign + print	Administered by

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															

TURN OVER →

Name: CHARMAINE MCDONALD D.O.B.: 31:12:79

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY												
Medicine (Approved Name): CYCLIZINE		For use	Date												
			Time												
Dose + frequency: 50 mg 8°	Route: oral/IM	Quantity	Dose/Route												
			Initials												
Notes	Start Date: 19/5/10	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name): DIHYDROCODEINE		For use	Date	19/5/10	20/5/10	20/5	20/5	21/5							
			Time	19.10	0115	1240	2105	1005							
Dose + frequency: 30-60mg 6°	Route: ORL	Quantity	Dose/Route	30mg	60mg	60mg	60mg	60mg							
			Initials	RN	PC	AF	MJ	[illegible]							
Notes: PAIN	Start Date: 19/5/10	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name): ONDANSATRON		For use	Date												
			Time												
Dose + frequency: 4mg 8°	Route: PO/N/IM	Quantity	Dose/Route	–											
			Initials												
Notes	Start Date: 20/5/10	Date	Date												
			Time												
Prescriber – sign + print: [illegible] NICHOLSON		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name): MORPHINE		For use	Date												
			Time												
Dose + frequency: 10mg 1°	Route: S/C	Quantity	Dose/Route												
			Initials												
Notes	Start Date: 20/5/10	Date	Date												
			Time		LW										
Prescriber – sign + print: [illegible] NICHOLSON		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name): MORPHINE		For use	Date	20/5	21/5/10	21/5	21/5/10								
			Time	17[00]	03[00]	07[10]	0900								
Dose + frequency: 5mg 1°	Route: SC	Quantity	Dose/Route	5mg SC	5mg SC	5mg SC	5mg SC								
			Initials	ND	AF	MJ	[illegible]								
Notes: PAIN	Start Date: 20/5/10	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name): ORAMORPH		For use	Date	21/5	21/5	21/5	21/5/10	22/5	22/5	22/5	22/5	22/5/10	22/5	22/5	22/5
			Time	1355	1600	1945	2045	0100	0300	0855	1040	1425	1645	1900	2020
Dose + frequency: 10 20mg	Route: oral	Quantity	Dose/Route	20mg 0	20 0	20 0	20 0	20 0	20 0	20mg 0	20 0	20	20 0	30 0	20 0
			Initials	[illegible]	LW	MD	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Notes	Start Date: 21/5	Date	Date	22/5	23/5	23/5	23/5	23/5	23/5	23/5	24/5/10	24/5	24/5	24/5	24/5
			Time	2330	0000	0940	1045	1445	1730	2035	0900	1255	1620	1945	2300
Prescriber – sign + print: [illegible]		Pharmacy	Dose/Route	20 0	20 0	20 0	20 0	20mg 0	20mg 0	20mg 0	20 0	20 0	20 0	20 0	20 0
			Initials	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

TURN OVER →

PRESCRIPTION AND ADMINISTRATION RECORD 2 of 2

Standard Chart

Hospital/Ward: 33 **Consultant:**	**Name of Patient:** CHARMAINE M'DONALD
Weight: **Height:**	**Patient Number:**
If re-written, date:	**D.O.B.** 31/12/79.
DISCHARGE PRESCRIPTION	(Attach printed label here)
Date completed:– **Completed by:–**	

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. **Inform the responsible doctor in the appropriate timescale.**

1. Patient refuses
2. Patient not present
3. Medicines not available – CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available – CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By

OTHER MEDICINE CHARTS IN USE

Date	Type of Chart

PREVIOUS ADVERSE DRUG REACTIONS

Medicine	Description of reaction
CO-AMOXICLAV	Rash + Nausea

Name: .... D.O.B.: ....

REGULAR THERAPY

- **Write clearly in block capitals, using a black ballpoint pen**
- **Use approved names for medicines**
- **Never alter a prescription**
- **Route of administration**
  - The only acceptable abbreviations are:

IV - intravenous	SL - sublingual	NG - nasogastric
IM - intramuscular	PR - per rectum	ID - intradermal
SC - subcutaneous	PV - per vagina	TOP - topical
INHAL - inhaled	NEB - nebulised	

Never abbreviate ORAL or INTRATHECAL
Specify RIGHT or LEFT for eye and ear preparations

- **Write the medicine dose clearly**
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full e.g. micrograms
  - Avoid decimal points e.g. 100 micrograms (not 0.1 mg) If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose

	Start		Route		Prescriber – Sign + print	Administered by	Stop	
	Date	Time	Mask (%)	Prongs (l/min)			Date	Time
OXYGEN								

PRESCRIPTION		Patient's Own Medicine	Date →															
			Time ↓															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
Notes	Start Date	Date	12															
Prescriber – sign + print		Pharmacy	14															
			18															
			22															

Name: .... D.O.B.: ....

AS REQUIRED THERAPY

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												

Name: .... D.O.B.: ....

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → Time ↓															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For use	6															
Dose	Route	Quantity	8															
			12															
Notes	Start Date	Date	14															
Prescriber – sign + print		Pharmacy	18															
			22															

TURN OVER →

Name: CHARMAINE McDONALD D.O.B.: 31/12/79

AS REQUIRED THERAPY

PRESCRIPTION		Patient's Own Medicine													
Medicine (Approved Name) ORAMORPH		For use	Date	25/5	25/5/10	25/5									
			Time	06.07	08.15	09.									
Dose + frequency 20mg 1°	Route ORAL	Quantity	Dose/Route	20mg / O	20mg / O	20mg / O									
			Initials		AF										
Notes	Start Date 21/5/10	Date	Date												
			Time												
Prescriber – sign + print BORROWMAN		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												
Medicine (Approved Name)		For use	Date												
			Time												
Dose + frequency	Route	Quantity	Dose/Route												
			Initials												
Notes	Start Date	Date	Date												
			Time												
Prescriber – sign + print		Pharmacy	Dose/Route												
			Initials												

TURN OVER →

NHS Lothian

CONSENT FORM: Medical or Dental Investigation, Treatment or Operation

Hospital .....

Patient's Surname .....

Other Names .....

Unit Number .....

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

Sex (tick box) Male ❑ Female ❑ Date of Birth .....

(To be completed by the medical, dental, nursing or paramedical practitioner. See notes)

Type of operation, investigation or treatment for which written evidence of consent is considered appropriate.

L4/5 Microdiscectomy (R) Sided

I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her parents or guardians), the proposed operation, investigation or treatment, including options available, and if relevant, the need for anaesthesia or sedation.

Relevant Written information given to the patient: ❑ Yes ❑ No

Signature ..... Date 20/5/10

Name and Status of Practitioner ..... BSB Cons

Re-confirmation of Consent on the day of admission:

Signature ..... Date .....

Name and Status of Practitioner .....

To the Patient (or Parent or Guardian if Appropriate)

1. **Please read this form and the notes overleaf very carefully.**
2. **If there is anything that you don't understand about the explanation or if you want more information, you should ask the practitioner before signing.**
3. **Please check that all the information on the form is correct. If it is and you understand the explanation, then sign the form.**

I am the ~~patient/parent/guardian~~ patient *(delete as necessary)*

I agree
- ✧ to what is proposed, which has been explained to me by the practitioner named above

I understand
- ✧ that anaesthesia (general/regional/local) or sedation will be needed
- ✧ that the procedure may not be done by the practitioner who has been treating me so far
- ✧ that any procedure in addition to the investigation or treatment described on this form will only be carried out if it is necessary and in my best interests and can be justified for medical reasons

I have told
- ✧ the practitioner about the procedures I have noted below* which I would wish not to be carried out without my having the opportunity to consider them first

* .....

* .....

* .....

Signature X C M'Donald Name X C. Mc DONALD

Address ..... Date X 20/5/10

LU 055

NOTES TO ALL HEALTH PRACTITIONERS (DOCTORS, DENTISTS, NURSES, PROFESSIONS ALLIED TO MEDICINE)

A patient has an absolute legal right to grant or withhold consent prior to examination or treatment. Patients should be given sufficient information, in a way that they can understand, about the proposed treatment and the possible alternatives. Patients must be allowed to decide whether they will agree to the treatment and they may refuse or withdraw consent to the treatment at any time. The patient's consent to treatment should be recorded on this consent form (further guidance is given in the Trust Policy Statement).

NOTES TO PATIENTS

The health practitioner is here to help you. He or she will explain the proposed treatment and what the alternatives are. You can ask any questions and seek further information. You can refuse treatment.

You should be provided with sufficient information to allow you to come to a decision as to whether to consent to the treatment proposed. The type of information you should receive should include:

I. Nature of your condition & proposed procedures, including degree of urgency
II. Benefits to be reasonably accepted of the procedure
III. Nature & probability of material (= significant) risks involved, including consideration of ratio of risks and benefits
IV. Inability of the practitioner to predict results
V. Irreversibility of the procedure, if that is the case
VI. The likely result of not having the proposed treatment or procedure
VII. Alternatives available, including their risks and benefits

You may ask for a relative, a friend or a nurse to be present.

Training doctors, dentists, nurses and other health professionals is essential to the continuation of the health service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor, dentist, nurse or other health professional.

You may however decline to be involved in the formal training of medical, dental, nursing and other students without this adversely affecting your care and treatment. You must tell a senior doctor or nurse if you do not wish students to be involved in your care and you should write this on the consent form in the space for things that you do not wish to happen without your being given the chance to consider them first.

WED MARCH 31st @1045
HAD MRI @ RIE
25/3
Ref Via
Mr Liquat

Programmed Investigations Unit – Referral Form

Dept Clinical Neurosciences, Ward 31, Western General Hospital 0131 537 2114

Patient Details *(attach label if available)*

Name
Address

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

Hospital number

Date of Birth

Neo - 07659
519168

Consultant [redacted]

Provisional Diagnosis ? CESS L4/L5, L5/S1 DISC PROLAPSE

Priority *(please circle)*

Urgent *(within 1 week)* **Soon** *(1-4 weeks)* **Routine** *(Longer)*

Investigations Required *(please send card or referral letter for imaging/neurophysiology)*

	Test Required (eg MRI, LP etc)	Cardi Letter done	Booked (Date – Time)	Done
1	ASSESSMENT FOR CESS			
2				
3				
4				
5				
Bloods (see over)				

Patient to be reviewed by: TCI 31/3/10

PIU nurse in charge to check:
- ☐ Vital Signs
- ☐ Weight
- ☐ Other (please specify) .....

Other Instructions:

Signature.....**Date**.....

For Office Use:

Date ..... Appt date & Time .....

Please tick LEFT box for full profile and RIGHT boxes for individual tests

- ☐ **Routine**
  - ☐ U&E's, Glucose
  - ☐ LFTs, Calcium, CK
  - ☐ Thyroid Function
  - ☐ Random Glucose
  - ☐ Full Blood Count
  - ☐ ESR and CRP
  - ☐ Urinalysis
- ☐ **Dementia**
  - ☐ ANA, Anti-dsDNA (If ANA positive)[1]
  - ☐ B12 / Folate
  - ☐ VDRL[2]
- ☐ **Neuropathy / Radiculopathy**
  - ☐ ANCA[1]
  - ☐ Anti Ganglioside Antibodies[3]
  - ☐ Protein Electrophoresis
  - ☐ B12 / Folate
  - ☐ ANA, ENA, Anti-dsDNA (If ANA positive)[1]
- ☐ **Demyelination**
  - ☐ ANA, ENA, Anti-dsDNA (If ANA positive)[1]
  - ☐ Anticardiolipin antibody[1]
  - ☐ Lupus Anticoagulant[4]
  - ☐ B12
- ☐ **Stroke**
  - ☐ Cholesterol, Triglyceride
- ☐ **Young Stroke**
  - ☐ Thrombophilia Screen
  - ☐ ANA, ENA, Anti-dsDNA (If ANA positive)[1]
  - ☐ Serum Homocysteine[5]
- ☐ **Movement Disorder**
  - ☐ Caeruloplasmin[5]
  - ☐ ASO titre[2]
  - ☐ Anticardiolipin antibody[1]
  - ☐ Blood Film for Acanthocytes
- ☐ **Neurogenetics**
  - ☐ SCA 1,2,3,6,7,8 DRPLA[6]
  - ☐ Other (specify)

  .....
- ☐ **Myasthenia / Paraneoplastic**
  - ☐ Acetylcholine Receptor Ab[3]
  - ☐ Anti-Voltage Gated K+ Channel Ab[7]
  - ☐ Anti-Voltage Gated Ca+ Channel Ab[7]
  - ☐ Paraneoplastic Antibodies (Anti-Hu)[8]
- ☐ **Other Blood Tests (specify)**
  - ☐ _____
  - ☐ _____
  - ☐ _____
- ☐ **Cardiac Tests**
  - ☐ ECG
  - ☐ CXR
  - ☐ Transthoracic Echocardiogram

SENDING GUIDE FOR PIU AND WARD SHO / HO: [1]Clinical Immunology, RIE (10mls White Tube); [2]Microbiology, RIE (10mls White Tube); [3]Neuroimmunology, Southern General Hospital, Glasgow (10mls White Tube); [4]Haematology, WGH (10mls Green – ie 3 tubes); [5]Biochemistry, WGH; [6]Biochemistry, WGH; [6]Molecular Genetics, WGH (15mls Red tubes – i.e. 3 tubes); [7] Clinical Immunology, RIE (10mls White Tube) – they will forward to Oxford; [8]Neuropathology, WGH (10mls White Tube);

Estimated Date of Discharge / Criteria Led Discharge: Medical and AHP

Please put in front of Unitary Patient Record on admission then file in patients notes

600091165X F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

Ward: 33

Hospital: WGH

What is likely Discharge or Transfer Destination? HOME
e.g. home, speciality ward, rehab ward, care home

What is Estimated Date of Discharge/Transfer (EDD*)? 23-05-18
** EDD if possible*
Take account MDT views * home, rehab ward, care home
If not possible, review at every ward round. Once EDD set please state above

Review Estimated Date of Discharge / Transfer at each ward round if
EDD may need changed e.g. clinical deterioration*

New Estimated Date of Discharge / Transfer __-__-__

Continue Reviewing EDD, modify if required __-__-__

Continue Reviewing EDD, modify if required __-__-__

Date Medically fit for Discharge / Transfer __-__-__

Criteria Led Discharge *Set Criteria for discharge 24-48 hours prior to EDD* *Please Sign*

Medical

OT

OT

Can patient be discharged at the weekend
If yes handover to weekend staff and set criteria for discharge Yes ☐ ☐ No

Junior Staff complete Immediate Discharge/Transfer Letter 24 hours in Advance
Junior Staff please Sign &Date when Complete _____

Is the patient suitable for boarding Yes ☐ ☐ No **If No, Why?**

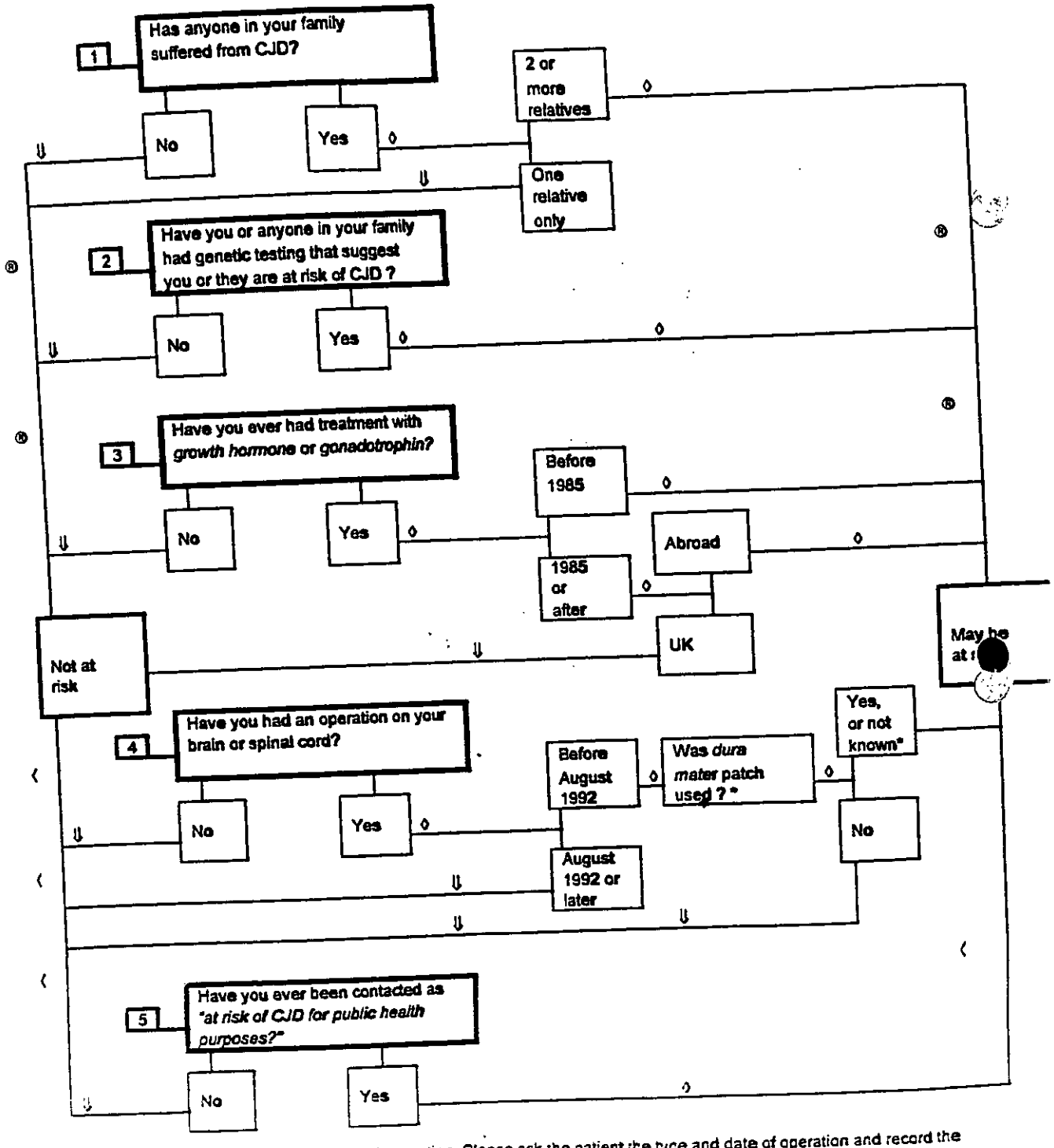
Actual Date of Discharge __-__-__

600091165X F 31/12/1979
Pat McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Da Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor
Hospital number:

	Question	Notes to clinician
1	Has anyone in your family suffered from CJD? NO	A patient should be considered to be at risk from familial forms of CJD if they have: • two or more blood relatives affected by CJD or other prion disease.
2	Have you or anyone in your family had genetic testing that suggest you, or they, are at risk of CJD ? NO	A patient should be considered to be at risk from familial forms of CJD if they have: • had genetic testing which has indicated that they are at significant risk of developing CJD or other prion disease. or: • a blood relative known to have a genetic mutation indicative of familial CJD
3	Have you ever received *growth hormone* or *gonadotrophin* treatment? If yes, do you know if this was derived from human pituitary glands? .....NO.....	Patients have been identified as potentially at risk of CJD if they have: • received hormone derived from human pituitary glands, e.g. *growth hormone* or *gonadotrophin*,. In the UK, the use of human-derived growth hormone was discontinued in 1985 but human-derived products may have continued to be used in other countries.
4	Did you have an operation on your brain or spinal cord before August 1992? NO	People who • underwent neuro-surgical procedures or operations for a tumour or cyst of the spine before August 1992 may have received a graft of *dura mater*, and should be treated as at risk (unless evidence can be provided that *dura mater* was not used).
5	Have you ever been contacted as *"at-risk of CJD for public health purposes?"* If yes, please specify. .....NO.....	The CJD Incidents Panel has identified a number of individuals who are potentially at risk of CJD or vCJD for public health purposes .....

Patient name:
Date of birth / CHI number:
Hospital number:

Please ask each of the 5 questions in the bold boxes, follow the flow chart and ring each the patient's answers which will lead to the box indicating risk, or otherwise. (Only approximately 1 in 10,000 patients will be classified as "maybe at risk")



The patient is unlikely to know the answer to this question. Please ask the patient the type and date of operation and record the answer. Neurosurgery will be able to offer an estimate of the likelihood that *dura mater* was used – (Dawn Lowe, Clinical Nurse Manager WGH xt 31202)

600091165X F 31/12/1979
McDonald, Charmaine M
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EH17 8JP
CHI 3112791401
70376 J Taylor

Pat

Dat

Hospital number:

Since 1980, have you had any transfusions of blood or blood components (red cells, plasma, cryoprecipitate or platelets)? If yes, have you either:	***a) Received more than 50 units of blood or blood components?*** ***Or*** ***b) Received blood or blood components on more than 20 occasions?***	NO
Please complete the Highly transfused vCJD Risk assessment Form for patients due to have surgery or neuro-endoscopic procedures on high risk tissues, who answer yes or maybe to questions a) or b).		N/A

fitl - 14.05.10
JW M - Comm

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Department of Clinical Neurosciences

Dr Taylor
65 Liberton Gardens
Edinburgh
EH16 6JT

Print Date	15/06/2010
Print Time	11:05
Our Ref	600091165X
CHI	3112791401

Patient:	Charmaine M McDonald 69 Gilmerton Dykes Crescent Edinburgh EH17 8JP	**UHPI:**	600091165X
		Date of Birth:	31/12/1979
Ward:	Ward 33 WGH	**Admission Date:**	19/05/2010
Consultant:	Mr Jerard Ross	**Discharge Date:**	25/05/2010

Surgical Neurology

Mr T Russell
Tel 0131 537 2110
Mr PFX Statham
Tel 0131 537 2106
Miss L Myles
Tel 0131 537 2178
Mr M Fitzpatrick
Tel 0131 537 2100
Prof IR Whittle
Tel 0131 537 2102
Mr I P Fouyas
Tel 0131 537 2422
Mr J Ross
Tel 0131 537 2178

Inpatient Discharge Summary

DIAGNOSIS: Lumbar radiculopathy
PROCEDURE: L4 laminotomy and L4/5 right microdiscectomy and medial facetectomy on 20.05.10
FOLLOW-UP: Routine outpatient clinic

HISTORY:
This lady with low back pain and bilateral leg pain since November 2009 was admitted electively for the above procedure. The procedure was uneventful and the leg pain improved significantly postoperatively. Charmaine received early input from physiotherapy and she was discharged home on 25th May with arrangements in place for a follow up appointment at her local Physiotherapy Department. We will see this lady again in the clinic in due course.

Yours sincerely,

Mr N Stavrinos
Specialty Doctor in Neurosurgery

11:55	84	18	-/-	<2 secs	-	-	-	-	15	-	-	-	9/10
12:05	88	18	131 / 90	<2 secs	-	-	-	-	15	7.550	-	-	4/10

AMPLE

Allergies	AUGMENTIN.
Other allergies	GABAPENTIN, TRAMADOL, IBUPROFEN, OMEPRAZOLE, PARACETAMOL.
Medication	LUMBAR OP 3/52
Past history	5 hrs
Last eaten	SIMPLE FALL @ 1015 DOWN 5 STEPS, NO LOC. EXACERBATION AT SITE OF ONGOING LUMBAR PAIN. NO OTHER PAIN SITES OR OBVIOUS INJURY.
Events prior	

DRUGS, GASES AND PAIN RELIEF

Pain before	Drug / gas given	Time given	Dose given	Route	Batch No.	Pain after
9/10	Entonox	11:57	S/A	Inh	-	4/10

PATIENT HANDOVER

On arrival at scene	Lying
Scene removal	Chair
Transportation	Lying
Care delivery at hospital	Trolley

FINAL OBSERVATION AND COMMENTS

GP @ LIBERTON MEDICAL PRACTISE. NOK GARY GATTI 07833538856.	
Report ID	54184db4-2947-46ce-9d32-ef3440dd65c9

E-Pacer PATIENT REPORT

12:30 | Date | 08/06/2010

PATIENT AND INCIDENT DETAILS

ıber	ED00276 3697.001
	CHARMAINE MCDONALD
	AS INCIDENT
Age	30
Date of birth	31/12/1979
Gender	Female
Incident location	69 GILMERTON DYKES CRESCENT GILMERTON EDINBURGH
Incident post code	EH17 8JP
Incident type	EMG
Call received	08/06/2010, 11.43
Call passed	08/06/2010, 11.46
Crew mobile	08/06/2010, 11.48
Crew at scene	08/06/2010, 11 53
Crew left scene	08/06/2010, 12 19
Patient at hospital	08/06/2010, 12 30
Receiving hospital and department	NERI New Edinburgh Royal Infirmary

PRIMARY SURVEY

RESPONSE	
AVPU	Alert
AIRWAY	
Airway assessment	Clear
BREATHING	
Breathing rate	Normal
Respiratory rate	
CIRCULATION	
Pulse rate	Normal
Most peripheral pulse found	Radial
Cap refill rate	
Skin colour	Normal
Skin texture	Dry

600091165X/E1737367 F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

C-SPINE INJURY

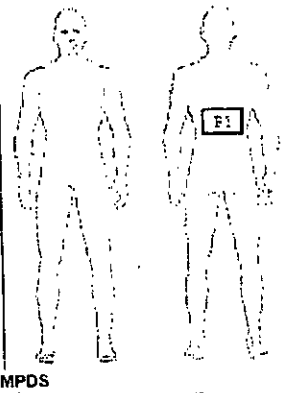
Suspicion of CSI	No evidence of C-spine injury

PATIENT CONSENT

Patient consent	Treatment benefits explained, Risks of condition explained, Capacity to understand risks and treatment, Advice given to patient
Duty of care delegated to	NRIE A AND E.

INJURIES

Other aid(s) used	ONGOING PAIN @ THIS SITE (USUALLY SCORED @ 4/10) AFTER FALL SCORED @ 9/10.



AMPDS

Dispatch code	17D02	Falls, Long Fall >=6ft/2m
Final code	17B01	Falls, Possibly Dangerous Area

GCS

Final GCS eye opening	Spontaneous
Final GCS verbal response	Orientated
Final GCS motor response	Obeys commands

VITAL SIGNS

Time hr : min	Pulse bpm	Resp. rpm	BP mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol / l	Temp °C	SpO2 %	GCS Total	RTS	SEWS	ECG	Pain score

Accident and Emergency Unit
Nursing Care Plan

600091165X/E1737367 F 31/12/1979
McDonald, Charmaine M
69 Gilmerton Dykes Crescent,
Edinburgh,
Midlothian,
EH17 8JP
CHI 3112791401
70376 J Taylor

Admission Nurse Signature

Admission Care Guide

Mandatory Admission Tasks	Tick	Optional Admission Tasks	Tick
Undress patient		Connected to acuity	
Nurse on Sheet		12 Lead ECG	
Clothing bagged and labelled		Nurse X-Ray	
Vital Signs recorded (including pain score)		Analgesia	
Relatives informed		Valuables listed	

Pressure Care Guide

Build/Weight for Height		Appetite		Mobility		SCORE 1-10
Average	0	Average	0	Fully	0	
Above average	1	Poor	1	Restless/fidgety	1	LOW RISK
Obese	2	NG tube/fluids only	2	Apathetic	2	LIKELY TO BE SELF CARING AND INDEPENDENT IN ALL OR MOST ASPECTS OF SCALE
Below	3	NDM/anorexic	3	Restricted/inert	3	
				Traction	4	
				Chairbound	5	
Continence		**Tissue Malnutrition**		**Major Sugery/Trauma**		**SCORE 10-15**
Completely catheterised	0	Terminal cachexia	8		5	
Occasional incontinence	1	Cardiac failure	5	Orthopaedic – below waist		MODERATE RISK
Ceth / incont of faeces	2	Peripheral disease	5	Spinal – on table over 2 hrs	5	NEEDS 2 HRLY PRESSURE CARE AND PRESSURE AREAS OBSERVED
Doubly incontinent	3	Anaemia	2			
		Smoking	1			
Skin Type: Visual Risk Area		**Neurological Deficit**		**Sex/Age**		**SCORE 15-20**
Healthy	0	Diabetes	4-6	Male	1	
Tissue paper	1	MS	4-6	Female	2	HIGH RISK
Dry	1	CVA	4-6	14-49	1	NEEDS 2 HRLY PRESSURE CARE
Oedematous	1	Motor sensory	4-6	50-64	2	AND POSITIONED ONTO A PRESSURE MATTRESS
Clammy	1	Paraplegia	4-6	65-74	3	CHART ANY VULNERABLE AREAS AND OBSERVE
Discoloured	2			75-80	4	
Broken/spot	3			81+	5	
Medication		**TOTAL SCORE**				**SCORE 20+**
Cytotoxics	4					VERY HIGH RISK
High doses of steriods	4					NEEDS 2 HRLY PRESSURE CARE
Anti-inflamatory	4					AND POSITIONED ONTO A PRESSURE MATTRESS.
						INFORM BED MANAGER IF ADMISSION IS REQUIRED
						AND CONTACT TISSUE VIABILITY SERVICE FOR
						FURTHER ADVICE.
						CONSIDER AIR MATTRESS

Continuous Nursing Care Record

Please note time and sign for any care delivered

NUTRITION	CONTINENCE	PRESSURE CARE

8/6/10

Time	Nursing Progress Notes	Signature
1255	C/o lumbar spine pain 9/10 (Simple top) Obs stat	
	Obs c/o inc BP + anxiety. Able to walk	DSN
1605	Morphine IV as charted for analgesia	JJ

Nursing Care Rounds

Time of Round →							
Complete nursing documentation							
Review frequency of vital signs							
Inform patient & relatives of any change							

Nursing Release

Advice / Health Education	Y	N	N/A	Safe Home referral	Y	N	N/A
Medication	Y	N	N/A	Crisis care referral	Y	N	N/A
X-rays	Y	N	N/A	Ref. District Nurse	Y	N	N/A
Clinic appointment	Y	N	N/A	GP referral	Y	N	N/A
Notes	Y	N	N/A	NOK/Carer aware	Y	N	N/A
Transport with relatives	Y	N	N/A	Ambulance required	Y	N	N/A
Discharge Lounge	Y	N	N/A	SAS Reference No			

Discharge Nurse / Doctor Signature _____

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

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

NHS Lothian

A/E no. E1737367
E1686065
Previous no.

UHPI no. 600091165X
CHI no. 3112791401

PATIENT INFORMATION

Surname McDonald
Forenames Charmaine Martha
Date of Birth 31/12/1979
Age 30 Yrs Sex F

Address 69 Gilmerton Dykes Crescent
Edinburgh
Midlothian
Postcode EH17 8JP
Telephone 07833538856

Contact Betts, Catherine
Address
Telephone H
W

Complain Back Pain
Allergies

Attendances in last 12 months: 1 School:

General Practitioner

Name
J Taylor
Address
65 Liberton Gardens
Edinburgh
EH16 6JT
Telephone 0131 664 3050

Date and Time of Attendance
08/06/2010 12:42
Incident Date & Time:
Mode of Arrival
Emergency Ambulance
Source of Referral
999 Emergency

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer
35.8	90	16	124/62	8.9	98% on RA			

Nursing Assessment 4/7 ↓ lumbar spine pain ↑ mood 6/10 → 3/10 90, pain diary. 5 steps this am – 4/10, ↑ reading & writing ↓ smoking ↓ pain lumbar region, (see pain sheet) – discharge AVS.

Pain Assessment Score
Waterlow Score
Pain Score Review
Time
Triage Score
Signature
Time
Print Name

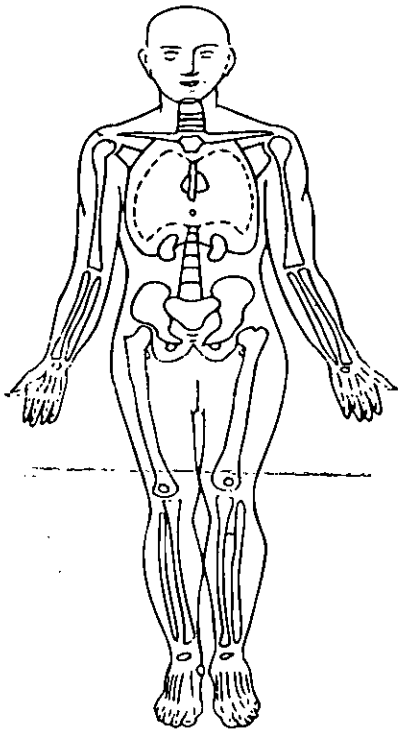
Clinical Notes

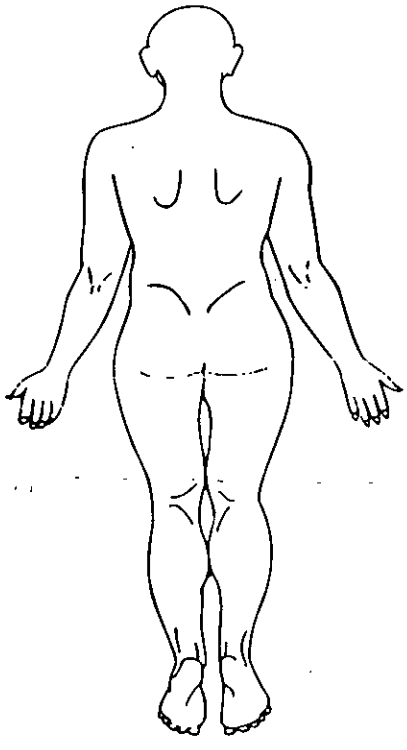
See Typed Sheet

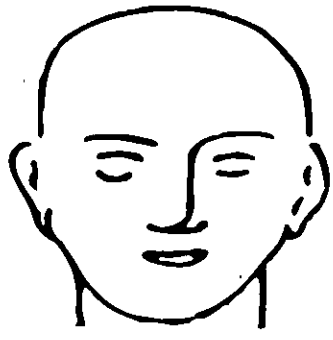
Diagnosis

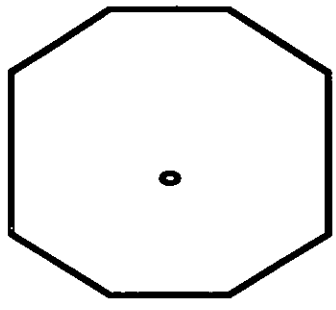
Doctor's Name (print) John Coulter
Signature

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

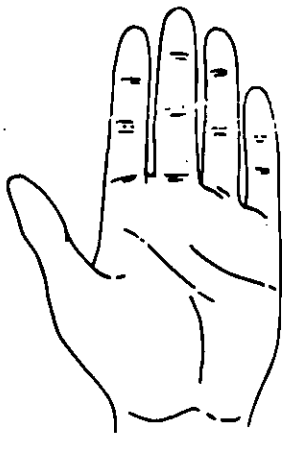


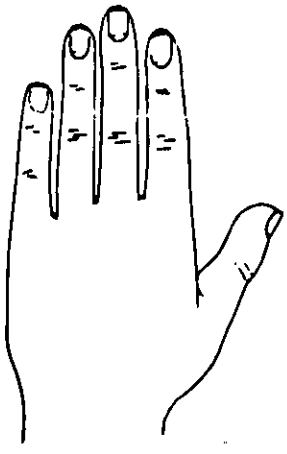




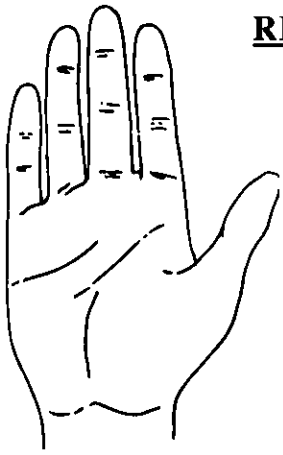


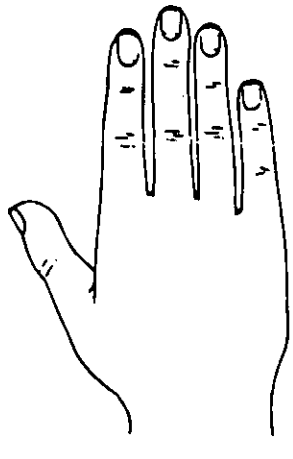
LEFT





RIGHT





600 091165 X.

500 6185566 R

Edinburgh Community Health Partnership

Edinburgh Community Physiotherapy Service
Gracemount Physiotherapy Department
Gracemount Medical Centre, 24 Gracemount Drive, Edinburgh, EH16 6RN
Tel: 0131-672 9460 Fax: 0131-672 0479

NHS Lothian

MR. ROSS.

D.C.W.

W.4.14.

F.U

DISCHARGE SUMMARY

Patients Name: .....
DOB: .....
Address: .....
.....
Physiotherapy Diagnosis: L4 LAMINOTOMY / L4/5 MICRODECTECTOMY AND MEDIAL FACETECTOMY

3112791401
MCDONALD, CHARMAINE
69 GILMERTON DYKES CRES
EDINBURGH
EH17 8JP F 31/12/1979

CHI No: .....
Date of Discharge: 17/02/11.

Number of Treatments: 9.
Number of DNA's/UTA's: 2

Treatment	
Manual Therapy	☐
Electrotherapy	☐
Individual Exercise	☑
Group Exercise	☐
Advice/Education	☑
Acupuncture	☐
Injection Therapy	☐
Optional review appt for	☐
Other	☐

Outcome	
Much Better/Problem Resolved/Aims Achieved	☐ 4
Improved	☐ 3
No Change	☑ 2
Worse	☐ 1
Outcome Unknown	☐ 0

Discharge	
D/C Normally	☐ A
One off Advice Session	☐ B
Optional review appt not used	☐ C
Self Discharge	☐ D
Transferred to other Health Professional	☑ E
Re-referred to source	☐ F
DNA/UTA/No Contacts	☐ G
DNA 1st Appointment	☐ H
Patient Died	☐ I
Optional review appt not used – Triage	☐ J

Notes from

Comments:
Patient to self manage with given ex's/advice ☑

Transferred to pain management.

2 MAR 2011

G. Ucl
Physiotherapist Signature

GORDON CLARK
Physiotherapist Name

17/02/11
Date

MCDONALD, CHARMAINE ID:3112791401 16-SEP-2015 09:50:24 NHS LOTHIAN-RIE_ED ROUTINE RECORD

31-DEC-1979 (35 yr)
Female Caucasian

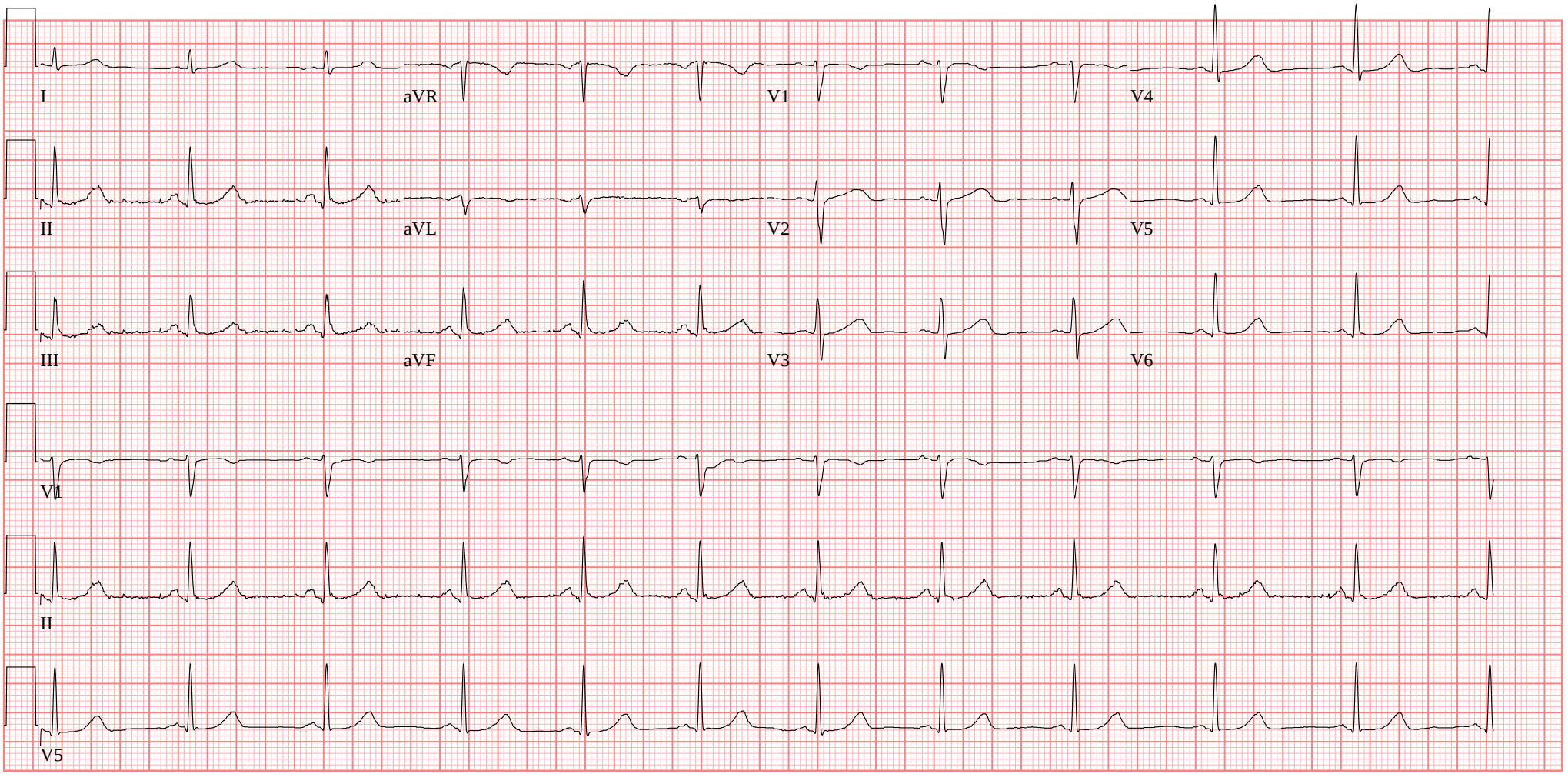
Room:
Loc:40

Vent. rate	68	BPM
PR interval	135	ms
QRS duration	85	ms
QT/QTc	423/450	ms
P-R-T axes	76 77	62

Technician: PAULINA
Test ind:

Referred by:

Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 50515

SID: 1952883 EID: EDT: ORDER:

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 21/09/2015

Inpatient Discharge Summary

Patient	Charmaine McDonald 5 Matthew Street Flat 4 Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI**	**3112791401** 31/12/1979 (35 years) 600091165X
Specialty	General Medicine	**Admission Date**	16/09/2015
Ward	Ward 208 RIE		
Consultant	Dr Ross FE Murphy	**Discharge Date**	18/09/2015

Dear Dr Duncan

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Dihydrocodeine M/R Tablets	90 MG	TWICE DAILY	Long Term	Patient's own at home

PRINCIPAL DIAGNOSIS/PROCEDURE
(1) Collapse

Mrs McDonald is a 35 year old lady who was admitted on 16/9 following a collapse. She has remained alert and apyrexial during admission. On admission all Mrs McDonalds bloods were normal. Mrs McDonald has chronic back pain and is known to the pain team.

TREATMENT
Observation

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Nil

CHANGES TO DRUGS SINCE ADMISSION
Nil

PREVIOUS ADVERSE DRUG REACTIONS
Penicillin

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING
GP to please consider the following many thanks for the ongoing care of this patient.

Should you need further information please contact Dr Murphy's team, General medicine, ward 208, RIE.

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName.....H Martin.....

Designation.....FY1..... Date..18/9/15..... Time.....14:30.....

Patient/Carer Signature.....

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

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr Duncan
Gracemount Medical Practice
24 Gracemount Drive
Edinburgh
EH16 6RN

Date: 27/10/2015

Inpatient Discharge Summary

Patient	Charmaine McDonald 5 Matthew Street Flat 4 Edinburgh EH16 4GZ	**CHI** **Date of Birth / Age** **UHPI**	**3112791401** 31/12/1979 (35 years) 600091165X
Specialty	General Medicine	**Admission Date**	16/09/2015
Ward	Ward 208 RIE		
Consultant	Dr Ross FE Murphy	**Discharge Date**	18/09/2015

Dear Dr Duncan

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Dihydrocodeine M/R Tablets	90 MG	TWICE DAILY	Long Term	Patient's own at home

Dear Dr Duncan,

Further to this ladies immediate discharge letter she was admitted with a collapse and subsequent "shaking episode", routine bloods on admission were unremarkable as was a Chest X-ray.

These were not felt to represent seizures and she was noted to be having a stressful time prior to admission. She has not received any specific treatment during her admission and was discharged feeling well a couple of days later.

I notice that the urine cultures were positive for Enterococcus which is sensitive to Amoxicillin and Nitrofurantoin. This was sent on the 16th and is documented that she has had no urinary symptoms at the time of admission. Obviously this is now several weeks old and I suspect that it is not clinically relevant, however maybe useful in the future should she represent with urinary symptoms.

Kind regards

Yours sincerely

Dr Anne Jones
Medical Registrar

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

BRUISE

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

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

2 The following patient information leaflet has been provided:

Version No.:

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

3 This procedure will involve:
General and/or regional anaesthesia ☐ Local anaesthesia ☑ Sedation ☐ None ☐

Signed (Health professional): _____ Date: 22.5.23

Name (PRINT): _____ Time (24hr): _____

Designation: _____ Contact/bleep no: _____

C Consent of patient/person with parental responsibility

Photography, Audio or Visual Recording

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

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

Medical Training
I agree to the involvement of medical and other students as part of their formal training.
YES / NO

Use of Tissue

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

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

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

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

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

I wish to proceed with the planned procedure.

I therefore give my consent to the procedure as described

Signed (Patient): _____ Date: 22/5/23

Name of patient (PRINT): _____

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

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

Signed: _____ Date: _____

Relationship to patient: _____

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

Signed:_____ Date:_____

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

Signed (Witness):_____ Date:_____

Name of witness (PRINT):_____

Address:_____

D Confirmation of consent

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

Signed (Health professional):_____ Date:_____

Name (PRINT):_____ Job title:_____

Please initial to confirm all sections have been completed:_____

E Interpreter's statement (if appropriate)

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

Signed (Interpreter):_____ Date:_____

Name (PRINT):_____

Or, please note the telephone interpreter ID number: _____

F Withdrawal of patient consent

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

Signed (Patient):_____ Date:_____

Signed (Health professional):_____ Date:_____

Name (PRINT): _____

Job title:_____

NHS Lothian Consent Form

NHS Lothian

Patient Name

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4,
5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

CHI

Attach Label

Consultant or health professional responsible for your care

Name and job title: Dr. [illegible]

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

A Name of proposed procedure or course of treatment

(include brief explanation if medical term not clear)

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

(R) L/S. TRANSFORAMINAL
NERVE ROOT INJECTION

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

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

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

PAIN RELIEF

Angiogram Checklist

NHS Lothian

600091165X F 31/12/1979
McDonald, Charmaine M
Flat 4, 5 Matthew Street,
Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

Address:
PATIENT:
DOB:
CHI:

Date of procedure: 12.1.23 Theatre OR

Consultant: maple

Planned Procedure is: Nerve root injection

Case type: Emergency ☐ or Elective ☐, and in Normal Hours ☐ Out-Of-Hours ☐ Weekend ☐.

Pre Procedure Checklist: Completed by Ward Nurse	Y	N	N/A
Patient details correct			
Consent: signed			
Consent: verbal			
Fasted since: 12 MN			
Two identity bands in place			
Does patient have a known Allergy? If Yes Please state:			
Dentures removed			
Prosthesis			
Jewellery: Taped or removed			
Anti Embolic Stockings/ TEDs			
Pre-medication prescribed			
Pre-medication administered			
Signature Print			
Nursing Handover: All above details checked & correct:			
Ward nurse: Signature Print			
Imaging Nurse: Signature Print			

N/A

X ray Angiogram Checklist

NHS Lothian

PRE PROCEDURE:

	YES	NO	N/A	COMMENTS
Staff introduce each other	✓			
Consent signed	✓			
Correct side identified	✓			
Allergies documented	✓			Penicillin + Olmesartan
Medical Notes			✓	
IV access			✓	
Anticoagulant stopped			✓	
All equipment available	✓			
Drugs checked	✓			
Appropriate discharge arrangements	✓			
Radiographer to confirm 1. Pregnancy status 2. IRMER compliant	✓ ✓			not pregnant

Name (Print and Sign) Liz Knox

Designation CSW Date / time 22/5/23 @ 1330

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
22.5.23	1335	Clinocaine 3mg/ml 1162248 ex 12/2024	1 ml			1335	LM
22.5.23	1335	Dexamethasone 3.3mg 223516 06/2024	2ml			1342	LM
22.5.23	1335	Exp: 11-2024 Lot: 15830681 GE Healthcare OMNIPAQUE™ 300 mg I/ml 20 ml	2ml			1340	LM

POST PROCEDURE:

	YES	NO	N/A	COMMENTS
Procedure performed as planned	✓			
Procedure and side documented	✓			
Drugs administered clearly documented	✓			
Post procedure instructions documented			✓	
Untoward event recorded			✓	

Name (Print and Sign) Liz Knox

Designation CSW Date / time 22/5/23 @ 1345

NHS Lothian

Immediate Outpatient Letter

IN CONFIDENCE

Serial number 1069419

Hospital : RIE Department : GTA Consultant :

Name and address of General Practitioner

Mr/Mrs/Miss: 6000911165X F 31/12/1979 Unit No.:
Surname: McDonald, Charmaine M
First Name: Flat 4,
5 Matthew Street,
Address: Edinburgh,
EH16 4GZ
CHI 3112791401
70198 S MacCallum

Weight (where applicable)

Your patient attended the clinic on: 12/05/2005

Recommendations/comments:

Follow-up advice: To attend hospital for further review in

To attend GP surgery Y / N

Follow-up required Y / (N)

Medication: The following medicines are recommended. Only those items that must be initiated immediately have been provided from the hospital pharmacy, as indicated under the 'Quantity to be provided' section.

Pharmacy use:

Medicine and Form	Dose	Administration Times 07 / 14 / 18 / hs	Additional Instructions (including length of treatment course)	Quantity to be provided *	LF **	Dispensed/ Issued by:	Checked by:
1. Co-codamol 30/500	60/ Tabs		7 days	28			
2.							
3.							
4.							
5.							
6.							

N.B. * A 14 day supply should be provided from the hospital if required unless a shorter or longer course is appropriate.

** Tick the box if the medicine is not on the Lothian Joint Formulary, and include an explanatory note for non-Formulary medicines under Recommendations/comments.

Prescribed by : (sign) Date : 12/05/2005

MUHAMMAD HASSAN (print)

Contact for advice : GTA Tel/bleep no. : 4001

WHITE COPY - TO PHARMACY PINK COPY - G.P. BLUE COPY - CASENOTES

RIE 334

Progress Notes

Patient & GP Information

UHPI Number	600091165X
CHI Number	3112791401
Episode Number	I0000128363
Surname/Forename	McDonald, Charmaine
Date of Birth	31/12/1979
Sex	Female
Patient Address.	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
Registered GP	N Sharp
GP Address.	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0000128364	I0000128365
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0000128366	I0000128367
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0000128368	I0000128369
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
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Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0001464193	I0002170523
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0002493859	I0002524926
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0002538432	I0003767368
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Patient & GP Information

600091165X	600091165X
3112791401	3112791401
I0005690272	I0006172550
McDonald, Charmaine	McDonald, Charmaine
31/12/1979	31/12/1979
Female	Female
Flat 4 5 Matthew StreetEdinburgh EH16 4GZ	Flat 4 5 Matthew StreetEdinburgh EH16 4GZ
N Sharp	N Sharp
Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT	Niddrie Medical Practice,Craigmillar Medical Centre,106 Niddrie Mains Road,Edinburgh EH16 4DT

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002170523 Dr Alan J Jaap 06/10/2008 Christina Hood	DIAGNOSIS: ,1. Overdose of Paracetamol and Sleepeeze, whilst intoxicated with alcohol and taken impulsively, but with true suicidal intent, suicidal ideation and actions precipitated by recent psychosocial stressors.,2. Harmful use of alcohol, Cocaine, and Amphetamines.,3. History of recurrent depression treated in Primary Care. ,,Specific treatment required: N Acetylcysteine therapy due to combination of moderate Paracetamol level and high risk of hepatic damage due to harmful use of alcohol. ,,Patient detained under the Mental Health Act: NO,,PSYCHIATRIC ASSESSMENT: Miss McDonald took an overdose of 32 x 500mg Paracetamol tablets and 20 Sleepeeze tablets yesterday evening; she was found by her friend with whom she had had an argument shortly before. She had drunk around 10 units of alcohol (beer) and self harmed to her right wrists, requiring sutures. She described clear suicidal intent at the time of the overdose, with intermittent thoughts of suicide in the last 2 weeks, these thoughts appear to be directly a result of multiple recent social stressors:,,· Break up with her partner of 2 years, as she had been having an affair.,· Stress of an imminent court case (27th October 2008) to consider access and visitation rights for the father of her older children (aged 11 and 12, who live with their paternal grandmother). ,· Conflict among family members.,,These factors have led to difficulty coping. She has 2 children, for whom she is the full time mother, aged 7 and 4, at home. She appears to be coping with this aspect of her life adequately. ,,PERSONAL & SOCIAL HISTORY: She is the oldest of 7 siblings, and was raised by her grandmother up to the age of 8, and then by her mother. Both she, her mother and her siblings, were the victim of physical violence from her mother s abusive partner between the ages of 8 and 14. She was placed in foster care from the age of 14 to 16. She describes being raped on her 15th birthday, and was reluctant to discuss further details of this. She became pregnant at the age of 15, and had her first child at 16, and her second at 17. Her partner at the time was abusive, and kidnapped and tortured her leading to the end of this relationship.,,She subsequently married, but her husband was alcoholic and violent at times. She has 2 children, aged 7 and 4, by this relationship. Her most recent relationship (which ended a few weeks ago) was for 2 years. She described how he was a good man, but I managed to fuck that up too . She describes variable alcohol intake, from 30 to 80 units per week, and harmful use of Speed Cannabis and Cocaine over many years. Her use of these substances has remained fairly static over several years, although her alcohol intake may have increased in recent weeks.,,MEDICAL & PSYCHIATRIC HISTORY: She has been treated for recurrent depression over several years, with a variety of SSRI s including Fluoxetine and Sertraline. She was unsure if they have had had any affect. Medical history includes pelvic inflammatory disease, sterilisation and previous overdose (several years ago).,,MENTAL STATE EXAMINATION: Appearance and behaviour young woman with neatly styled hair and clothes. She appeared tired with a black eye on the left (apparently an accident inflicted by a beer can), intermittent eye contact and mild psychomotor retardation. She smiled appropriately on one occasion, appeared angry at other times, and was dejected when talking of recent stressors. Speech decreased in volume, normal in rate, variation and tone. Mood subjectively I have been feeling like I m having a nervous breakdown the last couple of weeks just can t think straight . Regarding suicide attempt she said I can t even do that properly, can I.? . She added I ll have to face my children, my mum, my friends, I feel stupid . She was unsure whether she would reattempt suicide, but cited protective factors, namely her children and the social support from her mother and 2 friends. She was able to guarantee her short term safety. She is making some plans for, and can visualise, a future and intends to attend Court at the end of October. ,,Objectively reactivity was largely maintained, but she had a somewhat flattened affect. Thought and perception nil psychotic, cognition not assessed. Insight partial, she is aware that this suicide attempt may partly have been a cry for help but was unsure of this. In addition she was willing to access help from Mental Health Services in the future. ,,PLAN: ,,1. I will refer her urgently to the primary Care Mental Health Team based at Gracemount Surgery for assessment of:,§ Psychosocial support needs.,§ Need for further assessment plus or minus treatment of depression.,§ Further assessment of her ongoing suicide and self harm risk.,§ Possibly addressing her harmful use of alcohol, Cocaine and Speed.,,2. Advice on reducing her alcohol and drug misuse, although her motivation to stop appeared limited. ,3. I have also provided telephone numbers for Crisis Services.,4. Discharge once NAC therapy complete.,,,Yours sincerely,,,,,Dr Neelom Sharma,ST4 in Liaison Psychiatry,,Cc: The South South East Primary Care Team, New Gracemount Medical Centre, 24 Gracemount Drive, Edinburgh EH16 6RN,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002493859 Mr Jerard Ross 06/04/2010 14:39 Jacqueline Mason	DIAGNOSIS: Lumbar radiculopathy (M51.1),PROCEDURE: None,FOLLOW-UP: To be readmitted for surgery in due course,,SUMMARY:,This 30 year old lady was referred to the neurosurgical department on 25th March 2010 and was reviewed in PIU on 31st March 2010. She has been suffering with low back pain and bilateral sciatica since November 2009. The pain is constant and on the right side it goes as far as the little toe and on the left side the pain radiates to the heel. The pain is worse in her back compared to her legs. It is not relieved or exacerbated by changing posture. Charmaine was also complaining of paraesthesia affecting both lower limbs and occasional post micturition dribbling for a few months. ,,The patient is smoker, had problems with depression in the past and has four children. She takes Cocodamol, Ibuprofen and Mirtazepine. ,,On examination straight leg raising was limited to approximately 40 degrees bilaterally because of severe back pain but the sciatic nerve stretch test was negative. Power, sensation, tone and reflexes were normal in both lower limbs. ,,She underwent two MRI scans of her lumbar spine, the first in January and the second in March 2010. The MRI images were virtually identical. At L4/5 level there is a disc bulge that compresses the right L5 nerve root and causes minor compression of the left L5 nerve root. There is a smaller posterior disc bulge at L5/S1 level that touches but does not compress the S1 roots. I explained to the patient she will most likely need to be put on the waiting list for L4/5 discectomy. I have discussed the patient with Mr Ross, Consultant in charge, who has agreed to place this lady's name on the waiting list for L4/5 discectomy. ,,Yours sincerely, ,,,,Mr N Stavrinos,Specialty Doctor in Neurosurgery,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002524926 Mr Jerard Ross 15/06/2010 11:04 Jacqueline Mason	DIAGNOSIS: Lumbar radiculopathy,PROCEDURE: L4 laminotomy and L4/5 right microdiscectomy and medial facetectomy on 20.05.10,FOLLOW-UP: Routine outpatient clinic,,HISTORY:,This lady with low back pain and bilateral leg pain since November 2009 was admitted electively for the above procedure. The procedure was uneventful and the leg pain improved significantly postoperatively. Charmaine received early input from physiotherapy and she was discharged home on 25th May with arrangements in place for a follow up appointment at her local Physiotherapy Department. We will see this lady again in the clinic in due course. ,,Yours sincerely, ,,,,Mr N Stavrinos,Specialty Doctor in Neurosurgery,,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002538432 Mr John F Keating 11/06/2010 11:46 Jeffrey Dalli	PRINCIPAL DIAGNOSIS/OPERATION,,Fall,Back Pain - reponsded to Physiotherapy,,TREATMENT,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL, ,CHANGES TO DRUGS SINCE ADMISSION, ,PREVIOUS ADVERSE DRUG REACTIONS,,Augmentin - Rash,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,,GP to please consider the following...,,Should you need further information please contact…,,Information contained in this letter has been discussed with the patient/carer.,,Staff Signature..... Print Name.....,,Designation..... Date.....Time.....,,Patient/Carer Signature.....,,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0002538432 Mr John F Keating 22/07/2010 13:50 Marion Fraser	DIAGNOSIS,Back pain, 3 weeks following spinal surgery (Mr Russell, Neurosurgery).,,SUMMARY,This young lady was admitted to Orthopaedics following a fall and some increased lumbar back pain on 8/6/10. We were able to mobilise her and she was discharged the following day. I believe she is to be looked after by Mr Russell's Team.,,FOLLOW UP,No Orthopaedic follow up required.,,Yours sincerely,,,,,Mr S Aitken,SpR to Mr J F Keating,,SA/MF,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003767368 Dr Ross FE Murphy 17/09/2015 12:42 Dr Helen Martin	PRINCIPAL DIAGNOSIS/PROCEDURE,(1) Collapse,,Mrs McDonald is a 35 year old lady who was admitted on 16/9 following a collapse. She has remained alert and apyrexial during admission. On admission all Mrs McDonalds bloods were normal. Mrs McDonald has chronic back pain and is known to the pain team.,,TREATMENT,Observation, ,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,Nil, ,CHANGES TO DRUGS SINCE ADMISSION,Nil, ,PREVIOUS ADVERSE DRUG REACTIONS,Penicillin,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,GP to please consider the following many thanks for the ongoing care of this patient., ,Should you need further information please contact Dr Murphy's team, General medicine, ward 208, RIE. , ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Staff Signature..... PrintName.....H Martin.....,,Designation.....FY1..... Date..18/9/15..... Time..... 14:30.....,,Patient/Carer Signature....., ,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0003767368 17/09/2015 13:25 Bruce Watson	Code:4 Usually on Dihydrocodeine MR 90mg BD - non-stock. Use 60mg TDS as inpatient. Back to own at home

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003767368 Dr Ross FE Murphy 07/10/2015 11:59 Susan R McBride	DIAGNOSES:,Collapse - no cause found,Chronic back pain,,HISTORY OF PRESENTING COMPLAINT:,Mrs McDonald is a 35 year old lady who was admitted on 16/9 following a collapse. She has remained alert and apyrexial during admission. On admission all Mrs McDonalds bloods were normal. Mrs McDonald has chronic back pain and is known to the pain team.,,TREATMENT:,Observation, ,CHANGES TO DRUGS SINCE ADMISSION:,Nil, ,PREVIOUS ADVERSE DRUG REACTIONS:,Penicillin,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS:,Nil,,GP to please consider the following:,Many thanks for the ongoing care of this patient., ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely,,,,,Dr Anne Jones,Medical Registrar,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003767368 Dr Ross FE Murphy 14/10/2015 11:17 Susan R McBride	Dear Dr Duncan,,,Further to this ladies immediate discharge letter she was admitted with a collapse and subsequent shaking episode, routine bloods on admission were unremarkable as was a Chest X-ray.,,These were not felt to represent seizures and she was noted to be having a stressful time prior to admission. She has not received any specific treatment during her admission and was discharged feeling well a couple of days later.,,I notice that the urine cultures were positive for Enterococcus which is sensitive to Amoxicillin and Nitrofurantoin. This was sent on the 16th and is documented that she has had no urinary symptoms at the time of admission. Obviously this is now several weeks old and I suspect that it is not clinically relevant, however maybe useful in the future should she represent with urinary symptoms.,,Kind regards,,Yours sincerely,,,Dr Anne Jones,Medical Registrar,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0005690272 Dr David R McKean 12/06/2023 11:34 Angela Simm	THE INFORMATION BELOW RELATES TO PATIENT PRESENTATION ON 10.06.23 CLINICAL NOTES: Clinical note: D Whitehall ST3 (EM) PC: Chest pain HPC: Woke this morning with left sided chest pain. Sharp in nature. Pleuritic. Radiates into left arm and back. Associated SOB. Been clammy and sweating. Nauseated but no vomiting. No palpatations. Pre-syncopal symptoms. Denies any exertional CP or breathlessness. Works as runner at Tesco so very active. No recent illness. PMH: Low back pain DH: Allergies: Penicillin Meds as per ECS SH: Smoker - 10/day O/E: Alert, looks well. Has ongoing pain. No IWOB. SpO2 100% on RA. RR 28 Chest clear Warm to edges. Regular pulse. HS I+II+0 No peripheral oedema. Calves NAD Apyrexial. Ix: Bloods - FBC/U&Es/LFTs/trop normal Imp: No evidence of infection or ACS Need to rule out PE and PTX given pleuritc pain. ???aortic syndrome Plan: 1) Add on d-dimer 2) CXR 3) Analgesia CXR - No focal consolidation or collapse D-dimer - 247 (negative) Imp: Reassuring trop and d-dimer exclude MI/PE/aortic syndrome No evidence of pneumothorax or infection Cause of pain unclear but significant pathology excluded Plan:

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
	1) Home -will trial PPI as has frequent reflux symptoms -to see GP next week if ongoing issues -worsening advice

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006172550 Nurse 14/05/2025 09:14 Dawn macKintosh	Charmaine was referred to GTA for a scan and review. I teleephoned to arrange an appointment. Charmaine said her bleeding is light but she still had pain in her LIF. Appointment given for tomorrow at 13:30 for a scan. Patient aware and will attend with a full bladder. If pain increases she will get back in touch.

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006172550 Dr Karen I Rose 15/05/2025 17:20 Dr Ine Reynolds	Addit to notes started earlier today - patient dicharged so could not eddit earlier note Option of coil discussed but not at all keen on this Speculum performed by Dr Mukiaerjee: normal V+V+C. Pipelle biopsy performed successfully Plan - home - no need for TXA as bleeding stopped - if pain remians an issues will see GP in first instance

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0006172550 Dr Karen I Rose 16/05/2025 16:47 Dr Monica Ilevbare	Chasing results Swab test indicate bacterial vaginosis Discussed with Charmaine on the phone- she is happy to come to Ward 210 this weekend or next week to pick up a prescription. She prefers a stat dose of metronidazole to a 5 day course. Allergies: Penicillin Currently feels better compared to her initial attendance to the ward. *I will keep a prescription in the job's book for her collection GPST Ilevbare

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000128363 Dr Kris M Skwarski 09/08/1997	Diagnosis: OVERDOSE ,,This patient was admitted after taking an overdose of: TRAMADOL,,The patient was not severely poisoned and recovered uneventfully The patient was discharged to __,,after psychiatric assessment,,Recommendations:,,Yours sincerely,,,,Ward 22/AMAU,,,,Psychiatric assessment letter already sent,,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000128365 Dr AM Paterson 12/03/1998	,Diagnosis: ?Presumed PID,,This young lady was referred to Ward 34 as an emergency via A&E two hours after being discharged from the surgical ward with presumed PID. On examination she was extremely tender supra-pubically. High vaginal and endocervical swabs were taken and she was admitted overnight. By the next day she was feeling a lot better and was therefore discharged on antibiotics that had been commenced whilst on the surgical ward. Her chlamydia swab has subsequently come back positive and she should therefore be receiving an appointment from GUM shortly.,,Yours sincerely,,,,,N. Smithson,Senior House Officer to Dr A Paterson.,,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000128367 Dr HD MacPherson 21/06/1999	Charmaine was admitted as an Emergency to Ward 35 on 21 6 99. ,,She is a para 2+0 and attended with a weeks history of lower abdominal pain. She had had had some PV discharge and some mild dysuria. She has had no PV bleeding but also complained of deep and superficial dyspareunia. ,,Her LMP had been one week previously and she had had no nausea or vomiting. ,,She had had a similar pain to this before six months ago and had been admitted and given antibiotics for ? PID. ,,She is working as a Prostitute and currently takes Diazepam but denied any injecting of drugs. ,,On examination her abdomen was soft and tender in the lower abdomen. Speculum revealed a cervical polyp at 10 o'clock and a HVS and chlamydia swab were taken. Pregnancy test was negative. Full blood count revealed haemoglobin 131, white cell count 7.0 and platelets 218. MSU was negative.,,A diagnosis of likely PID was made and she was treated with Cefuroxin, Metronidazole and Azithromyacin. She settled over the next few days and was discharged home on a course of antibiotics. We do not plan to follow her up but the patient did state that she would quite like an HIV test. She was advised to attend GU Medicine for this. ,,,Yours sincerely,,,,Penny Burgess.,SHO to Dr MacPherson. ,,PB/tem/3112791012/ln.,14 July 1999.,,

Surname/Forename	McDonald, Charmaine
UHPI Number	600091165X

Episode Number	I0000128363

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0001464193 Dr Cameron W Martin 03/08/2007	Date of admission: 13/7/07 Date of discharge 17/7/07,,,Diagnosis: ruptured corpus luteum cyst.,,This patient was admitted with acute abdominal pain. Ultrasound scan showed a small amount of free fluid, and a corpus luteal cyst. A presumptive diagnosis of a ruptured corpus luteum was thus made.,,She was given prophylactic antibiotics, as initially it was thought to be PID. I am glad to say though, that her inflammatory markers resolved and she clinically improved. She was discharged with a week long course of antibiotics, and we have made no plans for follow up.,,With kind regards,,,Yours sincerely,,,Dr Paul Mills,Specialist Registrar to Dr Martin,PM/SM,,Date typed 3/8/07

15 JUN 2011

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neurosurgery L Basic SIGN Referral
Urgency of referral	Urgent
Date of referral	06/06/2011
Date submitted	07/06/2011
UCPN	101002089617E

PATIENT DETAILS

CHI number:	3112791401
Name:	Ms Charmaine McDonald
Date of birth:	31/12/1979
Sex:	Female

Contact Details

69 Gilmerton Dykes Crescent
EDINBURGH
EH17 8JP

Voice (Home) : 07950 404877

REFERRING PRACTITIONER DETAILS

Name:	Dr. Colin Jones (GMC: 3303995)
Practice:	24 Gracemount Drive (70516)
Phone:	Voice : 0131 664 2377 Facsimile : 0131 672 9432

Practice address

EDINBURGH
EH16 6RN

Sca ... dn ...

GR 6066911651

CLINICAL INFORMATION

Reason for Referral:	? disc prolapse
Main Referral Text:	For attention of Mr Gerard Ross, Consultant NeurosurgeonDear Mr RossThis 31 year old lady underwent an L4/5 microdiscectomy in May 2010. She had been experiencing bilateral sciatica prior to her operation and has had no problems on the left side since surgery. On the right side she has had numbness affecting the thigh with paraesthesiae affecting the leg and her right leg has been giving way, resulting in falls. No bladder or bowel symptoms.There was lumbar tenderness with marked restriction of spinal flexion and very limited straight leg raising on the right side with 50 degrees on the left. Lower limb reflexes were intact. I am concerned that this lady may have some disc prolapse or some form of nerve root compression and I would be grateful if she could be reviewed at the clinic once more to decide whether, for example, a further MRI of her lumbar spine would be merited. I would be grateful if she could be seen soon.Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[V]Potential health problems - personal(PH) + family(FH)			28/11/2005	28/11/2005
Anxiety with depression			25/03/2005	25/03/2005
Self inflicted lacerations to wrist			01/02/2002	01/02/2002
PID - pelvic inflammatory disease			19/05/2000	19/05/2000
PID - pelvic inflammatory disease	Recurrent		14/08/1998	14/08/1998
[X]Intentional self poisoning/exposure to noxious substances		Tramadol	09/08/1997	09/08/1997
Child on protection register			16/12/1994	16/12/1994
Hallucinations			24/10/1994	24/10/1994
[X]Deliberate drug overdose / other poisoning		Thioridazine	22/08/1994	22/08/1994
Left iliac fossa pain			09/12/1993	09/12/1993
[D]Vasovagal attack	Recurrent		02/07/1993	02/07/1993
H/O: vasovagal faint			02/07/1993	02/07/1993
Recurrent UTI			14/06/1985	14/06/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Primary lumbar microdiscectomy			01/06/2010	01/06/2010
Cerv.smear: mod.dyskaryosis			01/04/2005	01/04/2005
Loop diathermy excision of cervix			04/07/2000	04/07/2000
Cerv.smear: severe dyskaryosis			08/05/2000	08/05/2000
Chlamydia test positive			15/08/1998	15/08/1998
Loop diathermy of cervix			05/11/1996	05/11/1996
Cerv.smear: severe dyskaryosis			31/08/1996	31/08/1996

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ibuprofen	TABS 400MG	1 Tab	3 times daily	11/03/2011		11/03/2011
Paracetamol	TABS 500MG	2 Tabs	4 times daily	22/11/2010		11/03/2011
Ranitidine	TABS 150MG	1 Tab	Twice daily	22/11/2010		11/03/2011

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride	TABS 10MG	1 or 2 Tabs	At night	03/06/2011		03/06/2011
Dihydrocodeine Tartrate	TABS 30MG	6 tablets daily	disp wkly	04/05/2011		04/05/2011
Amitriptyline Hydrochloride	TABS 10MG	1 Tab	At night	04/05/2011		04/05/2011
Dihydrocodeine Tartrate	TABS 30MG	6 tablets daily	disp wkly	11/03/2011		11/03/2011

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	allergic to Augmentin		22/11/2010	22/11/2010

Additional information

Smoking history (Encounters):Current smoker Date recorded:22-Nov-2010
Patient Weight in Kilograms:0
Patient Height in Metres:0
Patient Blood Pressure (Systolic):112
Patient Blood Pressure (Diastolic):75

Referrals

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neurosurgery L Basic SIGN Referral
Urgency of referral	Urgent
Date of referral	06/06/2011
Date submitted	07/06/2011
UCPN	101002089617E

PATIENT DETAILS

CHI number:	3112791401
Name:	Ms Charmaine McDonald
Date of birth:	31/12/1979
Sex:	Female

Contact Details

69 Gilmerton Dykes Crescent
EDINBURGH
EH17 8JP

Voice (Home) : 07950 404877

REFERRING PRACTITIONER DETAILS

Name:	Dr. Colin Jones (GMC: 3303995)
Practice:	24 Gracemount Drive (70516)
Phone:	Voice : 0131 664 2377 Facsimile : 0131 672 9432

Practice address

EDINBURGH
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: ? disc prolapse

Main Referral Text: For attention of Mr Gerard Ross, Consultant Neurosurgeon

Dear Mr Ross

This 31 year old lady underwent an L4/5 microdiscectomy in May 2010. She had been experiencing bilateral sciatica prior to her operation and has had no problems on the left side since surgery. On the right side she has had numbness affecting the thigh with paraesthesiae affecting the leg and her right leg has been giving way, resulting in falls. No bladder or bowel symptoms.

There was lumbar tenderness with marked restriction of spinal flexion and very limited straight leg raising on the right side with 50 degrees on the left. Lower limb reflexes were intact. I am concerned that this lady may have some disc prolapse or some form of nerve root compression and I would be grateful if she could be reviewed at the clinic once more to decide whether, for example, a further MRI of her lumbar spine would be merited. I would be grateful if she could be seen soon.

Many thanks.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[V]Potential health problems - personal(PH) + family(FH)			28/11/2005	28/11/2005
Anxiety with depression			25/03/2005	25/03/2005
Self inflicted lacerations to wrist			01/02/2002	01/02/2002
PID - pelvic inflammatory disease			19/05/2000	19/05/2000
PID - pelvic inflammatory disease	Recurrent		14/08/1998	14/08/1998
[X]Intentional self poisoning/exposure to noxious substances		Tramadol	09/08/1997	09/08/1997
Child on protection register			16/12/1994	16/12/1994
Hallucinations			24/10/1994	24/10/1994
[X]Deliberate drug overdose / other poisoning		Thioridazine	22/08/1994	22/08/1994
Left iliac fossa pain			09/12/1993	09/12/1993
[D]Vasovagal attack	Recurrent		02/07/1993	02/07/1993
H/O: vasovagal faint			02/07/1993	02/07/1993
Recurrent UTI			14/06/1985	14/06/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Primary lumbar microdiscectomy			01/06/2010	01/06/2010
Cerv.smear: mod.dyskaryosis			01/04/2005	01/04/2005
Loop diathermy excision of cervix			04/07/2000	04/07/2000
Cerv.smear: severe dyskaryosis			08/05/2000	08/05/2000
Chlamydia test positive			15/08/1998	15/08/1998
Loop diathermy of cervix			05/11/1996	05/11/1996
Cerv.smear: severe dyskaryosis			31/08/1996	31/08/1996

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ibuprofen	TABS 400MG	1 Tab	3 times daily	11/03/2011		11/03/2011
Paracetamol	TABS 500MG	2 Tabs	4 times daily	22/11/2010		11/03/2011
Ranitidine	TABS 150MG	1 Tab	Twice daily	22/11/2010		11/03/2011

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline Hydrochloride	TABS 10MG	1 or 2 Tabs	At night	03/06/2011		03/06/2011
Dihydrocodeine Tartrate	TABS 30MG	6 tablets daily	disp wkly	04/05/2011		04/05/2011
Amitriptyline Hydrochloride	TABS 10MG	1 Tab	At night	04/05/2011		04/05/2011
Dihydrocodeine Tartrate	TABS 30MG	6 tablets daily	disp wkly	11/03/2011		11/03/2011

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
H/O: drug allergy	allergic to Augmentin		22/11/2010	22/11/2010

Additional information

Smoking history (Encounters):Current smoker Date recorded:22-Nov-2010
Patient Weight in Kilograms:0
Patient Height in Metres:0
Patient Blood Pressure (Systolic):112
Patient Blood Pressure (Diastolic):75

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neuroradiology L Neuroradiology
Urgency of referral	Routine
Date of referral	24/05/2016
Date submitted	26/05/2016

PATIENT DETAILS

CHI number:	3112791401
Name:	Ms Charmaine McDonald
Date of birth:	31/12/1979
Sex:	Female

Contact Details

69 Gilmerton Dykes Crescent
Edinburgh
EH17 8JP

Voice (Home) : 0131 664 4863
Voice (Mobile) : 07730 373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. Colin Jones (GMC: 3303995)
Practice:	Gracemount Medical Practice (70516)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: MRI Lumbar Spine

Main Referral Text: Lower back pain and sciatica. Has had a previous L4 laminotomy and L4/5 right right microdiscectomy in May 2010. She has noticed a deterioration in her lower back pain progressively and that the pain radiates to both lower limbs to the toes on the right foot and the knee on the left. Her last spinal MRI was on 27 July 2011 and a small disc protrusion was noticed at the right lateral recess at the L4/5. She has had some slight urinary frequency and urgency but no peri anal numbness. Lower leg reflexes intact. Straight leg raising 50 on the right and 80 on the left.

I would be most grateful if any progression of her disc protrusion, since her last MRI scan in 2011, could be excluded. Many thanks.

Investigations

Description	Result Date
Side of symptoms :	Right
Cardiac Pacemaker :	No
Intracranial Surgery / Aneurysm Clip :	No
Cochlear Implants :	No
Ferrous metal in the body/orbits :	No
Could the patient be pregnant? :	No

Additional information

Smoking history (Encounters):Current smoker	Date recorded:16-Mar-2015
Alcohol history (Encounters):Current non drinker	Date recorded:28-Nov-2011
Exercise history (Encounters):Exercise physically impossible	Date recorded:28-Nov-2011

Patient Weight in Kilograms:82

Patient Height in Metres:163

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neuroradiology L Neuroradiology
Urgency of referral	Routine
Date of referral	30/06/2016
Date submitted	04/07/2016

PATIENT DETAILS

CHI number:	3112791401
Name:	Ms Charmaine McDonald
Date of birth:	31/12/1979
Sex:	Female

Contact Details

69 Gilmerton Dykes Crescent
Edinburgh
EH17 8JP

Voice (Home) : 0131 468 2145
Voice (Mobile) : 07730 373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. Samantha Narro (GMC: 6073544)
Practice:	Gracemount Medical Practice (70516)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral: MRI Lumbar Spine

Main Referral Text: Low back pain and sciatica. Please find attached the original referral. Unfortunately, this lady did not attend an appointment earlier this month for MRI spine as she has moved addressed and not informed the GP practice.

Original referral - previous L4 laminectomy and L4/5 right microdiscectomy in May 2010. She has noticed a deterioration in her lower back pain progressively and that the pain radiates to both lower limbs to the toes on the right foot and the knee on the left. Her last MRI spine was 27 July 2011 and a small disc protrusion was noticed at the right lateral recess at the L4/5. She has had some urinary frequency and urgency but no peri anal numbness. Lower leg reflexes intact. Straight leg raising 50 on the right and 80 on the left. I would be most grateful if any progression of her disc since her last MRI in 2011 could be excluded.

Please note that this lady is moving house soon. Please can you send her appointment to: Flat 4, 5 Matthew Street, Edinburgh EH16 4GZ.

Many thanks.

Investigations

Description	Result	Date
Is there any history of renal impairment :	No	
Cardiac Pacemaker :	No	
Intracranial Surgery / Aneurysm Clip :	No	
Cochlear Implants :	No	
Ferrous metal in the body/orbits :	No	
Could the patient be pregnant? :	No	

Additional information

Smoking history (Encounters):Current smoker	Date recorded:16-Mar-2015
Alcohol history (Encounters):Current non drinker	Date recorded:28-Nov-2011
Exercise history (Encounters):Exercise physically impossible	Date recorded:28-Nov-2011

Patient Weight in Kilograms:82

Patient Height in Metres:163

NHS Lothian - Referral Letter

Referral To	Western General Hospital Neurosurgery L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	04/08/2016
Date submitted	04/08/2016
UCPN	101011888372I

PATIENT DETAILS

CHI number:	3112791401
Name:	Ms Charmaine McDonald
Date of birth:	31/12/1979
Sex:	Female

Contact Details

69 Gilmerton Dykes Crescent
Edinburgh
EH17 8JP

Voice (Mobile) : 07730 373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. John Ainsworth (GMC: 3478710)
Practice:	Gracemount Medical Practice (70516)
Phone:	Voice : 0131 664 2377

Practice address

24 Gracemount Drive
Edinburgh
EH16 6RN

CLINICAL INFORMATION

Reason for Referral:	Worsening back pain
Main Referral Text:	I would be grateful if you could arrange to see Charmaine once more due to her worsening lower back pain. She had had a previous L4/5 microdiscectomy which had resulted in some improvement in the past but this has since got much worse. She had also received injections to her back which did help for a short time but her pain is currently much worse. She has requested another review by yourselves and I would be obliged if this could be done in due course. Many thanks for your help.

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Depressive disorder NEC			10/05/2012	10/05/2012
[X]Other chronic pain			01/01/2010	01/01/2010
[V]Potential health problems - personal(PH) + family(FH)			28/11/2005	28/11/2005
[V]Sterilisation			12/09/2005	12/09/2005
Anxiety with depression			25/03/2005	25/03/2005
Self inflicted lacerations to wrist			01/02/2002	01/02/2002
PID - pelvic inflammatory disease			19/05/2000	19/05/2000
PID - pelvic inflammatory disease		Recurrent	14/08/1998	14/08/1998
[X]Intentional self poisoning/exposure to noxious substances		Tramadol	09/08/1997	09/08/1997
Child on protection register			16/12/1994	16/12/1994
Hallucinations			24/10/1994	24/10/1994
[X]Deliberate drug overdose / other poisoning		Thioridazine	22/08/1994	22/08/1994
Left iliac fossa pain			09/12/1993	09/12/1993
[D]Vasovagal attack		Recurrent	02/07/1993	02/07/1993
Recurrent UTI			14/06/1985	14/06/1985

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Primary lumbar microdiscectomy			01/06/2010	01/06/2010
Loop diathermy excision of cervix			04/07/2000	04/07/2000
Loop diathermy of cervix			05/11/1996	05/11/1996
[SO]Spinal nerve root L5	Right, Injection		31/12/1979	31/12/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Morphine Sulfate Oral solution 10 mg/5 ml	100 ML	2.5ML TO 5ML TO BE TAKEN WHEN REQUIRED FOR BREAKTHROUGH PAIN.		02/08/2016	42 Days	02/08/2016
Amitriptyline Hydrochloride Tablets 50 mg	28 tablet	ONE TO BE TAKEN IN THE EVENING		02/08/2016	28 Days	02/08/2016
Lyrica Capsules 150 mg	56 capsule	ONE TO BE TAKEN TWO TIMES DAILY		02/08/2016	42 Days	02/08/2016
Pregabalin Capsules 100 mg	21 capsule	1 THREE TIMES DAILY		28/07/2016	7 Days	28/07/2016
Pregabalin Capsules 75 mg	14 capsule	1 CAPSULE TWICE DAILY FOR 7 DAYS		21/07/2016	42 Days	21/07/2016
Amitriptyline Hydrochloride Tablets 10 mg	56 tablet	4 TABLETS IN THE EVENING		21/07/2016	42 Days	21/07/2016
Dihydrocodeine Tartrate M/R tablets 90 mg	112 tablet	1 TAB TWICE DAILY-DISPENSE WEEKLY		22/06/2016	42 Days	22/06/2016
Amitriptyline Hydrochloride Tablets 10 mg	28 tablet	1-2 TABLETS NOCTE		23/05/2016	72 Days	22/06/2016
Gabapentin Capsules 300 mg	168 CAPSULE	2 CAPSULES (600MG) TDS		27/04/2016	98 Days	22/06/2016

Clinical warnings

Allergies

Description	Comment	Modifier	Start Date	Recorded Date
Adverse reaction to Penicillins			16/09/2015	16/09/2015
Adverse reaction to Augmentin			22/11/2010	22/11/2010

Additional information

Smoking history (Encounters):Current smoker	Date recorded:16-Mar-2015
Alcohol history (Encounters):Current non drinker	Date recorded:28-Nov-2011
Exercise history (Encounters):Exercise physically impossible	Date recorded:28-Nov-2011

Patient Weight in Kilograms:82
Patient Height in Metres:163

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) L Physiotherapy
Urgency of referral	Routine
Date of referral	19/01/2017
Date submitted	19/01/2017
UCPN	101012871575F

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07730373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 536 9595

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	FAO LOW BACK PAIN SERVICE PLEASE
Main Referral Text:	Here with very supportive partner today getting a lot of pain from R leg - worse than it has been, feels wold be better off without it (the leg). Sometimes kept awake at night despite amitrip 50mg every night whole body was sore and aching with GI but that's better taking pregabalin and amitrip and dhc 90 bd not keen on inc meds, vry much wants to be a 'coper' medical coming up not worried about this agrees ref to low back pain service and to wellbeing rv in 1/12 try extra dhc for breakthrough pain

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	Yes	
If so, was the outcome successful? :	Yes	
Has the patient Severe unremitting pain? :	true	
Is the patient off work as a result of the present condition? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 150mg capsules	capsule	TAKE ONE TWICE A DAY DISPENSE[more]		08/11/2016		04/01/2017
Dihydrocodeine 90mg modified-release tablets	tablet	TAKE ONE TABLET TWICE DAILY D[more]		08/11/2016		04/01/2017

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	TAKE ONE DAILY WHEN REQUIRED[more]		17/01/2017		17/01/2017
Dioralyte oral powder sachets blackcurrant (Sanofi)	sachet	TAKE 6 SACHETS		05/01/2017		05/01/2017
Loperamide 2mg tablets	tablet	TAKE ONE WITH EVERY LOOSE MOTION		05/01/2017		05/01/2017
Prochlorperazine 3mg buccal tablets	tablet	ONE TO TWO TABLETS TWICE DAILY		05/01/2017		05/01/2017
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		08/11/2016		08/11/2016
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT		25/10/2016		25/10/2016
Pregabalin 150mg capsules	capsule	TAKE ONE TWICE A DAY		25/10/2016		25/10/2016
Dihydrocodeine 90mg modified-release tablets	tablet	TAKE ONE TABLET TWICE DAILY		25/10/2016		25/10/2016

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	08/05/2017
Date submitted	08/05/2017
UCPN	1010135858176

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07730373951

REFERRING PRACTITIONER DETAILS

Name:	Dr Roland Baumann (GMC: 4382070)
Practice:	Niddrie Medical Practice
Phone:	Voice : 01315369595

Practice address

106 NIDDRIE MAINS ROAD
EDINBURGH
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	Chronic back pain.
Main Referral Text:	This lady has longstanding back pain and underwent a lumbar microdiscectomy in 2010. This gave her short lived relief but she soon developped pain again. She is on an unpleasant mixture of amitryptiline, DHC and pregabalin as well as the odd diazepam, NSAID. She had an L5 nerve root injection in 2015 which to allaccounts gave her good relief for some 15 months. For some reason, her analgesia has been escalated rather than referring her back for something that had a good effect. Could you do it again. Hopefully that will allow me to reduce her drug load consequently. She is relatively new to us and no summary has been done yet. Her PMH includes depression, loop excisions of the cervix and past self harm. Many thanks for seeing her again.

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
Description of pain (e.g. severity, pattern, patient experience) :	anaesthesia, stabbing	
What is your working diagnosis/explanation of the cause of pain? :	nerve compression and functional pain	
In your opinion, is the patient open to the idea of self management on pain? :	Yes	
Has this been discussed with the patient? :	No	
Is your patient coping with the DISTRESS caused by pain? :	Well	
Is your patient coping with DISABILITY caused by pain? :	Well	
What is your primary expectation of referral? :	Medical Management	
What is your patient's primary expectation of referral? :	Medical Management	

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 120mg modified-release tablets	tablet	1 TABLET TWICE DAILY		08/11/2016		12/04/2017

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 225mg capsules	capsule	1 BD		03/05/2017		03/05/2017
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		12/04/2017		12/04/2017
Baclofen 10mg tablets	tablet	TAKE ONE TABLET AT BEDTIME		12/04/2017		12/04/2017
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY		12/04/2017		12/04/2017
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TWO AT NIGHT IN A[more]		12/04/2017		12/04/2017
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY		04/04/2017		04/04/2017
Baclofen 10mg tablets	tablet	TAKE ONE TABLET AT BEDTIME		04/04/2017		04/04/2017
Diazepam 5mg tablets	tablet	TAKE ONE AT NIGHT		29/03/2017		29/03/2017
Trimethoprim 200mg tablets	tablet	TAKE ONE TWICE A DAY		24/03/2017		24/03/2017
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		24/03/2017		24/03/2017
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TWO AT NIGHT IN A[more]		24/03/2017		24/03/2017
Pregabalin 225mg capsules	capsule	1 BD		24/03/2017		24/03/2017
Pregabalin 75mg capsules	capsule	1 BD IN ADDITION TO THE USUAL[more]		03/03/2017		03/03/2017
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TWO AT NIGHT IN A[more]		20/02/2017		20/02/2017
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		16/02/2017		16/02/2017
Diazepam 5mg tablets	tablet	TAKE ONE AT NIGHT		16/02/2017		16/02/2017
Dihydrocodeine 30mg tablets	tablet	TAKE ONE DAILY WHEN REQUIRED[more]		16/02/2017		16/02/2017
Pregabalin 150mg capsules	capsule	TAKE ONE TWICE A DAY DISPENSE[more]		08/11/2016		02/03/2017

NHS Lothian - Referral Letter

Referral To	St John's Hospital Plastic Surgery - Hands Service L Hand Clinic
Urgency of referral	Routine
Date of referral	25/07/2017
Date submitted	25/07/2017
UCPN	101014128364S

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07730373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 536 9595

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	large ganglion on dominant wrist
Main Referral Text:	Dear colleagues I would be grateful for you assessment of this lady hwo has a large ganglion on the palmar aspect of her left wrist and is left handed. She suffers from chronic pain but has rcnently started a part time job at Tescos. The ganlgion has been there for some time, but has recently become much bigger, measuring at least 2cm in diameter and considerably raised. She is complaining of pain radiating into her thumb, as well as proximally along her forearm. I thoguht I might be abe to give her some temporary relief byt draining some fluid form the ganglion, but my attempt was unsuccessful so I desisted. With many thanks for your help Jenny Bennison

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		06/06/2017		26/06/2017
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		06/06/2017		24/07/2017
Pregabalin 225mg capsules	capsule	1 BD		06/06/2017		24/07/2017
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY		06/06/2017		24/07/2017
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TAKE TWO DAILY IN[more]		06/06/2017		24/07/2017
Dihydrocodeine 120mg modified-release tablets	tablet	1 TABLET TWICE DAILY		08/11/2016		24/07/2017

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Lidocaine 5% medicated plasters	plaster	APPLY TAKE ONE /DAY ; REMOVE [more]	04/07/2017	04/07/2017
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TWO AT NIGHT IN A[more]	16/05/2017	16/05/2017
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY D[more]	16/05/2017	16/05/2017
Pregabalin 225mg capsules	capsule	1 BD	03/05/2017	03/05/2017
Dihydrocodeine 120mg modified-release tablets	tablet	1 TABLET TWICE DAILY	08/11/2016	06/06/2017

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	23/03/2018
Date submitted	23/03/2018
UCPN	101015749976Y

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07730373951

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 536 9595

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: wishes further L5/S1 nerve root injection FAO Dr Marples

Main Referral Text:
Dear Dr Marples
this lady has had a very satisfactory result form her last injection in Sep 2017 (see letter attached) and wishes to have another as she feels it is wearting off somewhat now. She remains on high doses of anagesia, but thinks she may be ready to reduce after her next injection.
I wonder if it is possible for her to rrange these directly without us having to make a new referral each time?
many thanks
Jenny Bennison

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 225mg capsules	capsule	1 BD DISPENSE EVERY 4 WEEKS S[more]		23/03/2018		23/03/2018
Dihydrocodeine 120mg modified-release tablets	tablet	TAKE ONE TABLET TWICE DAILY S[more]		23/03/2018		23/03/2018
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY D[more]		23/03/2018		23/03/2018
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		23/03/2018		23/03/2018
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TWO AT NIGHT IN A[more]		23/03/2018		23/03/2018
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT DISP[more]		06/06/2017		05/02/2018
Amitriptyline 10mg tablets	tablet	TAKE ONE OR TAKE TWO DAILY IN[more]		06/06/2017		27/12/2017
Arthrotec 75 gastro-resistant tablets (Pfizer Ltd)	tablet	TAKE ONE TABLET TWICE DAILY		06/06/2017		05/02/2018
Dihydrocodeine 120mg modified-release tablets	tablet	1 TABLET TWICE DAILY		08/11/2016		05/02/2018

Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME	06/06/2017	05/02/2018
Pregabalin 225mg capsules	capsule	1 BD	06/06/2017	05/02/2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	06/09/2018
Date submitted	06/09/2018
UCPN	101016923840L

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 536 9595

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	further nerve root injection please
Main Referral Text:	This lady is well known to the clinic and has generally had good benefit form her injections. The last one, however, was less notceable in its effects. She is however managing to heold down her job, but is worried that things might worsen with colder weather in the winter, so I wondered if she could be seen again later in the autumn please for consideration of further injection. with many thanks Jenny Bennison

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Pregabalin 200mg capsules	capsule	1 BD 1 TABLET DAILY DISPENSE [more]		31/08/2018		31/08/2018
Dihydrocodeine 90mg modified-release tablets	tablet	1 TABLET DAILY DISPENSE 28 EV[more]		31/08/2018		31/08/2018
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET DAILY DISPENSE 28 EV[more]		31/08/2018		31/08/2018
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]		31/08/2018		31/08/2018
Pregabalin 200mg capsules	capsule	1 BD DISOPENSE EVERY 4 WEEKS [more]		11/07/2018		11/07/2018
Dihydrocodeine 90mg modified-release tablets	tablet	1 TABLET TWICE DAILY DISPENSE[more]		11/07/2018		11/07/2018
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]		11/07/2018		11/07/2018

Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]	03/07/2018	03/07/2018
Amitriptyline 10mg tablets	tablet	TAKE ONE AT NIGHT IN ADDITIO[more]	03/07/2018	03/07/2018
Pregabalin 225mg capsules	capsule	TAKE ONE TABLET TWICE DAILY	28/06/2018	28/06/2018
Dihydrocodeine 120mg modified-release tablets	tablet	TAKE ONE TABLET TWICE DAILY. [more]	28/06/2018	28/06/2018

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	12/03/2019
Date submitted	12/03/2019
UCPN	101018235642K

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07740918914

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	for further injection please
Main Referral Text:	This lady gains huge benefit form regular facet joint injections, and feels that she is soon going to be requiring another She has done really well in holding down a regular job at Tescos, and reducing the level of analgesia she requires, but does seem to need a regular injection I wondered if there is any way this could be arranged without me having to do a new referral each time. With many thanks Jenny Bennison

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		19/10/2018		14/12/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	1 TABLET QDS. START 16/3/19 N[more]		12/03/2019		12/03/2019

Dihydrocodeine 30mg tablets	tablet	TAKE ONE FOUR TIMES A DAY IN [more]	12/03/2019	12/03/2019
Pregabalin 200mg capsules	capsule	1 BD	12/03/2019	12/03/2019
Pregabalin 200mg capsules	capsule	1 BD . DISPENSE 4 WEEKS SUPPL[more]	12/03/2019	12/03/2019
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]	12/03/2019	12/03/2019
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE ONE CAPSULE ONCE A DAY	04/03/2019	04/03/2019
Naproxen 500mg tablets	tablet	TAKE ONE TABLET TWICE DAILY	04/03/2019	04/03/2019
Pregabalin 200mg capsules	capsule	1 DAILY . DISPENSE 4 WEEKS SU[more]	15/02/2019	15/02/2019
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. PLEASE DISPENSE [more]	15/02/2019	15/02/2019
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]	15/02/2019	15/02/2019
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. PLEASE DISPENSE [more]	21/01/2019	21/01/2019
Pregabalin 200mg capsules	capsule	1 DAILY . DISPENSE 4 WEEKS SU[more]	14/12/2018	14/12/2018
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. PLEASE DISPENSE [more]	14/12/2018	14/12/2018
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT PLEA[more]	14/12/2018	14/12/2018

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management L Chronic Pain Service
Urgency of referral	Routine
Date of referral	09/09/2020
Date submitted	09/09/2020
UCPN	101021642567K

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07734167025

REFERRING PRACTITIONER DETAILS

Name:	Dr Jenny Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice
Phone:	Voice : 01316522004

Practice address

106 NIDDRIE MAINS ROAD
EDINBURGH
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	chronic pain
Main Referral Text:	this lady last hjad an injection for her pain in February this year with very good result but unfortunately her symptoms are worsening again I realise capacity will be severely limited at the moment, but I would be grateful if she could be added to the waiting list now. with many thanks Jenny Bennison

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? : No		

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		19/10/2018		06/11/2019
Ibuprofen 10% gel	gram	APPLY TO AFFECTED AREA FOUR T[more]		06/11/2019		06/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 30mg tablets	tablet	TAKE ONE UP TO FOUR TIMES A D[more]		01/09/2020		01/09/2020
Diazepam 5mg tablets	tablet	TAKE ONE AT NIGHT AND TAKE ON[more]		01/09/2020		01/09/2020
Pregabalin 200mg capsules	capsule	1 TWICE A DAY . DISPENSE MONT[more]		21/08/2020		21/08/2020
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. DISPENSE MONTHLY[more]		21/08/2020		21/08/2020
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT. DIS[more]		21/08/2020		21/08/2020
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. DISPENSE MONTHLY[more]		23/06/2020		23/06/2020
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT. DIS[more]		23/06/2020		23/06/2020
Pregabalin 200mg capsules	capsule	1 TWICE A DAY .START 26/6/20 [more]		23/06/2020		23/06/2020

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:31-Aug-2018

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management LI Chronic Pain Service
Urgency of referral	Routine
Date of referral	20/07/2021
Date submitted	20/07/2021
UCPN	101023901489I

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
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Voice (Home) : 01314682145
Voice (Mobile) : 07734167025
E-mail : charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr. Jennifer Bennison (GMC: 3324543)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Rrquests further injection for chronic back pain

Main Referral Text: This lady is well known to your service and last had an L%/S1 nerve root injection under X-rya control in February this year. As ever, results were goo, but she is beginning to experience a recurrence of her symptoms and hopes wshe will be able to have another of these before too long.

she continues to function very well, working full-time and doing regular yoga sessions. We have managed to get her off pregabalin altogether and her dhc dose is down to 120mg MR daily nond

many thanks

Jenny Bennison

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Peptac liquid peppermint (Teva UK Ltd)	ml	10 ML AFTER MEALS AND AT BEDTIME		06/06/2017		30/03/2021

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET BD. DISPENSE 56 MONT[more]		20/07/2021		20/07/2021
Amitriptyline 25mg tablets	tablet	1 NOCTE . DISPENSE 28 MONTHLU[more]		20/07/2021		20/07/2021
Pregabalin 25mg capsules	capsule	TAKE ONE TWICE DAILY AND THEN STOP		31/05/2021		31/05/2021
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET DAILY. DISPENSE 28 M[more]		31/05/2021		31/05/2021
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET DAILY. DISPENSE 28 M[more]		25/05/2021		25/05/2021
Dihydrocodeine 30mg tablets	tablet	'1 OR 2' DAILY AS POSSIBLE. D[more]		25/05/2021		25/05/2021
Amitriptyline 50mg tablets	tablet	TAKE ONE TABLET AT NIGHT. DIS[more]		25/05/2021		25/05/2021
Pregabalin 50mg capsules	capsule	1 TWICE A DAY		25/05/2021		25/05/2021

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management LI Chronic Pain Service
Urgency of referral	Routine
Date of referral	22/06/2022
Date submitted	22/06/2022
UCPN	1010266827181

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
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Voice (Home) : 01314682145
Voice (Mobile) : 07734167025
E-mail : charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr. Roland Baumann (GMC: 4382070)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	chronic back pain
Main Referral Text:	This lady who has chronic back pain following a back injury has requested a re-referral to you. She had 2 L5/S1 nerve root injections with very good results in the past. Her last one was in 2020 and gave her great relief for a good 18 months and enabled her to reduce her DHC use significantly and is working full time now. The pain is getting more intense and asked for another nerve root injection. Could you do this for her please? Many thanks!

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
Description of pain (e.g. severity, pattern, patient experience) :	Chronic back pain	
What is your working diagnosis/explanation of the cause of pain? :	mechanical back pain	
In your opinion, is the patient open to the idea of self management on pain? :	Yes	
Has this been discussed with the patient? :	Yes	
Is your patient coping with the DISTRESS caused by pain? :	Well	
Is your patient coping with DISABILITY caused by pain? :	Well	
What is your primary expectation of referral? :	Medical Management	
What is your patient's primary expectation of referral? :	Medical Management	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[D]Prediabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET TWICE A DAY. DISPENS[more]		22/06/2022		22/06/2022
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET TWICE A DAY. DISPENS[more]		29/04/2022		29/04/2022
Dihydrocodeine 30mg tablets	tablet	TAKE ONE UPTO FOUR TIMES A DA[more]		29/04/2022		29/04/2022
Dihydrocodeine 30mg tablets	tablet	TAKE ONE UPTO FOUR TIMES A DA[more]		28/03/2022		28/03/2022

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) LI Physiotherapy
Urgency of referral	Routine
Date of referral	01/08/2022
Date submitted	01/08/2022
UCPN	101027005697E

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07734 167 025
E-mail :
charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr Jenny Millar (GMC: 6157041)
Practice:	Niddrie Medical Practice
Phone:	Voice : 01316522004

Practice address

106 NIDDRIE MAINS ROAD
EDINBURGH
EH16 4DT

CLINICAL INFORMATION

Reason for Referral:	Recurrent knee pain. Our practice doesn't have a physio
Main Referral Text:	Right knee pain Happened 5 or 6 times over the past years. The flared ups normally last a couple of weeks. Has locked a couple of times. Not giving way. Current episode started last Thursday. No known trauma. At work - stands all shift. Inside of the knee hurts - clicks. Painful to walk on it. Has tried resting it. Outside is swollen. Saw physio once only – she wondered if it could be gout. This episode is not in keeping with gout. O/E: Tender and warm on palpation right lateral aspect of knee. Mild swelling. No tenderness on palpation medial knee. Ligaments intact. Full range of movement. Able to walk. Is using ibuprofen, dihydrocodeine and her lidocaine patches. Imp: Loose body. ?meniscal. Plan: Ice, Elevate. Hopefully will settle with time. Would like to see physio

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	No	
If so, was the outcome successful? :	No	
Time since onset? (Weeks) :	12 or more weeks	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[D]Prediabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dihydrocodeine 60mg modified-release tablets	tablet	1 TABLET TWICE A DAY. DISPENS[more]		22/06/2022		22/06/2022

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France General Surgery LI Basic Sign Referral
Urgency of referral	Routine
Date of referral	13/11/2023
Date submitted	13/11/2023
UCPN	1010313338001

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07734 167 025
E-mail : charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr. Sonia MacCallum (GMC: 6120450)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: ? abdominal wall hernia

Main Referral Text:

Dear Doctor,

I would be grateful for your assessment of this 43yr old sterilised para 1 who presented with 2d of LIF pain which started whilst she was at work in supermarket customer services. She developed pain and a firm lump in the LIF. It was consistent pain and not collicky in nature and she had to resort to 2 x co-codomol to get comfortable. It eased off a little since it first started and she couldn't feel the hard lump by the time of her appointment today. Her stools have been a little loose since it started. She has no urinary symptoms and is approx 10d until her period is due. She says she doesn't do much heavy lifting at work, just a lot of standing.

On examination she was not acutely unwell. moving comfortably. abdo soft. tender over LIF. no abdo or L inguinal masses. BS active.

Your opinion as to whether are symptoms are caused by an abdo wall hernia would be much appreciated.

Yours sincerely,

Dr S MacCallum
P: refer surgeons OPD

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
[D]Prediabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Nortriptyline 25mg tablets	tablet	2 TAB AT NIGHT CAN GO UP[more]		02/03/2023		02/05/2023

Additional information

Patient Blood Pressure (Systolic):105
Patient Blood Pressure (Diastolic):83
Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018
Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management LI Chronic Pain Service
Urgency of referral	Routine
Date of referral	08/03/2024
Date submitted	08/03/2024
UCPN	1010324116008

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

5-4 MATHEW STREET
EDINBURGH
EH16 4GZ

Voice (Home) : 01314682145
Voice (Mobile) : 07734 167 025
E-mail :
charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr. Sonia MacCallum (GMC: 6120450)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Another nerve root injection

Main Referral Text:

Dear Doctor,

Thanks for seeing and treating this 44yr old previously who has had L3-5 'removed' with secondary longstanding nerve pain. She presents today with a flare up of lower back pain with some R leg pain. She has been off medication for 1yr after having nerve root injection from hospital which has been really helpful. had just been managing with PML and a muscle rub. tries to keep moving. Now hard to walk or do anything much. possibly triggered by looking after 10mth old grandson - lifting and being busier.

bladder and bowels working ok. R leg mostly working ok. occasional giving way. no L leg pain.

She is looking for co-codomol and refer back to pain clinic for nerve root injection. TCA made her feel quite spaced out. not keen to manage with medication but feels needs something to help her just now.

I have strongly encouraged to reduce lifting grandson for now to allow flare to settle and given her some co-codomol as well as suggesting swimming, pool walking or aquafit to help her keep active. If she was eligible for another nerve root injection I think that could be very helpful for her.

Yours sincerely,
Dr S MacCallum

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
What is your working diagnosis/explanation of the cause of pain? :	Chronic lower back pain	
In your opinion, is the patient open to the idea of self management on pain? :	Yes	
Has this been discussed with the patient? :	Yes	
Is your patient coping with the DISTRESS caused by pain? :	Well	
Is your patient coping with DISABILITY caused by pain? :	Well	
What is your primary expectation of referral? :	Medical Management	
What is your patient's primary expectation of referral? :	Medical Management	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded

[D]Prediabetes		28/03/2022	28/03/2022
Injection given	right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Nortriptyline 25mg tablets	tablet	2 TAB AT NIGHT CAN GO UP[more]		02/03/2023		02/05/2023

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	AHP - Physiotherapy Edinburgh - Community MSK Hub (Slateford) LI Physiotherapy
Urgency of referral	Urgent
Date of referral	29/06/2024
Date submitted	29/06/2024
UCPN	101033492293I

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

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REFERRING PRACTITIONER DETAILS

Name:	Dr. Sonia MacCallum (GMC: 6120450)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: FAO Spinal clinic please

Main Referral Text:

Dear Colleague,

I would be grateful for your assessment of this 44 year with a marked deterioration in her back pain over the last 3-4mth despite taking steps to reduce the amount she lifts her grandchild. She has pain across her lower back, particularly on the R which radiates with a dull, aching pain into her legs anteriorly and posteriorly as far as both knees. Her legs are feeling shaky and can give way after a few steps. She has no saddle anaesthesia, or loss of bladder or bowel control but is passing urine more frequently. She is reluctant to use opiates due to previous dependence. She remains as mobile and active as she can. She has had a previous L4/5 discectomy and had benefit from lumbar nerve root injection which she is the waiting list for from the chronic pain team.

On examination she looks uncomfortable and slowed up when moving, there is nil abnormal to see, and she is tender over her R sacrum and upper buttock with no heat, swelling or redness to the skin. There was no lumbar spine tenderness. She had good ROM with flexion, extension and lateral flexion. Her SLR was reasonable and she had no pain on internal and external rotation at the hip. there was no loss of sensation and her reflexes were normal at both knees

Given her bilateral symptoms, I wasn't sure if a repeat MRI was warranted. Your input is much appreciated.

Yours sincerely,
Dr S MacCallum

Investigations

Description	Result	Date
Has the patient had physiotherapy previously for this problem? :	Yes	
If so, was the outcome successful? :	Yes	
Has the patient Severe unremitting pain? :	true	
Is the patient off work as a result of the present condition? :	true	
Is the patients sleep disturbed by the condition? :	true	
Time since onset? (Weeks) :	12 or more weeks	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded

Ovarian cyst NOS	- ruptured haemorrhagic cyst, left ovary	21/03/2024	21/03/2024
[D]Prediabetes		28/03/2022	28/03/2022
Injection given	right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ralvo 700mg medicated plasters (Grunenthal Ltd)	plaster	APPLY ONCE DAILY FOR UP TO 12[more]		28/06/2024		28/06/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		27/06/2024		27/06/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		27/05/2024		27/05/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		26/04/2024		26/04/2024

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Western General Hospital Pain Management LI Chronic Pain Service
Urgency of referral	Urgent
Date of referral	29/06/2024
Date submitted	29/06/2024
UCPN	101033492294G

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

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E-mail :
charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

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Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Increasing pain. Please expedite

Main Referral Text:

Dear Doctor,

Further to my referral in March this 44yr old has increasing pain and reducing mobility in her lower back. I would be grateful if your review with a view with another nerve route injection could be expedited please.

Many thanks
Dr S MacCallum

Investigations

Description	Result	Date
Is the patient currently seeing a psychologist, psychiatrist or CPN? :	No	
Description of pain (e.g. severity, pattern, patient experience) :	LBP with aching in upper legs	
What is your working diagnosis/explanation of the cause of pain? :	musculoskeletal	
Has this been discussed with the patient? :	No	
Is your patient coping with the DISTRESS caused by pain? :	Well	
Is your patient coping with DISABILITY caused by pain? :	Poor	
What is your primary expectation of referral? :	Medical Management	
What is your patient's primary expectation of referral? :	Medical Management	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Ovarian cyst NOS		- ruptured haemorrhagic cyst, left ovary	21/03/2024	21/03/2024
[D]Prediabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded

Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic	26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Ralvo 700mg medicated plasters (Grunenthal Ltd)	plaster	APPLY ONCE DAILY FOR UP TO 12[more]		28/06/2024		28/06/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		27/06/2024		27/06/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		27/05/2024		27/05/2024
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY		26/04/2024		26/04/2024

Additional information

Patient Blood Pressure (Systolic):105

Patient Blood Pressure (Diastolic):83

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gynaecology LI Gynae Basic Sign Referral
Urgency of referral	Routine
Date of referral	12/02/2026
Date submitted	12/02/2026
UCPN	101039050219G

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

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REFERRING PRACTITIONER DETAILS

Name:	Dr Nathan Sharp (GMC: 7545575)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

CLINICAL INFORMATION

Reason for Referral: Chronic Pelvic Pain

Main Referral Text:

Dear Colleagues

This 46 year old has a 12-18 month history of cyclical LIF pain often flared on opening bowels. She is a para 4+0 (all SVD's) and was sterilised 22 years ago a year after her fourth delivery. She had a ruptured ovarian cyst in 2024 on the left and admission in spring of 2025 with a recurrence of her pain, USS showed no cyst recurrence but presence of small fibroids and was told these may be causing her pain, at this time she was treated for BV, PID swabs -ve. Since this admission her pain has been worsening. She continues to have regular periods 24-28 cycle with 5 days of bleeding. There has been no new discharge or intermenstrual bleeding and she is not currently sexually active. She is currently on HRT (evorel sequi patches) for mood and for feeling 'slowed' with some improvement. Examination was unremarkable with no LIF masses palpable.

She has a background of chronic back pain for which she takes regular co-codamol and does not want to consider TCA's as an add on. She has been encouraged to consider the Mirena coil as the progestogen component fo her HRT in the hop that this may improve her pain and I have referred for a further USS, but she is keen to explore other pain management options for her pelvic pain and I am referring her to general gynae to see if these can be considered.

With thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Ovarian cyst NOS		- ruptured haemorrhagic cyst, left ovary	21/03/2024	21/03/2024
Pre-diabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Evorel Sequi patches (Theramex HQ UK Ltd)	patch	APPLY AN EVOREL 50 PATCH TWIC[more]		13/05/2025		05/01/2026
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES [more]		07/10/2024		09/02/2026
Propranolol 10mg tablets	tablet	TAKE ONE TABLET AS REQUIRED F[more]		28/03/2025		05/01/2026

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE TAKE ONE CAPSULE ONCE A [more]		09/02/2026		09/02/2026
Naproxen 500mg tablets	tablet	ONE TABLET TWICE DAILY. STOP [more]		09/02/2026		09/02/2026
Naproxen 500mg tablets	tablet	ONE TABLET TWICE DAILY. STOP [more]		15/01/2026		15/01/2026
Baclofen 10mg tablets	tablet	TAKE ONE TABLET THREE TIMES A DAY		15/01/2026		15/01/2026
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE TAKE ONE CAPSULE ONCE A [more]		15/01/2026		15/01/2026
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES [more]		07/10/2024		05/01/2026
Evorel Sequi patches (Theramex HQ UK Ltd)	patch	APPLY AN EVOREL 50 PATCH TWIC[more]		13/05/2025		05/01/2026

Additional information

Patient Weight in Kilograms:84

Patient Height in Metres:1.65

Patient BMI:30.8

Patient Blood Pressure (Systolic):116

Patient Blood Pressure (Diastolic):86

Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018

Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Imaging Request

Referral To	Royal Infirmary of Edinburgh at Little France Clinical Radiology LI Radiology - Ultrasound
Urgency of referral	Routine
Date of referral	12/02/2026
Date submitted	12/02/2026
UCPN	101039050362N

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

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Voice (Mobile) : 07734167025
E-mail :
charliemcdonald2010@hotmail.co.uk

REFERRING PRACTITIONER DETAILS

Name:	Dr Nathan Sharp (GMC: 7545575)
Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

Craigmillar Medical Centre
106 Niddrie Mains Road
Edinburgh
EH16 4DT

INVESTIGATION REQUESTED

Test Requested: **Ultrasound Gynaecology (Pelvic Organs)**

Reason for Request:

Dear Colleagues This 46 year old has a 12-18 month history of cyclical LIF pain often flared on opening bowels. She is a para 4+0 (all SVD's) and was sterilised 22 years ago a year after her fourth delivery. She had a ruptured left ovarian cyst in 2024 on the left and admission in spring of 2025 with a recurrence of her pain, USS showed no cyst recurrence but presence of small fibroids. Since this admission her pain has been worsening. She continues to have regular periods 24-28 cycle with 5 days of bleeding. There has been no new discharge or intermenstrual bleeding and she is not currently sexually active. She is currently on combined HRT. Examination was unremarkable with no LIF masses palpable. USS to assess for cyst recurrence or evidence fo endometriosis Thanks

CLINICAL INFORMATION

Investigations

Description	Result	Date
Duration of Symptoms :	18m	
LMP (for females aged 12-50 for X-Ray of abdo, lumbar spine or pelvic area) :	2026-02-01	
Is the patient diabetic? :	No	
Is the patient allergic to Latex? :	No	
Does the patient have impaired renal function? :	No	
Does this patient weigh more than 20 stone? :	No	
Any previous imaging? :	Yes	
If so, Where? :	RIE - Apr 2025 (assessment in gynae triage)	

Additional information

Patient Weight in Kilograms:84
Patient Height in Metres:1.65
Patient BMI:30.8
Patient Blood Pressure (Systolic):116
Patient Blood Pressure (Diastolic):86
Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018
Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Gynaecology LI Gynae Basic Sign Referral
Urgency of referral	Urgent
Date of referral	16/03/2026
Date submitted	16/03/2026
UCPN	1010393756518

PATIENT DETAILS

CHI number:	3112791401
Name:	MISS CHARMAINE MCDONALD
Date of birth:	31/12/1979
Sex:	Female

Contact Details

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REFERRING PRACTITIONER DETAILS

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Practice:	Niddrie Medical Practice (70198)
Phone:	Voice : 0131 652 2004

Practice address

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CLINICAL INFORMATION

Reason for Referral: Chronic Pelvic Pain - USS showing Multiple Fibroids

Main Referral Text:

Dear Colleagues

This 46 y/o has a BG of chronic back pain and is known to Dr Marples in his pain clinic. She had a ruptured left ovarian cyst 2 years ago and since then has had increasing left lower quadrant pain impacting her day to day function, stopping her from working and is present daily. She has regular periods (every 24-28 days with 3-4 days of light to moderate bleeding), she does not report an increase in pain level at the time of her menstruation. She is a para 4+0 was sterilised 22 years ago a year or so after the delivery of her fourth child. Additionally she is on HRT (evorel sequei) for anxiety, fatigue and concentration symptoms suspected to be contributed to by the perimenopause.

As part of the work up for her pelvic pain she had a recent USS which ahs shown multiple uterine fibroids increasing in size (largest only 3x2x3cm however) and number from previous scans but no cyst recurrence.

Her pain is currently severe and not controlled on taking Ibuprofen 600mg TDS and QDS 2x 30/500 co-codamol (she has declined a TCA or other neuromodulator for fear of addiction). Given her pain I was wondering if you would consider seeing her as an outpatient I would be surprised if this was all coming from her fibroids but if this was contributing could her HRT be increasing their growth? her history is also not markedly in keeping with endometriosis (denies PR symps and no cyclical element) but regardless will discuss with her the Mirena coil and how it may be of benefit both from pain and HRT perspective. I am also unsure if can refer directly to this service or if she needs seen first by a gynaecologist but she has done well from a back pain perspective with chronic pain team input and I am wondering if she would be a good candidate for the EXPECT pelvic pain service. I have marked as urgent given the pain severity nd imapct

With thanks

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Fibroids			16/03/2026	16/03/2026
Ovarian cyst NOS		- ruptured haemorrhagic cyst, left ovary	21/03/2024	21/03/2024
Pre-diabetes			28/03/2022	28/03/2022
Injection given		right L 5/S1 trasforamial erve root injection under x-ray control done at pain clinic	03/02/2020	03/02/2020

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Injection into paraspinal area	R L5/S1 nerve root injection Dr Marple at pain clinic		26/06/2018	26/06/2018

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Evorel Sequi patches (Theramex HQ UK Ltd)	patch	APPLY AN EVOREL 50 PATCH TWIC[more]		13/05/2025		05/01/2026
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES [more]		07/10/2024		06/03/2026
Propranolol 10mg tablets	tablet	TAKE ONE TABLET AS REQUIRED F[more]		28/03/2025		06/03/2026

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE TAKE ONE CAPSULE ONCE A [more]		10/03/2026		10/03/2026
Ibuprofen 600mg tablets	tablet	ONE TABLET THREE TIMES DAILY [more]		10/03/2026		10/03/2026
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE TAKE ONE CAPSULE ONCE A [more]		09/02/2026		09/02/2026
Naproxen 500mg tablets	tablet	ONE TABLET TWICE DAILY. STOP [more]		09/02/2026		09/02/2026
Naproxen 500mg tablets	tablet	ONE TABLET TWICE DAILY. STOP [more]		15/01/2026		15/01/2026
Baclofen 10mg tablets	tablet	TAKE ONE TABLET THREE TIMES A DAY		15/01/2026		15/01/2026
Omeprazole 20mg gastro-resistant capsules	capsule	TAKE TAKE ONE CAPSULE ONCE A [more]		15/01/2026		15/01/2026
Co-codamol 30mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES [more]		07/10/2024		05/01/2026
Evorel Sequi patches (Theramex HQ UK Ltd)	patch	APPLY AN EVOREL 50 PATCH TWIC[more]		13/05/2025		05/01/2026

Additional information

Patient Weight in Kilograms:84
Patient Height in Metres:1.65
Patient BMI:30.8
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Smoking history (Screening):Cigarette smoker Date Recorded:31-Aug-2018
Smoking history (Encounters):Cigarette smoker Date Recorded:31-Aug-2018