Division of Obstetrics and Gynaecology

PA/JDB

Dr. P. Agustsson
Wards 37 and 38

18th of February 1988
Clinic: 17.2.88

MPI GRO-C

Dr. E. Waterson
15 Camperdown Street
Broughty Ferry
DUNDEE

Dear Dr. Waterson

Gillian Fyffe, GRO-C

I saw Mrs. Fyffe on behalf of Dr. Patel on the 17th of February 1988. Mrs. Fyffe is a 28 year old para 1+0 who in 1985 had a caesarean section for fetal distress. Her labour however, lasted 21 hours and the infant a boy, weighed over 4000 grams and is now alive and well. I have not got her old notes, so I cannot discuss mode of delivery this time, but we will do that after her next visit in 11 weeks' time.

Mrs. Fyffe has had some bleeding earlier on in pregnancy, but an ultrasound scan on the 12th of February showed a 7 week size fetus and no recent bleeding. She has had no pain, but there is still some brownish discharge, but on examination there is no obvious abnormality found.

Today she is 8 weeks, blood pressure is 120/65, weight is normal and urine clear. Booking bloods were taken today and I would be obliged if you could take blood for alpha feto protein at 16 weeks. I have arranged for a 19 week scan and we will review her at the Clinic in 11 weeks' time.

I think in view of her big baby last time we should perform a glucose tolerance test at 30-32 weeks.

We are quite happy to share combined care.

Yours sincerely

P. Agustsson, Senior Registrar to
Dr. N. Patel.

c.c. Miss Stewart

TAYSIDE HEALTH BOARD

NURSING REPORT

ON RE-ADMISSION CHECK PATIENT IDENTIFICATION DETAILS ARE CORRECT AND IDENTIFY EACH NEW SPELL OF TREATMENT CLEARLY E.G. RE-ADMITTED ON ....

Hosp. ..... Cons. ..... Unit No. WITN3416003
Surname FYFFE ..... D. of B. GRO-C
First Name GILLIAN ..... M. State
Address GRO-C ..... Sex
Occupation ..... MPI No. (last 4 digits)
G.P. & Address (G.P. Requests only) D Watson
USE BLOCK LETTERS OR HAND IMPRINTER

Ward/Consultant	Diagnosis on Admission	NAME AND ADDRESS OF NEXT OF KIN	Tel. No.
38 NP.	Transverse lie	husband	S/A.

Date	DENTURES	SPECTACLES	VALUABLES	SIGNATURE

DATE OF ADMISSION	DATES OF CONTACT: DN / HV	SOCIAL WORK	HOMEHELP	DATE OF TRANSFER LETTER	WAITING LIST GER / PSYCH. GER / DAY HOSPITAL

DISCHARGE TO/ TRANSFER	DATE OF DIS/ TRANSFER	DATE REF. TO:-

DATE	T.P.R.	NURSING REPORT	SIGNATURE
	16:30	Patient decided to go home. To return to ward on Friday for A/N check.	GRO-C: D Stewart
2	30/9/88	Readmitted for A/N check today.	
		O/A BP 100/50 T 36 P80.	
	40+6 gest.	Lie longitudinal	
		Cephalic Pres 3/5th Palpable. FMF FH 132	GRO-C
		NST – Reactive trace	
		Dr Augustin to be seen at Broughty Ferry Clinic on 5th Oct 3.15pm.	
GRO-C 88	09.00h	Admitted from home for induction of labour. For epidural prior to induction.	
		Monitored, syntocinon, epidural	
	0301hrs	Kiellands Rotational Forceps delivery of female alive mature child → VX LOA. (Fetal Distress)	
		1 ml syntometrine IM.	
	0304	Placenta and membranes delivered with controlled cord traction	
		Placenta appears complete ragged.	
		Membranes ragged	
		Blood loss 300 mls.	
		Episiotomy repaired	
		Baby - Cried at birth	
		Airways cleared	
		Apgars 9 at 1 min 9 at 5 min	
GRO-C 88	[illegible]	Omnopon & Aspirin 2 tabs given at 5am by Kenlan IM	GRO-C
	1000	Mother and baby transferred to ward [illegible] Baby - Cord, eyes, and [illegible]	
		[illegible] O/A Temp 36.8 Pulse 126 Resp 36	GRO-C
		[illegible] Episiotomy swollen. Breast fed in L/S.	
		[illegible]	

NAME Gillian Fyffe | CONSULTANT Dr Patel | UNIT No.

DATE	T.P.R.	NURSING REPORT	SIGNATURE
15.9.88.	Transverse Lie 38+5.	PI @ 38+5 admitted with transverse lie. O/E Looks pale. C/P lie transverse Fundus 12 50pm. Urinalysis :- N.A.D. Seen by Dr. McCallum X-Matched Plan of care :- Rest X-match 2 units ✓ FBC ✓ Alt. day NST.	
16.9.88	38 Transverse Lie	Settled and slept well	GRO-C: R Morrison
	0800	Baby lying oblique, head in L.I.F. S/B. Dr Augustson - still transverse	GRO-C
	2200	Comfortable. ✓Yes no Complaints	GRO-C
17.9.88	39 wks	appeared to sleep well.	GRO-C
	Transverse Lie	Dr Patel visited - discussed possibility of a section, no orders needed.	GRO-C
18.9.88	39 Transverse Lie.	Settled night slept well.	GRO-C: M Myles
		~~NST~~ ~~tracing~~ - Palpation ~~the~~ at 11 o'clock Cephalic.	GRO-C
		Dr Augustson visited, palpation confirmed no orders.	GRO-C
	2100	Complains cramp - Vx in L.I.F.	GRO-C
19.9.88	39 2 Transverse	Appears to have slept well	GRO-C
	Lie	AN/O check satisfy	GRO-C
	1630hrs	S/B Dr Augustson ; cephalic presentation. No obs orders.	GRO-C
20.9.88	39 3	Appeared to sleep well	GRO-C
	1000	Seen by Dr Taylor. Observe a further few days. If still cephalic ad ue ??? home.	GRO-C
21.9.88	39 4	Settled night.	GRO-C
		Dr Patel visited for bid of labour as long as Cephalic. To be reviewed next few days.	GRO-C
		Daily NSTs requested.	
		Dr Patel, requests notes previous obs AN clinic phoned to investigate where they are.	GRO-C
22.9.88	39 Transverse Lie	A satisfactory night	
	1000	Seen by Dr Taylor. To keep bladder empty + try	GRO-C
	Unstable lie	to keep Vx as usual	GRO-C
23.9.88	39 1/2 ONSTABLE LIE	Settled night	GRO-C
		Seen by Dr Agustsson, head appears further down today for VE on wednesday ? induction Thursday	GRO-C
	2000	Comfortable	
24.9.88	40 wks	appears to have slept well.	GRO-C
	Unstable lie	Seen by Dr. Agustsson, to stay over weekend, assess again monday ? trace.	GRO-C
25.9.88	40 1/2 wks	Some irregular tightnings overnight, seems to have settled	GRO-C
	UNSTABLE LIE	this morning.	
	10.00	Seen by Dr Patel To remain in hospital meantime - no	GRO-C: D Stewart
		ginsonge	GRO-C
26.9.88	40 2	Slept fairly well	GRO-C
	0800	c/o leg cramps overnight	
		Seen by Dr Patel & Dr. Agustsson. Induction of labour discussed at length for next Thursday. Given option of going home to wait for labour as baby has been cephalic presentation for 6 days. or if really anxious may remain in hospital. Very unsure about situation to discuss with husband	GRO-C
	1500	Has appt to see Dr Patel tomorrow at 2pm with husband	GRO-C
	2200	Uncomplaining	
27.9.88	40 3 unstable lie	Appears to have slept	GRO-C
	900.	Presentation remains Cephalic	GRO-C
	1400.	Plans to see Dr Patel. Situation as above.	
		Bed to be induction next Thursday	GRO-C

NAME Gillian Fyffe | CONSULTANT Dr. Patel | UNIT No. GRO-C 5903 GRO-C

KM/JDB

31 October 1988

Dr. C. Hankinson
15 Camperdown Street
Broughty Ferry
DUNDEE

Dear Dr. Hankinson

Gillian Fyffe, GRO-C
MPI GRO-C

Your patient was admitted on GRO-C 88 from home in early labour, para 1+0, Blood Group A positive. The principal complications of her pregnancy were transverse lie between 33-38 weeks, then became cephalic. Antenatal progress was satisfactory. Labour was spontaneous and lasted 15 hrs 35 mins. Analgesia was epidural. Mode of delivery was by KRFD for delay in 2nd stage on GRO-C 88 at 41 weeks gestation.

Puerperium was complicated as she was found to be anaemic postnatally (Hb 6.2 g/dl)-initially unwilling to accept blood transfusion, but she was finally given one. Anti-D and rubella was not necessary.

The baby was female weighing 3695 g with Apgars of 9+9. They were both discharged home on 12.10.88.

She will attend Ninewells Hospital on 22.11.88 for postnatal examination. Contraception will be discussed with you.

Yours sincerely

Kathryn McLachlan, Senior House Officer to
Dr. N. Patel.

c.c. Dr. Hammond

INFANT LINK DATA

Ward/Clinic/Hosp. 5

FYFFE GILLIAN GRO-C 59 ..Cons.

Surname ..... GRO-C

First Name ... GRO-C F/M

Address ..... DR C HANKINSON 15 CAMPERDO

... B/FERRY DUNDEE

Occupation...

G.P. & Address (G.P. Requests only)

Unit No.

D. of B.

M. State

... Sex

MPI No. (4 digits)

USE BLOCK LETTERS OR HAND IMPRINTER

Preg. No.	Name	Reg Ind No.

Maiden Surname: CLARK

Religion	Marriage (Date(s))
GRO-C	18-9-80

Pre Marit Occupation(s) with Dates: ENGLISH TEACHER.

Maternal Height (cms): 5'3"

STANLEY HUSBAND (or Father of Child)

D of B	Height (cms)	Occupation(s)
GRO-C 57	5'8"	CIVIL ENGINEER

BLOOD	Date	B.T.S. Ref. No(s)	ABO	Rh	Genotype	Kahn	Antibody Type and Date First Detected	
ient								
Husband								

OBSTETRIC HISTORY

Date	Place	PREGNANCY		LABOUR					Puerp	INFANT			
		Durn. (wks)	Norm. Abn.	Onset Norm Ind	Durn. (hrs)	Oxytoc Drip	Delivery Sp/Inst/CS	3rd Stage N/PPH/RP	Norm. Abn	Sex	Birth Weight (G)	LB SB PND	Subsequent Morbidity
1. GRO-C 85	N/WELLS	40	ABN	SP.	21	✓	C/S	✓	ABN	BOY	9lbs 5oz	LIVE	Rory A+S
2.													
3.													
4.													
5.													
6.													

COMPLICATIONS

1. Consultant DR. PATEL
C/S for fetal distress

2. Consultant

3. Consultant

4. Consultant

5. Consultant

6. Consultant

Hospital use Only | Clinic 12 FEB 1988 11 | Day Date GRO-C 59 | Time GRO-C | Hospital No. 2/4/86 WITN3416003 GRO-C | GP112

REQUEST FOR OUT-PATIENT CONSULTATION

Urgent Appointment Required YES/NO

Hospital NINEWELLS Date 8/2/88

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Please arrange for this patient to attend the ANTE NATAL clinic of Dr/Mr DR. N. PATEL

Patient's Surname FYFFE Maiden Surname

First Names GILLIAN Single/Married/Widowed/Other

Address GRO-C Date of Birth GRO-C 59

Patient's Occupation

Postal Code Telephone Number

Has the patient attended hospital before YES/NO if "YES" please state:

Name of Hospital

Year of Attendance Hospital No

If the patient's name and/or address has/have changed since then please give details:

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

DR. C. A. HANKINSON
15 CAMPERDOWN STREET
BROUGHTY FERRY

Please use rubber stamp

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

Dear Dr. Patel,

This girl had her L.M.P. on 19/12/87 and pregnancy was confirmed by Gravindex. However she has had intermittent brownish staining. She was seen at Maternity admissions and a scan performed. All was said to be well. She awaits a further scan on Friday 12th.

Could you please take over her ante natal care and we will share if you think it appropriate. Her first baby was born by elective section as a result of a prolonged 2nd stage and foetal distress.

Yours sincerely,

GRO-C: C Hankinson

3.30
3/3/88

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray 10 day rule (women of childbearing age). Date of first day of L.M.P.

Relevant X-rays available from: No. (if known)

Signature

Dd8036347 5.5M pads 6/87 R.P.(53791)

TAYSIDE HEALTH BOARD

..... Hospital/Infirmary

ADMISSION NOTES
OBSTETRICS

Ward/Clinic/Hosp.... ... Cons

Surname FYFFE WITN3416003 GRO-C ... D. of B

First Name GILLIAN ... M. Stat

Address GRO-C ... Sex

Occupation ... MPI No (last 4 digits)

G.P. & Address (G.P. Requests only)
Dr WATERSON

USE BLOCK LETTERS OR HAND IMPRINTEF

CLERKED BY:–	REASON FOR ADMISSION	FROM	BOOKING TO DATE	A/N CARE TO DATE
GRO-C GRO-C	Bleeding in early pregnancy	Hospital ☐ Home ☐ Non-Urgent ☐ Emergency ☐	Specialist Unit ☐ Unbooked ☑ G.P. Unit ☐	Hospital Clinic ☐ Shared City G.P. ☐ Country Clinic ☐ Shared Country G.P. ☐ G.P. Only ☐ Nil ☐
	Date of Admission 22/01/88			
	Date of Discharge			

DATE :–

22/01/88.

28 yrs Para 1+0

LMP: 19/12/87 certain. Cycle: 2-3/24 Reg

EDD: 23/09/88 Not on OCP.

Gestation: 5wks Planned + unbooked pregnancy

PC: Brownish discharge pV

HPC: Had painless pV bleeding on Tuesday 2/7 ago.
No clots or tissue/able - material passed
S/B GP - and told to have bed rest.
No more bleeding since then. Had
brownish discharge today. No pain.
No urinary symptoms except for urinary frequency
Pregnancy test positive 2/7 ago - done by
GP

POH: Para 1+0
↳ Emergency C/S for fetal distress
at term. Alive + well

PMH - Eczema
Hayfever always childhood
No asthma

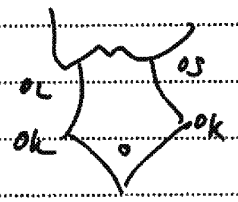
Drugs + allergy - nil to note

SH/FH Married c 1 son.

Housewife. Non-smoker

O/E Alert and conscious
Non-anaemic
well perfused peripherally
°An/cyn/Jaundice/Clubbing

Pulse: 72/min Reg RR
Bp:
JVP ↵
HS: I + II + °murmur
No oedema
Chest clinically clear
Abd Soft. Non-tender
No guarding/rigidity
No masses felt
No uterine tenderness felt
Bowel sounds normal



Vag speculum: Blood menstrual ++ vagina
Cervix not clearly visualised
VE: Anteverted 6/52 sized mobile
uterus. Closed cervical os
No adnexal mass/tenderness felt

Δ likely to miscarry.
Viable pregnancy ? Home discharge
D/w Dr Agustsson
For repeat Blue spot test
U/scan tomorrow morning

GRO-C

Blue spot positive
For home discharge ± u/s tomorrow morning

28/1/88 Scan yesterday sac + Yo early for comment
Repeat on d/s for dates GRO-C

12/2/88 SCAN - OK

TAYSIDE HEALTH BOARD

..... Hospital/Infirmary

ADMISSION NOTES
OBSTETRICS

Hosp... ... Cons

Surname 9 FYFFE WITN3416003 ... D. of B

First Name ... GILLIAN ... M. Stat

Address ... Se:

...

Occupation ... ... MPI No (last 4 digits)

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

CLERKED BY:–	REASON FOR ADMISSION	FROM	BOOKING TO DATE	A/N CARE TO DATE
MCCALLUM	Transverse lie	Hospital ☐	Specialist Unit ☐	Hospital Clinic ☐
				Shared City G.P. ☐
				Country Clinic ☐
		Home ☐	Unbooked ☐	Shared Country G.P. ☐
	Date of Admission ...	Non-Urgent ☐	G.P. Unit ☐	G.P. Only ☐
	Date of Discharge ...	Emergency ☐		Nil ☐

DATE :–

15/9/88

Transverse lie. 38+4 ~~days~~ weeks.

No problems but quite often transverse during past 2/12.

Placenta anterior

Para 1+0 – LUSCS 1985 – foetal distress

PMH. Abdo laparotomy 1985 – benign

Nil else

Allergies. Nil. Was on Pregadony

No allergies

Non smoker.

S/E Nil.

O/E Well.

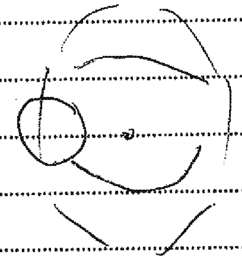
Chest clear.

P 70 reg BP ... HS I + II + nil

Oedema to mid tibia

GRO-C

Transverse.



XMatch 2 (i)

FBC. – Hb 11.2

Observe.

Section – ? when

GRO-C

16/9/88 well
Transverse lie
CTG fine FM++
wants to wait and see
what happens. GRO-C

18/9. cephalic this morning but
lie very variable GRO-C

19/9/88 cephalic present
NST fine,
FM+ GRO-C

20.9. Ceph today but in LIF yesterday pm

Re X-matched GRO-C

21/9/88 Keen to have trial of vag del
Ceph at brim today. Clearly smaller
than last time – NST ✓. [illegible] [illegible].
Daily NST. If no labour consider del [illegible] [illegible] GRO-C

22.9.88. Ceph in L.I.F today GRO-C

23/9 cephalic central today GRO-C
CTG reactive FM++

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

..............................UNIT/WARD/DEPT.

Ward/Clinic/Hosp. 11

WITN3416003

Surname FYFFE

First Name Gillian

Address

Occupation

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINT

DATE	Page
24/9/88	Cephalic pr. free FM + CTG routine
	GRO-C
26/9/88	Cephalic - at term. Keen on vaginal delivery Have explained Pros + Cons of Induction - ARM + Synt etc NST OK Wants to await spont labour. If going Lo Review Friday GRO-C
27/9	cephalic will discuss labour and mode of delivery afternoon with dr. Patel GRO-C
16:30	Pt discussed situation c husband - decided to go home. To come up to ward on Friday morning for NST check GRO-C: D Stewart

THB.(MR)3A

WITN3416003_0012

LABOUR and INDUCTION RECORD

WITN3416003

Assessment on Admission	Day	Date	Time
In Labour ☐ / Not in Labour ☒ / For ARM ☐	Thurs	GRO-C 88	09³⁰
Previously Booked For	Newcells		

SPECIAL RECOMMENDATIONS FOR LABOUR AND DELIVERY

*1. ....

*2. 2f. c/s

*3. antibiotics

*4. ....

Pains Began	Not contracting		
Membs Rupt) Spont ☐ / Artif ☐	----intact----		

Urine	MSSU	CSU	Plain
Alb / Sug / Acet		/	

Oedema — Degree	
Feet	-N-
Legs	
Face	

Hydramnios: Nil / Mod / Gross

Vaginal Drainage	Pains	Duration	Frequency	F.H.	Maternal Temp	Maternal Pulse	Maternal B.P.	Presentation	Position	Engagement
Nature N / Colour / Amount	Not	contracting		142	36³	78	130/76	Cephalic	LOA.	2/5th

General Condition:– Very Anxious about induction

Vaginal Examination:– Not done

Midwife's Signature GRO-C: Katherine McCallum

INDUCTION OF LABOUR

Day	Date	Time	Ordered by	
			Status	

Indication(s) ....

Operator	
Status	

Type of Induction) Forewater ☐ / Hindwater ☐ / .... ☐

Medical (O.B.E. etc) ☐

Syntocinon Only ☐

Liquor Amount: Clear ☐ / Fresh Mec ☐ / Old Mec ☐ / Mls. .... ☐

Foetal Heart Rate Before	Foetal Heart Rate After

Assessment at INDUCTION ☐ or First Examn. in LABOUR ☐ by:–

Cervix
Position ....
Consistence ....
Effacement ....
Dilatation ....
Appln. to Pres Part ....

Presenting Part ....
Position in Pelvis ....
Station in Pelvis ....

Pelvis
Brim ....
Cavity ....
Outlet ....

Lower Segment:– Soft ☐ / Firm ☐ / Distended ☐

SYNTOCINON To Commence On	Date	Time	Amount	Rate (d.p.m.)	Ordered by

WITN3416003

LABOUR RECORD

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS on PROGRESS
		[illegible]	[illegible]		[illegible]			[illegible]		[illegible] GRO-C
GRO-C 88	09.30	Not contracting			142		36.3	78	130/76	nil P.V.
GRO-C		Enema offered refused								
	10.30	P/VE: Cx 1cm dilated 3cm long soft Head -4 above spines ARM - clear liquor IUC inserted External FHR monitoring Start Syntocinon								GRO-C
GRO-C	10.30	Not contracting				146.				pink stained liquor P.V.
	10.35	Syntocinon 2iu commenced at 15dpm.								
	10.45	Not contracting				134		82	127/78	nil P.V.
	10.50	Syntocinon 2iu ↑ 30 d pm								
	11.00	Mild irregular				148		84	136/78	
	11.05	Syntocinon 2iu ↑ 60 d pm.								
GRO-C	11.15	Mild	30/60	1:4/5		135.		92	138/76	clear liquor P.V
	11.30	Mild/Mod	40/60	1:2/3		151.	36.3	88	138/78	Syntocinon 2iu @ 60dpm.
	11.45.	Mild/Mod	40/60	1:2/3		144.		92	140/74	
	12.00	15mls Magnesium Trisilicate Mixture								
	12.15.	Mild/Mod	40/60.	1:2/3		132		88	136/70	Pink stained liquor P.V.
	12.30	mild	20/60	1:3		140		84	138/74	
	1240	epidural commenced								

L3-L4 easy. No CSF/Blood tap. Catheter threaded easy. Filter used. 5+5 mls 0.375% Marcain given GRO-C

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart: Ausc	Foetal Heart: Monit	Maternal: Temp	Maternal: Pulse	Maternal: B.P.	REMARKS on PROGRESS
GRO-C 88	1630	mod	35-40/60	1:3		130		80	135/80	Pink liquor.
	1645	mod	40/60	1:3		141	36.2	82		
	1700	mod	40/60	1:3		148		80	130/70	Pink staining p.v.
		Syntocinon	6x 2iu	at 60 drops.						
	1715	mod	40/60	1:3		140		80	110/70	Pink, clear liquor
	1725	Epidural top up Rt side. Marcain 0.375%								
		Plain fluids.								
	1735	Epidural top up Lt side. Marcain 0.375%								
		Plain fluids.								
	1735	mod	40/60	1:4		135		82	125/75	Pink liquor
		IV cannula blocked - drip turned.								
	1745	IV working well								
	1750	mod	40/60	1:4		132		80	128/80	
	1755	Sit up - feeling dizzy BP 95/60.								
		Recovered when lying down BP 110/70								
	1800	mod pain	40/60	1:3/4		137		84	110/70	NTM 15mls. Clear liquor.
	1815	mod	40/60	1:3/4		140		86	120/80	Pink liquor
GRO-C	1830	Mod	40/60	1:3		138		84	124/82	
GRO-C: J White	1850	On bedpan. - unable to pass urine. Palpable sugar bladder								
		mod/strong	40/60	1:3/4		150		80		Pink liquor.
	1915	mod fstr.	40-45/60	1:2/3		142	36.5	86	130/78	
	1930	mod fstr	40-45/60	1:2		156		96		Clear liquor.
	1930	Foley's Catheter inserted.								
		VE cx 4cm dilated								
		fully effaced								
		Head 1/2 hour Spine								
		OP/OT								
		No Epid								
		No more								
		Contractions not adequate								
		Start Fluids 15 drops								
		Increase 60 drops/15 min								

GRO-C

WITN3416003

LABOUR RECORD (contd.)

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS ON PROGRESS
GRO-C /88	1300	mild	30/60	1:3	134			88	120/78	clear liquor
GRO-C: J White	13 15	mild / mod	25/60	1:3.	140.			90	120/78	Pink stained liqu
	13 25	On bedpan - passed 400mls urine								
		++ blood + protein								
	1345	mild / mod	25/60	1:3	142.		36.3	84	120/74	Pink stained liquor
	1400	mild / mod	25-30/60	1:2/3.	139			82.		Pink, clear
		Magnesium trisilicate 15mls								
	1415	mild / mod	25-30/60	1:2/3	140.			84	130/70	Pink liquor.
	14 30	mild / mod	30/60	1:2/3.	136.					Synto 2iu @ 60d
	14 45	mod	35-40/60	1:3	145			98	122/68	Pink liquor
	1500	mild / mod.	30-40/60	1:3	141.			75.		
	15 00	O/VE Cx 2cm dilated, 1 cm long, soft. Head OT -2 above spines. pelvis adequate. clear liquor. FH fine. FSE applied								
										GRO-C
[illegible]	15 15	mild / mod	30-40/60	1:3-4.		138		92	128/86	Synt 2iu @ 60d.
	15.30	mild	30/60	1:3		141		84		
	15.40	Epidural Top Up Left Side — 4mls								
		0.375% marcain plain							[illegible]	
	1545	mild / mod	35/60	1:3.		134.		88	115/65	Pink liquor p.v
	15.50	Epidural Top Up Right Side — 4mls								
		0.375% marcain plain							[illegible]	
	1600	mod.	35/60.	1:3/4.		133.		85.	120/60	Pink liquor p.v.
	"	Magnesium trisilicate 15mls.								
	1615	On bedpan - 350mls urine								

LABOUR RECORD (contd.)

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS ON PROGRESS
GRO-C 8/6	1945	Mod fstr	40/60	1:2		142		84		clear liquor
	1950	Epidural top up given by anaesthetist 0.375% Plain 4mls (L) side								
		Syntocinon 8iu started @ 15dpm.								
	2000	Mod fstr	40/60	1:2/3		143		92	120/60	Synt 8iu ↑20dpm
	2005	Epidural top up given by anaesthetist 0.375% Plain 4mls (R) side								
	2015	Mod fstr	40-45/60	1:2/3		151		94	120/78	clear liquor
		Synt 8iu ↑@25dpm								
		Magnesium trisilicate 15mls.								
	2030	fstr	40-45/60	1:2/3		150		102	120/65	Pink liquor.
		Synt 8iu continued @ 25dpm								
	2045	fstr	45/60	1:2		149		84	110/70	
	2050	Uterus not relaxing Synt 8iu ↓ 20 dpm.								
	2100	fstr	45/60	1:2/3		150		90		Pink liquor PV.
	2105	Synt 8iu ↑ 25 dpm								
	2115	Requesting epidural top-up - Dr Keenan informed								
GRO-C	2115	Strong	45/60	1:2		167	37.4	92	120/80	Pink liquor PV.
		Syntocinon 8iu continued at 25dpm								
	2130	Strong	50/60	1:2		155		88	118/60	
		Left sided pain persists.								
	2145	Strong	45-50/60	1:2/3		145		96	120/80	Pink liquor PV
		Syntocinon 8iu ↑ 30dpm.								
	2155	Seen by Dr Augustsson.								
	2200	Strong	50/60	1:2/3.		168		92	116/70	Pink liquor PV.
	2205	Epidural top up plain marcain 0.375% 4ml L side by Dr Keenan.								
	2215	Strong	50/60	1:2		162		88	110/70	
		Early deceleration ↓ 88. Slow recovery								
		Facial O2. Syntocinon 8iu off. TNI Pinard								
	2220	Syntocinon restarted at 25dpm								
	2225	Top up (L) side by Dr Keenan.								
	2230	Strong	45-50/60	1:2		161	37.4	92	116/50	Pink liquor PV
		Syntocinon 8iu at 25dpm								

LABOUR RECORD

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS on PROGRESS
GRO-C 88	2030	Magnesium trisilicate mixture 15ml								
	2215	Strong	50/60	1:2		15[illegible]		88	120/70	Pink liquor P.V.
		Syntocinon 8iu continues at 25dpm								
	2300	Strong	45-50/60	1:2		161		80	-	Pink liquor P.V.
		Lack of beat to beat variation of FHR								
	23[12]	Gridural Top Up 0.375% PLAIN MALCAIN 4ml 4 sites								GRO-C BR
	2315	Strong	50/60	1:2		154	37.4	88	110/60	Pink liquor P.V.
		Syntocinon 8iu continues at 25dpm								
	2330	Strong	50/60	1:2/3		164		84	122/60	Pink liquor P.V.
		Syntocinon 8iu at 30dpm								
	2345	VE: Cx 8cm dilated Head at spines OP clear liquor continue reassess 2 hours.								GRO-C
	2350	Strong	45/60	1:2		151		84	118/66	Show [illegible]
		Syntocinon 8iu at 30dpm								
	2400	Strong	50/60	1:2/3		167		80	116/60	Show P.V.
GRO-C 88	00[10]	Gridural Top Up 0.375% PLAIN MALCAIN 4ml 4 sites								GRO-C
	00:30	Magnesium Trisilicate 15mls given.								
		Str	80/60	1:2	147			86	110/60	
		Brief variable deceleration FH baseline 150								
		No pain relief given Top Up								GRO-C
		Dr Keenan informed instructed as follows								
	00[30]	Gridural Top Up 0.375% PLAIN MALCAIN 4ml 4 sites								GRO-C
	0100	Str.	45/60	1:2/3	177		38	82	116/66	Show PV 8[illegible]
		Syntocinon 8iu ↑ 33dpm								

LABOUR RECORD (contd.)

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS ON PROGRESS
GRO-C /88	0100	Magnesium trisilicate mixture 15ml.								
	0115	Shr.	50/60	1:2		157		88	-	Shaw P.V.
		Syntocinon 5iu continues at 3 Sdp.								
	0120	Seen by Dr McCallum								
		Physician for Tepid sponging please								GRO-C
	0130	Shr.	55/60	1:2		164	36°	84	118/60	Shaw P.V.
	0135	Fetus rectal pressure								
		Nil on view								
	0140	Requesting top up. Dr Augustesen								
		informed.								
	0200	9/VE								
		Cx fully dilated								
		Head +1 below								
		Spines								
		OA								
		Clear liquor								
		FH pink.								GRO-C
	0200	Pushing commenced FH								
	0205	No advance.				78				Catheter removed.
		Dr Augustesen informed for forceps								
		delivery.								
	0215	Shr.	50/60	1:3		130		80	120/60	Pink liquor PV
		Syntocinon 5iu remains at 3 Sdp								
	0230	Epidural top up 0.5%.								
	0230	Shr.	50/60	1:3		150		84	104/70	Pink liquor PV
	0245	Seen by Dr Keenan for spinal								
		anaesthesia.								
	0250	Spinal inserted L3/4 2ml 0.5% heavy bupivacaine injected								
										smoothly.

Insert details in RED of Vaginal Examinations, Drugs etc. across page.

Date	Time	Pains	Duration	Frequency	Foetal Heart Ausc	Foetal Heart Monit	Maternal Temp	Maternal Pulse	Maternal B.P.	REMARKS on PROGRESS
	0255	Prepared for forcep delivery V/E								
	0258	Foley catheter passed.								
	0310	Kellands forceps applied with ease								
		Right mediolateral episiotomy performed								
	0314	KRFD of alive male female infant as VX ROA.								
		NO cord complications								
		Syntometrine 1ml.								
	0324	Placenta and membranes removed manually								
		Placenta - Ragged								Cavity checked empty by Dr Augustine
		Membranes - Ragged								
		Blood loss - 300ml.								
		Episiotomy repaired with catgut								
		Syntocinon 10iu IV.								
		Baby. Cried at birth								
		Airways cleared								
		Apgar 9/, 9/5								
		Karakia Imp								
										GRO-C: H Goodell

DUNDEE HOSPITALS

OBSTETRIC OPERATION RECORD

Ward/Clinic/Hosp. 21

Cons

Surname Tyrie

D. of B

First Name Gillian

M. Stat

Address

Se

Occupation

CHI No (last 4 digits)

G.P. & Address (G.P. Requests only)

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Date GRO-C

Operation(s) Performed tRFD under spinal

Time Began hrs.

Time Delivery hrs.

Indications (in order of importance) Delay in II Stage

Time Finish hrs.

Type Elective ☐

Surgeon: P Hyslop SR

Status:

Authorised by

Status:

Emergency ☑

Assistant:

Status:

Scrub Nurse:

Status:

BLOOD LOSS	Estimated	Measured	Total	Blood Transfusion	Antibiotic	Anticoagulant
	+ mls.	mls.	= 500 mls.			

NOTES: #

Neck: Cx. fully dilated
clear urine - bladder
empty
Head OT
at perineum
clear liquor
Easy direct application
of tRF - Gentle rotation
OT - OA
Med-lat episiotomy
Moderate traction and easy
delivery of a live female
infant in good condition
Cord clamped - cut

Retained placenta
Placenta very stuck to uterus
and removed as a piecemeal
uterus empty - lax
Syntocinon 5/10 units IV bolus
20 units of Syntocinon 500 ml

DMR. 87

NOTES:

10r 10r hours
& intact
Episiotomy stitched in layers
Foley catheter inserted
* catheter in situ until
Saturday.
FBC Saturday.

GRO-C

TAYSIDE HEALTH BOARD
ANAESTHESIA RECORD

Hosp. ... Cons.

Surname 23 Fyffe WITN34 GRO-C D. of B.

First Name Gillian M. State

Address Sex

Theatre Rm 7 Maternity Suite Occupation CHI No. (last 4 digits)

Surgeon Agnusha G.P. & Address (G.P. Requests only)

Date

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In-patient / Out-patient

Elective / Emergency

Primary Pathology

Operation proposed

Other relevant pathology

Fit

Partially effective epidural for urgent delivery

Drugs

Premedication Effect

Anaesthetic Technique

Intravenous Inhalation Epidural Spinal Caudal

Local Topical Sedation Relaxant Other

Tube Nasal Oral Type Size Pack

Respiration – controlled spontaneous Tracheostome

Injection Site

Drugs and Dosage

Spinal L3/4 Easy 1ml 0.5%
Heavy marcain to 6 Sites

Anaesthetic Difficulties and Drug Reactions

Very straightforward

Operation performed

Postoperative Instructions

½ hrly P, BP, Resps x 4
½ hrly thereafter

Sedation

I.V.

Fluids 6 hrly Maintenance

Cardiac	
Dental	
E.N.T.	
Eye	
General	
Gynae.	
Neuro.	
Obst.	
Orth.	
Plastic	
Psych.	
Thoracic	
Urology	
Vascular	
X-Ray	
Other	

IV INFUSION YES / NO

Site

MONITOR

BP Pulse

ECG colour

CVP

IA nil

TEMP

OTHER

ANAESTHETIST

1) Heena

2)

DMR 21

ANTE – NATAL

Surname	First Names	General Practitioner	LMP	EDD

Date	URINE Alb	URINE Sug	URINE Ket	Weight (Kg)	B.P.	Oedema	Weeks Pregnant	Fundal Height	Position and Mobility	F.H.
GRO-C 18	N	N	N	GRO-C	110/70		41+3	T	ceph ↓	+

CLINIC DATA (continued)

Age	Height(cms)	Yrs. Married	No. of Preg.	Live children	Abortions	Blood Group	CONSULTANT	SPECIAL

General Health, Drugs, Other Relevant Data	R weeks	Initials	Investigations and Results: Hb	Investigations and Results: Other
well FM ∝ admits (o pis 2nd tomorrow. (Dr Patel)		GRO-C		

ANTE – NATAL DENTAL RECORD

DENTAL EXAMINATION

Dentures Required .....

For treatment by Hospital

Own Dentist

L.A. Clinic

Appointment made

not made

Ging (0–3) .....

Dental Plaque (0–3) .....

ANC, Sisters Area

.....

.....

.....

.....

.....

.....

.....

Relaxation Classes Recommend

Not Recommend

Date First Attend .....

Mothercraft Recommend

Not Recommend

Date First Attend .....

HOME CIRCUMSTANCES:

No. of Apartments

No. of Adults incl. children over 10)

No. of Children

Good

Satisfactory

Poor

Suitable for 48hr./Early Discharge

Yes

No

Health Visitor:

Name;

Clinic:

Tele. No.:

Defaulter Notification:

.....

.....

.....

.....

.....

.....

.....

Ante-Natal Summary and Complications:–

Years Since First Pregnancy

Years Since Last Pregnancy

No. of Antenatal Admissions

Highest Recorded Haemoglobin (G)

Lowest Recorded Haemoglobin (G)

Hyperemesis (Admitted)

Threatened Abortion

Threatened Abortion (Admitted)

Asymptomatic Bacteriuria

Pyelonephritis

Anterpartum Haemorrhage

Abruption

Placenta Praevia

Cause Unknown

Rh – ve with Antibodies

Hydramnios

Variable Lie

.....

Breech Presentation

Essential Hypertension

Preg. Hypert. Disease – Transient Hypertension

Sustained Hypertension

Proteinuria

Eclampsia

Suspected "Small for Dates"

Poor Weight Gain

Other Complications .....

Investigations:– Ultrasonics

Oestriols/Hormones

G. T. T.

X-Ray

Amniocentesis

Other .....

Procedures E. C. V.

Gen. Anaesthetic

.....

First A/N Admission

Diagnosis:– .....

.....

.....

.....

3rd A/N Admission

Diagnosis:– .....

.....

.....

.....

2nd A/N Admission

Diagnosis:– .....

.....

.....

.....

4th A/N Admission

Diagnosis:– .....

.....

.....

.....

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

BL UNIT/WARD/DEPT.

Ward/Clinic/Hosp. 26

WITN3416003

Surname Fyffe

First Name Gillian

Address GRO-C

GRO-C

Occupation

G.P. & Address (G.P. Requests only)

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Page

DATE	
GRO-C 795	Transfered following a manual
0530	removal of placenta & KRFD
	T 36.4 P 96 BP 74/5 Dr McCallum aware of BP
	IV infusion in progress fluids increased
	Foley's draining clear urine
	Fundus firm
GRO-C	Lochia rubra a moderate
	Head down tilt Patient feeling unwell
	Very pale
0600	88/52 P90
0615	87/56 P93
0630	BP 96/50 P90
	Fundus: Lochia Satisfactory
	IV infusion with syntocinon in progress
	warm layer limbs
0715	Baby breast feeding
0800	Breakfast given. Co 3 times B breastfed
	Feeling faint when sitting
	Breast feeding 1hr 15mins
0830	Continues to feel faint BP 90/64. Bed elevated. - trying some breakfast
0900	BP 98/58 - Fundus firm central Lochia minimal

THB.(MR)3A

LABOUR SUMMARY

27

LABOUR		TIME of ONSET			DURATION(hrs)
		Stages	Date	Time	
Spont.onset		1st	GRO-C /88	1130	14hr 30min
Induced	✓	2nd	/88	0200	1hr 1min
ARM	✓	3rd	/88	0301	4min
Oxytoc drip	✓			TOTAL	15hr 35min
simultaneous					
Accelerate		Rupture of Membranes	GRO-C 88	1030	R-D Interval 16hr 35min

Foetal Distress	1st Stage	2nd Stage	Action	
Meconium	/	/	Nil	
Bradycardia			Electrode	✓
Tachycardia			pH	
Irregularity	X	X	Other	

Pres/Pos at Del	Mode of Delivery	Gestation (wks)
VX ROA	KRFD.	Known: 41 4/7 Estimate:

ANALGESIA/SEDATION (during labour)

Nil		Parenteral		Epidural	X
Oral		Inhalation		Other	X

Nature (all drugs and doses)

Epidural
Spinal

ANAESTHESIA for delivery

Nil	
Local	
Pudendal	
Epidural	
Caudal	
Spinal	
General	

STAFF	Signature	Rank
Accoucheur	Dr Augusston	Reg
Supervised by	H Goodall	S/M.
Sen. Person present		
Other Present		
Resuscitator	Dr McDiarmid	Red

MOTHER	Time	Temp	Pulse	B.P.
Condition on transfer to: wd 34	0900	36.9°c.	80	90/52
Lochia and fundus	fundus firm central lochia normal.			
Highest Recorded BP in labour	Systolic 135		Diastolic 80	

Antibiotic used		Mat. Blood	Yes	
not used	X	Sample	No	X

PLACENTA (less cord, memb for wt.)

Weight 500 gms.

Complete		Spont. Expuls	
Incomplete		Fundal press	
Doubtful	X	Brandt Andrews	
Retained		Cont. cord tract	
Monochor	/	Man. removal	X
Dichor		At caes section	

Abnormalities	Nil	SL	+	++
Infarcts	?			
Calcification				
R. Plac. Clot				
Other				

MEMBRANES		Meconium Staining	
Complete		Nil	/
Incomplete		Slight	
Doubtful	X	Gross	

Nearest point of rupt. of membranes to placenta ? cms.

TRAUMA

		Suture Material
Perin intact		Catgut
Episiotomy	X	
Sl lacerat		
Mod lacerat		No for Removal
Sphinct involv		
Cervixinvolv		

Sutured by:- Dr Augusston.

BLOOD LOSS	BLOOD TRANS	
Est. 300 mls	Nil	X
Meas. mls	Given	
300 Totals in mls.		

Coagulation Defect	Investig.	
	Not invest.	X
	Present	
	Absent	
Anticoagulant Cover	Nil	X
	Given	

Other comments, diagrams, drugs used:–

Syntocinon IVI 1/2 and 2iu.
Syntocinon 8iu IVI
Syntocinon 10iu IVI

Cord(s)	No. of vessels	Clamping		Round Neck		Insert Type and Abnormalities
Length ?	3	Before Delivery		Not	X	?
		After Delivery	X	Loose		
		Before first breath		Tight		

INFANT(s)	Single or Twin 1	Twin 2
SEX	Female	
Weight (gms)	3695	
	8lbs 2 1/4oz	

APGAR SCORES

Assessment at Minutes	1	5	1	5
Heart Rate	2	2		
Respiration	2	2		
Muscle Tone	2	2		
Reflexes	2	2		
Colour	1	1		
TOTAL	9	9		
T First Resp.	0			
T Sust. Resp.	0			

State	single or twin 1	twin 2
Alive	X	
SB. Fresh		
Macerated		
Deformities Nil	X	
Present		
Caput. Nil		
SL/Mod	X	
Gross		
Cephalhaem		
Cord samples		
Nil Taken		
B.P.D.	9.3 cm	

Resuscitation:–	1	2
Nil(incl clear airway)	X	
Mask + IPPV		
Intub + IPPV (No drugs)		

	1	2
Intub + IPPV (with drugs)		
Drugs Only (specify)		
Other		

Transfer to Ward		Transfer to Special Nursery	

Remarks on Resuscitation and Deformities

Konakion 1mg.

length = 51cm

THB(MR)90

WITN3416003

LYING – IN RECORD

Ward 34 / 28

Special Recommendations

Anti-D Serum Required ☐ Not required ☑ Given on .....

Rubella Vacc. Suggested ☐ Not suggested ☑ Given on .....

Pelvimetry ☐ I.V.P. ☐ G.T.T. ☐ Int. Sterll. ☐ Diet ☐

Action taken and other recommendations

Advice re future pregnancy

Care	Specialist Supervision		
	Essent.	Desir.	Unnecess
A/N confinement	☐	☐	☐
Anticipated Mode Del	C.S. ☐	Doubtful ☐	Vaginal ☐

Signature .....

Rank .....

SUMMARY OF COMPLICATIONS AND THERAPY

Normal	✓	ABDO. WOUND Infection		Oestrogen	
Pyrexia (P.U.O.)		Haemotoma		Antibiotic	
Perineum Bruising ++		Rupture		Anticoagulant	
Oedema ++		Phlebitis		Blood Transfusion	✓
Urinary Retention		D.V.T.		Other (Specify)	
Infection - Genit Tract		Pulm Embolism			
Urinary		2nd ry. P.P.H.		OPERATIONS	
Perineum		Psychiatric Complicn.		P.P.S.	
Respiratory		Other (Specify)		Explorn./Evac Uterus	
Breast				Other	

Specific Summary Comment

Transfused 4 units
Hb 6.2.

INFANT(S):— Blood Group

Rhesus Factor:

Summary of Progress: Both progressed well.

UNIT No(s)

Age(s) on discharge		Weight(s) on disch.	
days	days	(G)	(G)
5		3520	

	1	2
Home with Mother	✓	
Home after Mother		
Care of Rel.		
Trans.other Ward		

	1	2
Tr other Hsp		
Tr.Res/Post		
Other		
Breast Feeding	✓	

Feeding and Condition

Breast feeding well.

Admitted Spec.Nurs. Date..... 1 ☐ 2 ☐

Detain Spec. Nurs. 1 ☐ 2 ☐

GRO-C

sg well but hemorrhoids tx
2 packs - cream
keep catheter in until
tomorrow FBC.

GRO-C

post-op Hb 6.2 g/dl
for x match 2 units packed cells 2 whole blood

GRO-C

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/Hosp. 29

WITN3416003

Surname Fyffe

First Name Gillian

Address GRO-C

Occupation GRO-C

G.P. & Address (G.P. Requests only)

-59

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DATE

Page

GRO-C 88 Pale anaemic
Pulse T feeling pant
O/E Haemorrhoids +++
vulval bruising
PV loos normal
uterus well contracted
No obvious hormaloma
Hgb 6.2 - needs blood
transfusion
Discussed with Mr Fyffe
No keen on blood transf.

GRO-C 88 Patient contacted husband
Husband tried to reason
with Mr Fyffe.
Long discussion
Advice given
No def decision made.
Does not want blood
transfusion

⇒ Observe BP - pulse
check urinary output

GRO-C

GRO-C
15/1/30 Discussed again with
Mrs Fyffe + her husband
After contacting B.T.S. the screening

THB.(MR)3A

procedures used for Hep.B, HIV, and Syphyllis were explained to them
They were worried about the possibility of H.I.V. as the blood is only tested for antibody not antigen
Still No definite decision made

GRO-C

GRO-C
20:00 decision to go ahead with transfusion termination morning
for 10 whole blood
20 Packed cells

GRO-C

GRO-C
06:15 Transfusion commenced

GRO-C

GRO-C 08 Much improved pulse 90
Having blood.
Moderate loss. PV.
pulse ↓ but still dizzy
when up.
Having 3 units of blood
O/E pinpoint pupils
perineum bruised +
Haemorrhoids +++
but improving.

GRO-C

10:45 On Argentin
Passed a clot
O/E uterus firm
O/VE: small non-tense
collection of blood in
(R) vaginal wall.
No clot in vagina
uterus small
ex closure:
conservative management

GRO-C

TAYSIDE HEALTH BOARD

HISTORY/CONTINUATION SHEET

UNIT/WARD/DEPT.

Ward/Clinic/Hosp... 31

WITN3416003

Surname ... FYFFE ... Unit N

First Name ... Gillian ... D. of

Address ... M. Sta

... Se

Occupation ... MPI N (last 4 digit

G.P. & Address (G.P. Requests only)

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DATE	Page
GRO-C	Transfused without problems. Feels less tired Check Hb tomorrow. GRO-C
GRO-C 88	(6 am) called to see. Diarrhoea since ~ 10 pm last night. Constantly on bad pan. Loose watery stools. No blood. Codeine phosphate at 2.30 am this morning - improved for ~1 hr then just as bad again. No nausea / vomiting / or abdo pain. Has not been drinking - afraid in case it made diarrhoea worse O/E. Temp. 36.5. Mild dehydration. Exhausted. Pale. pulse 100 reg. BP ~~110~~ 110/65. Abdo - Soft. Non tender BS ++. ① On Augmentin 375 mg QID since 9.10.88. (- commenced after passing clots PV.). ② Has been eating lots of fruit recently. Diarrhoea probably caused by ① + ② above. Does not want IV fluids. Encourage oral fluids - Rehydrat / Dioralyte if available Regular Codeine Phosphate Stool specimen for C+S. Will need review in the morning. GRO-C
	8.30am No further diarrhoea. Well. Happened 1) Stop Augmentin 2) Continue Fe. 3) Green Hb. 4) Home Am. GRO-C

THB.(MR)3A

DATE	
GRO-C/88 1200	Feels well but Pyrexia 37·9°c this am Recheck later. ?/↑ for Agslide, HVS. ? home FBC ✓
	GRO-C
14³⁰.	Feeling unwell now No dysuria but no urine passed recently Still having loose bowel motions but augmentin now stopped c/o feeling shivery — Lochia rubra – not heavy
O/E	T 37⁹. Abdomen soft. Fundus firm – sl. deviated to (L). No bladder palpable
Imp	1) ↑ fluid intake 2) for fluid chart 3) MSSU + HVS later today. To stay in at present GRO-C
17⁰⁰	Feeling better but has not PU'd yet. If not managed by this evening will require catheter. GRO-C
GRO-C 88	Has passed good volumes of urine overnight Drinking well Now apyrexial. Lochia subsiding — Allow home Has to attend Monday to see Dr Agustsson For re-check Hb. Mother & Baby fit for discharge home to 21 Tuscania Gdns Broughty Ferry Dundee Post natal check N/W. Family Planning – GP.
19.10.88	BP – 115/70 Urine – NAD.

USE BALL PEN FIRMLY

TAYSIDE HEALTH BOARD
GYNAECOLOGICAL CYTOLOGY SERVICE

LAB. REPORT No.

Clinician: Source: MONIFIETH HEALTH CENTRE ANC

Previous Smear: Date and Place: NIL 85

Surname: FYFFE Maiden Name: GLARK

Forename(s): GILLIAN

Date of Examination: 14-12-88

Clinic Review: YES / NO

Interval:

Address: GRO-C

Clinical Diagnosis: POST NATAL

G.P. and Address: DR HANKINSON 15 CAMPERDOWN ST

G.P. Ref. No.

Signature

Birth Date and C.H.I. No.: GRO-C 59 GRO-C

No. of Pregnancies: 2

Pregnant: YES (NO)

Last Natal Weeks: 18

Age at Menopause:

Cervix: Normal / Erosion / Suspicious / Malignant

Previous Colposcopy / Hyster. / Cone / Ablation

Smear: (Cervix) / Vagina / Other (Specify)

L.M.P.

Oral Contraception: YES / NO

I.U.C.D.: Nil / Past / Current

Radiation: YES / NO

Hormone Treatment: YES / NO

Single

Married L

Widowed

Divorced

Histological Report:

Comment on Smear:

REPORT:

Class 1	Negative
Class 2	Abnormal / Infection / Inflammatory
Class 3	Abnormal – Suspicious
Class 4	Strongly Suspicious of CIN 3
Class 5	CIN 3 / Invasive Carcinoma
No Report	Unsatisfactory Smear
Cellularity	Good / Moderate / Poor
Endocervicals	YES / NO

B(MR)118 Signature: Date:

Repeat: YES / NO Months

POST - NATAL RECORD

N.B. and Ensure

Date GRO-C

1.....

2..... 29/11/88 GRO-

3.....

INFANT wks. old	Progress Satis ☐ Unsatis ☐	Feeding Breast ☐ Artificial ☐	REMARKS .....

MOTHER History

No pill ☐ On pill ☐ NAME	Bleeding Since Delivery: Comment	Disch SL ☐ Disch + ☐ Pruritis ☐ Dyspareunia ☐	Frequency ☐ Nocturia ☐ Dysuria ☐ Incontinence ☐	Constip ☐ Diarrhoea ☐ Incontinence ☐ Backache ☐

Additional Remarks .....

Examination

Gen. Cond.	Weight	B.P.	Cervical Smear	Other Investigations
V.Good ☐ Good ☐ Average ☐ Poor ☐	Urine: Alb / Sug		Taken ☐ Not taken ☐ Reason	Hb ☐ Vag Swab ☐ MSSU ☐ IVP ☐

Breasts	Perineum	Vagina	Uterus	Cervix	Adnexa	Remarks re Abnormalities
Normal ☐ Abn ☐	Norm ☐ Tender ☐ Defic ☐ Toneless ☐ Tight ☐	Healthy ☐ Inflam ☐ Cystoc ☐ Rectoc ☐ Ut. Prol ☐	A/V ☐ R/V ☐ Bulky ☐ Enlarged ☐ Mobile ☐	Healthy ☐ Eroded ☐ Cervicit ☐ Lacerat ☐ Mobile ☐	Norm ☐ Ov Cyst L ☐ R ☐ P.I.D. L ☐ R ☐	

Abdomen Norm ☐ Abn ☐

Advice re future pregnancy, contraception

Time before conception ☐ .....

Methods discussed ☐ .....

Referred Fam. Pl. Clinic ☐ .....

	Action Taken	Date	Init
W.L.Sterilisation ☐	☐		
W.L. Other Gyn Op ☐	☐		
Genetic Counselling ☐	☐		

Other treatment or advice .....

Dismissed ☐ .....

Return on ☐ .....

Signature .....

Further Attendances 1.	2.	3. .....
Sign.	Sign.	Sign.

DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

Transverse lie 33 w.

Ward/Clinic/Hosp.

Surname BROUGHTON/Fyffe ANC

First Name

Address. Gillian

Occupation GRO-C -5

G.P. & Address (G.P. Requests only) GRO-C

USE E OR H

PLAC SCAN		F. HEAD S.		PELV.		MULT.		L.M.P.							CLIN. DURATION
								RET. PROD		ABD. MASS		OTHER			SPE

REPORT

MED. OFFICER GRO-C

Transverse lie with head to right B.P.D. 86 mm
f.t.a. 58 cm²
placenta anterior not low
neural tube checked, fetal heart observed

EML.

THB(MR)77 **ULTRASONICS** DATE EXAM. 1/5/0/F/F/ ULTRASONICS No.

DR. IAN M. SIMPSON
DR. HUMPHREY GARMANY
DR. M. J. WILKINSON
DR. C. A. HANKINSON

TEL. NO. 78881

15 CAMPERDOWN STREET
BROUGHTY FERRY
DUNDEE DD5 3AA

Re Gillian Fyffe. 16/2/88

Dear Dr Patel

Thank you for seeing this girl – I've sent off a letter for her booking. In fact she has been up [illegible] Ninewells but [illegible] Ninewells because she had some bright [illegible] about [illegible] on a couple of occasions some dark [illegible] ago + subsequently. She has had [illegible] staining, the remnant of the last [illegible] of scans, [illegible].

[redacted]

here this evening & I felt that you should see her.

I hope that it is O.K. for you to see her at Bromst. but it did seem the easiest thing for the patient as she has small child

Yours sincerely,

GRO-C: C Hankinson

Clinical Details including Diagnosis 16/3

Booking Blood

Ward/Clinic B/F ANC PATEL ...Cons.

Hosp. ......

Surname FYFFE GRO-C 59 ...D. of B.

First Name Gillian GRO-C ...M. State

Sex

Address ....

Occupation ....

225

...Hosp. No. (last 4 digits)

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

For Laboratory Use Only

Previous Blood Count

Tick Yes or No

Investigations required Hb please

Date 17/2/88

Doctor's Signature

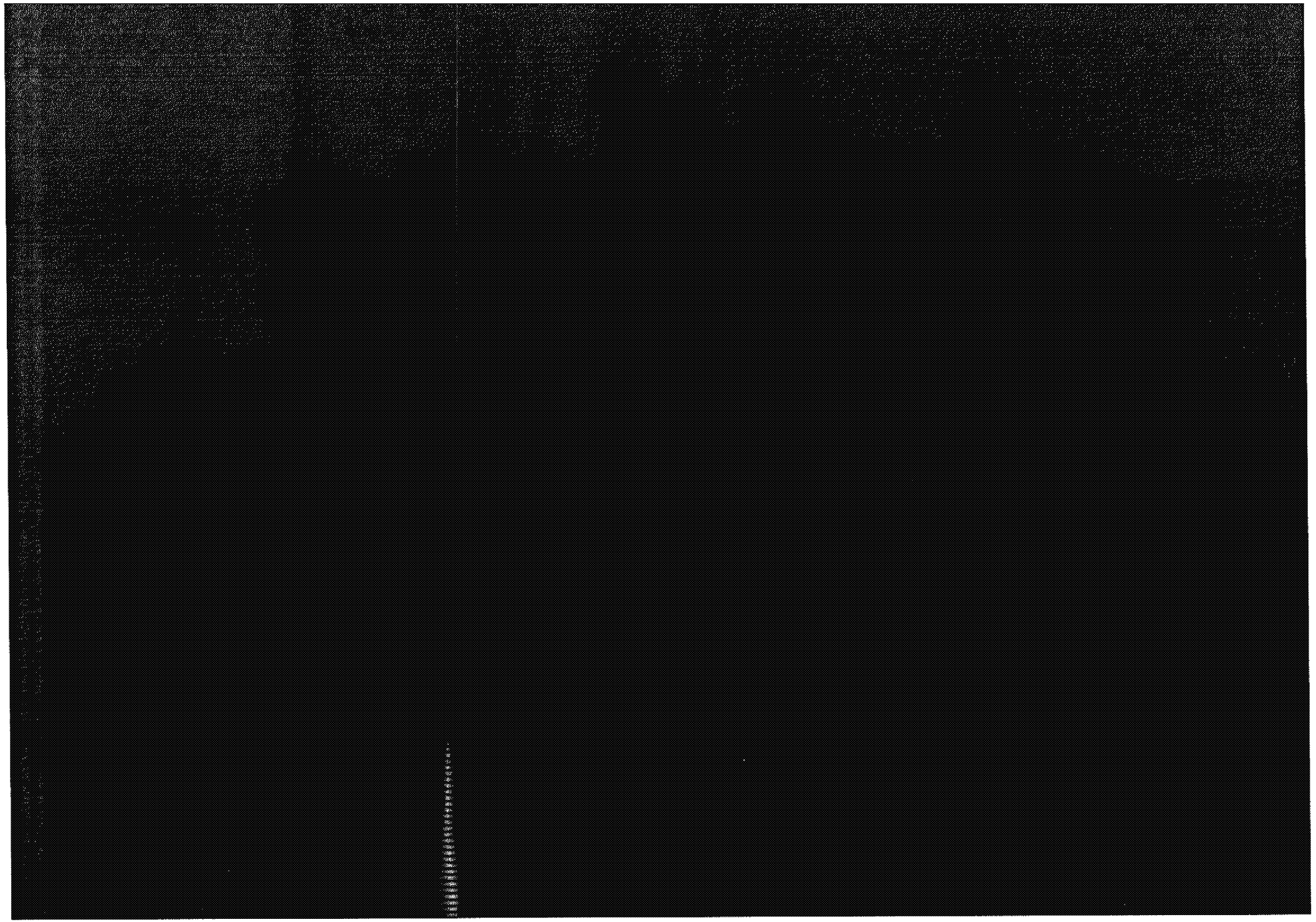
RETICS %	E.S.R. mm/1 hr	DATE	No.	WBC $\times10^9/l$	RBC $\times10^{12}/l$	Hgb g/dl	HCT Ratio	MCV fl	MCH pg	MCHC g/dl	PLTS $\times10^9/l$	LYMPH %	MONO %	GRAN %	LYMPH $\times10^9/l$	MONO $\times10^9/l$	GRAN $\times10^9/l$
		1802	2259	07.9	4.17	12.2	379	091.	29.3	32.2	298.	19.6	07.8	72.6	01.5	00.6	05.7

Report

GRO-C

GRO-C

THB (MR) 312



Lab Ref No

Clinical № 01977

Booking Bloods

Previous Blood Transfusion? Yes/No ?

For Ante-Natal Patients:-

Parity 9 E.D.D. 9

Ward/Clinic/ Hospital B/F ANC PATEL Cons.

GRO-C 59 Unit No.

Surname FYFFE GRO-C D. of B.

First Name Gillian M. State

Address Sex

MPI No. (last 4 digits)

Occupation

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

Blood Sample Collected Date and Time:- 17/2/88

Investigations Requested Group + Rh please

Signature of Medical Officer PP

GRO-C: Dr Patel

For Lab Use Only

GROUP A 001977
RH POS

GRO-C

GRO-C

18-2-88

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE, [redacted]

Form 33B/82

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

FYFFE GILLIAN	F	GRO-C GRO-C 59	N.PATEL A.N.C. NINEWELLS

SOURCE OF REQU
MA

CLINICAL DATA

ISSUE 1

Pa

			T.P.H.A.
17/02/88	Serum	072788	Negative

24/02/88

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

FYFFE
GILLIAN

F

GRO-C
GRO-C /59

N.PATEL
A.N.C. NINEWELLS

SOURCE OF REQUEST
MATY

G.P.

PAGE
1

CLINICAL DATA

ISSUE
1

17/02/88 Serum
05247B

Single Radial Haemolysis
RUBELLA STATUS - Immune

25/02/88

TAYSIDE HEALTH BOARD

MOUNT SHEET

~~X~~RAY REPORTS *

LABORATORY REPORTS *

CONSENT FORMS / MISCELLANEOUS *

Note: Remove strip to reveal gummed area.

AFFIX THIS REPORT TO PATIENT'S CASE NOTES

Compatibility/Products Report

SPECIAL NOTES:
(If Reaction See Instructions Overleaf)

FYFFE (M) D
GILLIAN
D.O.B. : GRO-C /59 MPI : GRO-C

PATIENT'S BLOOD GROUP : A POS

HOSPITAL : NINEWELLS HOSPITAL
WARD : NINEWELLS WARD 38
REQUIRED FOR : 17/ 9/88

DONATION No	GROUP	PRODUCT DESCRIPTION	GIVEN BY	CHECKED BY	DATE	TIME
701034 06	A POS	PLASMA REDUCED BLOOD				
701185 07	A POS	PLASMA REDUCED BLOOD				

GRO-C

BLOOD WILL BE HELD FOR 48 HOURS

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE,
NINEWELLS HOSPITAL, DUNDEE.

EVENT NUMBER: 021325X

Please set accurately

JB–C9584

AFFIX THIS REPORT TO PATIENT'S CASE NOTES

Compatibility/Products Report

SPECIAL NOTES:
(If Reaction See Instructions Overleaf)

FYFFE
GILLIAN
D.O.B. : GRO-C 59 MPI : GRO-C

PATIENT'S BLOOD GROUP : A POS

HOSPITAL : NINEWELLS HOSPITAL
WARD : NINEWELLS WARD 38
REQUIRED FOR : 15/ 9/88

DONATION No	GROUP	PRODUCT DESCRIPTION	GIVEN BY	CHECKED BY	DATE	TIME
701642	05 A POS	WHOLE BLOOD (DOUBLE)				
701643	03 A POS	WHOLE BLOOD (DOUBLE)				

BLOOD WILL BE HELD FOR 48 HOURS

GRO-C

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE,
NINEWELLS HOSPITAL, DUNDEE.

EVENT NUMBER: 0212741

Clinical Details including Diagnosis

39/52 pregnant
Transverse lie

Ward/Clinic Hosp.	38	NP ....Cons.
		GRO-C 59 ....D. of B.
Surname	FYFFE	M. State
First Name	GILLIAN	GRO-C Sex
Address		
Occupation		....MR No. (last 4 digits)

Previous Blood Count — Tick Yes or No: Yes ✓

Investigations required: Hb please

Date 15/9/88

GRO-C

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

For Laboratory Use Only

RETICS %	E.S.R. mm/1 hr	DATE	No.	WBC x109/l	RBC x1012/l	Hgb g/dl	HCT Ratio	MCV fl	MCH pg	MCHC g/dl	PLTS x109/l	LYMPH %	MONO %	GRAN %	LYMPH x109/l	MONO x109/l	GRAN x109/l	Report
		1509	5517	06.9	4.03	11.2	.331	082.	27.8	33.8	269.	16.2	07.0	76.8	01.1	00.5	05.3	

SEP 15 13:22

GRO-C

JB—C7357

IB (MR) 312

AGNOSIS

LIN. NOTES – REQUEST DETAIL

Growth please
Fetal lie

Ward/Clinic/ Hosp. FIFE

Surname BROUGHTY JUNCTION

First Name

Address GRO-C

Occupation

G.P. & Address (G.P. Requests only) ST BOONDE

OR H

PLAC SCAN		F. HEAD S.		PELV.		MULT.		RET. PROD		ABD. MASS		OTHER		SPI

L.M.P. CLIN. DURATION

REPORT

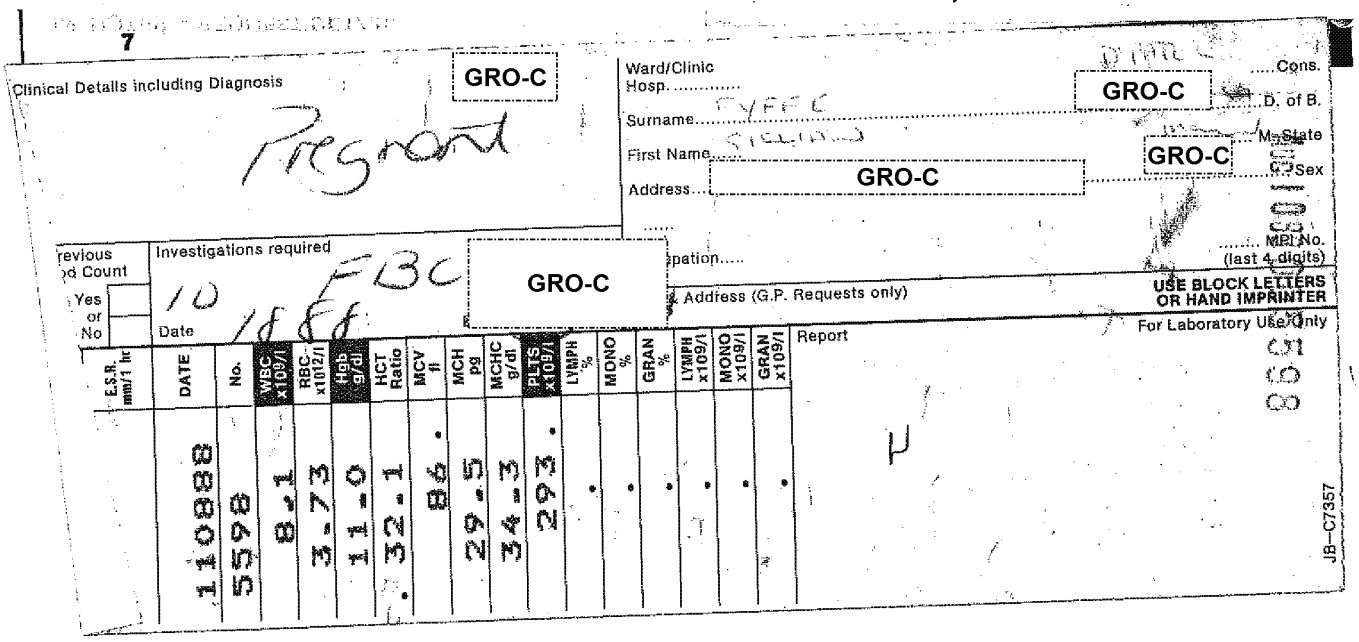
MED. OFFICER GRO-C 11/12

Transverse lie, head to the left foot
presenting
B.P.D. 90
F.T.A. 80
placenta anterior

ADC.

GRO-C

THB(MR)77 **ULTRASONICS** DATE EXAM. 12/9/87 ULTRASONICS No.



7

Clinical Details including Diagnosis: Pregnant

GRO-C

Ward/Clinic Hosp.

Surname: FYFFE

First Name: SHEENA

Address: GRO-C

GRO-C

GRO-C

Cons.

D. of B.

Marital State

Sex

MRI No. (last 4 digits)

Previous Blood Count: Yes / No

Investigations required: FBC

Date: 10/8/88

Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

For Laboratory Use Only

Report

E.S.R. mm/1 hr	DATE	No.	WBC x10⁹/l	RBC x10¹²/l	Hgb g/dl	HCT Ratio	MCV fl	MCH pg	MCHC g/dl	PLTS x10⁹/l	LYMPH %	MONO %	GRAN %	LYMPH x10⁹/l	MONO x10⁹/l	GRAN x10⁹/l
	110888	5598	8.1	3.73	11.0	32.1	86.	29.5	34.3	293.	.	.	.	.	.	.

JB—C7357

2 1

MATY B/F GRO-C 59 FYFFE GILLIAN F

A.N.C. NINEWELLS

N.PATEL +

- 31+ /52 PREGNANT WITH PREV. LARGE FETUS

		GLUCOSE MMOL/L	HBA1 %
29/07/88	V.BL*	4.4	6.5
0935HRS	20542S	:	:
9/07/88	V.BL	4.2	
C05HRS	20543U	:	
9/07/88	V.BL	5.9	
1035HRS	20544V	:	
/07/88	V.BL	5.6	
C5HRS	20545W	:	
/07/88	V.BL	4.8	
35HRS	20552F	:	
07/88	V.BL	5.2	
5HRS	20553G	:	

COMMENT

7/88 V.BL 2 TIMED AT 10.05
05HRS 20543U

DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

Hosp....

Surname FYFFE GRO-C 59

First Name GILLIAN

Address.....

...

Occupation...

G.P. & Address (G.P. Requests only)

USE B
OR HA

L.M.P.							CLIN. DURATION	
PLAC SCAN	F. HEAD S.	PELV.	MULT.	RET. PROD	ABD. MASS	OTHER	SPE

MED. OFFICER .....

REPORT

B.P.D. 51
placenta anterior
neural tube checked, fetal heart observed

ADC.

12/5/18

HB(MR)77 **ULTRASONICS** DATE EXAM. | | | | | | | ULTRASONICS No.

3 3

DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

repeat

Ward/Clinic/
Hosp. . . .

Surname . . . . FYFFE GRO-C 59 GRO-C

First Name. . . GILLIAN

Address. . . . . .

. . .

Occupation. . .

G.P. & Address (G.P. Requests only)

L.M.P.							CLIN
PLAC SCAN	F. HEAD S.	PELV.	MULT.	RET. PROD	ABD. MASS		OT

REPORT

MED. OFFICER .....

single fetus
fetal heart observed
C.R.L. 12 mm = 7+ weeks

JRL.

9(MR)77 **ULTRASONICS** DATE EXAM. 1 2 0 2 8 6 ULTRA

DIAGNOSIS

CLIN. NOTES – REQUEST DETAIL

Bleeding in early pregnancy. No pain.
? threatened abortion.

Ward/Clinic/Hosp. N/w Early Admission

Surname Fyffe 02

First Name Gillian

Address

Occupation

G.P. & Address (G.P. Requests only)

L.M.P.	1	9	1	2	8	7	CLIN. DURAT

PLAC SCAN		F. HEAD S.		PELV.	✓	MULT.		RET. PROD		ABD. MASS		OTHER

REPORT

MED. OFFICER GRO-C

The uterus is bulky and contains a small gestation sac in the fundus approx. 5 weeks size.
Too early for further comment
suggest repeat 2 weeks

JRL

THB(MR)77 **ULTRASONICS**

DATE EXAM. 29 01 88

ULTRASONIC

DIAGNOSIS

Date Time

Rate /min.	Rhythm	PR m.sec.	Axis

INTERPRETATION:

PLEASE WRITE, IMPRINT OR ATTACH LABEL.

WARD ..... HOSP. CONS. .....

SURNAME ..... Fyffe ..... UNIT No

FIRST NAME ..... Gillian ..... D of I

ADDRESS ..... C. STATI

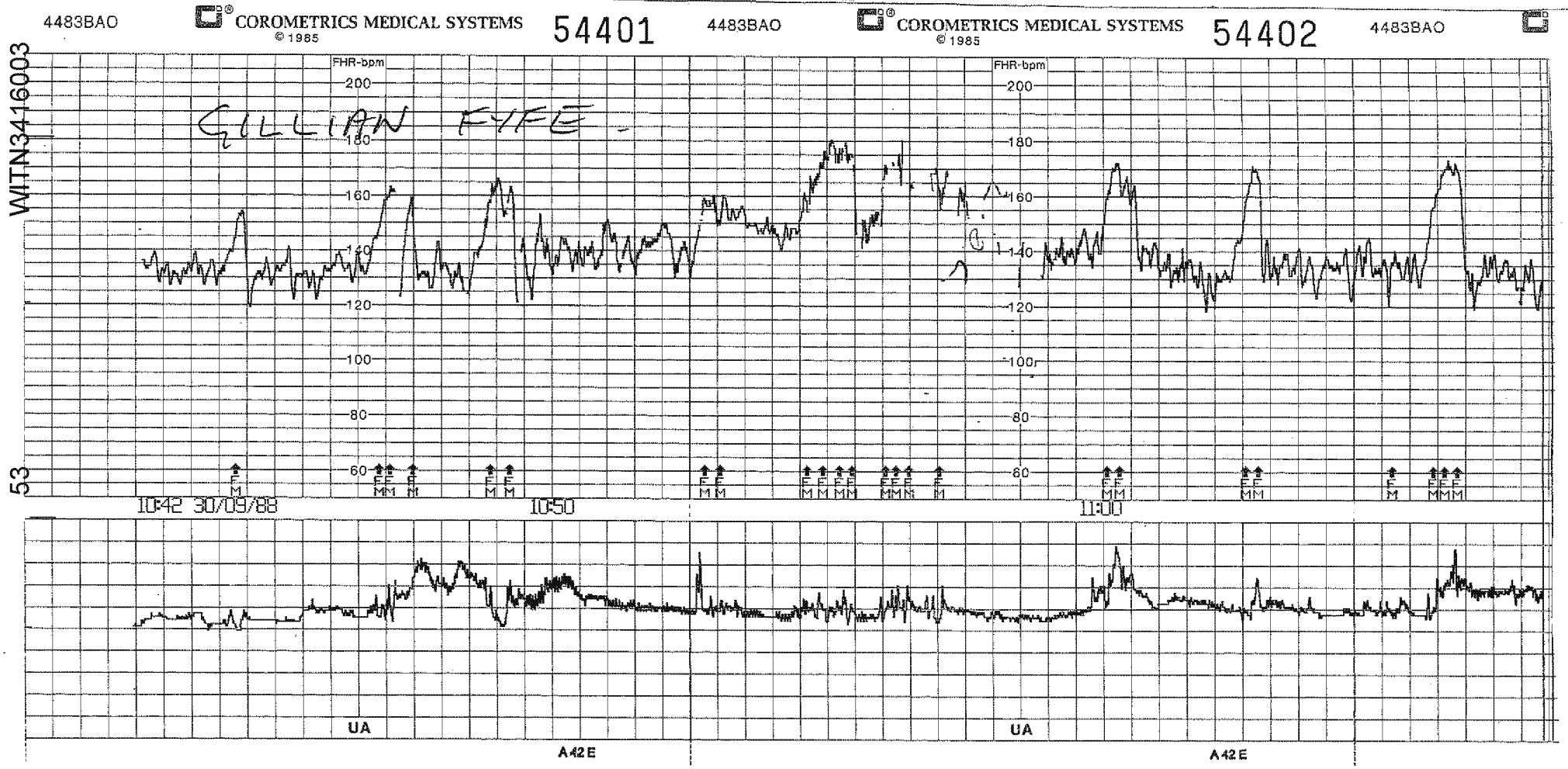
..... SE

OCCUPATION ..... REL

DEPARTMENT OF CARDIOLOGY, NINEWELLS

1 - 2 - 3	aVR - aVL - aVF	V1 - V2 - V3	V4 - V5 - V6	1 MV

52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COROMETRICS MEDICAL SYSTEMS
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WITN3416003
53
GILLIAN FIFE
FHR-bpm
200
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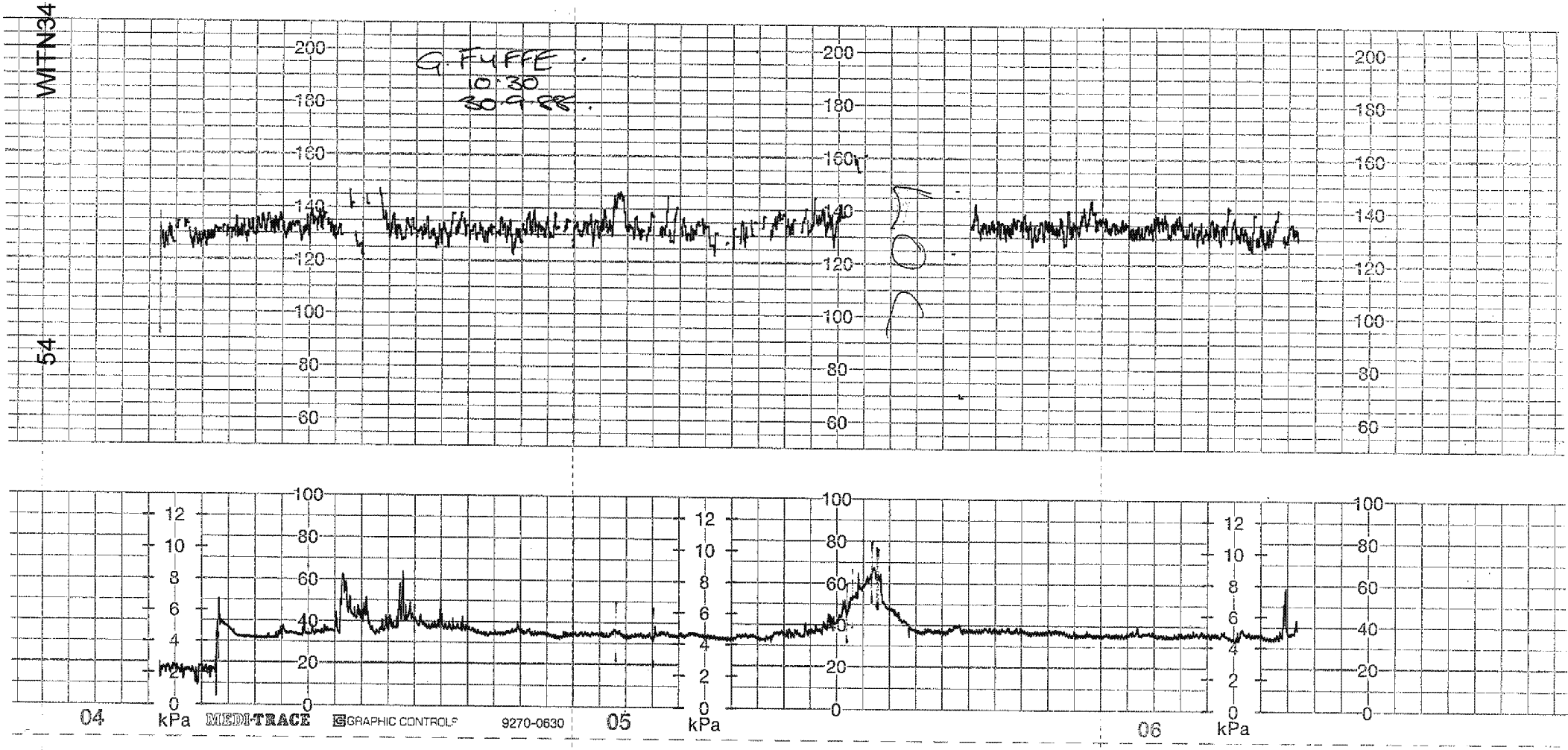
G. FUFFE
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GRAPHIC CONTROL
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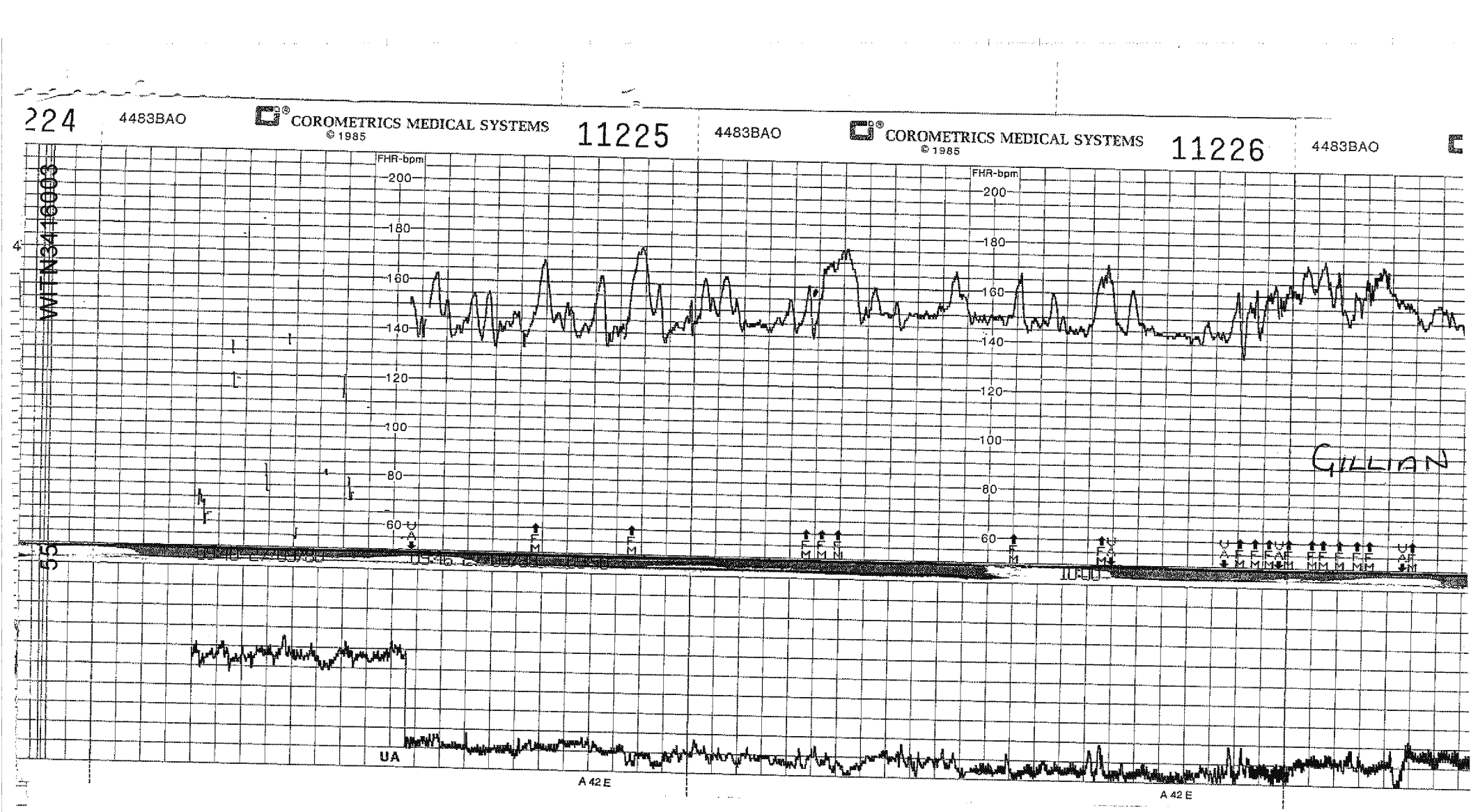
06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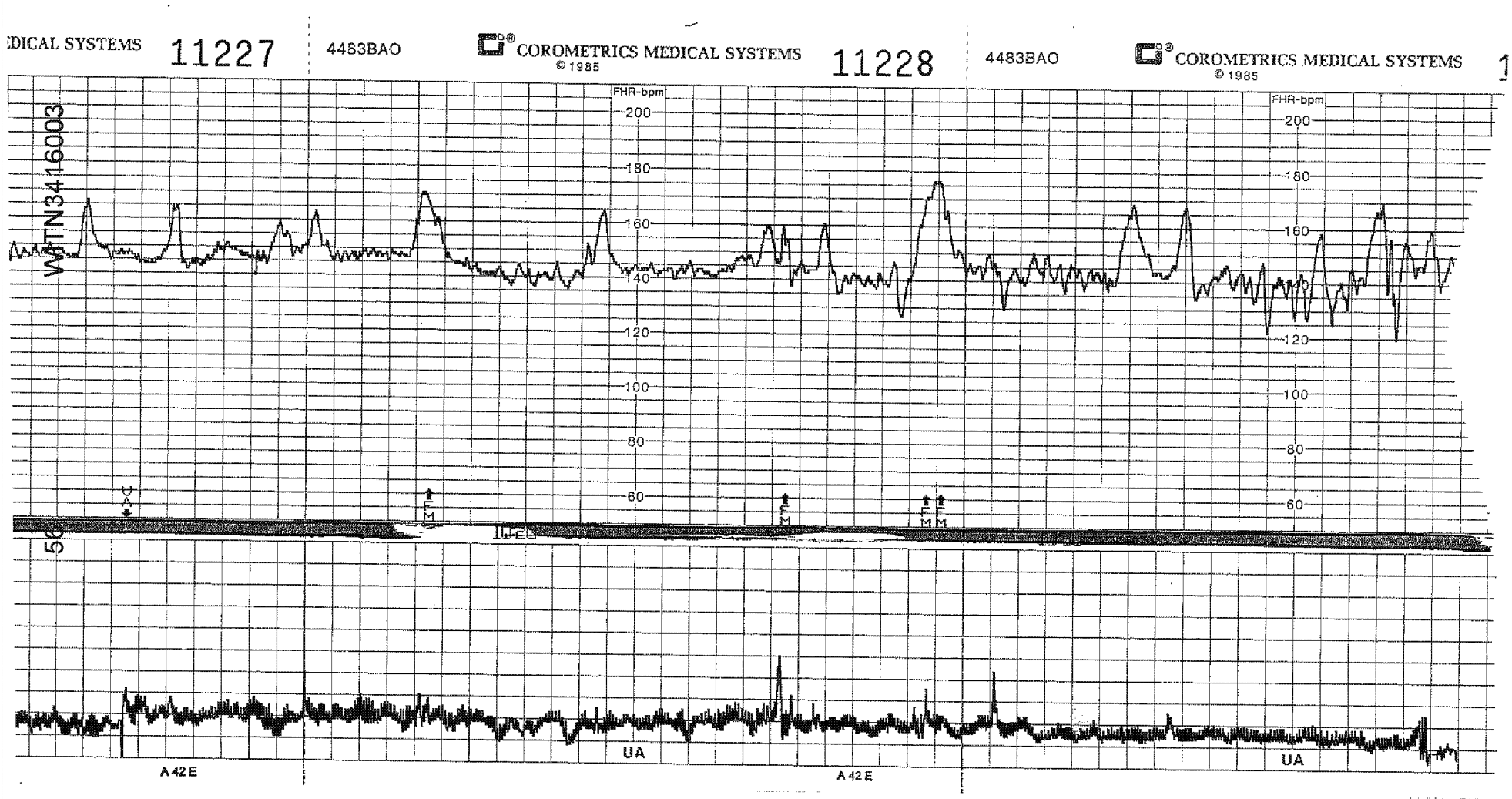
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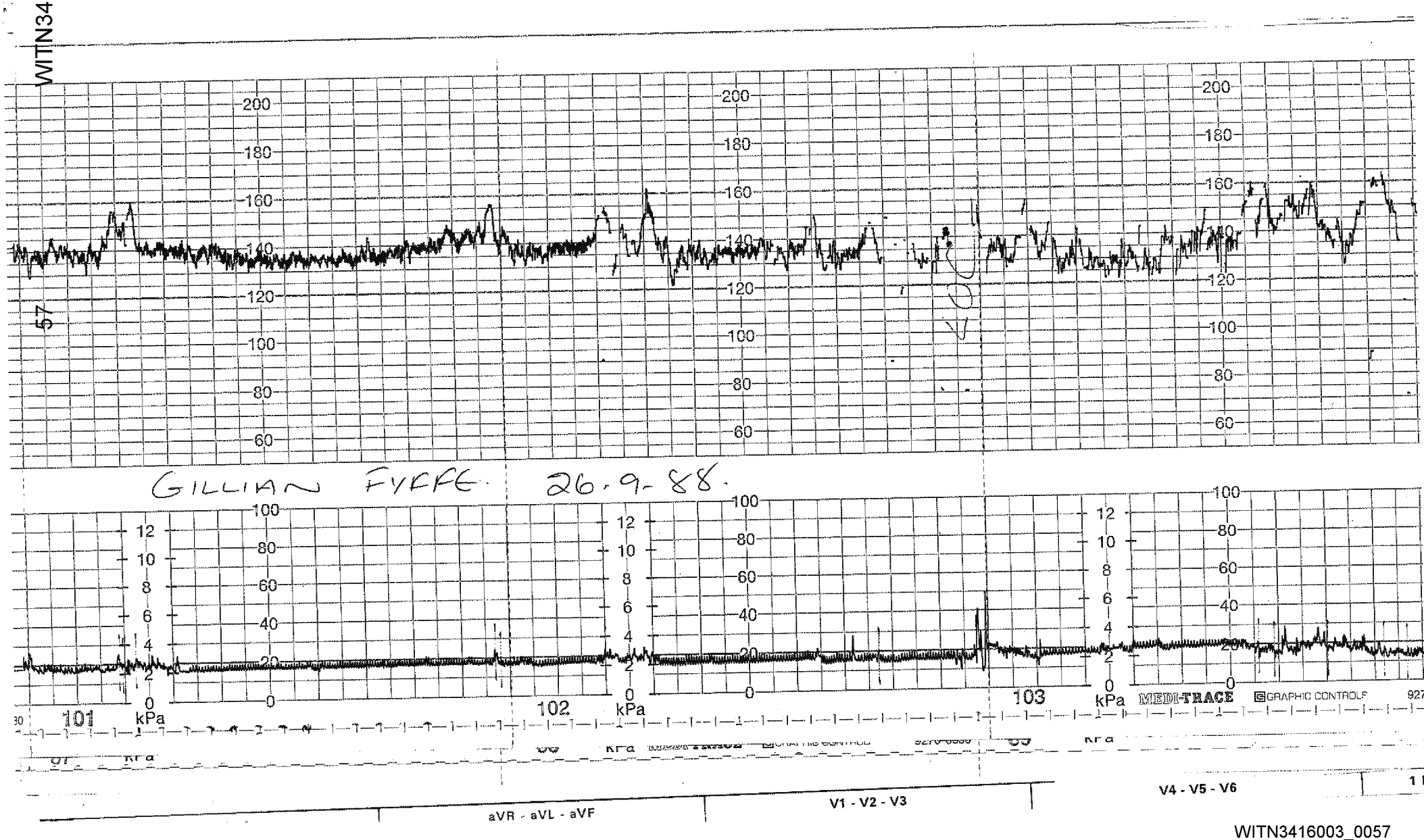
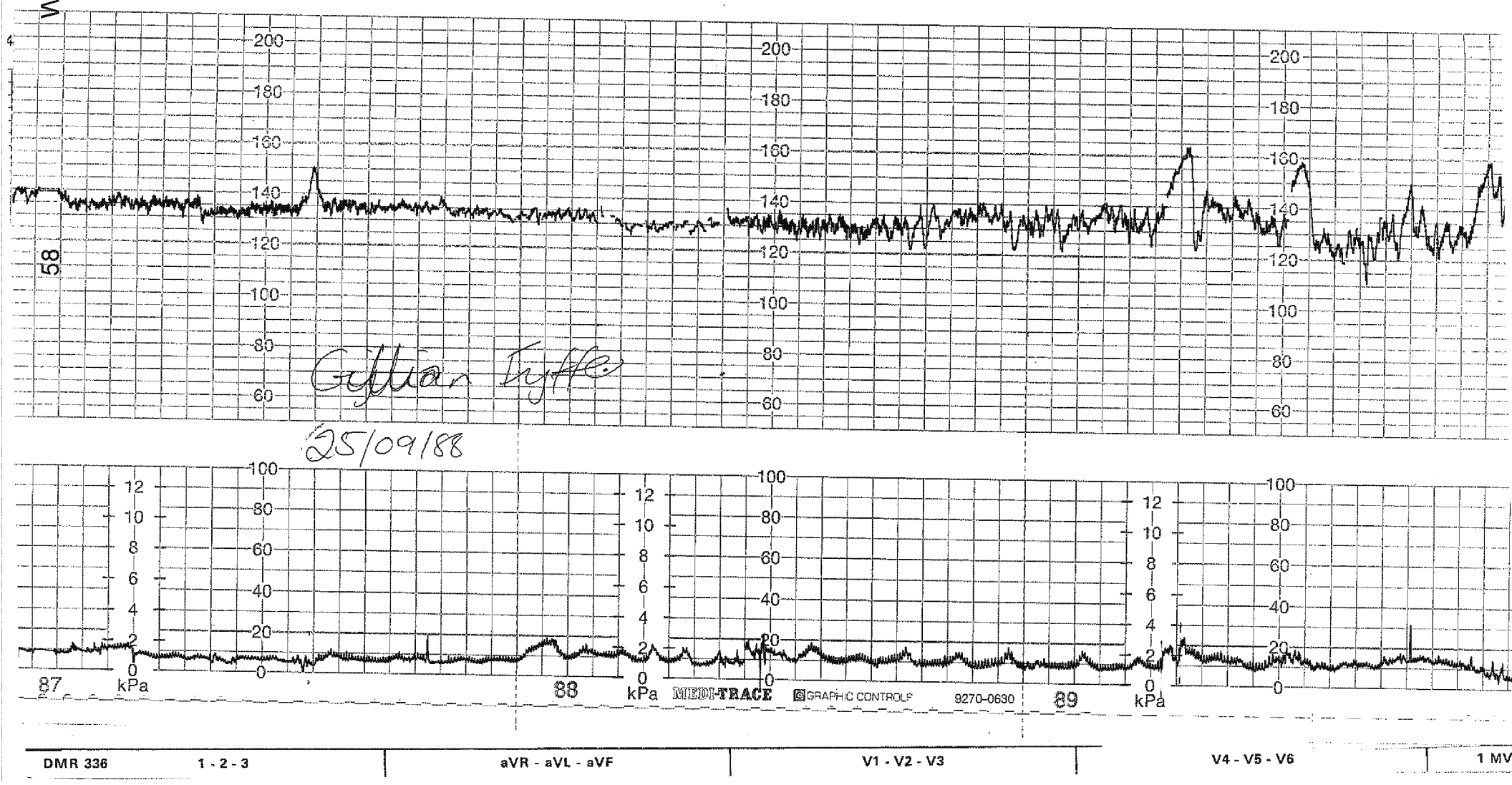
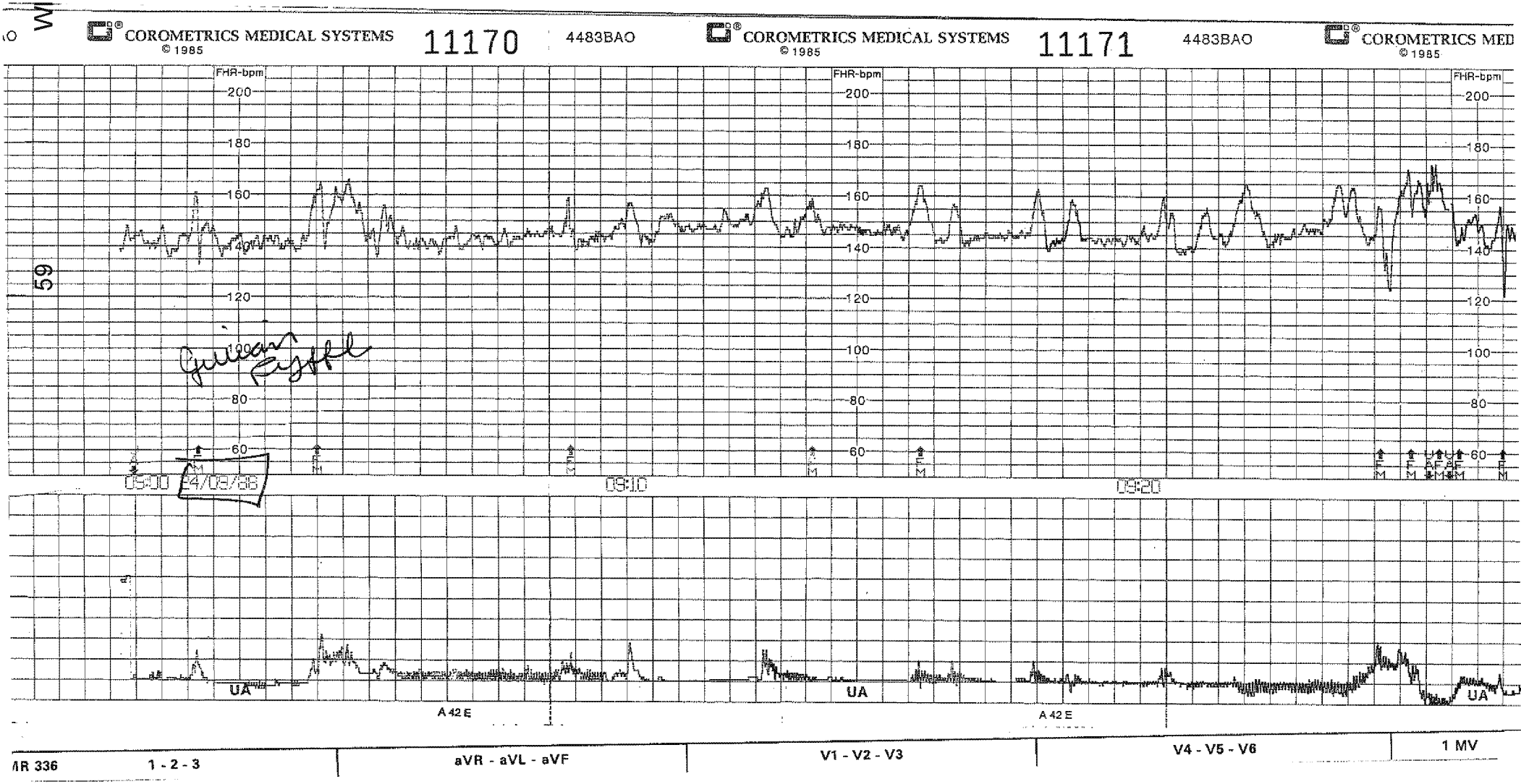

GILLIAN FYFFE 26.9.88.
MEDI-TRACE
GRAPHIC CONTROLS
aVR - aVL - aVF
V1 - V2 - V3
V4 - V5 - V6

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UA
A 42 E
1 - 2 - 3
aVR - aVL - aVF
V1 - V2 - V3
V4 - V5 - V6
1 MV

59

DIAGNOSIS | Date | Time

Rate /min.	Rhythm	PR m.sec.	Axis

INTERPRETATION:

WITN3416003

PLEASE WRITE, IMPRINT OR ATTACH LABEL.

WARD 38 N/W HOSP. CONS. DR PATEL

SURNAME FYFFE. GRO-C UNIT No.

FIRST NAME GILLIAN. GRO-C SG D of B

ADDRESS GRO-C MARRIED C. STATE

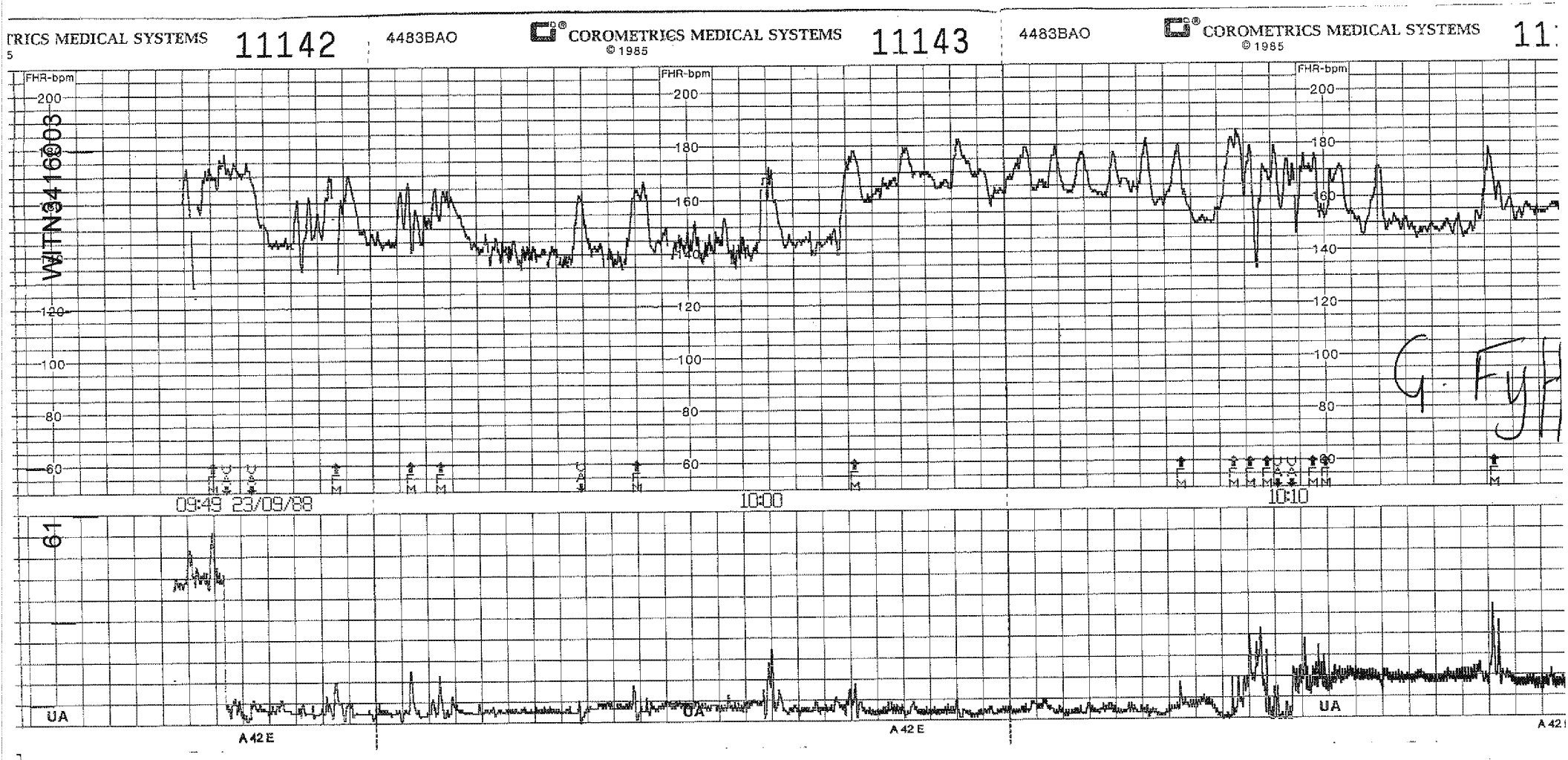
GRO-C FEMALE SEX

OCCUPATION ENGLISH TEACHER R/C REL.

DEPARTMENT OF CARDIOLOGY, NINEWELLS

1 - 2 - 3	aVR - aVL - aVF	V1 - V2 - V3	V4 - V5 - V6	1 MV

60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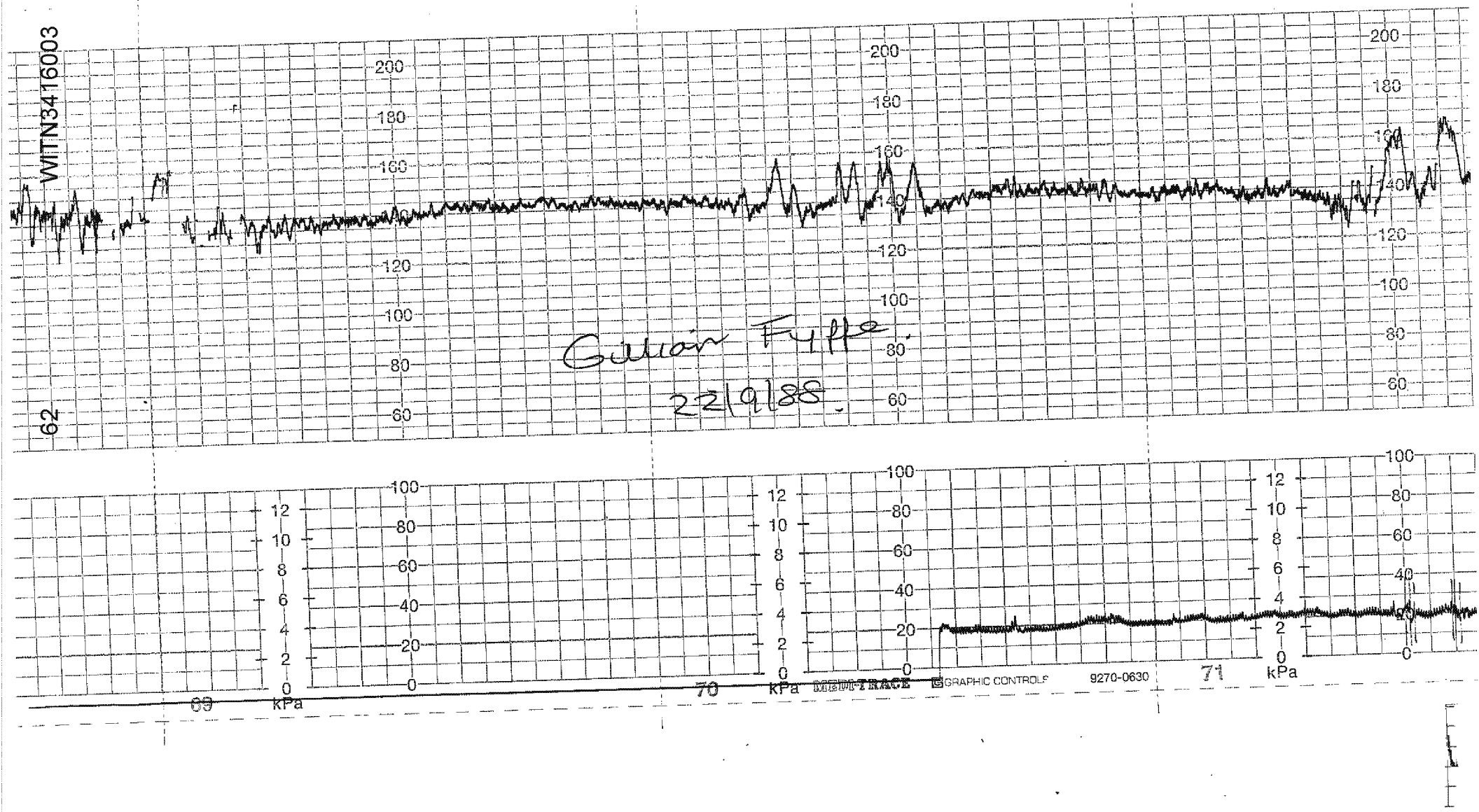
WITN3416003
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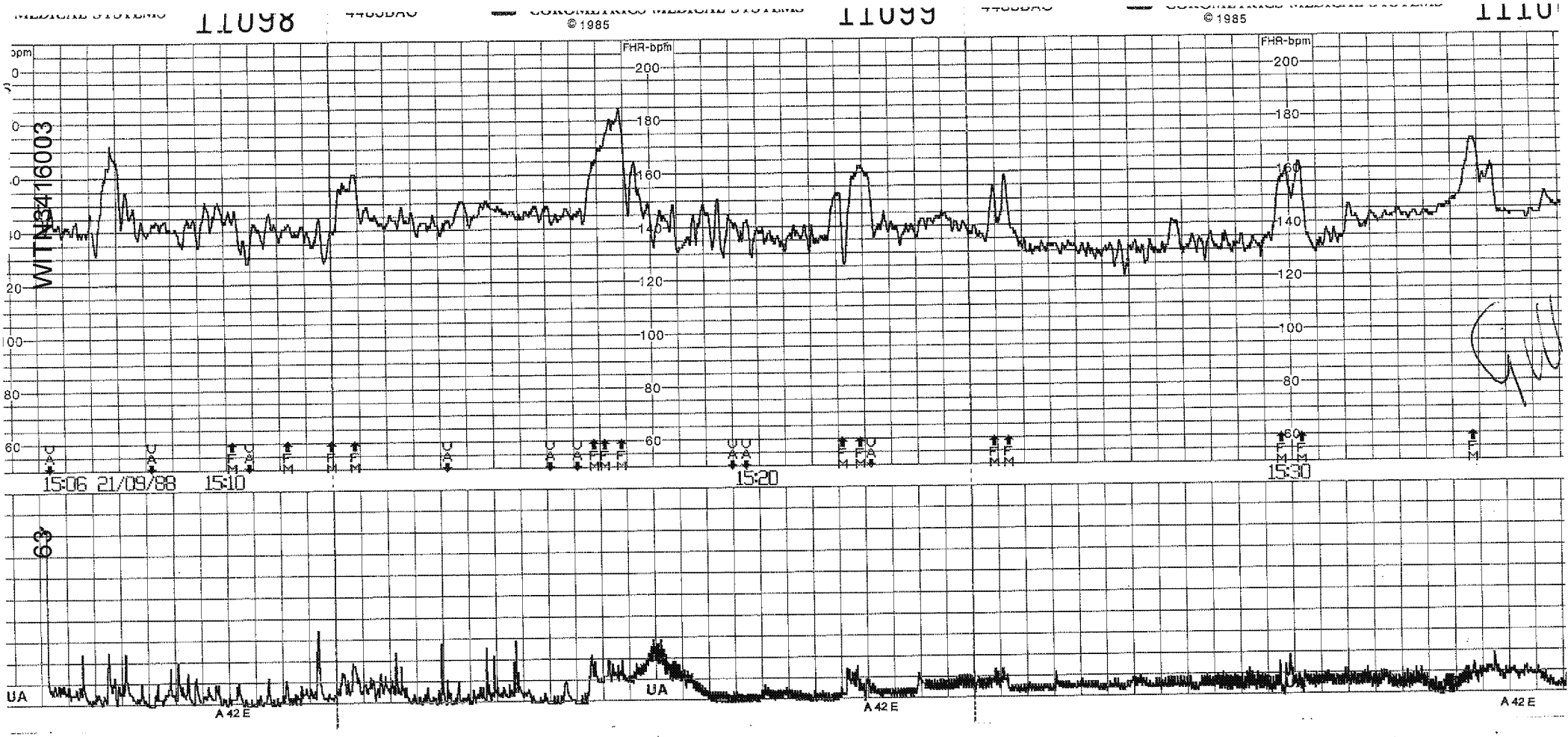
Gillian Fyffe
22/9/88
69
kPa
70
kPa
MEDITRACE
GRAPHIC CONTROLS
9270-0630
71
kPa


©1985
FHR-bpm
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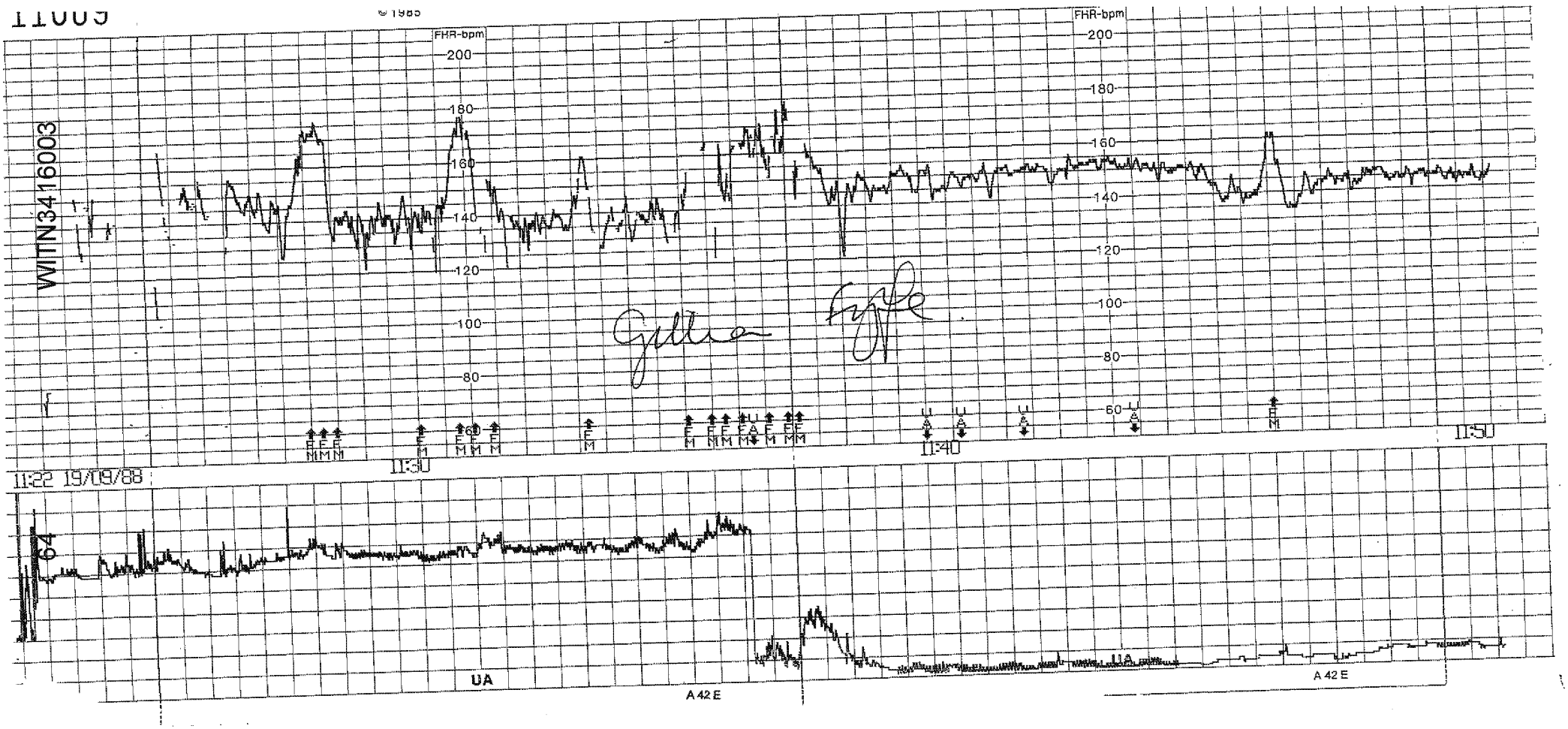
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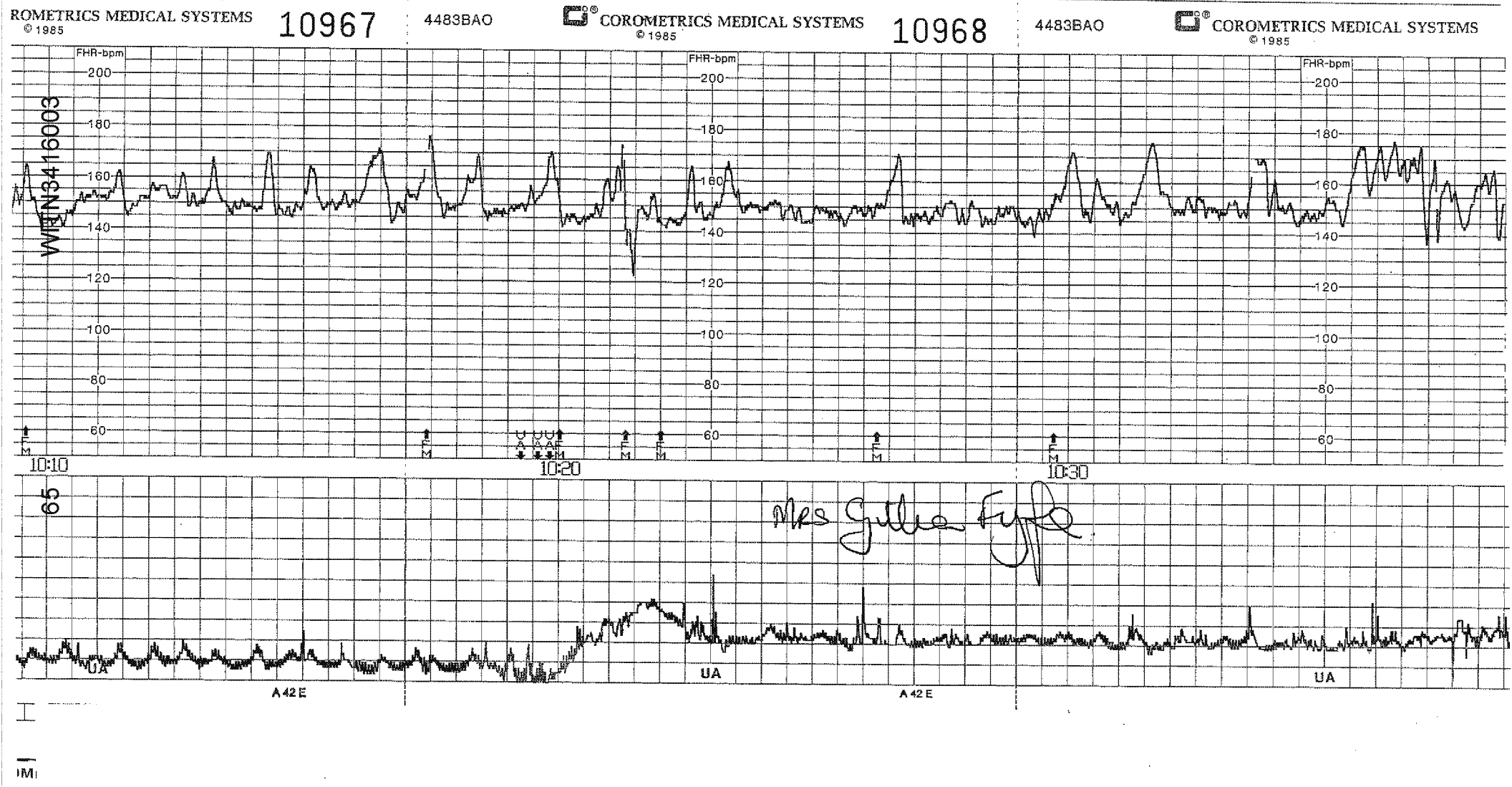
ROMETRICS MEDICAL SYSTEMS
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COROMETRICS MEDICAL SYSTEMS
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FHR-bpm
200
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Mrs Gillian Fyfe
UA
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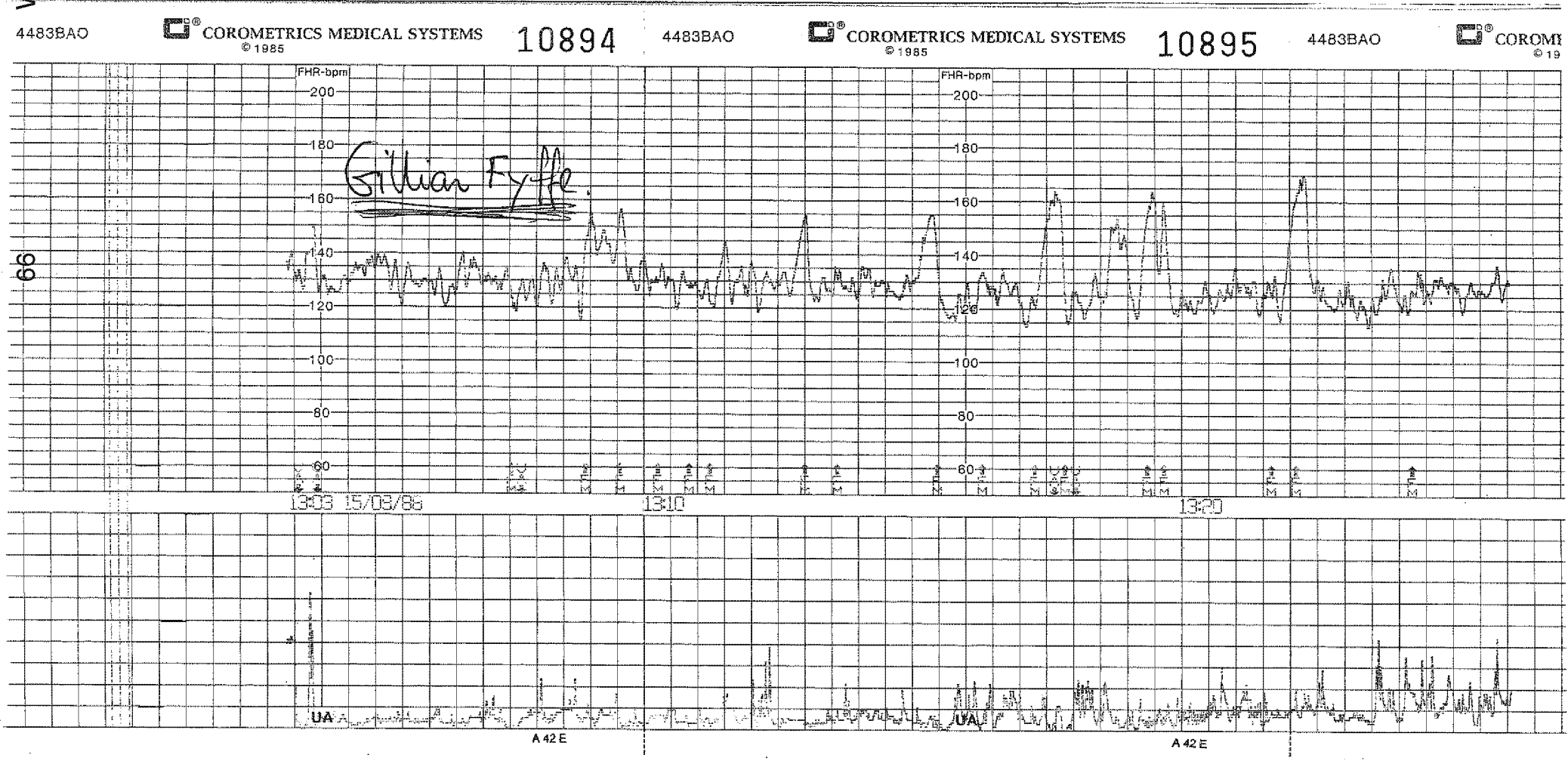
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A 42 E
DMR 336
1 - 2 - 3
aVR - aVL - aVF
V1 - V2 - V3
V4 - V5 - V6
1 MV

TAYSIDE HEALTH BOARD

MOUNT SHEET

Note: Remove strip to reveal gummed area. Attach reports from bottom to top. Please set accurately

JB–C9584

6 ~~X~~-RAY REPORTS *

LABORATORY REPORTS *

CONSENT FORMS / MISCELLANEOUS *

* Delete as necessary if not being used as a-Multi-Purpose-Mount Sheet

9 9

Clinical Details including Diagnosis

Ward/Clinic Hosp. .....Cons.

Surname..... GRO-C .....D. of B.

First Name..... .....M. State

Address... GRO-C .....Sex

....MPI No. (last 4 digits)

Occupation.....

Previous Blood Count Tick Yes or No

Investigations required

Date

Doctor's Signature

G.P. & Address (G.P. Requests only)

USE BLOCK LETTERS OR HAND IMPRINTER

RETICS %	E.S.R. mm/1 hr	DATE	No.	WBC x10⁹/l	RBC x10¹²/l	Hgb g/dl	HCT Ratio	MCV fl	MCH pg	MCHC g/dl	PLTS x10⁹/l	LYMPH %	MONO %	GRAN %	LYMPH x10⁹/l	MONO x10⁹/l	GRAN x10⁹/l
		01															
		13		7.9	4.12	12.4	.381	92.5	29.6	32.5	514	18.7	5.6	75.7	1.6	0.5	6.6
		02															
		20															

Report

For Laboratory Use Only

JB–C7957

(MR) 312

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

FYFFE GILLIAN GRO-C	GRO-C F GRO-C /59	N.PATEL 34 NINEWELLS	SOURCE OF REQUEST MATY G.P.

CLINICAL DATA	ISSUE	PAGE
	1	2

GRO-C /88 Faeces No salmonella, shigella, campylobacter isolated
0230HRS 007970

13/10/88

KWT.-8

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

'FFE
LLIAN
GRO-C

GRO-C
F GRO-C /59

SOURCE OF REQUES
N.PATEL
34 NINEWELLS
MAT
G

CLINICAL DATA

ISSUE 1

PA

GRO-C 88 Dip SI MSSU No growth
4RS 01578S

14/10/8

CONFIDENTIAL REPORT

DEPT. MICROBIOLOGY, NINEWELLS HOSPITAL, DUNDEE

FYFFE GILLIAN	F	GRO-C GRO-C /59	N.PATEL 34 NINEWELLS SOURCE OF REQUEST MATY G.P.
GRO-C			

CLINICAL DATA

ISSUE	PAGE
1	1

GRO-C /88 Dip SI CSU >10^5 organisms per ml [7] Str. faecalis
0900HRS 00283N

GRO-C /88 Dip SI [7]
0900HRS 00283N AMOX S
ERY S
TRI S

Commenced Augmentin
Discont. 11/10

GRO-C

11/10/88

Clinical Details including Diagnosis

Forceps delivery.
Hb was 6.2 Transfused
Puerperal 4 Units blood

Ward/Clinic Hosp. 3 S

Surname FYFFE

First Name GILLIAN

Address

Occupation

GRO-C

Previous Blood Count Tick Yes ✓ or No

Investigations required FBC please

Date 11/10/88

GRO-C Doctor's Signature

G.P. & Address (G.P. Requests only)

USE BL OR HA

For Labore

RETICS %	E.S.R. mm/1 hr	DATE	No.	WBC x10⁹/l	RBC x10¹²/l	Hgb g/dl	HCT Ratio	MCV fl	MCH pg	MCHC g/dl	PLTS x10⁹/l	LYMPH %	MONO %	GRAN %	LYMPH x10⁹/l	MONO x10⁹/l	GRAN x10⁹/l	Report
		10	5												*			
		11	2	8.1				86.										
		11	0	8.1	4.01	11.9	34	86.	29.7	34.6	311.	16.5	3.1	80.4	0.5	0.3	7.3	
		1	2	0			.3	0	2	3	3	0	0	9	0	0	0	

THB (MR) 312

AFFIX THIS REPORT TO PATIENT'S CASE NOTES

Compatibility/Products Report

SPECIAL NOTES:
(If Reaction See Instructions Overleaf)

FYFFE
GILLIAN
D.O.B. : GRO-C 59 MPI : GRO-C

PATIENT'S BLOOD GROUP : A POS

HOSPITAL : NINEWELLS HOSPITAL
WARD : NINEWELLS WARD 38
REQUIRED FOR : 20/ 9/88

DONATION No	GROUP	PRODUCT DESCRIPTION	GIVEN BY	CHECKED BY	DATE	TIME
701267 05	A POS	PLASMA REDUCED BLOOD	GRO-C	GRO-C	GRO-C 20/9/88	0845
701289 06	A POS	PLASMA REDUCED BLOOD	GRO-C	GRO-C	20/9/88	1300

BLOOD WILL BE HELD FOR 48 HOURS

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE,
NINEWELLS HOSPITAL, DUNDEE.

EVENT NUMBER: 021406X

AFFIX THIS REPORT TO PATIENT'S CASE NOTES

Compatibility/Products Report

SPECIAL NOTES:
(If Reaction See Instructions Overleaf)

FYFFE
GILLIAN
D.O.B. : GRO-C 59 MPI : GRO-C

PATIENT'S BLOOD GROUP : A POS

HOSPITAL : NINEWELLS HOSPITAL
WARD : NINEWELLS WARD 34
REQUIRED FOR : GRO-C /88

DONATION No	GROUP	PRODUCT DESCRIPTION	GIVEN BY	CHECKED BY	DATE	TIME
703935 Q2	A POS	PLASMA REDUCED BLOOD	GRO-C	GRO-C	GRO-C /88	1050.
703936 Q0	A POS	PLASMA REDUCED BLOOD	GRO-C	GRO-C	" /88	
704089 QX	A POS	PLASMA REDUCED BLOOD				
704146 Q2	A POS	PLASMA REDUCED BLOOD				

BLOOD WILL BE HELD FOR 48 HOURS

EAST OF SCOTLAND BLOOD TRANSFUSION SERVICE,
NINEWELLS HOSPITAL, DUNDEE.

EVENT NUMBER: 0218634

THB(MR)2 (Rev. 1/85)

PEEL AWAY PROTECTIVE STRIPS SUCCESSIVELY, STARTING WITH No. 1 – PLACE TOP EDGE OF REPORT
ALONG PRINTED LINE IMMEDIATELY ABOVE EACH ADHESIVE LAYER PRESS HARD FOR GOOD ADHESION