



SHSCT

ANAESTHESIA RECORD

Main Theatre

PROCEDURE DATE

27-07-2016

Patient 29

H&C

Personal Information redacted by the USI

DATE OF BIRTH

Personal Information redacted by the USI

POST-OP INSTRUCTIONS

Personal Information redacted by the USI

Drug Prescription

Date/Time/Sign Date/Time/Sign Date/Time/Sign

Other Post-Op Instructions

pink card

Anaesthetic Signature: _____

<div>HSCSHSCT</div>		<div>ANAESTHESIA RECORD</div>	
<div>Main Theatre</div>		<div>PROCEDURE DATE27-07-2016</div>	
<div>Patient 29</div>		<div>H&C<div>Personal Information redacted by the USI</div></div>	
<div></div>		<div>DATE OF BIRTH<div>Personal Information redacted by the USI</div></div>	
<div>27/07/2016</div>		<div>12:30</div>	<div>12:45</div>
<div></div>		<div>13:00</div>	<div>13:15</div>
<div></div>		<div>INTRAop</div>	
<div>Personal Information redacted by the USI</div>			
<div>9022516280200144701751266015010850125904010072307554205036102518</div>			
<div>◇ SpO2 %</div>			
<div>▼ ARTsys mmHg</div>			
<div>▲ ARTdia mmHg</div>			
<div>▼ NIBPsys mmHg</div>			
<div>▲ NIBPdia mmHg</div>			
<div>— Heart Rate /min</div>			
<div>Lidocaine 1% [10 mg/mL]</div>		<div>Infiltration mg</div>	
<div>Bupivacaine 0.5% HYPER [5 mg/mL]</div>		<div>Spinal mg</div>	
<div>Midazolam [1 mg/mL]</div>		<div>IV inj mg</div>	
<div>Gentamicin [40 mg/mL]</div>		<div>IV inj mg</div>	
<div>NaCl 0.9%</div>		<div>IV inf mL</div>	
<div>AA</div>		<div>500</div>	
<div>Mode of ventilation</div>		<div>SevofluraneSevoflurane</div>	
<div>Target ETAA</div>			
<div>Pmean cmH2O</div>			
<div>Exp Sevoflurane %</div>			
<div>Exp O2 %</div>			
<div>Exp Desflurane %</div>			
<div>Trigger flow L/min</div>			
<div>Exp Isoflurane %</div>			
<div>AC %</div>			
<div>PEEPset cmH2O</div>			
<div>PEEP cmH2O</div>			
<div>Insp Sevoflurane %</div>			
<div>FIO2set %</div>			
<div>Insp Desflurane %</div>			
<div>Insp Nitrus Oxide %</div>			
<div>FIO2 %</div>			
<div>TVset mL</div>			
<div>TV</div>			
<div>Report printed27/07/16 12:59Page 5/5</div>			

Elective Surgical Patients - Admission Checklist & Risk Assessments

WIT-11029

Patient Details - Affix Addressograph or write details

Patient 29

Date of Admission: 22/02/16

Procedure:

Consultant: Mr. O'Brien

Specialty: Mr. O'Brien

1) Any changes in health since Pre-Op Assessment? No ☒ Yes ☐ (if yes, please detail)

2) Any new medications commenced since Pre-Op Assessment? No ☒ Yes ☐ (if yes, please detail)

3) Drugs Kardex including Allergy status written up? Yes ☒

4) All Pre-Op investigations & Observations complete? Yes ☐ No ☐ (if no, please detail)

5) Acute Kidney Injury & VTE Risk Assessment completed? Yes ☒ N/A ☐ Day-Cases should NOT be risk assessed

6) ENT Patients ONLY - Consent Confirmed? Yes ☐

Additional Comments:

Print Name:

Grade: FI

Date: 22/02/16

Acute Kidney Injury (AKI) Risk Assessment Tool for Elective General Surgical In-Patients aged 60 and over

Risk Factor

Score (circle each that applies)

Elective intra-abdominal or major vascular surgery

Emergency intra-abdominal or major vascular surgery

* Co-morbidities (≥ 2)

Baseline GFR < 60 mls/min

Systolic BP < 100 mmHg

-- Nephrotoxic medications (Pre-admission)

Total score on admission

If risk score is ≥ 3 then patient is **AT RISK OF AKI**
Follow guidance on Pre-emptive Management

* Co-morbidities = IHD, Heart Failure, Hypertension, Diabetes, TIA/CVA, PVD -- Nephrotoxic medications = ACEi/ARB, NSAIDs, Diuretics

78/CA.2/I

IN-PATIENT FOLLOW-UP
AND
OUT-PATIENT NOTES

Affix Label
or Enter in
Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

Patient 29

NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→		
Age	Personal Information redacted by the USI	Personal Information redacted by the USI
URINE Protein Sugar Acetone		
WEIGHT		
kg.		
→		
Age	Personal Information redacted by the USI	
UR	Personal Information redacted by the USI	
WE		Personal Information redacted by the USI
→		
Age	Personal Information redacted by the USI	
URINE Protein Sugar Acetone		
WEIGHT		
kg.		
		Personal Information redacted by the USI

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WEIGHT kg.		
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WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

	Date	Clinical Notes
		Personal Information redacted by the USI
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	Date	Clinical Notes
→		
Age		<div>Personal Information redacted by the USI</div>
URINE Protein		
Sugar		
Acetone		
WEIGHT		<div>Personal Information redacted by the USI</div>
kg.		
→	11/11/16	MR. A. O'BRIEN UROLOGY OPD CAH
Age		<div>Personal Information redacted by the USI</div>
URINE Protein		
Sugar		
Acetone		
WEIGHT		<div>Personal Information redacted by the USI</div>
kg.		
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URINE Protein		
Sugar		
Acetone		<div>Personal Information redacted by the USI</div>
WEIGHT		
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AND
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WEIGHT		
kg.		
		
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URINE Protein Sugar Acetone		
WEIGHT		
kg.		

Quality Care - for you, with you
08 June 2021

23/6/21
File
Is on WL for Flexi



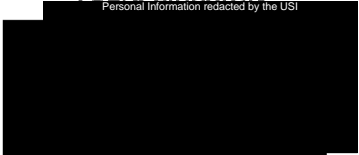
Dear Mr Haynes

Re: Patient 29
Personal Information redacted by the USI

DOB: Personal Information redacted by the USI
HCN: Personal Information redacted by the USI

Personal Information redacted by the USI

Yours sincerely,
Personal Information redacted by the USI



Continence Nurse Specialist
(I am not a Nurse Prescriber)

10 JUN 2021

Tel :

Patient 29

DATE:


CONSULTANT:

OPERATION:

SALINE IRRIGATION INTAKE AND OUTPUT CHART

<u>INPUT</u>	<u>OUTPUT</u>
<div data-bbox="137 712 1393 1171">Personal Information redacted by the USI</div>	

Urology screening 13/12/21 No screening Mr Haynes off on leave						
Department		Type	Name and H&C	Background	Screening update	Attachments
SEC/urology	25	screening	Patient 25 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector Current management plan in place with MDH but needs an SJR for previous episodes	06/12/2021 Discussed at screening,	
SEC/urology	24	screening	Patient 22 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector under on-going oncology FU SJR into previous care		
SEC/urology	23	screening	Patient 72 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector SJR - on bicalutamide for years before he had alternative treatment (2012-2014) and only started his LH/RHa in May 2014		
SEC/urology	22	screening	Patient 44 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector currently on combined Androgen Blockade - SJR for bicalutamide 50mg		
SEC/urology	21	screening	Patient 34 HNC: Personal Information redacted by the USI	Highlighted by Mr Keane at OPD clinic in Independent Sector SJR no letters pt was on bicalutamide for a number of years before being offered radiotherapy		
SEC/urology	20	Screening	Patient 71 HNC: Personal Information redacted by the USI	Diagnosis: Initial urological issue of chronic urinary retention requiring intermittent catheterisation Abdominal hysterectomy 2008 complicated with small bowel obstruction requiring emergency laparotomy. Colostomy for chronic constipation 2010 Cystectomy, salpingo-oophorectomy and ileal conduit urinary diversion 2011		
SEC/urology	19	Screening	Patient 21 HNC: Personal Information redacted by the USI	Diagnosis: Circumcision June 2019 for lichen sclerosus (balanitis xerotica obliterans) Lower urinary tract symptoms		
SEC/urology	18	screening	Patient 63 HNC: Personal Information redacted by the USI	Highlighted by Professor Sethia Delayed diagnosis of Ca lung		
SEC/urology	17	Screening	Patient 59 HNC: Personal Information redacted by the USI	Diagnosis: Low risk prostate cancer diagnosed 2006 - Upgrade to intermediate risk prostate cancer on surveillance biopsies 2012 commenced Bicalutamide 50mg daily September 2019		
SEC/urology	16	Screening	Patient 47 HNC: Personal Information redacted by the USI	Highlighted by Professor Sethia incorrect management of Ca prostate in 2010 - possible harm		

SEC/urology	15	Screening	<div>Patient 58</div> <div>HNC: <div>Personal Information redacted by the USI</div></div>	Highlighted by professor Sethia DIAGNOSIS: Adenocarcinoma of prostate - He has been diagnosed with prostate cancer in 2008 and has been kept on active surveillance since then.		
SEC/urology	14	screening	<div>Patient 64</div> <div>HNC: <div>Personal Information redacted by the USI</div></div>	Highlighted by professor Sethia Diagnosis: T2, N0, M0 Gleason 4+3 iPSA 27NGS/ML (on 5ARI) prostate cancer. 9 out of 14 cores recent TURP.		
SEC/urology	13	Screening	<div>Personal Information redacted by the USI</div> <div>HNC: <div>Personal Information redacted by the USI</div></div> <div>*Deceased</div>	Highlighted by professor Sethia August 2018 diagnosed metastatic prostate cancer PSA>400 Started on degarelix MDM 16.08.18 to continue ADT PSA rise to 9.2 in February 2019. Started on bicalutamide 50mg. March 2019 PSA 15 Started on dexamethasone MDM recommended referral to oncology Died <div>Personal Information redacted by the USI</div> – comment from Prof Sethia - Enzalutamide might have improved survival for 4-6 months?		
SEC/urology	12	Screening	<div>Patient 30</div> <div>HNC : <div>Personal Information redacted by the USI</div></div>	Highlighted by professor Sethia Diagnosis: Prostate cancer Gleason score 3+3=6 in 2018 – no evidence of follow-up		
SEC/urology	11	Screening	<div>Patient 62</div> <div>HNC: <div>Personal Information redacted by the USI</div></div>	Patient request and highlighted by professor Sethia: I would like to have my care reviewed I was operated on by Mr Hagan in the City Hospital but the diagnosis and original procedure were carried out by Mr OBrien. As a result I had bladder cancer and prostate cancer I also had a kidney removed and as a result I had a stent inserted and now wear a colostomy bag.		
SEC/urology	10	screening	<div>Patient 27</div> <div>HNC: <div>Personal Information redacted by the USI</div></div>	Diagnosis: 4.5cm left renal mass Prostate cancer on androgen deprivation therapy On Bicalutamide and Tamoxifen for gleason 3+4 prostate cancer since 2014, stage T2 N0 M0		
SEC/urology	9	screening	<div>Patient 65</div> <div>HNC: <div>Personal Information redacted by the USI</div></div> <div>Datix : <div>Personal Information redacted by the USI</div></div>	Was TURP necessary? Now incontinent	29/11/2021 Discussed at screening. Decision for TURP not always taken to MDT. Mr Haynes unable to provide information from NIECR. Require full notes to review. Post op retention following hernia repair, TURP and now incontinent. 80-90% retention after hernia repair resolves after 3-4 months. Should offer trial removal of catheter in 3 months, anaesthesia can also cause bladder voiding problems. 10% risk in hernia repair in men over 65 yrs. Mr Haynes advised need notes to review. Notes attached	<div> Adobe Acrobat Document</div>
SEC/urology	8	screening	<div>Personal Information redacted by the USI</div> <div>HNC: <div>Personal Information redacted by the USI</div></div> <div>Datix : <div>Personal Information redacted by the USI</div></div>	Incorrect management of Ca prostate - complicated case- may have suffered harm	29/11/2021 Discussed at screening.- Sarah Ward to ask Chris for update on concerns, Mark reviewed notes, unable to identify concerns raised.	
SEC/urology	7	screening	<div>Patient 52</div> <div>HNC: <div>Personal Information redacted by the USI</div></div> <div>Datix : <div>Personal Information redacted by the USI</div></div>	1. Previous transitional cell carcinoma of bladder 2. Bladder outlet obstruction 3. Urinary infection Potentially incorrect management	29/11/2019 Discussed at screening. June 2018 TURPT, resection Aug 2018 - standard management, pt was <div>Personal Information redacted by the USI</div> yrs at the time recommended for BCG treatment, completed this treatment, he had a check of bladder. Had a TURP, appears to have continued on surveillance pathway, had a MRI , pt had PE. Right hydronephrosis nephrostomy was completed. Unsure of the concerns raised in this case. Sarah Ward to contact Mr Sethia for more information in relation to concerns he had raised and feedback.	
SEC/urology	6	Screening	<div>Patient 73</div> <div>HNC: <div>Personal Information redacted by the USI</div></div>	Telephone clinic on 15 May 2021: comment on PRF Although would likely have been recommended to proceed to orchidectomy, the US was not reviewed at urology MDM prior to surgery, and subsequent pathology was benign. The US report had raised a number of differentials so I feel best practice would have been review at MDM		

SEC/urology	5	screening	<div>Patient 46</div> <div>HNC:</div> <div>Personal Information redacted by the USI</div>	SJR on bicalutamide for years before going on an LA analogue and started on non-recommended treatment		
SEC/urology	4	screening	<div>Patient 28</div> <div>HNC:</div> <div>Personal Information redacted by the USI</div>	Diagnosis: T3b N1 prostate cancer at diagnosis 2017 treated with oral Bicalutamide		
SEC/urology	3	screening	<div>Patient 79</div> <div>hnc:</div> <div>Personal Information redacted by the USI</div>	See progress notes on NIECR - Long history of urology attendances / interventions states 19 procedures in total although limited documentation on NIECR	22.11.2021 Discussed at screening- Mr Haynes has reviewed patient – Patient had a significant number of treatments due to chronic pelvic pain syndrome without evidence. 19 Procedures, timing for waiting lists and getting treatment were expedited, seen privately and added to list. Currently on appropriate management pathway. <div>Patient 79</div> contacted Trust, Mr Haynes reviewed care and would appreciate an external review of his management and care. Need external reviewer to review case.	
SEC/urology	2	Screening	<div>Patient 29</div> <div>HNC:</div> <div>Datix :</div> <div>Personal Information redacted by the USI</div> <div>Personal Information redacted by the USI</div>	LUTS - assessed with UDS >> BNI and botox No improvement >> UDS >> TURP >>improved but ongoing symptoms and ED. Advised in consultation was not made aware that ED / retrograde ejaculation were risks of TURP although he would have gone ahead with the surgery even if he had known this risk. Seen privately 30/4/16>>UDS 27/5/16>>TURP 27/7/16 likely shorter waits than other patents seen in NHS	22.11.2021 Discussed at screening- at consultation patient brought up concerns - not consented for risk of erectile dysfunction, retrograde ejaculation. Mr Haynes to review and bring back next week.	<div><div>PDF</div><div>Adobe Acrobat Document</div></div> <div><div>PDF</div><div>Adobe Acrobat Document</div></div>
SEC/urology	1	Screening	<div>Patient 54</div> <div>HNC :</div> <div>Datix :</div> <div>Personal Information redacted by the USI</div> <div>Personal Information redacted by the USI</div>	<div>Personal Information redacted by the USI</div> year old gentleman diagnosed 2010 with an IPSA of Gleason 7 (3+4) pT1 RT3 N0 M0 adenocarcinoma prostate gland. Treatment history: radiotherapy not given due to other comorbidities. Commenced on Zoladex 2010 and remains on this to date. patient is currently on an LHRHa for his non metastatic prostate cancer. For outpatient review to recommend stopping this LHRHa and ongoing management with watching waiting/ intermittent ADT	15.11.21 - in 2010 the clinical thinking that radiotherapy was the primary treatment of choice. Radiotherapy discussion was had but MDT discussion felt patient was not fit for same. Reason given for not progressing to radical radiotherapy. At time of diagnosis localised prostate cancer - was referred for radio but on LHRH analogue for a prolonged time. Was discussed at MDT and view was that if he was not fit for treatment consideration should have been for watchful waiting rather than androgen depravation therapy (Zoladex) which was commenced in 2010. All patients will be started on androgen depravation therapy before radiotherapy. Unclear as to who made the decision to start androgen depravation therapy - Governance to obtain MDT outcome from 2010.19/11/2020 Wendy has advised there was no MDT at this time. Nothing on CaPPS Should have had watchful /waiting. What did MDT recommend at the time. There is comment not fit for radiotherapy, should have had watchful waiting. Were MDM running routinely for prostate cancer at that time. If not there is no MDM discussion with recommended treatment, would hormone treatment be used at the time. Wendy to ask Robert McCormick and feedback next week.	

HCN [Redacted] Surname [Redacted] Patient 65 Forename [Redacted] Patient 65 Dob [Redacted] AE Number [Redacted] Personal Information redacted by the USI

History and Examination

[Redacted]

"Case discussed with ED consultant" yes ☐

HCN [Redacted] Surname [Redacted] Patient 65 Forename [Redacted] Patient 65 Dob [Redacted] AE Number [Redacted] Personal Information redacted by the USI

Prescription (Medicines in Department)					Administration
Medicine	Dose	Route	Time to be	Signature	
[Redacted]					

Nursing/care delivered in ED

[Redacted]

If yes to any of above refer to agreed guidance.

Urinary Catheter Insertion and Monitoring Form

NOTE: *Keep this form at the patient's bed* and file in the medical notes when appropriate.
If catheter needs reinserted please use new form and file the old form in patient's notes.

PATIENT DETAILS (use Addressograph label)

Patient 65
Name Personal Information redacted by the USI
Healthcare Personal Information redacted by the USI
Date of birth Personal Information redacted by the USI
Address Personal Information redacted by the USI
Consultant _____
Hospital ME
Ward _____
General Practitioner Dr Personal Information redacted by the USI
Health Care facility/Home _____

INDICATION FOR CATHETERIZATION

- **Urinary Retention** ☒
Result of Bladder scan (if available)
- Painful ☐ Painless ☐ Failed TROC ☐
- To maintain skin integrity ☐
- Urinary Input/output monitoring ☐
- Other _____ ☐

CATHETER INSERTION

Personal Information redacted by the USI

Patient con
Date

Operator n

INSERTION

1. Dis
3. Ste
6. Ase

Easy inser

Description

CSU collect

Closed Drainage system Yes / No.

PPE appropriately used Yes / No.

CATHETER INFORMATION (use label from catheter)

Catheter type Standard ☒ Female ☐ Short-term ☐ Long-term ☒

Make _____

Lot number _____ Size _____ Expiry date _____

Amount of water used to inflate balloon _____

Type of Gel used Lignocaine ☐ Sterile lubricant Gel ☐

ATTN

BARD® BIOCATH®
Hydrogel Coated Latex

REF 226516UK

Units
16Ch/Fr (5.3mm) 10mL

STERILE R

LOT MYZFR067 Use By 2020 - 04

PK8702551 03/2011

BARD

Daily Review of Catheterization

DAY/DATE	NAME, DESIGNATION	INDICATION TO REMAIN	PLAN (REMOVE, FURTHER REVIEW)
1	Personal Information redacted by the USI		
2			
3			
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14			

Date catheter removed _____
If failed trial removal of catheter (TROC) use new form documenting clearly it is a repeat insertion of catheter.

If the patient is going home with a new catheter inform the following:

	Date	Signature
General Practitioner		
District nurse if housebound		
Continence team if not housebound		

This information is documented on the patient's e-discharge letter? Yes / No
Patient given a urinary catheter patient information leaflet? Yes / No
NOTE: Please send a photocopy of this form to the GP/District nurse/Continence Team/ Nursing home

Quality Care - for you, with you

INFECTION PREVENTION & CONTROL RISK ASSESSMENT TOOL AND PATIENT PLACEMENT

Patient Name	Date of Birth	Health & Care Number
Patient 65	Personal Information redacted by the USI	Personal Information redacted by the USI

Does the patient have a history of:

	Circle as appropriate
Carbapenemase Producing Enterobacteriaceae (CPE)	Yes <input type="radio"/> No <input checked="" type="radio"/>
Has the patient been in previous contact with a CPE /CPO case?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Meticillin-resistant Staphylococcus aureus (MRSA)	Yes <input type="radio"/> No <input checked="" type="radio"/>
Vancomycin-resistant Enterococcus (VRE)	Yes <input type="radio"/> No <input checked="" type="radio"/>
Clostridium difficile	Yes <input type="radio"/> No <input checked="" type="radio"/>
Extended Spectrum Beta-Lactamase (ESBL)	Yes <input type="radio"/> No <input checked="" type="radio"/>
Glycopeptide-Resistant Enterococci (GRE)	Yes <input type="radio"/> No <input checked="" type="radio"/>

Does the patient currently have: Refer to Triage flowchart

	Circle as appropriate
Meningitis	Yes <input type="radio"/> No <input checked="" type="radio"/>
Diarrhoea or Vomiting	Yes <input type="radio"/> No <input checked="" type="radio"/>
A rash thought to be due to an infection	Yes <input type="radio"/> No <input checked="" type="radio"/>
Flu-like illness	Yes <input type="radio"/> No <input checked="" type="radio"/>
Symptoms/signs suggestive of TB	Yes <input type="radio"/> No <input checked="" type="radio"/>
Abscess or draining wound that cannot be covered	Yes <input type="radio"/> No <input checked="" type="radio"/>
Traveller's fever	Yes <input type="radio"/> No <input checked="" type="radio"/>

Has the patient been:

	Circle as appropriate
An inpatient in a hospital outside of Northern Ireland in the past 12 months	Yes <input type="radio"/> No <input checked="" type="radio"/>
Has the patient been an inpatient in BHSCT in the past 12 Months	Yes <input type="radio"/> No <input checked="" type="radio"/>
Inpatient in a Hospital within NI where there has been spread of CPE - HCAI Alerts <input type="checkbox"/>	No <input checked="" type="radio"/>

Actions

	Circle as appropriate
Patient Flow have been informed re outcome of above assessment	Yes <input checked="" type="radio"/> No <input type="radio"/>

Document location of in-patient placement as determined by Patient Flow

Name of Ward	Tick as appropriate			
	Open bay	Side room without en-suite	Side room with en-suite	Negative pressure room

Document assessor details and date and time of assessment:

Print Name	Signature	Date:	Time:
	Personal Information redacted by the USI	11/11/15	2029

PLEASE FILE THIS ASSESSMENT TOOL WHEN COMPLETED WITH PATIENT'S NOTES

If any concerns re patient management, please refer to the relevant Trust infection prevention and control guidance documents available on the Trust intranet site and/or contact a member of the infection prevention and control team.

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

78/CA.2/I

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or Enter in
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Patient 65

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	Personal Information redacted by the USI	
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Date of Birth
Unit No.
Ward/Dept.
Address
Consultant

Patient 65

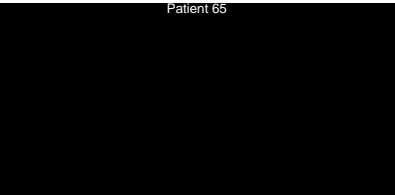
NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
→		Personal Information redacted by the USI
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		

IN-PATIENT FOLLOW-UP
AND
OUT-PATIENT NOTES

Affix Label
or Enter in
Block Letters
Full Name
Date of Birth
Unit No.
Ward/Dept.
Address
Consultant



NOTES

When used for In-patient follow-up ignore left-hand column

Out-Patient Use Only	Date	Clinical Notes
		Personal Information redacted by the USI
Age		
URINE Protein		
Sugar		
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kg.		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		

	Date	Clinical Notes
➡		
Age		Personal Information redacted by the USI
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
➡		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
➡		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
➡		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
➡		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		

AIDAN O'BRIEN FRCSI
Consultant Urologist

Personal Information redacted by the USI

Tel:

Personal Information redacted by the USI

4th March 2016

Personal Information redacted by the USI

Dear

Personal Information redacted by the USI

Patient 65

Personal Information redacted by the USI

DOB
UN

Personal Information redacted by the USI

Personal Information redacted by the USI

Yours sincerely

dictated but not signed by

Mr Aidan O'Brien
Consultant Urologist

Date dictated: 4th March 2016
Date typed: 4th March 2016/LH

HSS TRUST
Hospital Unit

GP PRACTICE or other
Primary Care Provider

FORM 1 -- CONSENT FOR EXAMINATION, TREATMENT OR CARE

Personal details (or pre-printed label)

Surname/family name
First names
Date of Birth
☐ Male ☐ Female H+C No. (or
Special requirements (language o

Patient 65

Statement of healthcare professional

Responsible healthcare professional
Name of proposed procedure or course of treatment (include side of body or site and brief explanation if medical term not clear)

Job Title

Personal Information redacted by the USI

I have explained the p

Personal Information redacted by the USI

The intended benefits

Personal Information redacted by the USI

This procedure will involve: ☐ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples of tissue that may be taken and any particular concerns of this individual.

☐ The following leaflet/tape has been provided

Signed
Name (Print)

Personal Information redacted by the USI

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)

I have interpreted the information above to the person giving consent to the best of my ability and in a way which I believe s/he can understand.

Signed
Name (Print)

Date

Copy accepted by person giving consent Yes/No (please circle)

Statement of person giving consent

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed the form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

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

*I agree that healthcare students, who will be supervised by healthcare professionals, may observe or assist in my care. * You may remove this sentence without affecting your care.

Signature
Name (Print)

Patient 65

Date

Personal Information redacted by the USI

A witness should sign below if the person is unable to sign but has indicated his or her consent. Young people/children may also like a parent to sign here (see notes)

Signature
Name (Print)

Date

Confirmation of consent (to be completed by a healthcare professional when the person is admitted for the procedure, if s/he has signed the form in advance). I have confirmed that s/he has no further questions and wishes the procedure to go ahead.

Signature
Name (Print)

Date

Job Title

Important notes: (tick if applicable)

☐ See also advance directive/living will (eg Jehovah's Witness form)

☐ Person has withdrawn consent Date (ask person to sign/date here)

PRESCRIPTION RECORD SHEET

Item	Date started	Medication name, type, strength	Dose	Admin method	9am	1pm	5pm	9pm	Nurse 1	Nurse 2	GP sign	Discontinued Date/initial
1	Personal Information redacted by the USI											
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

Residen

NAME	MELVIN MCKAY	KNOWN ALLERGIES 1:	
DOB	16/03/1936	2:	

WRITTEN BY:

Personal Information redacted by the USI

PREOPERATIVE ASSESSMENT

ASA status: 1 2 3 4 5 6 E

Patient 65

PERSONNEL

Anaesthetist (grade):

Gen. Anest.

Surgeon:

M. H. O'Brien

PROCEDURE DETAILS

Diagnosis:

Operation: TURP.

NCEPOD: Scheduled

Urgent

Emergency

Ward staff to complete

MEDICAL HISTORY

PHYSICAL EXAMINATION & NOTES

Personal Information redacted by the USI

Patient 65

WIT-11056

POSTOPERATIVE INSTRUCTIONS/ MONITORING

SURGICAL PROCEDURE:

Oxygen @ L/min % for hrs/overnight/humidified

Target SpO₂ ≥ 94% %

ANALGESIA

Morphine IV (.....mg/ml) up to max mls

Paracetamolmg IV/PO/NG/PR hrly PRN/Regular

Other -

ANTIEMETICS

See Postop.

Routine Observations

Discharge at Sister's advice

Only after D/W anaesthetist

Anaesthetist's Signature

Personal Information redacted by the USI

Please see:

Drug Kardex

Fluid balance chart

PCA Form

Epidural Form

Intrathecal opiate Form

CVC Audit sheet

POSTOP INVESTIGATIONS

Full ICU

Patient 65

FBP, U&

ABG

CXR

Other:

Time

Resp

SpO₂

Pulse

BP

O₂ deliv

Temp

Drugs

Notes

Personal Information redacted by the USI

Signed

Date

D					
R					
U					
G					
S					
	N ₂ O / O ₂ / Air	% ET Agent:			

CNB:
Spinal ☐ Epid ☐ CSE ☐
Detail:

Fluids Given:	
----------------------	--

Times→
250

PNB:

Site: _____ L _____ R _____

'STOP' before you block ☐

Awake ☐ Nerve Stim ☐

Sedated ☐ USG ☐

Asleep ☐

USG in plane ☐ OOP ☐

Needle.....mmmake

Catheter ☐ mm

LA :

Blood Loss :

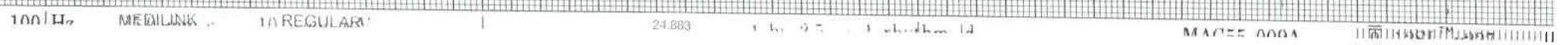
Urinary Output :

Notes:

FiO₂
SpO₂
ETCO₂
PAP
Temp

ABL825 Recovery	Syringe - S 195uL	19:44	16/03/2016
PATIENT REPORT		Sample #	18137
Identifications Patient ID Patient 65 Patient Last Name Patient First Name Sample type Venous			
Personal information redacted by the USI			

Note
↑
↓
C



<div>HSC</div> <div>SHSCT</div>		<div>ANAESTHESIA RECORD</div> <div>Main Theatre</div>		<div>PROCEDURE DATE</div> <div>16-03-2016</div>	
<div>Patient 65</div>		<div>H&C</div> <div>Personal Information redacted by the USI</div>		<div>DATE OF BIRTH</div> <div>Personal Information redacted by the USI</div>	
PATIENT/CASE DATA (PLANNED PROCEDURE)					
H&C Number	Personal Information redacted by the USI	Height	ASA	3	Service
Age	Personal Information redacted by the USI	Weight	Type of admission		Theatre Location
Gender	Personal Information redacted by the USI	Body Mass Index	Visit ID	CAH THEA. 4 1-7	Discharge to
Blood group	PlannedProcedureSent For 2016-03-16 19:10:00 T U R PROSTATE				
ALLERGIES			ANAESTHETIC TECHNIQUES		
			I Regional anaesthesia II Sedation		
			Induction Type: None		
PERSONNEL					
Anaesthetist: Tim.Bennett			Surgeon: aidan.o'brien		
LINES TUBES AND DRAINS			AIRWAY MANAGEMENT		
Personal Information redacted by the USI					
POSITIONING			PROTECTION		
Personal Information redacted by the USI			Personal Information redacted by the USI		
TIMES		EQUIPMENT		LOCAL AND REGIONAL	
Personal Information redacted by the USI				Personal Information redacted by the USI	
PROCEDURAL EVENTS					
FLUID BALANCE					
BLOOD OUT		TOTAL IN		509 mL	
URINE OUT		TOTAL OUT			
OTHER OUT		BALANCE		509 mL	
TOTALS OF GIVEN DRUGS AND FLUIDS					
Gentamicin 160 mg		NaCl 0.9%. 500 mL			
Bupivacaine 0.5% HYPER 13 mg					
Ondansetron 4 mg					
Paracetamol 1000 mg					
Fentanyl IT 25 µg					
NOTES					
Pre-Op Notes					
Personal Information redacted by the USI					
Report printed 16/03/16 20:30 Page 1/4					

HSC

SHSCT

Patient 65

ANAESTHESIA RECORD

Main Theatre

PROCEDURE DATE

16-03-2016

H&C

Personal Information redacted by the USI

DATE OF BIRTH

Personal Information redacted by the USI

16/03/2016		19:52		20:00		20:07		20:15	
Personal Information redacted by the USI									
◊ SpO2 v ARTsys ^ ARTdia v NIBPsys ^ NIBPdia - Heart Rate	%	90	225						
		162							
		80	200						
		144							
		70	175						
		126							
	mmHg	60	150						
		108							
	mmHg	50	125						
	mmHg	90							
mmHg	40	100							
	72								
/min	30	75							
	54								
	20	50							
	36								
	10	25							
	18								
Paracetamol	IV inj mg							1000	
Bupivacaine 0.5% HYPER [5 mg/mL]	Spinal mg		13						
Fentanyl IT [50 µg/mL]	Spinal µg		25						
Ondansetron [2 mg/mL]	IV inj mg							4	
Gentamicin [40 mg/mL]	IV inj mg			160					
NaCl 0.9%.	IV inf mL		(500)						
AA		Sevoflurane		Sevoflurane					
Mode of ventilation									
Target ETAA									
Pmean	cmH2O								
Exp Sevoflurane	%								
Exp O2	%								
Exp Desflurane	%								
Trigger flow	L/min								
Exp Isoflurane	%								
MAC	%								
PEEPset	cmH2O								
PEEP	cmH2O								
Insp Sevoflurane %	%								
FiO2set	%								
Insp Desflurane %	%								
Insp Nitrus Oxide	%								
FiO2	%								
TVset	mL								
TV									

Report printed

16/03/16 20:30

Page 2/4

Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.