

Patient  
Name  
D.O.B.  
H&C

Date of Clinic / Decision to list	9/1/15
Consultant	Dr. [Signature]
Specialty	Urology

Please DO NOT list a Patient for surgery if further tests or assessments are needed

Diagnosis:	
Procedure:	
Estimated Duration of Surgery:	1 hour
Additional Comments / Instructions:	

Urgency Please tick appropriate box	
Red Flag	
Urgent	<input checked="" type="checkbox"/>
Routine	
Planned	

Anaesthetic Type Please tick appropriate box	
General / Spinal	<input checked="" type="checkbox"/>
Sedation	
Local	

IF NOT suitable for day of surgery admission – please state & give reason

Intended Management Please tick appropriate box	
Day Case	
Inpatient	<input checked="" type="checkbox"/>

Patients should be listed as a day case if the intention is for no overnight stay following surgery. It does not matter which ward or unit they are admitted to.

Please note, that unless indicated below, for scheduling purposes the patient will be shared across the Trust.

Please detail if the patient is required to be admitted to:	
Specific Site Requirement	
Specific Unit Requirement	
Specific Consultant	

Is the Patient on any Anti-Coagulation Or Anti-Platelet Therapy? No ☐ Yes ☐

If yes, please indicate if patient is on any of the medications below and the action required:

- Warfarin? ☐

PLEASE TURN OVER & indicate the bleeding risk of the procedure.

- Aspirin 300mg? ☐

Please advise whether the Patient should either:

- Reduce to 75mg daily 7days prior to surgery ☐
- Continue to take as normal ☐
- Shoulder arthroscopy, thyroid, parotid or parathyroid surgery – stop all aspirin 7 days prior to surgery ☐

- Clopidogrel or Prasugrel? ☐

Please advise:

- Patient has had stenting within the past year thus Surgeon should contact Cardiologist to advise ☐
- Patient should discontinue 7days prior to surgery ☐

- Dabigatran, Rivaroxaban or Apixaban? ☐ Please refer to Trust Guidance and SPC.

Latex Allergy? No ☒ Yes ☐

MRSA? No ☒ Yes ☐

Diabetic? No ☒ Yes ☐ If yes, how is the diabetes controlled? Insulin ☐ Tablet ☐ Diet ☐

A decision to add a patient to the waiting list must be discussed and countersigned by the Consultant in charge.  
If the Consultant is not available, then arrangements should be made to discuss decisions at a suitable point thereafter.

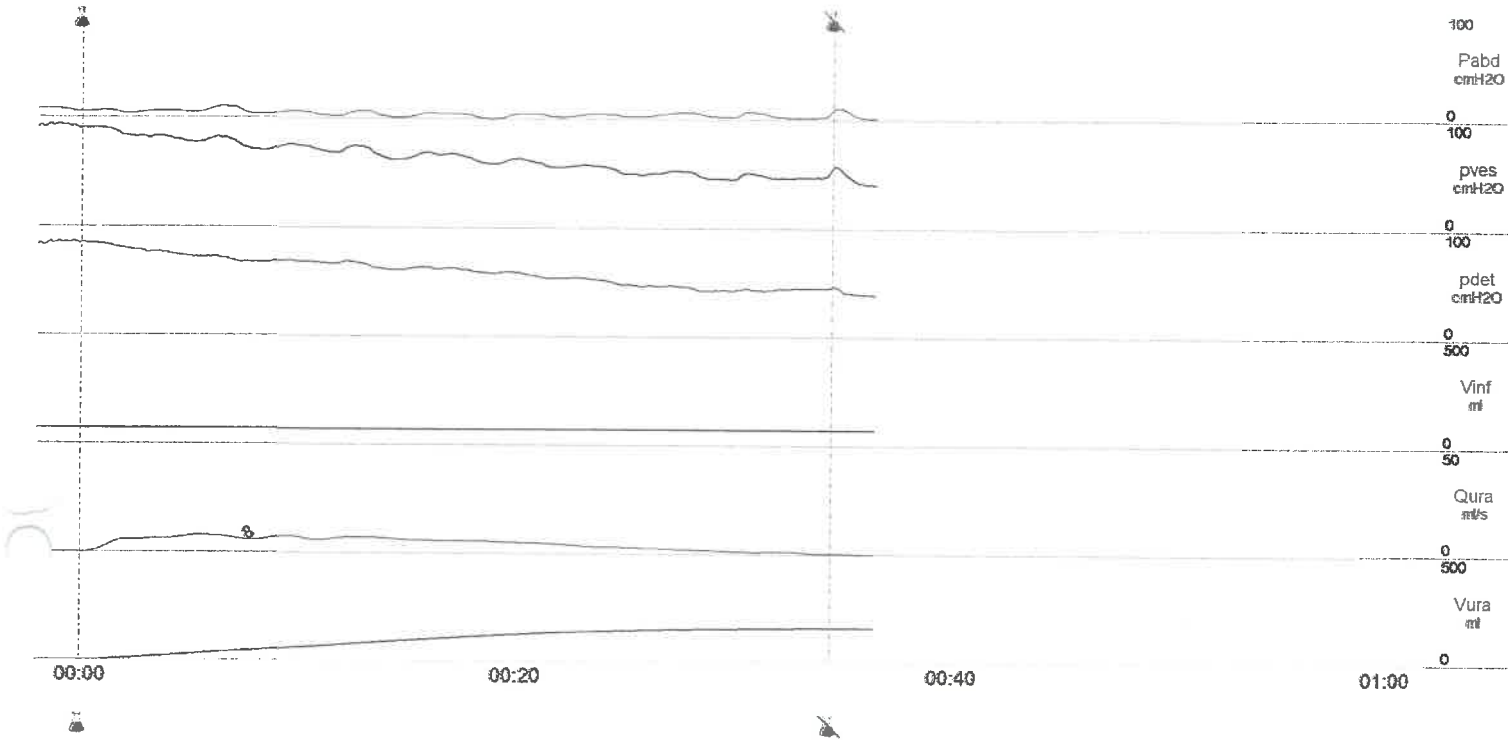
Doctor's Signature	Print Name	Date	9/1/15
Countersigned (Consultant)		Date	9/1/15

Craigavon Area Hospital

Craigavon  
Urology  
Clinician: MR O'DONOGHUE  
Operator: M Leonard  
Study Date: 09/01/2015 08:54

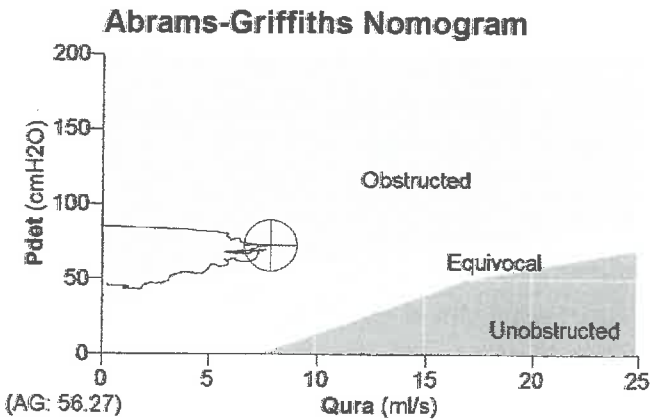


Patient 29  
DOB: [Redacted] Age: [Redacted] Years  
Patient ID: [Redacted]



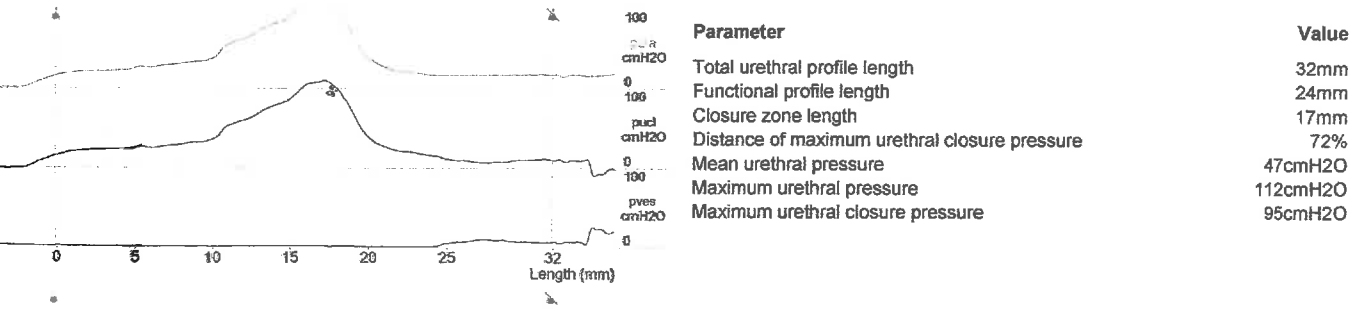
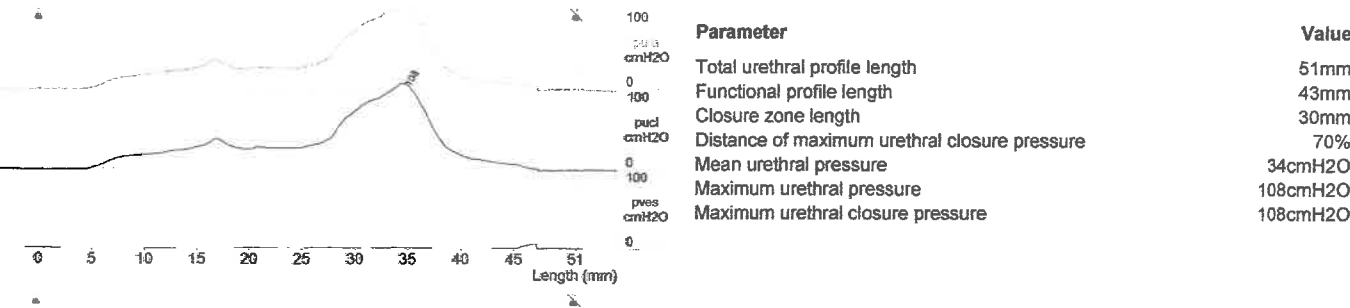
Voiding Cystometry

Parameter	Value
Voiding time	34.4s
Flow time	32.2s
Time to maximum flow	5.5s
Opening time	s
Total voided volume	159ml
Residual volume	200ml
Volume at maximum flow	32ml
Maximum flow rate	8ml/s
Mean flow rate	5ml/s
Pdet minimum voiding pressure	43cmH2O
Pdet opening	85cmH2O
Pdet at maximum flow	72cmH2O
Pdet maximum	85cmH2O
Pdet closure	47cmH2O
Pves opening	91cmH2O
Pves at maximum flow	78cmH2O
Pves maximum	91cmH2O
Pves closure	56cmH2O
Static compliance	-4ml/cmH2O
Bladder Power at Maximum Flow	571ml/s*cmH2O
Passive Urethral Resistance Ratio	60.93
Passive Urethral Resistance Ratio Acceleration	-9.72
Total Bladder Capacity	359ml
Urethral Resistance Index	1.15



Craigavon  
Urology  
Clinician: MR O'DONOGHUE  
Operator: M Leonard  
Study Date: 09/01/2015 08:54

Patient 29  
DOB: [redacted] Age: [redacted] years  
Patient ID: [redacted]



Bladder chart

Name: Patient 29

Hospital No:

	Day 1		Day 2		Day 3		Day 4	
	In	Out	In	Out	In	Out	In	Out
6am	Personal Information redacted by the USI							
7am								
8am								
9am								
10am								
11am								
12md								
1pm								
2pm								
3pm								
4pm								
5pm								
6pm								
7pm								
8pm								
9pm								
10pm								
11pm								
12mn								
1am								
2am								
3am								
4am								
5am								

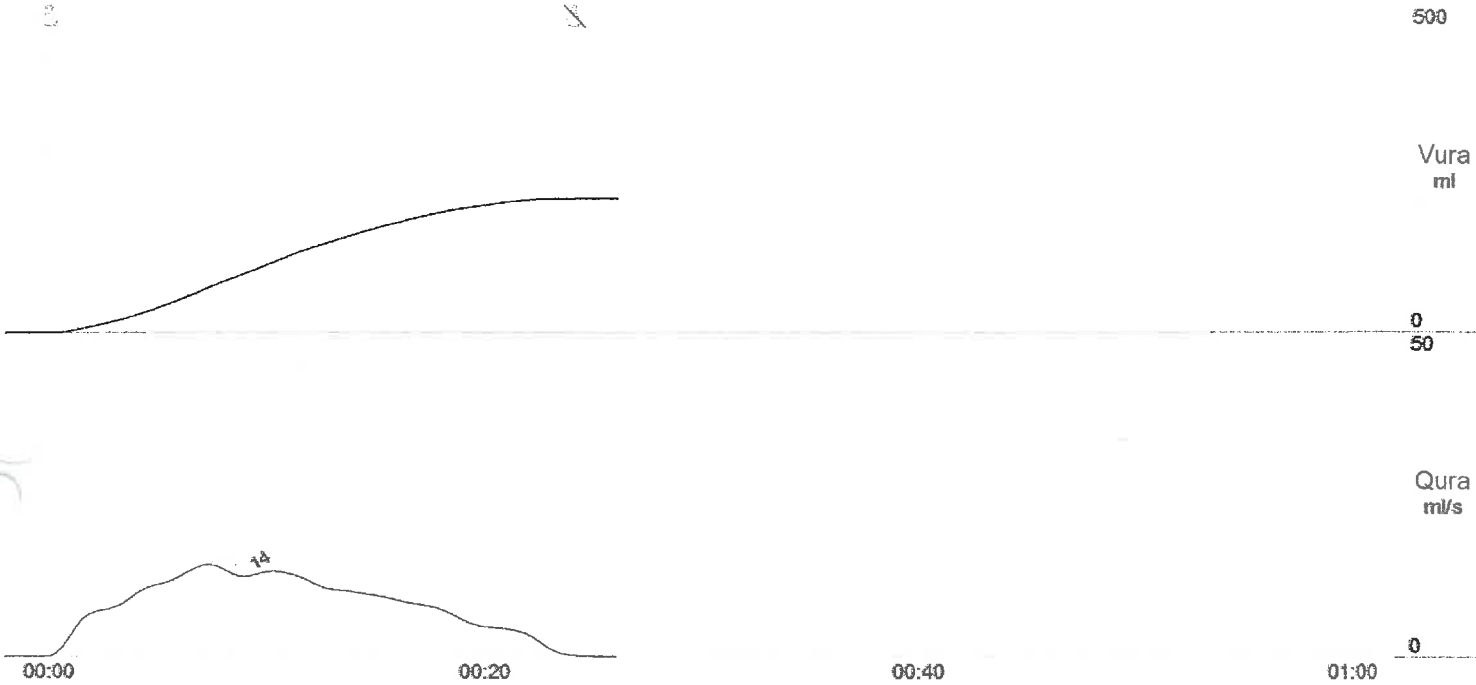
In = Type / amount of fluid that you drink that day (in mls)

Out = Amount of urine that you pass (in mls) / When you experience urine leakage.





Patient 29  
DOB: [Redacted] Age: [Redacted] Years  
Patient ID: [Redacted]



Mictiometry

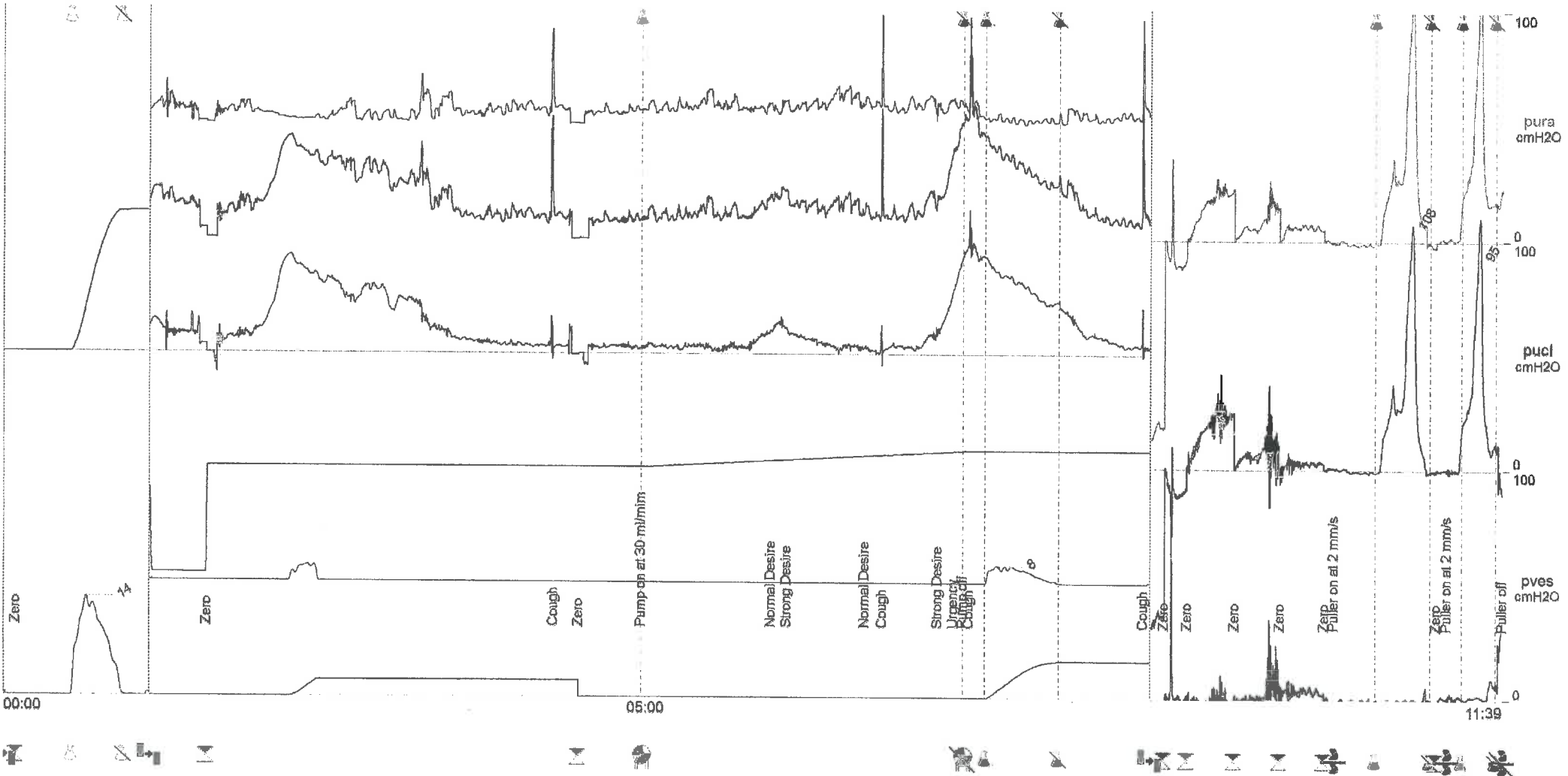
Parameter	Value
Voiding time	24.8s
Flow time	24.8s
Time to maximum flow	7.3s
Maximum flow rate	14ml/s
Volume at maximum flow	70ml
Mean flow rate	8ml/s
Total voided volume	204ml
Residual volume	279ml

Craigavon  
Urology  
Clinician: MR O'DONOGHUE  
Operator: M Leonard  
Study Date: 09/01/2015 08:54



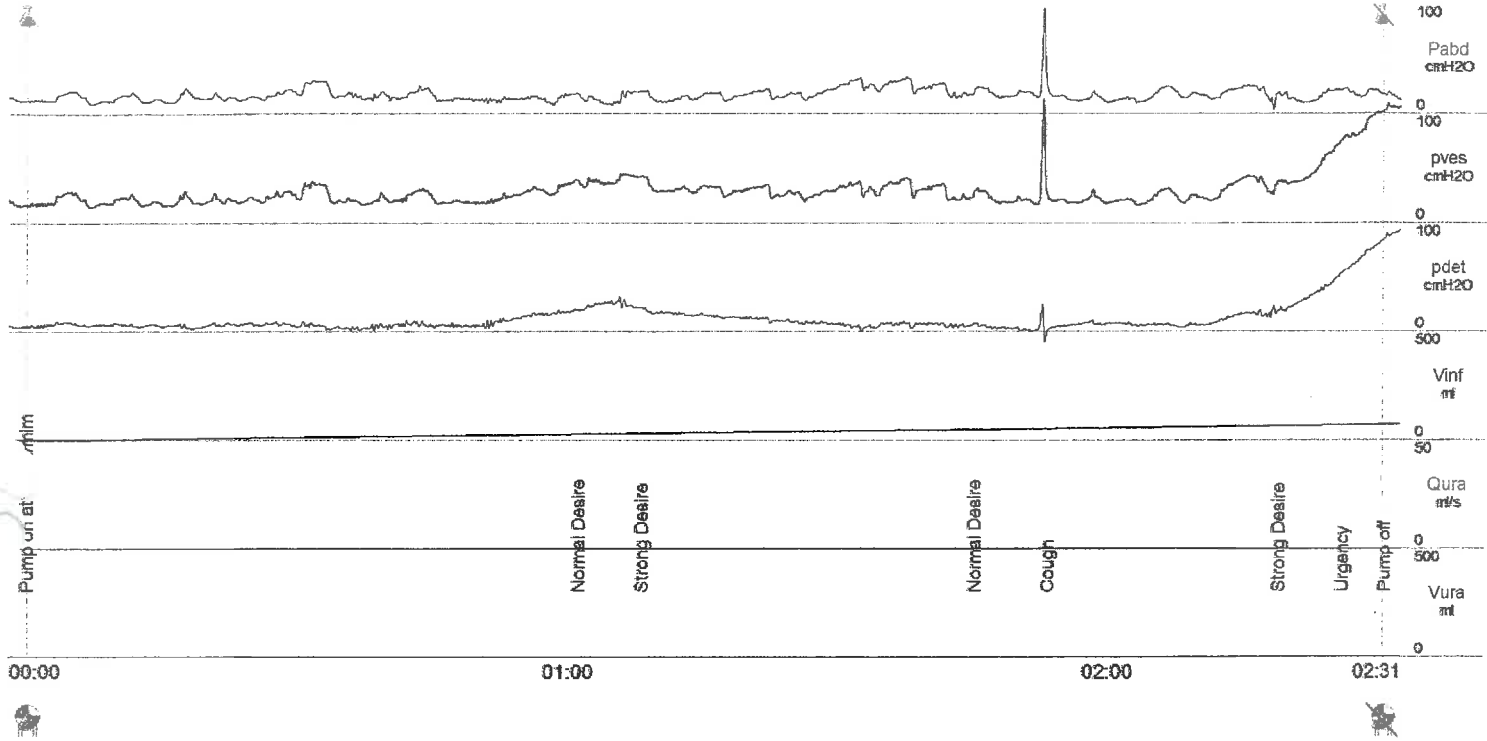
Patient 29

DOB: [Redacted] Age: [Redacted] Years  
Patient ID [Redacted]



Craigavon  
Urology  
Clinician: MR O'DONOGHUE  
Operator: M Leonard  
Study Date: 09/01/2015 08:54

Patient 29  
DOB: [Redacted] Age: [Redacted] Years  
Patient ID: [Redacted]



Filling Cystometry

Parameter	Value	No	Icon	Description	Time	Pabd cmH2O	pves cmH2O	pdet cmH2O	Vinf ml	Qura ml/s	Vura ml	Rate
Cystometric capacity	73ml	6		Cough	04:17	25	27	2	0	0	72	
Total bladder capacity	73ml	10		Normal Desire	05:59	18	39	21	29	0	0	
Static compliance	1ml/cmH2O											
Pves at Start	16cmH2O	11		Strong Desire	06:06	21	43	22	32	0	0	
Pdet at normal desire	21cmH2O											
Pdet at strong desire	22cmH2O	12		Normal Desire	06:43	21	29	8	50	0	0	
Pdet at urgency	54cmH2O	13		Cough	06:51	29	28	-1	54	0	0	
Vinf at normal desire	29ml											
Vinf at strong desire	32ml	14		Strong Desire	07:17	19	39	20	67	0	0	
Vinf at urgency	70ml	15		Urgency	07:24	22	76	54	70	0	0	
Pdet at cystometric capacity	85cmH2O	18		Cough	07:31	16	119	104	73	0	0	
Pves at cystometric capacity	103cmH2O	21		Cough	08:52	68	69	1	73	0	160	
Pdet maximum during filling	85cmH2O											
Pves maximum during filling	114cmH2O											

McCann, Frances

From: Cullen, Aidan  
Sent: 16 February 2015 15:18  
To: McCann, Frances  
Subject: FW: Preoperative Assessment of your patient

From: Cullen, Aidan  
Sent: 16 February 2015 14:24  
To: ODonoghue, JohnP  
Cc: Winter, Colin  
Subject: Preoperative Assessment of your patient

Dear Mr O'Donoghue,

My name is Aidan Cullen and I am one of the anaesthetic consultants working in the Preoperative Assessment Clinic.

Re: Patient 29  
DOB Personal Information redacted by the USI  
HCN

Personal Information redacted by the USI

I will contact her tomorrow.

Kind regards  
Aidan

Tel Personal Information redacted by the USI

323026

Copy for Patient File

[illegible]



	Date	Clinical Notes
→		Personal Information redacted by the USI
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
kg.		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
76.4		
dressed		
→		
Age		
URINE Protein		
Sugar		
Acetone		
WEIGHT		
7		
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

Patient 29

NOTES

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

Out-Patient Use Only	Date	Clinical Notes
→		* Urology *
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→	25/1/16	
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		
→		
Age		
URINE Protein Sugar Acetone		
WEIGHT kg.		

Patient 29

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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 other identifier) .....  
Special requirements (language or other) .....

Patient 29

**Statement of healthcare professional**

Responsible healthcare professional MR O'DONOGHUE Job Title CONSULTANT  
Name of proposed procedure or course of treatment (include site of body or site and brief explanation if medical term not clear)  
[REDACTED]

I have explained the procedure. In particular, I have explained:

The intended benefits

Personal Information redacted by the USI

Personal Information redacted by the USI

Possible additional procedures which may become necessary during the procedure.

☐ Blood transfusion ☐ other procedure (please specify) .....  
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 [REDACTED] Date 18/2/15  
Name (Print) Ullandhane Job Title Urol SpA

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 ..... Date .....  
Name (Print) .....

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 [REDACTED] Date 18/2/15

Name (Print) [REDACTED]

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 ..... Date .....

Name (Print) ..... Job Title .....

**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 ..... Date .....

Name (Print) ..... 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)



## PREOPERATIVE ASSESSMENT

ASA status: 1 2 3 4 5 6 E

Patient 29

## PERSONNEL

Anaesthetist (grade):

CYOCTI

Surgeon:

O'Donoghue.

## PROCEDURE DETAILS

Diagnosis:

Operation:

Personal Information redacted by the USI

NCEPOD (Scheduled)

Urgent

Emergency

## Ward staff to complete

Weight (Kg) 75

Height (m) 1.83

BMI (Kg/m<sup>2</sup>) 22

Temp (°C) 36.7

Pulse (/min) 63

BP (mm Hg) 119/74

RR (/min) 14

O<sub>2</sub> Sat (%) 99

Fasting time:

Solids Liquids

1700 2200

Allergies:

## MEDICAL HISTORY

Fit &amp; well

CVS disease

RS disease

Endocrine

LT4

CNS

Arthritis

GORD

## PHYSICAL EXAMINATION &amp; NOTES

Personal Information redacted by the USI

Personal Information redacted by the USI

Risk of dental damage explained & accepted ☐Smoking ☒ C<sub>2</sub>H<sub>5</sub>OH ☒ Aspiration Risk ☐

## PLAN/PATIENT INFORMATION

Personal Information redacted by the USI

LAB

Hb

Plts

Na

K

Urea

Crea

X M

ECG

CXR

3.

Signed

Date

18/2/15

Time

0800

## POSTOPERATIVE INSTRUCTIONS/ MONITORING

## SURGICAL PROCEDURE:

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

Target SpO<sub>2</sub> ≥ ..... %

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 profile ☐ .....

FBP, U&amp;E

ABG

CXR

Other:

Personal Information redacted by the USI

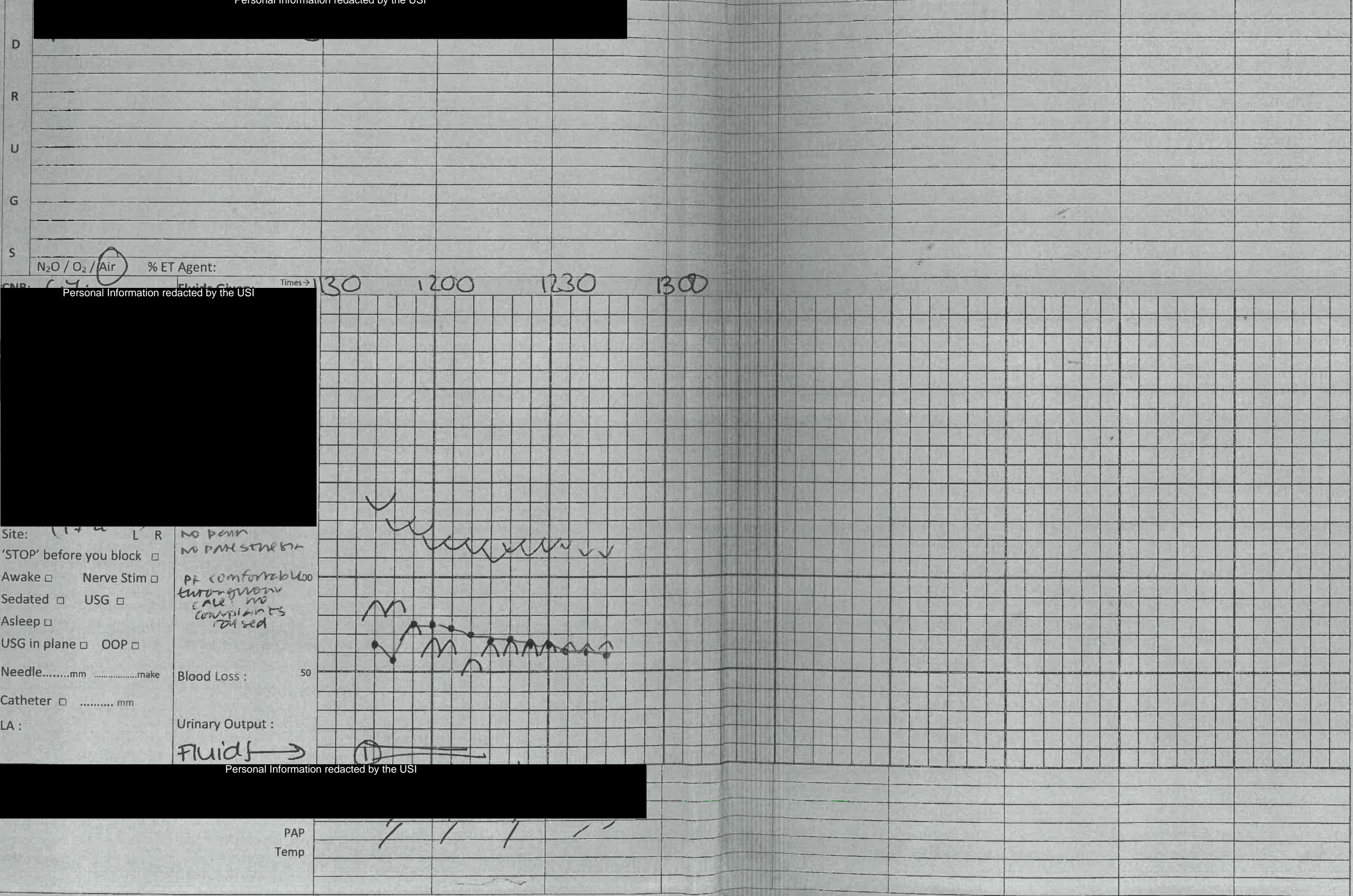
Patient 29

Time Resp SpO<sub>2</sub> Pulse BP O<sub>2</sub> deliv Temp Drugs Notes

Personal Information redacted by the USI



<b>Patient Protection</b> AAGBI Equipment Check <input checked="" type="checkbox"/> WHO Safety Checklist <input checked="" type="checkbox"/> Eye Protection <input checked="" type="checkbox"/> Pressure Points Padded <input checked="" type="checkbox"/> Warming Mat <input checked="" type="checkbox"/> Forced Air Warmer <input checked="" type="checkbox"/> Blood Warmer <input checked="" type="checkbox"/> Calf compression <input checked="" type="checkbox"/>	<b>Procedure</b> Date: [redacted] Operative: [redacted] Consent: [redacted] Anaesthetist(s): [redacted] Surgical Team: [redacted] CAH <input checked="" type="checkbox"/> DHH <input type="checkbox"/> STH <input type="checkbox"/> Theatre: [redacted]	<b>Monitoring</b> Machine ID: #2 ECG <input checked="" type="checkbox"/> ETCO <sub>2</sub> <input type="checkbox"/> SpO <sub>2</sub> <input checked="" type="checkbox"/> FIO <sub>2</sub> <input type="checkbox"/> NIBP <input checked="" type="checkbox"/> Gas <input type="checkbox"/> ABP <input type="checkbox"/> Temp <input type="checkbox"/> CVP <input type="checkbox"/> NM <input type="checkbox"/> CO <input type="checkbox"/> BIS <input type="checkbox"/>	<b>Vascular Access</b> Peripheral: 1. 18g <input checked="" type="checkbox"/> <input type="checkbox"/> 2. hand <input checked="" type="checkbox"/> <input type="checkbox"/> 3. <input type="checkbox"/> <input type="checkbox"/> CVC: Audit Form <input type="checkbox"/>	<b>Airway Management</b> PreO <sub>2</sub> <input type="checkbox"/> IV induction <input type="checkbox"/> RSI <input type="checkbox"/> Facemask <input type="checkbox"/> Guedel <input type="checkbox"/> NGT <input type="checkbox"/> SAD <input type="checkbox"/> ETT <input type="checkbox"/> Laryngoscopy Type & Size Type & Size Details ETT position confirmed: View / Auscultation/ Capnography / CXR	<b>Ventilation/Position</b> Circle System <input type="checkbox"/> Other <input type="checkbox"/> Position: Limbony Arms <90° <input type="checkbox"/> SR <input checked="" type="checkbox"/> PSV <input type="checkbox"/> PCV <input type="checkbox"/> VCV <input type="checkbox"/> TV: .....mls PAP: .....cmH <sub>2</sub> O RR: ...../min PEEP: .....cmH <sub>2</sub> O
--	---	--	--	---	---



Site: L R  
'STOP' before you block ☐  
Awake ☐ Nerve Stim ☐  
Sedated ☐ USG ☐  
Asleep ☐  
USG in plane ☐ OOP ☐  
Needle.....mm .....make  
Catheter ☐ ..... mm  
LA :  
Blood Loss : 50  
Urinary Output :  
Fluids →



81/CA 51/1

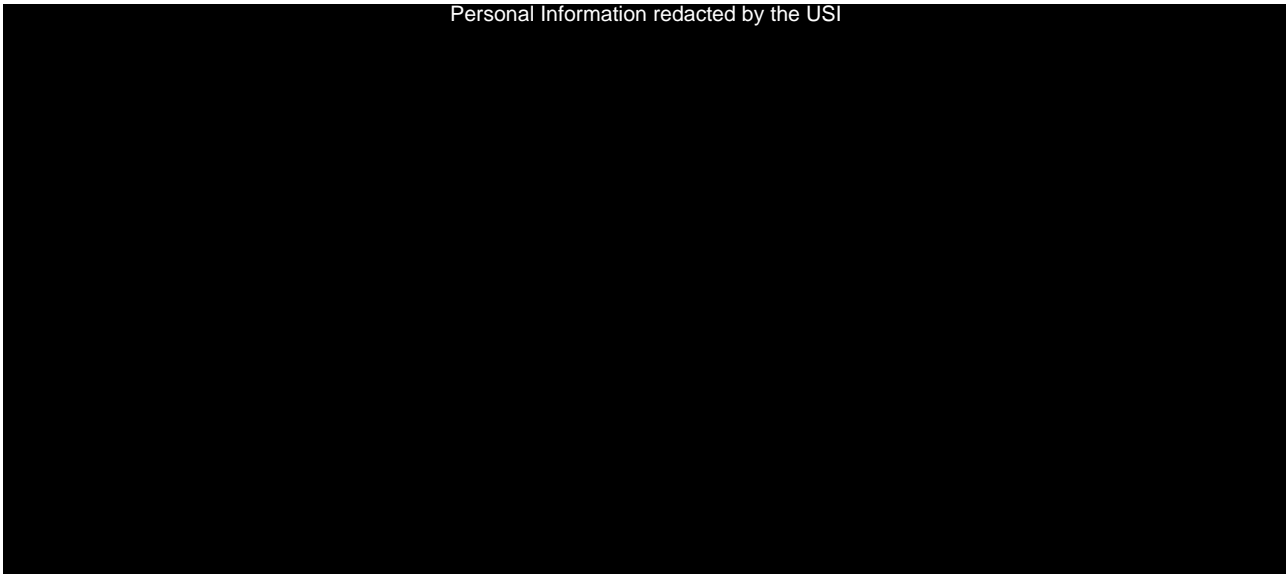
OPERATION NOTES

Affix Label	Patient 29
<div></div>	
Date	18/2/15
Anaesthetist	Dr Winter
Sister	
Blood	
Drains	
Packs	

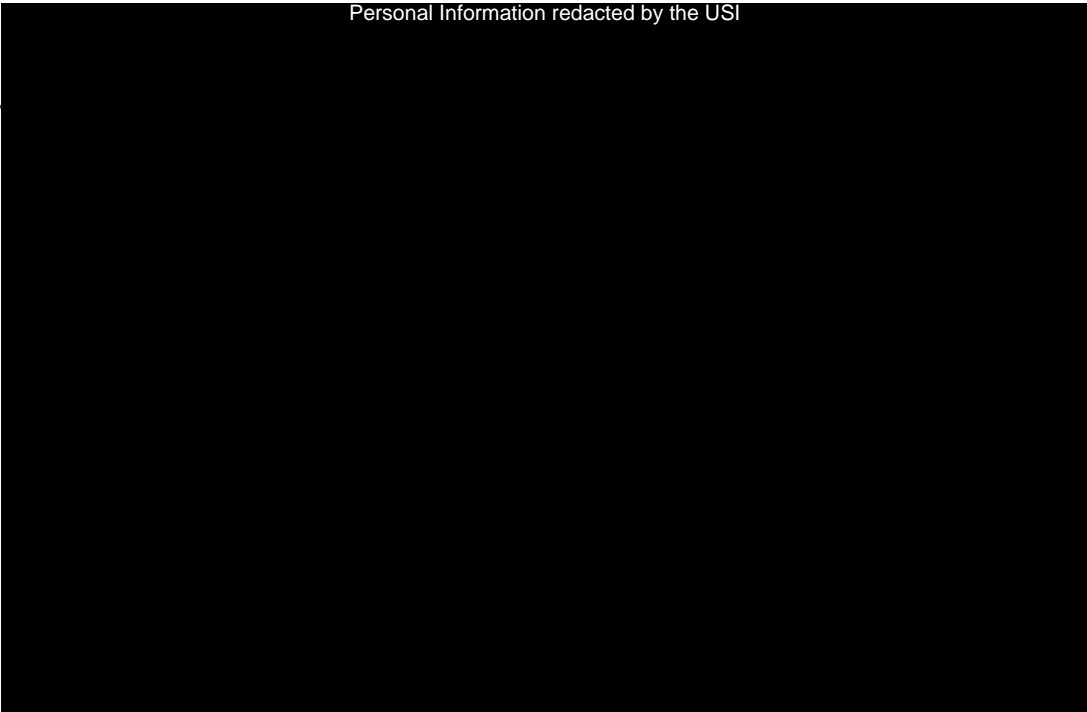
HOSPITAL: CAH
Operations Performed
Personal Information redacted by the USI
Surgeon
John O'Donoghue
Assistant
Incision
Findings
Personal Information redacted by the USI
PROCEDURE
Gentamicin 240 mg 10
Personal Information redacted by the USI

WIT-11105

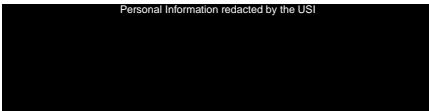
Personal Information redacted by the USI



Personal Information redacted by the USI



Personal Information redacted by the USI



*Cancelled* *relegated*

Signature of Surgeon: .....



# Elective Surgical Patients – Admission Checklist & Risk Assessments

WIT-11107

Patient ID: Patient 29

Name: ...

D.O.B.: ...

H&C No.:

Hospital:

Gender: Male ☐ Female ☐

Date of Admission: 18/2/15

Personal Information redacted by the USI

Procedure:

Consultant: O'Donoghue

Specialty: Urology

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: Personal Information redacted by the USI Grade: FY1 Date: 18/2/15

## 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	2
Emergency intra-abdominal or major vascular surgery	X
* Co-morbidities (≥ 2)	2
Baseline GFR < 60 mls/min	X
Systolic BP < 100mmHg	X
-- Nephrotoxic medications (Pre-admission)	X
<b>Total score on admission</b>	4

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

**Step 1: Assess for level of mobility – All Patients**

Intended surgical day-case patient	Tick	Surgical inpatient	Tick	Medical patient expected to have ongoing reduced mobility relative to normal state	Tick	Medical patient NOT expected to have significantly reduced mobility relative to normal state	Tick
			<input checked="" type="checkbox"/>				
Do not risk assess		Assess for thrombosis and bleeding risk below (Complete steps 2 – 5)			Risk assessment complete (Go to step 5)		

**Step 2: Review thrombosis risk**

Any tick for thrombosis risk factors should prompt consideration for thromboprophylaxis

Patient related	Tick	Admission related	Tick
Active cancer or cancer treatment		Significantly reduced mobility for 3 days or more	
Age >60	<input checked="" type="checkbox"/>	Hip or knee replacement	
Dehydration		Hip fracture	
Known thrombophilias		Total anaesthetic + surgery time > 90 minutes	
Personal history/first degree relative with history of VTE		Surgery involving pelvis or lower limb with anaesthetic + surgery time > 60 minutes	
One or more significant medical comorbidities (eg heart disease; metabolic, endocrine or respiratory pathologies; acute infectious diseases; inflammatory conditions)	<input checked="" type="checkbox"/>	Acute surgical admission with inflammatory or intra-abdominal condition	
Obesity (BMI > 30 kg/m <sup>2</sup> )		Critical care admission	
Use of hormone replacement therapy		Surgery with significant reduction in mobility	
Use of oestrogen-containing oral contraceptive therapy		The above risk factors are not exhaustive, additional risks may be considered. Other:	
Varicose veins with phlebitis			
Pregnancy or < 6 weeks post partum (see Obstetric risk assessment for VTE)			

**Step 3: Review bleeding risk**

Any tick should prompt staff to consider if bleeding risk is sufficient to preclude pharmacological intervention

Patient related	Tick	Admission related	Tick
Active bleeding		Neurosurgery, spinal surgery or eye surgery	
Acquired bleeding disorder (such as acute liver failure)		Lumbar puncture/epidural/spinal anaesthesia expected in the next 12 hours	
Concurrent use of anticoagulants known to increase risk of bleeding (such as warfarin with INR > 2)		Lumbar puncture/epidural/spinal anaesthesia within the previous 4 hours	
Acute stroke		Other procedure with high bleeding risk	
Thrombocytopaenia (Platelets < 75 x 10 <sup>9</sup> /l)		The above risk factors are not exhaustive, additional risks may be considered. Other:	
Uncontrolled systolic hypertension (> 230/120)			
Untreated inherited bleeding disorder (such as haemophilia and von Willebrand's disease)			

**Step 4: Choose Appropriate Risk Category & Follow Recommended Thromboprophylaxis**

**\*\* Please refer to "SHSCT VTE Prevention Guidelines for Elective & Emergency Surgical Inpatients" for guidance re: the commencement & duration of thromboprophylaxis \*\***

Risk	Tick	Recommended Thromboprophylaxis
High risk of VTE with low risk of bleeding	<input checked="" type="checkbox"/>	Enoxaparin & Knee-length TEDS If enoxaparin is contraindicated, consider alternative drug. If TEDS are contraindicated, do not use.

High risk of VTE with significant risk of bleeding and NO contraindication to TEDS		Knee-length TEDS
--	--	------------------

High risk of VTE and significant risk of bleeding and contraindication to TEDS		Mobilise & maintain hydration
Low risk of VTE		

**Step 5: Signature**

VTE risk assessed on admission

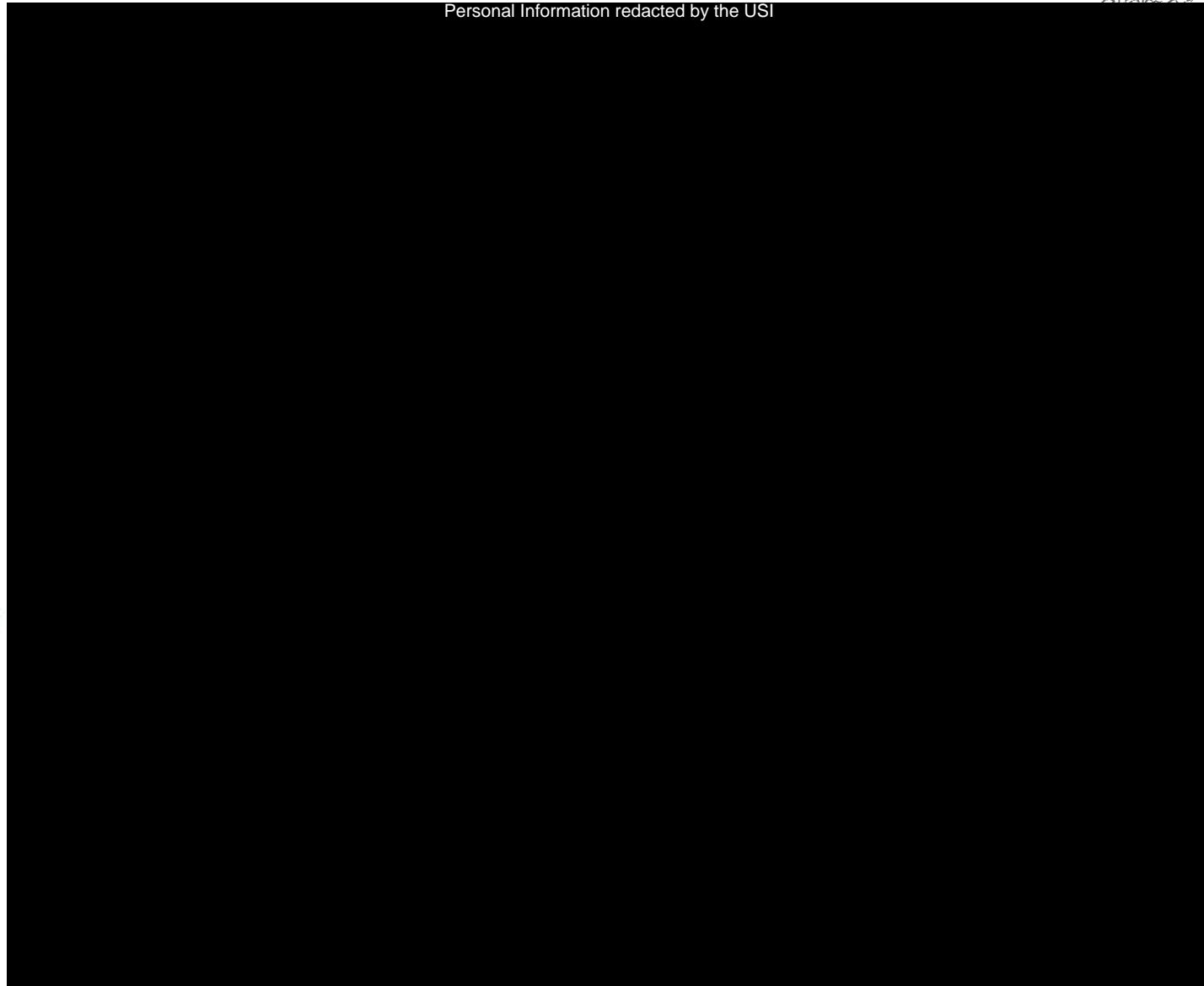
Received from Dr Maria O'Kane on 29/03/22. Annotated by the Urology Services Inquiry.

Signature:  Print Name: **McMAHON** Date/Time: **18/2/15**

Personal Information redacted by the USI



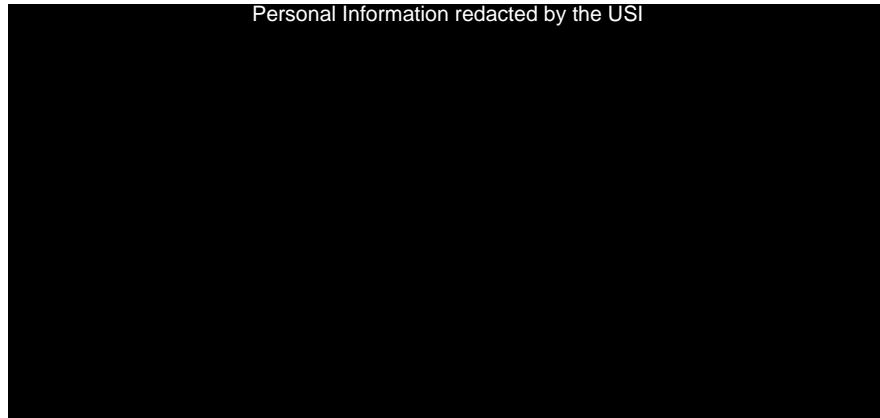
Personal Information redacted by the USI



18th  
Feb. 2015 MR O' Donoghue operation

Jan 2016 MR O' Donoghue (at outpatients put back on waiting list)

Personal Information redacted by the USI



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

27<sup>th</sup> May 2016

Personal Information redacted by the USI

Dear Dr

Personal Information redacted by the USI

Patient 29

Personal Information redacted by the USI

DOB  
UN

Personal Information redacted by the USI

Personal Information redacted by the USI

*dictated but not signed by*

**Mr Aidan O'Brien**  
**Consultant Urologist**

Date dictated: 27<sup>th</sup> May 2016

Date typed: 27<sup>th</sup> May 2016/LH

**WIT-11113**

ern Health  
cial Care Trust

URODYNAMIC CLINIC

Patient 29

Date:

27.5.16.

Consultant:

Mr O'Brien

Urodynamic Staff:

JMcMahon

Kulcheersch

Allergy:

NKDA

Check allergy to latex

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**Filling /Voiding Cystometry:**

Filling position: Standing ☒ Seated ☐ Lying ☐

Filling rate: 30 mls / min. Filling Fluid: 0.9% Sodium Chloride ☒

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Post urodynamics advice leaflet given ☒ Yes ☐ No

Signature/s:

Personal Information redacted by the USI

Patient 29

Personal Information redacted by the USI

Bladder chart      Name:      Hospital No:

	Day 1	Day 2	Day 3	Day 4	
	Personal Information redacted by the USI			In	Out
6am					
7am					
8am					
9am					
10am					
11am					
12md					
1pm					
2pm					
3pm					
4pm					
5pm					
6pm					
7pm					
8pm					
9pm					
10pm					
11pm					
12mn					
1am					
2am					
3am					
4am					
5am					

In      =      Type / amount of fluid that you drink that day (in mls)  
Out      =      Amount of urine that you pass (in mls) / When you experience urine leakage.

**Southern Health**  
**Special Care Trust**

**URODYNAMIC CLINIC**

27-5:16

Siemens  
 Clinical Status  
 Serial Patient 29  
 963  
 Patient  
 Multistix 10 SG  
 Test date 27-05-2016  
 Time 09:20  
 Operator  
 Test number 1538  
 Color Not Entered  
 Clarity Not Entered

Personal Information  
 redacted by the USI

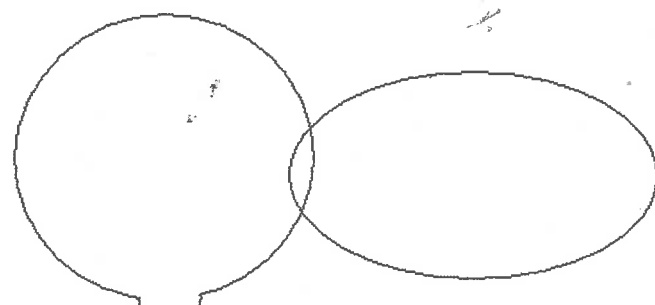
GLU Negative  
 BIL Negative  
 KET Negative  
 SG 1.010  
 BLO Negative  
 pH 7.0  
 PRO Negative  
 URO 1.0 E.U./dL  
 NIT Negative  
 LEU Negative

Patient 29

DATE: 27.5.16

FINDINGS:

SCOPE USED AT: 10<sup>25</sup>am



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Personal Information redacted by the USI