meadowbridge SURGERY

14 October 2020

Dear Patients

When demand is in excess of what we can safely clinically manage through

triage, the doctors will only be able to deal with clinically urgent symptoms.

We have drawn up a list of some of the symptoms that the doctors would be

concerned about and that they would consider as clinically urgent - these often

relate to acute infections or symptoms which might be associated with a serious

illness.

This list is not exhaustive and if you felt something was very urgent then a doctor

will review your symptoms on triage and make a decision. Please do not take

offence if you are advised that your symptoms cannot be dealt with that day. You

will have the opportunity to phone back another morning.

Our clinicians and the practice team have been working throughout the pandemic

and are now preparing, for a second wave. We are trying to preserve functioning

medical services for all our patients and appreciate your help in this effort.

Thank you for your understanding during these difficult times for us all.

Yours sincerely

PP Diane Lavery

On behalf of the GP Partners

Dr Gorman, Dr Lavin, Dr O'Connor & Dr Cupples

FOR EMERGENCIES - dial 999

Examples of emergencies are considered as follows:

Stroke-https://www.stroke.org.uk/what-is-stroke/what-are-the-symptoms-of-stroke/share-the-fast-message

Chest Pain / Tightness at rest --- in case heart attack . https://www.nhs.uk/conditions/chest-pain/

Collapse with loss consciousness

Fall and unable to stand / bear weight / drowsy

High fever associated with shivering / shaking , reduce level consciousness / drowsy - Suspect sepsis https://www.nhs.uk/conditions/sepsis/ / Emergency contact with GP Acute Breathlessness / Difficulty speaking due to breathlessness / gasping / colour change

First Seizure

CLINICALLY URGENT

Examples of concerning symptoms that the doctor considers as URGENT Triages

(this list is not exhaustive)

Urinary Infection - frequency, pain passing urine, blood in urine

Septic throat - difficulty swallowing , Enlarged tonsils with pus , large swollen glands neck

Chest infections - New onset Cough +_ sputum production , breathlessness , wheezing

Recent onset of breathlessness

Recent onset / worsening of chest pain / tightness

Severe abdominal pain - difficulty moving around / getting up from sitting / associated fever

Recurrent seizure which is prolonged / different from previous seizures

New onset swelling of ONE leg

Transient Facial / Limb weakness/ loss of vision which has improved in under 24hrs

Pregnancy - vaginal bleeding or new onset abdominal pain

Headache of recent onset – associated with vomiting , drowsiness, worse when lying down , change in personality , blackouts or seizures

Coughing up blood: If you've coughed up blood, no matter how much or what colour

Persisting cough – new onset unexplained cough lasting longer than 3 weeks, especially if you are a smoker

Rectal Bleeding, **especially if persisting more than 6 weeks**: The most common cause of blood in your poo (stools) is piles (haemorrhoids). But blood in your poo can sometimes be a sign of cancer.

Change in bowel habit over at least 6 weeks: Stomach bugs and food poisoning are often the cause of loose, frequent bowel motions but if you've noticed any change in your bowel habit towards looser, more frequent motions that has persisted for more than 6 weeks.

Breast Lump Female or male: Lumps are not the only breast changes that should be reported. Also look out for any change in the size, shape or feel of a breast, any skin changes, redness, or pain in the breast. And don't forget any nipple changes, including fluid leaking from the nipple in a woman who is not pregnant or breastfeeding.

Unintentional Weight Loss: Small weight changes over time are quite normal. But if you lose a noticeable amount of weight without trying to and cannot be explained by changes to your diet, exercise or stress.

Swallowing symptoms associated with feeling that food is sticking

Blood in urine: Blood in your pee (urine) should always be reported to a doctor. Usually this is not caused by cancer and can be treated quickly and easily,

Unexplained vaginal bleeding: Bleeding or 'spotting' between periods can be a side effect of the contraceptive pill. But still see your doctor if you bleed from the vagina between periods, or after sex or after the menopause.

Unusual lump or swelling anywhere: Persistent lumps or swelling in any part of your body should be taken seriously. That includes any lumps in the neck, armpit, stomach, groin, chest, breast or testicle. See your doctor to have it checked out

Heavy night sweats: Sweating at night can be caused by infections or it can be a side effect of certain medications. It's also often experienced by women around the time of the menopause. But very heavy, drenching night sweats can also be a sign of cancer and should be checked out by your doctor.

Persisting croaky voice / hoarseness: Having a croaky voice or feeling hoarse can be common with colds but should clear up over a couple of weeks. But a croaky voice that hasn't gone away on its own should be checked out by your doctor.

An ulcer / sore that won't heal: When a spot, wart or sore doesn't heal, even if it's painless.

New or changing Mole: Most moles remain harmless throughout our lives. But be aware of any new moles or existing moles that change in size, shape or colour, become crusty or bleed or ooze.