NURSING REPORT

Surname: MCloughlan

Forenames: Agnes

Page No. (4)

Unit No.

Date	Nursing Report	Signature
4:30pm	Contacted PAT as regards Agnes. Stated we would be willing to see her again if she shows motivation. Awaiting contact from Agnes as regards this	SENIOR NURSE P CURRAN
3/6/19 1pm	Contacted Andrew Neban today. He has seen Agnes this am and has asked her to make contact with the unit.	SENIOR NURSE P CURRAN
4pm	Discussed at clinical review. Agnes is to be discharged and reappointed at outpatients dept for GWK appt. Copied discharge letter to Andrew Neban, PAT.	SENIOR NURSE P CURRAN

STY0410D

N.H.S.GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC
Care Pathway

NAME
Agnes McGaughan.
CONTACT NUMBER
0790 540 8082.

OTHER SERVICES;
Physiotherapy
Social Work
Occupational Therapy
Dietician
Dentist
RCA

Assessment
Date..29/7..
Where Assessed ARC
Risk assess .....
Discharge proforma.....
GP Letter.....

Refer to RCA
Controlled Drinking
Abstinence
Non- Dependent Drinker
Dependent Drinker

COMMUNITY
DAY PATIENT
INPATIENT

HOME DETOX
Commenced Date... .....
Completed Date.....

DETOX COMMENCED
Date
Comp;eted

WAITING LIST
Date..29/7

INDIVIDUAL MOTIVATIONAL SESSIONS
SESSION 1..5/8.....SESSION 2..28/8
SESSION 3....2/9.....SESSION 4...14/9/09.

ADMITTED
Date..19/8

EDUCATION GROUP
1...CMA.....2..28/8.....3..28/8...
4....31/8....5..2/9.....6.....4/9/09.

OUTREACH

DISCHARGED
Date..25/8

RELAPSE PREVENTION GROUP
1....7/9....2....9/9.....3...11/9...
4...14/9.5..16/9....6....18/9/09.

25/8/9.
Supervised Antabuse/ Acamprosate If Appropriate

PROGRAMME COMPLETE
Discharge Proforma.....
Letter GP.....

ANTABUSE MAINTENENCE

RCA FOLLOW UP
MEDICAL OUT PATIENT
ABSTINENCE SUPPORT GROUP
Nursing Out patient
GP Follow Up

N.H.S. Greater glasgow & Clyde
ALCOHOL PROBLEMS CLINIC

Admission Date 25/8/9. **CHI No** 3241.

Name Agnes McLaughlin **M/F** **Date of Birth** 9/11/70.

Address 36 McKerrell St
Flat 3/1
Paisley.

Tel.No. 0790 540 8082.

G.P. Dr Mulligan

Address Lorend End.
Abbeyhill

Alternative Contact [redacted] **Relationship** Friend.

Address [redacted] **Tel.No.** [redacted]

Medication on Admission

Canpral
Antabuse

Allergies

None Known.

RCA Involvement Y/N.

NHS Greater Glasgow & Clyde

ACCOUNTABILITY RECORD FOR CARE GIVEN

ALCOHOL PROBLEMS CLINIC

AGREED DAYS	WEEK COMM.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MWF	28/8/9		PC	PC		PC
	31/8/9	PC		PC		PC
	7/9/9	PC		PC		PC
	14/9/9	PC		PC		PC
	21/9/9	PC		PC		PC
	28/9/9	PC		PC		PC
	5/10	PC		PC		PC
	12/10	PC		PC		PC
	19/10	PC		PC		PC
	26/10	PC		PC		PC
	2/11	PC		PC		PC
	9/11	PC		PC		PC
	16/11	PC		PC		PC
	23/11	PC		PC		PC
	30/11	PC		PC		PC
	7/12	PC		PC		PC
	14/12	PC		PC		PC
	21/12	PC		PC		PC
	28/12	PC		PC		PC
	5/1	PC		PC		PC
	12/1	PC		PC		PC
	17/1	PC		PC		PC
	24/1	PC		PC		PC

NAME A. McLaughlin D.of B 9/11/70 CHI 3241

LIAISON SHEET
OTHER AGENCIES INVOLVED: (Names and Contact Info)

CLIENTS NAME Agnes McGaughey DOB 9/11/70-3241

KEYWORKER Trish DATE 2/6/10.

CONTACT	NAME	ADDRESS	TEL NO
GENERAL PARCTITIONER			
PSYCHIATRIST			
COMMUNITY PSYCHIATRIC NURSE			
WARD LINK NURSE Home link	Christine	Tel. 07717618 895.	
SOCIAL WORKER *	Jean Cornwall	Abbey House 842-4077. 842-4173. (Direct)	
CHEMIST			

14/6/10. 4/6/10.
* Presently in process of changing social worker. Contact Senior Cathy O'Donnell meantime if any concerns. Tel 842 4050

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: AGNES MCLAUGHLAN	Date of admission: 25/08/09
Address: flat 3/, 36 MCKENZIE STREET PAISLEY PA01 1NN	Time:
DoB: 09/11/70	HOSPITAL: DYKEBAR HOSP. ALCOHOL PROBLEMS CLINIC.
CHI number: 0911703241	Ward:
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5 ~~m~~/ft Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 11·8 ~~kg~~/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

N/A

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☑

Please specify all factors:

REQUIRES DIETARY ADVICE AND INFORMATION RE. STRUCTURED EATING PATTERNS.

AGNES ATTENDS APC ON A MONDAY, WEDNESDAY AND FRIDAY.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): EVELYN TOAST (STUDENT NURSE) LEONARD Anderson Signature: Date: 12/02/10

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	12/02/10									
Initials	A.M.C									
Height (see page 1) 5' Weight	11·8 ST									
Oedema or ascites present Y/N	N									
BMI	32									
'MUST'										
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 18.5 - 20 ..... 1 <18.5 2	0									
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0									
Step 3: Acute Disease Effect Score If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2 Not applicable ..... Score 0	0									
Step 4: Overall Risk of Malnutrition Total:	0									

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Management Plan

FOR ALL PATIENTS

- Provide help and advice on food choices and eating and drinking when necessary.
- Treat underlying conditions and initiate appropriate treatment to relieve symptoms that affect nutritional intake e.g. nausea, vomiting, constipation, diarrhoea and/or pain.
- Refer to dietitian if any specialist advice is required.
- Complete nursing checklist for swallowing difficulties if appropriate.
- Use a recognised system to identify when equipment or asssistance is required at mealtimes (e.g. red mats, coloured napkins).

Referral Services

Dietitian	Date: 18/2/10	Outcome: Seen by dietitian
Speech and Language Therapy	Date: / /	Outcome:
Occupational Therapy	Date: / /	Outcome:
Dental Service	Date: / /	Outcome:

Multidisciplinary Nutrition Care Plan

Date	Overall Risk	Action	Review date	Name (PRINT) Signature/Designation
8/3	0	Seen by dietitian. See entry in nursing notes.	1/12.	

N.B. Ensure discharge plan includes most recent 'MUST' score and any necessary follow-up requirements.

NHS GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC

NURSING CARE PLAN REVIEW

NAME Agnes McLaughlan . **NAMED NURSE** Trish

Review Date 16/1/10 **Reviewed By** Tish.

Significant changes/achievements

Continues to attend x3 weekly for supervision of Antabuse. Is working towards gaining full access back to her children.

Short Term Goals

To continue to attend.

New Care Plans Identified

To promote recovery and work towards full access to Kids.

Nurse sign PC . X **Client sign** A. McLaughlan

NXT review 2/7/10

8/6/10

Continues to attend three weekly for supervision of Disulfiram. Continues to work with Social Services as regards child protection issues. Link worker via social work team working with the family.

Continue to attend and promote recovery.

Nurse sign PC . X **Client Sign** A. McLaughlan

NXT review 8/10/10.

NHS Greater Glasgow & Clyde
ALCOHOL PROBLEMS CLINIC

NURSING CARE PLAN REVIEW

NAME Agnes McLaughlin. **NAMED NURSE** Tish

Review Date 16/10/9. **Reviewed By** Tish

Significant changes/achievements

Continues to progress with abstinence contract. Working with social services as regards increasing access to her children. Managing to improve relationship with ex partner.

Short Term Goals

To continue to attend for supervision at Antabuse.

New Care plans Identified.

To continue to promote recovery

Nurse P. Curran 16/10/9.

Client A. McLaughlin

Next review 16/1/10.

NURSING REPORT

Surname: McLaughlin.
Forenames: Agnes.
Page No. (1).
Unit No. 0911703241.

Date	Nursing Report	Signature
25/8/09	Attended today. Relevant paperwork completed.	
10am	Breathalysed 0. To attend MWF for supervision & Antabuse.	SENIOR NURSE Parker
4/9/09	Routine bloods obtained today. Antabuse given	Nurse
	Appears to be doing well. Mood Euthymic	Read
14/9/09	Child Protection Case Conference today @ Paisley Area Team. Unable to attend today as limited staff on	Nurse.
	the ward.	Read
16/9/09	Agnes attended today. Antabuse given and supervised. States the review went really well today on Monday and her access with her children have been increased due to her good progress. Agnes will now have contact [redacted] on a with son Lyon on a Monday and Tuesday from 3pm till 6pm and on a Thursday she will have access to all her boys at the one time. Agnes appears delighted with this and we spoke of her motivation to continue with abstinence. Agnes continues to attend thrice weekly (Monday, Wednesday, Friday) for her Antabuse and is doing well. Continue to monitor.	Nurse Read
16/10/9	Attended today. Appears well. Working towards	
11am	increasing her access to the children. Improvement	SENIOR NURSE
	in relationship with ex-partner.	Parker
	Care Plan review. Nxt review 16/1/10. MSSU -	
	complaining of back pain.	Parker

STY0410D

NURSING REPORT

Surname McCaughlan

Forenames Agnes

Page No. (2)

Unit No. 0911703241.

Date	Nursing Report	Signature
14/12/9 2pm.	Continues to attend thrice weekly for supervision of Antabuse. No concerns at present. Appears to be working well with social services as regards access to her children. —— Senior Nurse P.Curran	
4/1/10 11am.	Continues to attend regularly. No problems meantime. Having overnight passes with her children. ——	Senior Nurse P.CURRAN
12/02/10 10am.	Attended today for supervision of Antabuse, raised concerns re weight gain, referral to dietician for advice re healthy eating and eating patterns.	EVELYN TONG (STUDENT NURSE) Nurse L. Anderson
8/3/10	DIETITIAN Given dietary advice to Agnes. She will be reviewed 1/12.	DIETITIAN
11/3/10	Continues to attend thrice weekly for supervision of Antabuse. ——	Senior Nurse P.CURRAN
20/3/10 15.10	Attended yesterday for Antabuse. Accompanied by her son [redacted]. In very good spirits as she has now been given custody of her children under supervision. Advised she will return on monday.	nurse T.Anderson
26/3/10	No change. Continues to attend x3 weekly	P.Curran.
7/4/10 2pm	Continues to attend thrice weekly. Having overnights with her 3 boys. Appears to be going well. ——	Senior Nurse P.Curran
28/4/10 3.30pm	Attending regularly for supervised Antabuse. Now has full access to	

STY0410D

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

(3)

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	**WARD:**	APC
NAME:	Agnes McLaughlin.		
ADDRESS:			
POST CODE:			
DOB & GENDER:	9/11/70 3241.		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
cont.	the children. They are now staying at home with her.	Sen Nurse P Curran
10/5/10 2pm	Continues to attend x3 weekly. Having support by link worker at the schools to help with the boys.	Sen Nurse P Curran
26/5/10 11am.	Attended today. Appears well. Enjoying having the boys back home.	P Curran.
2/6/10 10am.	Attended today. Mood low. Appears to be problems with her partner, Fulton, visiting her home whilst using alcohol. Stated [redacted], 8yrs, has anger problems and she has mentioned this to Christine, support worker. She stated Fulton is abusive verbally towards her in the presence of the boys. Discussed the visits around this and she says he has occasionally physical hit her on the head whilst the boys are "playing" outside. Will contact her social worker, Jean Cornwall to discuss this situation. Agnes due back Friday.	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
1pm	Phoned Jean Cornwall and left message for her to contact me at the clinic.	Senior Nurse P CURRAN
3/6/10 11.30am.	Phonecall from Jean Cornwall this am. Discussed situation in Agnes's home. Also, her sister, [redacted] attends clinic and stated the police had been at Agnes's home last night as one of the boys had made their own way to the swimming baths. Have informed Jean Cornwall of this. She will conduct a home visit along with a housing support worker, Christine, who is now allocated to the case.	
7/6/10 9am.	Phonecall from Agnes stating she couldn't attend due to stomach pains. She will attend tomorrow.	Senior Nurse P. CURRAN
8/6/10 1pm.	Attended today. Stating social services have removed her ex partner from her house due to his abusive behaviour and alcohol use. She appeared rather low in mood although states this is for the best". Getting good support from her social worker (support worker Christine) as regards assistance with the boys. Care plan review today. Routine bloods taken. Due to see Dr Hillman for review of her mood on 14/6/10.	Senior Nurse P CURRAN.
[redacted]		

(5) (5)

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

CHRONOLOGICAL ACCOUNT OF CARE

NHS Greater Glasgow and Clyde

PIMS NO/CHI NO:	LABEL	**WARD:**	APC
NAME:	Agnes McLaughlan		
ADDRESS:			
POST CODE:			
DOB & GENDER:	9/11/70 32F/		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
	[redacted]	
11/6/10 2.15	Agnes attended clinic today states that she has had a meeting with Social Services this morning and the decision was made to remove agnes three boys from her care. Agnes states that this ~~was~~ is now his voluntary and a temporary situation because she feels unable to cope with the boys at present. Agnes mood seems low Support and advice given.	SUPPORT Worker. J Buchanan

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
12/6/10 14.00	Attended the clinic today. Appears brighter in mood. Spent time identifying the positives of continuing with Abstinence Plan and Antabuse. Stated she is more accepting of the removal of the boys by social work today. Advised to come and speak to STAFF if she has any concerns or just wishes to discuss recent events. Agreed to this plan.	Nurse L Anderson
14/6/10 3pm	Attended today. Mood low. Due to see Dr Hillman at clinic today. Discussed personal circumstances and feel this is contributing to her mood. Dr Hillman has increased her Citalopram to 40mg and this will be dispensed at the clinic weekly.	Senior Nurse PCURRAN
16/6/10 ~~10am~~ 10am	Attended today. Commenced on Citalopram 40mg which will be dispensed at the clinic on a weekly basis. Mood appears labile at times. Observe mentally.	PCURRAN.
28/6/10 11.10	Weighed as 10 stone 6lb stated she is eating a lot of take aways. Advised she could be Referred to dietician at Dykebar. Declined stating she would make an attempt to be more aware of her dietary intake. Appeared fine today. Continues with Antabuse medication.	Nurse L Anderson

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	WARD:	APC
NAME:	Agnes McLaughlan.		
ADDRESS:			
POST CODE:			
DOB & GENDER:	9/11/70 3241		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
29/6/10 15:00	Phoned Agnes as she did not attend today. Stated she was at home. Stated they had no reason for not attending today. Stated alcohol was not a concern and that [redacted] was in her own home having a sleep as she was tired. Stated both of them will return tomorrow. Stated she had given her sister [redacted] one of her citalopram tablets. Advised this was not allowed. Agreed to attend tomorrow.	Lynne Anderson
2/7/10 2pm	Attended today. Going on holiday. 2 doses of Antabuse given away. Due back on 7/7/10. Senior Nurse	PARKER
7/7/10 3pm.	RCA worker, Kay, informed staff that Agnes is drinking again. No contact from Agnes. Appears she has planned her relapse. Informed Mary Bradshaw, PAT, of circumstances. Both are presently on holiday with foster parents. No access this week.	Senior Nurse PARKER.
8/7/10 12:30pm.	Phonecall received today stating she	

805751

CCP-CAC-220506

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	wasn't attending due to waiting on a text to go away on holiday with abusive partner, Fulton. Discussed the risks around this and advised to attend this afternoon.	Senior Nurse P CURRAN
1.30pm	AM called today. Breathalysed 330 on the alcometer. Very intoxicated. Tearful and remorseful. Too intoxicated to discuss completion. Asked to return tomorrow, having used no alcohol, for review. Agreed to do so.	Senior Nurse P CURRAN
8/7/10 2pm	DNA today. Informed by her sister she is continuing to drink. Discussed with Dr Hillman and decision taken to discharge her from service. Contacted duty area Team, Paisley, to inform them she had relapsed.	Senior Nurse P CURRAN

N.H.S.GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC
Care Pathway

NAME Agnes McLaughlan

CONTACT NUMBER

0047905408082

OTHER SERVICES;

Physiotherapy

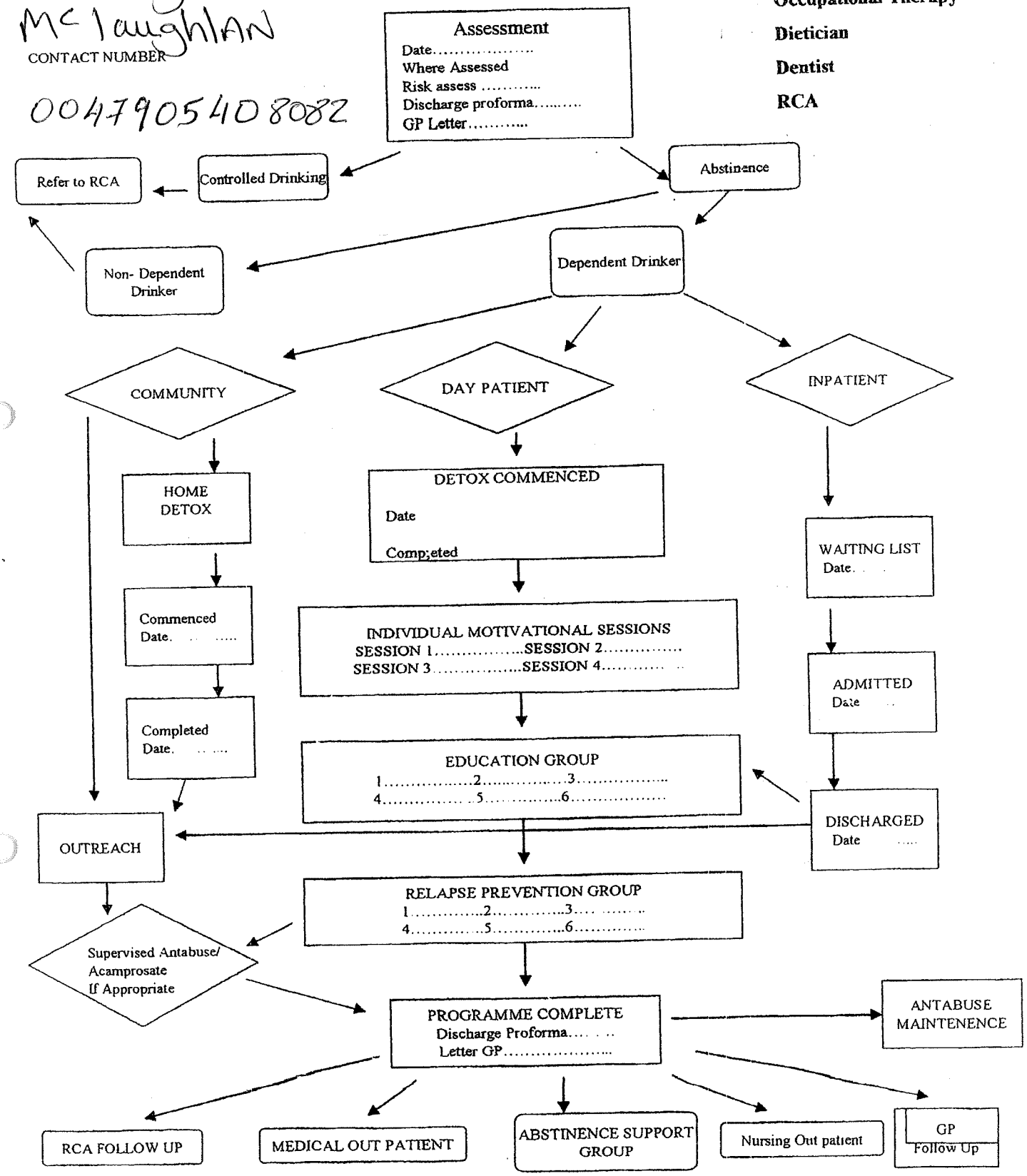
Social Work

Occupational Therapy

Dietician

Dentist

RCA



N.H.S. Greater glasgow & Clyde
ALCOHOL PROBLEMS CLINIC

Admission Date 310810

CHI No 3241

Name Agnes McGlaughlan **M/F**

Date of Birth 091170

Address 36 McKerrall street
Paisley FLAT 3/1

Tel.No. 0790 540 8082

G.P. DR Milligan

Address Anchor Mill Medical Centre
4 Saucel Crescent,
Paisley

Alternative Contact Fulton Kerr

Relationship ex Partner

Address unable to give today.

Tel.No.

Medication on Admission

None

Allergies

None known

RCA Involvement Y/N

Margret GRAHAM

STRATHCLYDE
FIRE&RESCUE

Home Fire Safety Visit (HFSV) Referral Form

Request for a Home Fire Safety Check to be carried out in the undernoted home.

Name	Agnes McLaughlan
Address	36 McKerrall Street
Postcode	PA28ey
Telephone Numbers	Home
	Mobile
Date	

Most appropriate time for home visit i.e. **morning/afternoon**	

Any other relevant information i.e. Disabilities, hearing impaired etc

Partner Agency Completing Referral:	
Name	
Organisation	
Contact telephone number	
Date	

Has the above named person agreed to accept a HFSV from Strathclyde Fire and Rescue?	YES ☐ NO ☑

Declined

Email Address: homefiresafetyvisits@strathclydefire.org
Or Free phone 0800 0731 999

Strathclyde Fire and Rescue Personnel will always appear in uniform for visits
We will always show official identification
Visits can be arranged using a password to guard against bogus callers

NHS Greater Glasgow & Clyde

ACCOUNTABILITY RECORD FOR CARE GIVEN

ALCOHOL PROBLEMS CLINIC

AGREED DAYS	WEEK COMM.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Daily	30/8	→	✓	✓		

NAME Agnes McLaughlan D.of B 09 11 70 CHI _____

ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities: -

- You will not consume alcohol/illicit drugs whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and drug screens accept that consumption of alcohol/illicit drugs may result in immediate discharge.
- You will not use uprescribed drugs or substances. If staff suspect you of being under the influence of unprescribed drugs/substances you may be discharged from the service, irrespective of whether the drug was taken during or prior to treatment.
- Failure to attend service as agreed will result in care being reviewed and may lead to discharge from service.
- Attendance at General Practitioners is required for all other medical needs (except when in-patient). General Practitioners must not be approached for any psychotrophic medication e.g. opiates, sedatives, or sleeping tablets, without first discussing it with clinic staff. Failure to inform staff may result in discharge.
- You must behave responsibly at all times whilst attending the service, failure to do so may result in an instant discharge from the service.
- You agree to be responsible for any medication prescribed and will take care when carrying and storing them. You will make sure children do not have access to them, and will not supply medication to others under any circumstance.

Service Responsibilities: -

- You will be allocated a keyworker where you will mutually agree frequency and venue of appointments.
- You will have regular medical reviews by the prescribing doctor.
- You will be provided information on other services/agencies/supports available and assistance in accessing if required.
- Keyworker will discuss and initiate a care plan,which will be agreed and signed by the keyworker and the client
- The service recognises that members of your family may have needs. Information can be provide on services and support agencies, where these needs may be best met.
- We acknowledge that children are important, and will ask you about any children you are in contact with.

- **Driving: -**

The DVLA (Driver Vehicle Licensing Agency) considers alcohol problems to be a disability likely to affect safe driving. The Road traffic Act requires drivers to inform the DVLA of any disability likely to affect safe driving. **It is your responsibility** to inform the DVLA and your motor insurance company of your alcohol problem. It is an offence not to do so. If you intend to drive. Medication prescribed at the alcohol service may cause drowsiness and will impair your ability to drive or operate machinery.

YOU MUST NOT UNDER ANY CIRCUMSTANCES DRIVE A MOTOR VEHICLE WHILST ATTENDING THE ALCOHOL SERVICE FOR DETOXIFICATION AND TREATMENT.

DECLARATION

I have had the above treatment agreement explained to me, and agree to abide by the conditions within it. I am aware that breach of this agreement will result in discharge from service and that I may not be considered for re-assessment for a period of 3 months.

Client Signature..... Date..31/8/10

Staff Signature..... Date..31/8/10

Renfrewshire Joint Care Partnership

NHS Greater Glasgow and Clyde
1948-2008 60 years of the NHS

Shared Information

Client Details

Surname:	Mc Laughlan	**Date of Birth:**	09 11 70
Forename:		**Social Work ID:**	
Contact Agency:	APC	**Department:**	

I ~~Mr/Mrs~~/Ms Agnes Mc Laughlan have had the principles of joint care planning explained to me by my health/~~social~~ worker. Leonard Anderson. I understand that it may be necessary for information relating to me to be shared between the various agencies involved in my care, i.e.. health and social work professionals and voluntary agency staff. Where appropriate. The information shared will only be that relevant to my care and those I care for and it will be only on a "need to know " basis unless there is a risk to myself or others.

I give my consent to the sharing of my personal information for the joint care ~~planning~~ purposes explained to me.

I give restricted consent to the sharing of my personal information for the joint care planning purposes explained to me.

I do not give my consent to the sharing of my personal information for the purposes explained to me and I understand that this could place restrictions on the integrated service within my care plan. These restrictions have been explained to me.

I * have/have not received a copy of an information leaflet which explains how information about me is used.

**Please delete as appropriate*

Signed A. Mclaughlan Date 31/8/10

Status if not client: _____

Health/Social Worker Statement:

I confirm that I have explained to Agnes ----------the principles of joint care planning, including the fact that information may be shared with others on a "need to know" basis. I have also explained that should information sharing consent be refused the level of integrated service could be restricted.

Signed ---------- Date 31/8/10

Designation Staff Nurse

Client Signature:	Worker Signature:	Additional Information:	Date:

Consent Restrictions Specified by client

Please note any specific consent restrictions intimated by client and action taken to ensure that they are met.

Notes

This area can be used to record any specific points which the consultant/key worker wishes recorded.

RISK ASSESSMENT AND MANAGEMENT (LEVEL 1)

CLIENT NAME: Agnes McLaughlin D.O.B. 09/11/70 ID No: 3241

ADDRESS: 36 McKerral street Flat 3/1 POSTCODE:

DATE/PERIOD OF ASSESSMENT: 3/18/10 TIME: 13:50 REVIEW DATE: / /

RISK FROM OTHERS (eg. Abuse, exploitation)
Details of identified risk:
YES / NO — Further — UNKNOWN investigation required*

RISK TO SELF (eg. Suicide, self harm)
Details of identified risk: when drinking alcohol
YES / NO — Further — UNKNOWN investigation required*

RISK TO OTHERS (eg. Aggression, violence)
Details of identified risk:
YES / NO — Further — UNKNOWN investigation required*

RISK OF NEGLECT (eg. Health, personal)
Details of identified risk: when drinking alcohol
YES / NO — Further — UNKNOWN investigation required*

RISK TO CHILD(REN) (eg. Neglect, abuse)
Details of identified risk: when drinking alcohol.
YES / NO — Further — UNKNOWN investigation required*

RISK OF PHYSICAL IMPAIRMENT (eg. Medical, sensory)
Details of identified risk: when drinking alcohol.
YES / NO — Further — UNKNOWN investigation required*

RISK OF WANDERING and/or FALLS
Details of identified risk: when drinking has fallen in the past
YES / NO — Further — UNKNOWN investigation required*

MEMORY & COGNITIVE IMPAIRMENT (eg. Forgetfulness)
Details of identified risk: short term impairment
YES / NO — Further — UNKNOWN investigation required*

CHALLENGES TO SERVICES eg. Inappropriate demands, poor service response)
Details of identified risk: Defaulted to alcohol in the past after stopping Antabuse
YES / NO — Further — UNKNOWN investigation required*

SIGNIFICANT KNOWN HISTORY (including known diagnoses):

Long history of Problematic alcohol use. Relapsed to drinking 1½ months ago. 6-8 cans daily reattended own post 2½ to 2-3 cans daily. 0.00 on alcometer today no sign of withdrawal symptoms.

INITIAL ASSESSMENT OF RISK (including context, situations in which risks may occur):

Risk of relapse to alcohol

INITIAL RISK MANAGEMENT PLAN (including who is to do what):

To attend daily to be breathalysed E.C.G. arranged for next week. Work up for Antabuse, move onto IAT for support.

SOURCES OF INFORMATION : AVAILABLE

client e Medical notes

CONTEXT OF CLIENT FOR ASSESSMENT

0.00 on alcometer. No pressures D.T's or seizures

ROLE OF CLIENT and/or CARER IN PLAN:

CLIENT INVOLVED: YES / NO — CARER INVOLVED: YES / NO

CLIENT AGREED: YES / NO — CARER AGREED: YES / NO

COMMENTS: Wishing to go back on Antabuse Medications.

NEED FOR RISK ASSESSMENT & MANAGEMENT (LEVEL 2) YES / NO

Recorded by: [signature] Date: 14.50 31/8/50

Discussed with: ..... **Time:** .....

SEVERITY OF ALCOHOL DEPENDENCE QUESTIONAIRE

NAME A. Mclaughlan CHI NO _____

Please recall a typical period of heavy drinking in the last 6 months.

When was this? Month _____ Year _____

Please put a tick ( ) to show how often each of the following statements applied to you during this time

DURING THAT PERIOD OF HEAVY DRINKING	NEVER OR ALMOST NEVER	SOME-TIMES	OFTEN	NEARLY ALWAYS
1 I woke up feeling sweaty.	☐	☐	☐	☑
2. My hands shook first thing in the morning.	☐	☐	☐	☑
3. My whole body shook violently first thing in the morning if I didn't have a drink.	☐	☐	☐	☑
4. I woke up absolutely drenched in sweat.	☐	☐	☐	☑
5 I dreaded waking up in the morning.	☐	☐	☐	☑
6. I was frightened of meeting people first thing in the morning.	☐	☐	☐	☑
7. I felt at the edge of despair when I awoke.	☐	☐	☑	☐
8 I felt very frightened when I awoke.	☐	☐	☐	☑
9. I liked to have a morning drink.	☐	☐	☐	☑
10. I always gulped my first few morning drinks down as quickly as possible.	☐	☐	☐	☑
11 I drank in the morning to get rid of the shakes.	☐	☐	☐	☑
12 I had a strong craving for drink when I awoke.	☐	☐	☑	☐
13. I drank more than ¼ bottle spirits a day (or 4 pints beer / 2 cans strong lager / 1 bottle table wine).	☐	☐	☐	☑
14. I drank more than ½ bottle spirits a day (or 8 pints beer / 4 cans strong lager / 2 bottles table wine).	☐	☑	☐	☐
15. I drank more than 1 bottle spirits a day (or 15 pints beer / 8 cans strong lager / 4 bottles table wine).	☑	☐	☐	☐
16. I drank more than 2 bottles spirits a day(or 30 pints beer / 15 cans strong lager / 8 bottles table wine).	☑	☐	☐	☐

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE QUESTIONS WHICH APPLY TO YOU.
PLEASE TURN PAGE.

CAREPLAN (ASSESSMENT) or NAME..Agnes McLaughlan CHI No ..3241..

D.O.B. ..09.11.70 KEYWORKER..Lenny.. Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
31/8/10	1	Experiencing Problems related to Alcohol and other drugs. eg. problems related to Intoxification Regular Heavy Use Dependence	Record an accurate and complete history / assessment To identify nature of problem – dependence or problematic use. To identify any other issues needing addressed.	Utilise Single Shared Assessment tool. Complete SADQ. Complete Risk Assessment. Arrange for routine bloods to be taken. Assess for dependence or problematic alcohol use. Identify any issues related to: -Physical Health -Mental Health -Child Care -Pregnancy -Other Drug Use -Any Additional Needs Discuss treatment options with ..Agnes.. and agree further plan of care to deal with identified issues.	Lenny Lenny Lenny Lenny Lenny Lenny Lenny	X A.M X A.M X A.M X A.M X A.M X A.M X A.M	

D.O.B. 09/11/70 KEYWORKER Lenny Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE KEY WORKER	SIGNATURE CLIENT	REVIEW DATE
31/8/10	1	Alcohol dependence which Agnes wishes to address.	To become alcohol free. To increase knowledge about alcohol and impact on self and others. To explore and develop strategies for maintaining abstinence from alcohol.	Engage client in motivational enhancement sessions to explore reasons for changing behaviour and assist with robust decision making & realistic goal setting. Allow time to explore and understand problems experienced through alcohol and other issues related to alcohol. If detoxification from alcohol is required – discuss suitable options for this providing information on attendance, regimes and medications used. Monitor for effectiveness /side effects of medication. Discuss abstinence policy and agree suitable attendance times/days. Discuss and provide information on DVLA requirements.	Lenny	x A.M	

				If appropriate involve partner / carers in treatment plan. Referral to other agencies as appropriate.			
		Tick if identified and specify.....					
		Child Care Issues.....	Children's wellbeing.	Explore with client the impact of alcohol use on child / childrens wellbeing and client's ability to meet child / childrens needs. Liaise with Social Work / Health Visitor / Schools as appropriate. Refer to other services if required	✓	✗	
		Housing Issues.....	Work towards alleviating problems.	Refer to Housing Advice Liaise with other agencies as appropriate.			
		Forensic Issues.....	Work with client towards alleviating problems.	Liaise with other agencies as appropriate.	✓	✗	
		Other Drug Use Issues.....	Abstinence or Reduced Harm.	Assess use and problems. Refer to specialists if appropriate.	✓	✗	

				Ensure that medical reviews have been arr: ed. Establish contact with agencies Establish contact with family/carer. Ensure client, family, agencies are aware of transfer plans & date.				
		Any other identified needs, specify here .. (						

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: Agnes McLaughlan	Date of admission: 31/8/10
Address: 36 McKerrell Street Paisley	Time: 14.10
	HOSPITAL: DVRI
DoB: 09/11/70	Ward: APC
CHI number:	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5ft m/ft Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 10 4 kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

None

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental?** Yes ☑ No ☐

Please specify all factors: Alcohol use has affected clients dietary intake.

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): LEONARD Anderson Signature: Leonard Anderson Date: 31/8/10

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	31/8									
Initials	AMC									
Height (see page 1)		Weight	104								
Oedema or ascites present Y/N	N									
BMI	28									

'MUST'

Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 18.5 - 20 ..... 1 <18.5..... 2	0								
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0								
Step 3: Acute Disease Effect Score If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2 Not applicable..... Score 0	0								
Step 4: Overall Risk of Malnutrition Total:	0								

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

Person's full name :

Mr / Mrs / Miss / Ms / Other

Preferred name :

DOB : 09 / 11 / 70

Lives alone – Yes / No (please circle)

CHI number : 3241

Social work number :

Other number *(specify)* :

Gender : M / F

Ethnic Background :

Referrer Margaret Graham

Name of Referrer :

Address : RCA

Profession : Support Worker

Telephone :

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Alcohol problem

Date of referral : ____ / ____ / ____

Person lives in? *(tick box)*

Rented – Local Authority	☑	Sheltered Housing	☐	Residential Home – Local Authority	☐
Rented – Housing Assoc.	☐	Supported accommodation	☐	Residential Home – Private	☐
Rented – Private Landlord	☐	Hospital	☐	Residential Home – Voluntary	☐
Rented – Other (specify what)	☐	Nursing Home	☐	Hostel	☐
Privately Owned	☐	Care Home	☐	Homeless	☐
Relatives home (specify who)	☐	Other (specify what)	☐		

Present address : 36 McKerral street. FLAT 3/1

Post town : PAISLEY

Post code :

Telephone :

Home address *(if different)* :

Post town :

Post code :

Telephone :

Contact Details	**Main carer**	**Next of Kin (if different)**	**Keyholder** ~~**(if different)**~~
Name (include title) :	Fulton Kerr	—	N/O
Relationship to person :			
Keyholder :	**Yes / No** *(circle)*	**Yes / No** *(circle)*	
Address :	[redacted]		
Post town :			
Post code :			
Tel (Day) :			
Tel (Night) :			
Tel (Mobile) :			

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	LABEL	**WARD:**	APC
NAME:	Agnes McLaughlan		
ADDRESS:	36 McKerrall Street Paisley		
POST CODE:			
DOB & GENDER:	09/11/1703241		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
31/8/10 15.05	Attended the clinic today for assessment. Last had alcohol last night 2 cans of lager. Negative for alcohol on chloride today. No sign of withdrawal Agreed plan to attend clinic for breathalyser test, with the plan to be commenced on Antabuse if Suitable. Signed all the relevant paperwork for admission. Will return to the clinic tommorow.	Nurse L Anderson
1/9/10 10.15	Attended the clinic today, breathalyser negative for alcohol. Stated her sleep was disturbed last night. Advised this was normal when coming away from alcohol. Stated she feels depressed but no suicidal ideation. No Sign of alcohol withdrawal at this time. Agreed to attend the clinic tommorow to be breathalysed. ECG. Arranged for nxt Tuesday. Keen to re commence Antabuse medication. Plan is for	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	Agnes to be established on Antabuse medication and then be moved onto the Integrated alcohol team.	Mhyne L Anderson
2/9/10 2pm	Phonecall received stating couldn't attend as she had "diarrhoea". Asked to attend tomorrow.	Senior Nurse P.CARRAN
3/9/10 14.15	Failed to attend. No phone call as to why he could not attend the clinic.	Mhyne L Anderson
(1440)	Attended unit at 1435hrs for breathaliser test, reading 0.00. Asked to attend on Monday 6/9/10	K Adams S/N
6.9.10 2.30	Attended unit breathalysed 0.81 on meter will attend on Tues 7/9/10	SUPPORT Worker A Buchanan
6.9.10 14.45	Phoned Paisley S/w and advised that Agnes had relapsed to alcohol. Advised they will cancel Supervised Access and with children. will discuss further at clinical review with Medical Staff.	N Gray L Anderson
6.9.10 15.10	Advised to return to the clinic on wednesday to be breathalised Also made aware she will be discussed further at clinical review.	Mhyne L Anderson
8.9.10 16.10	Discussed at clinical review as Agnes admitted to drinking last night. Decision made that Agnes will be discharged from drug service at ARC. IAT will attempt to work with Agnes at this time. will inform S/work at this time.	Mhyne L Anderson

0790 540 8082

OR

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

~~0750 4674288~~ (Number kept on 15th Nov)

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	0911[illegible]0 3241	**WARD:**	1. A. T.
NAME:	AGNES McLAUGHLAN		
ADDRESS:	36 McKERRELL STREET PAISLEY		
POST CODE:	PA1 1NN		
DOB & GENDER:	9. 11. 70 FEMALE		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
7.10.10	Attended today as arranged. Alcometer (69) Agnes said she had had to have two cans of lager before she could get out of the house this morning. She said she is drinking about 8 cans Stella each day. Agnes is keen to participate in harm reduction work. She has agreed to keep an alcohol diary and I will meet with her again next week.	G Mitchell C.A.N.
15.10.10	Attended today as arranged. Alcometer (46) Brought alcohol diary. Has been having 7 cans of Stella most days (varies from 6-8 cans). Said she doesn't get up until 3 or 4 pm most days "Rattling" when she gets up. Needs 2 cans straight away. Goes back to bed & gets up around 7pm. Starts drinking again. Goes to bed around 12mn when cans are finished. Agnes has agreed to try to cut down over the next week. I will see her again on 22nd October	G Mitchell C.A.N.
22.10.10	Attended today as arranged. Alcometer 30. Agnes told me she has managed to cut down to a maximum of 5 cans/day. She will try to reduce again over the next week. Bloods sent to Labs today. I will see Agnes on 29th October	G Mitchell CAN

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
27.10.10	Phoned Agnes today to reschedule our appointment for 29th. Agnes told me she has had no alcohol for 5 days, since our last appointment. She is very keen to restart Antabuse and feels positive she will manage to maintain sobriety until then. Agnes has agreed to change our meeting to Friday 5th November.	J Mitchell C.A.N.
5.11.10	~~Attended our appointment~~ Attended as arranged. Agnes remains abstinent. Very pleased with her accomplishment. Keen to maintain abstinence. For discussion with medical staff re Antabuse. I will see Agnes again next week.	J Mitchell C.A.N.
12.11.10	Did not attend appointment and has not contacted us. New appointment will be sent out.	J Mitchell C.A.N.
12.11.10	Phone call to Agnes. She told me she had been drinking on her birthday (9th) So said she had had quite a bit to drink but says this has been her only slip. I will ask Sylvia Cranston to see Agnes during my annual leave. An appointment will be sent out.	J Mitchell C.A.N.
24/11/10	Home visit: Agnes and [redacted] at home. Agnes states she is keen to utilise disulfiram. Admits drinking Monday of this week. Discussed risks of alcohol frequency escalating as recently drank on her birthday. Next visit 7/12/10.	S Cranston S CRANSTON (CAN)

0790 540 8082

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	0911703241	**WARD:**	I.A.T.
NAME:	AGNES MCLAUGHLAN		
ADDRESS:	36 MCKERRELL STREET PAISLEY		
POST CODE:	PA1 1NN		
DOB & GENDER:	9.11.70 FEMALE		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
30.12.10	Home visit. Agnes told me that she has had no more alcohol since her birthday. She said she remained abstinent over Christmas and is sure she will be fine over New Year. Spending her time with her sister at [redacted] house in Kilmacolm Road. Has access to her younger children for 1 hour per week. Her lawyer is trying to get this extended. I will see Agnes again next week.	J Mitchell C.A.N.
6.1.11	Home visit — No reply at Agnes's flat or at Anne Marie's. I will send out a new appointment	J Mitchell C.A.N.
26.1.11	Home visit. Says she is still doing well and maintaining abstinence. Asking to restart Antabuse. Will go to GP to have bloods done. Appointment given for ECG. Saw Social Worker today. S.W. dept going for permanency order for Children - Agnes said this has been a bit of a blow. There is to be a review in 2 days time. I will see Agnes again next week	J Mitchell C.A.N.
2.2.11	Home visit. [redacted] in hospital. Agnes spending her time visiting her. Says still abstinent. Has been to GP	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
2.2.11 (cont'd)	for bloods tests. ECG next week. Keen to and urine drug screen do APC groups again. Contacted APC + Agnes to start groups on 21st February. Not sleeping well - said she bought herbal remedy - mylol - at chemist + used it for about a week. Getting some sleep now but tending to turn day into night to a degree. Given advice re sleep hygiene. I will see Agnes again next week.	G Mitchell C.A.N.
9.2.11	Home visit. [redacted] still in hospital. Agnes has symptoms of head cold. Advised to stop visits meantime due to [redacted] physical state. Had ECG done yesterday. When result back I will discuss Agnes at multi disciplinary review re Antabuse. Agnes told me today she has had diarrhoea + sickness for 5 days. I advised her to see her GP. I will speak to Agnes next week after review.	G Mitchell C.A.N.
18.2.11	Phoned Agnes today re clinical review. As ECG still abnormal but elevated APC staff will monitor Agnes while she is attending groups to ensure she is abstinent before prescribing Antabuse. Agnes will attend APC tomorrow to have admission paperwork completed and start groups on Monday.	G Mitchell C.A.N.

N.H.S.GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC
Care Pathway

NAME Agnes McLaughlan

CONTACT NUMBER
07905408082.

OTHER SERVICES.

Physiotherapy

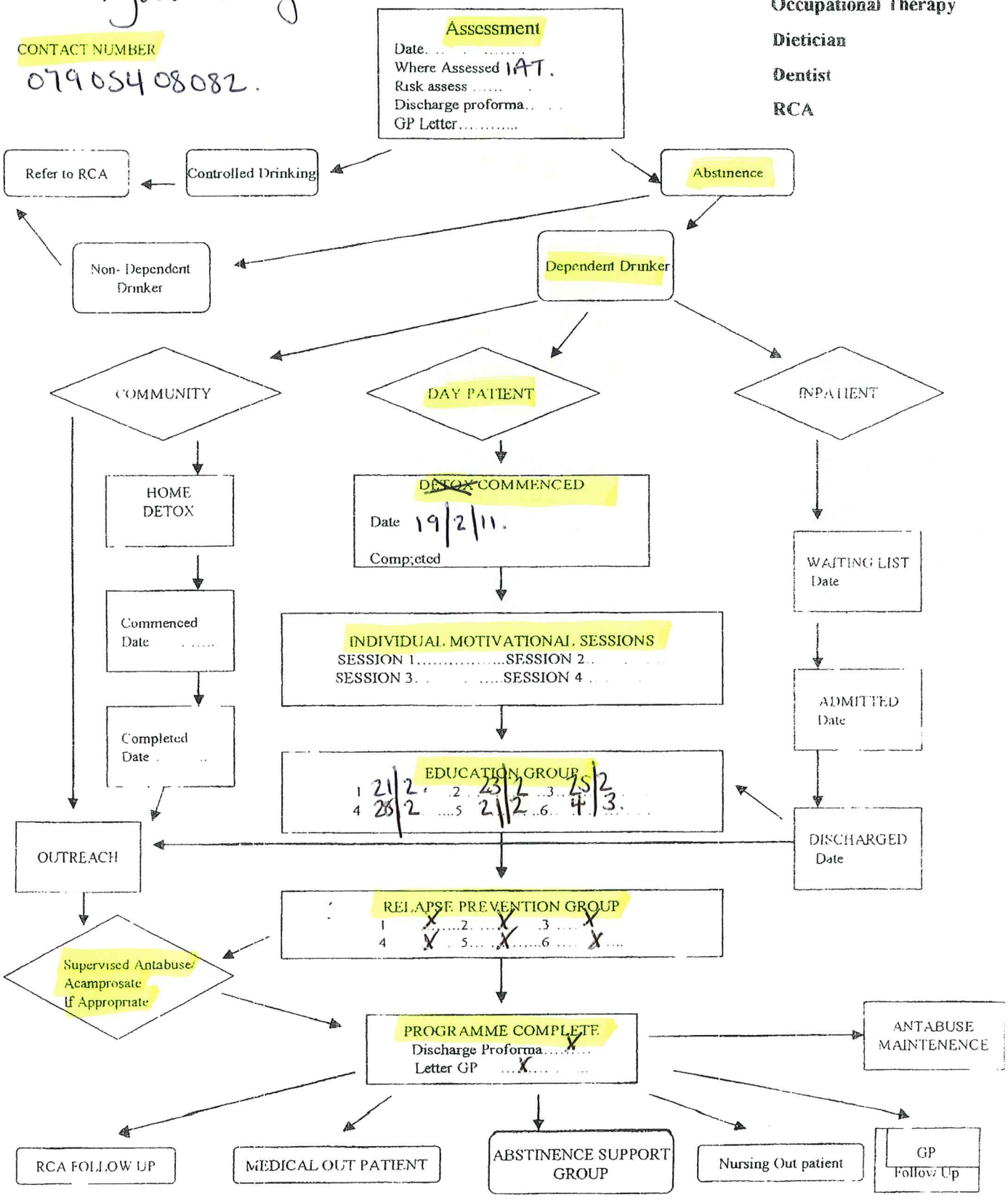
Social Work

Occupational Therapy

Dietician

Dentist

RCA



ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities: -

- You will not consume alcohol/illicit drugs whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and drug screens accept that consumption of alcohol/illicit drugs may result in immediate discharge.
- You will not use uprescribed drugs or substances. If staff suspect you of being under the influence of unprescribed drugs/substances you may be discharged from the service, irrespective of whether the drug was taken during or prior to treatment.
- Failure to attend service as agreed will result in care being reviewed and may lead to discharge from service.
- Attendance at General Practitioners is required for all other medical needs (except when in-patient). General Practitioners must not be approached for any psychotrophic medication e.g. opiates, sedatives, or sleeping tablets, without first discussing it with clinic staff. Failure to inform staff may result in discharge.
- You must behave responsibly at all times whilst attending the service, failure to do so may result in an instant discharge from the service.
- You agree to be responsible for any medication prescribed and will take care when carrying and storing them You will make sure children do not have access to them, and will not supply medication to others under any circumstance.

Service Responsibilities: -

- You will be allocated a keyworker where you will mutually agree frequency and venue of appointments.
- You will have regular medical reviews by the prescribing doctor.
- You will be provided information on other services/agencies/supports available and assistance in accessing if required.
- Keyworker will discuss and initiate a care plan,which will be agreed and signed by the keyworker and the client
- The service recognises that members of your family may have needs. Information can be provide on services and support agencies, where these needs may be best met.
- We acknowledge that children are important, and will ask you about any children you are in contact with.

- **Driving: -**

The DVLA (Driver Vehicle Licensing Agency) considers alcohol problems to be a disability likely to affect safe driving. The Road traffic Act requires drivers to inform the DVLA of any disability likely to affect safe driving. **It is your responsibility** to inform the DVLA and your motor insurance company of your alcohol problem. It is an offence not to do so. If you intend to drive. Medication prescribed at the alcohol service may cause drowsiness and will impair your ability to drive or operate machinery.

YOU MUST NOT UNDER ANY CIRCUMSTANCES DRIVE A MOTOR VEHICLE WHILST ATTENDING THE ALCOHOL SERVICE FOR DETOXIFICATION AND TREATMENT.

DECLARATION

I have had the above treatment agreement explained to me, and agree to abide by the conditions within it. I am aware that breach of this agreement will result in discharge from service and that I may not be considered for re-assessment for a period of 3 months.

Client Signature... x A. McLaughlan ....Date.... 20/2/11

Staff Signature..... ....Date.. 20/2/11

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	**WARD:**	APC.
NAME:	Agnes McLaughlan		
ADDRESS:			
POST CODE:			
DOB & GENDER:	9,11,70. Female.		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
19/2/11.	Attended today for admission for the group programme. All appropriate paperwork compared. Agreed to attend Monday, Wednesday and Friday. Advised Agnes has supervised contact with her three boys every Monday for 1 hour at Johnstone Area Team. There is a review in March. Will contact Emma Mackie, Allocated SW on Monday to advise on progress	Nurse APC
21.2.11	Attended today for session (1) of education programme. Interacted well throughout group	Nurse APC
23.2.11	T/C from Agnes' Sister stating that she was unable to attend due to the fact that she was in her bed ill. Advised that Agnes should attend the clinic tomorrow 24.2.11	Nurse APC
24/2/11 11.50	Agnes attended the clinic today. Stated she was unable to wait as she had a TAXI waiting outside. Breathalysed 0.45 on the alcometer. Also advised she was smelling of	

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NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH SERVICES

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	alcohol. Stated she had some alcohol free beers last night. Advised Nurse Nicol would be notified and that she would give her a call re treatment plan.	Nurse L Anderson
24/2/11.	Agnes attended today, breathalysed zero.	
2.30.	Denied drinking any alcohol. States she had cough medicine. Advised Agnes she has agreed to abstinence and antabuse will only be available should she show motivation to abstain. Agnes agreed to attend tomorrow to be breathalysed and antabuse can be further explored in due course. Highlighted ECG and bloods results with Doctor Govander who advises ECG and bloods fine for antabuse therefore Agnes can start antabuse at next attendance	Nurse ARC
26/2/11 2pm	Attended today. Breathalyzed 0. UDS -ve for benzos and cocaine at ward level. Sample sent to lab. Consent form signed. Warning card given. Disulfiram 400mg given. Due back on Monday.	Senior Nurse P CARRON
28/2/11	Attended session (4) of education programme	NURSE ARC
2/3/11	Attended session (5) of education programme.	NURSE ARC
9/3/11	Attended session (2) of Relapse prevention group. Disulfiram administered as per kardex. UDS obtained.	J. Forrest Nurse

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	LABEL	**WARD:**	APC
NAME:	Agnes MC Laughlin		
ADDRESS:			
POST CODE:			
DOB & GENDER:			

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
11.3.11	Attended, breathalysed as zero.	
	watched DVD - Rain in my heart	J. Forrest
	part 2.	Nurse
14.3.11	Attended, continues on disolifiram	
	treatment.	
	Complaining of lower back pain,	
	MSU obtained, sent to labs.	
	Participated in Relapse Prevention	J. Forrest
	Group. Session (4)	Nurse
18/3/11	Attended last session of relapse	
12.50	prevention group. Advice given	
	by forensics, AA and work force	
	plus. will continue attending APC	
	for Antabuse at this time. UDS	Nurse
	obtained today.	Murphy
25/3/11	Agnes attended today she	
	appeared tearful, Agnes	
	stated that S/W have	
	informed her that they	
	are now going for permancy	
	for the kids she is unsure	
	as to weither she will have	
	acess to them or not,	
	advised agnes that	

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH SERVICES

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	this is a high risk situation that she needs to make sure she keeps herself sober. Staff will continue to monitor Agnes ———	
28/3/11.	Agnes attended today, continues to be upset regarding her children's circumstances Reassured support can be given over this tue and social work will discuss the process of permanay with Agnes in more depth if required Agnes appeared reassured by this. Denied any thoughts of self harm or suicide. Keen to continue to work at abstinence with the aid of antabuse. ———	APC Nurse
4/4/11. 10am	Phone call received from [redacted], Agnes's friend stating Agnes could not attend today as she had an appointment at the Rah for a scan. She was due to attend social work this afternoon for supervised contact with her children. Derek requested Agnes attend tomorrow. Agreed that was ok. ———	APC Nurse
11am	T/c from [redacted] Agnes' Sister who stated Agnes was in RAH as she had drank on her disulfiram also took diazepam. She stated Agnes is in a bad way. Advised her to keep us up to date ———	Nurse APC

NHS GREATER GLASGOW & CLYDE - MENTAL HEALTH CARE PLAN

NHS Greater Glasgow and Clyde

CHRONOLOGICAL ACCOUNT OF CARE

PIMS NO/CHI NO:	0911703241	WARD:	APC
NAME:	AGNES MCLAUGHLAN		
ADDRESS:	36 MCKERRELL STREET PAISLEY		
POST CODE:	PA1 1NN 09/11/1970		
DOB & GENDER:	Female		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
6/4/11.	Telephone call reived from Sandra Bell. States Agnes will be discharged from the ward today. No suicidal ideation Sandra has advised Agnes to attend the clinic to see nurses staff at APC on discharge	APC Nurse
7/4/11.	Agnes has failed to attend. She has made no contact with the staff. Clinical Review:- Disussed Agnes current situation and treatment Advised of recent admission to Kah and failed attendance to APC on discharge. It was agreed by the team that at this time Agnes' motivation was low and she showed no commitment to absconce therefore discharge from day service. Letter sent to advise GP	APC Nurse

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Agnes McLaughlan

Antabuse Consent Form

I understand that I am alcohol dependent

I understand that antabuse is an alcohol deterrent and is used in the treatment of alcohol dependence. It helps achieve abstinence.

I have read the patient information leaflet and understand that even small amounts of alcohol in combination with antabuse can cause a reaction that is unpredictable. It can be severe and cause collapse. This effect lasts 7 days after the anbtabuse has been stopped.

I have been informed that certain food, liquid medicines and toiletries can contain sufficient alcohol to cause a reaction.

I understand that certain drugs should be avoided whilst on antabuse and will discuss any new medication with my GP or clinic staff first.

I understand that my antabuse will be supervised by APC I am aware that I will be responsible for taking my antabuse at the specified time.

I agree to attend appointments as directed and to be breathalysed or provide blood samples as requested.

I understand that antabuse should be used in caution in people with heart disease I have discussed the risks with my doctor.

Date: 26/2/11

Signed: A. McLaughlan

Witness: PC

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: Agnes McLaughlan.	Date of admission: 20 / 2 / 11.
Address: c/o Maikie 40 Kilnside Rd, Paisley.	Time: 9.30 am
	HOSPITAL: Dykebar
DoB: 9-11-70.	Ward: AAC
CHI number:	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5'1. m/ft Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Weight: 11.3. kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☐ No ☑

If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months

Is there evidence of recent weight loss?

No ☑ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐

Eating and drinking likes and dislikes (including appetite and/or NBM status):

Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☑

Please state:

Are there any contributing factors that may affect food intake such as **physical** (e.g. swallowing difficulties), **physiological** (e.g. nausea), **psychological** (e.g. dementia), **social or environmental**? Yes ☐ No ☑

Please specify all factors:

Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☑

Please state:

Profile completed by: Name (PRINT): Dawn Nicol Signature: Date: 20/2/11

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	20/2									
Initials	DR									
Height (see page 1) 5'1 — Weight	183									
Oedema or ascites present Y/N	N									
BMI	29									
'MUST'										
Step 1: BMI Score (refer to chart on page 4) >20 (>30 = Obese) ..... 0 18.5 - 20 ..... 1 <18.5..... 2	0.									
Step 2: Weight Loss Score Unplanned weight loss in past 3-6 months: <5% ..... 0 5-10% ..... 1 >10% 2	0									
Step 3: Acute Disease Effect Score If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2 Not applicable..... Score 0	0									
Step 4: Overall Risk of Malnutrition Total:	0									

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
(0)	**LOW RISK** - *Routine Clinical Care* • Repeat screening. Hospital Acute .....Weekly Hospital Rehabilitation .....Monthly
1	**MEDIUM RISK** - *Observe* • Document dietary intake for 3 days on a Food Record Chart. • If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Repeat screening weekly.
2 or more	**HIGH RISK** - *Treat** • Refer to Dietitian **and** document food intake for 3 days on a Food Record Chart. • Encourage oral intake. • Assist patient to choose high-energy meals/snacks **and** offer full cream milk to drink with and between meals. • Monitor **and** review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

NHS GREATER GLASGOW & CLYDE
ALCOHOL SERVICES

CARE PLAN / CLINICAL REVIEW SHEET

NAME: Agnes McLaughlan. WORKER: Dawn

Review Date: 7/4/11 Reviewed By: MDT

History / Progress / Significant Changes

Well known to APL Previously been on Antabuse [redacted] - Supervised contract.

Relapsed over the weekend - Had antabuse Friday Took o/d. Admitted to Rah. ?drank on ward

Short Term Goals /New Care Plan

What now? ↓motivation to abstain.

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
Advise social work - DNA appointment 4/4 @ APL - No move to be offered	Dawn	
Discharge fully due to lack of motivation		
Keep medical follow up appointment.		