

Medway On Call Care OOH Call Incident Report

Call number:	44770	Receive Date:	9-Apr-2021 16:38
Patient's Name:	Katrina Margery	Gender:	F
Date of birth:	24-May-1967 (53 years)	Current Address:	1 Wing House
Address:	1 Wing House Wing Road Leysdown-On-Sea Sheerness ME12 4QR		1 Wing House Wing Road Leysdown-On-Sea Sheerness ME12 4QR
Return Contact No:			
Tel No:	01795 511482		01795 511482
Mobile No:	07404 257634		
Priority:	Routine	Call Origin:	Surgery
Received:	9-Apr-2021 16:38	Calltype:	DVT
Advised:	:	Arrived PCC:	20-Apr-2021 09:40
Cons start:	20-Apr-2021 10:31	Cons End:	20-Apr-2021 10:41
Consulting Doctor:	Lisa Davies	Own doctor:	

NHS Number:
4000670514

Reported Condition:
Symptoms: ? DVT left leg, right leg swollen. H/o DVT both legs 15 years ago. Wells score 6

Consultation details:
History -

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19.45 hrs

**Referred by own GP.
Seen during COVID-19 pandemic.**

**c/o: pain in left calf since 3 weeks ago.
Associated swelling in left leg , which later spread to the right leg.**

**Seen alone with consent
no change to complaint**

**Lisa Davies:
Been out of breath and wheezy for 5-6 months. Using blue inhaler around 10 times per day.
Associated sharp pain under the left boob. Daily for months. Couple of times a day. Thinks associated to breathing being bad. Happens when doing things like hoovering.
Fostair 4 times per day.
Had 2 recent courses of amoxicillin and not seen improvement of chest.
Cough for months. Productive white this morning.
Was green from chest last week.
Eating drinking normally.
Getting menopausal hot flushes so hard to tell if feverish.**

Examination -	Not sleeping well due to flush and coughing in the night. Feels constantly tired. Not ill-looking , not in respiratory distress. Not pale, anicteric. T 36.8 RR 20/min, Sats 96% on air. Chest : rhonchi ++ few coarse creps bilaterally. CVS: mild ankle oedema. Normal JVP & HS , no murmurs. no evidence of heart failure ----- clinical report No evidence of DVT in the left leg from the CFV to popliteal trifurcation. in conclusive scan for the deep calf veins due to swelling Lisa Davies 20/4/21: HR 87, Sats 98%, 118/78 RR 20. Chest generalised wheeze globally. 20/4/21 US Doppler lower limb veins lt Report: All the deep veins of the left leg appear patent and compressible with no evidence of DVT. Conclusion: No DVT. Reported by Stacey Groom.
Diagnosis - Treatment -	1. LRTI. no evidence of heart failure Discussed outcome of scan with patient. Advised for follow up with GP re chest symptoms after discussion with Dr Odeleye who has recommended as well as chest review by own surgery she should also do a covid swab to rule out possible long covid as a cause of ongoing long term chest symptoms. GP surgery please could you arrange an asthma review/ COPD spirometry for this lady as her chest has been poorly managed for 6 months now. Warned re red flags. GP please check baseline blood results when they arrive in surgery in due course. Worsening advise given.
Examination Details -	DVT ASSESSMENT 1 Oxygen saturation % 96.0 Systolic BP mmHg 131 How mobile is patient? Fully mobile Is there chest pain? No Pulse bpm 104 Recent foreign travel to: NO Rate of respiration 20 Is there oedema? oedema of ankles

Diastolic BP mmHg 87
DDimer level D-dimer assay negative
Family history of deep vein thrombosis

Followups:

Practice Doctor please contact patient
Scan Negative - No DVT

Clinical Codes:
