CLINICIAN E-NOTES:

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

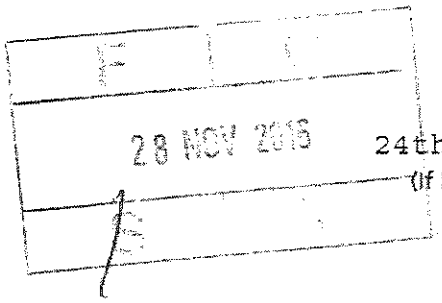
ONSULTANT: DR A YASIN↕

Peterborough and Stamford Hospitals
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

:o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



24th NOVEMBER 2016↕

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ↕

our patient attended our Department on THURSDAY 24th NOVEMBER 2016 at 9:17 am

eferred by: SELF

heir presenting complaint was:-
CONSTIPATION

n examination I found:-
EE GP ABOUT CONSTIPATION AND PROSPRATE PROBLEM. FURTHER OLLOW GP. REDNESS AROUND AREA. ↕

nvestigations: NONE/NO FURTHER INVESTIGATIONS ↕

iagnosis: SOFT TISSUE INFECTION,B LOWER LEG ↕

mmunisation: ↕

reatment: ADVICE - VERBAL

reatment: MEDICINES TTO ↕

isposal: ALLOWED HOME↕

ours sincerely

KAZANTZIDIS,EFTHYMOIOS ED ACCS
utomatically generated and therefore unsigned.

ESA113

jobcentreplus

Employment and Support Allowance

26 JUL 2023

Dr
BOROUGHBURY MEDICAL
SURGERY
CRAIG STREET
PETERBOROUGH
PE1 2EJ

35200/41 40180

Our phone number is: 03000 927648

If you have a textphone,
you can call on: 18001 03000 927648

If you get in touch with us, tell us this reference number: WM601897B

Date: 24th July 2023

bout your patient

Address: 14 Drayton, Bretton, Peterborough, PE3 9XL

l Name: Mr Richard Dean

No: WM601897B

te of birth: 30th September 1962

ar Doctor,

ou or someone in your directly employed team has issued a fit note for the above patient, please arrange for that rson to complete this form.

ur patient is being assessed for Employment and Support Allowance and we need to find out whether they are able to do y work. By completing this form and providing factual information you will help our Healthcare Professional staff decide ether your patient needs a work capability assessment and if so support that assessment.

ase note
General Practices have a **contractual obligation** to provide the information requested without charge.
The form should be completed from your medical records. A separate examination is not necessary.
Your patient has given consent to allow us to approach you for this information in accordance with GMC guidelines.
An online version of this report which can be completed electronically and printed is available at
www.gov.uk/government/publications/esa113-interactive-for-use-by-healthcare-practitioners
A fully completed form may help inform the work capability assessment or may mean that your patient will not need a urther assessment. It will also help us to make a more informed decision on benefit entitlement.

MPUTER PRINTOUTS

u can send us a computer printout of the appropriate part of the patient record if you wish, but you will still have to mplete any sections of the form where the answer is not clear from the printout. We are only able to accept information ectly relevant to our enquiries. If a printout is available please make sure it includes the following:
Active problems;
Current medication with last prescribed date;
Details of the last three consultations. Please remove any third party data.

ou have any queries about this form please phone the number above. If you would like to discuss anything with our dical staff, please phone the number above and ask for a member of the medical staff on the customer service desk. If re is any medical evidence that you think would be harmful to your patient's health, please provide that information on a parate sheet of paper so that it can be withheld.

ease reply within 5 working days. A business reply envelope is enclosed for your use.
ank you for your help.
urs sincerely

Lianne Muxlow

ESA113

Patient Name:
Mr Richard Dean

Patient NINo: WM601897B

Patient Date of Birth: 30.09.1962

Freepost RUEC-ZLEB-AACJ
Centre for Health and Disability Assessments
Nottingham BSC
Mail Handling Site A
Wolverhampton
WV98 2GB

Your reply

Please answer the following questions from the information which is currently available to you.

If you need more space for any of your answers, please continue at Part 7.

1 When did your patient last see a GP?

17/07/23

2 Current conditions affecting ability to work:
Please give us details of those conditions **which may have significant effect on the person's capacity to work.** Include:

- Relevant symptoms and signs, including side effects of medication, with dates. For mental health conditions, please provide brief mental state examination findings, if available.
- Past, present and planned investigations and management, including medication, **where relevant.**

If you are sending a computerised printout of current medication you do not need to list this here.

*Please complete **both sides** of this form, and return the completed form in the supplied envelope - with the above address showing in the window*

ndition and date of diagnosis	Symptoms and signs	Investigations, management & medication
	SEE ATTACHED	

NINo: WM601897B

3 Current conditions not affecting ability to work

Please **list** any other relevant conditions that do not affect the ability to work.

If known from your knowledge of the patient, please tick the boxes that apply and provide a brief explanation if your patient has difficulties with any of the following activities

lking or moving	
nsferring between seats	
ching	
king up objects	
ual dexterity	
mmunicating with others	
ntinence	
earning simple tasks	
areness of hazards	
ating and completing personal actions	
ing with changes or social engagement	
ropriateness of behaviour	
ng or drinking	

5 Does the patient have a history of threatening or violent behaviour? No ☐ Yes ☐

Tell us about their behaviour within the last 5 years, and whether they have been identified by the Zero Tolerance (Violent Behaviour) Initiative. Use the space below at **Part 7**

Would your patient travel to an examination centre by public transport or taxi? No ☐ Yes ☐

Please tell us why at **Part 7**

Additional information

Please continue on a separate sheet if necessary.

The information you have given us may be copied to the patient, their legal representative or the Tribunal Service.

Your Signature

Signature [signature]

Name IN CAPITALS VARSHA KELAMANGALATH PRADEEP KUMAR

Profession IN CAPITALS SALARIED GP

Date 01/8/2025

Practice Stamp

BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH PE1 2EJ
TEL 01733 307840
FAX 01733 896306

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: MR V KAMA

To: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

24th AUGUST 2015

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear Dr BOROWICZ

Your patient attended our Department on MONDAY 24th AUGUST 2015 at 09:10 am

Referred by: SELF

Their presenting complaint was:-
DISCHARGE

On examination I found:-

Investigations: NONE

Diagnosis: ,

Immunisation:

Treatment: ADVICE - VERBAL

Treatment: ADVICE - WRITTEN

Disposal: DISCHARGED TO CARE OF GP

Yours sincerely

Automatically generated and therefore unsigned.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-034762-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 24 Apr 2019 11:27
Type: New Attendance
Previous Attendances: 62
Presented With:(complaint)
UNABLE TO PASS URINE
Incident Type: Illness
ED Clinician: Saravana Kumar

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:urology follow up

DIAGNOSIS & COMMENTS:
1. Prostatic enlargement **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. Full Blood Count (FBC)
2. Urea*
3. Creatinine & Electrolytes*
4. Glucose (Random)*
5. Lactate*

Bed Side:
1. Bladder Scan **Comments:** Bladder scan complete - 0mls showing

TREATMENT:
Treatments:
1. Guidance / advice - written

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 24 Apr 2019 15:13

TTO Detail:

CLINICIAN E-NOTES:

History of Presenting Problem: 56 yom came with c/o dysuria on and off past few months worsened 1/52
hx obtained from pt
a/w right flank pain
seen GP 1/52 who did urine dip which was normal and not given abx and sent for urine MCS which
show SPECIMEN : Urine midstream
COLLECTED: 17.04.19

MICROSCOPY :
White Blood Cells : 1 per ul
Red Blood Cells : 0 per ul
Epithelial Cells : 0 per ul
CULTURE : Mixed growth of probable contaminants

h/o previous admission in Jan 2019 for similar problem and had CT KUB which was normal
plan for urologist review next month
came to ED bcuz symptoms not resolved

Past Medical History: urinary problem
recurrent DVT
IVDU
emphysema
Hepatitis C
essential tremor with unsteady gait

Psychiatric History: anxiety
h/o drug abuse 6yrs on methadone
Current Medications: apixaban , tamsulosin , diazepam , methadone
Smoking, Alcohol, Drugs, Family and Social History: lives in a shared home
says he smokes still
quit alcohol
quit IVDU
Observations and General Examination: obs normal ,afebrile
cosncious , oriented
Mental Status / Psychiatric Examination: looks shabby and smells
Abdominal Examination: soft , BS +
inguinal area previous IVDU scar +
no palpable nodes
genitalia normal
Differential Diagnosis: ? UTI / ? prostate problems
Management or Treatment Plan: bloods , urine dip , bladder scan
Progress Note 1: bladder scan empty
urine dip : NAD
AWBR
Progress Note 2: bloods normal
d/c home with urology follow up and GP referral

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-092490-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 23 Oct 2019 20:00
Type: New Attendance
Previous Attendances: 72
Presented With:(complaint) GPL MEDIC ?sepsis
Incident Type: Illness
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Direct admit to a specialty **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. LFT
2. C Reactive Protein*
3. Full Blood Count (FBC)
4. Urea*
5. Creatinine & Electrolytes*

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends, Intravenous cannula

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:
Request: Medical Team

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Medical - MAU
Follow up:
Left Department: 23 Oct 2019 23:43

TTO Detail:

CLINICIAN E-NOTES:

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-092490-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 23 Oct 2019 20:00
Type: New Attendance
Previous Attendances: 72
Presented With:(complaint) GPL MEDIC ?sepsis
Incident Type: Illness
ED Clinician:

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Direct admit to a specialty **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. LFT
2. C Reactive Protein*
3. Full Blood Count (FBC)
4. Urea*
5. Creatinine & Electrolytes*

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends, Intravenous cannula

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:
Request: Medical Team

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Medical - MAU
Follow up:

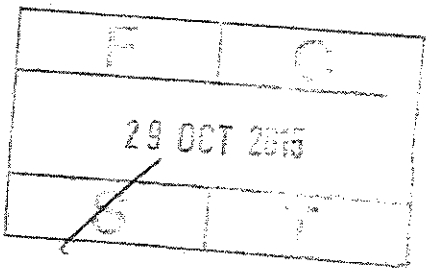
TTO Detail:

CLINICIAN E-NOTES:

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax 01733 349 221
Freephone: 0800 111 4354

Date 23/10/2015

Dear Colleague
Boroughbury MC



Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of [substance]

Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms.

Management plan
1. I have agreed to continue with the same regime until next review
2. Key worker appointment for support and psychosocial intervention to continue
3. Next medical review in 12/52 or earlier if needed
4. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 30ml

Current prescription from GP
Diazepam 17mg OD; Warfarin; Mirtazapine 15mg

SaferPeterborough

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: 5 cigarettes a day
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 5 years ago, he is currently under the care of the local specialist. He also had history of DVT, last episode few months ago, he has had also a CT scan two weeks ago for a suspect pulmonary embolism, negative. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was no evidence of anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six adult children and he has regular contact with them. He is currently unemployed.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client. QTc interval prolongation risk discussed with the client, ECG to be arranged as soon as possible.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

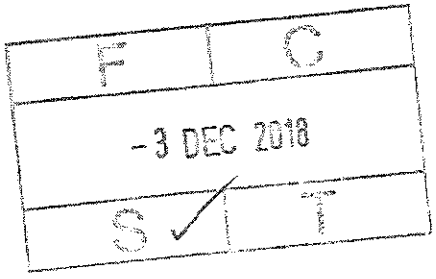
1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 111 4354



Date 23/11/2018

Dear Colleague
Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of opioid

Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms. He has been admitted in hospital several times in the last few months and he reported that a nodule

Management plan

1. We have agreed to start reducing by 2ml 2/52 from the next prescription
   Key worker appointment for support and psychosocial intervention to continue
2. Naloxone discussed and declined
3. GP: May I kindly ask you to send me a copy of the ECG carried out in hospital recently and update me in regards of the recent CT scan
4. Next medical review in 12/52 or earlier if needed
5. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CRI
Methadone mixture 1mg/1ml 35ml

Current prescription from GP
Diazepam 15mg OD; Anticoagulant; Mirtazapine 15mg

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 7 years ago, last PCR 08/2017 negative. He also had history of DVT, last episode two years ago, he has had also a CT scan one year ago for a suspect pulmonary embolism, negative. A CT scan was repeated three weeks ago and a nodule was detected, he is due for a review in three months. Hep B vaccination completed five years ago. **Allergy to penicillin.**

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.

Social History
He lives in a shared accommodation. He has no driving licence. He has six adult children and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client. QTc interval prolongation risk discussed with the client, ECG few weeks ago in hospital.
No recent forensic history disclosed.

Investigations:
Nil

Discussion

1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

Community Endoscopy Service
Patient Referral Centre
Sandbrook House
Sandbrook Park
Rochdale
OL11 1RY

Patient Information
Tel: 0333 202 3187
Email: INL.inhealthreferrals@nhs.net

Referrer Information
Tel: 0333 202 3187
Email: INL.inhealthreferrals@nhs.net

BOROUGHBURY MEDICAL CENTRE
BOROUGHBURY MEDICAL CENTRE
Craig Street
Peterborough,
PE1 2EJ

IMPORTANT PATIENT INFORMATION

'This page is likely to contain confidential personal patient information'

23/03/2021

Dear Referrer,

Thank you for your referring your patient to InHealth.

The diagnostic report is now complete,please note this may include an addendum, and is included with this communication.

Should you have any queries concerning the receipt of this report please contact the Patient Referral Centre on **0333 202 0297** Monday - Friday 8.00am to 8.00pm.

Yours sincerely

Adam Wallwork

Director of Patient Referral Management

Inhealth Patient Referral Centre

Thistlemoor Medical Centre Endoscopy Department

INHEALTH

NHS No. 4981672195
Patient Name: Richard Dean
D.O.B.: 30/09/1962
Gender: Male

Patient Address
14 Drayton Bretton
PE3 9XL
PETERBOROUGH

GP:

Examination Details

Examination date: 23/03/2021
Examination time: 14:25
Colonoscope details: CF-HQ290L, 2611465

Medication
Entonox - inhalation.

Bowel prep
Bowel cleansing agent: Moviprep. Quality: Fair - >90% of mucosa seen, mixture of liquid and semisolid stool, could be suctioned and/or washed.

Indication
Patient source: Outpatient, urgent.
Procedure intention: Diagnosis.
Service List (No trainee present).
Chronic alternating diarrhoea & constipation.

Comorbidity
None.
ASA Status 2 (mild systemic disease, compensated).

Report Details

Limit of Exam
The extent of examination was reached by the independent endoscopist.
The endoscope was introduced to the caecum. The withdrawal time was 6 mins.
The intended extent of examination was reached.
Discomfort Score: Minimal - 1 or 2 episodes of mild discomfort with no distress.
A magnetic endoscope imager was used.
J manoeuvre/retroversion performed by - Independent endoscopist.
Digital rectal examination performed.

Therapeutic Procedures
No therapeutic procedures performed.

Complications
There were no complications during the procedure.

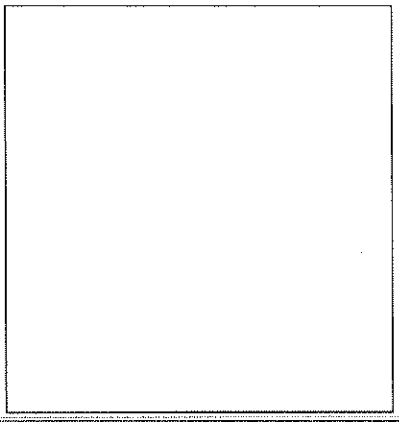
Findings

TERMINAL ILEUM
The terminal ileum was not entered.

COLON:
The colon was normal to the point of insertion.

ANUS:
The anus was normal.

Polyp Record



Additional comments
Due to his past opiate addiction, he is constipated and would benefit from -
1 sachet of fybogel/Ispaghula od, and
1 sachet of macrogol od.
both long term.

Aftercare and Treatment
No further follow up required.

Lab Tests
Requests
No biopsies taken.

Results

Examined by

Independent Endoscopist: Dr Madhav Menon.

Trainee:

Nursing staff
Sarah Ward-Jones
Tracey Hicks

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-024739-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 23 Mar 2020 09:20
Type: New Attendance
Previous Attendances: 90
Presented With:(complaint) COPD - breathing problem and b
Incident Type: Illness
ED Clinician: Michelle Cheung

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Guidance / advice - written, Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: Streamed to Ambulatory Emergency Care service
Outcome: Discharged - no follow up
Follow up:
Left Department: 23 Mar 2020 12:00

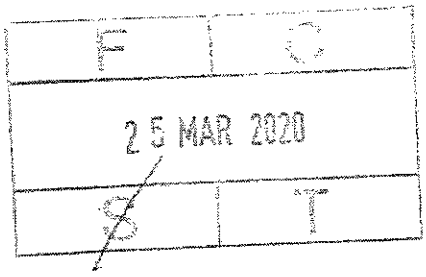
TTO Detail:

CLINICIAN E-NOTES:

History of Presenting Problem: 3 day history of right sided pleuritic posterior chest pain. increasing swelling in the right leg. feels SOB. no cough or haemoptysis. no collapse.
Past Medical History: DVT. Hep. ex IVDU.
Current Medications: apixiban. methadone
ALLERGY: PENICILLIN
Smoking, Alcohol, Drugs, Family and Social History: lives alone.
Observations and General Examination: B: chest clear
C: HS 1+2+0
right calf more swollen than the left and firmer to touch. has been measured by hannah - left 39cm. right 43cm.
obs normal
Differential Diagnosis: ? PE/DVT
Management or Treatment Plan: 1) initially BP low, repeated and obs normal
2) ECG - NSR
3) ACU for review please

Copy to GP

RICHARD C DEAN **NHS number: 4981672195** **Hospital Number: DIS0529177**



North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Outpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	14 DRAYTON	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 9XL	**Other identifier**	DIS0529177

Admission details

Appointment Date 23/03/2020 08:00

Reason for Attendance/Clinical Summary

5 day history of right leg swelling
Pain between shoulder blades - constant in nature

Past Medical History

IVDU
Previous right DVT
Hep C
Emphysema

Investigations / Procedure / Results of Investigations

Coag Screen

APTT	28	Secs	22 - 34	23/03/2020 15:03:00
APTT Ratio	0.94	Ratio	0.80 - 1.20	23/03/2020 15:03:00
PT	12	Secs	10 - 16	23/03/2020 15:03:00
PT Ratio(INR)	0.97	Ratio	0.80 - 1.25	23/03/2020 15:03:00
Fibrinogen	2.4	g/L	2.0 - 4.5	23/03/2020 15:03:00
Thrombin Time	14.7	Secs	11.0 - 17.0	23/03/2020 15:03:00

D-Dimer

```
D-DIMER NB: NORMAL Ref range <243 (NON-PREGNANT)
D-Dimer levels <231 make the diagnosis of a recent
DVT/PE very unlikely,except with a moderate to high
clinical probability score
```

D-Dimer	54	ng/ml		23/03/2020 15:03:00

Full Blood Count

```
Full Blood Count
```

WBC	7.4	10^9/L	4.0 - 11.0	23/03/2020 15:03:00
RBC	4.85	10^{12}/L	4.40 - 6.50	23/03/2020 15:03:00
Hb	151	g/L	130 - 180	23/03/2020 15:03:00
HCT	0.452		0.400 - 0.530	23/03/2020 15:03:00
MCV	93.2	fl	80.0 - 100.0	23/03/2020 15:03:00
MCH	31.1	pg	27.0 - 33.0	23/03/2020 15:03:00

MCHC	334	g/L	318 - 364	23/03/2020 15:03:00
RDW	12.0		11.5 - 15.0	23/03/2020 15:03:00
PLT	182	10^9/L	150 - 400	23/03/2020 15:03:00
Lymphs	2.2	10^9/L	1.4 - 4.8	23/03/2020 15:03:00
Monos	0.6	10^9/L	0.1 - 0.8	23/03/2020 15:03:00
Neuts	4.2	10^9/L	1.8 - 7.7	23/03/2020 15:03:00
Eosins	0.3	10^9/L	0.1 - 0.6	23/03/2020 15:03:00
Basos	0.0	10^9/L		23/03/2020 15:03:00
NRBC's	0.0	10^9/L		23/03/2020 15:03:00

C Reactive Protein

C Reactive Protein	<10	mg/L	<10	23/03/2020 14:02:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)	86	ml/min	>60	23/03/2020 14:02:00

Liver Function Tests

LFT's

Albumin	45	g/L	35 - 50	23/03/2020 14:02:00
Total Bilirubin	9	umol/L	<21	23/03/2020 14:02:00
ALT	13	U/L	10 - 60	23/03/2020 14:02:00
Alkaline Phosphatase	110	U/L	30 - 130	23/03/2020 14:02:00
Total Protein	71	g/L	60 - 80	23/03/2020 14:02:00

Troponin T

Troponin HS ranges based on 6 hrs post chest pain
Less than or equal to 14ng/L - negative
Greater than 14ng/L - suggests myocardial damage but ONLY
if non-ischaemic causes (e.g. PE, CKD, AKI, sepsis
tachyarrhythmia) have been excluded
See 'Guideline for the management of suspected Acute
Coronary Syndrome/NSTEMI' for more information

Troponin T (HS)	<5	ng/L		23/03/2020 14:02:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium	140	mmol/L	133 - 146	23/03/2020 14:02:00
Potassium	4.0	mmol/L	3.5 - 5.3	23/03/2020 14:02:00
Creatinine	86	umol/L	59 - 104	23/03/2020 14:02:00
Chloride	106	mmol/L	95 - 108	23/03/2020 14:02:00
AKI stage	NA			23/03/2020 14:02:00

Urea

Urea	4.7	mmol/L	2.5 - 7.8	23/03/2020 14:02:00

Management and Progress
Seen and reviewed by a senior Dr on ACU who did not feel this was a VTE
Allowed home with safety-netting advice

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details - Return to referrer

Allergies & Adverse Reactions - No Known allergies

Advice to Patient - As above

Sepsis (Infection & end organ dysfunction)
Patient HAS NOT had a diagnosis of Sepsis during this Admission

Potential memory concern identified? - No

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Person completing record

Name Claire Ellson

Designation or Discharge role Nurse Prescriber

Date completed 23/03/2020 17:33

Discharge details

Discharging consultant DR ASMAA AL-CHIDADI

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 23/03/2020 08:00

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 556104/0

Date Printed 23/03/2020 17:33

Signed Claire Ellson [Nurse Prescriber]

[556104/0]

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Dept of Colorectal Surgery 202

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
PE3 9GZ

Direct Line: 01733 677581
Fax: 01733 676741
Switchboard: 01733 678000
Email: Alison.McDermott@pbh-tr.nhs.uk

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 23 Mar 2017
Priority **routine**

Transcribed: 27 Mar 2017
Reference: KS/AR

Pooled Boroughbury,
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

I reviewed this gentleman in the clinic today. He had a particularly anxious period in the last week or so where he called in a few times and I informed him of the results over the telephone. Today I reviewed him again in the clinic and he was still quite anxious and I felt that his main worries were about cancer. I informed him again today that he has had a CT colon which looked at his large bowel which does not show any cancer and the rest of the examination also shows no evidence of cancer. It does show some thickening of the bowel which I plan to investigate with a flexible sigmoidoscopy and this could sometimes be due to inflammation. He further informs me that his appetite is not good and at the same time I have requested a gastroscopy for him.

This information failed to calm Mr Dean down, and I asked him was he feeling that overall he was more anxious compared to his normal levels In terms of his past psychiatric history I would be grateful if he could be assessed at your Practice should he needs any modification of his medications, or if you feel appropriate that he may even need a referral to Psychiatric Department. I would be grateful for your help in this regard and I will see him again in the clinic with the results.

Kind regards

Mr. Richard C DEAN - 30 Sep 1962, 498 167 2195

Yours sincerely

K Saeed.

Electronically signed by
Mr Khurram Saeed
Speciality Doctor
FRCS(Edin) FRCS (Gen Surg)

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

MERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: DR S SCHICKERLING

O: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

24th JUNE 2014

Tel: 01733 678000
(If DDI prefix extension number with 67)

F	C
26 JUN 2014	
S	T

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear Dr BOROWICZ

our patient attended our Department on MONDAY 23rd JUNE 2014 at
:57 pm

eferred by: GP-MEDICAL ASSESSMENT

heir presenting complaint was:-
PE GP MED EXPECTED

n examination I found:-

nvestigations: X-RAY

nvestigations: HAEMATOLOGY

nvestigations: BIOCHEMISTRY

iagnosis: OTHER - MEDICAL,

mmunisation:

reatment: INTRAVENOUS CANNULA

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

reatment: MEDS - ORAL

isposal: DISCHARGED TO CARE OF GP

ours sincerely

OWUSU-AGYIE - CONS MED ELD
utomatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Department of Ambulatory Care Unit

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677779
NHS No:	498 167 2195	Fax:	
Clinic Date:	23 Jul 2023	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.acuservices@nhs.net

Transcribed:
Reference: JD/

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, Bretton, Peterborough, PE3 9XL

I reviewed this gentleman in ACU today with an ongoing hx of swelling and increased pain to right leg. His leg is 5cm larger than left.

He has previous DVTs from IVDU and is on lifelong Apixaban which he sometimes forgets to take.

He is very difficult to taker blood from but clinically this presents as a DVT. I have arranged for him to return to ACU on 4/8/23 for a scan and further management required.

Yours sincerely

Electronically signed by
J. Darling

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

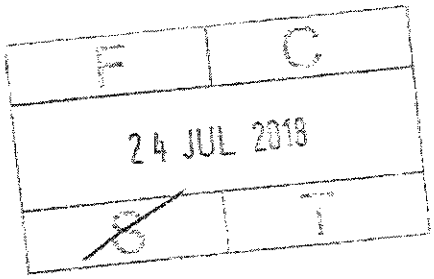
PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
Bretton
Peterborough
PE3 9XL

‡EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR M HUSSAIN‡

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

23rd JULY 2018‡

ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ‡

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ear POOLED BOROUGHBURY ‡

our patient attended our Department on MONDAY 23rd JULY 2018 at
5:26 am

eferred by: GP-MEDICAL ASSESSMENT

LINICAL DETAILS
heir presenting complaint was:- MEDICAL EXPECTED- ABDO PAIN

n examination I found:-
UTI

atient declared allergies at ED attendance: PENICILLIN‡

nvestigations: BIOCHEMISTRY

nvestigations: HAEMATOLOGY ‡

iagnosis: CONSTIPATION, ‡

mmunisation: ‡

reatment: MEDS - ORAL

reatment: MEDS - PER RECTUM

reatment: INTRAVENOUS CANNULA

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ‡

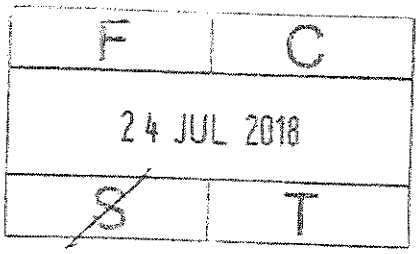
isposal & Discharge Details: MEDICAL ASSESSMENT UNIT‡

ours sincerely

HUSSAIN - CONS MEDICINE
tomatically generated and therefore unsigned.

Copy to GP

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**



NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177
		Patient telephone number	07787654419 (Home)

Admission details

Date of admission	23/07/2018 08:10
Source of admission	Not known
Admission method	Other - Not Known

Department & Contact Details
Other Specialty as Specified - 01733 678000
MAU

Discharging Consultant Name - Consultant Dr Hussain

Primary / Main Diagnosis on Admission/Clincal Summary
1. Constipation
2. Anxiety

Co-morbidity
Ex IVDU
DVT
Hepatitis C
Anxiety
Previous OD

Follow Up / Treatment on Discharge & Discharge Details
Has outpatient Gastro app. booked from previous discharge.

Management & Progress
Mr Dean presented with 3 day history of constipation. No vomiting, no nausea. Stated that his bowels have been pale with mucus and was noted to be very worried regarding these symptoms. Was given glycerine suppository and phosphate enema however refused to tolerate it for an effect.
Refused to provide stool sample.
On PR exam noted some yellow stain, otherwise empty rectum with fresh red blood- haemorrhoids.
Otherwise well, obs stable, Bloods completely unremarkable including amylase. No abdominal tenderness on examination.
Reviewed by APLS during stay.
Discharge with safety netting.

Mandatory Items - Nothing to report

Acute Kidney Injury (AKI) - No AKI

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

Allergies & Adverse Reactions - No known allergies

Changes to Drugs Since Admission - No Changes

GP practice

GP practice details
x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Person completing record

Name Kamila Wilczynska

Designation or Discharge role Medical Staff

Date completed 23/07/2018 12:50

Discharge details

Discharging consultant DR M HUSSAIN (Med)

Discharging specialty/department General Medicine

Ward PCH Medical Assessment Unit

Date of discharge 23/07/2018 12:50

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 431189/0

Date Printed 23/07/2018 12:50

Signed Kamila Wilczynska [Medical Staff]

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-23-093910-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 23 Aug 2023 16:05 **Type:** New Attendance **Presented With:** RT ear issue/ Head pain **Incident Type:** Illness **ED Clinician:** Riyan Shaik	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: UTC (0800-2000)

AT BOROUGHBURY MED CENTRE DR
BOROUGHBURY MEDICAL CENTRE,CRAIG STREET,PETERBOROUGH,CAMBRIDGESHIRE,PE1 2EJ

GP Action

Diagnosis

1. Ear wax (impacted) **Qualifier:** Confirmed diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Treatment

Treatments:

Interventions:
1. Guidance / advice - written

Safeguarding Concerns

No safeguarding issue

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 23 Aug 2023 18:11

TTO Detail

E-Notes

ED Clinician Notes:

History of Presenting Problem: OBS AS ON ARRIVAL- NORMAL.
R EARACHE 2 DAYS
NO EAR DISCHARGE
HEARING MUFFLED.
NO SORE THROAT
NO FEVER/ VOMIT
DHX: APIXABAN , MIRTAZAPINE, DIAZEPAM, SERTRLAINE, VIT-D
ALLERGIC TO PENICILLIN.
O/E; R EAR WAX +++.
UNABLE TO SEE TM.
SOFT WAX
P
ADV CONTACT GP THIS WEEK TO GET REF FOR EAR IRRIGATION PLS.
WAG- 111

Speciality Notes:

North West Anglia
NHS Foundation Trust

Dept of Gastroenterology + Hepatology 302
Consultant: Dr T. Das

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677527
NHS No:	498 167 2195	Fax:	
Transcribed:	22 Oct 2019	Switchboard:	01733 678000
Reference:	TD/SJ		

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Mr./Ms. Pooled Boroughbury

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, South Bretton, Peterborough, PE3 9XL

Mr Dean's vitamin D came back as very low at 19. He will need Calcichew D3. I would be grateful if you can be kind enough to prescribe this if he is not already on it.

Thank you.

Yours sincerely

Electronically approved by Mrs. Sharon Jones
Medical Secretary on behalf of
Dr Tapas Das
Consultant

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to
capccg.boroughburymedicalcentre@nhs.net

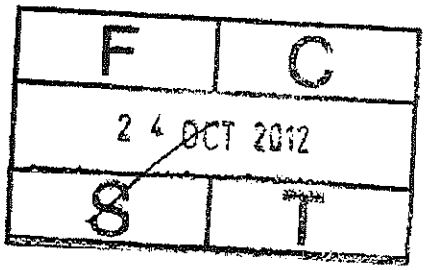
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
South Bretton
Peterborough
PE3 9XL

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Peterborough City Hospital NHS Trust
The Anticoagulant Service Room 4.PAT.078 Dept 413
Edith Cavell Campus Bretton Gate.
Peterborough
Cambs
PE3 9GZ
Tel: 01733 673444

Dr A Hussain
63 Lincoln Road Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF



22 October 2012

Dear Dr Hussain,

Re:	Richard Dean 19 Adeley North Bretton Peterborough Cambs, PE3 8RA	**Hosp No:**	DIS0529177
		NHS No:	4981672195
		Date of Birth:	30/09/1962

This patient is currently receiving Warfarin therapy and is being monitored by PSHFT Anticoagulant Service.

Yours Sincerely

Jacqueline Aistrup
Anticoagulant Coordinator

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-024632-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 22 Mar 2019 02:10
Type: Unplanned Return (from any A+E)
Previous Attendances: 56
Presented With:(complaint) ? UTI
Incident Type: Illness
ED Clinician: Aarya Anbanandan

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Referred to GP / urgent care **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 22 Mar 2019 03:50

TTO Detail:

CLINICIAN E-NOTES:

History of Presenting Problem: Patient came in with c/o passing orange color urine. He c/o lower abdominal pain - 3/10. non radiating.
No c/o buring sesnation while passing urine. No increased /decreased frequency in micturation.
Normal bowel movements.
He has been coming in 2 times ove rthe last week with urinary symptoms and he was given ABX. His urine dip showed only ketones on his last visit and M C and S was snet off and no growth seen.
With the nurse he complained of epigastric pain and parasthesia and with me he never mentioned those complaints and did not say yes when asked about it.
No neurological symtoms.
No c/o Cp/nausea/vomitting.
No recent chest infections.
No trauma.
Know to have previous UTI.
No c/o fever.

Past Medical History: EX IVDU
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD
Current Medications: OMEPRAZOLE 20mg CAPSULES 20mg Twice daily Oral
MIRTAZAPINE 30mg TABLETS 15mg Once at Night Oral
Apixaban 2.5mg Twice daily Oral
LACTULOSE SOLUTION 10-15ml Twice daily Oral
TAMSULOSIN 400microgram M/R CAPSULES 400 micrograms
METHADONE 1mg/mL SF MIXTURE 30mg Once in the morning Oral
DIAZEPAM 5mg TABLETS 5mg Once at Night Ora
Allergies & Adverse Reactions - Penicillin
Smoking, Alcohol, Drugs, Family and Social History: Smoker
Denies alcohol intake
Lives in shared housing
Observations and General Examination: Alert and oriented.
Pain + 2-3/10.
No pallor, ictrus, cyanosi, clubbing or edema.
Uirne DIP - 2+ ketones.
Chest Examination: CVS -s 1 and 2 herad. No murmers.
RS - BAE + NVBS +
Abdominal Examination: Soft, no masses/tenderness/distention. BS +
Neurological and Spine Examination: PEARL + NFND +
Management or Treatment Plan: D/W Dr. Avinash as patient exibited inappropirate behaviour. he has spoken to the pateint and has him to be followed up in the GP clinic and Urology referral if GP sees fit.

North West Anglia
NHS Foundation Trust

Dept of Urology 202
Consultant: Dr S. Sharma

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No:	DIS0529177	Direct Line:	01733 677482
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	22 Jul 2019	Switchboard:	01733 678000
Priority	**routine**		

Transcribed: 24 Jul 2019
Reference: SS/SB

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Doctor

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, South Bretton, Peterborough, PE3 9XL

Mr Dean had an appointment to be seen in clinic this afternoon but he did not attend. He previously DNAd his flowrate on 10 July. I have discharged him back to your care.

Kind regards

Yours sincerely

Electronically signed by
Sunil D Sharma MS FRCS (Urol)
Consultant Urological Surgeon

As this is a clinical letter written from one professional to another, it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents, please discuss this with your GP.

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
South Bretton
Peterborough
PE3 9XL

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-006792-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 22 Jan 2020 19:20
Type: New Attendance
Previous Attendances: 77
Presented With:(complaint) ABDO PAIN
Incident Type: Illness
ED Clinician: Hannah Hildrey

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Guidance / advice - written, Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 22 Jan 2020 21:40

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Epigastric pain + dark urine
History of Presenting Problem: -4 days of worsening epigastric pain (worsening of chronic abdo pain, has had Ix previously and NAD), not radiating. Worse on eating. Eating + drinking as normal. No nausea/vomiting, no blood in stools but mentioned stool is quite light in colour (change occurred over months). No chest pain, no cough, no fever
-Noticed urine has become very dark/rust coloured (over the past few days), sometimes has mild flank pain during urination, denies urinary frequency/urgency, no frank haematuria
-Has lost approx 15kg over 18 months, appetite unchanged, not increased activity levels
-No cough, no sob
-No pyrexia
-E&D normally
-Attended ED 2 /7 ago for same problem- note multiple previous attndances and investigations for ongoing same symptoms.Bloods performed- at baseline

Past Medical History: -Known hepatitis C
-Anxiety
-DVT
-Ex IVDU
-Note frequent attender plan

Current Medications: omeprazole. methadone.apixiban. diazepam. tamsulosin. ALLERGY: PENICILLIN
Smoking, Alcohol, Drugs, Family and Social History: Says he does not smoke or drink alcohol, says has not used recreational drugs for 7 years
Observations and General Examination: NEWS 0
Appears well
Chest Examination: HS I+II+0. Normal breath sounds.
Abdominal Examination: Tender epigastric area. No guarding.BS+
Able to mobilise comfortably
No palpable bladder
Neurological and Spine Examination: GCS15/15
Limb Examination: Calves SNT
purple Bruise behind right knee popliteal region- denies trauma- noted on previous attendence 2/7 ago
Other Examination: PR performed 2/7 ago- NAD
Urinalysis: NAD
USS OCt 2019- Aorta within normal limits
Differential Diagnosis: Imp:
1) Chronic abdominal pain, no new features, no concerning examination findings- bloods from 2/7 ago at baseline
Management or Treatment Plan: Plan:
1) Reassured
2) Advised to visit GP concerning ongoing abdominal symptoms

Progress Note 1: Sample B.20.0142730.L (SERUM) Collected 21 Jan 2020 11:15 Received 21 Jan 2020 11:52
C Reactive Protein
C Reactive Protein <10 mg/L <10
eGFR
eGFR (CKD-EPI) 81 ml/min >60
eGFR - If AfroCaribbean multiply result by 1.159

Crt & Electrolytes
Sodium 141 mmol/L 133 - 146
Potassium 3.9 mmol/L 3.5 - 5.3
Creatinine 90 umol/L 59 - 104
Chloride 105 mmol/L 95 - 108
AKI stage NA
Creatinine and Electrolytes

Urea
Urea 6.4 mmol/L 2.5 - 7.8
Sample H,20.0142730.L (Venous Blood) Collected 21 Jan 2020 11:15 Received 21 Jan 2020 11:53
Coag Screen
APTT 25 Secs 22 - 34
APTT Ratio 0.85 Ratio 0.80 - 1.20
PT 14 Secs 10 - 16
PT Ratio(INR) 1.09 Ratio 0.80 - 1.25
Fibrinogen 2.3 g/L 2.0 - 4.5
Thrombin Time 13.5 Secs 11.0 - 17.0
D-Dimer
D-Dimer 44 ng/ml
D-DIMER NB: NORMAL Ref range <243 (NON-PREGNANT)
D-Dimer levels <231 make the diagnosis of a recent
DVT/PE very unlikely,except with a moderate to high
clinical probability score

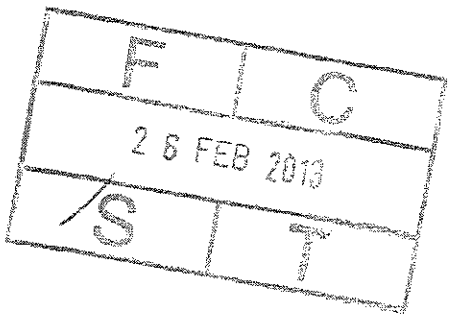
Full Blood Count
WBC 7.6 109/L 4.0 - 11.0
RBC 5.14 1012/L 4.40 - 6.50
Hb 159 g/L 130 - 180
HCT 0.473 0.400 - 0.530
MCV 92.0 fl 80.0 - 100.0
MCH 30.9 pg 27.0 - 33.0
MCHC 336 g/L 318 - 364
RDW 11.9 11.5 - 15.0
PLT 195 109/L 150 - 400
Lymphs 2.3 109/L 1.4 - 4.8
Monos 0.6 109/L 0.1 - 0.8
Neuts 4.4 109/L 1.8 - 7.7
Eosins 0.2 109/L 0.1 - 0.6
Basos 0.0 109/L
NRBC's 0.0 109/L

Peterborough and Stamford Hospitals NHS

NHS Foundation Trust

Peterborough City Hospital NHS Trust
The Anticoagulant Service Room 4.PAT.078 Dept 413
Edith Cavell Campus Bretton Gate.
Peterborough
Cambs
PE3 9GZ
Tel: 01733 673444

Dr A Hussain
63 Lincoln Road Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF



22 February 2013

Dear Dr Hussain,

Re: Richard Dean
19 Adeley
North Bretton
Peterborough
Cambs, PE3 8RA

Hosp No: DIS0529177
NHS No: 4981672195
Date of Birth: 30/09/1962

Please be aware that despite numerous reminders, the above patient has now failed to have their test for 3 consecutive weeks. The patient has not had an INR test since 21-1-13.

The patient has been advised to have an INR on 4-3-13.

As you are aware, without regular INR tests we are unable to make safe and appropriate dose recommendations.

Please accept this as final notice that if the patient fails have their INR as advised, we will no longer be able to assume responsibility for monitoring the patient's anticoagulant therapy and have no option but to discharge them from our monitoring service.

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR C COPE↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

22nd DECEMBER 2017↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on FRIDAY 22nd DECEMBER 2017 at 1:07 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- CONSTIPATED

On examination I found:-
SIGNIFICANTLY CONSTIPATED. AXR FAECALLY LOADED. MOVICAL REQUIRE PRESCRIBED.

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: URINE TESTING

Investigations: ULTRASOUND ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS ↕

Disposal & Discharge Details: ALLOWED HOME↕

Yours sincerely

YOHANNA-DZINGINA
Automatically generated and therefore unsigned.