North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-24-048095-1

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:** 17 Apr 2024 18:44 **Type:** New Attendance **Presented With:** chest and abdo pain **Incident Type:** Illness **ED Clinician:** Luqman Salami	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors

AT BOROUGHBURY MED CENTRE DR
Craig Street,Peterborough,Cambridgeshire,PE1 2EJ

GP Action

none

Diagnosis

1. No abnormality detected **Qualifier:** Suspected 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.

By: Derrill Gostic By: Derrill Gostic
C Reactive Protein* By: Derrill Gostic BY: Derrill Gostic
LFT By: Derrill Gostic
Creatinine & Electrolytes* By: Derrill Gostic
Urea By: Derrill Gostic

Treatment

Treatments:

Interventions:
1. Intravenous cannula **Comments:** bloods taken

Safeguarding Concerns

No safeguarding issue

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 17 Apr 2024 22:38

TTO Detail

E-Notes

RAT Comments:

ED Clinician Notes:

Principal Presenting Problem: abdominal pain 3/7
History of Presenting Problem: pain is in the right side,intermittent and does not move to any other part of body
no abdominal distention,nausea,vomiting,poor appetite,fever,urinary symptoms,change in bowel habits
complains of weight loss but no lumps and bumps anywhere on the body
has a frequent attender plan on account of abdominal pain
Past Medical History: previous groin abscess
Current Medications: not on any regular medications
Smoking, Alcohol, Drugs, Family and Social History: lives on his own
does not drink alcholic beverages
usually independent
has allergies to penicillin
Observations and General Examination: sitting down calmly,afebrile,not pale
Chest Examination: chest is clniically clear
n.S: S1 and S2 only
Abdominal Examination: full,soft,no guarding,moves well with respiration, and no area of tenderness
normoactive bowel sounds
Neurological and Spine Examination: GCS: 15/15
pupils 4mm and reactive to light
Limb Examination: no pedal edema and no calf tenderness or swelling
Other Examination: urine dip normal
vbg normal
Differential Diagnosis: no abnormality detected
Management or Treatment Plan: @22.37
if bloods normal,home with safety netting
counsel to follow up with gp on account of weight loss
had a chat with patient and happy with the plan
took out cannula and allowed home

Speciality Notes:

Hospital Number: DIS0529177
Name: Richard Dean
NHS Number: 498 167 2195

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-023331-1

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: 16 Mar 2020 19:07
Type: New Attendance
Previous Attendances: 88
Presented With:(complaint) abdo pain.
Incident Type: Other than above
ED Clinician: Audrey Ofedie

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Suspected diagnosis **Comments:** Lonstanding abdominal pain/change in bowel habit

INVESTIGATIONS:
1. Amylase*
2. C Reactive Protein*
3. Coagulation Screen
4. Full Blood Count (FBC)
5. Lactate*

Bed Side:
1. Urinalysis

TREATMENT:
Treatments:

Interventions:
1. Intravenous cannula, 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: 16 Mar 2020 22:35

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Diarrhoea and abdominal discomfort
History of Presenting Problem: Patient reports has had ongoing bowel problems for several weeks. Initially had constipation but now has been having diarrhoea for several weeks. States GP has referred him for a procedure for which he is awaiting an appointment.
Was also seen in ambulatory care 3 weeks ago and was told he need an investigation for malignancy but he has not received an appointment either.
Attending today because he had pain when passing urine and some abdominal discomfort and wanted to check everything was alright.

No fever or chills, no vomiting, states has lost a lot of weight in the last year despite good apetite.
No blood in stools or urine.

PMHx: Ex IVDU, DVT , emphysema, Hep C

Drug Hx: Apixaban, Mehadone, Omeprazole, Diazepam

Allergic to penicillin.

O/E-Not acutely ill looking, not pale, afebrile, observations satisfactory
Resp; not in distress, good air entry bilaterally, BS-vesicular, no added sounds
CVS; regular pulse, normal heart sounds, no added sounds.
ABD: soft, non-tender, no masses palpated. Bowel sounds normal.
CNS; alert, well oriented , no focal neurology.

Bloods satisfactory

IMP: Ongoing abdominal pain/change in bowel habits ?cause

Plan;
I advised patient he does need further investigations for his ongoing symptoms but this needs to be done as an outpatient and nothing needs to be done in the Emergency Department at present.
Advised him to call through ambulatory care to enquire about the follow up investigation that was suggested and if he is unsuccessful will need to go through his GP to consider referral back to ambulatory care if required.
Patient happy with plan
To seek urgent medical attention if becomes unwell, vomiting, unable to move his bowels or any further concerns.

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:	01733 676786
Transcribed:	16 Jun 2020	Switchboard:	01733 678000
Reference:	TD/SR		

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

Dear Colleague

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

This is just to let you know that I have not arranged to see Mr Dean in my clinic again in view of his normal gastroscopy.

He stands discharged back to your care.

Thank you.

Yours sincerely

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

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
Tel. No. (01733) 673285

CONSULTANT: DR C COPE↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

16 JUL 2018

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)

16th JULY 2018↕

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 MONDAY 16th JULY 2018 at
:49 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- CHEST/RT ARM PAIN

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: NONE/NO FURTHER INVESTIGATIONS ↕

Diagnosis: , ↕

Immunisation: ↕

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: REF TO AMBULATORY CARE CLINIC↕

Yours sincerely

PATEL - TRUST DR,EM
Automatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Dept of Cardiology 106
Consultant: Dr. B. Gordon

Direct Line: 01733 673816
Fax: 01733 678523
Switchboard: 01733 678000
Email: nwangliaft.cardiacsecs@nhs.net

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 16 Jan 2019
Priority **routine**

Transcribed: 22 Jan 2019
Reference: JH/GH

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

Dear Colleague,

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

Diagnoses:
Previous heroin and cocaine addiction currently on the methadone programme via Aspire
Chronic Hepatitis C
Re-occurant DVT and on life long anti-coagulation
Hiatus hernia
Anxiety and depression

Medications: Omeprazole 20 mg, Apixaban 2.5 mg bd, Methadone, Diazepam 5 mg prn

I met with this 56 year old gentleman in cardiology clinic. He was referred to us back in December having felt unwell for 18 months with multiple symptoms including weight loss with reduced appetite, changes to bowel pattern, lethargy, recurrent urine infections and increased perspiration. The referral letter included symptoms of chest pain, palpitations and breathlessness which he currently denies. He tells me that his appetite has improved and he started to put weight back on. His bowel pattern has settled and he is no longer suffering from constipation. He has some lethargy and undertakes no regular activity but has plans to continue to increase his day to day activity level and he has been reducing his tobacco use down. He

advises me that he has had no breathlessness, no chest pains symptoms and no significant palpitations. He does get very occasional postural dizziness if he jumps up too quickly and has never resulted in loss of conciousness or fall episodes. He feels that his health has generally improved slightly. He has some anxiety regarding the recent CT scan of his chest for a follow up surveillance of a lung nodule for which he is awaiting the outcome of the repeat test. He has also got a planned review with the gastroenterology team outstanding.

On examination today his blood pressure was 129/80 mm/Hg with a pulse of 84 bpm. Weight was 97 kgs. Heart sounds were normal. Chest was clear on auscultation. No peripheral oedema was seen and JVP was normal.ECG showed sinus rhythm with no ischaemic findings. Normal PR interval and normal QTC duration. I reviewed his admission review by our ACS nurse back in October. He presented at that time with lethargy, chest pain symptoms which were deemed non-cardiac in origin. Troponin was negative. There was some slight lateral T wave inversion on one ECG which has not been present on any subsequent ECG's and is a non-specific finding in the absence of any on-going symptoms.

As he is currently asymptomatic from a cardiac point of view, we are not proceeding with any cardiac investigations at this time. I have discharged him back to your care.

Yours sincerely

Electronically signed by
Julie Holroyd
Consultant Nurse Cardiology

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

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live | Aspire Recovery Service
Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date: 16/12/2022

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr

Date seen: 09/12/2022

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

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

Impression
Telephone call was arranged due to COVID-19 restriction to complete a medical review. He was polite and cooperative throughout the consultation.

Management plan

1. We have agreed to increase to 6mg from the next prescription
2. We will refer him to the Hep C clinic for an assessment
3. Naloxone discussed and declined
4. Discussed importance of social distancing and procedure to reduce the probability to be exposed to COVID-19
5. Next medical review in 12/52 or earlier if needed
6. 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,

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Peterborough City Centre

what the treatment involved, and the opportunity to take some time to consider the treatment options available.

Current prescription from CGL
Espranor 4mg od

Current prescription from GP
Omeprazole; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg; Diazepam 5mg nocte

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: Few pounds smoked three days ago
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Cocaine/Benzodiazepine

Physical Health
Hep C positive in the past but few months ago HCV RNA negative, BBVs test

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Peterborough City Centre

repeated today. He also had history of DVT, last episode three years ago, he has had also a CT scan two years 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 evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

Social History
He lives on his own. 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.
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.
3. Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

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

Yours sincerely,

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
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W: www.changegrowlive.org

Change Grow Live

Aspire
Recovery Service

Peterborough City Centre

Dr V. Di Fabio
Consultant Psychiatrist

We're part of
Change Grow Live

NHS 111 Report - For Information

DEAN, Richard *Born* 30-Sep-1962 *Gender* Male *NHS No.* 498 167 2195
Local Patient ID DB6FD91C-EDB3-407C-62A3-C99B4FC5E10

Home Address	*Visit Address*		*GP Practice*
19 Adderley Bretton Peterborough PE3 8RA	14 Drayton Bretton Peterborough Cambridgeshire PE3 9XL	*Emergency Phone* 07787654419	Boroughbury Medical Centre (was Lincoln Rd) Boroughbury Medical Surgery Craig Street Peterborough Cambridgeshire PE1 2EJ *Phone* 01733307840

Patient's Reported Condition

COPD, SORENESS IN THE CHEST WHEN BREATHING, BREATHING PROBLEMS

Case Summary

Disposition:
The disposition is: Speak to a Clinician from our service Immediately - Ambulance Validation
Dx333

Selected care service:
No referral made.

Rationale:
Illness
Warm to touch
Able to carry out some normal activities
Breathless at rest
Breathless at rest, first episode
New/worsening confusion
Assessment ended: call transferred to clinician
Local policy requires call to be transferred to a clinician
Local policy requires ambulance validation

User comments:
What is the main problem? - COPD, SORENESS IN THE CHEST WHEN BREATHING, BREATHING PROBLEMS
Advice given:
None recorded.

Document Created	**16-Dec-2019, 19:11**
Document Owner	**HUC 111**
Authored by	**Amina Khan - Call handler, C&P - Call Centre (HUC 111) on 16-Dec-2019, 18:07**
Consent Status	**Consent given for electronic record sharing**

Encounter Type	**NHS111 Encounter**
Encounter Time	**16-Dec-2019, 18:04 to 16-Dec-2019, 18:07**
Case Reference	**F49E599E-7399-4B43-95E5-04DBC7EB2260**
Case ID	**3892610**
Encounter Disposition	**The disposition is: Speak to a Clinician from our service Immediately - Ambulance Validation**
Care Setting Location	**Incident Location**
Care Setting Address	*Visit Address* **14 Drayton** **Bretton** **Peterborough**

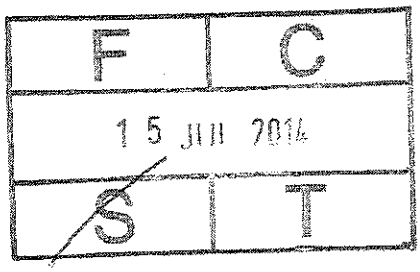
	Cambridgeshire **PE3 9XL**
Care Setting Type	
Responsible Party	**Rafid Aziz - Medical Director, HUC 111**

Document ID **F78AC84E-E98A-44EE-AA30-1A8BD39D4272** *Version* **1**

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



14 July 2014

Dear Dr Hussain,

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

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

Please be aware that the above patient has been referred to our Service for monitoring of anticoagulation therapy for the condition shown below.

Anticoagulant:	**Warfarin**
Diagnosis:	**Dvt**
Target INR Range:	**2.0 - 3.0 (2.5 Target)**
Duration:	**Indefinite**

Please review the patient for concurrent interacting drug therapy.

Should you find that the Anticoagulant Service has been provided with incorrect information please contact us.

Anticoagulant Monitoring Service

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-077882-1

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: 13 Oct 2020 14:35
Type: New Attendance
Previous Attendances: 91
Presented With:(complaint)
exacerbation of copd
Incident Type: Other than above
ED Clinician: Daniel Kirk

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Lower respiratory tract infection **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Intravenous cannula, 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: 13 Oct 2020 15:54

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: SOB
History of Presenting Problem: pt reports that for the last several days he has been feeling SOB
he reports- no increase in SOBOE
he has no cough- with his COPD he doesn't normally cough
no increase in inhaler use
he is still able to walk around normally
he reports no chest pains, no back pain, no shoulder pain, no palpations, no calf pain or tenderness, no leg swelling

he reports that he is having loss stools not diarrhoea and is under investgation for this by the gastroentrolgy team.
he reports that his stools are no worse than normal
no blood, no dark stools
no diarrhoea
no change to hi stools or frequency
he reports no fever symptoms, no abdo pain, normal urine- no sign of uti, not dizzy, not lightheaded, no lose of taste and smell.
pt also reports that wants a COVID swab
Past Medical History: ex IVDU (quit 6 years ago)
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD
Current Medications: Allergies & Adverse Reactions - Penicillin

OMEPRAZOLE 20mg
MIRTAZAPINE 30mg
Apixaban 2.5mg
LACTULOSE SOLUTION 10-15ml
SENNA 7.5mg
TAMSULOSIN 400microgram
METHADONE 1mg/mL h
DIAZEPAM 5mg T
NITROFURANTOIN 50mg

Smoking, Alcohol, Drugs, Family and Social History: pt lives alone self caring
smokes-nil
alcohol-small amount
Observations and General Examination: pt looks well alert, no sign of resp distress, doesn't appear in pain, no jaccol
obs-RR18, spo2-100% on air, hr-87reg, bp 141/104, temp 36.3
pain score-nil
Abdominal Examination: ausc-all regions
percusion-no organomagly- non tender
palpation- soft, non tender, no massess, no pulsating, not distended, no guarding
Neurological and Spine Examination: AMTS 4/4 GCS 15/15 PEARL 3MM
Differential Diagnosis: ?LRTI
Management or Treatment Plan: obs
assessment
plan- home
Progress Note 1: pt discussed and reviwed by ed conulsant AB- who advised that pt saw GP as he looks well and obs are normal
pt given red flag and worsening advice about breathing problems and loose stools
if pt becomes sobar or soboe, feels like he can't breath, develops a cough, develops chest pains or palpations, any calf pain or tenderness, any leg swelling, if stools get looser, any blood or dark stools, any lighthead or dizziness, then he must ring 999 and attended ed asap

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-089890-1

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: 15 Oct 2019 10:49
Type: New Attendance
Previous Attendances: 71
Presented With:(complaint) painful rt leg & urine retention
Incident Type: Illness
ED Clinician: Om Thapa

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Muscle injury : lower back **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:

Bed Side:
1. Urinalysis **Comments:** leu-negative,nit -ve,bloo -ve,ketone 1+,glucose negative

TREATMENT:
Treatments:

Interventions:
1. Prescription / medicines prepared to take away, 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: Discharged - no follow up
Follow up:
Left Department: 15 Oct 2019 19:00

TTO Detail:

CLINICIAN E-NOTES:

Principal Presenting Problem: abdominal pain,not openededbowels for 6 days
History of Presenting Problem: says was here last week for neck pain and headache. ,ct head-nil acute and was dischrged home with analgesia and also?on abx.has been taking co-codamol.
still says intermittent neck pain-not worse than before,no blurred vision,no dizziness
Since then not opened bowels for last 6 days,ocaasional vomiting,cramping abdominal pain-onand off,normally opens bowel every 2 days.syas not passing flatus
also complained of orangy colored urine which has been going for weeks and says he has noticed it only when he pass water after eating food..,but not complained of any burning or pain when passing water.no change in his food habits .
no chest pain ,no sob
last ate yesterday
denies any recreational drugs.
complaing of pain to right legs-some bruising back of the right knee.
Past Medical History: hepatitis c
dvt
previous OD
ANXIETY
essential tremor
copd

Current Medications: apixaban 2.5mg bd
metadone 20mg od
dizepam od
Smoking, Alcohol, Drugs, Family and Social History: denies smoking
never been a drinker
not injecting for last 6-7 yrs.
Abdominal Examination: soft,no distention,tender in epigastric and umilicus region,no bladder distention.
bs +
Limb Examination: left leg 39cm,right leg 42 cm,in previous notes,right leg swelling was >4.5 cm.
Other Examination: pr done -chapreoned by sho sushil-
pr empty,no blood or stool.
Differential Diagnosis: rule out obstruction
rule out uti
Management or Treatment Plan: xray abdomen
bloods including amylase.
urine dip done-no signs of infection.

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR C COPE↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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)

F C
17 OCT 2018
S T

15th OCTOBER 2018↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: ↕

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 MONDAY 15th OCTOBER 2018 at 1:52 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- CHEST PAIN

On examination I found:-
CHEST PAIN

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: X-RAY

Investigations: BIOCHEMISTRY

Investigations: CARDIAC ENZYMES ↕

Diagnosis: CHEST PAIN ?CAUSE, ↕

Immunisation: ↕

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL

Treatment: ADVICE - WRITTEN ↕

Disposal & Discharge Details: ADM-CLINICAL OBS/DECISION UNIT↕

Yours sincerely

KAZANTZIDIS, EFTHYMIOS-ST3 ED
Automatically generated and therefore unsigned.

2

EMERGENCY DEPARTMENT
el. No. (01733) 673285

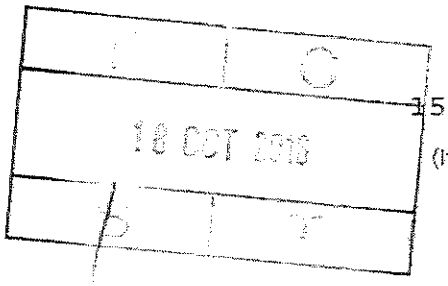
Peterborough and Stamford Hospitals
NHS Foundation Trust

NSULTANT: DR D WILBRAHAM↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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



15th OCTOBER 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 SATURDAY 15th OCTOBER 2016 at
:28 pm

eferred by: SELF

heir presenting complaint was:-
NABLE TO PASS URINE

n examination I found:-
ONSTIPATION,MOVICOL GIVEN TO PATIENT
↕

nvestigations: NONE/NO FURTHER INVESTIGATIONS ↕

iagnosis: CONSTIPATION, ↕

mmunisation: ↕

reatment: RECORDING VITAL SIGNS

reatment: MEDICINES TTO

reatment: ADVICE - VERBAL ↕

isposal: DISCHARGED TO CARE OF GP↕

ours sincerely

RICKETT, LAURA - ED GPST
utomatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Direct Line: 01733 678580
Fax: 01733 678021
Switchboard: 01733 678000

Acute Psychiatric Liaison Service 313
Consultant: Dr. C. Maxey

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

Transcribed: 20 Nov 2018
Reference: CB/LS

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

Dear Mr./Ms. Pooled Boroughbury

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

Assessor: Colleen Bryce

Names of others present at assessment: Colleague, Shelley Filomeno, CNS

Urgency of referral: Urgent

Assessment date and time: 15 Nov 2018 15:22

Source of referral: A&E ED

Systems checked: eTrack - Yes, Evolve - No, Symphony - No, EPRO - No, ICE - No, RiO - Yes, CDL - No, Other - No

Number of ED attendances in the last 12 months: 18

Reason for referral:
Biopsychosocial assessment due to frequent attendances in the Emergency Department for medically unexplained symptoms.

Presenting complaint:
Presented to ED complaining of chest pain. ED medical staff reported no acute concerns.

History of presenting complaint:

Presents in the ED, complaining of physical symptoms. To date has declined assessment by the Liaison Psychiatry Service. Today was agreeable.

Current medication:
Methadone 35 mls, Richard reports that he has been reducing his methadone himself. Has an appointment with Aspire, drug and alcohol service, on 25 November and will discuss this with them.

Diazapam up to 15mg a day. Should be in divided doses, but Richard reports that he takes it all in the evenings. GP - Please consider gradual reduction as reports has been on Diazapam for some time, and appears to be of little benefit.

Apixaban.

Previously prescribed Mirtazapine 15mg but reports it was ineffective.

Past psychiatric history:
No previous history within our trust. Has been offered assessments on previous ED attendances but normally declines.

Past medical history:
Emphysema.
Reports Kidney infection recently.
Complaining that feels unwell all the time, sweating profusely, chest pain. No other diagnosed conditions.

Family history:
Reports father had a psychiatric disorder for which he took medication, but is unsure what.
No other reported history of psychiatric disorders.

Personal history:
Parents both deceased; has 3 daughters, 3 step-daughters. Reports good relationship with his natural daughters, sees every couple of months.

Social history:
Used to work as a bricklayers labourer, currently not working, reports doesn't work due to ill health. Lives in shared accommodation, reports gets on well with his house mate. House mate cooks evening meal. Richard reports that he spends much of his day sitting around, watching television.
In receipt of benefits.

Substance misuse:
History of IV drug use, reports has not used heroin for 6 years. Initially denied other substances, but later admitted to smoking cannabis to help him sleep. Denies use of alcohol.

Forensic history:
Reported being in trouble with the police for offences such as theft, but states this was years ago.

Carer details:
Not applicable.

Safeguarding issues with respect to the patient or children/adults they care for:
Not applicable.

Mental state examination:
Casually dressed male, slightly unkempt, some odour of urine.
Eye contact was reasonable and rapport partially established.
Appeared orientated to time, place, person.

Speech was normal in rate, tone, content and volume, but at times aggrieved.
No observed or reported signs or symptoms of psychotic phenomena. Stated firmly that he has no concerns about his mental health. Described symptoms of chest pain, radiating into his back, excessive perspiration, dizzy spells - which could all be symptoms of anxiety disorder or substance withdrawal symptoms.
Acknowledged having low mood but believes this is due to his physical health concerns.
Reports poor sleep, sits in bed watching television until late into the night and then achieves around 3 hours sleep a night.
Described appetite as poor, but appeared to be eating adequate amounts of food. Reports always feeling ill after eating.

Assessment of capacity:
Appeared to have capacity.

Is there an advance decision: No

Power of attorney for health and wellbeing: No

Power of attorney for finances: No

Brief DICES:
D - Further attendances in ED for perceived physical health concerns. No reported concerns regarding harm to self.
I - Psychiatric admission, CRHTT intervention, referral to community MH services, discharge to GP.
C - Discharge to GP.
E - Richard was unwilling to consider possibility that he could be experiencing an anxiety disorder.
S - LPS colleagues.
Self-harm including suicide: Not Significant
Details: No history known

Harm to others: Not Significant
Details: No known history.

Substance use: Significant
Details: Previous history of IV drug use. Reported has not used heroin for last 6 years. Initially denied other substances, but then admitted to using cannabis.

Vulnerability: Not Applicable

Falls risk: Not Applicable

Non-adherence to treatment: Not Applicable

Absconding: Not Applicable

Driving: Not Applicable

Other risk: Not Applicable

Patient strengths, needs and expectations:
Richard had no expectations from the assessment, he feels his concerns are about his physical health not mental health.

Formulation:
Dismissive of possibility that his symptoms could be related to mental health, or even substance withdrawal, appeared somewhat fixated on there being a major physical condition which has not been

diagnosed or treated. Appeared somewhat scathing of medical professionals and his perceived view that they are missing something significant. We discussed the purpose of the ED which is to treat emergencies and not to explore or investigate long standing issues, and how his perception that the ED staff were not investigating fully would continue to foster his belief that medical professionals are rather useless.

Impression:
56 year old gentleman with a history of substance misuse. Appeared certain that there was an undiagnosed physical condition, although a possible gain in this belief was that he would not have to work in the future due to ill health.
Assessors considered that he may be experiencing an anxiety disorder, together with low mood, Richard absolutely unwilling to consider this.

Global Assessment of Function (GAF) at assessment score: 70

Immediate management plan:
Richard was advised to attend his GP surgery to discuss the possible need for further investigations into his physical complaints, advised that ED would not be the place to undertake this task.
GP to be asked to consider gradual reduction in Diazepam, Richard is not using it as prescribed, has been on Diazepam for some time and not feeling any benefit.
GP to be asked to consider encouraging Richard to accept anti-depressant medication and monitor for efficacy to see if this would reduce his concern about physical health.

Self-management:
As discussed above.

Contingency plan:
GP

A copy of the care plan has been: Declined by the patient

A copy of the GP letter has been: Declined by the patient

Yours sincerely

Electronically signed by
Colleen Bryce
Clinical Nurse Specialist

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

EMERGENCY DEPARTMENT
l. No. (01733) 673285

NSULTANT: DR D VIJAYASANKAR↕

: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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)

20 NOV 2018

15th NOVEMBER 2018↕

:f: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: ↕

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 15th NOVEMBER 2018 at 2:35 pm

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- CHEST PAIN/UNWELL

n examination I found:-
HEST PAIN ?LRTI. TO CODU FOR APLS REVIEW

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: X-RAY

nvestigations: BIOCHEMISTRY

nvestigations: 12 LEAD ECG PERFORMED ↕

iagnosis: CHEST PAIN ?CAUSE,

iagnosis: RESPIRATORY INFECTION, ↕

mmunisation: ↕

reatment: INTRAVENOUS CANNULA

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ↕

isposal & Discharge Details: MEDICAL ASSESSMENT UNIT↕

ours sincerely

tomatically generated and therefore unsigned.

Copy to GP

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

F	C
17 NOV 2017	
S	T

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 BRETTON PETERBOROUGH PE3 8RA	**Date of birth**	30/09/1962
		Patient marital status	Single
		NHS number	498 167 2195
		Other identifier	DIS0529177
		Patient telephone number	07754151754 (Home)

Admission details

Date of admission 14/11/2017 22:54
Source of admission Not known
Admission method Other - Not Known

Department & Contact Details
Emergency Department: ESS Co-ordinator 01733 678743

Discharging Consultant Name - Dr B Gusau

Primary / Main Diagnosis on Admission/Clincal Summary
Generalised shaking, tremors, hyperhidrosis due to anxiety
Infected ulcer left hip
No signs of withdrawl

Co-morbidity
Ex IVDU
DVT x2, on lifelong edoxaban
Hepatitis C
Anxiety

Follow Up / Treatment on Discharge & Discharge Details
No follow up arranged from this admission.
Patient has an appointment with Aspire, drug specialist doctor on 17/11/17

Management & Progress
Mr Dean presented with generalised shaking, tremors, sweating. His bloods were within normal limits. He has a ulcer on left hip, a swab has been taken, results awaited. He was given IV antibiotics while in hospital and discharged on oral antibiotics

Additional Information for GP
Please follow up results of ulcer swab and change antibiotics as needed

Mandatory Items - Nothing to report

Acute Kidney Injury (AKI) - No AKI

Allergies & Adverse Reactions - Penicillin

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

Changes to Drugs Since Admission
Doxycycline 200 mg OD for 7 days

TTOs

TTO Drug	Dose	Frequency	Route	Duration	GP Action	Source	Signatory	Amended
DOXYCYCLINE 100mg CAPSULES	200 mg	Once daily	Oral	7 days	None	TTO	kavuriv	
RIVAROXABAN 20mg TABLETS	20mg	Once daily	Oral	LT	Continue	Patients Own Drug (s)	burgeh	
METHADONE 1mg/mL SF MIXTURE	35mls	Once in the morning	Oral	Review	Review	Not Dispensed	burgeh	
DIAZEPAM 5mg TABLETS	5mg	Three Times a day	Oral	LT	Continue	Patients Own Drug (s)	burgeh	

Checked By: Shilpa Ladva, 15/11/2017 15:02

GP practice

GP practice details x Boroughbury Surgery
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ
Phone: 01733 307840

GP practice identifier D81026

Discharge details

Discharging consultant DR R MITTRA
Discharging specialty/department Geriatric Medicine
Ward PCH Departure Lounge
Date of discharge 15/11/2017 15:20

Person completing record

Name Helen Carrick
Designation or Discharge role Dept\Ward Discharge
Date completed 15/11/2017 15:23

Distribution list

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

Letter Ref 378670/1

Date Printed 15/11/2017 15:23
Signed Helen Carrick [Dept\Ward Discharge]
Hayley Burge [Pharmacy Dept]
Shilpa Ladva [Pharmacist]
Anna Heath [Medical Staff]
Venkaiah Kavuri [Medical Staff]

North West Anglia
NHS Foundation Trust

Dept of Colorectal Surgery 202

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
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:
Priority **routine**

Transcribed: 15 May 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

No worrying cause was identified for Mr Dean's symptoms. The gastroscopy did show an element of dysmotility and a tight gastro-oesophageal junction. If he has any symptoms of dysphagia then he may need a Gastroenterology referral, I shall leave this in your hands and I am discharging him back to your care.

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

North West Anglia
NHS Foundation Trust

Dept of Colorectal Surgery 202

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

Hospital No:	DIS0529177	Direct Line:	01733 677581
NHS No:	498 167 2195	Fax:	01733 676741
Transcribed:	15 May 2017	Switchboard:	01733 678000
Reference:	KS/AR		

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Dear Mr. Dean

Mr. Richard C DEAN DOB 30 Sep 1962

19 Adderley, Bretton, Peterborough, PE3 8RA

I am writing to you to inform you about the results of your recently carried out gastroscopy and flexible sigmoidoscopy. I am pleased to inform you that the results are reassuring.

Your gastroscopy shows you may have some evidence of tight sphinctre in your gullet and if r GP as well as if you have difficulty in swallowing then you may need to be seen by a Gastroenterologist. I am copying this letter to your doctor for your assistance I am discharging you back to your GP.

Yours sincerely

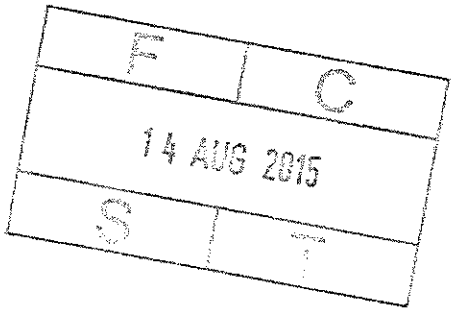
K Saeed.

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

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

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

Date 15/05/2015



Dear Colleague
63 Lincoln Road Surgery

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 on 21/08/2015 at 10.30
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

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: unable to provide

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 one week ago he was in hospital. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He reported no major mental health issue. 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.
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 15/08/2014

Dear Colleague
63 Lincoln Road Surgery

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. 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 on 07/11/2014 at 12.00**
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 32ml

Current prescription from GP
Diazepam 17mg OD; Mirtazapine 15

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: 3 cigarettes a day
Alcohol: no

Urine drug screening positive for: Methadone/Diazepam

Physical Health
Hep C positive, diagnosed 5 years ago, he is currently under the care of the local specialist, due for an appointment for Monday. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He reported no major mental health issue. 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 grown up children, 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 prolongation risk due prescribed medication discussed with the client, an ECG will be arranged in our service 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