Mr D Johns
ORTHOPAEDIC

Mr Johns

RICHARD **DEAN**

7 May 1996

I would be grateful if you would see this young man who has noticed that he ha a extensory deficit overlying his index and ring fingers of his left hand. This ha gradually worsened over recent months. He has no signs or symptoms from hi cervical spine, and I propose that he may have acquired an injury through injecting drugs into his anti-cubital fossa over the years.

I would be grateful for your assessment and any treatment or advice you can offer.

Yours sincerely

Dr H L Blatchford

Accident & Emergency

Tel No: (01733) 874000
Fax No:

Peterborough Hospitals NHS TRUST

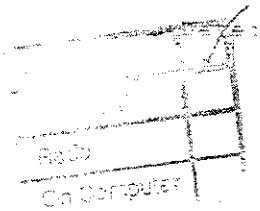
Cons: Dr J B Glover
Mr A Copa

To:

DR RM CARTMEL
144 MAYORS WALK
PETERBOROUGH
CAMBS

PE3 6HA

Date: 10-AUG-1998



Ref. Patient: RICHARD DEAN
174 CROWN ST
PETERBOROUGH
CAMBS

PE1 1HA

D.O.B. 30/09/1962

Telephone: NO PHONE

Our ref. A/E no. 0319836/98

Dist no. DIS0919177

Dear DR CARTMEL

Your patient attended our A/E Dept. on THURSDAY 06/08/1998 at 19:00

Referred by : SELF

Their presenting complaint was:
LACERRATION RIGHT INDEX FINGER

History:
DOOR SLAMMED ON RIGHT INDEX FINGER. RIGHT HAND DOMINANT.
TETANUS COVERED

On examination I found:
LACERRATION TO SKIN OVER RADMAR SIDE PROXIMAL PHALANX RIGHT
INDEX FINGER. DEFORMED. CIRCULATION INTACT

Investigations:
X RAYS OF FINGER(S)

Diagnosis:

Immunisation:

Treatment: ANAES - LOCAL, ORTHO-MANIP/REDUCTION
SPLINT-CARTER STRAPPIN. WOUND-CLEANED
WOUND-SUTURED, S.T.I-HIGH SLING

Disposal: LEFT BEFORE TREATMENT

Yours sincerely

nwa healthcare
NHS ANGLIA HEALTHCARE TRUST

Community Drug Team, City Health Clinic, Wellington Street, Peterborough, PE1 5DU. Telephone (01733) 898385

7th October 1996

Dr H L Blatchford
The Surgery
17a Fletton Avenue
Fletton
Peterborough

NOTES		PATIENT INFO.
FILE	✓	

Dear Dr Blatchford

Re: Richard DEAN (dob 30.9.62)
38 Hankey Street, Peterborough

As you know, this man started on a Dexedrine treatment programme for his Amphetamine addiction on Friday the 27th September, 1996. The next week he failed to pick up his Dexedrine from the Pharmacy and we have concluded from this that he does not need this prescription on a daily basis as he is obviously able to manage without. As such we will be stopping the prescription and the last day that he will be prescribed for is Friday the 11th October, 1996.

With regard to any further treatment, I would suggest to you that should he come seeking drugs from yourself that you resist his requests. I have written to Mr Dean explaining our position and suggesting that he should contact myself to organise some counselling for his drug problems as there is obviously no need to prescribe to him. Of course, if he presents requesting such services we will keep you informed of any developments.

Yours sincerely

Peter Ford

Peter Ford
Drug Counsellor

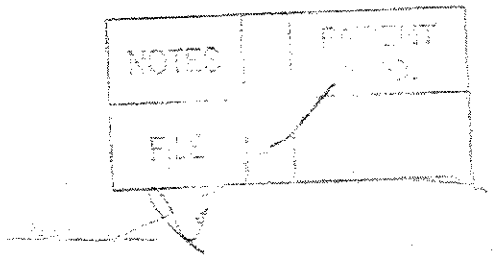
nwa healthcare

NORTH WEST ANGLIA HEALTHCARE TRUST

Community Drug Team, City Health Clinic, Wellington Street, Peterborough, PE1 5DU. Telephone (01733) 898385

19th September 1996

Dr H L Blatchford
The Surgery
17a Fletton Avenue
Peterborough
PE2 8AY



Dear Dr Blatchford

Re: Richard DEAN (dob 30.9.62)
14 Huntly Grove, Peterborough

I assessed Mr Dean on the 27th August, and feel it is appropriate that we offer him treatment through the Community Drug Team.

Our aim would be to turn his currently poly drug use habit to one centred on solely one drug and this is likely to be prescribing Dexedrine as a substitute for his mainly Amphetamine use.

An appointment has been booked for him to see Dr Henchy here at the Community Drug Team on the 24th September, and we will keep you informed of his progress.

Yours sincerely

Peter Ford

Peter Ford
Drug Counsellor

nwa healthcare
NORTH WEST ANGLIA HEALTHCARE TRUST

Community Drug Team, City Health Clinic, Wellington Street, Peterborough, PE1 5DU. Telephone (01733) 898385

25th September 1996

Dr H L Blatchford
The Surgery
17a Fletton Avenue
Fletton
Peterborough

NOTES		PATIENT INFO.
FILE		

Dear Howard

Re: Richard DEAN (dob 30.9.62)
38 Hankey Street, Peterborough

This chap turned up for assessment at the Medical Community Drug Team Clinic this evening, the 24th September, 1996.

He claims that he's been using about 1500mgs a week of Amphetamine by injection and denies any other substance use, including alcohol. I gather from Peter Ford that his life is not terribly stable at the moment and this may militate against his being able to fulfil his aim of stopping injecting completely. Nonetheless we have taken him at face value and will supply him with a prescription for 30mgs of Dexamphetamine a day over five days every week.

I will see him again in the Clinic in three weeks time, and Peter will keep a fairly close eye on him with regular urine tests, etc.

Yours sincerely

Dr M C Henchy
Locum Consultant to Community Drug Team

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR D VIJAYASANKAR

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

12th FEBRUARY 2010

Ref: Patient
RICHARD DEAN
N.F.A.

ZZ99 3VZ
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 006827/10

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on FRIDAY 12th FEBRUARY 2010 at 4:06 pm.

Referred by: SELF

Their presenting complaint was:-
SHORT OF BREATH

On examination I found:-
?INFECTION

Investigations: X-RAY

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: UP.RESP TRACT IF,

Immunisation:

Treatment: PRESCRIPTION

Disposal: ALLOWED HOME

Yours sincerely

A E LOCUM DAY COVER

1 of 2

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Radiology Department
Edith Cavell Hospital
Bretton Gate
Peterborough
Tel: 01733 875401

23/10/09

Dear Doctor Miller

We are returning the attached x-ray referral form as we have not been contacted by the patient within 7 days. If you still wish for the specified examination to be performed please send a new referral.

Yours sincerely

Radiology Booking Co-ordinator

2of2

Peterborough and Stamford Hospitals NHS Foundation Trust - Radiology Referral

Request Number	69724

NHS Number	4981672195		
District No.	DIS0529177		
Patient's Surname	DEAN	Forenames	RICHARD
Previous Name		DOB	30/09/1962
Patient Address	N.F.A. p'boro	Sex	M
PostCode	ZZ99 3VZ		
Home Phone	NO PHONE	Work Phone	
Mobile Phone			
Permission to contact patient by phone or to leave a message	Yes		
Patient Category	NHS		
Transport required and authorised	No		
Interpreter Required	No	Language Required	

Please Note: It is Trust Policy NOT to allow family members to provide interpretation for the patient, it MUST be an independent person.

GP Practice	THE SURGERY, 63 LINCOLN ROAD	Registered GP	DR S PANDAY

Exam required	cxr	Relevant clinical information	smoker. haemoptysis.
Specific questions to be answered	? tb ?	Allergies	
Medication			
Pregnant	No	LMP	
Weight	.	Approx BMI	.
Urgency	Walk In Chest		
Is Patient Fully Mobile	Yes		

Patient Location (not for GP)	N/A
Requestor	Dr PA Miller, 63 lincoln road. Dr flores
Requestor Contact Number	01733567807
Request Date	13/10/2009 14:55:00

This referral must be in accordance with the (IR(ME)R) 2000 guidelines. If the referral does not follow the guideline a member of the Radiology team will contact the Requestor for further clarification before carrying out the examination.

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR R RUSSELL

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

14th SEPTEMBER 2009

Ref: Patient
RICHARD DEAN
N.F.A.

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 900143/09

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on SATURDAY 12th SEPTEMBER 2009 at 3:00 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
OVERDOSE

On examination I found:-
HEROIN OVERDOSE

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: DELIBERATE OVERDOSE,

Immunisation:

Treatment: OBSERVATION

Treatment: DRUG-UNSPECIFIED

Disposal: ADM-CLINICAL OBS/DECISION UNIT

Yours sincerely

C BEST - ~~AEE~~ SHO

CTI

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

CONSULTANT: DR R RUSSELL

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

9th APRIL 2009

F	C
15 APR 2009	
S	T

Ref: Patient
RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH

PE2 5PW
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 017294/09

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 9th APRIL 2009 at 8:42 pm.

Referred by: SELF

Their presenting complaint was:-
ALLERGIC REACTION

On examination I found:-
ALLERGIC REATION- SETTLED

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: ALLERGY,

Immunisation:

Treatment:

Disposal: ALLOWED HOME

Yours sincerely

D ASHDOWN A&E SHO

63
The Surgery
63 Lincoln Road
Peterborough
PE1 2SF

Dr Stephen J Watson
Dr Richard F Trounce
Dr Sohrab Panday
Dr Susan J Grant
Dr Bernadine Sharma

Dr Penny Miller
Dr Catherine Jones

REF: SP /CCR/59513

Wednesday, 25 March 2009

TO WHOM IT MAY CONCERN

Mr Richard Dean D.O.B.: 30/09/1962
1 Oundle Road, Flat 2, Peterborough PE2 9PB

I am the usual regular general practitioner for this gentleman and I can confirm that he has long-lasting ill health making him unable to work, including mental health problems such as anxiety and social phobia.

I would like to support any application for Disability Living Allowance.

Yours faithfully

Dr S Panday

Telephone: General 01733 565511 Fax 01733 569230
Branch Surgery: 2 Church Street, Werrington, Peterborough, PE4 6QB Tel: 01733 571110

Jean

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Richard Dean (Jean) DATE: 28/2/19

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	✓ 0	1	2	3
2. Feeling down, depressed, or hopeless	0 ✓	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0 ✓	1	2	3
4. Feeling tired or having little energy	0	1 ✓	2	3
5. Poor appetite or overeating	0 ✓	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 ✓	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 ✓	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0 ✓	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0 ✓	1	2	3
add columns:		+	+	+
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	**TOTAL:**			

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all ___ Somewhat difficult ___ Very difficult ✓ Extremely difficult ___

192

Dept of Colorectal Surgery
Tel: 01733 874152
Fax: 01733 875308

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

GP Details

DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

Patient Details

MR RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH
PE2 5PW

Hospital Number: DIS0529177
CaseNote Number: P811905
NHS Number: 4981672195

Date of Admission: 22/12/2008 16:00
Date of Discharge: 23/12/2008

Specialty: SURGICAL
Consultant: CDR P TAYLOR

Admission Diagnosis or Symptoms

Known IVDU who frequently injects into his groin veins. Developed mass in LEFT groin area. Discharging foul smelling pus. Presented with pyrexia.

Other Diagnoses and Comorbidities

On methadone regime.
Preivous DVT of RIGHT leg. On warfarin.
Pneumonia and septicaemia 1 year ago.

Management and Progress

USS: Enlarged lymph nodes. No veins at all visible. No aneurysm.

Other Comments

ALLERGIC TO PENICILLIN

Follow Up Details

Please continue Antibiotics for 2/52 total.

Discharged By Emily Manning

Emm

292

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

MR RICHARD DEAN - P811905

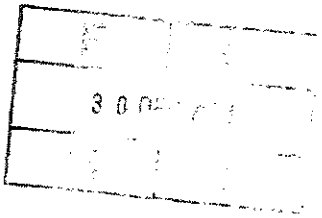
Drugs

METRONIDAZOLE - 400mg - Three Times a Day - oral - 2 Weeks - -

ERYTHROMYCIN - 500mg - Four Times a Day - oral - 2 Weeks - -

METHADONE - 85ml - Once Daily - oral - - PATIENT BROUGH OWN BOTTLE - POD

PARACETAMOL - 1g - Four Times a Day - oral - 2 Weeks - -



Drugs Entered by Enitan Odubanjo
Pharmacist - Surgery/Intensive care
bleep 1287

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

22nd DECEMBER 2008

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

F C
29 DEC 2008
S T

Ref: Patient
RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 062077/08

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on MONDAY 22nd DECEMBER 2008 at 06:02 am.

Referred by: SELF

Their presenting complaint was:-
? ABSCESS LEFT GROIN

On examination I found:-
ABSCESS LFT GROIN – Referred for Inc.

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis:

Immunisation:

Treatment:

Disposal: ADMITTED WARD 4Y PDH
Yours sincerely
A E LOCUM DAY COVER

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

DEPARTMENT OF MEDICINE
Consultant: **DR S ACTON**
Secretary: **Lisa Chambers**

Appointments: 01780 764151 Ext 8253
Office: 01780 764151 Ex 8247
Fax: 01780 754 950
Email: lisa.chambers@pbh-tr.nhs.uk

Stamford & Rutland Hospital
Ryhall Road
Stamford
Lincolnshire
PE9 1UA

Tel: 01780 764151
Fax: 01780 763385

Ref: SAC/LC/P611905

Date: 14/08/2008
Clinic:

F | C
22 AUG 2008
S | T

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire
PE1 2SF

Dear Dr Panday

RICHARD DEAN **DOB: 30/09/1962**
40 Park Lane, Eastfield, Peterborough, PE1 1UW
NHS: 498 167 2195

This man failed to attend renal outpatients on 4th August. In accordance with Trust policy I have not offered him a further outpatient appointment. Nevertheless, he recently had acute kidney injury secondary to sepsis on a background of hepatitis C infection and Cryoglobulin anaemia. Therefore he needs his BP, urinalysis and renal function checked to ensure that he has no significant renal disease. Thereafter this will need to be checked annually or he will need to be re-referred if he has significant renal dysfunction. He should also be assessed for treatment of hepatitis C infection.

Yours sincerely

DR S ACTON
CONSULTANT PHYSICIAN

Scan Read

NHS

Date: Mon, 21 Jul 2008 16:22:55 +0100

From: "Sohrab Panday" <spanday@nhs.net> | | Show headers

Subject: FW: Richard Dean

To:

<cknox@nhs.net>

Please put this on emis and arrange appt
sp

-----Original Message-----
From: Blatchford Laura [mailto:laura.blatchford@cpft.nhs.uk]
Sent: 21 July 2008 14:33
To: Panday Sohrab (NHSMail)
Subject: Richard Dean

Dear Dr Panday,

I saw Richard Dean today for review. He was discharged from hospital following a 1/12 stay.

He reports that his diagnosis was double Pnuemonia and Renal failure. I would be grateful if you would provide a letter for his housing association to support this, as this gentleman is currently homeless.

Kind regards

Laura Blatchford

Laura Blatchford
Substance Misuse Practitioner
Peterborough Drug Services
62 Lincoln Road
Peterborough
PE1 2SN

email: laura.blatchford@cpft.nhs.uk
Telephone: (01733) 898385
Fax: (01733) 758333

www.cpft.nhs.uk

RT P01 TX/RX NO. 3282 17/07 '08 12:22

FAX TRANSMISSION

Leicestershire Nutrition and Dietetic Service NHS

DATE 17/6/08

TO:
Doctor: S Pandey
Fax No: 01733 569230
Location: 63 Lincoln Road, Peterborough PE1 2SF

FROM:
Name: Jenny McMahon
Title: Renal Dietitian
Location: Nutrition & Dietetic Department, Leicester General Hospital
Telephone: 0116 2584981
Fax: 0116 2584933
Website Address: www.lnds.nhs.uk

Re: Name: Richard Dean
Address: 40 Park Lane, Peterborough
DOB: 30/9/62
UN: U489709
Diagnosis: Acute kidney injury

I would like to suggest that the patient should start/continue the following ACBS prescription(s) for the next 3 weeks/months:-

Product	Flavour	Unit/Volume	Dosage/day
Fortijuice	Various	200mls	tds

Indications for use of this product(s) include:
Improve nutritional status

Follow up arrangements are:-

F C 18 JUL 2008 S T

With thanks

J. McMahon
Registered Dietitian

PLEASE NOTE:
We are transmitting a total number of 1 pages (including this sheet). (If you do not receive all of the pages in good condition, please phone the above number).

1 of 6

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST - INPATIENT DISCHARGE LETTER
DEPARTMENT OF NEPHROLOGY

Tel: 0116 258 8043
Fax: 0116 258 4764
Email: Jane.Gilbert@uhl-tr.nhs.uk

15/07/2008

GP details
Dr S PANDAY
63 LINCOLN ROAD
PETERBOROUGH

Patient details
RICHARD DEAN
40 PK LN
PETERBOROUGH, CAMBS PE1 5JH
DOB: 30.09.1962 NHS no. 4981672195

Dear Dr PANDAY

Your patient was admitted to the John Walls Renal Unit on 20.06.2008.
Admitted with: right leg dvt, left hand
cellulitis, sepsis, aki

The Consultant responsible for his care was Professor Nigel Brunskill on Ward 10

New problems during this admission
aki sec to group A strep,
renal us normal had hd
hep c pt, ivdu 6 yrs

Key Investigations: rx multilobar pneumonia TTEcho trivial mr,tr, pr no endocard
Key Results : on warfarin for dvt, ESM on left sternal edge,

Dialysis Access: referred to county drug team. hiv and hep B negative

No Healthcare Related infections noted

Outstanding issues
had abx for pneumonia cryoglobulins positive
hep c f/u in pboro, IVDU on methadone

Other comments
chase viral loads for hep c on warfarin needs monitoring

He was discharged from the Renal Unit on 15.07.2008 to home.
Follow-up: gp for anticoagulation. ~~Plan~~ Confirmed c GP.

If you require any further information please do not hesitate to contact me at the Leicester General Hospital through the switchboard.

Yours sincerely

Dr. R SHAOTA

F	C
18 JUL 2008	
S	T

2/6 & Down

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST - INPATIENT DISCHARGE LETTER
DEPARTMENT OF NEPHROLOGY

RICHARD OEAN DOB: 30.09.1962 U4697009
40 PK LN PETERBOROUGH, CAMBS PE1 5JH

DISCHARGE MEDICATION for ADMISSION 20.06.2008 to 15.07.2008.

Cyclizine (oral)
50mg Three times per day Supply: #10

Diazepam (oral)
5MGmg Four times per day Supply: Supply OP

Fortijuice (oral)
200ML Four times per day Supply: #1 CT.

Loperamide (oral)
2mg Four times per day Supply: Tablets

Methadone (oral) Supply one DAY ONLY in pharmacy (collect) Supply
85NLSmg Once per day 85ml (eight five) Supply 85ml methadone CHP

Warfarin (oral) — carry as per chart.
3MGmg Once per day Supply: #5

Zopiclone (oral)
7.5MGmg Once per day Supply: #10

Signed..... Date: 15.07.2008
Name R SHAOTA

P (Emm
L JO
D JO / 10 SEP.
a Emm

396

University Hospitals of Leicester NHS
NHS Trust

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

07th July 2008

Consultant Dr R Westacott
Tel: 0116 249 0490
Fax: 0116 258 4666
Minicom: 0116 258 8188

Re: **Richard Dean30/09/1962**

Active Problems:

1. Recovering from acute kidney injury likely secondary to sepsis
2. Hepatitis C with viral titres pending with no treatment plan
3. Right leg DVT on warfarin
4. Cryoglobulinaemia, cyrocrit <1%, type pending

Other problems:

1. Social – he is homeless
2. Previous IVDU on methadone
3. Resolved group A strep sepsis
4. Recovered multilobar pneumonia
5. Diarrhoea with negative X3 stool samples
6. Stable anaemia with Hb around 8 to 8.5

Investigations:

1. ECHO (24/06/08): trivial tricuspid and pulmonary regurgitation with no evidence of vegetations
2. CT scan thorax (27/06/08): Pneumonic consolidation & pulmonary oedema. Persistent left SVC
3. HIV negative, Hep B negative
4. Non-specific ANCA positivity, Low C3 & C4 during acute illness
5. Ultrasound kidneys normal

Many thanks for taking over Mr. Dean's care. He initially presented Peterborough Hospital with right leg DVT, group strep A sepsis (likely from hand cellulitis). He subsequently developed acute kidney injury likely from the sepsis.

He was transferred to us on the 20th June 2008. He initially needed acute haemodialysis up until 27th June 2008 when he gained independent renal function. He did not have a renal biopsy. His creatinine today was 137.

4 of 6 R Dean

He had a course of rifampicin, ceftriaxone and clarithromycin for multilobar pneumonia.

His transthoracic ECHO was unremarkable and we do not think that he has endocarditis.

He is not on any treatment for his hepatitis C as he is still using IV drugs prior to admission and we do not have his viral load as yet.

He has made excellent recovery and able to mobilise independently.

Many thanks

NACHE

Azri Nache
Spr Renal Medicine

526

University Hospitals of Leicester NHS
NHS Trust

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Tel: 0116 249 0490
Fax: 0116 258 4666
Minicom: 0116 258 8188

02/07/2008

Dear Dr Chin,

re **Richard DEAN**
dob 30/09/08
U4897009

Background -IVDU, on methadone
-Hepatitis C

The above gentlemen is a 46 year old known IVDU who was transferred to the renal unit on 20/06/08 from Peterborough with acute kidney injury (AKI). He was admitted on 16/06/08 with a right femoral DVT and cellulitis of the left hand, having grown Group A Streptococcus in a blood culture. On admission he was also found to have a multilobar pneumonia, confirmed on CT scan, and is beening treated with rifampicin, IV ceftriaxone and clarithromycin. A systolic murmur has also been noted. There have been no organisms cultured since admission to LGH. The AKI is presumed to be secondary to sepsis.

A TTE was done on 24/06/08 which was normal apart from trivial mitral, tricuspid and pulmonary regurgitation, but has not excluded infective endocarditis. Currently his pneumonia is improving, with a PO2 11.6 on air. His renal function is also improving. His inflammatory markers are still mildly elevated, with a CRP 84. Please would you consider this gentleman for a TOE to exclude infective endocarditis as a cause for his sepsis, given his high risk.

Regards

Dr A Gupta (bleep 3102)
FY1 nephrology
(patient under the care of Dr Westacott,
locum consultant nephrologist)

6Q46

Dr Davies received 709-3108.

Dear Dr Chin/ Dr Davies,

Richard Dean
U4897009
30/09/1962

Would it be possible for your opinion with a view to a possible T.O.E. for this inpatient (currently on ward 15a LGH)?

He is a 46 year gentleman who presented to Peterborough 3 weeks ago with a DVT and cellulitis. His past history includes hepatitis C and is an IVDU. He developed acute renal failure and SOB, with a positive group A strep on blood culture, treated initially with clindamycin. He was transferred to LGH for dialysis. Since then he has remained stable but not improved as expected and is currently receiving ceftriaxone, rifampicin, clarithromycin (penicillin allergic) and heparin. He is starting to require less frequent dialysis. He also has diarrhoea, though is CDT negative.

On examination he has an ESM over sternal area, a vasculitic-type rash over leg but no peripheral stigmata of SBE.

Investigations include

TTE- showing no obvious vegetations but trace regurgitation (?which valve).
HRCT (awaiting formal report)- evidence multi-lobe pneumonia
No positive blood cultures whilst in LGH.
CRP static around 90
Immunology- IgG 27, C3 low, C4 undetecable, cANCA 1:160 (thought to be secondary to infection- cryoglobulins awaited)
HIV -ve

We are concerned that endocarditis has not been fully excluded in this high risk gentleman, and the possibility for the multiple sites of consolidation in his lungs to be septic emboli.

Thank you

Neil Greening (bleep 3407)
ST2/SHO to Dr Westacott, Renal physician

University Hospitals of Leicester NHS

NHS Trust

THE JOHN WALLS RENAL UNIT

PT/CW/af134714
5 August 2008

Dr S Panday
63 Lincoln Road
Peterborough
Cambridgeshire
PE1 2SF

F	C
01 Sep 2008	
S	T

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Tel: 0116 249 0490
Fax: 0116 258 4666
Minicom: 0116 258 8188

Dear Dr Panday

RICHARD DEAN **NHS No. 4981672195** **DoB: 30 September 1962** **U4897009**
40 Park Lane Peterborough, Cambs PE1 5JH

Admitted: 20 June 2008 **Discharged:** 15 July 2008

Mr Dean was admitted through EAU from Peterborough District Hospital on the 20th June 2008.

He has a previous background of known iv drug use (heroin, methadone) and is also Hep C positive.

He was admitted on the 16th June 2008 with several warm right leg swellings and left hand red rash and soreness. He also had a right femoral vein DVT and left hand cellulitis. He had positive group A streptococcal blood cultures and he was treated with clindamycin for 2 weeks.

He also developed acute kidney injury likely secondary to cryoglobulins +/- sepsis and medication. His renal function subsequently stabilised not requiring any renal replacement therapy.

His DVT was treated with iv heparin and he was later converted to warfarin.

He also had multi-lobular pneumonia which was treated with clarithromycin and cephtriaxone. His rifampicin was also continued. His inflammatory markers improved.

His IVDU was treated with methadone. He had C-diff negative diarrhoea and there was a query about endocarditis but it was a low clinical suspicion because his inflammatory markers had improved.

During this admission the risks of anticoagulation without any follow up were explained to the patient because he did not have a fixed schedule. However, he did explain that he has a regular GP in the form of yourself and that he understood the risks associated with anticoagulation and he agreed that he would have regular anticoagulation follow up. Our House Officer on the 15th July contacted the GP practice at the address above and spoke to Dr Watson, covering GP as Dr Panday was on leave. It was confirmed by the GP that the patient can have warfarin follow up there.

Hence, the patient was discharged on the 15th July 2008. His follow up was also booked at Peterborough in 2-4 weeks time.

Medication			
	Zopiclone	7.5 mg	x1/d
	Loperamide	4 mg	x4/d
	Cyclizine	50 mg	x3/d
	Warfarin	3 mg	x1/d
	Methadone	85MLS mg	x1/d
	Fortijuice	200ml	x4/d
	Diazepam	5 mg	x4/d

Yours sincerely

Dr R Akbar
Specialist Registrar in Nephrology

Countersigned

Dr Peter Topham
Consultant Nephrologist

Cc: Dr Mistry – Peterborough

(92)

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

17th JUNE 2008

Ref: Patient
RICHARD DEAN
40 PARK LANE
EASTFIELD
PETERBOROUGH

PE1 1UW
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 029236/08

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on MONDAY 16th JUNE 2008 at 3:22 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
?CELLULITIS RT ANKLE & LEFT HAND

On examination I found:-
L. HAND CELLULITIS. R. LOWER LEG DVT.
L. GROIN ABSCESS

Investigations: PATHOLOGY INVESTIGATIONS

Investigations: BM GLUCOSE

Investigations: TEMP PULSE RESP RECORDED

Diagnosis: BOIL / ABCESS,

Diagnosis: D.V.T.,

Diagnosis: SOFT TISSUE INFECTION, L HAND

Immunisation:

Treatment: DRUG-ANALGESIA PRESCR.

Treatment: DRUG-ANTIBIOTIC PRESC.

F	C
19 JUN 2008	
S	T

192

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

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(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

17th JUNE 2008

Ref: Patient
RICHARD DEAN
40 PARK LANE
EASTFIELD
PETERBOROUGH

PE1 1UW
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 029236/08

District Number DIS0529177
NHS No 498 167 2195

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Investigations: BM GLUCOSE

Investigations: TEMP PULSE RESP RECORDED

Diagnosis: BOIL / ABCESS,

Diagnosis: D.V.T.,

Diagnosis: SOFT TISSUE INFECTION,L HAND

Immunisation:

Treatment: DRUG-ANALGESIA PRESCR.

Treatment: DRUG-ANTIBIOTIC PRESC.

F | C
19 JUN 2008
S | T

292 R. Dean

Peterborough and Stamford Hospitals
NHS Foundation Trust

Treatment: DRUG-UNSPECIFIED

Treatment: RESUS-IV LINE SITED

Disposal: ADMITTED WARD 3X PDH

Yours sincerely

S ALAZZAWI - A&E SHO

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Secretary: Lynne Phillips
E-mail: lynne.phillips@pbh-tr.nhs.uk
☎ 01733 874293
🖷 01733 875287 (safe haven)

Department of General/Respiratory Medicine

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

Dr. SEEMA BRIJ
E-mail: seema.brij@pbh-tr.nhs.uk

LHP: P611905_200711061515_CS

Clinic Summary: Dr. Brij 6/11/07
09/11/2007

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire

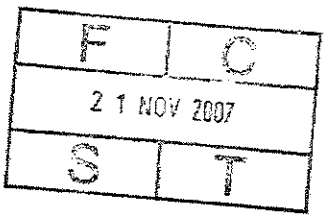
Dear Dr Panday

RE: MR RICHARD DEAN, DOB 30/09/1962
6 Creighton House, St Marys Court, Peterborough,

This gentleman with pneumonia and empyema on the left failed to attend his outpatient appointment today. I would have liked to have seen a repeat chest x-ray. However he had some social problems. I would be interested to know if he is still on tinzaparin for his DVT. I have not made him an a repeat appointment to see me as I do not think he will attend. However should you wish me to see him please do not hesitate to call me on the above number and I will add him to one of the clinics as an urgent case.

Yours sincerely,

SEEMA BRIJ
Consultant General/Respiratory Physician



DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

A

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

(IN PATIENT) DAY PATIENT
OUT PATIENT
DATE ADMITTED 2/8/07
DATE DISCHARGED 10/8/07
UNDER THE CARE OF
WARD 14

P G1 19 05
DEAN, RICHARD
72 LONDON ROAD
Peterborough

PE1 2SN 30-SEP-1982
DR D. CHINN

MAIN DIAGNOSIS or Reason for Admission: LETHARGY ?CAUSE
TO RULE OUT INFECTIVE ENDOCARDITIS

OTHER IMPORTANT CONDITIONS i.e. Diabetes, Drug Sensitivities etc.: ALLERGIC TO PENICILLIN
IVDU
HEP C +VE
PAST DVT

OPERATION OR TREATMENT or Principal Special Investigation:
BLOOD CULTURE x2 –
SPUTUM MCS | BRONCHIAL ASPIRATE – NORMAL FLORA
ECHO – NORMAL

TREATMENT ON DISCHARGE HOME

F C
14 AUG 2007
S T

MEDICINES TO TAKE HOME (Block Capitals)

An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
9/8	DIAZEPAM	20MG	DAILY (NOCTE)	7		
9/8	METHADONE	70ML	DAILY	– TO GET FROM GP		
9/8	ZOPICLONE	3.75 MG	NOCTE DAILY	7		

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)

Signed: Position Held: ST-1 Date: 9/8/07

09/08/07
Paracetamol + codeine also on drug chart - when required can co-codamol be prescribed over the counter if required

Monday.

G.P.'S ADDRESS

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

PHAMR 240
WZZ 689

Secretary: Lynne Phillips
E-mail: lynne.phillips@pbh-tr.nhs.uk
☎ 01733 874293
🖷 01733 875287 (safe haven)

Peterborough and Stamford Hospitals
NHS Foundation Trust

NHS

Department of General/Respiratory Medicine

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Dr. SEEMA BRIJ
E-mail: seema.brij@pbh-tr.nhs.uk

Tel: 01733 874000
(If DDI prefix extension No. with 87)

LHP: P611905_200707241630_CS

Clinic Summary: Dr. Brij 24/7/07
31/07/2007

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire

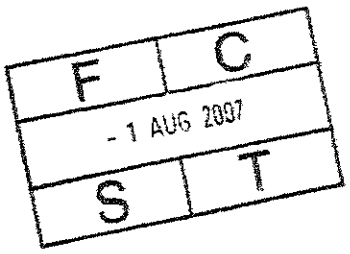
Dear Dr Panday

RE: MR RICHARD DEAN, DOB 30/09/1962
54 A Broadway, Peterborough, ,

This young man with pneumonia DNAd his outpatient appointment with me today. I have issued him with a repeat appointment and would be grateful if he comes to the practice that you reiterate the need for him to have a repeat chest x-ray and see me in the clinic.

Yours sincerely,

SEEMA BRIJ
Consultant General/Respiratory Physician



Our Ref: RB/DSP/lb/dean-r-17.7.07 **COPY**

17th July 2007
(Dictated in Clinic: 13.7.07)

Community Drug Team
Main Office
62 Lincoln Road
Peterborough
PE1 2SN

Tel: (01733) 898385
Fax: (01733) 758333
E-mail: cdt@cambsmh.nhs.uk

Mr Richard Dean
C/o Hope House
72 London Road
PETERBOROUGH
PE2 9BP

Dear Richard

You were due to see me in the Community Drug Team clinic on the 13th July 2007 but failed to attend.

The staff have made me aware that you have been in hospital recently; I hope your health is improving.

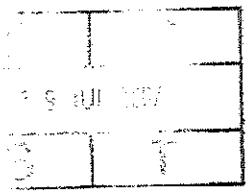
We have rebooked you in for another clinic appointment on:

Date: **Thursday, 9th August 2007**
Time: **10.00am**
Venue: **62 Lincoln Road, Peterborough**

Yours sincerely

Dr R Basi
Peterborough Substance Misuse Services
Cambridgeshire and Peterborough Mental Health Partnerships NHS Trust

Cc Dr Panday



DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

A

36

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

UNIT NO.

P 61 19 05
DEAN, RICHARD
NFA

30-SEP-1952

DR S. PANDAY

IN PATIENT / DAY PATIENT
OUT PATIENT
DATE ADMITTED 24/5/07
DATE DISCHARGED 22/6/7
UNDER THE CARE OF SBRIJ
WARD 14

MAIN DIAGNOSIS
or Reason for Admission

A Rt sided pneumonia.
Ⓓ lower zone lung emphysema
Admitted ? Sepsis - 2 days on ICU - not intubated

OTHER IMPORTANT CONDITIONS
i.e. Diabetes, Drug Sensitivities etc.

Central line inserted to gain IV access. 27 days of IV Teicoplanin given.
Blood cultures: Coag ⊖ Staph

OPERATION OR TREATMENT
or Principal Special Investigation

X2 cardiac Echo (Transthoracic) → No Vegetations seen.
~900ml of fluid drained from Ⓛ side of chest
Felt well towards end of admission. IV Teicoplanin stopped.
14/7 of Fusidic Acid 500mg oral tabs.

TREATMENT ON DISCHARGE HOME

Also ∆ of Rt femoral DVT (10/5/07) → On tinzaparin injections.

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
22/6/7	TINZAPARIN 0.8 mls	20	od	7 days		⑦ LC
		pc: to obtain more from GP				
	NICOTINE PATCHES 21mg TDS	30		7		-PQD
	FORTISIP 1 TDS			7		NOT PHARMACY
	Fusidic Acid	500mg O	TDS	7		÷ 42 LC
	pc: Methadone	70mg	od	-to be supplied in community		

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)

Continue tinzaparin — S/C
OPD SBRIJ — 4/52 ? Rpt CXR

Signed: [signature] Position Held: SHO Date: 22/6/7

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

G.P.'S ADDRESS

PHAMR 240
WZZ 689

F C T S 26 JUN 2007

Our Ref: ML/DSP/lb/dean-r-25.6.07

COPY

25th June 2007
(Dictated in Clinic: 7.6.07)

Community Drug Team
Main Office
62 Lincoln Road
Peterborough
PE1 2SN

Tel: (01733) 898385
Fax: (01733) 758333
E-mail: cdt@cambsmh.nhs.uk

Richard Dean

TO BE HELD IN RECEPTION

Dear Richard

You did not attend your clinic appointment this morning, the 7th June and I presuming that you are still in hospital.

So that you do not fall out of the loop for clinical review, I have rebooked you for:

Date: **Friday, 13th July 2007**
Time: **1.30pm**
Venue: **62 Lincoln Road, Peterborough**

In the interim, your Keyworker Laura will attempt to ascertain what has been happening and I have asked the Chemist to let us know if you represent there.

Yours sincerely

Maggie Lawrence
Team Manager
Peterborough Substance Misuse Services
Cambridgeshire and Peterborough Mental Health Partnerships NHS Trust

Cc Dr Panday
Cc Laura Blatchford

Peterborough District Hospital

Procedure Venue: PDH endoscopy

Bronchoscopy Report

Date: 07/06/2007
Start Time: 10:24:11 End Time: 10:24:11

Id number: P611905
Name: RICHARD DEAN
Date of birth: 30/09/1962
Address: NFA

Classification: WARD

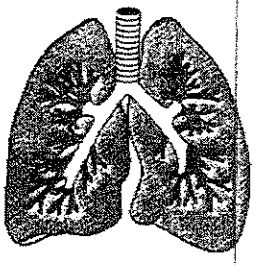
Referring doctor: Dr S BRIJ

General practitioner:

Bronchoscopists
Dr Soma Kar
Dr Ian P F MUNGALL Consultant

Instrument
BRONCHOSCOPE 240

Medications Used
No pre-medication used.
Topical lidocaine



Indications
Radiologic abnormality

Report Findings
There was nothing precluding the bronchoscopy on history or physical examination. Informed consent for the procedure was obtained. The risks and benefits were explained and the alternatives were outlined.

The patient tolerated the procedure well, and there were no complications. The larynx was examined and was normal.
The only post operative instruction was nil by mouth till passes "gargle test".

Preliminary Diagnosis
Normal bronchoscopy.

Procedures
Vial 1: washing x 1 from L Lobe for Culture
Vial 2: washing x 1 from R Lobe for Culture

General Comments
Normal bronchoscopy. Normal vocal cords, trachea , carnia and bronchial tree. Mucoid secretion from both loer lobe bronchus. Washing taken from Right and left lower lobe bronchus for MCS and PCP.

Signature: S. Kar

Dr Soma Kar

C.C. Report to General Practitioner
C.C. Report to Peterborough notes

F C
12 JUN 2007
S T

PETERBOROUGH DISTRICT HOSPITAL
INTENSIVE CARE UNIT
Nursing transfer details

WATSON.

For G.P. Information

HOSPITAL NUMBER: P611905
NAME: Richard DEAN DOB: 30/9/1962
ADMISSION DATE: 25/5/2007
DISCHARGE DATE: 26/05/07 Transferred to ward 17

Main reason for admission:
Secondary reason for admission:

Admission and progress details

Sepsis prob sec to right groin abscess/sinus. Right femoral DVT. IVDU.
Previous Hep B / HIV / Hep C -ve
Admitted for fluids + norad

Discharge comments

Patient currently self ventilating on 4l O2 via nasal cannula. Resp rate 15-25, SaO2 94-98%. ABG's satisfactory. Coughing ,nil expectorated. Haemodynamically stable,Heart rate 70-85 bpm SR, Apyrexial. BP 120/60. K+ levels stable.

Nil IV Fluids, taking good amounts oral fluids and diet. Urinary catheter insitu, good diuresis. BO small amount soft stool.

Patient sleepy but orientated when awake. Moving Self around the bed, minimal assistance required to change position. Declined wash and personal care. Visited by daughter, other daughter telephoned.

Sinus wound clean and not oozing.

Receiving daily methodone.

F	C
31 MAY 2007	
S	T

Mews score:

Signed.....

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

25th MAY 2007

F	C
30 MAY 2007	
S	T

Ref: Patient
RICHARD DEAN
NFA

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 025155/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 24th MAY 2007 at 4:55 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
UNWELL

On examination I found:-
INFECTED FISTULA RIGHT GROIN-SEPTIC

Investigations: PATHOLOGY INVESTIGATIONS

Investigations: 12 LEAD ECG PERFORMED

Diagnosis: SOFT TISSUE INFECTION,R THIGH

Immunisation:

Treatment: INTRAVENOUS CANNULA

Treatment: ADVICE - VERBAL

Disposal: ADMITTED WARD 1Z PDH

Yours sincerely
G WHEBLE - SHO A/E

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

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Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

18th MAY 2007

Ref: Patient
RICHARD DEAN
30 HANKY STREET
PETERBOROUGH
CAMBS

PE1 2HH
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 023939/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on FRIDAY 18th MAY 2007 at 10:34 am.

Referred by: SELF

Their presenting complaint was:-
DVT RT LEG/ ACCIDENTAL OD

On examination I found:-
ACCIDENTAL OVERDOSE

Investigations:

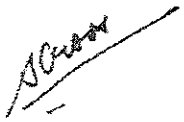
Diagnosis: DELIBERATE OVERDOSE,

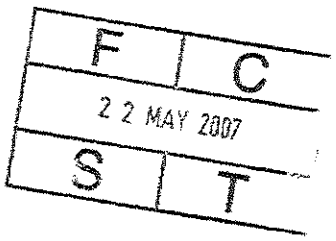
Immunisation:

Treatment:

Disposal: ADM-CLINICAL OBS/DECISION UNIT

Yours sincerely
S CROSS - CLINICAL FELLOW A&E





SP (37) 16.45

A

DVT. Service No Drug

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

17.00

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

UNIT NO. P611905
SURNAME (BLOCK CAPITALS) DEAN
MR/MRS/MISS RICHARD
FIRST NAMES
ADDRESS 30 HANKEY St
POSTCODE P'BORO

IN PATIENT/DAY PATIENT
OUT PATIENT
DATE ADMITTED 10.5.07
DATE DISCHARGED
UNDER THE CARE OF CDM
WARD 3X DVT Service

30-9-62

MAIN DIAGNOSIS or Reason for Admission: DVT Confirmed
Painful Swollen (R) Leg

OTHER IMPORTANT CONDITIONS i.e. Diabetes, Drug Sensitivities etc.: IV Drug User

F	C
14 MAY 2007	
S	T

OPERATION OR TREATMENT or Principal Special Investigation:
D-Dimer - 71050
USUN - DVT in (R) Femoral Vein

TREATMENT ON DISCHARGE HOME
- Tinzaparin 3/12

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
10.5.07	TINZAPARIN	0.8	OD	7		7x0.9ml 39
10.5.07	CO CODAMOL 8/500	ii	QDS	14		3or 8/500 TD
10/5/07	FINZAPARIN	0.8	OD	7		

FOLLOW UP (i.e. OPD Appointment, District Nurse, Health Visitor, Other (Please specify)): with GP

Signed: | Position Held: SR | Date: 10/5/07

G.P.'S ADDRESS

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

PHAMR 240
WZZ 569

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

A

P 61 19 05
DEAN, RICHARD
174 CROWN ST
PETERBOROUGH
DAM3S

PE1 3JA 30-SEP-1962
DR S. PANDAY

IN PATIENT/DAY PATIENT
OUT PATIENT
DATE ADMITTED 13-4-07
DATE DISCHARGED
UNDER THE CARE OF DBR
WARD 3X OUT Service

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

MAIN DIAGNOSIS
or Reason for Admission Painful Swollen (R) Leg

OTHER IMPORTANT CONDITIONS
i.e. Diabetes, Drug Sensitivities etc. IV Drug User

OPERATION OR TREATMENT
or Principal Special Investigation D-Dimer - 675

TREATMENT ON DISCHARGE HOME
Did Not Attend For USW

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY

F C
9 MAY 2007
S T

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)

Signed: [signature] Position Held: CNS Date: 4-5-07

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

G.P.'S ADDRESS

PHAMR 240
WZZ 685

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

14th APRIL 2007

Ref: Patient
RICHARD DEAN
174 CROWN STREET
PETERBOROUGH
CAMBS

PE1 3JA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 017435/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 12th APRIL 2007 at 1:27 pm.

Referred by: General Practitioner

Their presenting complaint was:-
DVT RT LEG

On examination I found:-
DVT RIGHT LEG > DVT CLINIC ON 3X AT 9am.

Investigations: PATHOLOGY INVESTIGATIONS

Diagnosis: D.V.T.,

Immunisation:

Treatment: ADVICE - VERBAL

Disposal: REFERRED OTHER CLINIC
Yours sincerely
F SHAFI - SHO A/E

Not SHAFI.

F	C
17 APR 2007	
S	T

ML/dean-r-20.1.07
(dictated in clinic 18.1.07)

Richard Dean
6 Creighton House
St. Marys Court
Peterborough
PE1 1UW

Dear Richard,

You were due to be seen in clinic this morning at the Community Drugs Team and you failed to attend. I have reviewed your notes and see that you were last reviewed formally by your key worker on 28th November 2006. You then failed to attend your next offered appointment on 14th December. We have rebooked you in this instance for

Date 15th March 2007
Time 11.00 am

I must insist that you attend this appointment without fail in order to maintain your prescription.

Yours sincerely,

Maggie Lawrence
Clinical Manager
Peterborough Community Drugs Team

c.c. Dr. Panday, 63 Lincoln Rd. Peterborough PE1 ✓

F	C
22 JAN 2007	
S	T

REF: SP/CCR/59513

Rebecca Keogh
Devas-Lewis-James Solicitors
2 King Street
Peterborough
PE1 1LT

Thursday, 02 November 2006

Dear Ms Keogh

Mr Richard C Dean DOB: 30/09/1962
6 Creighton House, St Marys Court, Peterborough, PE1 1UW

Your Ref: RK/SA/DEA0040014

Thank you for your letter of 21.09.06 together with signed consent from your client authorizing me to release medical information.

I confirm Richard has had chronic anxiety for at least 3 years. This was still a problem on 29.07.06 and beyond that date; so he has been unfit to work throughout the period he has "missed" his community punishment.

In addition he is on Methadone (70ml/day – daily pick-up, and observed by pharmacist) by prescription from the Community Drug Team where he is seen regularly: and he was last seen on 17.10.06 by his drug Key worker (Laura Blatchford).

He also attends the GP surgery regularly, last seen 20.09.06, and is prescribed Diazepam 4 mg daily for his anxiety.

I hope this information is useful.

Thank you.

Yours sincerely

Dr S Panday
MRCGP MRCP

NATIONAL PROBATION SERVICE
for England and Wales

Cambridgeshire

Our Ref: JM/pjp/dean-r-04.11.05

4th November 2005

Dr Panday
The Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF

Dear Dr Panday

Richard DEAN (30.09.62)
37 Waltham Close, Welland Estate, Peterborough

The above named person is currently in treatment with the National Probation Service. He is being treated by myself and Dr Basi.

I will keep you updated of the client's progress.

Yours sincerely

John Mzondo
Addiction Nurse Specialist
Probation Service

NATIONAL PROBATION SERVICE
for England and Wales

Cambridgeshire

Our Ref: RB/pjp/dean-r-22.11.05

22nd November 2005
(Dictated in clinic ~ 02.11.05)

F	C
3 0 NOV 2005	
S	T

Dr Panday
The Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF

Dear Dr Panday

Richard DEAN (dob:30.09.62)
37 Waltham Close, Welland Estate, Peterborough

Richard was reviewed at the Peterborough Probation clinic on Wednesday 2nd November 2005.

He is presently on Methadone Mixture 1ml/1mg 80mls daily and still tending to use quite frequently on top on that. There are issues concerning this, more being the accommodation where he lives where there are quite a lot of users and he is having great difficulty to saying no. He is also suffering a lot more from anxiety attacks especially in crowds, which is tending to make him feel even worse. We will try and refer him to a counsellor to try and help him sort out some of the issues happening in his life (he also wants to discuss the death of his mother 18 months ago and also a similar sort of time that his sister died, and we will also refer him to be seen by the Psychiatrist over at the Nene Project).

He will be reviewed in clinic over the next couple of months.

Yours sincerely

pp

Dr R Basi
Peterborough Probation Service

The Nene Project

Bridge Street Police Station
Peterborough, PE1 1EH
Tel 01733 424484/5
Fax 01733 424405

Our Ref: RR/DSP/ dean-r-20.5.05

The Nene Project
"Working Together"

20 May 2005
(Dictated in Clinic - 19.5.05)

CONSTABULARY
Creating a safer Cambridgeshire

Dr Panday
The Surgery
63 Lincoln Road
PETERBOROUGH
PE1 2SF

- 8 JUN 2005

Dear Dr Panday

Richard DEAN (dob: 30.09.62)
Fairview, 1 Oundle Road, Peterborough

Diagnosis:

1. **Opiate dependence: currently on 80mls Methadone Mixture 1ml/1mg daily. Current use of Heroin on top of prescription on occasions.**
2. **Mixed anxiety and depressive disorder (possibly delayed grief reaction). Was prescribed Amitriptyline 50mgs od, which he has stopped taking for the past two weeks. Advised to commence on Mirtazapine 30mgs od on 19.05.05.**

Richard was seen in the Nene Drug Addiction Project on the 19th May 2005. He is currently with the DTTO.

He has been suffering from panic attacks over the past 3-4 weeks. He complains of panic attacks on occasions when he is in a crowded situation. He experienced anxiety symptoms a year ago. He also has been feeling quite low in mood. He has noticed that he has been crying a lot over the past few months. He has had thoughts of self-harm, though has never acted upon these and does not have any ideas to act upon them either. His sleep has been affected. He has been able to maintain average self-care. He says he has been eating when he is reminded at the hostel to have a meal. He did appear quite low in mood at the time of the interview.

Past History
A year ago, he suffered from depression and was commenced on Amitriptyline 50mgs od. He has not been taking this medication on a regular basis and hence felt it was not of much benefit.

Family History
Both parents suffer from mental health problems. Richard recalls that both his parents were in and out of psychiatric units in the past.

Personal History
He was born in Scotland and recalls spending most of his childhood in various children's homes. He completed school at the age of 15½ years. He did not fare very well at school, as he was unable to concentrate at work. After completion of school, he worked on a building site for 4-5 years. He met his partner at the age of 20. She had three children from previous relationships. He stayed with his partner for 19 years and they had two daughters. In 2000, he went into prison for three years for fraud. Whilst he was in prison, his partner settled in a different relationship.

When he was released from prison, he brought his two daughters to live with him. However, he went into prison again for various reasons, which included breach of regulations etc. Since his release from prison over the recent years, he has been living homeless for a while on the streets. Over the recent months, he has been living at Fairview Hostel.

His mother and sister died in September 2004. There is a possibility that Richard is still grieving their death.

Physical Health

Allergy to penicillin. No history of palpitations other than when he has panic attacks. No history of fever or headaches. No history of blood pressure problems. No history of chest pain or breathing problems.

Forensic History

He has had ten prison sentences for fraud, theft, driving whilst disqualified etc.

He is currently on 80mls Methadone Mixture 1ml/1mg daily. He continues to use Heroin on top on occasions, up to two bags (0.1g). He has been injecting this.

I have advised Richard to stop taking Amitriptyline, as he has never been taking this medication on a regular basis. I have commenced him on Mirtazapine 30mgs od and have given him a prescription for two weeks. **I would be grateful if you could supply a follow-up prescription of the same medication.** I feel he is suffering from a mixed anxiety and depressive disorder (it could also be delayed grief reaction). I have also encouraged him to attend bereavement counselling.

I will be reviewing him in clinic again in six weeks time. Meanwhile he will be followed up by his Keyworker on a regular basis.

Yours sincerely

pp. PPakering

Dr Renuka Raju SHO
Community Drug Team

see Dr
re Hep C
he is transferred out

C + Rescan

The Cambridgeshire DTTO Centre
DTTO North Team
Gloucester House
23a Londond Road
Peterborough
Cambs
Huntingdon, Cambs
PE2 8AP
Tel: (01733) 348828
Fax (01480) 313765

19th January 2005

Dear Dr Panday

Re: **Richard Dean**
DOB 30/09/62
c/o 98 Flore Close
Westwood
Peterborough

This is to inform you that the above-named patient, who is registered with your practice, is receiving treatment for her drug dependency with this agency as part of a Drug Treatment and Testing Order (DTTO).

He is been commenced on a script of Methadone 30mg which will titrate to 60 mg (1mg/1ml) in the first week.

He will be required to attend for regular medication reviews whilst subject to the DTTO. I will keep you fully informed of any further developments.

Please contact me or the DTTO nursing staff at the above address if you require any further information.

Yours sincerely

Dr R Basi

Criminal Justice Intervention Programme
Peterborough

The Nene Project

Bridge Street Police Station
Peterborough, PE1 1EH
Tel 01733 424484/5
Fax 01733 424405

The Nene Project
"Working Together"

CONSTABULARY
Creating a safer Cambridgeshire

2nd August 2004
(Patient seen in clinic 27.7.04)

Dr Watson
The Surgery
63 Lincoln road
Peterborough
Cambs

F C
- 4 AUG 2004
S T

Dear Dr Watson

Richard DEAN (dob:30.9.62)
C/o St Theresa's, Manor Street, Peterborough

Richard was reviewed at the Nene Drug Addiction Project on Tuesday 27th July 2004.

He is presently using 5 to 6 bags of 0.2 grams of Heroin per day, which he is intending to inject into his groin. He had been using Heroin for the last 3 to 4 years. Although his injecting history goes back 14 years previously, he used to inject Amphetamines. He tends to use Benzodiazepines occasionally every couple of days when he uses Valium 10 to 20mgs. He rarely uses Crack but he smokes cannabis about 2 to 3 joints every couple of days.

He wants to stabilise and then hopefully do a Detox. Hence we have started him on Methadone Mixture and we shall increase him up to 50mls over the next few days.

We shall review him in clinic in 1 weeks time.

Yours sincerely

Dr R Basi
The Nene Project