NHS Lanarkshire

Discharge Summary
Hunter Community Health Centre
Andrew Street
East Kilbride

G74 1AD
TEL. NO. 01355 597447
FAX NO. 01355 597490

CONFIDENTIAL

Dr FR Wyllie
Mavor Medical Practice
Hunter Health Centre
Andrew Street
East Kilbride
G74 1AD

Date: 01/10/2020
Our Ref: CH/DR/sm
CHI No: 2104673933

Enquiries to: Dr Roy

Dear Dr Wyllie

Re: Andrew Shaw DoB: 21/04/1967 CHI: 2104673933
30 Douglas Drive, East Kilbride, Glasgow, G75 8JS

Date of Admission: 25-08-2020
Date of Discharge: 29/09/2020 (left against medical advice)

Diagnosis :
Trauma reaction secondary to psychosocial events and chronic substance misuse

Ward/Consultant:
Ward 20, Dr Roy

Legal Status:
- ***throughout admission***
- ***at discharge***

Informal throughout

Discharge Medication:
- ***High dose antipsychotics***
- ***Previous adverse reactions***

Propanolol 20mg BD
Aripiprazole 10mg OD
Sertraline 100mg OD
Promethazine 50mg OD

Follow up:
No further follow up
Referral to community Psychology could be considered at some point in the future if Andrew settles in one place

Health&Social Care North Lanarkshire

North Lanarkshire Council

Reason and source of admission
Mr Shaw was admitted to Queen Elizabeth University Hospital on 11/8/2020 having sustained a fracture in his foot. Prior to this he had been arrested and charged with dangerous driving. He was seen by the local Liaison Psychiatry Team a few times over that admission due to his distress and because he was openly responding to visual and auditory stimuli and grossly thought disordered. He admitted to cocaine and street valium and was treated with Dihydrocodeine and Diazepam for a presumed withdrawal state. His symptoms did not settle despite this and there was a concern about a potential relapse in his psychosis. He was discharged from hospital and assessed by Ann Tollin, Forensic ANP, prior to attending a virtual court case on 25/08/2020. She felt he was presenting with psychotic phenomena and did not feel he was fit to appear in his virtual court case. She expressed her concerns to the on-call Psychiatric Consultant for Hairmyres. He was then admitted to University Hairmyres Hospital for a period of psychiatric assessment.

Past Psychiatric History
Mr Shaw has documented contact with psychiatric Services. Was seen by Forensic Services in 2013 following being in prison for sexual assault charges. There are a variety of documented diagnoses, including EUPD, ASPD, paranoid schizophrenia; he has in the past been on a depot of Risperidone, but letters from 2012 suggest some query over the need for this and it was stopped. He appears to have been lost to follow-up thereafter- potentially on account of prison sentences. He is currently not prescribed any medication with the exception of analgesia.

Past Medical History
Nil

Personal/Social/Family History
Currently single and no children. He has little social support. Currently unemployed. Previously documented childhood abuse.

Family History
Nil

Drug and Alcohol History
Urine positive for Cocaine, Amphetamines, Methamphetamines and Opiates.
Heavily intoxicated at time of RTA. Record of daily cocaine use from previous assessment.

Forensic History
Currently charged with RTA. Was seen by Forensic Services in 2013 following being in prison for sexual assault charges. Wanted by Police outstanding charges of assault, traffic offences and Police report he is under suspicion of sex offence not charged but is a suspect.

Mental State Examination at admission
Andrew is wearing shorts and a t-shirt. He is an obese man with balding head. On arrival to Emergency Department was sitting with his back to Police, leg shaking and appeared anxious. He appeared anxious and guarded throughout my assessment and engaged very little.

His mood appeared very low, gave little in the way of eye contact. Occasional tear would trickle down his face. Tells me he is not going to heaven- would not elaborate much further other than to the things he's done in the past.

When asked about thoughts of suicide or self-harm he would shake his head but again did not elaborate. In terms of future planning he was agreeable to coming into hospital and showed some insight that he was unwell.

He appeared distracted during assessment and admitted that he was hearing voices, tells me hears voices 'all over' aware not real but remains distressed by them. Appeared suspicious and not keen to discuss voices being heard. Previous assessments he has disclosed daily voice hearing and visual hallucinations of his mother. Reports also he hadn't been eating or drinking and paranoid people were going to kill him. Also documented "God has told me he won't save my soul as I have mixed with Allah and Asians - because I went to them for drugs".

Physical Examination and Investigations
Physical exam - NAD
Lipids raised and HbA1c 46 - ?consider statin therapy and monitor HbA1c

Progress/changes in mental state /ongoing risks Identified
Andrew appeared anxious on the ward but showed no overt signs of psychosis or obvious low mood. He interacted well with his peers and engaged with staff. He did disclose hearing up to 20 voices at a time, but it was felt that this was more likely to be related to significant trauma which he has endured and that Psychology in the community would be beneficial. It appears that he has previously been discharged from Psychological Therapies due to non-engagement but they would be happy to accept another referral if his attitude has changed. Andrew absconded from the ward on the 29th September 2020 and has now been discharged against medical advice. The police were informed and carried out a welfare check. Andrew has now presented himself to a police station and we have been informed by police that he appears well.

Physical Health Monitoring Post Discharge
Nil

Risk management following discharge
Nil

Yours sincerely

Dr Chloe Henderson
GPST2 to Dr Roy

Dr Dipayan Roy
Consultant Psychiatrist

Authorised on 02/10/2020 18:01:46 by Dr Dipayan Roy.