2817

Accident and Emergency Department

Royal Berkshire Hospital, Reading

33

C9834333 KERR Colin

Name	KERR
Forename	Colin
Address	2 SOUTHCOTE FARM LA
	READING
Title	
Sex	M
DoB	29/11/79
Age	18 Yrs
Code	RG30 3DS
DoR	QA7
Home	NOT KNOWN
Work	
GP Address	

HOSPITAL NUMBER

ACCOUNT NUMBER C9834333

Attendance Date	14/07/98
Time	13:39:49
Onset of Injury Date	11/07/98
Time Elapsed	3 DAYS
Place of Accident	HOME
Source of Referral	SELF REFERRAL
Mode of Arrival	PRIVATE TRANSPORT
Type of Accident	OTHER ACCIDENT
Oxford Linkage Codes	X
RTA?	N

Next Kin	KERR MRS
Relationship	MOTHER
Address	16 STIRLING WAY THATCHAM BERKSHIRE
Registered GP	JARMAN SJ
Address	THE SURGERY 53 CIRCUIT LANE SOUTHCOTE, READING BERKSHIRE
Tel	Short Code
Home	Work
Occupation	
Booking	GMcc

PRESENTING COMPLAINT

RIGHT HAND INJ

TRIAGE CATEGORY TIME:

NOTES:

SIGN:

BP	Resp	Temp	GCS	BM

(R) handed

355

18 ♂ : 3/12 ago — punched wall

↳ pain (R) hand

↳ Tender + swelling over neck (R) 5MC

Rem 5MCPJ 30° ext lag

↓ flex

Rotational deformity

n/v ✓

↳ (R) hand — # mid shaft 5MC

minimal angulation

R ulnar side slab

neighbour strap

Advice 452

ROYAL BERKS AND BATTLE NHS TRUST

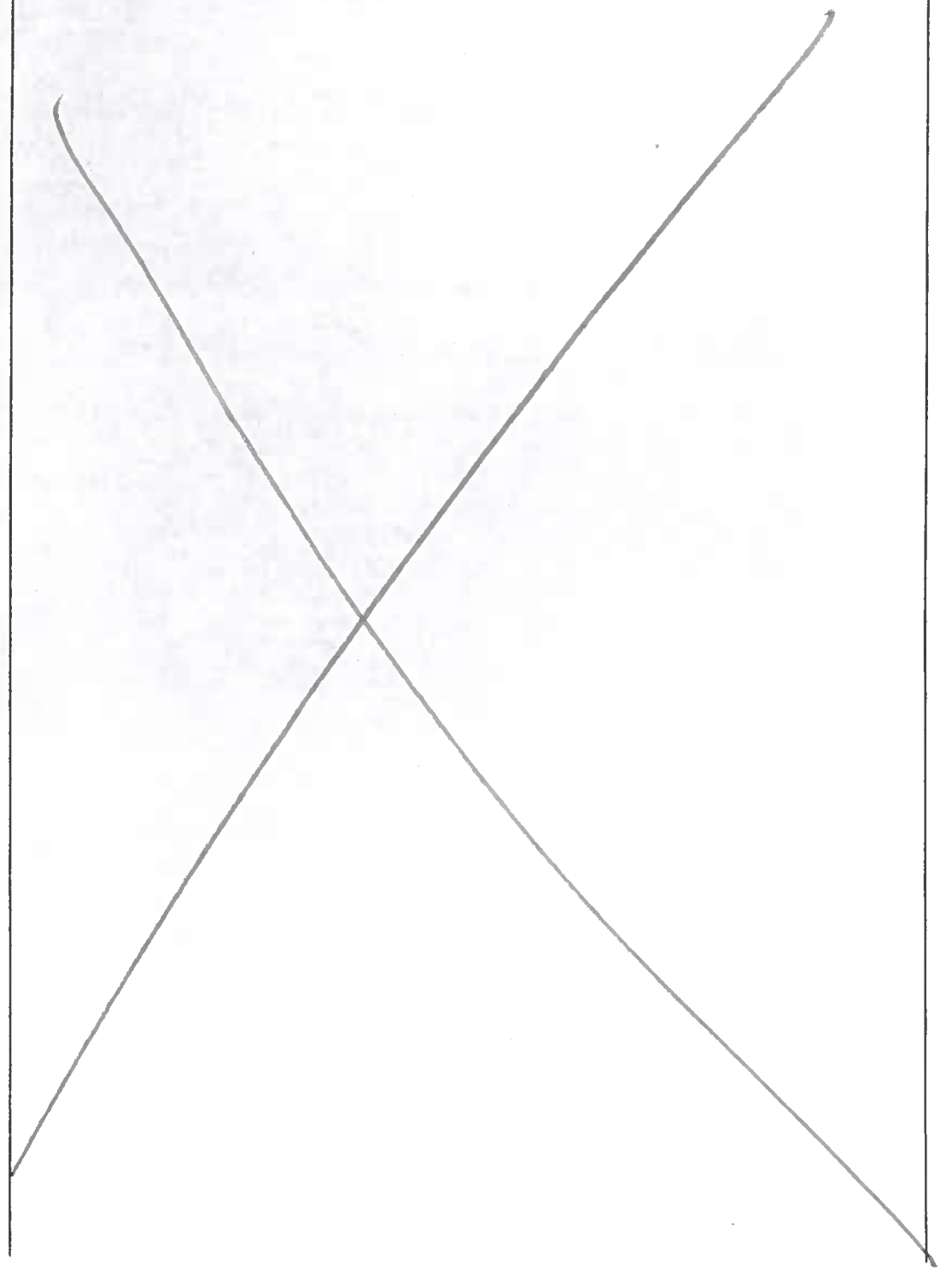
CLINICAL NOTES

Signature of Doctor must be recorded after each entry

KERR 001120399
COLIN
2 SOUTHCOTE FARM LAN
READING M
RG303DS 29/11/79

MSW USE HOSPITAL LABEL WHEN AVAILABLE

DATE		Doctor's Signature
15 MAY 2000	DR. MARTIN JAMES DERMATOLOGY DNA/NFA	



35887

NURSING NOTES				NURSE CHECK LIST	
TRIAGE NURSES		NAMED NURSES		OUTPATIENTS	PERFORMED/DONE BY SIGNATURE
TIMES					
TRIAGE 16-35				TRANSPORT ARRANGED TIME	
				DISTRICT NURSE	
				FRACTURE CLINIC	
TREATMENT 16-35				OPD. APPT.	
				ADVICE GIVEN SPECIFY	
DISCHARGE	CODE			POP APPLIED	
				PLASTER CHECK	

DOCTOR'S INSTRUCTIONS FOR NURSES

TETANUS IMMUNISATION	ORDERED BY SIGNATURE	GIVEN BY
COVERED AGAINST TETANUS		
TETANUS BOOSTER		
TETANUS COURSE		
HUMAN IMBG		

NEXT OF KIN INFORMATION	

TEAR ALONG PERFORATION

HERE

MINOR INJURIES UNIT

NEWBURY **HOSPITAL**

SURNAME KERR MR
FORENAME COLIN JAMES
ADDRESS 16 STIRLING WAY THATCHAM BERKSHIRE
POST CODE RG18 3PW TEL: 869496

DATE OF BIRTH 29.11.79(23)
CONSULTANT NEWBY

Att. NUMBER N03014047
HOSPITAL NUMBER N0855631
NHS NUMBER 624 191 1090

GP NAME DR R. RUDGLEY
ADDRESS THATCHAM MEDICAL CENTRE BATH ROAD THATCHAM BERKSHIRE
POST CODE RG18 3RD TEL:

TEMPORARY ADDRESS
POST CODE
TELEPHONE

PRESENTING COMPLAINT CHIN INJURY

DATE ARRIVED 29.11.09 TIME 16:18

		TRIAGE CATEGORY	
TIME ELAPSED	More than 48 hours		SC
MODE OF ARRIVAL	Car/Bike		
SOURCE OF REFERRAL	Direct	3	ALLERGY
PLACE OF INCIDENT	Public Place		
TYPE OF INCIDENT	Other		
PROFESSION			
EMPLOYMENT CATEGORY			

DATE, TIME AND DISCHARGE TIME	CLINICAL NOTES:- INITIAL CLEARLY AFTER EACH ENTRY
	OBSERVATIONS
	T P
	R BP
	PUPILS

SURNAME
FORENAME
ADDRESS
POST CODE

FIX LABEL IF PHOTOCOPYING

LEVEL OF CONSCIOUSNESS

HANDED L R (CIRCLE WHERE APPLICABLE)

26-11-03 P.C. Lower jaw injury.

H.P.C. Involved in a fight - injury to chin - 3/52

B/B G.P. requested - X-ray.

X-ray - 2 x # lower jaw [8 & 2.1]

P.M.H. Alcoholic

Medication: Propanolol,

No known allergies.

Paracetamol 1G given @ 16.45 hrs for pain.

Contacted Max Fax Registrar - suggested patient to attend clinic at OPD, RBH on Thursday 27/11/03 a.m.

C Deeny

Patel
'C'

601120399

- 2 DEC 2003

ROYAL BERKS AND BATTLE NHS TRUST

Hospital No.	
SURNAME (Block Letters)	KERR
FORENAMES	Colin
Address Ward/Hospital	
Sex M F	
MSW	USE HOSPITAL LABEL WHEN AVAILABLE

CLINICAL NOTES

Signature of Doctor must be recorded after each entry

DATE		Doctor's Signature
27/11/03	c/o Struck on face/jaw 3/52 ago saw somebody in [illegible] (Hospital) but did not have Rx ? open reduction	
	P.M.H. Not serious No allergies operation on eye - squint	
	O/E Tender over (R) mandible (L) jaw occlusion almost correct ? open on (L)	
	Rx amoxicillin 500mg tds	
	Return NCH in 1/52	[signature]
	11th Dec 9.10	
04 DEC 2003	MR PATEL Out-Patients Dept NDH	

35887

Accident and Emergency Department — Royal Berkshire Hospital, Reading

12

C0364712

C0364712 KERR Colin

Surname	KERR
Forename	Colin
Address	14 STERLING WAY READING
Title	MR
Sex	M
DoB	29/11/1979
Age	24 Yrs
Post Code	
DoR	
Tel Home	NK
Work	
Temp Address	

HOSPITAL NUMBER	
ON-CALL CONSULTANT	MR SOYSA
Attendance Date	20/12/2003
Time	06:01:30 MIR
Onset of Injury Date	/ /
Time Elapsed	2452994 DAYS
Place of Accident	HOME
Source of Referral	SELF REFERRAL
Mode of Arrival	PRIVATE TRANSPORT
Type of Accident	ASSAULT
Oxford Linkage Codes	0
RTA?	N

Next of Kin	KERR MRS
Relationship	MOTHER
Address	14 STERLING WAY READING
Tel Home	
Work	
Empl/School	

Registered GP	RUDGLEY RJ
Address	THATCHAM HEALTH CENTRE BATH ROAD THATCHAM NEWBURY BERKSHIRE
Tel	
Copy for GP:	✓ TAS

PRESENTING COMPLAINT R hand — wrt pushes — W/Room

TRIAGE CATEGORY TIME:

NOTES: is mayors! c/o MRC surgery

SIGN:

Temp	Pulse	Resp	BP	GCS	BM	O2 Sat	Peak Flow	ECG	Tetanus

Cannula — Size — Site — Flush — Time

Pain score: O/A — Post analgesia

Waterlow score

Drug	Stat/TTO	Dose	Route	Dr Sign	Nurse Sign	Time	BN
Co proxamol	=	10					
2 tab of		opo			Pt refused.		

Dr's name	Allergies	Past History
Time seen	Analgesia in Triage	
Time referred	Time disposed	

PERL: R L

A V P U

Limb Obs: C S M Pulse

Urine Sample

Invs (Tick): FBC, U+E, Gluc, CEs, INR, ESR, P+S, Alc, G&S

Ring in situ:

Removed:

By:

First Aid:

O/E:

Administered in Triage:

Referred:

Previous visits this year: C0360600

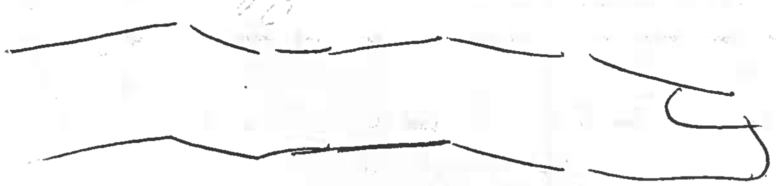
Ewm 6hr (Rt) handed

P/W Pinkyl swollen Rt 5th Metacarpal head.

Mech: Punched somebody in altercation. 2-3/7 ago
Now has pain + swelling + deformity of 5th metacarpal
+ little finger

O/E

- Some swelling over distal 5th metacarpal.



Finger N/V intact
Full ROM

- Pallor angulation ↓ one hyperextension of MCP joint + flexion of PIP joint.

Plan: Xray.

Reviewed the Xray:
↓ dd Xray

Nose clinically # → swelling (+) ? Not deformed

[signature] Dominant Hand (Rt)

Neck of 5th MC

Side volar slab applied
ENT + # clinic OPA given

Side volar slab (Rt) | # clinic - 1/52
- ENT clinic - 5 days

Nil

Accident and Emergency Department — Royal Berkshire Hospital, Reading

C0542345 KERR Colin

Surname	KERR
Forename	Colin
Address	MARRIOTT HOTEL BATH ROAD PADWORTH READING
Post Code	
Tel Home	07810780825 Work
Temp Address	
Title	MR
Sex	M
DoB	29/11/1979
Age	25 Yrs
HOSPITAL NUMBER	C0542345
ON-CALL CONSULTANT	MR REDDY
Attendance Date	27/07/2005 Time 07:16:12
Onset of Injury Date	/ /
Time Elapsed	
Place of Accident	HOME
Source of Referral	EMERGENCY SERVICES
Mode of Arrival	AMBULANCE
Type of Accident	OTHER ACCIDENT
Oxford Linkage Codes	9 RTA? N

Next of Kin	MOTHER
Relationship	
Address	14 STIRLING WAY THATCHAM
Tel Home / Work	
Empl / School	
Registered GP	RUDGLEY RJ
Address	THATCHAM HEALTH CENTRE BATH ROAD THATCHAM NEWBURY BERKSHIRE
Tel	Copy to GP?.....

PRESENTING COMPLAINT: laceration to hand — HRO

STREAM: M.I. — Minors

TIME: 07 16

NOTES:

SIGN:

First Aid: Sling; Temp Dressing; Rings Removed

Temp	Pulse	Resp	BP	GCS	BM	O2 Sats	Peak Flow	ECG	Tetanus

IV Cannula Size	Site	Flush	Time	Pain Score O/A	Limb Obs C	S	M	Waterlow Score

Pupils — Size: L R — Reactivity:

Allergies: N.K.A.

Prescribing Doctor:

Modified Early Warning Score (M.E.W.S) — ≥3 → MAJORS — ≥5 → RESUS — Initial: — Disposal:

	3	2	1	0	1	2	3
SBP	<70	71-80	81-100	101-199		>200	
HR		<40	41-50	51-100	101-110	111-129	≥130
RR		<9		9-14	15-20	21-29	≥30
TEMP		<35°C		35-38.5°C		>38.5°C	
AVPU				ALERT	VOICE	PAIN	UNRES

	Medication	Dose	Route	Stat / TTO	Doctor / ENP	Nurse Issued	Time / Date	PN
1	DIPTAN AA	T	PO	Stat			Batch : Y0123-2 Expiry : 01-2007	
2								
3								
4								
5								
6								

Previous Visits this Year:

U&E
FBC
INR
CE's
Trop T
G&S
P+S
Alcohol
Amylase
Urine
Bl Cult

DOCTOR / ~~ENP~~: G. Wilkins | **DATE:** 27/7/05 | **TIME:** 07:40

HISTORY:

(28)♂ - Put @ hand through pane of glass this am - lac to @ palm ° other injuries - Bleeding ++ from lac @ palm ∴ called 999. Had alcohol ++ last night / this am

@ hand dominant

(N) fit + well.

PAST MEDICAL

HPT		DIABETES		INSULIN?	
IHD / MI		ASTHMA		EPILEPSY	
CVA		ATRIAL FIB		DVT / PE	

OTHER / DETAILS

BASELINE FUNCTION:

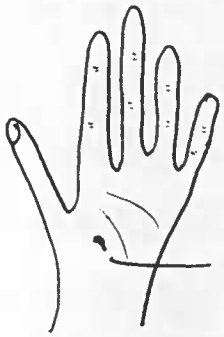
IMPORTANT MEDS:

SMOKER		ALCOHOL		DRUGS	

DETAILS:

EXAMINATION:

(L) hand (palmar)



- full ROM flexion + wrist
- 1 cm lac to @ palm
- Bleeding vessel

Na	K	Ur	Cr	CK	TropT	Amylase
Hb	WCC	Plts	INR	Glu	D-dim	Preg
Salicylate		Paracetamol		Alcohol		

OTHER:

ECG:

RADIOLOGY

@ hand.

Radiopaque f.b. in @ palm 1 glass.

RADIOLOGIST:

PROVISIONAL Dx: lac @ hand.

MANAGEMENT PLAN:

- local anaesthetic infiltrated

→ Orthopaedics

REFER SPECIALTY: Ortho **TIME:** 0831 **DISPOSAL:** **SIGN:**

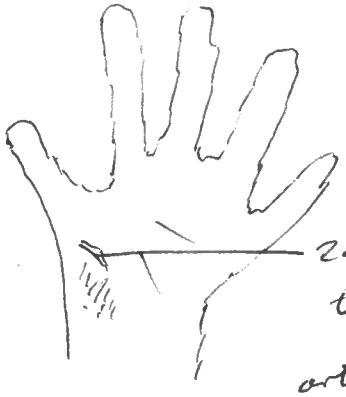
TREATMENT:

ROYAL BERKS AND BATTLE NHS TRUST

CLINICAL NOTES

Signature of Doctor must be recorded after each entry

Hospital No.	
SURNAME (Block Letters)	KEAR.
FORENAMES	COLIN.
Address Ward/Hospital	29/11/79.
Sex M F	
MSW	USE HOSPITAL LABEL WHEN AVAILABLE

DATE		Doctor's Signature
27/7/15. 09.00.	25 ♂. L hand injury. out drinking last night. put hand through pane of glass. → incision wound to L palm. → reduce bleeding uncontrolled despite pressure. - exploration under LA by A+E staff . control of arterial bleed. . ? foreign body under skin PMH - nil of note. prev. GA ○ problems. DH - nil. - NKDA SH - works in hotel . R hand dominant. O/E comfortable at rest.  2cm laceration in muscle bulk of thenar eminence. arterial bleed ++. palpable 3+ 4cm area of firmness	

35887

DATE

CLINICAL NOTES

Doctor's Signature

proximal to incision wound

o/e debrid.

extensor injury.

xray - bony injury -

orbital view opacification in soft tissues

Plan admit - treat

consent.

NBM -

theatre for exploration

tetanus

27/7/05
20:30 : Cl. examination: ulnar thumb still numb. Good mobility no pain.

Clinic appointment 1/52

MR PMC

I RICHARDS
SG ORTHO

Royal Berkshire and Battle Hospitals NHS Trust	PATIENT DETAILS / ADDRESSOGRAPH
OPERATION SHEET	COLIN KERR dob: 29/4/1979
CONSULTANT PMC	ANAESTHETIST ASA I II III IV V GA REGIONAL (LOCAL) 10 ml Marcaine 1%
SURGEON(S) PERFORMING OPERATION I PSYCHARIS	OPERATION CLASSIFICATION (MIN) INT MAJ MAJ+
PREOPERATIVE DIAGNOSIS / INDICATION Laceration (L) flexor area	CEPOD CLASSIFICATION ELECTIVE / EARLY SCHEDULED / (URGENT) / EMERGENCY
TITLE OF OPERATION Exploration / wound closure	TIME ON TABLE TIME OFF TABLE DESTINATION: (WARD) DBU HDU ITU

INCISION

FINDINGS

- Under local anaesthesia / Tourniquet
- Wound exploration: some enlargement of the initial laceration, haematoma evacuation, no foreign body seen.

PROCEDURE

I E: No foreign body seen.

C.g. Before / After the operation: neurovascularly (intact; except some numbness on the ulnar side of the thumb, 1/10 loss of sensation.

Postoperative

(1) tb Augmentin 625 mg 1×3 for 3 days to protect the nerve: for drainage from the laceration site

CLOSURE

(2) Sutures removed 10 days

DRAINS

POST-OPERATIVE INSTRUCTIONS

(3) Discharged tonight

SPECIMENS - HISTOLOGY
HAEMATOLOGY
MICROBIOLOGY
CYTOLOGY

ANTIBIOTICS .....

DVT PROPHYLAXIS .....

CATHETER .....

DATE 27/2/05 SIGNATURE .....

OPN

FOR ADDITIONAL NOTES PLEASE USE REVERSE

909174

ANAESTHETIC RECORD SHEET

PATIENT DETAILS / ADDRESSOGRAPH Hospital No. SURNAME: (Block Letters) COLIN KERR FORENAMES: K Address: Ward/Hosp. DOB: 29/4/79 Sex (M) / F	**Royal Berkshire & Battle Hospitals NHS Trust** NHS
	Procedure(s) proposed: CEPOD CLASS: ELECTIVE / SCHEDULED / URGENT / EMERGENCY

Anaesthetist's preoperative assessment by Dr. R Abraham
(date: / / time:)

ASA I

Prev: GA ok

° Asthma °DM °HT.

* Alc - 10 pints in last 24 hrs

Reflux
HB (N)

Airway Assessment
MP,

TEETH
cap

8 7 6 5 4 3 2 (1)	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

NBM since: < solids alcohol 07⁰⁰

BP:	
HR:	
Weight:	
Height:	
BMI:	
Smoke:	✓
Alcohol:	++

Relevant Medication:
None

ALLERGIES
None known

Investigations:

☐ Haematology	☐ Biochemistry	Blood Sugar	Other	☐ Coag.	☐ ECG
FBC	U & E				
		Sickle		☐ Gp. & Save	☐ X - Ray
				☐ X - Match	

CONSENT: ☐ Operation / Procedure ☐ GA ☐ Epidural ☐ Spinal
☐ Regional ☐ PCA ☐ Suppository
☐ Other

Technique proposed: (Please also indicate any technique(s) to which the patient does not agree)

For attention of ward staff: (further investigations, fasting, continue/omit current medication, etc.)

ALL ORDERS / INFORMATION REGARDING MEDICATION & FLUIDS MUST BE ENTERED ON PATIENT'S DRUG PRESCRIPTION & ADMINISTRATION RECORD

Signature:

909315

Royal Berkshire & Battle NHS
Hospitals NHS Trust

Consent Form 1

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

Patient's surname/Family name KERR
Colin

A&E Dept
C0542345

Patient's first names

DoB: 29/11/1979
Age: 25 M

Date of birth

C0542345

NHS number (or other identifier)

Male ☑ **Female** ☐

Responsible health professional

Job title

Special requirements

(e.g. other language/other communication method)

To be retained in patient's notes

Name of proposed procedure or course of treatment
(include brief explanation if medical term not clear)

EXPLORATION + REMOVAL OF FOREIGN BODY LEFT HAND, LA

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:
The intended benefits

Serious or frequently occurring risks

INFECTION, BLEEDING, NEURO-MUSCULAR DEFICIT, ANAESTHETIC COMPLICATIONS.

Any extra procedures which may become necessary during the procedure.

☑ Blood transfusion

☐ other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided

This procedure will involve:

☑ general and/or regional anaesthesia ☐ local anaesthesia ☐ sedation

Signed R. Howells

Name (PRINT) HOWELLS

Date 27/7/15

Job title SHO.

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed

Name (PRINT)

Date

Statement of patient
Please read this form carefully. If your treatment/procedure has been planned in advance, you should have had the risks and benefits and any alternatives of the proposed treatment/procedure discussed with you. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures, which may become necessary during my treatment. I have listed below any procedures, which **I do not wish to be carried out** without further discussion.

_____

_____

_____

Patient's signature _____ Date 27/7/15

Name (PRINT) C. KERR.

OR I HAVE REFUSED INFORMATION ABOUT MY TREATMENT

Patient's signature _____ Date _____

Name (PRINT) _____

A witness should sign below if the patient is unable to sign but has indicated his or her consent.
Young people/children may also like a parent to sign here (see notes overleaf).

Signed _____

Name (PRINT) _____

Date _____

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed _____

Date _____

Name (PRINT) _____

Job Title _____

Important notes: (tick if applicable)

☐ See also advance directive/living will (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)

ROYAL BERKS AND BATTLE NHS TRUST

29/11/79 001120399
KERR
COLIN
22 DONNINGTON LODGE
OXFORD ROAD, DONNING
NEWBURY RG143AA
NHS NO:6241911090 M

CLINICAL NOTES

DATE

Signature of Doctor must be recorded after each entry

MSW USE HOSPITAL LABEL WHEN AVAILABLE

Doctor's Signature

6.7.09

- Pt c/o Swelling ↑ ⓛ lower jaw
- Started 4-6/52 ago gradually
- Not biggel
- Recently visited GDP & had a course of abs) analgesia. which has helped to reduce the swelling
- pus draining out from the gums appx to ⌈6/7.
- Pmhx Medically fit & well
- Allergies NKDA
- Drugs Methadone 45ml Fluoxetine
- Smoking 10/day
- Alcohol: Stopped after heavy drinking for 15 years

35887

DATE | CLINICAL NOTES | Doctor's Signature

- Pt is also giving c/o broken jaw c̄ (L) mandible few years ago but never borieraes [illegible?] have any treatment
dk

- There is a hard mildly tender swelling noted c̄ (L) face
- Trismus ↑↑ ≈ 20 mm
- I/O swelling is buccal to ⌊67
- Caries ⌊6 noted
- Draining sinus noted buccal to ⌊67 ↑
- TTP c̄ ⌊6 present
- OPG s/o radiolucency i.r.t ⌊6 & no abnormality noted i.r.t ⌊67
- ? bacterial infection i.r.t ⌊8.
- Plan S/B MR. PATEL

ARRANGED XLA ⌊8 + exploratory swelling i.r.t ⌊Q

Cont.

Sheet No.

Royal Berkshire NHS
NHS Foundation Trust

29/11/79 001120399
KERR
COLIN
22 DONNINGTON LODGE
OXFORD ROAD, DONNING
NEWBURY RG143AA
NHS NO:6241911090 M

CLINICAL NOTES

DATE	Signature of Doctor must be recorded after each entry	MSW USE HOSPITAL LABEL WHEN AVAILABLE	Doctor's Signature

— C/O ...
— X-ray ... in second ...,
— letter to GDP for ...
c ... 67

(Kor ...)

nergy Healthcare
NTAL PACK MAXFAX OPD
N: 22615708
C: 0613042721

Synergy Healthcare
FORCEP LOWER DECIDUOUS NO.2
MAX FAX OPD
S/N: 22152838
P/C: 12371650

Synergy Healthcare
COW HORN NO.86
S/N: 22415166
P/C: 10108

7.7.09 — S. ... 8 ... exploration of ... 8 region ... L.A.

Surgeon — ...

assistant — NAV ...

— 2% xylocaine c 1/80000 adrenaline given as ... I.D.N block

— 2 sided envelope flap raised at ... 78 c lingual nerve protection.

DATE	CLINICAL NOTES	Doctor's Signature
	- bone drilled buccally & Distally to 8| & 8| Divided vertically.	
	- 8| elevated	
	- exploration of 8| area showed Normal bone c̄ some granulation tissue related to 8|.	
	- sample of the tissue ~~is~~ sent to Histology	
	- closure c̄ 3/0 ~~silk~~ vicryl	
	- Haemostasis achieved	
	~~Post-op~~ i - advices given	
	- prescribed Augmentin 375mg TDS for 5/7.	
	- review 4-6/52 c̄ results	
	- has appt in oct 09 for ext of 8 ~~under~~ L.A.	
	SG MACC	
	7.7.2009	

Sheet No.

Royal Berkshire NHS
NHS Foundation Trust

CLINICAL NOTES

DATE

Signature of Doctor must be recorded after each entry

29/11/79 001120399
KERR
COLIN
22 DONNINGTON LODGE
OXFORD ROAD, DONNING
NEWBURY RG143AA
NHS NO:6241911090 M

MSW USE HOSPITAL LABEL WHEN AVAILABLE

Doctor's Signature

Antibiotic Decision

Date: 7/7/19 Time: 12.30PM Name of patient: COLIN KERR

Name of antibiotic: AUGMENTIN Dose: 375mg

Microbiologist contacted: YES (Name....................)/NO (why not?...)

Previous C.diff: YES/NO Previous MRSA: YES / NO

Rationale for antibiotic: SURGICAL XLA 8 - BONE REMOVAL ++.

Length intended treatment 5 days Date for review: 4/52

Name of prescriber in CAPITALS: NAVREET BATRA Bleep no. 248

Work with us to reduce the spread of infections

4.8.19 - review follow-up:

c/o - all well, but c/o pain at 8 extraction area x
- No Numbness of lower lip / tongue / chin.
- 7 days I delay ~~pain~~ evident.
- food debris at 8 socket flushed out c̄ Corsodyl today
- otherwise all well.

Plan: - pt reassured & alvogyl packed.
- given an empty syringe & blunt needle to aid with OH.

35887

DATE

CLINICAL NOTES

Doctor's Signature

- To see OPG for ~~4~~ 7 RD.

- To encourage for removal of ~~4~~ roots L.A

8-CM.AFT

4.8.09

22/10/09 :

Synergy Healthcare
DENTAL PACK MAX FAX OPD
S/N: 24570654
P/C: 0613042717

Maxfax LANOF

Extracted 6x ~~+~~ ↓L.A

2% xylocaine 1:300000
adrenalin x 4·4ml

~~+~~ elevated 6x

Haemostasy POP.

Plan- Discharged

RAS/SPEN

Royal Berkshire NHS
NHS Foundation Trust

Consent Form 1

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

001120399
KERR
COLIN
29/11/79
NHS NO:6241911090

Patient's surname/Family name

Patient's first names

Date of birth

NHS number (or other identifier)

Male ☑ **Female** ☐

Responsible health professional MW Rowan

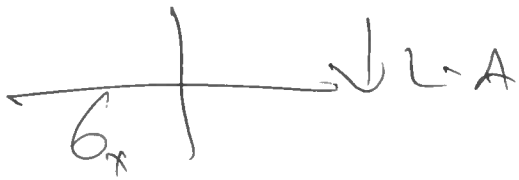
Job title SHO

Special requirements

(e.g. other language/other communication method)

To be retained in patient's notes

Name of proposed procedure or course of treatment
(include brief explanation if medical term not clear)

Removal of [illegible] 

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:
The intended benefits

Relief of Symptoms.

Serious or frequently occurring risks

Pain, Swelling, Ache, Bleeding

Any extra procedures which may become necessary during the procedure.

☐ Blood transfusion

☐ other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided

This procedure will involve:

☐ general and/or regional anaesthesia ☑ local anaesthesia ☐ sedation

Signed [illegible]
Name (PRINT) [illegible]
Date 22/10/09
Job title SpR

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed
Name (PRINT)
Date

Statement of patient
Please read this form carefully. If your treatment/procedure has been planned in advance, you should have had the risks and benefits and any alternatives of the proposed treatment/procedure discussed with you. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures, which may become necessary during my treatment. I have listed below any procedures, which **I do not wish to be carried out** without further discussion.

Patient's signature _____ Date 22/10/09

Name (PRINT)

OR I HAVE REFUSED INFORMATION ABOUT MY TREATMENT

Patient's signature Date 22/10/09

Name (PRINT) Colin Kerr

A witness should sign below if the patient is unable to sign but has indicated his or her consent.
Young people/children may also like a parent to sign here (see notes overleaf).

Signed _____

Name (PRINT)

Date

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed _____

Date

Name (PRINT)

Job Title

Important notes: (tick if applicable)

☐ See also advance directive/living will (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)

Royal Berkshire NHS
NHS Foundation Trust

Department of Oral & Maxillofacial Surgery

London Road
Reading RG1 5AN
Tel: 01183228978

Ref : MP/SHO/RV

Dear Doctor/Dentist

001120399
KERR
COLIN 29/11/79
NHS NO:6241911090

The above patient was last seen on the Oral & Maxillofacial Department today the: 4.8.09

for ..review post-op => all well & results & granulation tissue..

Post operative medication/advice : ..remained & to maintain OH..

Review appointment : ..to remain on notes list..

Yours sincerely

M Att
Staff Grade To
M F PATEL MB BS FDS RCS LLM
CONSULTANT ORAL & MAXILLOFACIAL SURGEON

ROYAL BERKSHIRE NHS FOUNDATION TRUST

04/08 Patel

15 JUL 2009

DEPARTMENT OF CELLULAR PATHOLOGY

HISTOPATHOLOGY REPORT

Hospital No:	1120399	Lab No:	H09/12496
Patient's Name:	KERR, COLIN	Date Received:	08/07/2009
DOB:	29/11/1979 Sex: M		
NHS No:	6241911090		
Consultant/GP:	MR M F PATEL	Process:	Routine
Ward/Dept:	ORAL SURGERY OPD		
Report For:	MR M F PATEL		

CLINICAL DETAILS

Swelling in soft tissue adjacent to lower left wisdom tooth which was removed today. ? Granulation tissue.

MACROSCOPIC DESCRIPTION

Two irregular pieces of light brown tissue, the larger measuring 8x6x3mm and the smaller measuring 7x2x1mm. All embedded.

MICROSCOPIC DESCRIPTION

The specimen includes fibrotic connective tissue, spicules of bone, exuberant granulation tissue showing mixed inflammation, a very small amount of focally keratinising stratified squamous epithelium. There is no evidence of atypia or malignancy.

SOFT TISSUE, ADJACENT TO LEFT LOWER WISDOM TOOTH - INFLAMMATORY FEATURES INCLUDING GRANULATION TISSUE FORMATION, SEE TEXT.

Reported by: Dr Gearoid Kingston 09/07/2009
Typed by: MD 10/07/2009

AUTHORISED REPORT

Royal Berkshire NHS
NHS Foundation Trust

Department of Oral & Maxillofacial Surgery

London Road
Reading RG1 5AN
Tel: 01183228978

Ref : MP/SHO/RV

Dear Doctor/Dentist

29/11/79 001120399
KERR
COLIN
22 DONNINGTON LODGE
OXFORD ROAD, DONNING
NEWBURY RG143AA
NHS NO:6241911090 M

The above patient was last seen on the Oral & Maxillofacial Department today the: 7.7.09

for ..... S.R.G. to exploration to h. A.

Post operative medication/advice : Augmentin 375mg TDS for 5/7.

Review appointment : ..... 4-6 Wk .....

Yours sincerely

M Att
Staff Grade To
M F PATEL MB BS FDS RCS LLM
CONSULTANT ORAL & MAXILLOFACIAL SURGEON

Royal Berkshire NHS
NHS Foundation Trust

Consent Form 1

Patient agreement to investigation or treatment

Patient details (or pre-printed label)

001120399

Patient's surname/Family name KERR

Patient's first names COLIN

Date of birth 29/11/79

NHS number (or other identifier) NHS NO:6241911090

Male ☐ **Female** ☐

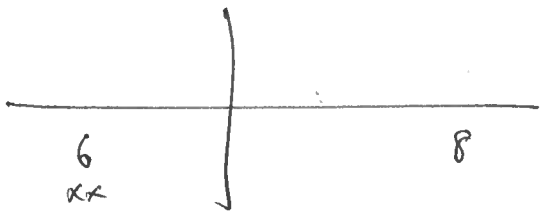
Responsible health professional _____

Job title _____

Special requirements _____

(e.g. other language/other communication method)

To be retained in patient's notes



Name of proposed procedure or course of treatment
(include brief explanation if medical term not clear)

Removal of lower right 1st molar (retained roots)
under local anaesthesia and removal of ~~[illegible]~~ N.B.
lower left wisdom N.B. +/- and exploration of swelling under local anaesthesia

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained:
The intended benefits

Remove source of pain and infection

Serious or frequently occurring risks

pain, swelling, bleeding, infection, inversion, stitches, limited mouth opening, numb lip/tongue (temporary / permanent)

Any extra procedures which may become necessary during the procedure.

☐ Blood transfusion

☐ other procedure (please specify)

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

☐ The following leaflet/tape has been provided

This procedure will involve:

☐ general and/or regional anaesthesia ☑ local anaesthesia ☐ sedation

Signed N Bahra
Name (PRINT) NAVPREET . K. BAHRA
Date 7/7/09
Job title SHO.

Contact details (if patient wishes to discuss options later)

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed
Name (PRINT)
Date

Statement of patient
Please read this form carefully. If your treatment/procedure has been planned in advance, you should have had the risks and benefits and any alternatives of the proposed treatment/procedure discussed with you. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been told about additional procedures, which may become necessary during my treatment. I have listed below any procedures, which **I do not wish to be carried out** without further discussion.

Patient's signature _____ Date 7/7/09

Name (PRINT)

OR I HAVE REFUSED INFORMATION ABOUT MY TREATMENT

Patient's signature Date

Name (PRINT)

A witness should sign below if the patient is unable to sign but has indicated his or her consent.
Young people/children may also like a parent to sign here (see notes overleaf).

Signed _____

Name (PRINT)

Date

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

Signed _____

Date

Name (PRINT)

Job Title

Important notes: (tick if applicable)

☐ See also advance directive/living will (e.g. Jehovah's Witness form)

☐ Patient has withdrawn consent (ask patient to sign/date here)

Royal Berkshire Hospital
Department of Oral & Maxillofacial Surgery and Orthodontics

Please answer the following questions concerning your medical history. The information will be treated in the strictest confidence.
Please bring this completed questionnaire with you when you attend your appointment.

SURNAME KERR

FORENAMES COLIN

ADDRESS 22 DONNINGTON LODGE
NEWBURY
RG14 3AA

POSTCODE

TITLE (Mr/~~Mrs/Miss/Ms/Other~~ MR

DATE OF BIRTH 29/11/79

TEL NO (Home) ~~0~~ 01635 44925

TEL NO (~~Work~~) 07765817168

OCCUPATION

Have you been living in the country for the past year YES ☑ NO ☐

	Tick a box	YES	NO
1	Have you had rheumatic fever or do you have a heart murmur?	☐	☑
2	Have you ever had any heart trouble or high blood pressure?	☐	☑
3	Do you suffer from asthma, TB or bronchitis?	☐	☑
4	Do you have a tendency to bleed excessively?	☐	☑
5	Have you ever had a bad reaction to Penicillin?	☐	☑
6	Do you have any other allergies, especially to medicines?	☐	☑
7	Have you ever had jaundice or hepatitis?	☐	☑
8	Do you suffer from epilepsy or sugar diabetes?	☐	☑
9	Do you think you are currently pregnant?	☐	☑

10 Have you had any serious illness requiring prolonged treatment by your doctor or an admission into hospital? Please give details and date if possible?

11 Are you taking any pills, tablets or medicines? Please give details METHADONE / FLUOXITINE

12 Name and address of your doctor DR NORMAN
NORTHCROFT SURGERY
NEWBURY
Postcode

13 Name and address of your dentist: BALDEVS DENTAL CARE
2 ST JOHNS RD
NEWBURY
BERKSHIRE
Postcode RG14 7LX

Signature of patient [signature] Date 6/7/09

benign + cystic lesion

periodontal dese benign tumours pericoronitis

Prophylactic removal

UN restorable caries

NON treatable pulpal and/or periapical pathology

~~Prosthesis~~

cyst - Tumour Prosthesis cellulitis, abscess + osteomyelitis

Royal Berkshire NHS
NHS Foundation Trust

Important information

To ensure we have your correct details please complete this form

Title.....MR.....First name(s).....COLIN.....

Family name.....KERR.....

Address.....22 DONNINGTON LODGE.....

.....NEWBURY.....

.....Postcode..RG14 3AA

Please tick: Male [✓] Female [ ] Your date of birth: [2][9] [1][1] [1][9][7][9]

Your NHS number: [JK7] [609] [95D]

Your GP...DR NORMAN..... Name of surgery.....NORTHCROFT.....

Your telephone numbers: Home ...01635 44925.....

Work..... Mobile...07765817168.....

Please tell us your national identity by ticking one of the following boxes:

WHITE	British [✓]	Irish [ ]	Other white background [ ]
MIXED	White & Black Caribbean [ ]	White & Black African [ ]	
	White & Asian [ ]	Any other mixed background [ ]	
ASIAN OR ASIAN BRITISH	Indian [ ]	Pakistani [ ]	Bangladeshi [ ]
	Any other Asian background [ ]		
BLACK OR BLACK BRITISH	Caribbean [ ]	African [ ]	Other Black background [ ]
CHINESE or OTHER ETHNIC GROUP	Chinese [ ]	Any other [ ]	

You are not obliged to provide your ethnicity, but it helps us in the planning and delivery of appropriate services and identify and plan for longer term issues affecting the population. If you prefer not to answer please tick here [ ]

Please hand this form in to the clinic receptionist when you arrive for your appointment. Thank you.

REF: ART/PAC 31/08/07

Patel 6/7/09
14:00

Baldev's Dental Care

2 St Johns Road
Newbury
Berkshire RG14 7LX
Phone: 01635 49999

1 July 2009

Berkshire West
Primary care trust

Dear Colleague,

NHS : 624 191 1090
HN : 00120399

Details: Mr Colin Kerr
Date of Birth: 29/11/79
22 Donnington Lodge
Donnington
Newbury
RG14 3AA

Tel: (H)07765817168 (W) (M)

RE: soft tissue lesion

Please would you see and kindly treat Mr Kerr whom I saw yesterday , his main concern was a swelling on the lower left region which is only pan full when palpated and when the patient opens his jaw wide .,medically he is on methadone and fluoxitine

Extra-oral examination showing a swelling lateral to the body of the mandible, intra-orally exam revealed a hard swelling buccal to the LL6 and LL7 area ,periapical radiograph did not show any abnormality except a small decayed area on the LL7 .

I Have tried to drain the area however only clear fluid and blood was coming out , therefore I thought it could be a cyst because patient has informed me that the swelling did appear previously three weeks ago and he had Amoxicillin combined with metronidazole which did reduce the swelling but it hasn't completely heal.

I would appreciate your opinion and possible treatment if required.

Received at Cancer
Central Referral Point
Date: 01-7-09

Many thanks.

Yours sincerely,

Dinah- Alshamma
Dr

Dinah Alshamma

APPOINTMENT REQUIRED
ON OR BEFORE 15-7-09

62 DAY BREACH DATE
01-09-09

Tel: 01635 273300
Fax: 01635 273532

Our ref: AH/KSP/1120399

West Berkshire Community Hospital
Fracture Clinic date: 12th July 2007

Dr R J Rudgley
Thatcham Health Centre
Bath Road
Thatcham
Berkshire RG18 3HD

Dear Dr Rudgley

Re: COLIN KERR dob 29.11.79
16 Stirling Way, Thatcham
NHS No 624 191 1090

This gentleman did not attend for his clinic appointment today. If he does happen to contact you about his plaster for his calcaneal fracture sustained on 2nd June 2007 please send him up to the Newbury Fracture Clinic and we will remove this for him.

Yours sincerely

Mr Adrian Hughes MRCS
Orthopaedic Registrar

Tel: 01635 273300
Fax: 01635 273532

Our ref: AH/KSP/1120399

West Berkshire Community Hospital
Fracture Clinic date: 14th June 2007

Dr R J Rudgley
Thatcham Health Centre
Bath Road
Thatcham
Berkshire RG18 3HD

Dear Dr Rudgley

Re: COLIN KERR dob 29.11.79
16 Stirling Way, Thatcham
NHS No 624 191 1090

Diagnosis: Minimally displaced calcaneal fracture sustained 2nd June 2007.

I reviewed this 27-year-old alcoholic heroin addict who was late to clinic as he kept dropping his crutches off his pedal pushbike. This gentleman jumped off a first storey window, sustained this injury on 2nd June 2007. This has been treated in a non-weight bearing back slab which the gentleman has been walking on. Examining today his x-ray shows a minimally displaced fracture of the calcaneum with a maintained Bohler's angle. He is neurovascularly intact and I have placed him into non-weight bearing below-knee POP and advised him not to walk on it for a further four weeks. I have arranged to see him again in four weeks to take the plaster off with an x-ray on arrival. We should consider weight bearing at that point.

Yours sincerely

Mr Adrian Hughes MRCS
Orthopaedic Registrar

THATCHAM MEDICAL PRACTICE

THE HEALTH CENTRE
BATH ROAD
THATCHAM
BERKSHIRE RG18 3HD
Tel: (01635) 867171
Fax: (01635) 876395

Ref RJR/vb
Date 7 June 2007

Appts 14/6/07 10.10

The Doctor,
Minor Injuries Unit,
West Berkshire Community Hospital.

1120399

Dear Colleague,

Re Colin KERR dob: 29.11.79
33a High Street, Thatcham, Berks.
Mobile number 077 586 30766
Appointment for Fracture Clinic made for 14th June 2007 at 10.10 a.m.

As discussed over the phone today please find enclosed paperwork from Horton Hospital in Banbury regarding Mr. Kerr's fractured heel. Should you need any further information the contact number at the Banbury Hospital is 01295 229412 (A & E Reception).

Many thanks for seeing him.

Yours sincerely,

pp

Dr. R. J. Rudgley

Enc.

HMR 4 B (Code 90-536)

UNIT NO.

..............................HOSPITAL

4492334 (B)
KERR, COLIN 29.11.1979 M
BULLINGDON COMMUNITY PRISON, PO BOX 50,
BICESTER, OXON. OX25 1WD Q38

SURNAME (Block Letters)

FIRST NAMES

DATE	CLINICAL NOTES (Each entry must be signed)
2/6/07	28 y ♂ jumped off a roof 2 days back.
	c/o pain in (L) foot.
	No pain anywhere else.
[illegible]	Previous drug user on methadone.
O/E	(L) foot.
	Tender over the calcaneum [illegible]
	[illegible]
	[illegible]
	[illegible]
	Distally NV intact.
X-ray	non-displaced # of calcaneus.
Plan	Discussed with ortho SHO
	POP
	Elevation
	Crutches
	See # clinic

Johannes Alberts
MIDDLE GRADE

WWG 0878

143015 19585

FORD RADCLIFFE HOSPITALS NHS TRUST

HORTON GENERAL HOSPITAL

Emergency Department

INVESTIGATION *tick up to six*

1 ☐	Bacteriology	37 ☐	Histology
2 ☐	Biochemistry	38 ☐	MRI
3 ☐	CT	39 ☐	Ultrasound
4 ☐	Cross match	40 ☐	Urine
5 ☐	ECG	41 ☑	X-ray
6 ☐	ED Observation	42 ☐	Other
7 ☐	Haematology	43 ☐	None

	main	2nd	3rd
DIAG.	1		
BODY PART	95		

Write up to 3 different diagnoses, giving diagnosis code & body part codes. See lists of codes.

ALCOHOL INVOLVEMENT *(was Local Code 1)*

S ☐ Suspected or confirmed
T ☑ No / information unavailable

PSYCHOACTIVE DRUG INVOLVEMENT *(Was Local Code 2)*

S ☐ Suspected or confirmed
T ☑ No / information unavailable

MECHANISM OF INJURY *tick one (was Employment Category)*

10 ☑ Fall
11 ☐ Struck or crushed
12 ☐ Stab or cut
13 ☐ Traffic injury
14 ☐ Alleged/suspected sexual assault
15 ☐ Poisoning
16 ☐ Fire, flames or heat
17 ☐ Other
18 ☐ Unknown
19 ☐ Not applicable

TREATMENT *tick up to six*

50 ☑ Analgesia
51 ☐ Antibiotics
52 ☐ Bandage
53 ☐ Central line
54 ☐ Chest drain
55 ☑ Crutches
56 ☐ Defibrillation / pacing
57 ☐ Dressing
58 ☐ Emergency contraception
59 ☐ Eye ointment / drops
60 ☐ Guidance
61 ☐ I & D (Incision & Drainage)
62 ☐ Intubation
63 ☐ Irrigation
64 ☐ IV therapy
65 ☐ Local anaesthesia
66 ☐ Minor surgery
67 ☐ Nebuliser
68 ☐ Observation
69 ☐ Occupational therapy
70 ☐ Parenteral drugs
71 ☐ Physiotherapy
72 ☑ Plaster of Paris
73 ☐ Prescription
74 ☐ Reduction
75 ☐ Removal of foreign body
76 ☐ Resuscitation
86 ☐ Sling
77 ☐ Splint
78 ☐ Sutures
79 ☐ Tetanus & diptheria toxoid
80 ☐ Tetanus immunoglobulin
81 ☐ Thrombolysis
82 ☐ Urinary catheter
83 ☐ Wound closure (not sutures)
84 ☐ Other
85 ☐ None

INTENT

2 Unintentional
3 Suspected intentional self-harm
4 Alleged / suspected assault
5 Not applicable / unknown

SPECIALTY

1 None required
2 Medicine
3 Surgery
4 Trauma
5 Paediatrics
6 Other

INTENT & SPECIALTY *(was Anaesthetic)* 2 7

Eg write '24' for accidental, referred to Trauma

FOLLOW-UP *tick one*

1 ☐ Discharged - no follow up
16 ☑ Discharged - follow up by GP
13 ☐ GP sutures no. ☐☐ days ☐☐
14 ☐ GP dressing
3 ☐ Left before treatment
4 ☐ Left refusing treatment
5 ☐ Admitted to this hospital
Ward.
6 ☐ Referred to another hospital
Hospital:
8 ☑ Referred to OPD clinic
Clinic code: 2 3
9 ☐ Died in department or brought in dead
11 ☐ A&E continuing care
23 ☐ Other

☐ Do not print a GP letter

MEDICAL HISTORY *tick up to three*

1 ☐ Acquired immune disorder
2 ☐ Allergy (non-penicillin)
3 ☐ Allergy to penicillin
4 ☐ Asthma
5 ☐ Bleeding tendency
6 ☐ COPD
7 ☐ Diabetes / endocrine disorder
8 ☐ Drug / alcohol abuse
9 ☐ Epilepsy
10 ☐ Hypertension / heart disease
11 ☐ Liver disease / hepatitis B
12 ☐ Malignant disease
13 ☐ Neurological disorder
14 ☐ Osteogenesis imperfecta
15 ☐ Psychiatric illness
16 ☐ Renal disease
17 ☑ Steroids
18 ☐ History of TB

COMMENT TO GP *up to thirty words*

Fractured
Calcaneum.
CL.

[redacted]

DECISION TO ADMIT TIME

DEPARTURE TIME 17:00

CONSULTANT

AAS
12.6.07
10.30.

DOCTOR / END / NURSE STAMP

[redacted]

NHS number:

Surname:

Forenames:

4492334 (B) 29.11.1979
KERR, COLIN M
BULLINGDON COMMUNITY PRISON, PO BOX 50,
BICESTER, OXON. OX25 1WD Q38

Postcode:

Telephone 1:

Telephone 2:

School:

Next of kin:

Presenting complaint:

Time elapsed:

Patient number:

Sex:

Date of birth:

Civil state:

Age:

Date arrived:

Time arrived:

Arrival mode:

Referred by:

Type of condition:

RTA type:

Medical history:

GP details:

Dr. Pratik
HMP Bullingdon
Colin Kerr
A1102334 19

ℝ TMP: GLOBAL REPORT

Address and Telephone Numbers

33a High Street Thatcham Berkshire RG19 3JG
Telephone - home 07758630766

All Consultations in the last 3 months (priorities 5-9)

06/06/2007 Closed fracture of calcaneus left 6/7 ago when trying to escape from the police
pop applied 4/7 ago
unexpectedly released from prison and no clinic appt.
refer to secs to arrange fax of info Dr R Rudgley
06/06/2007 Misuse of drugs NOS and alcohol
released from prison yesterday after 4/7 in remand
started on methadone and diazepam for heroin and alcohol addiction
wants both now - not under 4 way agreement
Bullingdon prison contacted confirming methadone and diazepam started last given 2/7 ago
discussion with patient - unwilling to restart methadone - risks too high as not under specialsit supervision but will prescribe diazeapm as suggested by prison
see 1/52 Dr R Rudgley

Clinic Consultations (Asthma / Diab / Heart) In the last 3 months

No data recorded.
No data recorded.
No data recorded.

Hospital Ref.Nos.

No data recorded.

Significant Medical History

29/03/2007 Notes summary on computer
20/02/2007 Lloyd George record received
18/12/2006 Drug dependence 4 way agreement signed on 21.12.06
18/01/2006 Anxiety with depression
09/11/2005 Total notes on computer
01/09/2005 Alcohol dependence syndrome with mother
drinking alcohol since aged 15
getting into fights , police always involved, mother angry and distressed
8 cans of super Tennants daily
denies drugs
says not drunk alcohol for over 24hrs
mother is demanding I prescribe benzos now - not appropriate -needs to be under trained supervision- I don't feel comfortasble, also question of benzo dependence in mother - longterm - she stated son stole her benzos on 15/8
refer urgently to Turning Point
Dr R Rudgley
08/08/2005 White
06/01/2004 Did not attend - no reason alcohol clinic Dr R Rudgley
17/03/2003 Alcohol problem drinking o.e abdo nad no liver or stigmata chronic liver disease marked tremor no jaundice Dr B Barrie
31/01/2003 Total notes on computer
22/03/2002 [D]Tachycardia, unspecified secondary to excess alcohol consumption - Metoprolol started Dr R Rudgley
02/08/1999 [D]Tachycardia, unspecified admitted overnight - secondary to amphetamine usage Dr R Rudgley
06/02/1999 [D]Hyperventilation seen in A andE Dr R Rudgley
1998 Fracture of metacarpal bone 5th Dr R Rudgley
1997 H/O: deliberate self harm superficial injuries to arm/wrist - under influence of alcohol Dr R Rudgley
1997 Primary repair of tendon NOS extensor tendon left middle finger Dr R Rudgley
1992 Disorders of penis varicose vein on dorsum - nil to do Dr R Rudgley
1992 Operations for squint Dr R Rudgley
1984 Squint - symptom left convergent Dr R Rudgley
1982 Head injury uncomplicated Dr R Rudgley

Current Repeat Medication

No data recorded.

Acute and Repeat Prescriptions in the last 2 Months

06/06/2007 DIAZEPAM tabs 5mg Supply: (20) tablet(s) AS DIRECTED
Notes for patient: 20mg today and tomorrow
then 15mg for 2 days
then 10mg for 2 days
then 5mg for 2 days Dr R Rudgley

Allergies and Intolerances

No data recorded.
No data recorded.

Recalls (3 months prior to 1 month future)

No data recorded.

Prevention

Blood Pressure

21/09/2005 11:48.00 BP 110 / 70 taken Sitting Cuff: Standard recall due: O/E - blood pressure reading Mrs Mary Elliott

Smoking

07/02/2007 Smoker Cigarette smoker Dr Serena Pongratz

Alcohol

07/02/2007 Current drinker units per week: 150 Alcohol consumption Dr Serena Pongratz

Weight

07/02/2007 Weight: 69.853 kgs BMI: 19.7 O/E - weight Dr Serena Pongratz

Height

07/02/2007 Height: 1.88 metres O/E - height Dr Serena Pongratz

All Investigations in the last 6 months

No data recorded.

All Correspondence in the last year

No data recorded.

Letter on: 07/06/2007 type: Clinical to Fracture Clinic at WBCH Appointment 14th June at 10.10 a.m. Phoned patient with details

Royal Berkshire & Battle Hospitals NHS

NHS Trust

28/7/05

DISCHARGE / CONSULTANT TRANSFER LETTER

PRESS HARD **please use BLACK ball point pen and complete in BLOCK CAPITALS**

Dear Dr. Rudgley (Thatcham H.C. Bath Rd, Thatcham).

THESE ARE THE PRELIMINARY DETAILS OF YOUR PATIENT'S RECENT HOSPITAL ADMISSION. A MORE DETAILED SUMMARY WILL FOLLOW / WILL NOT FOLLOW. (Delete as appropriate).

Hospital No 1120399
NHS No
Surname KERR KERR
Forename(s) COLIN COLIN
Address MARRIOTT HOTEL, BATH RD, PADWORTH, READING

Admission Details
Consultant P MCKENNA
Specialty TAO
Ward TRUSETA
EM ON DC (Please circle)

Patient Transferred to
Consultant
Specialty
Ward

Date of Birth 29/4/71 Sex M

Admission Date 27.7.05 **Transfer Date** **Discharge Date** 27.7.05

Diagnosis or Symptoms or Indications	(1) Tear Lower Lip
Relevant Investigations	
Management	Wound exploration / closure

Procedure / Operation (s)	**Date**	**Surgeon**
Wound exploration / closure	27/7/05	IP

Complications	
Destination after discharge	
Aftercare needed	Make appointment with GP/Practice Nurse/Other
Key Contact Name & Tel No (Social Services) etc:	

Out-Patient Appointment

Allergy/Sensitivity

Discharge Drug	Dose	Frequency	Route	No of days supply	Long term therapy? (Y/N)	Hosp to Supply? (Y/N)	Pharmacy use only
RX AUGMENTIN 625	1	TDS x 5 days	PO	15	N	Y	
CO-AMOXICLAV	375mg	TDS					375mg qv 21
AMOXICILLIN	250mg	TDS					250mg qv 21
CODYDRAMOL	11	QDS	PO	7/7			

Signature: ..... **HO/SHO/Reg** **Bleep No.** ..... **Date:** .....

Print Name: .....

Blue Copy: CODING White Copy: TO GP Yellow Copy: TO BE GIVEN TO PATIENT ON DISCHARGE Pink Copy: NOTES

Royal Berkshire & Battle Hospitals NHS

NHS Trust

Trauma & Orthopaedic Outpatients (0118 987 7558 / 7559)

s1xh

DR RJ RUDGLEY
THATCHAM HEALTH CENTRE
BATH ROAD
THATCHAM,NEWBURY
RG19 3RD

89200/37

29/12/03

Dear Dr Rudgley,

COLIN KERR.
NHS No: 6241911090 Birthdate: 29/11/1979
14 STIRLING WAY, THATCHAM, RG18 3FW Hospital No: 00112039W

This patient has a new appointment in Mr Andrade's Fracture clinic on 29/12/03.

Diagnosis:

s1OR

Management:

Signature: ..... CONS /REG

Print Name: ..... /SHO

Procedures

- ☐ Injection of Joint
- ☐ Dressings
- ☐ Removal of wire & external fixtures
- ☐ Supports: slings, tubigrips, splints
- ☐ Removal of sutures
- ☐ Plaster ON/OFF
- ☐ Position satisfactory
- ☐ Other - please specify

Referral to:

- ☐ X-RAY / MRI / CT
- ☐ Arthrogram
- ☐ Pathology
- ☐ Histology
- ☐ Chiropody
- ☐ Physics
- ☐ Orthotics
- ☐ Physio
- ☐ ECG

Next Visit:

- ☐ POA
- ☐ XOA
- ☐ POXA

Outcome: Further appt. f/u interval _____ Discharged ☐ Letter to follow ☐

Booked admission __/__/__ Ward _____ On waiting list ☐ Direct from clinic/ward ☐

O/N ☐ D/C ☐ Hospital cancelled ☐ Patient cancelled ☐ Transfer to PP ☐

DNA: Another appointment will be sent ☐ No further appointment will be sent unless requested ☑

Cross Referral ☐

909179

Date..... 11/10/99 ILC

To.....

Speciality.....

Current medication.....

.....

.....

.....

08/10/99

Registered practice partner stamp or details
Thatcham Medical Practice
The Health Centre
Bath Road
Thatcham,
BERKSHIRE, RG18 3HD

Tel No **867171**
GP code **960762**
Practice Code **K81073**
Fund holder code **9AY53**

Allergies

Tus 28° Hoyd 400

Dr. Caroline Higgins .Newbury District Hospital Dermatology

FA 15/5/00

Dear Dear Dr. Higgins ILC/JC

Patient name Colin Kerr 29/11/1979
16 Stirling Way Thatcham Berkshire RG18 3FW *DOB*
624 191 1090

Thank you for seeing this young man who has what appears to be some over-scarring on his left ring finger. He had some tendon damage and a K wire inserted some two years ago. A similar lesion was removed about a year ago which has re-grown. He is extremely keen to have this treated. I wonder whether removal or steroid injection would be suitable. There was some question of a foreign body in the site in the first instance.

Thank you for seeing him.

Dr. I.L. Caffery

12 OCT 1999

Yours sincerely

JD

Name
Status if not a partner
Code of referring GP (if not above)

REFERRAL REPORT

Address and Telephone Numbers

16 Stirling Way Thatcham Berkshire RG18 3FW
Mobile phone 0961 942431

Hospital Ref.Nos.

All Other identfiers Records - No data available.

Significant Medical History

07/08/1997 O/E - squint left surgery Dr. V Williams
04/03/1997 Effusion of joint finger exterior tendon Dr. V Williams
1992 Operations for squint Dr. I Caffery
1984 O/E - squint Dr. I Caffery

Current Repeat Medication

All Repeat Masters Records - No relevant data available.

All Prescriptions in Last Two months

All Acute and Repeat Issue Therapy Records - No relevant data available.

Allergies and Intolerances

All Allergy and Intolerance Records - No data available.
All Allergy and Intolerance non drug Records - No data available.

Recalls - 3 Months Back To 1 Month In Future

All Recall records - No relevant data available.

Prevention

Blood Pressure

Last Blood pressure record. - No data available.

Smoking

Last Smoking record. - No data available.

Alcohol

Last Alcohol record. - No data available.

Weight

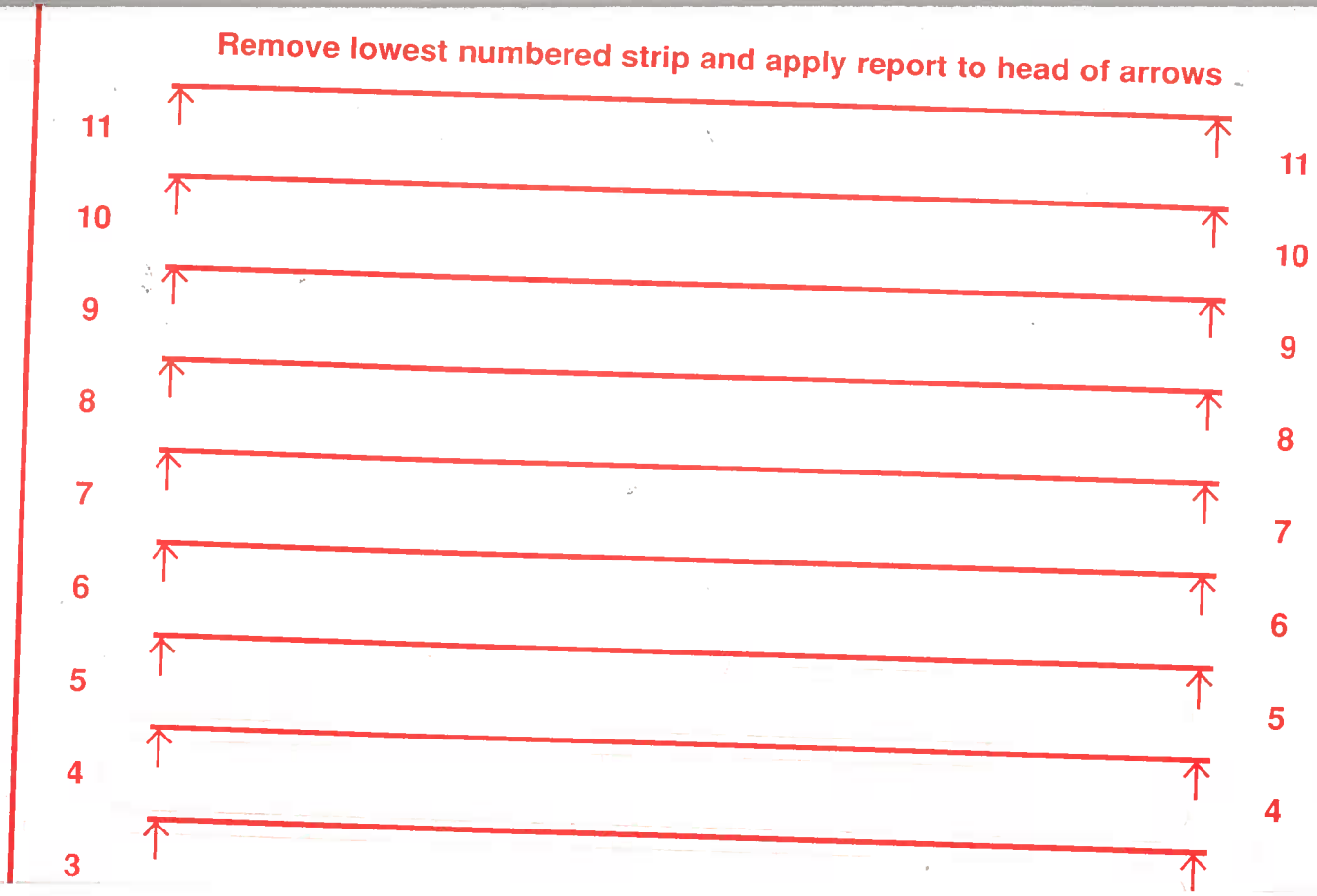
Last 1 Weight Records - No data available.

Height

Last 1 Height Records - No data available.

All Investigations in last 2 months

All Test results - All Records - No relevant data available.



076

KERR COLIN

22 Donnington Lodge, RG14 3AA

Patient No: 001120399 SEX: M
Request No: B,09.0035560
Date of Birth: 29.11.79

ORAL SURGERY OUTPATIENTS

Culture: Moderate growth Alpha haemolytic streptococcus

No significant bacterial growth after 48 hours incubation

SPECIMEN TYPE: **Swab/Sinus Jaw**

Collected: 06.07.09 Received: 07.07.09 Reported: 09.07.09

MICROBIOLOGY

Royal Berkshire NHS Foundation Trust

GEMS IT MAC1200 GE Medical Systems IT HELLIGE CONTRAST® 226 166 05 CE D 653

HR 86bpm

Measurement Results:

QRS		ms
QT/QTcB	/	ms
PR		ms
P		ms
RR/PP	/	ms
P/QRS/T	/ /	degrees

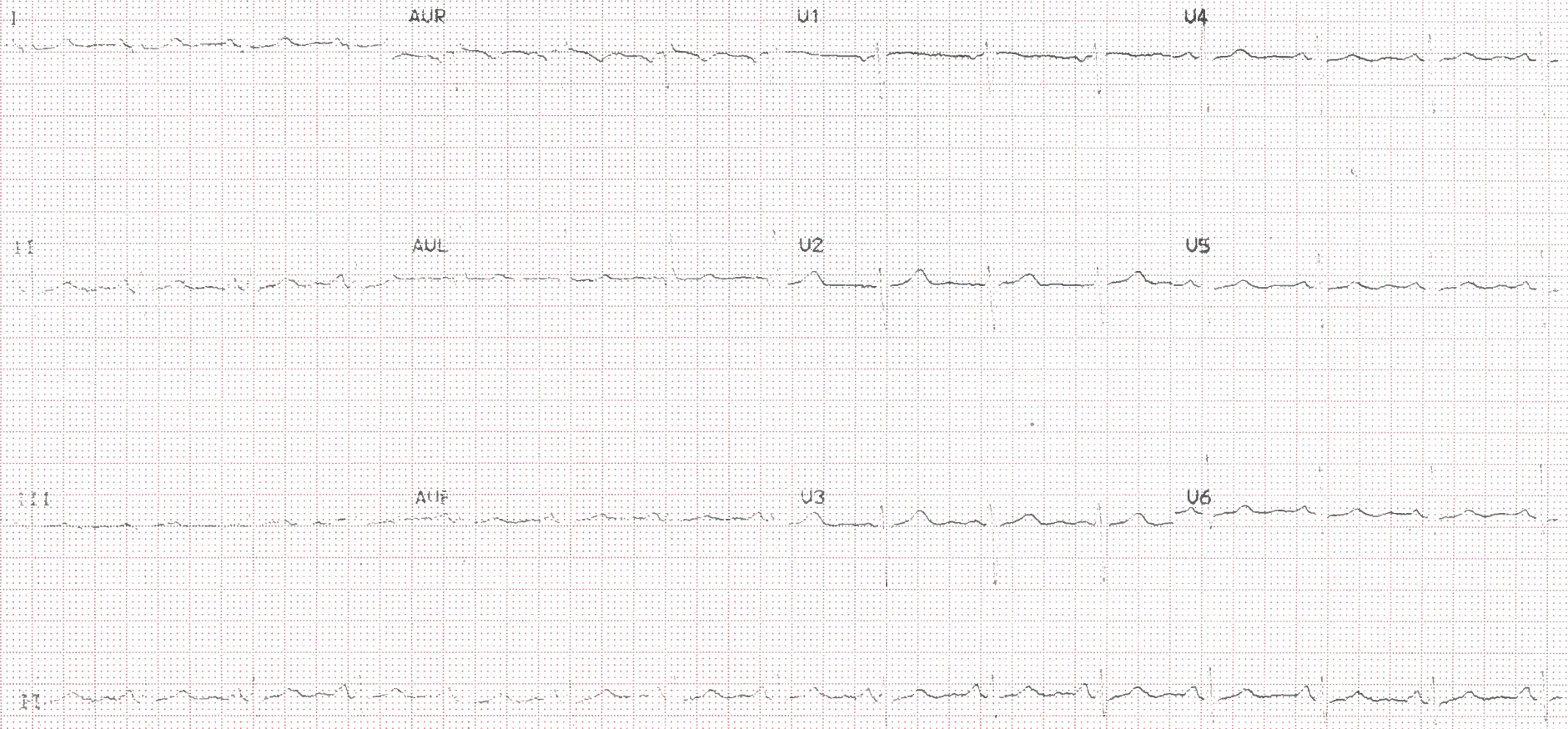
Interpretation:

Mgmt Grad 63 yrs

CP 1/10.

- SINUS RHYTHM
- LEFT AXIS DEVIATION
- NIL ACUTE

Unconfirmed report



25 Jul 2005 18:48:06 25mm/s 10mm/mV ADS 50Hz 0.08 - 40Hz 3_F1_R Automatic V5.21 (3) 12SL@v231

Royal Berkshire & Battle Hospitals NHS

NHS Trust

Affix patient label		Admission	Transfer	Transfer
COLIN KERR Marriott Hotel Bath Road Padworth Reading	Ward	TRUETA		
	Named Nurse	LYNETTE		

Social circumstances

Patient lives: Alone ☐ With spouse ☐ With other ☑

Mobility prior to admission

Independent ☑ Walking frame ☐
Walking sticks ☐ Wheelchair ☐
Immobile ☐ ☐

Distance

Accommodation: House ☐ Flat ☐ Bungalow ☐ Warden ☐
Residential home ☐ Nursing home ☐
Temporary resident ☐ Other: Hotel

Stairs & steps: To front door Y☑ N☐ To go to toilet Y☑ N☐ To go to bed Y☑ N☐

Does the patient have any dependants? Y ☐ if yes specify 2 children
N ☑

Does the patient have a carer? Y ☐ if yes specify
N ☑

Initial & date if not required ⇩

Social services currently provided Mgn 27/7/05

Name of Social worker/care manager
Tel no ⇩

	Frequency/days	Informed of admission	Reason for visit Mgn 27/7/05
Home care	M T W T F S S	Y ☐ N ☐	
Meals on wheels	M T W T F S S	Y ☐ N ☐	
Day centre	M T W T F S S	Y ☐ N ☐	
Other	M T W T F S S	Y ☐ N ☐	
Agency / provider: (if provided privately)			

Community health services currently provided Mgn 27/7/05

	Frequency/days	Informed of admission	Reason for visit
District nurse/health visitor	M T W T F S S	Y ☐ N ☐	
Elderly care day hospital	M T W T F S S	Y ☐ N ☐	
Other e.g. Macmillan nurse	M T W T F S S	Y ☐ N ☐	

DISCHARGE CHECKLIST

Confirmed Date of Discharge:	27/7/05 KP

	Date & Sign
Discharge discussed with patient	27/7/05 RP
Discharge discussed with nominated patient contact	
GP letter (circle) : given to patient / sent to GP practice / not done	
Patient's valuables returned if applicable (circle) : Y/N	

Initial and date, if considered unnecessary

Sick certificate given to patient: Y/N	RP 27/7/05
Cannula has been removed: Y/N	27/7/05 RP

Health Services

Community Nurse (e.g. District Nurse	Referral Date & Sign	Referral Method (A=Aircall)	Reason for referral	Response Date & Name	Letter Given / Sent (Circle) Date & Sign
					Y/N RP 27/7/05

Equipment Provision

	Date & Sign
Equipment Essential for Discharge Provided: Y/N Celia Sung	RP 27/7/05

Social Services

	Date & Sign
Care Plan Complete – Social Services Confirm Ready for Discharge	
Care Package Restarted for Discharge Date	

Medication (minimum 7 days drugs, 3 days dressings)

TTO's Needed		TTO's Requested		TTO's Received	
TTO's/FP10 & Explanation Given To Patient Date & Sign R Rumph 27/7/05		Own Drugs Returned (circle) : Y/N Date & Sign		Monitored Dosage System - Refer to FP10 Process (circle) : Y/N Date & Sign	

Transport

Type: Car ☐	Own/Relative ☐	Alternative ☑ TRAIN	
Ambulance ☐	Booking No:	Time: AM/PM	Where is key? .....

Outpatient Appointments

Appointment (Please circle) : To Be Organised & Forwarded Post-Discharge / Given to Patient Date & Sign L.B. 28/7/05 Posted.			
Clinic (Consultant) Mr. McKenna		Date & Time 4.8.05 @14.45	
Transport Required	Y/N	Transport Booked	Y/N

Discharge Address (if Different from Admission)

Are GP Details the Same? Y/N	Address
If 'No' please give details	
GP Practice Notified? Y/N	Date & Sign

Patient Discharged:

Date:	27/7/05
Sign:	R. Rumph

				DATE	29/7													
				TIME	1500	1645	1830											
VASCULAR	COLOUR - as compared to opposite limb	NORMAL	0		0	0												
		PALE	1															
		CYANOTIC/ MOTTLED	2															
	WARMTH - as compared to opposite limb	WARM	0		0	0												
		COOL	1															
		COLD	2															
	CAPILLARY RETURN	BRISK	0		0	0												
		SLUGGISH	1															
MOVEMENT	WRIST MOVEMENT	FULL	0		0	0												
		POP in situ	0		[redacted]													
		LIMITED	1															
		NONE	2															
	FINGER EXTENSION	FULL	0		0	0												
		POP in situ	0															
		LIMITED	1															
		NONE	2															
	FINGER FLEXION	FULL	0		0													
		POP in situ	0															
		LIMITED	1															
		NONE	2															
	THUMB TO LITTLE FINGER OPPOSITION	FULL	0															
		POP in situ				[illegible]												
		LIMITED	1		1	1												
		NONE	2															
SENSATION	THUMB + FINGERS	FULL	0															
		TINGLING	1		1	1												
		NONE	2															
	PAIN SCORE	0 - 3	0		0	0												
		4 - 6	1															
		7 - 10	2															
	TOTAL				2	2												
	INITIALS				RP													

ROYAL BERKSHIRE AND BATTLE HOSPITAL NHS TRUST

UPPER LIMB OBSERVATION CHART

Patient Name COLIN KERR	Admission date 27/7/05
DOB	Ward FINUETTA
Hospital No:	Consultant

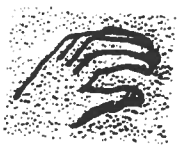
BRANCHES OF BRACHIAL PLEXUS

SENSORY DISTRIBUTION

Dorsal **Palmar**

Radial Nerve

Median Nerve

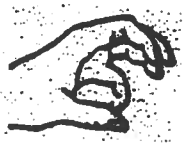


Ulnar Nerve

MOTOR DISTRIBUTION

Radial Nerve

Median Nerve



Score 0 – no action
Score 1/2 - repeat obs ½ hourly.
Score 3 or more – report to Senior Trained Nurse.

K. Barnard/S. Baker

Royal Berkshire & Battle NHS
Hospitals NHS Trust

Patient observation chart

Patient name ...COLIN KERR. **NHS no.** (affix patient label)	**Date admitted**	
	Ward(s) TRUETA	**Date** 27/7/05
	Chart no.	

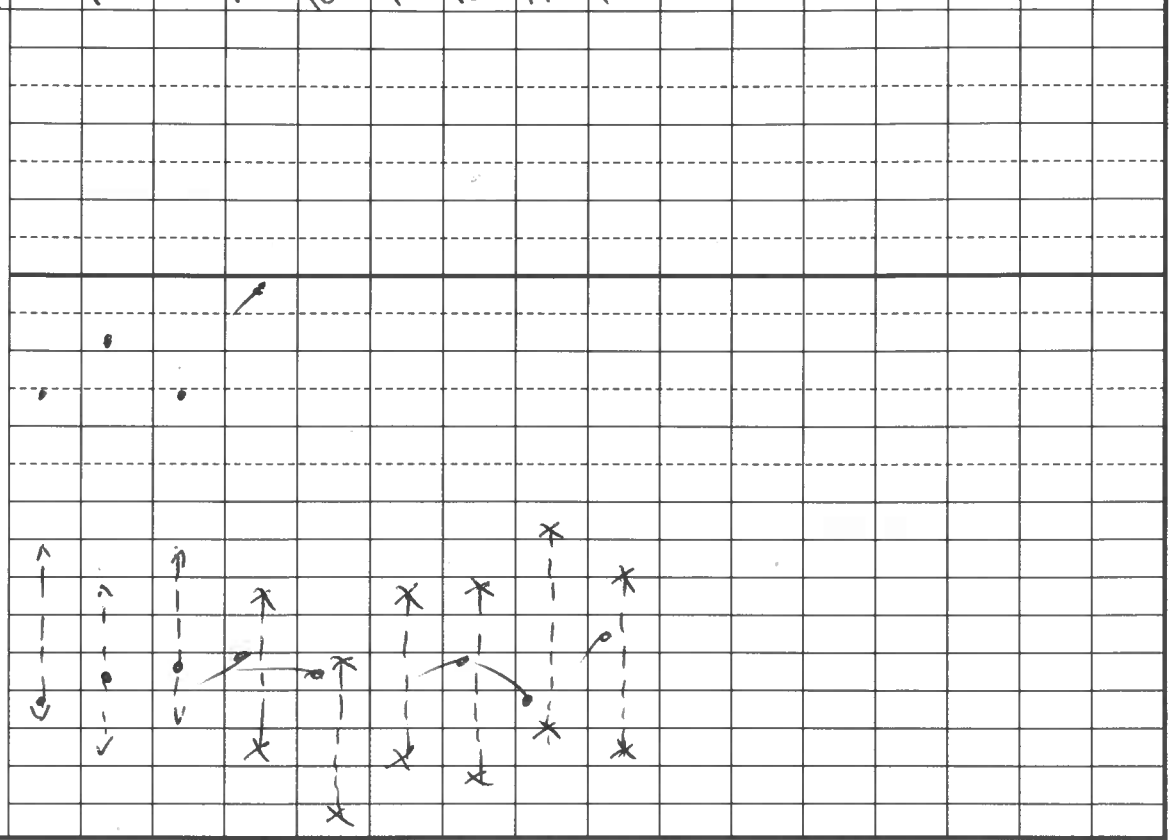
Cumulative Fluid Balance Chart

Day	Date	Days total input	Days urine output	Days other output	Days total output	Days fluid balance	Cumulative balance	Weight in kg
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Notes

Observation rate

Date ⇨	27/7	27/7	27/7														
Time ⇨	1030	1500	15:15	1545	1615	1625	1645	1715	1815								
Temperature																	



Respiration rate	16	16	16	16	16	16	16	16	16								
O_2 L/min	AIR	AIR	Air	Air	air	air	air	air	air								
O_2 Saturations	96	97	95	98	98	98	98	98	96								
Bowels open																	

Mews scores

Resp rate	1	1	1	1	1	1	1	1	1								
Pulse	0	0	0	0	0	0	0	0	0								
BP	0	0	0	0	1	0	0	0	0								
Conscious level	0	0	0	0	0	0	0	0	0								
Urine		—	—	—	—												
Total		1	1	1	2	1	1	1	1								

Early warning system (Morgan et al. 1997. RBBH adaptation, February 03)

	3	2	1	0	1	2	3
Resps per minute		8 or less		9 - 14	15 - 20	21 - 29	30 or more
Pulse per minute		40 or more	41 - 50	51 - 100	101 - 110	111 - 129	130 or more
BP Systolic	70 or less	71 - 80	81 - 100	101 - 199		200 or more	
Conscious level	Unresponsive	Responds to pain	Responds to voice / new confusion	Alert			
Urine Over 2 hrs	0	30 mls or less	31-41 mls or less	45 mls or more			

Royal Berkshire & Battle Hospitals NHS

NHS Trust

Theatre Nursing Checklist & Notes

DATE: 27/07/05

NAME: COLIN KERR

HOSP. NO: C0542345

D.O.B.: 29.11.1979

WARD: TWEETA	AGE: 25
WEIGHT: 70 Kg	PULSE: 77
BLOOD PRESSURE: 118/72	BLOOD SUGAR: mmol
HAEMOGLOBIN:	SICKLE CELL TRAIT: YES / NO THALASSAEMIA: YES / NO
LIKES TO BE KNOWN AS: Colin	

PRE-OPERATIVE MEDICATION

SEDATIVE DRUGS:

GIVEN AT: :

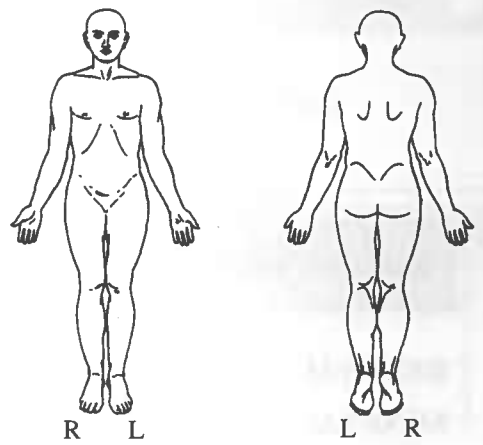
OTHER DRUGS, eg: INHALERS, INSULIN etc.

GIVEN AT: :

PRESSURE AREA CARE

WATERLOW SCORE:

PLEASE USE THE DIAGRAMS BELOW TO CIRCLE AREAS OF VERY HIGH RISK / BROKEN SKIN



ALLERGIES!

NKDA

ADDITIONAL INFORMATION:

NURSE SIGNATURE: Mymontclair
(FULL SIGNATURE, NOT INITIALS)

NURSING CHECKLIST

NIL BY MOUTH SINCE:	08:00
CONSENT FORM CORRECT: (NO ABBREVIATIONS)	✓
CONSENT ~~GIVEN BY PATIENT~~ / PARENT / RELATIVE / GUARDIAN:	✓
IDENTITY BANDS x ~~2~~: X/	✓
CORRECT NOTES / X-RAYS:	✓
OPERATION SITE MARKED WITH INDELIBLE PEN:	X
BED / NAME SLIP WITH PATIENT:	X
CAPS / ~~CROWNS~~ / ~~LOOSE TEETH~~: 8 7 6 5 4 3 2 O 1 2 3 4 5 6 7 8 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8	✓
HEAD ON CANVAS:	✓
BLADDER EMPTIED / CATHETER OR INCONTINENCE PAD:	✓
DISPOSABLE PANTS:	X
100% COTTON PANTS:	X
MAKE-UP & NAIL VARNISH REMOVED:	NA
JEWELLERY REMOVED / TAPED:	X
DENTURES / GLASSES / HEARING AID REMOVED IN WARD:	NA
DENTURES / GLASSES / HEARING AID ACCOMPANY PATIENT:	NA
TRACTION APPARATUS IN PLACE:	NA
BED TILT MECHANISM WORKING:	+
ELECTROCARDIOGRAPH:	X
SKIN PREPARATION:	NO

ANAESTHETIST:	DR. ABRAHAM	ASSISTANT SURGEON:	
ODP/ANAESTHETIC NURSE:	TP. LASENBY	SCRUB NURSE:	ATP-Duggan HEA Nudds
SURGEON:	Lt. Physeaict	CIRCULATING NURSE:	

THEATRE:	5	TIME IN:	13:50	TIME OUT:	14.30

ANAESTHETIC:

GENERAL	○	BIERS BLOCK	○
LOCAL	✓	AXILLARY BLOCK	○
SPINAL	○	INTERSCALENE BLOCK	○
EPIDURAL	○	FEMORAL BLOCK	○
CAUDAL	○	ANKLE BLOCK	○
SEDATION	○	OTHER BLOCK:	
LOCATION INFILTRATION	○		

AIRWAY:

MASK	○
ENDO-TRACHEAL	○
NASOPHARYNGEAL	○
LARYNGEAL MASK	○

DRIPS & PUMPS:

INTRAVENOUS INFUSION:	○
CENTRAL VENOUS PRESSURE LINE:	○
ARTERIAL LINE:	○
P.C.A. PUMP:	○

OPERATING POSITION:

SUPINE	✓
PRONE	☐
LEFT LATERAL	☐
RIGHT LATERAL	☐
KNEE / CHEST	☐
ORTHOTEC	☐
CHAIR / SITTING	☐
RIGHT ARM EXTENDED	☐
LEFT ARM EXTENDED	☐
ARMS ABOVE HEAD	☐
OTHER:	

ANTIBIOTIC: **TIME:**

LOCAL ANAESTHETIC INFILTRATION DIRECT TO WOUND / JOINT AT END OF OPERATION:

SURGICAL DIATHERMY: MONO-POLAR: ☐ BI-POLAR: ☐

DIATHERMY PLATE SITE:

LEFT THIGH: ○
RIGHT THIGH: ○
ABDOMEN: ○
OTHER:

SHAVED: YES / NO

EXSANGUINATING TOURNIQUET

LEFT LEG / ARM APPLIED AT: 14:09

LEFT LEG / ARM RELEASED AT: 14 25

RIGHT LEG / ARM APPLIED AT:

RIGHT LEG / ARM RELEASED AT:

DRAINS, PACKS & CATHETERS

REDI-VAC	X	☐
MINI-VAC	X	☐

WOUND PACKING:

URETHRAL CATHETER:

OTHER PACKS / DRAINAGE:

SUTURES

INSOLUBLE SUTURES:

- NYLON: ☑
- PROLENE: ☐
- SILK: ☐
- STAPLES: ☐
- OTHER:

TRACTION:

- ADHESIVE: ☐
- NON-ADHESIVE: ☐

SOLUBLE SUTURES:

- CAT GUT: ☐
- SOFT GUT: ☐
- P.D.S.: ☐
- DEXON: ☐
- VICRYL: ☐
- OTHER:

- INTERRUPTED: ☐
- SUBCUTICULAR: ☐
- CONTINUOUS: ☐

DRESSINGS

DIRECT TO SKIN:

- STERISTRIPS: ☐
- MEPORE: ☐
- GAUZE: ☑
- AIRSTRIP: ☐
- PARAFFIN GAUZE: ☑
- TRANSPARENT DRESSING ☐
- OTHER:

PRESSURE:

- SURGIPAD: ☐
- PLASTER WOOL: ☑
- CREPE: ☑
- POLY-SLING: ☐
- OTHER:

PLASTER CASTS

- PLASTER OF PARIS: ☐
- DELTACAST: ☐
- EQUIONOUS: ☐
- SPICA: ☐
- BACKSLAB:
- OTHER:

- FULL ABOVE KNEE: ☐
- FULL BELOW KNEE: ☐
- FULL ABOVE ELBOW: ☐
- FULL BELOW ELBOW: ☐
- CYLINDER: ☐

SURGICAL IMPLANTS

OPERATIVE PROCEDURE PERFORMED

EVACUATION OF HAEMATOMA. Left hand.

COMMENTS FROM SCRUB NURSE

APPROXIMATE BLOOD LOSS: ____ mls

SWAB / SHARP COUNT CORRECT: ☐

SCRUB NURSE SIGNATURE:

(FULL SIGNATURE, NOT INITIALS)

RECOVERY ROOM **TIME** **SHEET NO: 1**

PULSE AND BLOOD PRESSURE

200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10

AIRWAY

SaO_2																																					
O_2 L / Min																																					
RESPS																																					
SUCTION																																					
AIRWAY TYPE*	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G	L	N	G
TEMP																																					

LIMB

COLOUR																																					
VEN. RETURN																																					
SENSATION																																					
PULSE																																					

DRUGS

PAIN SCORE																																					

* L = LARYNGEAL MASK
N = NASOPHARYNGEAL
G = GEUDAL AIRWAY
R = REMOVED
I = INSERTED

DOSE / ROUTE

P.C.A: EPIDURAL:
TIME COMMENCED:

DRAINS:
WOUND:

SPECIFIC OBSERVATIONS / NURSING NOTES

WARD CONTACTED –

PATIENT TRANSFERRED –

REASON FOR DELAY –

RECOVERY NURSE SIGNATURE:
(FULL SIGNATURE, NOT INITIALS)

WARD NURSE SIGNATURE:
(FULL SIGNATURE, NOT INITIALS)

Royal Berkshire & Battle NHS
Hospitals NHS Trust

NHS No: 624 191 1090 . **Admission**

Hospital No./~~NHS No.~~ 1120399 Surname: KERR Forename: COLIN Maiden Name: Date of birth: 29.11.1979 Age: 25 Sex (M) / F Marital status: (S) M W D Religion: Catholic Occupation: Chef	**Permanent home address** MARRIOTT HOTEL BATH ROAD PADWORTH READING Postcode: Telephone: 07810780825	**Admission date / time** 27/07/05 1015 **Admitting ward** THAMES
Temporary address Postcode:	**Emergency contacts** NEXT OF KIN (1) Relationship MUM Aware of admission Y / (N) Name: VALERIE KERR Telephone: Home: 01635290908 Work: Contact at night:	**Emergency contacts** NEXT OF KIN (2) Relationship Aware of admission Y / N Name: Telephone: Home: Work: Contact at night:
Registered G.P. Name: DR. RUDGLEY Practice Name: ~~THATCHAM HEALTH~~ CENTRE Postcode: BATH ROAD G.P. code: Thatham Referring G.P.: Newbury	**Admission source** (19) Home 29 Temporary residence 51 Other hospital	**Admission method** 22 Emergency G.P. (21) Emergency A&E 25 Emergency domicilliary 28 Emergency other (specify) 11 Waiting list 12 Planned 24 From clinic
Has the patient attended hospital before: (Y) / N Specify: Wexham Park Notes required (Y) / N Notes on ward Y / (N)	**Patient category** (10) NHS Day patient: Y / N 9 Overseas visitor Private Y / N Other (please specify)	

Ethnic group

White (A) British B) Irish C) Any other white background

Mixed D) White and black Caribbean E) White and black African F) White and Asian G) Any other mixed background

Asian or Asian British H) Indian J) Pakistani K) Bangladeshi L) Any other Asian background

Black or Black British M) Caribbean N) African P) Any other black background

Other Ethnic groups R) Chinese S) Any other Ethnic group Z) not stated

Completed by: M. Montecalvo	Signature: Mmontecalvo	Consultant(s): P. M.

RBB047

Reason for admission	(L) hand laceration
Current diagnosis / day of operation	Exploration / wound closure 27/7/05
Relevant past medical / surgical history	(R) hand operation 2001 (L) hand (ring finger) tendon repair 1997
Allergies NKDA	
Other important information e.g. resuscitation status, presence of multi resistant organisms.	

Name NHS No.	Colin Kerr	Care plan No.

Evaluation of care

Date & time		Sign
27/7/05 1345	E/A from A+E c Ⓛ hand laceration + glass left in situ - for exploration, washout + removal of glass. Nursing assessment completed. Preop checklist completed. IVI ongoing. Has passed urine. Mobilising independently. Went to theatre around 1345.	Mgr.
27/7/05 21.10	Returned from Theatre N/V obs stable some numbness in thumb no evidence of ooze pain score low with oral opiate obs stable. Complained of pain - paracetamol given when chart returned from pharmacy with antibiotics. Analgesia written up to be obtained from emergency cub. not to go to the practice nurse for an OPA. 4/52 Kos as in diary, Calico Sling applied Checked by doctor can go home aware of Mr Kerr was encouraged to use his elbow and shoulder joints and not to over depend on the sling.	RP RP

Name Chris Kerr NHS no.	Date 27/7/05	Care plan no 2

Patient need / problem

..... has pain and discomfort due to ..laceration to left hand

Aim / outcome

For ...Chris..... to say that their pain is controlled.

Interventions required to meet aim / outcome

Date		Review date/ interval	Sign
27/7/05	Assess severity, type and site of pain and document. Use a pain chart if appropriate.		RP
27/7/05	Administer regular analgesia as prescribed.		RP
27/7/05	Monitor and record its effect.		RP
	Explain the benefits of taking regular analgesia.		
	Offer prn analgesia if required.		
	If patient has a PCA ensure they are aware of how it is used, that the hand set is within reach at all times and record usage on the pain chart, prn. (If resps less than 10 report to medical staff. Record obs 1 hourly for 4 hours and then 4 hourly if stable).		
	Use bed cradle, gutter splint or pillows to assist ..... to a comfortable position prn.		
	Position any infusion and drainage equipment for comfort.		
	Involve pain team or medical staff if pain not relieved.		
	If epidural insitu see additional care plan. (Suitably trained nurse only to care for patient following hospital protocols).		

Name Colin Kerr NHS no.	Date 27/7/05	Care plan no 1

Patient need / problem

.....Colin..... is at risk of compromised circulation and/or neurovascular deficit due to..laceration to left hand.....

Aim / outcome

To minimise the risk / early detection of deficit.

Interventions required to meet aim / outcome

Date		Review date/ interval	Sign
● 27/7/05	Maintain elevation / support of ..... using: *Bradford sling *Brauns frame *Collar and cuff *Foot stool *Pillows *Bed end elevation. *Delete pm		RP
27/7/05	Observe limb / extremities for colour ¼ hrly* temperature ½ hrly* swelling 1 hrly* sensation 2 hrly* movement 4 hrly* pulse capillary refill. *Delete pm		RP
	Teach / encourage limb exercises for 10 mins of every hour.		
● 27/7/05	Educate ..Colin..... to report tingling and / or numbness.		RP
27/7/05	Report abnormalities to the doctor.		RP
	Split cast if clinically indicated on instruction of medic.		
	Refer to physiotherapist.		
	Apply ice packs to affected limb, 20 mins on / 20 mins off.		
27/7/05	Offer constant reassurance and explanation about care and treatment.		RP
	McIntyre/Sherwin/Krull/Mayhew 2001		

P.C. 1

ROYAL BERKSHIRE & BATTLE HOSPITALS NHS TRUST
DRUG PRESCRIPTION and ADMINISTRATION RECORD

Ward 1. THUFTA	2.	3.	4.	Name COLIN
Date of Birth 29.11.1979	Height	Weight	Surface Area	Address KELK.
Route abbreviations to be used PO = oral SL = sublingual TOP = topical SC = subcutaneous PV = per vagina INHAL = inhalation IM = intramuscular PR = per rectum NEB = nebulized			Non-Administration of Doses A = Absent R = Refused N = Nurses decision S = Self Admin.	29/11/79. Hospital No. Consultant

Relevant Drug History	Known Drug/Food Allergies
	NKDA

PRE-ANAESTHETIC MEDICATION

Date	Time	Drug	Dose	Route	Doctor's Signature	Given by	Checked by	Pharmacy use only

ONCE ONLY MEDICATION

Date	Time	Drug	Dose	Route	Doctor's Signature	Given by	Checked by	Pharmacy use only

Notes
1. Use approved names for drugs and BNF abbreviations.
2. Write in BLOCK CAPITALS.
3. Doctor's full signature is required.
4. Discontinue prescriptions by striking through. Sign and date against your line. Repeat for administration record.
5. For When Required drugs indicate the minimum interval between doses.
6. Alterations to prescriptions are not allowed. Re-write completely.

T.T.O.s	Written	Dispensed
217		

REGULAR MEDICATION

Times

ADMINISTRATION RECORD

Date

Pharmacy

Drug 1. AUGMENTIN

Dose	Other Instructions	Route
625mg.	TDS	PO

Doctor's Signature

Date 27/7/15

8

14

22

Drug 2.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 3.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 4.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 5.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 6.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 7.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 8.

Dose	Other Instructions	Route

Doctor's Signature

Date

Drug 9.

Dose	Other Instructions	Route

Doctor's Signature

Date

WHEN REQUIRED MEDICATION

Drug	Dose and Instructions	Route	Doctor's Signature	Date
PARACETAMOL	1g QDS	PO		27/7/15
CO-DYDRAMOL	1 QDS	PO		27/7/15

	Date	Time	Dose	Given by														Pharmacy
1	27/7/15	0930	1g	MP														
2																		
3																		
4																		
5																		
6																		

VARIABLE DOSE MEDICATION

Drug and Instructions	Route	Doctor's Signature	Date

	Date	Time	Dose	Given by	Checked by													Pharmacy
1																		
2																		
3																		
4																		
5																		
6																		

CONTINUOUS INTRAVENOUS INFUSIONS OF FLUIDS AND DRUGS

Date	Infusion Fluid	Volume	Rate	Drug Additive	Dose	Signature	Fluid Batch No.	Start Time	Given by	Checked by	Stop Time	Pharmacy use only
27/7	~. SALINE	1L	6"	—				09.30				

Royal Berkshire & Battle Hospitals NHS

NHS Trust

Nursing assessment and admission document

Patient likes to be known as	Patients Name COLIN KERR
COLIN	NHS no.
	(Affix patient label)

Consultant(s)	Ward(s) TRUETA
Date of admission 27/7/05	Named Nurse 1 LYNETTE 2
Transfer(s)	Dates

All members of staff who are using this document use **black** ink and fill in this section. You can then use initials when recording care

Print Name	Designation	Signature	Initials
M. Montecclaro	SN	Mmontecclaro	Mmon.
ROSE PULKINTON	SN	R. Pulkinton	RP

(version 3.4 December 2002)

This document has been approved by

Mrs A Sheen	Mrs C Dunn	Mrs S Seigne
Director of Nursing	Senior Nurse (Practice development)	Legal Services Manager

How to use this admission document

- Firstly, if you are going to write in the document you need to state your **name, job title** and give a **sample signature** and **initials** on the front cover.
- The patient assessment form should be completed by a qualified nurse and within 24 hours of the patient admission.
- Entries made by health care assistants and students must be countersigned by a registered nurse.
- All nursing documentation should adhere to the NMC guidelines for record keeping (2002) found on the ward.
- Following completion of this assessment you should ensure that a separate care plan is commenced for each nursing need identified.
- Attach these care plans to this admission document and store in the patient's ring binder.
- When the patient is discharged, staple / secure the care plans to the admission document and file in the back of the medical notes.

Abbreviations

BMI	Body mass index	LOS	Length of stay
BO	Bowels open	MS	Multiple sclerosis
BP	Blood pressure	MSU	Midstream specimen of urine
CSU	Catheter specimen of urine	N/A	Not applicable
CT	Computerised tomography	NBM	Nil by mouth
CVA	Cerebral vascular accident	NG	Naso gastric
CXR	Chest X-ray	NOK	Next of kin
DVT	Deep Vein thrombosis	PU	Passed urine
ECG	Electrocardiogram	TEDs	Thrombi embolic deterrent stockings
FBC	Full blood count	TPR	Temperature, Pulse, Respiration
Hb	Haemoglobin	TTO	Tablets to take out
IM	Intra muscular	U&Es	Urea and Electrolytes
IVAB	Intra venous antibiotics	VQ	Ventilation perfusion
IVI	Intra venous infusion		

Admission check list	Sign
Patient assessment completed and patient weight recorded on drug chart	
Base line observations recorded	
Routine urinalysis Glucose Ketones Specific gravity pH Other, specify Protein Nitrates Blood Leucocytes **Outcome** No action required ☐ **Specimen sent** MSU ☐ CSU ☐ Other, specify	
Patient orientated to ward and ward information sheet given with verbal instructions	
On transfer to another ward, patient orientated to new surroundings	
Patient demographic details recorded	
Discharge plan commenced and existing social service arrangements have been confirmed and recorded	
Name bands / red allergy band applied	MJ
Valuables listed on admission and receipt given	
On transfer to another ward, valuables listed on admission and receipt given	
Care plans written for each patient need and indexed on **page 8**	

Assessment tools

Pressure Ulcer Classification

(European Pressure Ulcer Advisory Panel (EPUAP) 1999)

1	***Non-blanchable erythema*** of intact skin. Discolouration of the skin, warmth, oedema, induration or hardness may also be used as indicators, particularly on individuals with darker skin.
2	***Partial thickness skin loss*** involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion or blister.
3	***Full thickness skin loss*** involving damage to or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.
4	***Extensive destruction,*** tissue necrosis, or damage to muscle, bone, or supporting structures with or without full thickness skin loss.

Guidelines for the selection of pressure relieving equipment

Mattresses		
At risk	**High risk**	**Very high risk**
Viaclin	**Bi - Wave**	**Bi - Wave**

Guidelines for the selection of pressure relieving cushion.

A matching cushion to the mattress should be supplied according to clinical need.

Pressure ulcer risk assessment

Date of admission.....27/7/05.....

Pressure ulcer risk assessment will be carried out at the first point of contact with the patient, and after any change in condition. Assessment will also be carried out at pre-determined intervals or, as a minimum every seven days.

On admission does the patient have a pressure ulcer? **Yes** ☐ **No** ☑

If yes, state site(s) & circle grade(s) in the grid below, and describe / illustrate in the nursing record or arrange clinical photography.

Site	EPUAP Grade				Trained nurse signature
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	

Complete below if the patient is moved to another clinical area during this hospital stay

Transferred to	Date of transfer	Time of transfer	On transfer to this clinical area, were any pressure ulcers present?
			Yes ☐ **No** ☐
			Yes ☐ **No** ☐
			Yes ☐ **No** ☐

If pressure ulcer was present on transfer, state site(s) & circle grade(s) in grid below, and describe/illustrate in the nursing record or arrange clinical photography.

Site	EPUAP Grade				Trained nurse signature
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	
	1	2	3	4	

Waterlow pressure sore risk (J Waterlow. 1992)

Category	Risk factors	Score	Date	Date	Date	Date	Date	Date
			27.7.98					
		Initial →	MJ					
		Time of FIRST assessment →	1030					
Build/weight for height	Average	0	0					
	Above average	1						
	Obese	2						
	Below average	3						
Continence	Complete/catheter	0	0					
	Occasionally incontinent	1						
	Catheterised/incontinent of faeces	2						
	Doubly incontinent	3						
Skin type visual risk areas	Healthy	0	0					
	Tissue paper	1						
	Dry	1						
	Oedematous	1						
	Clammy (temp ↑)	1						
	Discoloured	2						
	Broken spot	3						
Mobility	Fully	0	0					
	Restless/fidgety	1						
	Apathetic	2						
	Restricted	3						
	Inert/traction	4						
	Chair bound	5						
Sex Age	Male	1	1					
	Female	2						
	14-49	1	1					
	50-64	2						
	65-74	3						
	75-80	4						
	81+	5						
Appetite	Average	0	0					
	Poor	1						
	NG tube/fluids only	2						
	NBM/anorexic	3	3					
Special risks								
Tissue malnutrition	Terminal cachexia	8						
	Cardiac failure	5						
	Peripheral vascular	5						
	Anaemia	2						
	Smoking	1	1					
Neurological deficit	Diabetes, MS, C.V.A.	4-6						
	Motor/sensory/paraplegia	4-6						
Major surgery / trauma	Orthopaedic below waist/spinal	5						
	On table > 2 hrs	5						
Medication	Cytotoxics	4						
	Anti inflammatory	4						
	High dose steroids	4						
TOTAL WATERLOW SCORE			6					
10+ At risk	15+ High risk		20+ Very high risk					

Actions identified as a result of this assessment

Date of assessment	Pressure relieving equipment Needed	Pressure relieving equipment Provided	Date of next planned assessment	Trained nurse signature	Comments
27/7/05	Transform	Transform	3/7/05	Meyn.	

N.B. If pressure relieving equipment will be needed for discharge, discuss this with the Community Nurse at the earliest opportunity.

If the patient develops a pressure ulcer between assessments use the grids below to record this, stating site(s) & circle grade(s) in grid below, and describe/illustrate in the nursing record or arrange clinical photography.

Date	Site	EPUAP Grade				Trained nurse signature
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	
		1	2	3	4	

Assess, select, implement, evaluate & document

Date 27/7/05

Emergency Surgical / Emergency Medical

Time	Initial interventions	Sign

Venous access

Cannulation Y ☑ N ☐	Where (R) arm	Size green	Inserted by A+E	Date inserted
Central Line Y ☐ N ☑	Where	Size	Inserted by	Date inserted

Time	Initial Evaluation	Sign

Working diagnosis

Transfer / Discharge

Date..... Time .....

Home ☐ Theatre ☐ Ward ☐ Other .....

Patient assessment form

Date 27/7/05

1. In patients own words, what is their understanding of their illness / treatment
"They will take glass from my hand"

2. Feeling & behaviour
In patients own words, state how they are feeling at the moment. "Fine"

3. Safety	Additional information
Allergies NKDA Risk of a fall NO Confusion / disorientation NO Other	

4. Communication	
Vision	Glasses Y ☐ N ☑ Contact lenses Y ☐ N ☑
Hearing	Hearing aids Y ☐ N ☑ If yes Right ☐ Left ☐ Checked ☐
Speech No problems	Language difficulties

5. Breathing	
Laboured Y ☐ N ☑ Breathless Y ☐ N ☑ Colour Other abnormalities	What normally helps?

6. Pain	
Nature Sore Pain score 4 Location (L) hand	What normally helps?

7. Eating and drinking	
Usual eating pattern 3 meals / day Nutritional assessment completed within 24 hours Y ☐ N ☐ If no specify reason →	Dentures upper ☐ Lower ☐ None

8. Elimination	
Bowel frequency Daily Bladder No problems Problems	Other information

9. Hygiene	
Assistance required Not required Mouth	Other information

10. Skin integrity

Does patient have any other skin damage / condition? Y ☐ N ☑ If yes, specify →→	Other information
None	

11. Mobility

Usual daily activity / present mobility	Other information
Independent	

Does the patient require any help or instruction with their mobility? Y ☐ N ☑
If yes, complete a minimal handling assessment.

12. Sleep and rest

13. Sexuality & reproduction

Single . Has 2 children

14. Religion / spiritual and worship needs

Catholic

15. Reason for patient admission

(L) hand laceration

16. How does the patient wish to be involved in their care?

To be kept informed

17. Person to whom the patient wishes information to be given.

Mum

Completed by M. Montecian **Updated by** .....
Date 27/07 **Date**.....

Care plan index

Date	No.	Problem / need identified	Sign	Date resolved
27/7/05	1	Pain	[signature]	
	2	N\V deficit	[signature]	
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Date/ Time	Other information	Sign