Code A

MICROFICHE RECORDS

Code A

'Informal admission'
13/12/95

'PC' "Everything is horrible"
'From R/H
'Verbally aggressive to wife and staff'
'Staying in bed'
'Not mobilising'.
'Constipated'
'Not eating well'
Sleep - Mr PITTOCK states "Alright".
No DVM
"Feels bad all the time"
"Hopeless and suicidal".

PPH Chronic Depression
Previous ECT course

PMH
Hypothyroid
Constipation

DH
Mag Hydrox Codenthrusate
Sertraline 100mg ON
Lithium CO3 400mg ON
Diazepam 10mg bd
Thioridazine 50mgs QDS
Temazepam 10mg ON.
Thyroxine 50 micro grams marne

Background - see previous notes

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MSE
A+b withdrawn, monosyllabic unwilling to move or mobilise. Seems a little agitated and irritable.

Speech - indistinct, quiet, nil spontaneous except one statement.

Mood "I might as well tell you I just want to be dead".
has thought about overdosing.

Thoughts "No hallu" delu

Insight, ie, someone's understanding of their illness.
"I'm a wreck, I might as well be dead".

Physical - full rectum
P80 reg
HS1-11 –
Shuffling gait
2 mobilise
Slight tremor on moving
Δ = Diagnosis. Depressed.

ECT discussed - no decision,
Bisocodyl suppositories
Check [LI] U&E
Recent TFT, LFT & FBC normal.
D/W Dr BANKS
+further info from R/H

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15/12/95 asked to see - fell yesterday evening no injury noted, not any pain except back pain this am - physio will assess long standing mobility problems - ?2° to OA
Try PRN = Paracetamol,

20/12/95
Bowels → loose stools 5 days
? diahorrea
? overflow

Abdo Soft = non tender. BS - normal

PR empty

→ = plan AXR empty.
→ = for reporting.

Stop aperients.

20/12/95 WR **Dr DAOUD**
Mobility.
V. Parkinson features
Low +++
↓ Thioridazine to 25mg QDS +PRN

Procycladine 5mg BD review Friday.
?↑ Sertraline next week.

22/12/95
Diahorrea x 1 this morning
Generally weak today.
Left basal crepidations
Chest Infection
Plan - Encourage oral fluids - no solid food yet.
Enythromycin suspense 250mgs TDS = 3 x a day.

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27/12/95 W R by Dr BANKS
Chesty
Poorly , abusive Not himself at all.
→ chest physio,
sputum sample.
Enythromycin finished → for cofactor

STOP procycladene until well.
Reassess mood once medically better.
Also ? further INX - investigation of bowel.
Catheterised end of last week by on call GP as in urinary retention
Geriatrician review may be helpful.
CXRV

27/12/95 Physio
Thank you for this referral - obs BS throughout
↓ (L) = left, LZ few scattered coarse inspiratory crackles
RXACBTS - ↓° expectorated
Post drainage shown to N/S,
RV Marne

2/1/96 remaining poorly and lethargic.
Reports of him saying "Why don't you let me die".
Skin breaking down - Pegasus bed
V. Poorly
FBC √.
U&E √ = (LI) + TFT
Geriatrician review to make sure not medical problem

Code A

2/1/96 Dear Dr LORD
Thank you for seeing Les who has been treated for many years for resistant depression. On this admission his mobility initially deteriorated drastically and then he developed a chest infection. His chest infection is now clearing but he remains bed bound, expressing the wish to just die.
This may well be secondary to his depression but we would be grateful for any suggestion as to how to improve his physical health.

Thanks Rosie.

(PS He also complains of some abdo pain intermittently which I thought may have been constipation but an AXR showed his bowels to be very empty so his aperients were stopped. Unfortunately he still has pain intermittently).

3/1/96 W R Dr BANKS
Poor food intake, fluid ok
Deteriorating, some breaks in skin now.
? fit for ETC - may not agree to it? Would it work.
→ fortisips plus high protein diet.
Await EC review.
Needs more time to convalesce.

Code A

↓ decrease Diazepam.
Stop Thioridizine + Temazepam.
Watch for benzodiazepine withdrawal
Probably will need NH - nursing home.

signed by Dr BAYLY.

GLU 4.3
U 7.2 PO4 1.05 AST 127
Na 137 Ca 2.21 (2.45) Alk 110 K 4.8 Bili 9 Cr 91 Alb 27 T.Pro 57.

4/1/96 Elderly Medicine
Thank you. Frail 82 year old with
1.Chronic Resistant Depression - very withdrawn
2.Completely dependent - bartel 0
3.Catheter by passing
4.Ulcertaion (superficial) of (L) buttock and hip
5.Hyproproteinaemic
Suggest
1.High protein drinks
2.Bladder wash outs x 2/wk,
3 ????????
4.I'd be happy to take him over to a L/sty bed at GWMH.
I feel his RH place can be given up as he's unlikely to return there.

Dr Alhela LORD
geriatrician).