

Code B

With compliments

Code B

Code B

Elaine Williams
Head of legal services and comments + complaints unit
NHS Hampshire
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Secure NHS Email: **Code A** Please use NHSmail for all personal identifiable data and notify
me at **Code A** its transmission as this account is not routinely checked.

From: **Code A** mailto:**Code A**
Sent: 02 July 2009 10:38
To: Williams, Elaine
Subject: Attached Image

Code A

Scan
FAO Mark Roberts
Clin Nurse
Manager
Sultan Ward. ↗
paper copy to ↗

Code B

Code A

Scan to
FAO Mark Roberts
Clin Nurse
Manager
Sultan Ward.
paper copy to ↗

Williams, Elaine

From: Williams, Elaine
Sent: 03 June 2009 16:00
To: Thomas, Joanne (HPCT-SE)

Code B

Elaine Williams
Head of legal services and comments + complaints unit NHS Hampshire
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-----Original Message-----
From: Williams, Elaine
Sent: 03 June 2009 15:46
To: 'John, Lisa'

Code B

Elaine Williams
Head of legal services and comments + complaints unit NHS Hampshire
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Website: www.hampshire.nhs.uk
Headquarters, Omega House
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Secure NHS Email: Code A Please use NHSmail for all personal identifiable data and notify me at Code A of its transmission as this account is not routinely checked.

Original message
From: John, Lisa [mailto: Code A]
Sent: 03 June 2009 14:07
To: Williams, Elaine

Code B

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Patient Assessment Record

Hampshire **NHS**
Primary Care Trust

Patient admitted to: (Name of service, hospital, locality, ward) GWMH, Sultan	Patient admitted from: (Name of service, hospital, locality, ward) HOME	Date admitted / referred: 26/5/09
		Name of Key Worker:

Patient Details

Name:	Code A	Date of birth:	Code A
Address:		Hosp / UR No:	
Postcode:		Medical Record No. (MRN):	
Name of GP: VILWADE.		NHS No:	Code A
Address: JUBINEE SURABUJI, BARRY'S MEADOW TITFIELD. PO14 4EH.		Religion:	
Tel. no: 01329 844200		Language:	
Name of Consultant:		Ethnic Origin:	British
		Name of Social Worker:	

Resuscitation Status

Date	Time	Discussed with patient/family	Doctor's signature
Advance Directive?	YES / NO		

Next of Kin

1 st Contact		2 nd Contact	
Name:	Code A	Name:	
Relationship to patient:	SON.	Relationship to patient:	
Address:	Code A	Address:	
Day time tel. no:	Code A	Day time tel. no:	
Evening tel. no:	Code A	Evening tel. no:	
	Night contact? Y/N		Night contact? Y/N

Medical History

Reason for / Aims of Admission / Referral STEROID INDUCED DIARRHOEA FOR 1 WEEK. DEHYDRATION	Past Medical History POLYMYALGIA HYPERTENSION. COPD. AF. OBESITY. GLAUCOMA.			
Known Allergies:				
Other Alerts:				
Positive: <input type="checkbox"/>	Contact: <input type="checkbox"/>	Unknown: <input type="checkbox"/>	Swabs Taken: <input type="checkbox"/>	Previous known MRSA +ve: <input type="checkbox"/>

Patient's understanding of illness:

Source of information:

Print Name: C. Edge	Signature: CE	Designation: RSN	Date: 26/5/9
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Holistic Assessment

Usual State / Current State / Aims	
Breathing / Circulation	
Communication <i>include hearing & sight problems</i>	
Pain	
Nutrition	Pain assessment required: <input type="checkbox"/>
Hygiene / Dressing	Dentures: Top set / Bottom set MUST Score: <input type="text"/> MUST assessment required: <input type="checkbox"/>
Mobility / Transfers / Balance	
Falls Risk	Moving & handling assessment required: <input type="checkbox"/>
Skin Integrity	Has the patient fallen in the last year? Y / N Falls assessment required: <input type="checkbox"/>
Elimination	Waterlow Score: <input type="text"/>
Deep	Contenance assessment required: <input type="checkbox"/>
Work / Leisure	
Health Promotion	
Cognition / Mini mental test (MMT)	Smoker? Y / N
Spiritual / Emotional / Sexual health	AMTS: <input type="checkbox"/>

Baseline Observations

Temp: 36°C	Pulse: 88.	Resp: 23
BP: lying: 110/56. standing: 110/56.	O2 Sats: 96%	BM Stix: 8.8 mmols
Urinalysis:	MSU:	Weight: 94.3kg.
Additional obs:		Height: BMI:

Medication Information

Medicines Risk Assessment Screening Questions		
Do you need help getting a regular supply of medicines? (Only answer YES if the problem is unresolved)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you sometimes not take your medicines the way the doctor wants you to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have difficulty swallowing your medicines, or getting them out of the container?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you think that some of the medicines that you take could work better?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If patient answers YES to any of the above a Medicines Risk Assessment Form should be completed.		
Medicines Risk Assessment required <input type="checkbox"/>		

Medicines Prior to Admission			
Name of medicine (include those prescribed, bought over the counter and complementary medication. Indicate if Script (S) or Over the counter (OTC))	Form / dose / frequency (eg. cap; tab, elixir, IM/SC, inhaler, topical, suppositories, drops)	Times it is usually taken	Patient's understanding for use/reason for buying
TIOTROPIUM.	15mg. ICH	OD	
TORTEADING	6mg CAPS	OD	
SIMVASTATIN.	40mg. TABS	NOCTE	
SLOZEM	120mg CAPS	OD	
FLUOXETINE	20mg CAPS	OD	
PREDNISOLONE	5mg E/C TABS	15mg OD.	
PARACETAMOL	500mg.	PRN	
DESMOPRESSIN	200mcg TABS		
WARFARIN.			

Details of any concerns/ problems patient has had with their current medication (include any recent changes)

Name of pharmacy used: HS KUELETT.	Tel: 01329 842310
Address: THE SQUARE TRINFIELD	
How medicines obtained:	Chemist delivers: <input type="checkbox"/>
	Relative/friend collects: <input type="checkbox"/>
	Other: <input type="checkbox"/> details...
	Patient collects: <input type="checkbox"/>
	Home carer collects: <input type="checkbox"/>

Social Assessment

Who does the patient live with:	
Patient's dependants / significant others: <i>(include pets; any carer responsibilities of the patient, etc.)</i>	
Type of accommodation: <i>(ownership / warden controlled, etc.)</i>	Access details: <i>(include any risks involved)</i>
	Keyholder details:
Lifeline / Pendant Alarm details:	Driving details:
Detail any significant financial responsibilities / problems: <i>(include power of attorney, etc.)</i>	Benefits:
Informal support provided prior to admission: <i>(family / friends / neighbours - details of who and what they were doing)</i>	
Details of any recent changes to the patient's living situation or personal life	

Discharge Planning

TRIM Point:	Predicted Date of Discharge:
Confirmed Discharge Date:	Has the patient / family / carer been involved in planning this discharge date: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Patient informed of discharge date: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Family / carer informed of discharge date: Yes <input type="checkbox"/> / No <input type="checkbox"/>
Discharge Destination:	

Support Services prior to admission <i>(give names and frequencies etc.)</i>	Support Services required for discharge	Date booked:

Transport required:	Date booked:
Follow-up / Out Patient Appointments:	Date arranged:
Equipment required:	Date ordered:

Date discharge medication (TTOs) ordered:	Date TTOs dispensed and explained to patient/carer:
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Print Name:	Signature:	Designation:	Date:
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NAME. Code A

PDD.....

TEMP 36°C	BP 110/56	PULSE 88	RESPS 23	SATS 96%
BM 8.8mmol	URINE	WEIGHT 94.3kg	ALLERGIES	

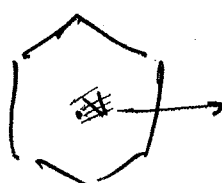
MULTIDISCIPLINARY CONTACT

DATE/TIME	MESSAGE/COMMENT	SIGNATURE	DISCIPLINE
26/5/09 1440	Admitted from home via Erec transport. Transferred with a little difficulty without help	<i>[Signature]</i>	SN
26/5/9	83 ♂ Admitted from home Problems:- 1/2 hr of diarrhoea with temp. 0 blood. Watery stools. Freq = 5-6/day → now reduced to 2/day 0 Abdo pain 0 vomiting. Recently started on pred for ? PMR - Had difficulty walking. No UL grade pain No response to steroids → hence stopped. S/B GP on 22/5 → used dehydrators NOT coping well at home. Adv admission		
	PMH: COPD AF HT Glaucoma		

MH → See chart

SH lives alone. Son + daughter
Cares x2/week. Independent +
Self-caring. Drives.

ME. Alert - ? Hx of HTN continued.
Tongue - dry. ↓ skin turgor
P - 86/54, RR. BP - 110/58
JVP → 0 oedema
Hx - 1 → AF.
Chest → Rotorund creps.

Abese. Soft.
 Mild tenderness
o Guarding / rebound

PR (done by GP) → Empty rectum

Imps 830 ↑ - Diarrhoea
Mild dehydration
- likely gastroenteritis

- Bloods -
- ECG, CXR
- Stool M, C&S
- Encourage oral fluids problem
- SS / OT / Physio support.

Chibya
Physician MD

2200. Transferred onto his bed independently. Washed and
clean pad in situ as faecal smearing. Seated onto
bed. Bedrails not in use at his request.

DAY 1

NAME:

Code A

PDD _____

TEMP	BP	PULSE	RESPS	SATS
BM	URINE			

MULTIDISCIPLINARY CONTACT

DATE/TIME	MESSAGE/COMMENT	SIGNED PRINTED NAME	DISCIPLINE
27/5/09	00.30. Vomited large amount of yellow/brown fluid. Washed and changed pt cleaned his teeth, no diarrhoea at this time. Abdomen large but soft, bowel sounds heard at time of report.	J Dunneley	SR
	Observation taken Temp 36.1°C P. 85 BP ¹¹⁸ / ₇₅		
	Sats 96% on air. Patient states he hasn't passed urine for 5 days unable to palpate bladder due to large abdomen, pt states he is in no discomfort from bladder or bowel. Meus (0).		
	Fluids encouraged when awake. Old bruise noted (w) buttock		
	01.30 Fast asleep	J Dunneley	SR
	0600 Vomited + + + yellow/brown fluid, smears faecal, positive to blood on testing but not coffee ground or visible. Has not passed urine overnight. Observation P 80 Sats 96% on air		
	BP ¹⁰⁴ / ₆₉ Temp 36.2. Meus (3) due to no urine output		
am.	Declined further wash. Remains in bed.		

Further episode of vomiting - ? Paecal. Very offensive brown liquid.

5No. Remains on clear fluids only until 1/4 by Dr. A.

27/5/09 HATFEN

12.50 Muddled yesterday = 1/2 of duration
Since commencement on stomach for ?/MM
Now stopped.

Liquid faeces. Grossly red
Clumpy x 4. ? ↓ VO

2 Met

Sp 105/70 Arterial

P 80

Meds SOFT



Distended
No obs black
B) quiet

Imp ? Pseudo-obstruction + action

→ AM/CM to be used today

-1 Anusite Unit before → may need catheter

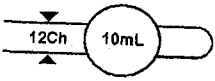
-1 Black stool today

PATIENT'S NAME:

Code A

CONTACT

HAMPSHIRE PCT

DATE/TIME	MESSAGE/COMMENT	SIGNATURE PRINT NAME	DISCIPLINE
27/5/09 14.50	CXR 27/5/09 → Carbon negative Fluid horizontal fissure Axr → Displaced LB # E same SB displaced		
	PLAN - NBM - Urinary catheter - IV fluids - 12 ⁰ (N) saline until get Utr (due this morning) - Transfer to SAU Arranged @ 14.50 Anxiously in bed		
28/5/09			
(15.00)	Bard*Biocath*Aquafil™ Hydrogel Coated Latex REF 2264S12UK  LOT MYTAE689 2014 01 STERILE EO BARD	Pt catheterized. No problems	W. Pelton
27/5/09	16 ²⁰ Mr Bailey transferred to a commode x 1 nurse (BO, Cook) Pad in situ		J. M. / J. M.
27/5/09	19 ⁰⁰ SAU phoned, bed is avail- able now Transport booked		J. M. / J. M.
28/5/9	17 ⁰⁵ Phone call received from QAM, Warfarin clinic speaker →		

DATE/TIME	MESSAGE/COMMENT	SIGNATURE PRINT NAME	DISCIPLINE
27/5/09	<p>→ to Dr. Howard. Informed Request of IMR - 15.4 mg (1.9) Plan: ① Stop warfarin ② Inform GP / RN ③ Give to PT injection of Vitamin K - 5mg (as per as letter) ④ Repeat IMR on 28/5/9 I have found Dr. Hatfull / GP - message left to phone a ward (no answer) Transport booked. Ref 369 To be transported via stretcher with 2 hrs 27/5/09 17:50 Shown to Dr. Hatfull verbal order given x 2 nurses Imbaron + mgly / do gives 5mg - Vitamin K - top po Repeat IMR - 28/5/9</p>	MBH	Drum/sy
27/5/09	<p>18:10 Dr. Hatfull (GP) phoned a ward. Informed do give pt Vitamin K - 5mg (orally) 20:00 - Transport still hasn't arrived being sent central Ambulance 0844 0903333. Ambulance unavailable at present - as soon as one available - will be routed to us</p>	MBH	Drum/sy

Williams, Elaine

From: Williams, Elaine
Sent: 03 June 2009 15:46
To: 'John, Lisa'

Code B

Elaine Williams
Head of legal services and comments + complaints unit NHS Hampshire
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-----Original Message-----

From: John, Lisa [mailto:**Code A**]
Sent: 03 June 2009 14:07
To: Williams, Elaine

Code B

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