

F261

Date: 5/19/02 <del>20/02</del>	Ref: 4	PALS Officer V. Hazel
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Name: Code A	Contact Numbers	
	Home:	Code A
	Work:	
	Mobile:	
Address: Code A	Other:	

Stage 1 Permission Status		
Not Required	Required	Received

Enquiry:  
 (originally phoned Acute site)  
 on behalf of person cared for -  
 Mr. Foster. ~~ASA~~  
 poor clinical & psychological care for  
 Mr F. in G.A. & GUMH, ~~over sedation~~  
 eq. over sedation.  
 Poor communication.  
 concerned that inadequate support regarding  
 nec. equipment on d/ch.  
 Main Care concern:  
 poor communication/ clinical care.

Further Action Required:  
 Seek appropriate second opinion with  
 in-house S.W. to tap into gp surgery  
 to enquire what help available when p,  
 d/ch.

Signed.....

PALS Officer