NHS Grampian

PATIENT DISCHARGE INFORMATION

Admission Date : 16/09/2017 **Discharge Date :** 08/11/2017 5:00 PM

Name :	**Helen Mullen**		**D.O.B. :**	31/01/1964
Address :	Flat B	14 Printfield Walk	**Unit No :**	1000989C
	Aberdeen		**CHI No :**	3101642426
Postcode :	AB24 4AU		**Weight :**	

Dear Doctor,

The above named patient was initially admitted to Aberdeen Royal Infirmary on: 16/09/17, under the care of Mr Carins on ward 212/213. She was transferred to The Orthopaedic Rehabilitation Unit (ORU) at Woodend Hospital, under the care of Dr Sarkar on 01/11/17.

Diagnosis and subsequent surgical procedure(s):
Ms Mullen was initially admitted to A+E after attempting suicide by jumping off of a bridge approximately 20-30feet high. She sustained multiple injuries/conditions:
Cardiac arrest at scene
Multiple rib fractures
Bilateral pneumothorax
Vertebral artery dissection
Pelvic fractures, managed conservatively
Right radial head fracture
Pneumonia
Pulmonary emboli

Past Medical History:
Depression
Alcohol excess
DVT, on lifelong Apixaban

Problems During Admission:
1: Reviewed by psychiatry regarding suicide attempt, history of abuse and alcohol excess. Psychiatry has advised that Ms Mullen stops taking Citalorpram and switch to Sertraline. They have advised that Citalopram be reduced by 10mg per week, to 5mg. Stop for fourteen days then start 25mg of Sertraline. Psychiatry have no major concerns regarding Ms Mullens mental health and will follow-up in the community.
2: Ms Mullen expressed concerns that she would like to be re-housed as she has a history of abuse from both her father and previous husband whilst living at this address. She currently lives with her daughter at the above address and they have been given the appropriate contact information for social work to assist with this.

Functional Status on discharge:
Independently mobile with walking stick. To continue to partial weight bear on right side until next follow-up appointment on 04/12/17

Recommendations:
Orthopaedic follow up 04/12/17.
Please review analgesia to stop asap
Reduce Citalopram to stop as abvised. Start Sertraline.
DXA has been requested as an out-patient, result will follow.

If you require any further information, please do not hesitate to contact Dr Sarkar,s team in ORU on 01224 556271 or via switchboard bleep:

4333 Dr Sarkar
2293 Dr Otakoro (Specialty Doctor)
3980 Dr Tan (FY1)
2518 Gemma Courtley (NP)

Kind Regards,
Gemma Courtley
Nurse Practitioner
Orthopaedic Rehabilitation Unit, Woodend Hospital

Name of Prescriber :	Poh Tan
Date :	08/11/2017 10:47:47 AM
Bleep / Contact No :	3980
Ward Pharmacist :	Sophie Barringer

Drug / Medicine Sensitivity

NKDA

NHS Grampian

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	Aberdeen		**CHI No :**	3101642426
Postcode :	AB24 4AU		**Weight :**	

WHY YOU WERE IN HOSPITAL

Comminuted right pelvic fracture/ bilateral pubic ramii fracture

Other Problems :

Procedure / Treatment :

Diagnosis :

WHAT HAPPENS NEXT ?

Name of Prescriber : Poh Tan

Date : 08/11/2017 10:47:47 AM

Bleep / Contact No : 3980

Ward Pharmacist : Sophie Barringer

Drug / Medicine Sensitivity

NKDA

NHS Confidential: Personal data about a patient

NHS Grampian **Dr Rainer Goldbeck**
Consultant Liaison Psychiatrist
Department of Psychological Medicine
4th Floor, Ashgrove House
Foresterhill Road
Aberdeen
AB25 2ZA

Direct Line: (01224) 552094
Fax: (01224) 554484

RM/JC
RCH No: 102360 (No RCH Notes when typed)

Mr D Cairns
Consultant
Ward 212/213
Orthopaedics
Aberdeen Royal Infirmary

CHI: 3101642426

Date Dictated: 13/10/2017
Date Typed: 19/10/2017

Dear Mr Cairns

Ms Helen Mullen (31 January 1964) Flat B, 14 Printfield Walk, Aberdeen, AB24 4AU

Circumstances of presentation

I assessed this lady in Ward 213, Aberdeen Royal Infirmary on 13th October 2017 following the referral you made to the Liaison Psychiatry service while this lady was under the care of surgical HDU. As you will be aware Helen jumped from a bridge on 16th September 2017 and she had a cardiac arrest at the scene, multiple fractures and also an aortic dissection. She was in ITU until 5th October 2017 and was stepped down to HDU until 10th October 2017 when she was transferred to Ward 212 and then on to Ward 213.

At assessment Helen had no recollection whatsoever of events and did not know why she was in hospital. Her recollection was sitting in the house then going to the shops and then she thinks she was in the landing of the flat but she could not confirm that this was on the day of the event itself. She was previously assessed following an overdose in October 2016 by my colleague, Louise Muir who felt this lady had a very significant alcohol problem which she was extremely reluctant to admit to. I was very much of this opinion as well. Helen stated to me that she "has a few glasses of wine at night" however she appeared to be minimising the amount of alcohol she drinks.
I did have the opportunity to speak her daughter who immediately described her mother as an alcoholic. I do note she had an alcohol level of 265 on

admission. She stated that she had recently been a bit depressed. She has lost her job and her driving licence due to drink driving. She had a criminal justice social worker, Lisa Ramsay with whom she has sporadic contact. In terms of having any thoughts of self harm prior to the event she stated that she could not recall having any and currently felt that she didn't know. She was very perplexed as to her actions stating "I don't know why I would do that. I wouldn't be brave enough. I have kids, grandkids why would I do that to them?" She has been on Citalopram as a maintenance dose for a number of years and again reiterated "how could I be so stupid? I love my grandkids, they are my whole world". She certainly could not understand why she may have jumped from a bridge and denied any thoughts of self harm stating "definitely not, no chance". I understand from speaking to the medical staff on the ward that Helen was extremely lucky to survive this event, one medic describing her survival following this event as "impossible", and Helen herself certainly had no idea how close to death she had been. She was tearful and upset at the thought of being able to jump off a bridge and denied drinking during the day as she picks her grandchildren up from school while her daughter is working.

Relevant Background History

Helen was comprehensively assessed by my colleague, Louise Muir in October 2016 and she made a very thorough background history which I refer you to and I will not repeat it here. She continues to live with her 18 year old daughter and describes having a very close family. She also has two older daughters and is very close to her children and grandchildren.

Mental State Examination

Her mood is variable. She describes having quite a bad temper and little things that trigger her off. She described feeling what she described as a little bit depressed but she could relate this to losing her job and some financial stress etc. She was in a lot of rent arrears and debt but she stated to me that she has "got it back on track now". She did describe frequent wakening through the night and wakes up around 5am but feels that was more related to her previous working routine. She finds she get tired and naps during the day and can't get to sleep at night although she described a very good appetite and stated that she eats "like a horse". She has experienced no social withdrawal, looks after her two grandchildren after school until 6pm every day. They are aged 5 and 7. She is motivated regarding self care and keeping her house tidy and clean and is hoping to get back into employment.

Impression

Helen had no recollection of events at all and could not recall having any prior thoughts of wishing to harm herself. I suspect she was heavily intoxicated at the time of event and did further discuss although use with Helen who again refused to accept that she may have an alcohol problem and refused any offer of assistance or referral to Alcohol services.

I also had the opportunity to speak to Helen's daughter after this and as described she immediately described her mother as an alcoholic who drinks heavily every day and it would appear that on more than one occasion Helen has not been able to pick the children up from school as she has been too intoxicated. I understand her daughter phones her every day shortly before she goes to pick up the children to make sure she has not been drinking. Her daughter also reiterated that Helen has consistently refused to accept that she may have an alcohol problem.

Plan

Given Helen's presentation I felt it would be prudent in the meantime to keep her open to the Liaison Psychiatry service and I will review her further over her admission which may well be fairly lengthy. Outwith this I felt there was no acute risk of further self harm although certainly that could not be ruled out if she continues to use alcohol in a harmful manner. She certainly described no thoughts of self harm at assessment. I am therefore able to return her to your care at this point. If you require any further information please do not hesitate to get in touch with me.

Yours sincerely

Mr Roderick Mackay
Liaison Psychiatric Nurse

This letter has been chosen to be electronically CC'd to the GP Practice.

NHS Confidential: Personal data about a patient

DSH PSYCHIATRIC CONSULTATION FORM, ABERDEEN ROYAL INFIRMARY

Name of patient: HELEN MULLEN
DOB: 31/01/64
Male/female:
RCH number:
Address: FLAT B
14 PRINTFIELD WALK.
ABERDEEN.
Telephone:

Consultant: DR
Ward: 101
Date of admission: 24/10/16
Date of assessment: 25/10/16.
GP: DR REITH.

Nature of Deliberate Self-harm (DSH)

	Substance taken	Amount	Strength	Date taken
Self-poisoning ☑	CITALOPRAM	8	40mg	24/10/16
	DIAZEPAM	2	10mg	
Self-mutilation ☐				
Other ☐				

First episode ☑ Previous episode(s) of DSH ☐ Illicit drugs involved ☐ Alcohol involved ☑

Summary of assessment
Appears to have been an impulsive OD whilst intoxicated in the context of social and financial stressers. At review there is no ongoing suicidal ideation. Helen describes low mood, reactive to the situation she is in, however she can identify strategies she could use to alleviate distraction. There is evidence of chronic alcohol misuse which has escalated recently but Helen does not want formal support at this time.

Diagnosis
1. HARMFUL USE OF ALCOHOL F1/10 2. F

Recommended action (if necessary, specify further details in medical notes)

Immediate	Discharge when medically fit	☑	*Follow up*	GP	☑
	IP psychiatric admission	☐		Liaison team	☐
	Detention under MH(S)A	☐		Psychiatric OP clinic	☐
				CPN	☐
				Drug/Alcohol team	☐
				Psychology	☐
				Social Work	☐
				Non-statutory agency	☐
				Follow-up refused	☐
				Other (specify):	☐

Recommendations, psychotropic medication: Advised to consider ref to IAS. does not want this at the moment.
- Given advice re DA drop in service.

Other recommendations:

Discussed with: ARI staff ☑ GP ☐ Other psychiatric staff ☐ Relatives/friends ☐ Other: .....

Signature of assessor:

Name & designation (please print):
LOUISE MUIR LIAISON 4 NURSE

COPY, GENERAL PRACTITIONER

ICU PROBLEM LIST

Name: Helen Mullen **Address: Flat B** **14 Printfield Walk** **Aberdeen** **AB24 4AU**		**DOB: 31/1/64** **Age: 53** **Unit No:** **CHI No: 3101642426**	
ICU Consultant	**MacBrayne**	**Hospital Consultant:**	
Date of admission to ARI:	**16/9/17**	**Date of Admission to ICU:**	**16/9/17**
Referred from:	**ED**	**Date of Discharge from ICU:**	**5/10/17**
Discharged to:	**SHDU**		
Hospital Admission Diagnosis	**Polytrauma (fall from height)**	Reason for ICU admission	**Post-arrest care**
Lowest recorded GCS (in 24 hrs prior to ICU admission)	**2T**	Lowest recorded GCS (in 24hrs following ICU admission)	**2T**

DATE	PROBLEM/DIAGNOSIS	ACTION/COMMENTS
PMH	Depression DVT	
16/9/17	Polytrauma - jump from bridge approx. 25 feet	
	Traumatic cardiac arrest	down time around 15 mins.
		Intubated in ED and transferred to ITU
17/9/17	Rib fractures Bilateral pneumothorax and lung contusions	Bilateral chest drains
	Vertebral artery dissection	Review by Vascular Aspirin started
	Pelvic fractures	Conservative management
18/9/17	Xray reviewed - 3rd and 5th metatarsal fractures Right radial head fracture	no intervention