

**MENTAL
HEALTH
CASENOTES:
VOLUME 3**

Working With Risk (1): Current Situation (RA part 1)

Name: Leon Griffin Date of Birth: 17/03/75 CHI/PIN No: _____Address: 85 Spitalfield RoadInverkeithing Post Code: KJ11 1DZ Gender: MalePeriod/Date of Assessment: From 8/9/11 to 06/01/12.

Complete any details of identified Risk below:	Assessment (Circle relevant answer)
From Others (e.g. abuse, exploitation) <u>Leon vulnerable to exploitation. Appears to be easily led by others. Previous association with drug dealers spending time in his home. Leon appear intimidated by same</u>	No / Unknown / <u>Yes</u>
To Self (e.g. suicide, self harm) <u>Impulsive behaviour. numerous overdose attempts. use of illicit substances - admitting to use large quantities of Ecstasy</u>	No / Unknown / <u>Yes</u>
To Others (e.g. aggression, violence) <u>Previously violent towards mother and step father. Can be over familiar towards females on home visits (WFCOT)</u>	No / Unknown / <u>Yes</u>
Neglect (e.g. health, personal appearance) <u>Reported on 5/11 had no bath for 6 weeks, Dramatic weight loss,</u>	No / Unknown / <u>Yes</u>
To Child(ren) (e.g. neglect, abuse) <u>On 27/6/10 Reported by Barbara Barnes (child family social worker, that Leon had allegedly admitted to feeding sexually aroused around young children when he was younger 10 years ago. Leon questioned by police no further action take</u>	No / Unknown / <u>Yes</u>
Physical Impairment (e.g. medical, sensory)	No / Unknown / <u>Yes</u>
Wandering & / or Falls	No / Unknown / <u>Yes</u>
Memory and Cognitive Impairment (e.g. forgetfulness) <u>Auditory hallucinations, command in nature. Overdose previously. impulsive behaviour. Daily dispensing medication</u>	No / Unknown / <u>Yes</u>
Challenges to Services (e.g. inappropriate demands, poor compliance) <u>Has made false accusation towards others. Can be over familiar with females. sporadic attendance at depot clinic. Rarely attends O/P with De Cavanagh, Joint visits at home.</u>	No / Unknown / <u>Yes</u>
Strengths/Positive Attributes (e.g. positive resources, agreed plans) <u>Creative Self publshe poetry, Creative writing</u>	No / Unknown / <u>Yes</u>

Name Leon Quattr Mental Health Services

CHI/PIN No. FS152533 1703751191

Summary of Assessment (General Overview of situation)

Leon reports using amphetamines, ecstasy, cocaine on regular basis. Takes food from bins of local bakers to eat. Intimidated by drug dealers. Has tenancy issues leaking sewage pipe. Can be over familiar with female staff hence Joint visit at home. Previous Numerous overdoses.

Recent physical altercation with a fellow patient. Leon was being verbally intimidated which resulted in sword altercation. Has not been threatening to staff or other patients other than this lone incident.

Client involved Yes ☒ No ☐

Carer Involved Yes ☐ No ☒

Discussed with other agencies: please specify ALS

Comments: Other information obtained from previous documentation

**If required, please continue on a continuation/evaluation sheet*

Completed By: [Signature] Byron Clutter Date: 8/9/11 Time: 1:50

Need For More Detailed Risk Assessment & Management:

NO

☐

YES

☐

If yes please go to RA part 2

Working With Risk (1): Current Situation (RA part 1)

Name: Leon Griffin Date of Birth: 17/03/75 CHI/PIN No: _____
 Address: 85 Spittalfield Road
Inverkeithing Post Code: KJ11 1DZ Gender: Male
 Period/Date of Assessment: From 8/9/11 to 1/1

Complete any details of identified Risk below:

Assessment (Circle relevant answer)

From Others (e.g. abuse, exploitation) Leon vulnerable to exploitation. No / Unknown / Yes
 Appears to be easily led by others. Previous association with drug dealers
 spending time in his home. Leon appears intimidated by same

To Self (e.g. suicide, self harm) No / Unknown / Yes
 Impulsive behaviour. numerous overdose attempts.

use of illicit substances - admitting to use large quantities of Ecstasy

To Others (e.g. aggression, violence) No / Unknown / Yes

Previously violent towards mother and step father
 Can be overfamiliar towards females on home visits (WFCOT)

Neglect (e.g. health, personal appearance) No / Unknown / Yes

Reported on 5/11 had no bath for 6 weeks, Dramatic weight loss,

To Child(ren) (e.g. neglect, abuse) No / Unknown / Yes

On 27/6/10 Reported by Barbara Barnes (child family social worker, that Leon had
 allegedly admitted to feeding sexually aroused around young children
 when he was younger 10+ years ago. Leon questioned by police
 no further action taken

Physical Impairment (e.g. medical, sensory) No / Unknown / Yes

Wandering & / or Falls

No / Unknown / Yes

Memory and Cognitive Impairment (e.g. forgetfulness)

No / Unknown / Yes

Auditory hallucinations, command in nature. Overdose previously. Impulsive
 behaviour. Daily dispensing medication

Challenges to Services (e.g. inappropriate demands, poor compliance)

No / Unknown / Yes

Has made false accusation towards others. Can be over familiar
 with females. sporadic attendance at depot clinic. Rarely attend
 O/P with De Cavanagh. Joint visits at home.

Strengths/Positive Attributes (e.g. positive resources, agreed plans)

No / Unknown / Yes

Creative self published poetry, creative writing

from
 Robbie
 Ward 2
 QMH

Name Leon Quattrone Mental Health Services CHI/PIN No. FS153833 170375491

Summary of Assessment (General Overview of situation)

Leon reports using amphetamines, ecstasy, cocaine on regular basis. Takes food from bins of local bakers to eat. (Intimidated by drug dealers. Has tenancy issues leaking sewage pipe. Can be over familiar with female staff hence joint visit at home. Previous Numerous overdoses.

Client involved Yes ☒ No ☐

Carer Involved Yes ☐ No ☒

Discussed with other agencies: please specify ALS

Comments: Other information obtained from previous documentation

If required, please continue on a continuation/evaluation sheet

Completed By: [Signature] Bryan Cliver Date: 8/9/11 Time: 1:50

Need For More Detailed Risk Assessment & Management:

NO ☐ YES ☐ If yes please go to RA part 2

Working With Risk (1): Current Situation (RA part 1)

Name: Leon Cration Date of Birth: 17 / 03 / 1975 CHI/PIN No: 1191 - F553833

Address: 85 SPITALFIELD ROAD

INVERKEITHING

Post Code: KY11 1DZ

Gender: MALE

Period/Date of Assessment: From 27 / 06 / 10 to 1 / 1

Complete any details of identified Risk below:	Assessment (Circle relevant answer)
From Others (e.g. abuse, exploitation) <u>Leon vulnerable to exploitation appears to be easily led by others. Recent association with drug dealers spending time in his home. Leon appears intimidated by same.</u>	No / Unknown / <u>Yes</u>
To Self (e.g. suicide, self harm) <u>Impulsive behaviour - numerous overdose attempts - attends A+E - no medical intervention or admission required. Use of illicit substances - Admitting to using large quantities of (Base) speed.</u>	No / Unknown / <u>Yes</u>
To Others (e.g. aggression, violence) <u>Leon has been violent towards mother + stepfather in the past. Leon has accused members of staff of being drunk, inappropriate towards him + can be over familiar towards females. Or Joint visits.</u>	No / Unknown / <u>Yes</u>
Neglect (e.g. health, personal appearance) <u>Leon reported on 5-4-11 that he hasn't had food for 6 weeks - observed dramatic weight loss, neglecting his appearance + not attending to his home.</u>	No / Unknown / <u>Yes</u>
To Child(ren) (e.g. neglect, abuse) <u>27/6/10 Reported by Barbara Barnes (child/family social worker) that Leon had allegedly admitted to feeling sexually aroused around young children when he was younger 10+ years ago. Leon questioned by police - no further action taken.</u>	No / Unknown / <u>Yes</u>
Physical Impairment (e.g. medical, sensory)	<u>No</u> / Unknown / Yes
Wandering & / or Falls	<u>No</u> / Unknown / Yes
Memory and Cognitive Impairment (e.g. forgetfulness) <u>Auditory hallucinations - command in nature - impulsively takes overdose + Daily dispensing medication.</u>	No / Unknown / <u>Yes</u>
Challenges to Services (e.g. inappropriate demands, poor compliance) <u>Has made false accusations towards others, can be over familiar with females. Sporadic attendance at depot clinic + rarely attends GP 1/c Dr Cavanagh. Joint visits at home.</u>	No / Unknown / <u>Yes</u>
Strengths/Positive Attributes (e.g. positive resources, agreed plans) <u>Creative - self published poetry + creative writing. Has interest in martial arts - attended ju-jitsu classes</u>	No / Unknown / <u>Yes</u>

Name Leon Gratton Mental Health Services CHI/PIN No. F5153833 1703751191

Summary of Assessment (General Overview of situation)

Leon complains of "screaming voices" + is encouraged to discuss "alleged sexual abuse" with specialist professionals. Leon has described in vivid detail memories of his abuse - encouraged against same.

Leon observed to have set of scales in his livingroom - stated he had been weighing money at a party. Suspicious re illegal drug use denied by Leon - 14-2-11.

Leon attended clinic for depot 8-3-11 stated he needed one more party to pay off his bill" when questioned more retracted statement + denied drug use.

15-3-11 @ Clinic admitted to taking drugs - would not elaborate but stated that it made voices worse. Dramatic weight loss noted.

5-4-11 Leon admitted to taking Base (speed) in large quantities stating it started before Christmas 2010. Leon stated he spent on average £75 per week + advised he had not eaten for 6 weeks. Leon unable to find solution to stop current situation agreed to informal admission to Ward 2 amh.

Client involved Yes ☒ No ☐

Carer Involved Yes ☒ No ☐

Discussed with other agencies: please specify.....

Comments:.....

**If required, please continue on a continuation/evaluation sheet*

Completed By: [Signature] Date: 05-04-11 Time: 7pm

Need For More Detailed Risk Assessment & Management:

NO



YES



If yes please go to RA part 2

Operational Division

Queen Margaret Hospital

RECEIVED

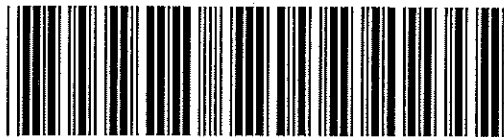
24 OCT 2011

GENERAL SURGICAL UNIT

Whitefield Road
Dunfermline
Fife KY12 0SU
Telephone 01383 623623
www.show.scot.nhs.uk/faht



MR S BENNETT



* 1 7 0 3 7 5 1 1 9 1 *

Dr F Williams
CTI Psychiatry
Ward 2
QMH

Date: 20/10/2011
Date dictated: 20/10/2011
Our Ref: SB/LT
Enquiries to: Lorraine Thomson
Extension: 22318
Fax no: 01383 624156
Department: General Surgery
Email address: Lorrainethomson1@nhs.net

Dear Dr Williams

Mr Leon Gratton 17/03/1975 D659366L CHI 1703751191
85 Spittalfield Road Inverkeithing Fife KY11 1DZ

Diagnosis: Bilateral axillary hidradenitis.
Treatment: Trial of Flucloxacillin 500mgs qds x 4 weeks.
Follow up: SOPD 3-4 months.

Thank you for asking me to see this gentleman who I was able to meet on Ward 2 this morning. He is a current inpatient and is awaiting transfer to Stratheden Hospital for further rehabilitation. He has been aware of some lumps in both axillae for some time and these can become larger and more inflamed before resolving. On a couple of occasions they have actually burst. I suspect they are slightly more quiescent today than when you first referred him to me but certainly there was thickening in the skin under some scar tissue in both axillas entirely consistent with recurrent axillary abscesses and probable hidradenitis.

I discussed this with him today and offered him excision of the affected areas of skin or a trial of antibiotics to see if we can settle it down without the need for an operation. He is keen to avoid an operation if possible so I would be grateful if he could be prescribed Flucloxacillin 500mgs qds for 4 weeks. I will review him in 3 or 4 months and see what the results have been and we can take things further from there.

QLSASOP

Mr Leon Gratton, D659366L, CHI 1703751191

Page 1 of 2

Yours sincerely



MR S BENNETT
CONSULTANT SURGEON

cc. Dr Paul Cavanagh, Consultant Psychiatrist, QMH ✓
Dr Somerville, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing

MESSAGE

Date:	27 September 2011	Time:	09:50
To:	Dr Cavanagh		510800
From:	Lorna Martin, Mum		
Regarding:	Leon Gratton		
Message:	Requesting a joint appointment with you and her son this week please. She is asking for this week as she is due to go into hospital for a lung op next week (Leon doesn't know this). Many thanks		
Action Required:			
Message Taken by:	S		

Lorna 11-30

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044



To whom it may concern

Date Dictated
Date Typed
Our Ref
CHI Number

27th September 2011
6th October 2011
PC/LA/F5153833
1703751191

Enquiries to
Direct Line
Email

Mrs Lorna Abercrombie
01383 674193
lorna.abercrombie@nhs.net

Dear Sir/Madam

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

Mr Gratton is currently inpatient in Ward 2, Queen Margaret hospital. He has a diagnosis of serious mental illness and the likelihood is that he will be in hospital for a sustained period of time.

I would be grateful if any proceedings to recover debt be placed in abeyance until such time as his mental health improves and he is able to deal with financial matters.

Yours sincerely

Dr Paul Cavanagh
Consultant Psychiatrist

SF5153833
CHI: 1703751191
Leon Gratton

Dear Dr Somerville

History of Presenting Complaint

Leon is a 36 year old man who is well known to the Outreach Team. He was admitted to the ward after reporting to have taken a lot of drugs, losing a lot of weight and not sleeping. He was mainly using 2 gms of amphetamines and 1 gm of mephedrone, usually within a group environment. He reported to have lost around 3 stone due to poor appetite and inability to purchase food due to his drug habit as he was spending around £150.00 to £250.00 per fortnight. He was also struggling to sleep and reported initial insomnia and difficulty staying asleep even with Nitrazepam. Leon says he sees spots, hears a screaming female voice in the distance and male voices issuing death threats.

Past Psychiatric History

Depression, schizophrenia, borderline personality disorder, previous overdoses and drug abuse.

Family Psychiatric History

He has an aunt who suffers from agoraphobia.

Past Medical History

Weight loss and tremors.

Personal History

Previously well documented.

Social History

Leon lives in a council house on his own. He has a close friend who is a patient and drug abuser. He has a care worker from the Outreach Team and Richmond Fellowship X 3. Leon is currently on DLA and Income support, although he is currently in debt to a sum of £11,000 to the bank. He has two children, doesn't see his daughter but see's his son around once a month. Leon says that he rarely drinks alcohol. He is a smoker.

Forensic History

Leon has a history of physically assaulting his mother and stepfather a few years ago.

Mental State Examination

Leon presented as a slim, approximately 6 feet tall Caucasian man, casually dressed in shirt and jeans. He was fully engaged, made good eye contact and had a slight tremor of his hands. He was not responding to unseen stimuli. His speech was normal in rate, volume and tone and was appropriate throughout. His mood subjectively was normal 5/10. He was occasionally tearful. He has poor appetite and sleep, anhedonia and poor concentration. Objectively he was dysthymic with reactive affect. Thoughts – he felt as though people could read his mind and take thoughts out. He was paranoid about death threats, being raped and murdered. He was hearing a female voice screaming in the distance and male voices issuing death threats.

Physical Examination

Physical examination revealed palpitations which seemed to be anxiety driven. He was constipated and restless. He also had marked eczema.

Progress on the Ward

Leon spent most of the time doing nothing. His mental state seemed fairly stable. He mostly lay on his bed sleeping. He did improve throughout his admission and his physical health improved. He managed to put on weight and ate well. He did go on passes and did abuse drugs while he was away. He was discharged home and planning to reengage with the Community Drugs Team.

Yours sincerely



Dr Martha Neilson

CT 1 in Psychiatry to Dr Paul Cavanagh

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Soni Jha, Specialty Doctor in Psychiatry, Affective Disorders Clinic, Carnegie Clinic, Pilmuir
Street, Dunfermline KY12 7AX

Leon Gratton
SF5153833
CHI: 1703751191

HISTORY/CONTINUATION SHEET

Ward/Clinic/

Hosp

Cons.

GRATTON LEON

Surname

Dob: 17/03/75 Att: 22/09/11, 11:05 am Hosp: none

No.

First Name

85 Spittalfield Road, Inverkeithing,

of B.

Address

US Testes

State

CRIS No: 1195024

Sex

Occupation

CHI: 1703751191



G.P. & number

E-03927212

Accession number

TALS

DATE

22/9/11

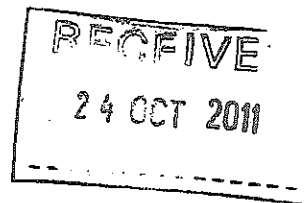
U/S Testes

Normal appearances of (B) testes, no focal lesion. Tiny cysts seen in both epididymis. Palpable lesion is a small 4mm cyst in (R) epididymis.

A Sharma

GENERAL SURGICAL UNIT

MR S BENNETT



Dr F Williams
CTI Psychiatry
Ward 2
QMH

Date: 20/10/2011
Date dictated: 20/10/2011
Our Ref: SB/LT
Enquiries to: Lorraine Thomson
Extension: 22318
Fax no: 01383 624156
Department: General Surgery
Email address: Lorrainethomson1@nhs.net

Dear Dr Williams

**Mr Leon Gratton 17/03/1975 D659366L CHI 1703751191
85 Spittalfield Road Inverkeithing Fife KY11 1DZ**

Diagnosis: Bilateral axillary hidradenitis.
Treatment: Trial of Flucloxacillin 500mgs qds x 4 weeks.
Follow up: SOPD 3-4 months.

Thank you for asking me to see this gentleman who I was able to meet on Ward 2 this morning. He is a current inpatient and is awaiting transfer to Stratheden Hospital for further rehabilitation. He has been aware of some lumps in both axillae for some time and these can become larger and more inflamed before resolving. On a couple of occasions they have actually burst. I suspect they are slightly more quiescent today than when you first referred him to me but certainly there was thickening in the skin under some scar tissue in both axillas entirely consistent with recurrent axillary abscesses and probable hidradenitis.

I discussed this with him today and offered him excision of the affected areas of skin or a trial of antibiotics to see if we can settle it down without the need for an operation. He is keen to avoid an operation if possible so I would be grateful if he could be prescribed Flucloxacillin 500mgs qds for 4 weeks. I will review him in 3 or 4 months and see what the results have been and we can take things further from there.

QLSASOP

Mr Leon Gratton, D659366L, CHI 1703751191
Page 1 of 2

sincerely



R S BENNETT
CONSULTANT SURGEON

cc. Dr Paul Cavanagh, Consultant Psychiatrist, QMH
Dr Somerville, Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing

QLSASOP

Mr Leon Gratton, D659366L, CHI 1703751191
Page 2 of 2

Chief Executive Mr John Wilson
Queen Margaret Hospital is part of The Operational Division of NHS Fife

Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044



Dr Pritche Desgupta
Stratheden Hospital
CUPAR
KY15 5RR

Date Typed
Our Ref
CHI Number

19th September 2011
PC/LA/F5153833
1703751191

Enquiries to
Direct Line
Email

Mrs Lorna Abercrombie
01383 674193
lorna.abercrombie@nhs.net

Dear Dr Desgupta

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

I am writing to you to consider a referral to Rehabilitation for this 36 year old man who is well known to West Fife Community Outreach Team with a history of schizophrenia, drug misuse and depression. He is currently an inpatient on Ward 2 at the Queen Margaret Hospital. He was admitted on 8th September and currently awaits transfer to Rehabilitation.

Leon's most recent admission, prior to the current admission was in April 2011. It had been reported by the West Fife Community Outreach Team that since then there have been growing concerns about Leon. He has not taken his depot medication since May. His lifestyle has become more chaotic. Although Leon denies any recent drug use, he is believed by community staff to be using amphetamines, ecstasy and cocaine on a regular basis. He had previously been known to use LSD and cannabis and also has previously been known to use alcohol to excess although he denies the use of this presently. Leon lives alone in a council flat and members of West Fife Community Outreach Team have found evidence of poor self care. He is not eating well. Apparently he is eating out of bins. He is unable to afford to buy food as his money is being spent on drugs. He has not been sleeping and he has poor concentration. He has been found to be living in squalor by West Fife Community Outreach Team, with raw sewage in the garden for example. He describes being intimidated by drug dealers, although he states that he has paid off all of his debts to them.

On Admission

Leon denied being low in mood. He described feeling angry. He denied any suicidal ideation or current hallucinations. However, he described being preoccupied by thoughts regarding "Paul Gilfillan", whom he states is a paedophile, that he has 'Madeline' and abducted her from Portugal. He describes nightmares about being date raped. He spends days "trying to find ways to keep children safe". He is also under the belief that his mother has only four years to live.

Past Psychiatric History

Leon has a known history of schizophrenia, drug misuse and depression.

RECEIVED

26 SEP 2011

SF5153833
CHI: 1703751191
Leon Gratton

C. C. Garry McDougall

Recent Admissions to Hospital

Leon's most recent contact with Mental Health Services over the last few years is as follows: In April 2011, he had an admission due to a deterioration in mental state due to drug misuse and also found to be losing weight. In December 2010 he took an impulsive mixed overdose. In September 2010 he took a Diazepam overdose. In June 2010 he was seen in out patients complaining of auditory hallucinations and somatic symptoms. He was given a two week course of Chlorpromazine. In November 2009 he was started on Trihexyphenidyl for extra pyramidal side effects. His mental state was stable. In October 2009 he took an impulsive mixed overdose. In October 2009 he was seen in out patients complaining of auditory hallucinations. He was given a trial of Citalopram. In September 2009 he took an impulsive overdose of Paracetamol and Simvastatin. In September 2009 he was seen in the A&E Department at the Queen Margaret Hospital. He was brought to the hospital by the police as he was responding to auditory hallucinations. His mental state was found to be stable. In August 2008 there was a telephone conversation with Dr Ghandi, Staff Grade in Psychiatry, complaining of auditory hallucinations. He was given a script for Chlorpromazine as there was a delay in receiving his depot. In June 2008, he was admitted following a Paracetamol overdose. He described auditory hallucinations. In April 2008, he was admitted due to persecutory ideas and auditory hallucinations. Leon was admitted in February 2008 following an overdose of Cocodamol and hallucinations.

Leon has a history of frequent DNAs at out patient appointments but engages fairly well with West Fife Community Outreach Team.

Personal History

Leon was born in Manchester and moved to Scotland when he was 2. He was brought up in Fife. His parents separated when he was 3. His childhood was uneventful until the age of 13 when his mother revealed that he and his sister had been sexually abused during childhood by Leon's father. This led to a family row with mother and son being ostracised from the family. Leon became very disturbed and preoccupied with the issues after this point. He spent time in children's homes between the age of 15 and 16. Leon left school at 15 with no qualifications. He was taking lots of drugs around this time. He has had a patchy employment record with several jobs after leaving the school. He was previously married but is currently divorced and has two children. He has a daughter whom he has no contact with and a son whom he sees approximately once a month. He currently receives support from West Fife Community Outreach Team. He previously received support from Richmond Fellowship three times a week but they have withdrawn support. He receives DLA and Income support and apparently has large debts of around £11,000 to the bank. As mentioned previously, he lives alone in a council house.

Family Psychiatric History

Leon has an aunt who suffers from agoraphobia.

Past Medical History

Weight loss and tremors.

Current medication

Nitrazepam 10 mgs nocte, topical creams for eczema and Stelazine 5 mgs nocte. Leon had previously been on a depot Flupenthixol 150 mgs od. Since admission he has been switched to oral medication. Leon is not keen to receive a depot due to extra pyramidal side effects and it was felt that as he is likely to remain an inpatient for some time and his compliance monitored, that it would be appropriate therefore to commence him on oral medication.

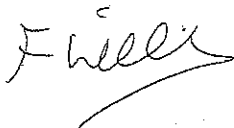
Forensic History

Leon has a history of shop lifting. He previously had been charged with assaulting his mother and stepfather and also threatened to blow up the Social Work Office. He was admonished of all these charges in court.

Reasons for Referral to Rehabilitation

It is felt that Leon would benefit from some time in Rehabilitation. He suffers from chronic symptoms of schizophrenia and problems related to his misuse of substances. He is currently living in appalling social circumstances and is clearly not coping in the community. I would be grateful if you could accept Leon for a period of rehabilitation.

Yours sincerely



Dr Fionnuala Williams
CT1 Psychiatry to
Dr Paul Cavanagh, Consultant Psychiatrist



Kirkcaldy & Levenmouth CHP
Mental Health Services
Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044



Dr Pritche Desgupta
Stratheden Hospital
CUPAR
KY15 5RR

Date Typed
Our Ref
CHI Number

19th September 2011
PC/LA/F5153833
1703751191

Enquiries to
Direct Line
Email

Mrs Lorna Abercrombie
01383 674193
lorna.abercrombie@nhs.net

Dear Dr Desgupta

LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING KY11 1DZ (DOB: 17 03 1975)

I am writing to you to consider a referral to Rehabilitation for this 36 year old man who is well known to West Fife Community Outreach Team with a history of schizophrenia, drug misuse and depression. He is currently an inpatient on Ward 2 at the Queen Margaret Hospital. He was admitted on 8th September and currently awaits transfer to Rehabilitation.

Leon's most recent admission, prior to the current admission was in April 2011. It had been reported by the West Fife Community Outreach Team that since then there have been growing concerns about Leon. He has not taken his depot medication since May. His lifestyle has become more chaotic. Although Leon denies any recent drug use, he is believed by community staff to be using amphetamines, ecstasy and cocaine on a regular basis. He had previously been known to use LSD and cannabis and also has previously been known to use alcohol to excess although he denies the use of this presently. Leon lives alone in a council flat and members of West Fife Community Outreach Team have found evidence of poor self care. He is not eating well. Apparently he is eating out of bins. He is unable to afford to buy food as his money is being spent on drugs. He has not been sleeping and he has poor concentration. He has been found to be living in squalor by West Fife Community Outreach Team, with raw sewage in the garden for example. He describes being intimidated by drug dealers, although he states that he has paid off all of his debts to them.

On Admission

Leon denied being low in mood. He described feeling angry. He denied any suicidal ideation or current hallucinations. However, he described being preoccupied by thoughts regarding "Paul Gilfillan", whom he states is a paedophile, that he has 'Madeline' and abducted her from Portugal. He describes nightmares about being date raped. He spends days "trying to find ways to keep children safe". He is also under the belief that his mother has only four years to live.

Past Psychiatric History

Leon has a known history of schizophrenia, drug misuse and depression.

SF5153833
CHI: 1703751191
Leon Gratton

Recent Admissions to Hospital

Leon's most recent contact with Mental Health Services over the last few years is as follows: In April 2011, he had an admission due to a deterioration in mental state due to drug misuse and also found to be losing weight. In December 2010 he took an impulsive mixed overdose. In September 2010 he took a Diazepam overdose. In June 2010 he was seen in out patients complaining of auditory hallucinations and somatic symptoms. He was given a two week course of Chlorpromazine. In November 2009 he was started on Trihexyphenidyl for extra pyramidal side effects. His mental state was stable. In October 2009 he took an impulsive mixed overdose. In October 2009 he was seen in out patients complaining of auditory hallucinations. He was given a trial of Citalopram. In September 2009 he took an impulsive overdose of Paracetamol and Simvastatin. In September 2009 he was seen in the A&E Department at the Queen Margaret Hospital. He was brought to the hospital by the police as he was responding to auditory hallucinations. His mental state was found to be stable. In August 2008 there was a telephone conversation with Dr Ghandi, Staff Grade in Psychiatry, complaining of auditory hallucinations. He was given a script for Chlorpromazine as there was a delay in receiving his depot. In June 2008, he was admitted following a Paracetamol overdose. He described auditory hallucinations. In April 2008, he was admitted due to persecutory ideas and auditory hallucinations. Leon was admitted in February 2008 following an overdose of Cocodamol and hallucinations.

Leon has a history of frequent DNAs at out patient appointments but engages fairly well with West Fife Community Outreach Team.

Personal History

Leon was born in Manchester and moved to Scotland when he was 2. He was brought up in Fife. His parents separated when he was 3. His childhood was uneventful until the age of 13 when his mother revealed that he and his sister had been sexually abused during childhood by Leon's father. This led to a family row with mother and son being ostracised from the family. Leon became very disturbed and preoccupied with the issues after this point. He spent time in children's homes between the age of 15 and 16. Leon left school at 15 with no qualifications. He was taking lots of drugs around this time. He has had a patchy employment record with several jobs after leaving the school. He was previously married but is currently divorced and has two children. He has a daughter whom he has no contact with and a son whom he sees approximately once a month. He currently receives support from West Fife Community Outreach Team. He previously received support from Richmond Fellowship three times a week but they have withdrawn support. He receives DLA and Income support and apparently has large debts of around £11,000 to the bank. As mentioned previously, he lives alone in a council house.

Family Psychiatric History

Leon has an aunt who suffers from agoraphobia.

Past Medical History

Weight loss and tremors.

Current medication

Nitrazepam 10 mgs nocte, topical creams for eczema and Stelazine 5 mgs nocte. Leon had previously been on a depot Flupenthixol 150 mgs od. Since admission he has been switched to oral medication. Leon is not keen to receive a depot due to extra pyramidal side effects and it was felt that as he is likely to remain an inpatient for some time and his compliance monitored, that it would be appropriate therefore to commence him on oral medication.

Forensic History

Leon has a history of shop lifting. He previously had been charged with assaulting his mother and stepfather and also threatened to blow up the Social Work Office. He was admonished of all these charges in court.

Reasons for Referral to Rehabilitation

It is felt that Leon would benefit from some time in Rehabilitation. He suffers from chronic symptoms of schizophrenia and problems related to his misuse of substances. He is currently living in appalling social circumstances and is clearly not coping in the community. I would be grateful if you could accept Leon for a period of rehabilitation.

Yours sincerely

Dr Fionnuala Williams
CT1 Psychiatry to
Dr Paul Cavanagh, Consultant Psychiatrist



KIRKCALDY & LEVENMOUTH CHP

Mental Health Services

Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044



Enquiries to: Mrs Lorna Abercrombie
Direct Line: 01383 674193
Email: lorna.abercrombie@fahf.scot.nhs.uk

DISCHARGE SUMMARY

MN/LA/F5153833

CHI Number 1703751191

Dictated: 2nd August 2011

Typed: 4th August 2011

Dr D Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
85 Spittalfield Road
INVERKEITHING
Fife
KY11 1DZ

Date of Birth: 17 03 1975

Admitted: 09 04 2011
Discharged: 25 04 2011

Medication on Discharge:

MHA Status on Discharge: Informal

Trihexyphenidyl 2 mgs mane
Nitrazepam 10 mgs nocte
Cocodamol 8/500 - 2 X tablets tid
Flupenthixol Decanoate 150 mgs weekly
Betnovate topical
Diprobate topical

Diagnosis: 1) Schizophrenia.
2) Drug misuse.
3) Depression.
4) Borderline personality disorder.

Medication subject to treatment plan under MHA - No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist
Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- West Fife Community Outreach Team
- Dr Soni Jha, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary: Leon is a 36 year old man who was brought in by the Outreach Team following a deterioration in his mental state due to drug abuse. He had lost a lot of weight and physically appeared quite unwell. His mental state remained quite settled on the ward and his physical health improved. He was therefore discharged back home to be followed up as an out patient.

Signed

Dear Dr Somerville

History of Presenting Complaint

Leon is a 36 year old man who is well known to the Outreach Team. He was admitted to the ward after reporting to have taken a lot of drugs, losing a lot of weight and not sleeping. He was mainly using 2 gms of amphetamines and 1 gm of mephedrone, usually within a group environment. He reported to have lost around 3 stone due to poor appetite and inability to purchase food due to his drug habit as he was spending around £150.00 to £250.00 per fortnight. He was also struggling to sleep and reported initial insomnia and difficulty staying asleep even with Nitrazepam. Leon says he sees spots, hears a screaming female voice in the distance and male voices issuing death threats.

Past Psychiatric History

Depression, schizophrenia, borderline personality disorder, previous overdoses and drug abuse.

Family Psychiatric History

He has an aunt who suffers from agoraphobia.

Past Medical History

Weight loss and tremors.

Personal History

Previously well documented.

Social History

Leon lives in a council house on his own. He has a close friend who is a patient and drug abuser. He has a care worker from the Outreach Team and Richmond Fellowship X 3. Leon is currently on DLA and Income support, although he is currently in debt to a sum of £11,000 to the bank. He has two children, doesn't see his daughter but see's his son around once a month. Leon says that he rarely drinks alcohol. He is a smoker.

Forensic History

Leon has a history of physically assaulting his mother and stepfather a few years ago.

Mental State Examination

Leon presented as a slim, approximately 6 feet tall Caucasian man, casually dressed in shirt and jeans. He was fully engaged, made good eye contact and had a slight tremor of his hands. He was not responding to unseen stimuli. His speech was normal in rate, volume and tone and was appropriate throughout. His mood subjectively was normal 5/10. He was occasionally tearful. He has poor appetite and sleep, anhedonia and poor concentration. Objectively he was dysthymic with reactive affect. Thoughts – he felt as though people could read his mind and take thoughts out. He was paranoid about death threats, being raped and murdered. He was hearing a female voice screaming in the distance and male voices issuing death threats.

Physical Examination

Physical examination revealed palpitations which seemed to be anxiety driven. He was constipated and restless. He also had marked eczema.

Leon Gratton
SF5153833
CHI: 1703751191

Progress on the Ward

Leon spent most of the time doing nothing. His mental state seemed fairly stable. He mostly lay on his bed sleeping. He did improve throughout his admission and his physical health improved. He managed to put on weight and ate well. He did go on passes and did abuse drugs while he was away. He was discharged home and planning to reengage with the Community Drugs Team.

Yours sincerely

Dr Martha Neilson

CT 1 in Psychiatry to Dr Paul Cavanagh

cc West Fife Community Outreach Team, Haldane House, 71 Priory Lane, Dunfermline, KY12 7DT
Dr Soni Jha, Specialty Doctor in Psychiatry, Affective Disorders Clinic, Carnegie Clinic, Pilmuir
Street, Dunfermline KY12 7AX

Leon Gratton
SF5153833
CHI: 1703751191

Surname	F515383:	Unit No. 1703751191.
First Names		Date seen or Admitted 9.4.11.
Maiden Surname	GRATTON, LEON 85 Spittalfield Rd Inverkeithing KY11 1DZ	Seen at Dr MIRANDA. A
Address		Seen by WD 2 QMH
	CHI: 170375119: D.O.B. 17/03/1975	Consultant in Charge Dr CAVANAGH.
		Family Dr.
		Referred by Wexham Assmnt.

D. of B. 17-3-75	Sex M F	M.S.W.D.	Religion	Occupation
------------------	---------	----------	----------	------------

(36) → Blough is by Wexham Dr. Team
for deterioration in mental state due to
drug abuse. Well known to Psychiatric Services

HPC

Report taking a lot of drugs, losing a lot of weight
and not sleeping.

Drugs: Mostly amphetamines + methadone - accused
from prison. Currently taking 2g amphetamines +
1g Methadone. Usually consumed within a few
hours. Taking of own will. Seen on drugs
contract since before Christmas 2010

Weight Has lost approx 3 stone due to poor
appetite + inability to find food purchases due
to drug habit. Money for drugs for food
budget - Spends £100 - 200 per fortnight.

Sleep Reports initial insomnia + inability to

Stay asleep. Takes Long Nitroglycerin (pounded) for
Sleep - finds it is effective most of the time. -
Able to get @ least 1 hour sleep

Also reports terrors when not taking trihexphenidol.
Reports very faint. Spks & screaming female voices
in the distance as though they are being threats.
Also hears male voices - issuing death threats.

Par 4 Hx

Depression, Schizophrenia, Borderline personality disorder
Previous overdoses - resulting in admission

Par 4

lots of anger - stress
Terrors

Medication

Awaiting Call from Haldane Home (0383 432
725) with medications.

Allergic to GTS & Dogs - Itches.

Full Family Hx.

Documented in prior letters

Full Personal Hx

Well documented in prior letters

Local Connections

Lives in a Council house on his own.
~~Married~~ Only close friend is Michael Lunn.

Wife's mother Dawn Stanley.

Richard fellowship X3.

On DLA + Income Support.

Country ~~is~~ in debt to sum of £11,000
to the banks.

Has 1 son + 1 daughter. Don't know daughter but sees

Michael + Smiley

See acc or force
a month.

Early drinks alcohol

Smokes 1/2 oz per day

Drugs

As per H/C.

Genetic History

Physical assaults to Mother + Neep father
3 years ago. Advanced for 6 months.

MED

A+B

Caravan, skin approx 6', Cautely dressed in
Shirt + Jeans. Engaged fully. Good eye contact.
Shake hands in hands noted. Not responds to
inner stimuli

S

Normal Rest, Volume, Tone. Appropriate responses.

M

⑤ Normal (S/I/O)

- Occasional tears provoked by bribes
- Poor approach + Neep
- Anhedonia + poor Cerebellar. Unable to
keep a lot but cannot Cerebellar.

⑥ Atypical. Reaches off.

I

People feed his mind, + taking thoughts
out No thought inhibition.

Has paranoia about death threats, being
raped + murdered. All the other has
been there for last 12 months

P

See HPC.

C

Interacts with same group, friends, people, higher

Engli knows something is wrong with him but not for what. needs help

Sicide No thoughts of suicide or self harm for at least 15-16 weeks.

Imp (36) → note: heavy dry usage since before Xmas. New displaying paranoid delusions + auditory hallucinations. No suicidal ideation.

Plan

① Admit. ~~Re~~ General observations. EKGs
from when hospital only.

② Bloods, ECG; Urine Drug Screen.

③ WATERS

④ Physical

⑤ R/V Monday by Dr. Cavanagh.

⑥ Await Call from Haldane House Ref: Medial

Dr. GRI.

Systemic Enquiry

CVS

- Chest pain
- Palpitation - Anxiety drive
- SOB
- Ankle Swelling

Resp

- Cough
- Wheeze - 8hrs or more
- Sputum,
- Haemoptysis.

Gastro

- Abdo pain
- Dyspepsia
- Comphra - yes.
- Diarrhoea.
- Clap in stool H.
- Nausea
- Vomiting
- Weight loss - yes 3800g.

CNS

- Headaches
- Dizziness - yes.
- Vision - 8hrs spots
- Hearing.
- Numbness
- fits / faint.

GU

- Dysuria - Discharge.
- Frequency
- Haematuria
- Nocturia
- Incontinence.
- Oedema.

MS

- Joint pain
- Swelling
- Weakness.
- Stiffness
- Restlessness - Hands

Endocrine

- Thirst.
- Polyuria

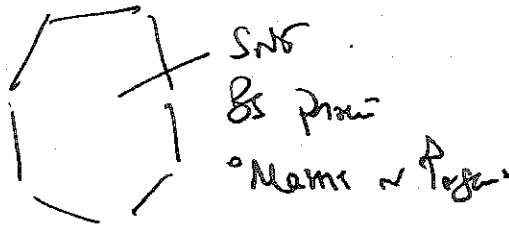
- Heat / Cold intolerance - Cold.
- Sweating.

Crs Ptn Reptor
Hs 17 11 to
• Clubbing
• Patter
Cg. strong also

Log Prader 1

~~AR~~

Also



Crs CN 11 - XII - (N)
PWS. hour 5/5 all limbs
Pwt (N)

Saw - Marked Engine.

Jan. G/Per
2296

11/6/14

Seen with a staff member
Admit taking drugs (Amphetamines) - Spent
£200 every 2 weeks on drugs

procydine
Citalopram
Nitrazepam

Caf. confirm with
GP.

on mte admit Feeling bit paranoid,
but better, wants to stay on
ward, does not want to have
any parties (friends invite him
to drug party)

Plan:

- ① Spk to GP re: regular meds.
- ② Check with Haldens home - depot & dose.

+

Dr Sribbanyan

GP

GP/DiDle
Specialty doctor

13/4/11 W/M

settled on the road.

① continue on current plan

13/4/11

CR NELSON

ATSP asking about passes.

Wants to go out tomorrow to meet friends for coffee. (Wants them to look after his house)
Says they are people he trusts.

Plan - 2 hours unscented.

If any suspicion drug use - UDS
- but says confident can resist
the temptation.

Mendel
Nelson
13/4/11

15/4/11

9.30

Reviewed.

Reports auditory hallucinations of his son screaming
voices telling his ex-partner going to his son
(Damon 12yr old, lives w his mum in Glasgow),
upsets him but knows he is safe,
wants to go home today on a day pass to
tidy up / wash his clothes.

Requesting regular diazepam, refused to prescribe
without any clinical indication.

Says using drugs since 13yr, prefers amphetamines,
ran drug parties every other day, wants to come off
drugs

Plan:

- ① Continue medications
- ② Day pass - agree to return by 4.00 PM
- ③ UDS - random.

Dr Sribbanyan
GP

17/4/11

MR Dr Cunningham,

Spending time doing 'nothing', just hanging about. Voices have gone - not completely away. Hears screaming in the distance - but ignoring it. Concentration poor - can't read / watch tv. Writing a little.

Not seen Mum - relationship broken down. Had daughter recently, been adopted - no contact until she's 16. Sees son (13).

Was admitted as circumstances at home deteriorated - respite. Doesn't know how to prevent same happening again. Got out of control.

Went on pass at W/c. UDS +ve for cannabis. Says doesn't know how got in system.

Had debt for drugs, but paid off now. Has to top up gas meter.

No Sxes from medication.

Play

original warning re drug use passed as wishes.

Memo
Hewson
01/2298.

20/4/11

W/M

- sleep variable; taking lorazepam for anxiety; no objective symptoms of anxiety; has spoken about being some debt.
- out with Richmond
- Admitted for Respite / better physically now

(P). D/c of any untoward incident / behaviour

- continue passes.

per Dr Jla
Specialty doctor

29/4/11

Carlton to in pass - not in
in and back seen with typical walk
- casually asking for a fare or bus -
Pass as walking -

W/M

- 4/5/11
- Sleeping all day ? drug misuse
 - Medication to be supervised
 - Good with other patients
 - (P) Change prescription to Opioids
 - Pain relief to be put as PRN
 - Set a d/c plan date
- gla Dr Jb*

09/07/11

AK Dr Carmichael,

Spending most of time asleep.

Sleeping well at night, but also throughout day.

Looks physically better since admission,

mental state improved.

Not spent time in house yet, no plans to
~~see~~ make changes.

Wants to change relationship w/ drugs.

Ray, Not seen son - he visits Mum - no relationship
w/ Mum.

Spent time at home - 1/2 this week.

try to structure day - get up 10am
shower & dress
housework
collect meds daily.

11.5.11 W/M

- up at night
- Does not find Nitrazepam helpful.
- Became emotional after a TC

Vincent

- (P) ↑ Nitrazepam to 20mg noct
- Consider Melatonin if no benefit
 - Weekend pass w/ 100 input

Richard visit x 3/week.

Serial group also misuse

drugs - advised to stay clear.

gla Dr Jb
Specialty doctor

Surname GRATTON

First Names LEON

Maiden Surname

Address

Unit No.

Date seen or Admitted

Seen at

Seen by

Consultant in Charge

Family Dr.

Referred by

D. of B.

Sex M. F.

M.S.W.D.

Religion

Occupation

Review

C/O about sharp pains in chest to nursing staff.

On discussion Leon states he has had this since he was 18 years old and has seen GP about it many times. Has been told 'its just a stitch'.

Gets the pain several times a month. Sharp/stabbing in nature can come on at anytime but sometimes after Ji-jitsu, ~~at~~ or when has been lifting weights. No sweating, no nausea, no radiation of pain.

OE

Comfortable, in bed.

HR 90 neg

HS 1+1+0-



Good abe
nil added

Palpable
chest wall
tenderness
anteriorly and
under arm -
between ribs.

Imp: Costochondritis

→ long standing

Plan: Leon states NSAIDS do not agree with him due to upset tummy
Co-dydramol instead

Whit
(Wilson 98)

16/05/11.

W Dr Subbarayan, Dr Neilson.

Reluctant to go on paracet. didn't go out this
w/e. Still some question about whether is using drugs
but UDS always negative.

'Fine', been here 5-6/52, things is getting on
fine.

Neighbour visited last night - 'first person to come
see (him)' - apparently thought his friends had 'killed
him and got rid of him'.

Sleeping well - most of day.

Physically well. Mental State well.

Still sup is hearing voices outside his head. apparently
has started answering them back. 'a voice' can't
remember what they say (N/S not noticed any
responding). Also sup ~~has~~ has 'acid flashbacks'.

Hoping he'll be able to go home 'soon' but not
this week. No money for gas/food - so 'no pain
in using paracet'.

Denies using drugs now.

Plan/Encourage paracet.

O/N par this week.

- watch input on par.

Neilson
5/12/98.

WL

MS - settled, no issues
no evidence of psychosis, VDS - negative.

Plans:

- ① o/r - this week. If goes well,
another o/r - pass over weekend.
- ② plan for discharge on Monday.
- ③ WFCOT - 12AP visit on Friday
while in pass.

Dr Subbarayan
SP

23/07/11.

WL Dr Subbarayan, Neilson.

~~to~~ Went on gas - (tentative).

Took speed and cocaine (really upset & angry)

Took taxi home and met friend straight away,
thinks was his own fault, thinks he needs to
avoid them now.

Community trips team haven't been in touch
will need to re-engage.

Kathy &Neill visited at home this morn, was
'fine', they woke him up.

Plan

D/c home - tomorrow.

↳ Want to stay in to 'keep me away from'
has electricity etc set up. she suggests.
gets meds from GP.

Depot from clinic weekly.

Max Allen
Neilson
23/7/11

20/10/11
1100

S Bennett Cons Surgeon

Thank you for asking me to see this gentleman regarding b. lateral
axillary swellings.

These have been present for some time & are fairly small / resolve
9/10 Bilateral hydroadenitis / recurrent axillary abscesses

Plan

Trial of Flucloxacillin 500mg qds x 4/12. ~~11~~ PLEASE ARRANGE ~~11~~
SOPD review 3-4/12 to see if has had lasting effect
- excision under anaesthetic may be possible

S Bennett
23507

KIRKCALDY & LEVENMOUTH CHP

Mental Health Services

Chairperson: Ms Norma Wilson

Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
Fife KY12 0SU
Tel 01383 623623
Fax 01383 627044

08 AUG 2011



Enquiries to: Mrs Lorna Abercrombie
Direct Line: 01383 674193
Email: lorna.abercrombie@fahf.scot.nhs.uk

DISCHARGE SUMMARY

MN/LA/F5153833

CHI Number 1703751191

Dictated: 2nd August 2011

Typed: 4th August 2011

Dr D Somerville
Inverkeithing Medical Group
5 Friary Court
INVERKEITHING
KY11 1NU

Leon Gratton
85 Spittalfield Road
INVERKEITHING
Fife
KY11 1DZ

Admitted: 09 04 2011

Discharged: 25 04 2011

Date of Birth: 17 03 1975

Medication on Discharge:

MHA Status on Discharge: Informal

Trihexyphenidyl 2 mgs mane
Nitrazepam 10 mgs nocte
Cocodamol 8/500 - 2 X tablets tid
Flupenthixol Decanoate 150 mgs weekly
Betnovate topical
Diprobase topical

Diagnosis:

- 1) Schizophrenia.
- 2) Drug misuse.
- 3) Depression.
- 4) Borderline personality disorder.

Medication subject to treatment plan under MHA - No

Consultant: Dr Paul Cavanagh, Consultant Psychiatrist

Locus of Care: Ward 2, Queen Margaret Hospital, Dunfermline

Responsible Consultant following Discharge: **Dr Paul Cavanagh**

Follow-up Arrangements:

- West Fife Community Outreach Team
- Dr Soni Jha, Affective Disorders Clinic
- Dr Paul Cavanagh's Psychiatric Out Patient Clinic

Diagnostic Summary: Leon is a 36 year old man who was brought in by the Outreach Team following a deterioration in his mental state due to drug abuse. He had lost a lot of weight and physically appeared quite unwell. His mental state remained quite settled on the ward and his physical health improved. He was therefore discharged back home to be followed up as an out patient.

Signed

8/9/11
16:00

PC: Admission from outreach team due to deterioration in mental state. + while awaits rehab.

SB Dr Cavanagh ^{admission yesterday} for admission ^{JMS + social situation}

HPC: (36) - Schizophrenia
- Drug misuse
- Depression
- BPD

Known to Dr Cavanagh.

Recent admission D/C 25/4/2011
with WFCOT
Richmond

(withdrew support)

WFCOT staff report since D/C Leon's lifestyle more chaotic

- using amphetamines, ecstasy + cocaine on regular basis.

Leon admits drug habit ~~had~~ been worse but denies any drug use over last 2 weeks?? Previously ecstasy only for 6 weeks
WFCOT worker denies this ^{states using recently} approx 10 daily

Denies any alcohol use "for weeks" Denies IV Drug use.

Social situation worsening - Lives alone in canal flat

- Not been eating due to no money all on drugs.

- Remains intimidated by drug dealers but has paid all his debts as "not taken anything for 2 weeks"

Says been brought in as 'not coping'

Not eating / sleeping

Poor concentration. not "low in mood" just angry. Denies suicidal ^{ideation}

Admits to feeling "angry + irritable" denies own physical violence

but says his friend recently hit him on the head with pool

cue + he had staples in his head - Let another friend ^{renee}!!

Denies any current visual or auditory hallucinations

- says only happens when on drugs.

"Only heard voices years ago" - People should take notice of these voices as it "could be the Lord"

Thoughts occupied by someone called "Paul Gillfillen" who Leon says is a paedophile who has Madeline 'State' the girl abducted from Portugal. Says he has nightmares about himself being date raped.

Says he spends his days. "Trying to find ways to keep children safe"

Past 4 Hx

- Previous OD
- Drug abuse
- Depression
- Schizophrenia
- BPD.

Most recent admission April this year - things deteriorated since d/c. Not taken depot since 26/5/11 according to admission sheet.

DH

- Nitrazepam 10mg
 - Flupenthixol Decanoate 150mg weekly [not had since 26/5/11].
 - Topical eczema treatments PRN.
- ~ says no longer takes Co/codamol $\frac{8}{500}$

Social hx

Lives in council house

On Income support

Debt approx £11,000 to bank.

Paid off debts to dealers.

Seen by Community outreach team - denies other social support

Recent argument with mum? unwell she told him he was "pined"
Not seen in while. Says mums partner seen yesterday + gave him food. Told nursing staff mum has 4 years to live!

Has 2 children Son age 13 sees occasionally

Daughter 1 year does not see. - (adopted)

Personal + Family hx

well Documented Previousy.

Forensic hx

Physical assault of mother + step father few years ago

MS

A+B: Unkempt caucasian man dressed in jeans + T-shirt with visible rips. Scratches on arms.

Good eye contact + appropriate behaviour

Speech: Normal rate, Loud at times when agitated o

T: ~~no~~ evidence formal thought disorder.

Occupied by thoughts of Raelphie nren

Denies suicidal ideation.

Says motivated to 'get off drugs'

M: S + 'Angry' but "not depressed!"

O reactive.

P: Denies auditory or visual hallucinations

C: Overstated TPP

I: Good willing to accept help.

D/W Don Stanley - Community Worker.

Says she + Dr Cavanah saw Leon yesterday. Situation had significantly deteriorated. Now living in dire squalor with raw sewage in garden etc.

Has not been eating - only out of bins.

She says his story of not having taken anything is 'wibbly' saw him this week + had clearly taken something.

Says Leon can be manipulative + make up stories + v. Chaotic.

(eg) Accused mum of sexual abuse then denied - strained relationship since.

* Yesterday appeared very thought disordered + was having hallucinations - she says he often denies these, Did not require anything to help with withdrawal last time + denies alcohol use. Was for admission then to go to rehab. Confirms not had depot since 26/5/11 + currently on
- Nitrazepam long.
- Citalopram

Plan

- Informal admission - As per Dr Cavanah
- Urine Drug Screen ☐
- Kardex ✓
- Physical ✓
- Bloods ✓
- Continued to ward currently (escorted passes in hospital with staff if pushes only).
- General Obs.
- For review by Dr Cavanah morn.

Physical

Alert + orientated.

 clear RR14.

 SNT BS ✓

HS 1 + 11 + 0
CE < 2

	RUL	RL L	LUL	LL L
T	(N)	(N)	(N)	(N)
P	S/S	S/S	S/S	S/S
R	(N)	(N)	(N)	(N)
S	(N)	(N)	(N)	(N)

CN II - XII
grossly intact.

° Nystagmus

No ataxia on walking

Bloods obtained for FBC, U+E, LFT, Ca, TFT + Glucose.

M McNeill
01/22/20

13/9/11

'I'm a bit ex and over'

"You can call it psychosis
 - I call it sad - wilds come
 - stuff up - in a sort
 And burst about the stuff"
 "Till as they"

One possible → 2ay

14/9/11

~~must be under control~~
~~no end to~~

as doc symptoms. To relate
 to rehab. Still can
 about boundaries - must be a bit
 forward: attention sed?
 But adds to vision system

WR CAVANAGH

6/9/11

Feels psychotic symptoms under control
 now.

Asking re cause of hallucinations

↳ Explained due to difficulties interpreting

Nature of reality

Delusions explained.

①

D/C

O/P appt on 23/9/11 at 3pm with Dr

~~Caranagh.~~

~~GP Ref F/U for collection of medication.
Referral to psychology → Dr Caranagh will
Report clinic. D/W Dr McArthur.~~

16/4/11

~~WILLIAMS
CT1~~

6/9/11

WR CAVANAGH

Feels tired. "Not sure what I've been taking on the streets."

Requesting HIV test → However not injecting drugs or having unprotected sex.
Not keen for depot due to "shaking".
Keen for stelazine.

① Rehab referral.
Start stelazine

WILLIAMS
CT1

19/9/11 At this appointment with Andy -
concerns that he was not taking.
Anxious about psychiatric symptoms.
as told that he had a psychotic episode in
was a chance was of taking pills and
that should learn it. - was not, totally
adhering

01/09/11

ATSP re. lump in R testicle.

First felt it 2-3 months ago.

Thought it had gone, but doesn't think he was checking properly as has felt it again recently.

Doesn't think it is getting any bigger

Concerned about it as his Mum has cancer.

O/E

3-4mm diameter lump in R. epididymis

Testicles feel normal bilaterally.

Plan

USS for reassurance.


 Dr. E. Evans
 GP

23/9/11

US interview - told not to

worry about → Does not want
~~surgical~~ surgery. need to call

GPO "I sd a wee few odd ones

ones" - "I'm losing"

mind, forgets people's names"

- hearing patient outside the hospital

"eyes but else asleep" - sets

f. m. for still "I sd longer"

- needs to be kept - has a flicker

26/9/11

WM Cavanagh

? Inappropriate use of PRNs → does
not appear agitated.
Rehab referral made.

① Stop PRNs except paracetamol
Passes as wishes

~~WMS~~
CTI

28/9/11 M.S. unchanged —

Rehab referral in hand:

But outbreak & still — no drugs
positive symptoms. UPS negative

R

Meds to Leon + mother.

1. Save in family re cannot
come plan — He has been
diagnosed & sarcoidosis —
affects lungs, heart + skin
Lungs biopsies next week.

3/10/11 do lung & acute
subcutaneous, mobile, lipoma —
for social referral.

of

7/10/11
15:15

Leon asked for r/v.

Concerned re lumps under arms. Says he does not want to be transferred to Stratford prior to attending surgical appt.

O/E 1cm smooth subcutaneous lump in each axilla.

Likely lipomata.

Reassured Leon does not appear to be serious problem + would not warrant keeping him in QMH if rehab bed becomes available.

Leon also concerned he will not be able to get benefits if goes to Stratford → reassured re this.

Asking for PRNs to be restarted. Stated I would not restart these currently as N/S report not appearing agitated. Leon states he has seen "blenny" Fonda in a ship."

I stated I would not change his antipsychotic Rx prior to speaking to Dr Cavanagh.

[Signature]
WJH/MS
CTI

WM Cavanagh

Not keen on going to Stratford.
MS appears stable

[Signature]
WJH/MS
CTI

2/10/11

Cartilage debris, ves table
expanding ~~ves~~ ~~ready~~ →
for CT to appreciate

no drive. Rehab assist
various. Cartilage to seek
1'm noticed rays of light.

14/10/11
11:55

R/V ed re dry skin on
elbows + feet.

Dry scaly skin on elbows on extensor
surfaces. ° Inflammation. Does not look
like psoriasis.

Feet → Dry, cracking skin.

① PRN emollient


WILLIAMS
CTI

05.10.11 W/M

. Passers as wishes

File 1/16

7/10/11

W/M Cavanagh

A waiting result of rehab meeting
has been found with large empty
cans of energy drink (16 x cans).
↳ Appears accelerated as a result.

JP
MS878
CT1

18/10/11

Upd became to be the wans
man. no evidence of
chans to v-s. Unlapp to quality
of food.

19/10/11

W/M

- Quite demanding on word,
- seeking PRN medn
- Quite loud on the word
- Ⓟ. Await Rehab. feedback

File 1/16
Sp dict

22/10/11

Duty Dr

1100

ATOP re painful ears

- Chronic problem about 3 years, thinks worse
last 6/12 after he saw a "wasp spider"
and thinks this may have worsened
problem with ears

- andling in ear + claims to have hearing loss but not apparent at interview
- sees blood on paper in the mornings

o/e

dry skin externally

no erythema

wax +++ - unable to visualize tympanic membrane

Imp.

- wax,
- chronic problem - not acute.
- delusional explanation for symptoms

Plan

- Reassured re: benign nature
- short course of dural drops to soften wax.


K. Davidson
G3

25/11/18 M.S. no change.
see with fwd at about 10:30
relevant on Hx
reminded re alcohol rules -
re hypnosis.



25.10.11

W/M

- Challenging behaviour at times
- Awaiting feedback from Rehab
- Brought alcohol on ward - following which passes stopped
- Being discouraged from utilising PRN
- VDS + Negativ

①. Continue current care plan Sp. dr.

21/10/11

WM Carragh

Continues to seek strong painkillers for headache + other physical symptoms.

① Continue

W. Carragh
CT 1

21/11/11
8:15P42 on call

ATSP re: black eye.

Mr Gratten had an altercation with another patient Mr Lowe, specifics unclear.

Mr Gratten has a black eye

No tenderness over knuckles of R hand (Mr Gratten struck Mr Lowe as well).

No visual disturbance

No bony tenderness around R orbital, sensation intact.

Plan 1) W.M advise day team.

ALK

LAWTON P42

22294

21/11/11

ATSP re sore fingers

Involved in fight yesterday, and punched one of the other patients.

c/o pain in R. ring and little fingers

- thinks they might be broken.

0/E

R. ring & little fingers slightly red & swollen.
Mild tenderness over all phalanges of these fingers, but no focal point that appears worse.
Full range of movement.
No significant deformity

Imp

Soft tissue injury only, not broken.

Plan

Buddy strap if required for comfort

Q.E. Farnham
GPST

11/11

WM Cavanagh

11:45

Appears stressed.
Has been pursued by debt collectors in the ward.

① R/V by Dr Cavanagh name

Q.E. Farnham
CTI

15/11/11

WR Cavanagh

14:25

C/O headaches still
Rehab feel Leon is more unwell so
feel not appropriate to transfer.
"flashbacks" of "gunfire" + "frenzies"
D esirking
Says he has seen keys being given to
patients by staff → gaining access to
drugs. Thoughts of midlife TV programmes + stress
Sleeping + Not been to OT (says not
arranged.)

① Refer OT assessment
Q.E. Farnham
CTI

In retrospect.

Leon kindly agreed to a
indexed I/V for teaching purposes
on 15/11/11 (Consent form filed in
notes). This video will now be
erased as it has been used.

During the I/V Leon described
many persecutory ideas regarding
drug dealers and group such
as the "Devot Crew", "CCS", "the Vibs
boys" and "the Mafia". Leon appeared
thought disordered when describing
these ideas and there was loosening
of associations. He was generally quite
flat when describing being pursued
apart from describing an incident
when he says he had a heart
while being arrested by the Police
+ strangled a Police officer → he
became quite animated at this
point.

He also described ? auditory
hallucinations of "gunfire" outside
of the ward whilst half asleep (?
hypnagogic / hypnopompic hallucinations).
He stated he did not look outside
the window + did not alert
staff as he didn't want to "panic"
anyone. Says he thought it was

a war between "2 sides." When asked
sides of what, he said "the coin."

Also described ideas re Tim Morrison
being in the Navy + fighting
for World Peace with Tim Hendrix +
James Toplin.

When the recording stopped,
Leon had a ~~very~~ short conversation
with myself regarding my pregnancy
→ whilst overfamiliar was coherent
and no evidence of FTD.


WILLIAM C. T.

6/1/11

ECG

SR 60

QTC 384

Unremarkable tracing


WILLIAM C. T.

14/1/11

Continuing to do very poorly

flashes of paranoia, but he is, cognitively

- his memory is TAT - 15- at 11/1/11

24/1/11

WM Cavanagh MS appears stable.

Phone calls made from Leon's phone to parents -
in-law of another patient. Leon denies making
calls? Could be other patient using Leon's phone.
(D) For 6 week assessment. T. at 11/1/11

R/Ved2/11/11
5:45

Still c/o neck + back pain →
longstanding 2° to injury when
younger.

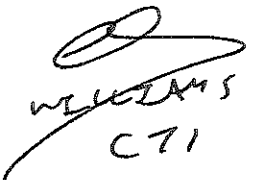
Says ibuprofen upset stomach → already
on meperidine.

No other complaints offered.

No evidence delusions / FTD
Informed re 6 week assessment at rehab.

(P) Diclofenac OD PRN
Has declined Gamison → Warned
that diclofenac may upset
stomach.

Heat pack for back
Await OT assessment.


CTI

28/11/11 Headed 1 - today analgesia reduced
very low bar response to the pain -
red eyes dry -
for trial 1000 tablets - 1.5 hrs

WM Cavanagh

28/11/11
11:35

Headaches have improved with
pizotifen.

(P) Continue


WILLIAMS
CTI

29/11/11

WR Cavanagh

Bright

Headache better.

Feels heat brings on headaches.

Feels ↑ trifluoperazine has helped.

Sleep pattern improving.

① To see OT this week → Will get a functional assessment.
Rehab to see again.

1/12/11
11:50

R/Ved re scullary lumps

WILLIAMS
CT1

Bilateral superficial lumps.

~0.5cm under R axilla.

~1cm under L axilla → Red +

tender.

T: 36°C

BP: 106/52 HR: 58/min.

Imp. Axillary abscesses.

→ On A/L

Called Mr Bennett

called surgical reg

confirm abscess

→ Feels needs U/S to

may need drained.

Suggests U/S

① U/S
D/W Reg if abscess

WILLIAMS
CT1

2/12/11

Nervous settled. Review by Falkland
staff tomorrow. need to be there
w/s for abscess today.

2/12/11
16:30

Spoke to U/S → Scan will be
next week.

Spoke to surgical SpR.

Suggested flucloxacillin + metronidazole
over W/E. Will try to r/v over W/E.

"Headaches" continue. Abscess on (L) has
"burst."
No penicillin reaction to Abx

Wanted to antabuse effect of
metronidazole.

(P) Flucloxacillin + metronidazole.
Co-codamol 8/500

W. G. JAMES
CT1

1/12/11
16:40

K index r/vied.

Not using max dose paracetamol.

plan for regular paracetamol
not for co-codamol.

W. G. JAMES
CT1

3/12/11
0030

Surgical 553

Recurrent axillary abscesses

2/7 P pain + swelling LT axilla - now discharged
systemically well

CE/ Small area of induration below LT axilla
No fluctuance / abscess to drain

Ⓟ Cat. Abx

If getting worse or abscess forming contact surgical
team on Monday to arrange LT

[Signature]
23525

5/12/11
11:50

WM Cavanagh

R/Ved by rehab → suitable for rehab.

R/V noted by surgeon

Concerns ~~have~~ that he has HIV.
↳ Has been referred GUM clinic.

Ⓟ Continue

[Signature]
CT1

5/12/11
4:10

WR Cavanagh

Sleeping better

Feels headaches are 2° to head injury
at age 18.

Had previous used acupressure +
alternative Rx for headaches.

Says previously on St John's Wort for
depression. S states hallucinating

"wild split in 2, 3, maybe even 4"

Will be taken to Falkland Ward ? date-
On AAx for abscesses. Ⓟ Continue

[Signature]
CT1

12/11
16:30

Call earlier from U/S

No abscess

Bilateral lymphadenopathy

Likely reactive but suggest
correlate with bloods
+ refer haematology.

Leon has gone off ward at present.

Ⓟ R/V move

[Signature]
WJMS
C71

07/12/11

WJM

- Accepted by Rehab
- Has had 2nd OT session

Ⓟ Continue unit can plan Ref 11a
Specialty doctor

R/Ved re lymphadenopathy.

Discussed scan report with Leon.

Explained likely reactive.

Leon convinced has either AIDS
or leukaemia.

Has appt at GUM on Fri for HIV test.

Denies night sweats / weight loss.

Says has fever → T: 36.4°C

Says previously had discharging
lumps in groin. No other lumps

7/12/11
15:40

at the moment

O/E ° Cervical / inguinal lymphadenopathy
Axillary nodes smaller than or perils
examined.
° Splenomegaly

Bloods sent for FBC, CRP, U+G + LFTs

① Chase bloods
D/W haematology with
results next.


WJW
CT,

7/12/11 GPST2 PARK NIGHTS

* Asked to chase bloods *

Noted recent Hx? Left sided Axillary Cyst or abscess since discharged

- Noted USS entry in notes also

* Also noted LN's were
apparently tender i.e. not painless*

Hb 14.0 MCV 94.5 WCC 16.4 Neut 12.4 plt 260

① Lymphocytes / Eosinophils

CRP < 5 ✓

U&E ① LFT ① except ALT ⑦④

① - Nil actions tonight


GPST PARK

11/12/11 D/W haematology

15:40 Requires axillary node biopsy → suggests
asking breast team to biopsy
nodes.

Called breast secretary → recommends sending
email letter, Leon informed of this. 
WJW

2/12/11
16:55

Mrs Gratton (mother) calling ward.
Leon had been telling her he had
HIV + cancer.

I spoke to Leon → gave consent for all information to be shared with his mom

Ms Gratten informed that:

- Leon is expressing concerns re having HIV + is ~~going~~ ^{to GUM clinic} ~~for tests~~ ^{on 8/11}
- Leon is being investigated for axillary lumps at present → these may be 2° to infection but biopsy needed to find out definite cause.
- Leon had told his mum that I had informed him that ~~his~~ ^{his} ex-partner had HIV. I told Mrs Cratten ^{that this} was not the case. She accepted this.

WILLIAMS
CT

WR Cavanagh

8/12/11
11:45

Concerned re physical problem

Discussed

Discovered
Escorted to GUM clinic (had
missed appt but clinic will slot
by 11:30)

[Handwritten signature]

10/12/11 F12 Nurse WEEKENDS.

Asked to r/v need for Minderasthis

Started (2/12), previous 6 week course

O/E ① azith

↳ still erythematous

↳ slight ooze

Imp suspected infection still present

② Cont. Plaster + r/v with team on Monday

As nurse F12
22293.

2/12/11

WM Cavanagh

Complaining of toothache → making
excuses why not contacted dentist.
Smoking in day room.

①

Step A b x.

Await contact from rehab.

2/12/11

R/V ed re headaches


WILLIAMS
CT1

14:25

Says he has had the same
headaches several times / day
since the age of 4. Says had
a CT head aged 18 → Unsurv of
findings. Says he gets a throbbing
pain behind his eyes. Sometimes

Surname GRATTON

First Names LEON

Maiden Surname

Address

Unit No.

Date seen or Admitted

Seen at

Seen by

Consultant in Charge

Family Dr.

Referred by

D. of B.

Sex M. F.

M.S.W.D.

Religion

Occupation

2/12/11
CONT
14.25

it goes to the back of his head
"like lightning". Initially denied
any usual disturbance but
later said he had had an episode
where he "went blind" 2 weeks
into this admission. → Says he woke
from sleep + looked at the
ceiling light → vision went white
→ pressed buzzer → N/S arrived → vision
restored. Also says he experiences
slurred speech at times → N/S
deny that either of these
symptoms have ever been observed on
the ward. Nursing notes also showed
no evidence of "blindness" episode.
Leon feels the analgesia helps
esp duloxetine. Previously used
acupuncture but says it no longer
works.

O/E CN contact

① tone / power / reflexes / sensation /
co-ordination in upper + lower
limbs.

Imp / No concerning features of headache found.

(P)

↑ diclofenac to BD PRN


WILLIAM C

1/12/11
1:40

Bloods repeated FBC, U&Es, LFTs, CRP

Leon C/O sore feet.

Feet examined → Calluses
→ poor hygiene

(P) Advised to purchase pumice +
sponge/cloth to maintain foot
hygiene.


WILLIAM C
CTI

1/12/11

WM Cavanagh

Rehab want to transfer on 6/1/11.
Say there will be no OT input
until New Year.

(P) N/S to discuss with rehab.


WILLIAM C
CTI

2/12/11
19:40

Called appointments for
breast unit.

Leon has appt 20/12/11 3.15 pm
in OPD.

2/12/11
WM

→ Lymphadenopathy → Advised biopsy

(P) * Arrange for above 20/12/11


WILLIAM C
CTI

1/12/11

11:50

Leon states he "fell asleep" yesterday & missed appt. I emphasized importance of attending to Leon. Called breast team → next appt available 2-30 pm 10/1/11.

① Will ask N/S to pass on to staff in rehab.

WILLIAMS
CT1

2/12/11

09:40

Leon informed of new appt + importance of attending stressed to Leon.

Leon

WILLIAMS
CT1

2/12/11

Transfer to rehabilitation on 6/1/12. Tired, headachy - mental state ok. matter - tks have been done with power as well. matter on Christmas day

7/12/11

WR Carnage

Off ward with mother at present.
① To remain on ward over Christmas.


WILLIAMS
(T)

7/12/11

6:00

Been asking for R/V.
Headaches continue → same headaches.

• Says paracetamol not always available on ward.

Has pain in ears again →
Says olive oil helped before.

① Learned that normal pharmacy service should resume after New Year.

Examined ears (unable to locate eardrum recently).


WILLIAMS
(T)

30/12/11

0955

Ears examined

R+L Ear drums (N)

Small amount of wax in (L) ear canal.

① leave;


WILLIAMS
(T)

52



DATE OF ADMISSION:
20 / 11 / 19
DATE OF DISCHARGE:
24 / 11 / 19

IMMEDIATE DISCHARGE & PRESCRIPTION FORM

Hospital Site: CPH

Page of

(Please use BLOCK CAPS when completing this form)

Re: Mr/Mrs/Miss/Ms	DOB: 10/03/75	TO: GP Forename:
Forename: JON	Surname: BROWN	GP Surname: J. BROWN
Address: 10 WILLOW ROAD		GP Address: 10 WILLOW ROAD
		INVERKEITH, SCOT
Postcode: G66 1		GP Postcode: G66 1
CHI No: 123 456 789	Hosp ID No:	Community Pharmacy:
This patient was admitted to hospital under the care of:		
Consultants Name: J. BROWN		Specialty: General Practice
Discharged from Ward: 2	Reason for Admission/presenting complaint: BILIRUBINEMIA	
Mode of Admission: Elective ☐ Emergency ☐ Transfer ☐		Source of admission: GP ☐ Self ☐ Out of Hours ☐ Other: ☐
Principal Diagnosis: BILIRUBINEMIA		Legal Status:

Other Conditions:

1
2
3
4
5

Significant Operations/Procedures: Yes ☐ No ☐

1. Date:

2. Date:

Relevant Investigations: Yes ☐ No ☐ Comments:

Complications: Yes ☐ No ☐ Comments:

Patient Information discharge summary given to patient and/or carer or relative: Yes ☐ No ☐

Follow-up Arrangements

Sickness Certificate Issued: Yes ☐ No ☒	Duration of sickness certification:
Results awaited Yes ☐ No ☐	If Yes, please specify:
Letters to follow Yes ☐ No ☐	Comment:
Hospital Review Yes ☐ No ☐	If Yes, please specify:

Forename: <u>LEON</u>	Address:	DOB:
Surname: <u>LEONARD</u>	Ward:	CHI No / Hospital No:

Medicines on Discharge

Medicine Form & Strength	Dose	Directions for Administration	Continuous/ Course Length	Quantity Supplied
<u>500mg Paracetamol</u>	<u>500mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>
<u>1000mg Paracetamol</u>	<u>1000mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>
<u>1000mg Paracetamol</u>	<u>1000mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>
<u>1000mg Paracetamol</u>	<u>1000mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>
<u>1000mg Paracetamol</u>	<u>1000mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>
<u>1000mg Paracetamol</u>	<u>1000mg</u>	<u>4 times daily</u>	<u>7 days</u>	<u>14 tablets</u>

Medicine Continuation Sheet attached: Yes ☐ No ☐

Medication currently prescribed by Day Hospital: Yes ☐ No ☐

Dispense in Compliance Aid Yes ☐ No ☐

Type of compliance aid before admission:

Significant Changes to Medication from the Point of Admission

Medicine Form & Strength	Stopped/Started/ Changed	Details of Change and Reasons

Additional information attached: Warfarin sheet Yes ☐ No ☐ Other: Yes ☐ No ☐ Please specify:

Adverse Reactions/Allergies: Yes ☐ No ☐ Detail:

Comments:

Signature: _____ Date: _____

Name (in CAPS): _____

Contact No. for enquiries: _____

Designation: Consultant/Registrar ☐ SHO ☐ JHO ☐ Other ☐ _____

Pharmacy Assessment

By Pharmacist: _____

Dispensed By: _____

Check: _____

Date: _____

Received On _____

Ward By: _____

START DATE	DISCONTINUED		REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION					PRESCRIBER'S SIGNATURE	
	Date	Signature				0800	1300	1800	2200	Other Times		
A 9/9/11			NITRAZEPAM	10mg	ORAL							
B 8/9/11			CITALOPRAM	20mg	ORAL							
C 10/10/11			One parake	200g	ORAL							
D 10/10/11			Infliximab	5mg	ORAL							
E 20/10/11			Flucloxacillin (4 weeks)	500mg	ORAL							
F 20/10/11			FLUCLOXACILLIN	500mg	ORAL							
G 22/10/11			OLIVE OIL EYE DROPS	EXTRACT	ORAL							
H 22/10/11			TRIFLUORALAZOLE	15mg	ORAL							
I 22/10/11			DICTIOFENAC SODIUM	15mg	ORAL							
J 22/10/11			RIZOTRIFEN	1.5mg	ORAL							
K 2/12/11			PARACETAMOL	1g	ORAL							
L 2/12/11			(NOTE LAST NOV 2/12/11 at 14:15)									
M 2/12/11			FLUCTAXACILLIN (1000g)	500mg	ORAL							
N 2/12/11			ACETRONITAZOLE	500mg	ORAL							
O 3/12/11			ACETRONITAZOLE	500mg	ORAL							
P 3/12/11			ACETRONITAZOLE	500mg	ORAL							
Q 3/12/11			ACETRONITAZOLE	500mg	ORAL							
R 8/9/11			Symptomatic Relief on 08/09/11 (Except Paracetamol)									
S 8/9/11			Haloperidol	5mg	ORAL							
T 8/9/11			Lorazepam	12mg	ORAL							
X 25/9/11			Paracetamol	5g	ORAL							
W 14/10/11			SOFT PARAFFIN	5g	ORAL							
X 14/10/11			SOFT PARAFFIN	5g	ORAL							
Y 14/10/11			SOFT PARAFFIN	5g	ORAL							
Z 22/11/11			DILOFENAC SODIUM	50mg	ORAL							
1												
2												
3												
4												

START DATE	DISCONTINUED		AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
	Date	Signature						
R 8/9/11			Symptomatic Relief on 08/09/11 (Except Paracetamol)					
S 8/9/11			Haloperidol	5mg	ORAL			
T 8/9/11			Lorazepam	12mg	ORAL			
X 25/9/11			Paracetamol	5g	ORAL			
W 14/10/11			SOFT PARAFFIN	5g	ORAL			
X 14/10/11			SOFT PARAFFIN	5g	ORAL			
Y 14/10/11			SOFT PARAFFIN	5g	ORAL			
Z 22/11/11			DILOFENAC SODIUM	50mg	ORAL			

DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME	PRESCRIBER'S SIGNATURE	GIVEN BY	GIVEN AT	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION	
								MEDICINE	DATE
1/11/11	LORAZEPAM	2mg	ORAL	8:00					
1/11/11	OLIVE OIL EYE DROPS	EXTRACT	ORAL	12:30					

NAME OF PATIENT
1000 Canton.

AGE
26

DATE OF BIRTH
17/03/76

UNIT No.
1703751191

CONSULTANT
Dr. N. N. N. N.

WARD
FHB(MR) 58

2.

NB - A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A
 PRESCRIPTION SHEET IS CHANGED
 PRESCRIPTION SHEET No.

KEY
 (A) DRUG REFUSED
 (B) PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS												OTHER TIMES				DEPOT INJECTION				AS REQUIRED				COMMENTS ON DISCREPANCIES					
	8.00		13.00		18.00		22.00		Intls		Code		Time		Intls		Code		Time		Intls		Code			Time		Intls		
	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code		Intls	Code	Intls	Code	
23/5/11																														clp 31-5-11
31/5/11																														clp 7-6-11
7/6/11																														clp 14-6-11
21/6/11																														cf 23.6.11
22/6/11																														27 30.6.11
22/6/11																														CF 30/6/11
30/6/11																														CF 4/7/11
7/7/11																														CF 7/7/11
2/7/11																														CF 21-7-11
14/7/11																														CF 25-7-11
18/7/11																														
27/7/11																														

NAME: Lean Oratton UNIT No: 170375191 WARD: Caregk

Sheet No.

NAME OF PATIENT	AGE	DATE OF BIRTH	UNIT No.	CONSULTANT	WARD

PRESCRIPTION SHEET (USE BLOCK LETTERS)

[illegible]

PRESCRIPTION SHEET (USE BLOCK LETTERS)

Sheet No. **1 of 2**

START DATE	DISCONTINUED		REGULAR MEDICINES	DOSE	METHOD OF ADMINISTRATION	TIME OF ADMINISTRATION				PRESCRIBER'S SIGNATURE	
	Date	Signature				0800	1300	1800	2200		Other Times
A 12/14/11			CITALOPRAM	20mg	oral						
B 12/14/11			TRIMETHOPRIM	15mg	oral						
C 12/14/11			TRIMETHOPRIM	2mg	oral						
D 12/14/11			PARACETAMOL	1g	oral						
E 12/14/11			PARACETAMOL	10mg	oral						
F 12/14/11			NITRAZEPAM	20mg	oral						
G 12/15/11			NITRAZEPAM	10mg	oral						
H 12/15/11			CO-CODAMOL	2 TABS	oral						
I 12/15/11											
J											
K											
L											
M											
N											
O											
P											

START DATE	DISCONTINUED		AS REQUIRED MEDICINES	DOSE	METHOD OF ADMINISTRATION	INDICATION	MAXIMUM FREQUENCY	PRESCRIBER'S SIGNATURE
	Date	Signature						
R 9-4-11			Symptomatic Relief	As	Per Guidelines	Seizure	As required	Wendell
S 9-4-11			Levetiracetam	1-2mg	oral	Agitation	As required	Wendell
T 9-4-11			Midazolam	7-5mg	oral	Seizures	As required	Wendell
U 9-4-11			Haloperidol	5mg	oral	Agitation	As required	Wendell
V 9-4-11			Haloperidol	5mg	IM	Seizures	As required	Wendell
W 9-4-11			Midazolam	7-5mg	IM	Agitation	As required	Wendell
X 9-4-11			Phenytoin	5mg	oral	Seizures	As required	Wendell
Y 9-4-11			Midazolam	7-5mg	IM	Agitation	As required	Wendell
Z 9-4-11			Phenytoin	5mg	oral	Seizures	As required	Wendell

START DATE	DISCONTINUED		DEPOT INJECTIONS	DOSE	FREQUENCY	PRESCRIBER'S SIGNATURE	TICK IF PRESCRIBED ON THE FOLLOWING SHEET	LIST OF MEDICINES TO BE AVOIDED DUE TO PREVIOUS REACTION	MEDICINE	REFERRED DATE
	Date	Signature								
1 12/14/11			FLUPENTIXOL DECANOATE	150mg	weekly					
2										
3										
4										

ONCE ONLY MEDICINES AND PREMEDICATION				
DATE	MEDICINE	DOSE	METHOD OF ADMINISTRATION	TIME
12/14/11	CO-CODAMOL	8 TABS	oral	13:25

NAME OF PATIENT

AGE

DATE OF BIRTH

UNIT No.

CONSULTANT

WARD 2

Re-written
12/12/11

MEDICINE RECORDING SHEET

KEY
① DRUG REFUSED
② PATIENT ABSENT

Date	REGULAR PRESCRIPTIONS												AS REQUIRED				COMMENTS ON DISCREPANCIES	
	OTHER TIMES						DEPOT INJECTION											
	8.00	13.00	18.00	22.00	Intls	Code	Time	Intls	Code	Time	Intls	Code	Time	Intls	Code	Time		Intls
12/11																		
13/11																		
14/11																		
15/11																		
16/11																		
17/11																		
18/11																		
19/11																		
20/11																		
21/11																		
22/11																		
23/11																		
24/11																		
25/11																		
26/11																		
27/11																		
28/11																		
29/11																		
30/11																		
1/12																		
2/12																		
3/12																		
4/12																		
5/12																		
6/12																		
7/12																		
8/12																		
9/12																		
10/12																		
11/12																		
12/12																		
13/12																		
14/12																		
15/12																		
16/12																		
17/12																		
18/12																		
19/12																		
20/12																		
21/12																		
22/12																		
23/12																		
24/12																		
25/12																		
26/12																		
27/12																		
28/12																		
29/12																		
30/12																		
31/12																		

KEY
 DRUG REFUSED
 PATIENT ABSENT

[illegible]

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS										OTHER TIMES				DEPOT INJECTION				AS REQUIRED				COMMENTS ON DISCREPANCIES						
	8.00		13.00		18.00		22.00		Intls		Code		Time		Intls		Code		Time		Intls			Code		Time		Intls	
	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code	Intls	Code		Intls	Code	Intls	Code	Intls	Code
17/11	B	C	BN	⊗	NS				A	E	KS																		Fluoridacillin Endo's Today MS
18/11	B	C	AM						A	H	AF																		
19/11	B	C	AM						A	H	AF																		
20/11	B	C	AM						A	H	AF																		
21/11	B	C	AM						A	H	AF																		
22/11	B	C	AM						A	H	AF																		
23/11	B	C	AM						A	H	AF																		
24/11	B	C	AM						A	H	AF																		
25/11	B	C	AM						A	H	AF																		
26/11	B	C	AM						A	H	AF																		
27/11	B	C	AM						A	H	AF																		
28/11	B	C	AM						A	H	AF																		
29/11	B	C	AM						A	H	AF																		

KEY
 (A) DRUG REFUSED
 (X) PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS						OTHER TIMES						DEPOT INJECTION			AS REQUIRED			COMMENTS ON DISCREPANCIES
	8.00	13.00	18.00	22.00	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints		
3/11/11	B E F C F	SC GM F	CM A E F																
4/11/11	B E F C F	SC GM F	CM A E F																
5/11/11	B E F C F	SC GM F	CM A E F																
6/11/11	B E F C F	SC GM F	CM A E F																
7/11/11	B E F C F	SC GM F	CM A E F																
8/11/11	B E F C F	SC GM F	CM A E F																
9/11/11	B E F C F	SC GM F	CM A E F																
10/11/11	B E F C F	SC GM F	CM A E F																
11/11/11	B E F C F	SC GM F	CM A E F																
12/11/11	B E F C F	SC GM F	CM A E F																
13/11/11	B E F C F	SC GM F	CM A E F																
14/11/11	B E F C F	SC GM F	CM A E F																
15/11/11	B E F C F	SC GM F	CM A E F																
16/11/11	B E F C F	SC GM F	CM A E F																

KEY
 (A) DRUG REFUSED
 (X) PATIENT ABSENT

MEDICINE RECORDING SHEET

REGULAR PRESCRIPTIONS												OTHER TIMES						DEPOT INJECTION			AS REQUIRED			COMMENTS ON DISCREPANCIES
Date	8.00	Ints	13.00	Ints	18.00	Ints	22.00	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints				
11/10/11	B C E	RM					A E	W S										U 1115	6m 78.	U 18.10	24			
6/10/11	B C E	GM					A E	W S										U 1635	PM					
7/10/11	B C E	SC					A E	W S										U 1135	PM					
8/10/11	B C E	SC					A E	W S										U 0910	PM					
9/10/11	B C E	PM					A E	W S										U 1638	SC					
10/10/11	B C E	PM					A E	W S										U 1655	PM					
11/10/11	B C E	SC					A E	W S										U 0355	PM					
12/10/11	B C E	SC					A E	W S										U 1825	PM					
13/10/11	B C E	SC					A E	W S										U 0045	SC					
14/10/11	B C E	SC					A E	W S										U 0930	PM					
15/10/11	B C E	SC					A E	W S										U 2210	SC					
16/10/11	B C E	SC					A E	W S										U 0255	SC					
17/10/11	B C E	SC					A E	W S										U 1645	PM					
18/10/11	B C E	SC					A E	W S										U 2115	PM					
19/10/11	B C E	SC					A E	W S										U 1910	PM					
20/10/11	B C E	SC					A E	W S										U 2225	PM					
21/10/11	B C E	SC					A E	W S										U 1428	PM					
22/10/11	B C E	SC					A E	W S										U 1335	PM					
23/10/11	B C E	SC					A E	W S										U 0105	PM					
24/10/11	B C E	SC					A E	W S										U 0105	PM					
25/10/11	B C E	SC					A E	W S										U 0105	PM					
26/10/11	B C E	SC					A E	W S										U 0105	PM					
27/10/11	B C E	SC					A E	W S										U 0105	PM					
28/10/11	B C E	SC					A E	W S										U 0105	PM					
29/10/11	B C E	SC					A E	W S										U 0105	PM					
30/10/11	B C E	SC					A E	W S										U 0105	PM					
31/10/11	B C E	SC					A E	W S										U 0105	PM					

NAME: Leon Lurthen UNIT No: 1703761191 WARD: 1W0

BCE returned from

BCE returned from

NB - A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A
PRESCRIPTION SHEET IS CHANGED
PRESCRIPTION SHEET NO.

KEY
A DRUG REFUSED
X PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS										DEPOT INJECTION				AS REQUIRED				COMMENTS ON DISCREPANCIES	
	OTHER TIMES										INJECTIONS				INJECTIONS					
	8.00	13.00	18.00	22.00	Intls	Code	Time	Intls	Code	Time	Code	Time	Intls	Code	Time	Intls	Code	Time		
22/09/11	B C	RM		A	5															12 Q 04-30 T 1mg 15-5
23/09/11	B C	RM		A	2															T 1mg 15-5
24/09/11	B C	RM		A	1															T 1mg 15-5
25/09/11	B C	RM		A	1															T 1mg 15-5
26/09/11	B C	RM		A	1															T 1mg 15-5
27/09/11	B C	RM		A	1															T 1mg 15-5
28/09/11	B C	RM		A	1															T 1mg 15-5
29/09/11	B C	RM		A	1															T 1mg 15-5
30/09/11	B C	RM		A	1															T 1mg 15-5
01/10/11	B C	RM		A	1															T 1mg 15-5
02/10/11	B C	RM		A	1															T 1mg 15-5
03/10/11	B C	RM		A	1															T 1mg 15-5
04/10/11	B C	RM		A	1															T 1mg 15-5
05/10/11	B C	RM		A	1															T 1mg 15-5
06/10/11	B C	RM		A	1															T 1mg 15-5
07/10/11	B C	RM		A	1															T 1mg 15-5
08/10/11	B C	RM		A	1															T 1mg 15-5
09/10/11	B C	RM		A	1															T 1mg 15-5
10/10/11	B C	RM		A	1															T 1mg 15-5
11/10/11	B C	RM		A	1															T 1mg 15-5
12/10/11	B C	RM		A	1															T 1mg 15-5
13/10/11	B C	RM		A	1															T 1mg 15-5
14/10/11	B C	RM		A	1															T 1mg 15-5
15/10/11	B C	RM		A	1															T 1mg 15-5
16/10/11	B C	RM		A	1															T 1mg 15-5
17/10/11	B C	RM		A	1															T 1mg 15-5
18/10/11	B C	RM		A	1															T 1mg 15-5
19/10/11	B C	RM		A	1															T 1mg 15-5
20/10/11	B C	RM		A	1															T 1mg 15-5
21/10/11	B C	RM		A	1															T 1mg 15-5
22/10/11	B C	RM		A	1															T 1mg 15-5
23/10/11	B C	RM		A	1															T 1mg 15-5
24/10/11	B C	RM		A	1															T 1mg 15-5
25/10/11	B C	RM		A	1															T 1mg 15-5
26/10/11	B C	RM		A	1															T 1mg 15-5
27/10/11	B C	RM		A	1															T 1mg 15-5
28/10/11	B C	RM		A	1															T 1mg 15-5
29/10/11	B C	RM		A	1															T 1mg 15-5
30/10/11	B C	RM		A	1															T 1mg 15-5
31/10/11	B C	RM		A	1															T 1mg 15-5

KEY
☒ DRUG REFUSED
☐ PATIENT ABSENT

MEDICINE RECORDING SHEET

Date	REGULAR PRESCRIPTIONS						OTHER TIMES						DEPOT INJECTION			AS REQUIRED			COMMENTS ON DISCREPANCIES		
	8.00	Ints	13.00	Ints	18.00	Ints	22.00	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints	Code		Time	Ints
8/6/11							A	12													
9/8/11	B	U					A	12													
10/9/11	B	CM					A	12													
11/9/11	B	CM					A	12													
12/9/11	B	CM					A	12													
13/9/11	B	CM					A	12													
14/9/11	B	CM					A	12													
15/9/11	B	CM					A	12													
16/9/11	B	CM					A	12													
17/9/11	B	CM					A	12													
18/9/11	B	CM					A	12													
19/9/11	B	CM					A	12													
20/9/11	B	CM					A	12													
21/9/11	B	CM					A	12													
22/9/11	B	CM					A	12													
23/9/11	B	CM					A	12													
24/9/11	B	CM					A	12													
25/9/11	B	CM					A	12													
26/9/11	B	CM					A	12													
27/9/11	B	CM					A	12													
28/9/11	B	CM					A	12													
29/9/11	B	CM					A	12													
30/9/11	B	CM					A	12													
1/10/11	B	CM					A	12													
2/10/11	B	CM					A	12													
3/10/11	B	CM					A	12													
4/10/11	B	CM					A	12													
5/10/11	B	CM					A	12													
6/10/11	B	CM					A	12													
7/10/11	B	CM					A	12													
8/10/11	B	CM					A	12													
9/10/11	B	CM					A	12													
10/10/11	B	CM					A	12													
11/10/11	B	CM					A	12													
12/10/11	B	CM					A	12													
13/10/11	B	CM					A	12													
14/10/11	B	CM					A	12													
15/10/11	B	CM					A	12													
16/10/11	B	CM					A	12													
17/10/11	B	CM					A	12													
18/10/11	B	CM					A	12													
19/10/11	B	CM					A	12													
20/10/11	B	CM					A	12													
21/10/11	B	CM					A	12													
22/10/11	B	CM					A	12													
23/10/11	B	CM					A	12													
24/10/11	B	CM					A	12													
25/10/11	B	CM					A	12													
26/10/11	B	CM					A	12													
27/10/11	B	CM					A	12													
28/10/11	B	CM					A	12													
29/10/11	B	CM					A	12													
30/10/11	B	CM					A	12													
31/10/11	B	CM					A	12													

NAME: keon Gratton

UNIT No: 17-03751191

WARD: TWO

MEDICINE RECORDING SHEET

UNIT No: 170375101

WARD: 0

(MR) 57

[illegible]

KEY
 (A) DRUG REFUSED
 (B) PATIENT ABSENT

MEDICINE RECORDING SHEET

REGULAR PRESCRIPTIONS													OTHER TIMES			DEPOT INJECTION			AS REQUIRED			COMMENTS ON DISCREPANCIES
Date	8.00	Ints	13.00	Ints	18.00	Ints	22.00	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints	Code	Time	Ints		
7/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(C) Not required	
8/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
9/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
10/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
11/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
12/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
13/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
14/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
15/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
16/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
17/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
18/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
19/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
20/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
21/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
22/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
23/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
24/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
25/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
26/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
27/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
28/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
29/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
30/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	
31/5/11	(A) C1 (C) C2	WV	(C) C2	WV	(C) C2	WV	(A) C1 (C) C2	WV													(A) C1 C2 refused	

NB - A NEW RECORDING SHEET MUST BE TAKEN EACH TIME A
PRESCRIPTION SHEET IS CHANGED
PRESCRIPTION SHEET NO.

KEY
A DRUG REFUSED
X PATIENT ABSENT

MEDICINE RECORDING SHEET

REGULAR PRESCRIPTIONS										OTHER TIMES				AS REQUIRED				DEPOT INJECTION	COMMENTS ON DISCREPANCIES			
8.00		13.00		18.00		22.00		Intls		Code		Time		Intls		Code			Time		Intls	
23/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
24/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
25/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
26/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
27/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
28/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
29/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
30/4/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
1/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
2/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
3/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
4/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
5/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
6/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	
7/5/11	A1 C1 D1 C2	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	SC MUR	

NAME: LEON GRATTAN

UNIT No: 1703751191

WARD: 2

KEY
 DRUG REFUSED
 PATIENT ABSENT

1A2D1 R7

OCCUPATIONAL THERAPY SERVICE MENTAL HEALTH



RECEIVED 18 FEB 2011

SHORT INTERVENTION / DISCHARGE SUMMARY

Name: LEON GRATTON	Ward ☐ Day Hospital ☐ Rehab ☐ Community ☒
Address: 85 Spittalfield Road INVERKEITHING KY11 2DZ	GP Name: Dr Somerville Address: Inverkeithing Medical Group 5 Friary Court, Inverkeithing KY11 1NU Tel No: 01383 413234
CHI No: 1703751191	Consultant: Dr P Cavanagh
Occupational Therapist Name: David Sanders, Senior Occupational Therapist	
Address: Haldane House, 71 Priory Lane, Dunfermline KY12 7DT	

DATE OF REFERRAL AND INTERVENTION REQUESTED:	17/01/11
---	----------

- AMPS baseline requested.

BRIEF DETAILS FROM INITIAL INTERVIEW IF OBTAINED:

See attached AMPS graphic and narrative reports.

Given the issues raised by assessment in terms of Leon's ADL processing and motor skills falling beneath both skill and age expectation combined with motivational issues, I would strongly recommend ongoing support to maintain his participation and his current level of domestic ADL skills at least, through his current housing support provider. Without this input there is a risk that Leon's functional ADL motor and processing skills could deteriorate further, and particularly if his participation in these tasks becomes less regular.

FACTORS INFLUENCING FOLLOW-UP / DISCHARGE:

	Yes	No
Patient did not consent to input	☐	☐
Requested OT Assessment completed	☒	☐
Patient transferred/discharged prior to initial assessment	☐	☐
OT unable to contact patient	☐	☐
Patient did not contact OT further to appointment letter(s)	☐	☐
OT interview has indicated no further requirement for OT	☐	☐

ACTIONS:

Further Intervention Recommended: Yes ☐ No ☒

Intervention: _____

Discharge: Yes ☒ No ☐

Date of Discharge: 14/02/11

Handwritten signature

Occupational Therapist's Signature:	Date: 14/02/11
--	-----------------------

Copies to:

GP ☒ Dr Somerville
OT ☐
Nursing ☐
Consultant ☒ Dr Cavanagh

CPN ☒ Dawn Stanley
Home Care ☐
Social Worker ☐
Community OT ☒ File copy

Other: Dave Chaplin ☒
Support Worker, Richmond
Housing Support

REFERRAL LETTER (Clinical in Confidence)

(please tick)



REFERRAL TO

O/T

URGENT

☐

ROUTINE

☒

PATIENT DETAILS

Surname
Forename(s)
Previous Surname

GRATTON
LEON

Mr Mrs Miss Ms Other

Title

☒ ☐ ☐ ☐ ☐

Sex

M ☒ F ☐

Date of Birth

d m y y y y y

CHI No (required)

1 7 0 3 1 9 7 5

Unit No (as appropriate)

FS153833

Patient's address

85 SPITTAFIELD ROAD
INVERKEITHING

Postcode:- K411 10Z

Telephone Number

0792256497

REGISTERED GP DETAILS

Name
Practice Code
Identifier
Telephone Number
email / Fax No.

DR GARMAN
01383 413234

GP Practice Address

Inverkeithing Medical
Practice

Postcode:-

REFERRING PRACTITIONER DETAILS

(If not referred by GP)

Name of Referrer
Agency/Discipline
Telephone No
email / Fax No.

LIZ DUFFY
STAFF NURSE
EXT 27002

Address of Referring Practitioner

c/o ward two

Postcode:-

History of complaint / Current presentation and medication (including all relevant medical history)

Diagnosis of schizophrenia and borderline personality disorder. Known to Services, WFCOT and Dr Cawthorne. Admitted to ward 2 on the 8/9/11 due to chronic mental illness and problems related to his misuse of illicit substances. Leon lives on his own and has been living in appalling circumstances and clearly wasn't coping in the community. Leon had significant weight loss due to not eating well, spending all his money on drugs. Leon has been taking food from local baker's bins to eat. Has suffered continued intimidation from drug dealers whom he owes money. Leon has poor compliance with outpatient appointments but engages well with Dawn Stanley community outreach team. Leon has had numerous admissions to hospital and previous overdoses.

CLINICAL WARNINGS (Risk Factors, allergies, bloodborne, clinicians personal safety, relapse signature etc.)

Nil Allergies Reported. Previously aggressive towards mother. Nil aggression towards staff was involved in physical altercation with a fellow patient. Can be over familiar with female staff, has joint visits by COT.

Date & Signature of Referrer

18/11/11 Elizabeth Duffy S/N

Additional Information

Transport Required

☐ Yes☒ No

(please tick)

NEXT OF KIN / EMERGENCY CONTACT

Name MRS LORNA GRATTON

Address HOME ADDRESS UNKNOWN

Telephone 07762 602112 Relationship MOTHER

OTHER AGENCIES INVOLVED/REFERRED TO:

Name DAWN STANLEY

Agency WFCOT Telephone No. 01883 432 725

Name GONIA HUNTER

Agency SOCIAL WORK Telephone No. 01883 08451 55 55 55
EXT: 444 1177

Name

Agency Telephone No.

If applicable:

Consultant Psychiatrist

Care Program Approach Co-ordinator

DR CAVANAGH

STATUS

Mental Health(Care & Treatment)(Scotland) Act 2003

Adults with Incapacity (Scotland) Act 2000

Other

INFORMAL

Comment / Summary / Guidelines / Notes / Proposed Plan / Interventions Requested / Etc

Leons functional needs outway mental illness at present and is currently waiting to be considered for placement within a rehabilitation ward. Leons ADL processing and motor skills fall beneath both skill and age expectation combined with motivational issues. Leon would benefit from ADL support and participation in activities to add structure and increase motivation.

OCCUPATIONAL THERAPY SERVICE MENTAL HEALTH



NON-STANDARDISED ASSESSMENT

Name: Leon Gratton	Ward ☒ Day Hospital ☐ Rehab ☐ Community ☐
CHI No: 1703751191	GP Name: Dr D Garmany
Address: 85 Spittalfield Road, Inverkeithing	Address: Inverkeithing Medical Centre, 5 Friary Court, Inverkeithing
Telephone: 07922 56497	Telephone: 413234
Marital Status: -	Next of Kin/Contact: -
Consultant: Dr P Cavanagh	Relationship: -
	Telephone: -

Task Description and Environment:

Leon shopped for ingredients for and made macaroni cheese from scratch in the OT kitchen.

Persons present: Leon and Susan Haynes, Occupational Therapist

Mental State/Physical:

Leon reported feeling tired as he had only slept a few hours. Motivated to attend session. Difficulty concentrating at times. Mood was reactive. Leon's over estimates his own abilities.

Self Presentation:

Dishevelled and unkempt in personal appearance.
Friendly in manner.

Medical/Physical Factors:

None encountered during session.

FACTORS IDENTIFIED FROM ASSESSMENT – INCLUDING RISK:

- Able to identify and shop for required ingredients with some assistance
- Able to sequence task independently
- After initial orientation to kitchen was able to locate items independently
- Asked for assistance when appropriate
- Easily distracted from task by conversing with therapist
- After initial prompting regarding hand washing maintained reasonable standards of hygiene
- Required prompting to restore items to original places following task
- Turned off cooker unprompted, but after a short delay whilst draining pasta

Continued

SUMMARY AND RECOMMENDATIONS:

Leon has clearly developed kitchen skills in the past. However, Leon over-estimates his current skills. At present he requires some assistance to complete ADL tasks due to deficits in processing skills.

Recommendations

Leon will benefit from continued meal-making sessions. An AMPS assessment is planned to provide baseline information and scores.

Occupational Therapist's Signature:

Susan Haynes

Date: 08/12/2011

Name: Susan Haynes

Address: OT Department (Mental Health), Phase 1, Queen Margaret Hospital
Whitefield Road, Dunfermline, KY12 0SA

Telephone: 01383 - 674153

Copies to:

GP

☒

CPN

☐

Other:

☐

OT

☒

Home Care

☐

Nursing

☒

Social Worker

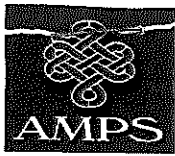
☐

Consultant

☒

Community OT

☐

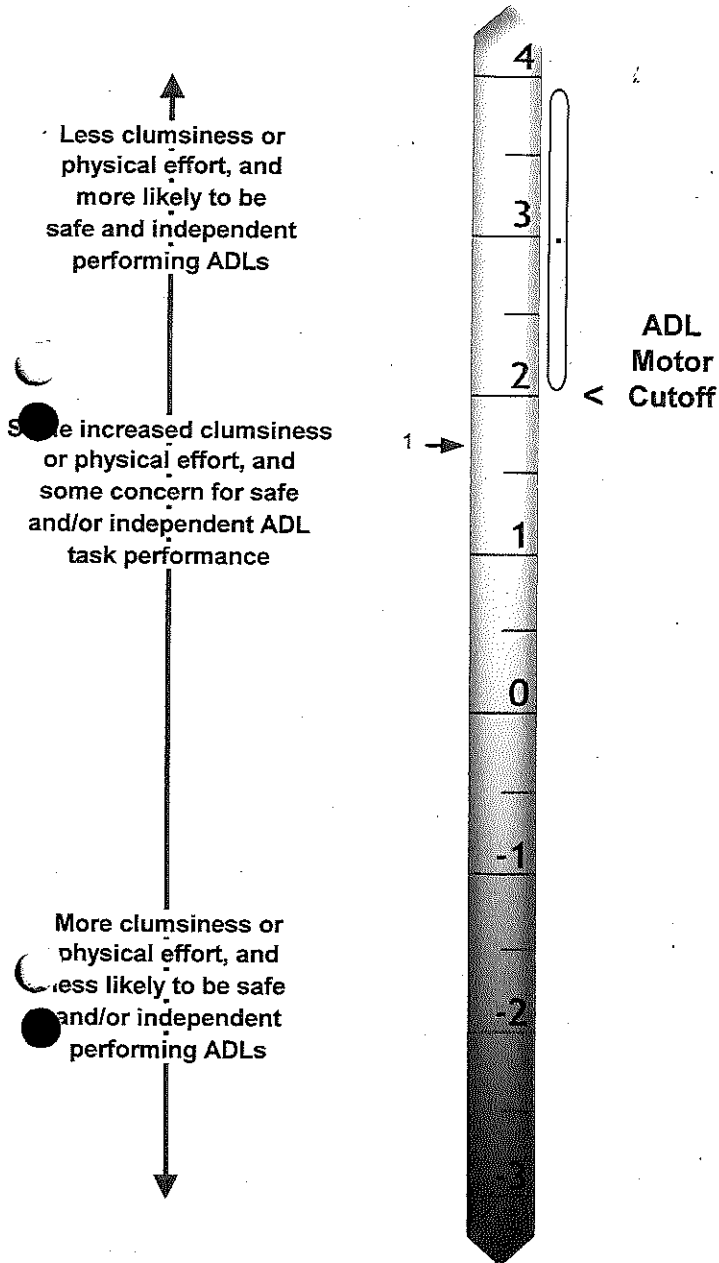


ASSESSMENT OF MOTOR AND PROCESS SKILLS (AMPS) GRAPHIC REPORT

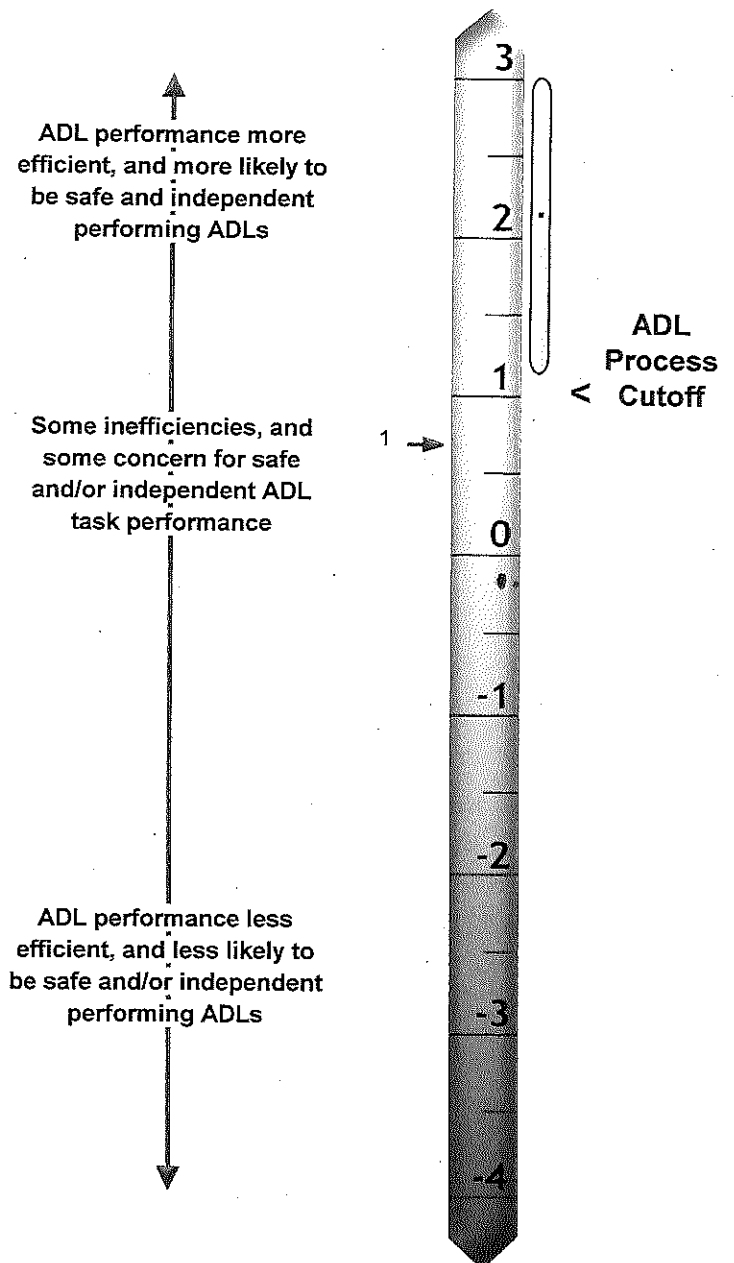
Client: Mr. Leon Gratton
Occupational therapist: David Sanders

	<u>AGE</u>	<u>DATE</u>	<u>MOTOR</u>	<u>PROCESS</u>
Evaluation 1	35	07/02/2011	1.73	0.69

ADL MOTOR



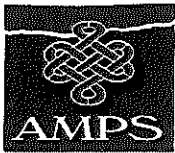
ADL PROCESS



Scoring of the Assessment of Motor and Process Skills (AMPS) is criterion-referenced. The numbers on the AMPS scales indicate units of ADL ability, and are associated with criterion-referenced cutoff measures of 2.0 on the AMPS motor scale and 1.0 on the AMPS process scale. The ADL motor and ADL process ability measures are indicated by an arrow to the left of the respective scale and are also reported at the top of this report.

ures below the cutoffs indicate that there was diminished quality or effectiveness of performance of instrumental and/or personal activities of daily living (ADL). ADL motor and ADL process ability measures can also be compared to the normative range of ADL ability typically seen among healthy, well persons of the same age. The expected range is represented by the vertical bands to the right of the respective scale (range = ± 2.0 standard deviations from the normative mean, indicated by a dark dot). When a person's ADL motor or ADL process ability measure is within the range illustrated by the vertical band, the person's observed ADL ability was within expected limits for a person of the same age. If the arrow is below the vertical band, the person's observed ADL ability was below age expectations. Finally, if the person's ADL motor or ADL process ability measure is above the vertical band, it was above age expectations.

See the Results and Interpretation of an AMPS Evaluation Report for further information regarding the interpretation of a single AMPS evaluation, and for more specific information about how to interpret the ADL motor and ADL process ability measures.



OCCUPATIONAL THERAPY EVALUATION OF ADL ABILITY

Results and Interpretation of an Assessment of Motor and Process Skills (AMPS) Evaluation

Client: Mr. Leon Gratton

Age: 35

Date of Evaluation: 07/02/2011

Occupational Therapist: David Sanders, Specialist Occupational Therapist

AMPS EVALUATION

The Assessment of Motor and Process Skills (AMPS) is a standardized observation-based evaluation of occupational performance; specifically, the ability to perform daily life tasks (i.e., personal and domestic activities of daily living - ADL). When Mr. Leon Gratton was evaluated, the occupational therapist conducted an interview to gain a better understanding of which everyday tasks (occupations) he reported as presenting a challenge, as well as those everyday tasks that he reported performing with satisfaction. The occupational therapist then offered him a choice of familiar and relevant ADL tasks to perform for the AMPS observations. Mr. Gratton chose to perform 2 of the tasks that were offered: "Toast and instant coffee, tea, instant soup, or hot chocolate", and "Cleaning a bathroom."

OVERALL QUALITY OF PERFORMANCE

When his overall quality of performance was considered, Mr. Gratton showed evidence of possibly clumsy or physically effortful, and minimally inefficient ADL task performance, and he was at risk for needing assistance to complete the 2 domestic (instrumental) ADL tasks.

SPECIFIC SKILLS THAT MOST IMPACTED PERFORMANCE

More specifically, Mr. Gratton's performance of the above noted ADL tasks was limited by:

- Positioning the arm in awkward and/or ineffective positions during the task performance (Positions)
- Increased clumsiness or fumbling while manipulating small task objects (Manipulates)
- Using too much or too little force, speed, or extent of movement when interacting with task objects (Calibrates)
- Not maintaining a consistent and effective rate of the task performance (Paces)
- Not carrying out and completing the chosen task (Heeds)
- Not starting task steps (Initiates)
- Not noticing and responding to the action or placement of task objects (Notices/Responds)
- Decreased skill accommodating for and preventing problems from occurring, and problems persisted or recurred during the task performances (Accommodates and Benefits)

SPECIFIC SKILLS OF RELATIVE STRENGTH

While Mr. Gratton's ADL task performance was somewhat ineffective, his ability to perform ADL tasks was supported by some relative strengths. For example, he demonstrated no imminent risk or need for assistance in relation to the following:

- Actively bending to reach task objects (Bends and Reaches)
- Completing the task with obvious physical fatigue (Endures)
- Logical ordering of task steps (Sequences)

OVERALL ADL MOTOR ABILITY

ADL motor ability is an overall measure of a person's observed skill when moving oneself or task objects during the performance of ADL tasks (i.e., occupational performance). On the ADL motor scale, a cutoff measure located at 2.00 logits indicates when a person begins to demonstrate increased clumsiness or physical effort performing ADL tasks. Mr. Gratton's ADL motor ability measure of 1.73 logits is below the ADL motor cutoff, indicating that he has increased clumsiness or physical effort when performing familiar ADL tasks. Mr. Gratton's ADL motor ability can also be compared to his healthy, well age-matched peers. That is, 95 of well, healthy persons of Mr. Gratton's age have ADL motor ability measures between 2.04 and 3.93 logits. This indicates that his ADL motor performance is lower than age expectations.

OVERALL ADL PROCESS ABILITY

ADL process ability is a global measure of a person's observed skill when (a) selecting, interacting with, and using task tools and materials; (b) carrying out individual task actions and steps; and (c) modifying task performance when problems are encountered. On the ADL process scale, a cutoff measure located at 1.00 logit indicates when a person begins to demonstrate inefficient (i.e., diminished time/space organization) ADL task performance. Mr. Gratton's ADL process ability measure of 0.69 logit on the AMPS Graphic Report is below the AMPS process cutoff. This indicates that he is demonstrating decreased efficiency when he performs familiar ADL tasks. When his ADL process ability measure is compared to his healthy, well age-matched peers, 95 of well, healthy persons of Mr. Gratton's age have ADL process ability measures between 1.14 and 3.15 logits. Thus his ADL process ability measure is lower than age expectations.

PREDICTING NEED FOR ASSISTANCE

Occupational therapists commonly use tests of ADL ability as a means of determining a person's need for assistance to live in the community. Further, the literature indicates that ADL ability is one of the strongest predictors of global functioning within the community. Approximately 94% of persons with ADL process measures below 1.00 logit need assistance to live in the community. Evidence further suggests that 74% of persons below 0.70 logit on the ADL process scale require moderate-to-maximal assistance to live in the community. The results of Mr. Gratton's AMPS observation indicate that he likely needs assistance to live in the community and may even require moderate to maximal support.

It is important to note, however, that since the AMPS was designed to measure the quality of a

person's ADL performance, not community independence, the results of an AMPS observation should never be the sole criterion for predicting a person's need for assistance to live in the community. Rather, the results of an AMPS observation should be considered as one piece of evidence to support and/or verify the occupational therapist's clinical judgment of a person's need for assistance to live in the community. The results of Mr. Gratton's observation can be considered in relation to the occupational therapist's judgment that Mr. Gratton needs/should have minimal assistance/supervision to live in the community. In Mr. Gratton's case, the results of the AMPS observation support the occupational therapist's judgment that Mr. Gratton needs assistance to live in the community.

SUMMARY OF MAIN FINDINGS

Below is a summary of the results of Mr. Gratton's AMPS evaluation. His ADL motor and ADL process ability measures (logits) have been transformed into standardized z scores (mean = zero, standard deviation = 1.0), normalized standard scores (mean = 100, standard deviation = 15), and a percentile rank (percentage of persons with lower scores). Approximately 95 percent of well, healthy persons of Mr. Gratton's age have ADL ability measures within plus or minus two (+/- 2) standard deviations.

ADL ability	Logits	Standardized z score	Normalized standard score	Percentile rank
ADL motor	1.73	-2.7	60	<1.0
ADL process	0.69	-2.9	57	<1.0

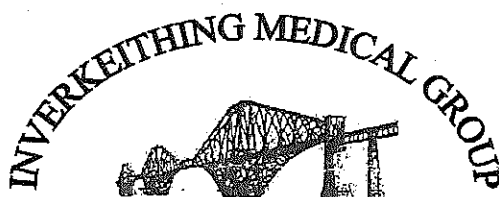
- Mr. Gratton's ADL motor and ADL process ability measures are both below the AMPS cutoffs and below age expectations, indicating that he is demonstrating increased clumsiness or physical effort, decreased efficiency, decreased safety, and/or the need for assistance when performing chosen, familiar, and life relevant ADL tasks.

If there are any questions regarding this evaluation, please do not hesitate to contact me.

David Sanders, Specialist Occupational Therapist



RECEIVED 14 FEB 2011



Inverkeithing Medical Centre
5 Friary Court
Inverkeithing
KY11 1NU

Telephone: 01383 413234
Fax: 01383 427527

Dalgety Bay Medical Centre
Regents Way
Dalgety Bay
KY11 9UY

Telephone: 01383 822174
Fax: 01383 823975

Our ref: DG/MA

10 February 2011

Dr P Cavanagh
Consultant Psychiatrist
Phase 1
Queen Margaret Hospital
Whitefield Road
DUNFERMLINE
KY12 0SE

Dear Dr Cavanagh

RE: LEON GRATTON, 85 SPITTALFIELD ROAD, INVERKEITHING, KY11 1DZ.
DOB: 17.03.75 (1191) - TEL: (01383) 415625

This is a letter to update you on recent developments regarding Leon. He came to see one of my partners saying that he had been buying Diazepam recently. Today, on closer questioning, he says that his use of amphetamines and Mephedrone has been increasing recently, and he has been taking up to 100mg of Diazepam at a time in order to come down after these stimulants.

I did not think it was appropriate to prescribe Diazepam under these circumstances, but said I would let you know. Leon says that he missed his last appointment with you and has not seen you for some time. He says that he still continues to attend on a weekly basis at the Carnegie Clinic for his depot-antipsychotic.

Yours sincerely


Dr D Garmany

Mental Health Directorate
ADMISSION INFORMATION SHEET [A1-1]

NHS

Initial admission to Ward/Department Dunino	Community Service/Hospital: Stratheden	Admission to Hospital: Date: 06.01.12 Time: 1415
Consultant: Dr Dasgupta	Named Nurse/Case Manager: Angela Barbieri	Unit No/CHI No: F5153833/1703751191
		Care Programme Approach No:

Personal Information

FULL NAME: Mr / Mrs / Ms / Miss / Master Mr Leon Gratton	Where appropriate, likes to be known as: Leon	Previous or Maiden Name(s): n/a
	Date of Birth: 17.03.75 Gender: Male	Place of Birth: Manchester
Home Address: 85 Spittalfield Road Perkeithing Post Code: KY11 1DZ	Current Address: c/o Dunino Ward Stratheden Hospital Cupar Post Code: KY15 5RR	Marital Status: Single Telephone No(s): 0792256497
Present/Past Occupation: Unemployed	Religion and/or Chaplaincy requirement:	Ethnic Origin: White English Sensory Impairment problem(s): None
Allergies: None known	Is English first language? Yes ☒ No ☐ Preferred Language	Is an Interpreter required? Yes ☐ No ☒ Name (relationship to client, if any)
MHA Status Informal	Review Date	Patient Informed of Status By:
		Date:
Clinical Risk: Yes ☒ No ☐ If yes; Specify Main Risk Since admission expressing paranoid delusions regarding mother Refer to Care Plan No:		Does the Adults with Incapacity Act Apply: Yes ☐ No ☒ Is there an Identified Relapse Signature? Yes ☐ No ☐ If Yes; Refer to Care Plan No:

Main Carer/Partner/Relatives/Named Person Information etc

(1) Full Name: Mrs Leona Gratton	Home Address: Unknown – wants no details documented Post Code:	Telephone No: 07762602112 Relationship: Mother
(2) Full Name: Mr Gary Gratton	Home address 57 Orchard Brae Manchester Post Code:	Telephone No: 07762602112 Relationship: Father
Does service user agree with the sharing of information with Carer / Nearest Relative /Partner Yes ☐ No ☐	Identify person to be contacted if patient is sick, dying or in any emergency.	Where appropriate - Order of Contact

Mental Health Directorate
ADMISSION INFORMATION SHEET [A1-1]

Patients Name: Leon Gratton Unit/CHI No: F5153833/1703751191

Diagnosis

Relevant Medical Condition: Schizophrenia B.P.D. Eczema Asthma	Medication Concordance:
---	--------------------------------

Community Service Involvement

	Name/Address	Tel No's
LMHT/Community Team COT TEAM	Dawn Stanley c/o Haldane House	01383 432725
General Practitioner	Dr Garmany Inverkeithing Medical Practice	01383 413234
Social Worker		
Community Psychiatric Nurse		
District Nurse		
Care Programme Approach Co-ordinator		
Home Care Manager		
Chaplain		
Dependants		
Other involvement Richmond	Dave Chaplin	

Patient Financial Information etc

	Where appropriate - Name/Address	Tel No's
Welfare Power of Attorney:		
Power of Attorney/Guardian/Curator:		
Pension Book etc held by:		
House Keys held by:		
Insurance Number:		
Advanced Statement held at/with		

Nursing Observations

Temperature 36.7	Pulse 74	Blood Pressure 136/72
---------------------	-------------	--------------------------

Signature of Person Completing this Form:

Date: 06.01.12

Updated
25/1/12

Mental Health Directorate
ADMISSION INFORMATION SHEET (A1-1)



Initial admission to Ward/Department: 2 (Two)	Community Service/Hospital: QMH	Date 8/9/11 Time 16.10
Consultant: Caranagh D.	Named Nurse/Case Manager Jean Liz Isabel	Unit No/CHI No 1703751191 F 5153855 Care Programme Approach No

Personal Information

FULL NAME: Mr / Mrs / Ms / Miss / Master Leon Gratton	Where appropriate, likes to be known as: Leon	Previous or Maiden Name(s) N/A
Date of Birth 17/3/75	Gender Male	Place of Birth Manchester
Home Address 85 Spitalfield Road Mantelkilling	Current Address AS Before	Marital Status Single
Post Code	Post Code	Telephone No(s) 07922 56497
Present/Past Occupation Unemployed	Religion and/or Chaplaincy requirement None	Ethnic Origin White English
Allergies None Known	Is English first language? Yes ☒ No ☐ Preferred Language	Sensory Impairment problem (s) None
MHA Status 1st	Review Date	Is an interpreter required? Yes ☐ No ☒ Name (relationship to client, if any)
Patient Informed of Status By:	Clinical Risk Yes ☒ No ☐ If yes; Specify Main Risk	Does the Adults with Incapacity Act Apply; Yes ☐ No ☒
Date:	Refer to Care Plan No _____	Is there an Identified Relapse Signature? Yes ☐ No ☒ If Yes; Refer to Care Plan No _____

Main Carer/Partner/Relatives/Named Person Information etc

(1) Full Name Mrs Leon Gratton	Home Address Unknown	Telephone No. 07762 602112
	Post Code	Relationship Mother
(2) Full Name Mr Gary Gratton	Home address 57 Orchard Brae Manchester	Telephone No 0161 746 1420
	Post Code	Relationship Father
Does service user agree with the sharing of information with Carer / Nearest Relative / Partner Yes ☐ No ☐	Identify person to be contacted if patient is sick, dying or in any emergency.	Where appropriate - Order of Contact

ADMISSION INFORMATION SHEET [A1-1]

Patients Name Leon Grotter Unit/CHI No FS153833
1703751191

Diagnosis

Relevant Medical Condition:

Schizophrenia
 BPD
 ECZEMA
 Asthma

Medication Concordance:

As Per Kardex

Community Service Involvement

	Name/Address	Tel No's
LMHT/Community Team	Dawn Stanley c/o Haldane House	01383 462 725
General Practitioner	Dr Garmay - Inverkerfing Med Practice	01383 413 236
Social Worker	Gona Hunter	01383 4411 77
Community Psychiatric Nurse		
District Nurse		
Care Programme Approach Co-ordinator		
Home Care Manager		
Chaplain		
Dependants		
Other involvement	Dave Chaplin	01383 622 133
Richmond		

Patient Financial Information etc

	Where appropriate - Name/Address	Tel No's
Welfare Power of Attorney:		
Power of Attorney/Guardian/Curator:		
Pension Book etc held by:		
House Keys held by:		
Insurance Number:		
Advanced Statement held at/with		

Nursing Observations

Temperature	36.3	Pulse	115	Blood Pressure	117/76
-------------	------	-------	-----	----------------	--------

Signature of Person Completing this Form:

BL

Date:

8/9/11

ADMISSION INFORMATION SHEET [A1-1]

 Patients Name Leon Gratton Unit/CHI No FS153833
1703751191

Diagnosis

Relevant Medical Condition: Depression Schizophrenia Borderline Personality disorder,	Medication Concordance: AS per Kardex
---	---

Community Service Involvement

	Name/Address	Tel No's
LMHT/Community Team WFCOT	Dawn Stanley	432725
General Practitioner	Dr Garmoney Mary Court, Inverkeithing	413234
Social Worker		
Community Psychiatric Nurse		
District Nurse		
Care Programme Approach Co-ordinator		
Home Care Manager		
Chaplain		
Dependants		
Other involvement Richmond	Runfermline (Dave Chardin)	01383-622133

Patient Financial Information etc

	Where appropriate - Name/Address	Tel No's
Welfare Power of Attorney:		
Power of Attorney/Guardian/Curator:		
Pension Book etc held by:		
House Keys held by:		
Insurance Number:		
Advanced Statement held at/with		

Nursing Observations

Temperature <u>35.8</u>	Pulse <u>79</u>	Blood Pressure <u>132/65</u>
-------------------------	-----------------	------------------------------

Signature of Person Completing this Form:

AsymenDate: 9/4/11

Mental Health Directorate
ADMISSION INFORMATION SHEET [A1-1]

NHS

Initial admission to Ward/Department: 2	Community Service/Hospital: QM H	Date 9/4/11 Time 18.00
Consultant: Dr Caranagh	Named Nurse/Case Manager Susan Robbie Colleen Isobel	Unit No/CHI No 1703751191 F5153833
		Care Programme Approach No

Personal Information

FULL NAME: ☒ Mr / ☐ Mrs / ☐ Ms / ☐ Miss / ☐ Master LEON GRATTON	Where appropriate, likes to be known as: Date of Birth 17/3/75 Gender male	Previous or Maiden Name(s) Place of Birth Manchester
Home Address 85 Spittalfield Rd Unverkerthing Post Code KY11 1DZ	Current Address ← Same Post Code	Marital Status Single Telephone No(s) 07922956497
Present/Past Occupation Unemployed	Religion and/or Chaplaincy requirement None	Ethnic Origin 18 Sensory Impairment problem (s) No
Allergies None known	Is English first language? Yes ☒ No ☐ Preferred Language	Is an interpreter required? Yes ☐ No ☒ Name (relationship to client, if any)
MHA Status Informal	Review Date	Patient Informed of Status By: Date:
Clinical Risk Yes ☐ No ☐ If yes; Specify Main Risk		
Does the Adults with Incapacity Act Apply; Yes ☐ No ☐ Is there an Identified Relapse Signature? Yes ☐ No ☐ If Yes; Refer to Care Plan No _____		

Main Carer/Partner/Relatives/Named Person Information etc

(1) Full Name Lorna Martin	Home Address Not known Post Code	Telephone No. 07762602112 Relationship Mother
(2) Full Name	Home address Post Code	Telephone No Relationship
Does service user agree with the sharing of information with Carer / Nearest Relative /Partner Yes ☒ No ☐	Identify person to be contacted if patient is sick, dying or in any emergency. ①	Where appropriate - Order of Contact

REFERRAL TO MHS REHABILITATION SERVICES - (R2 RS-1)

Patients Name: Leon Cration..... Legal Status: Informal.....
Date of Birth: 17/03/75..... R.M.O: Dr Cavanagh.....
CHI No: 1703751191..... S.W./M.H.O: Fion Hunter.....
Referring Ward: Ward 2 AMH..... CPN: Dawn Stanley WACOT.....
Named Nurse: Liz Duffy..... Diagnosis: Schizophrenia / BPD

Reason for Referral:

It is felt that Leon would benefit from some time in Rehabilitation. He suffers from chronic symptoms of schizophrenia and problems related to his misuse of substances. He is currently living in appalling social circumstances and is clearly not coping in the community. He is not eating well, as spends his money on drugs. Since last discharge he has been taking food from bins of local bakeries to eat. Has suffered continued intimidation by drug dealers - He owes money

Psychiatric History and Circumstances Leading To Current Admission:

Leon's most recent contact with services over the last few years is as follows: Recently he had an admission due to a deterioration in mental state due to drug misuse and also found to be losing weight. In Dec 2010 out patient appointment, complaining of auditory hallucinations and somatic symptoms. In October 2009 he took an impulsive mixed overdose. In September 2009 he took an impulsive overdose of paracetamol and Simvastatin, also in 2009 September he was brought in hospital by police as was responding to auditory hallucinations. In June 2008 he was admitted following a Paracetamol overdose. He described auditory hallucinations. Several admission to ward prior to these days years

Date of Current Admission:

08/09/11

Current Mental State & Behaviours:

Since admission Leon has been generally settled in the ward, interacting well with staff and fellow patients. However during 1-1 sessions with staff he has raised concern regarding past sexual abuse, fears over his mother dying due to poor health, believes his mother breathing problems are due to coven (curse) in waster flanks. He has reported on numerous occasions that there are spiders in his flat, that he has avoided being killed on numerous occasions. Has continued to request PRN medication, staff felt he did not need these. PRNs have been discontinued and has managed well without them.

Physical/Medical Issues:

No physical problems reported

Current Time-Out Status:

Leon is an informal patient, passes as wishes. However does not go out on pass due to fears of being harassed by drug dealers. Leon has reported that he has cleared his debts with them. ? Paranoid about this (intimidation)

Forensic History:

Leon has history of shop lifting, has previously been charged with assaulting his mother and step father and also threatened to blow up the social work office. He was admonished of all these charges in court

Current Medication:

Kindly see attached cardex

Side Effects:

Nil Reported

Concordance

Complies with prescribed medication. No concerns

Kirkcaldy & Levenmouth CHP
Mental Health Services

Current T2 T3:

Not on T2 or T3

PRN Usage:

Only on PRN Paracetamol for headache and toothache.

Current High Dose %

Advanced Statement YES/NO
(if yes please specify)

Named Person YES/NO
(if yes please specify)

Advocacy Involvement YES/NO
(if yes please specify)

Jim NESS

Finances – Benefit/Amount/Frequency/Where paid into?/Med 10 Date Last Issued/Date next due
(please specify)

Income support 274.50 fortnightly, giro cheque
Disability living allowance 275. monthly, giro. Cheque

Who Deals with Patient Finances:

Self/Other (please specify) Does Patient have Corporate Appointee?

Leon deals with own finances. receives
Euro cheque cashes it himself

Patients Own Attitudes and Goals for Rehabilitation:

- States he requires assistance to manage daily finances
- Requires assistance with activities of daily living
cooking, tidying up, washing,

Any Previous/Current Involvement in Community Support Teams:
(if yes please specify)

Yes West Fife community outreach team.

Does Patient Have Existing Accommodation:
(if yes please specify)

Yes. Has house in Inverkeithing. lives
alone.

Kirkcaldy & Levenmouth CHP
Mental Health Services

Drug/Alcohol Intake: uses amphetamines, ecstasy and cocaine on
Type: regular bases.
Drinks alcohol occasionally, reported non consumed 2 weeks prior to admission

Frequency: see above.

Drug Screen: YES/NO
(please specify)

Negative to all

Any other Relevant Information:

Please Remember to Enclose:

Please tick

O.T. Assessments

☐

Named Nurse Questionnaire

☐

Recent Risk Assessment

☒

Signed:



Print Name

Bayan Chifemere

Date:

12/10/11