

Date: August 02, 2016
Our Ref: BO /SJ/CHI: 091170

Torley Unit
Office - 0141 314 4106
Appointments - 0141 314 4435

Dictated: 02.08.16
Typed: 02.08.16

PRIVATE & CONFIDENTIAL

Dr. Milligan,
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley.

Dear Dr. Milligan,

Agnes McLaughlin, dob 09.11.70, 29 Abbot Street, Arbroath, DD11 1HH.

Diagnosis : alcohol dependence syndrome - abstinent.

Current Psychotropic Medication : Disulfiram 600mg once weekly and 800mg once weekly (prescribed by GP and supervised by partner Lindy), Sertraline 150mg daily.

This lady cancelled her medical review appointment on the 02.08.16. She is relocating to Arbroath shortly. She continues to remain sober with the help of Disulfiram and has utilised Disulfiram for almost 5 years. She is up to date with regards to the normal surveillance regarding her deterrent medication in the form of bloods and ECG. The latter will not be due until 2017.

She was commenced on Sertraline in early 2015 for mild depressive symptoms and has coped in a normal way with regards to the death of her sister late in 2015. The lady will be formally discharged from the clinic after discussion at our multidisciplinary but should you have any considerations please do not fail to contact us.

Yours sincerely

**Dr Brian O'Neill
Specialty Doctor
Addiction Psychiatry**

**Dr Audrey Hillman
Consultant Psychiatrist**

c.c Dr Morley, Medical Centre, 7 Hill Place, Arbroath, DD11 1AD.

CMHT Office, Dowanlea, 1214 Seaton Road, Arbroath

Enc

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI:
0911703241

Date: April 14, 2016

Dictated: 14.04.16
Typed: 14.04.116

PRIVATE & CONFIDENTIAL

Ms. Agnes McLaughlin,
36 McKerrell Street,
Paisley
PA1 1NN.

Dear Agnes,

Further to your medical review today, a further appointment has been arranged for you to attend the Torley Unit on **Tuesday, August 2, 2106 at 9.45am** and I hope to see you then.

Yours sincerely,

Isobel Prior

Secretary
Torley Unit

Torley Unit (formerly
Alcohol Problems Clinic)
Office - 0141 314 4106
Appointments - 0141 314
4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI:

Date: April 14, 2016

Dictated: 14.04.16
Typed: 14.04.16

Torley Unit (formerly
Alcohol Problems Clinic)
Office - 0141 314 4106
Appointments - 0141 314
4435

PRIVATE & CONFIDENTIAL

Dr. Milligan,
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley.

Dear Dr. Milligan,

Agnes McLaughlin, dob 09.11.70, 36 McKerrell Street, Paisley PA1 1NN.

Psychiatric diagnosis: alcohol dependence.

Current psychotropic medication: Disulfiram 600mgs once weekly and 800mgs once weekly (prescribed by GP and supervised by partner), Sertraline 150mgs daily.

I reviewed Agnes today at the Torley Unit and she seems to be doing better than she was when I last saw her in January. She seems to have accepted her sister's death to some degree and feels more positive about things. She is sleeping better and eating better. She is waiting for a house in Arbroath and is apparently now on to the B list. She is still continuing to see her son and tells me that it was [REDACTED] 13th birthday yesterday and she had a good day with him. She continues to see [REDACTED] although he seems to be having some behavioural difficulties at present.

Agnes remains sober on her Antabuse and has no thoughts of wanting to drink. She has now been sober for almost five years.

I have taken her bloods today and the plan is to review her in the Unit in four month's time (02.08.16). We will keep you informed of her progress.

Yours sincerely,

Dr. Jane MacPhillimy
Medical Officer

Dr. Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI: 091170
3241

Date: January 22, 2016

Dictated: 21.01.16
Typed: 22.01.16

PRIVATE & CONFIDENTIAL

Dr Milligan
Anchor Mill Medical Centre
4 Saucel Crescent
Paisley
PA1 1UB.

Dear Dr Milligan

Agnes McLaughlin, dob 09.11.70, 36 McKerrell Street, Paisley, PA1 1NN.

Psychiatric diagnosis: alcohol dependence.

Current psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (prescribed by GP and supervised by partner Linda), Sertraline 150mg daily (increased today), Zopiclone 7.5mg at night (for one week only).

I reviewed Agnes at the Torley Unit (previously APC) and as you are probably aware her sister has now died in November from her alcoholic liver disease. Agnes was understandably upset about this and said that she is finding it difficult to stop thinking about her sister. She does have good support from her partner and continues to have contact with her boys once a fortnight. She remains sober on Antabuse and is having no problems with this. Bloods and ECG taken at the last clinic were all normal.

Agnes complained today of not sleeping at all and finding it very hard to turn off her brain and stop thinking about recent events. I advised her that we could give her one week of Zopiclone only and this would hopefully get her back in to a good pattern of sleep. I have also increased her Sertraline to help her through this difficult time.

I will review her in the clinic on 3 months time (14.04.16) and keep you informed of her progress.

Yours sincerely,

Dr. Jane MacPhillimy
Medical Officer

Dr. Audrey Hillman
Consultant Psychiatrist

Torley Unit

Office - 0141 314 4106
Appointments - 0141 314
4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: PC/IP/CHI:
0911703241

Date: November 4, 2015

Dictated: 03.11.15
Typed: 04.11.15

PRIVATE & CONFIDENTIAL

Dr. Milligan,
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley.

Dear Dr. Milligan,

Agnes McLaughlin, dob 09.11.70, 36 McKerrell Street, Paisley PA1 1NN.

Following on from Dr. MacPhillimy's appointment last week, Agnes had requested that her partner, [REDACTED] take over the supervision of her Disulfiram.

I met with both Agnes and [REDACTED] today as regards this process and [REDACTED] is happy to undergo this task.

I have given Agnes a supply of 28 days of Disulfiram and the dosage is 600mgs on a Tuesday and 800mgs on a Friday.

I would respectfully request if you could prescribe this on a routine prescription and she will be followed up by Dr. MacPhillimy in due course.

Yours sincerely,

Patricia Curran
Senior Nurse
Alcohol Problems Clinic

Alcohol Problems Clinic

Office - 0141 314 4106

Appointments - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI: 09111970
3241

Date: October 30, 2015

Dictated: 29.10.15
Typed: 30.10.15

PRIVATE & CONFIDENTIAL

Dr Milligan
Anchor Mill Medical Centre
4 Saucel Crescent
Paisley
PA1 1UB.

Dear Dr Milligan,

Agnes McLaughlan, dob 09.11.70, 36 McKerrell Street, Paisley, PA1 1NN.

Psychiatric diagnosis: alcohol dependence

Current psychotropic medication: Disulfiram 600mg once weekly, 800mg once weekly (prescribed by GP and supervised by pharmacist), Sertraline 100mg, Mirtazepine 45mg nocte.

I reviewed Agnes at the Alcohol Problems Clinic on the 29.10.15 and she is doing well. She remains sober and has now been sober for nearly 5 years. She was asking today if she could stop her Antabuse as she feels that going to the pharmacy twice weekly is a task. She has a partner who lives in Arbroath and is finding that she is not getting to see her so much due to having to be in the pharmacy in Paisley twice weekly. She is not keen to move to Arbroath as she wants to be here with her sister and also have access to her son every 2 weeks. I discussed this with her and advised that an alternative would be for her to have her partner [REDACTED] take over her supervision. We will meet [REDACTED] and if she is suitable for this.

Agnes' mood is good on her Sertraline and her physical health is fine. Her sister remains unwell which is a constant stress for her. I will review her in the clinic in 3 months time (21.01.16) and keep you informed of her progress.

Yours sincerely,

Dr. Jane MacPhillimy
Medical Officer

Dr. Audrey Hillman
Consultant Psychiatrist

Alcohol Problems Clinic

Office - 0141 314 4106
Appointments - 0141 314
4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI 09.11.70
3241

Date: June 29, 2015

Dictated: 25.06.15
Typed: 29.06.15

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis: alcohol dependence.

Current Psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (supervised by the RCA and prescribed by GP), Sertraline 100mg, Mirtazepine 45mg at night.

I reviewed Agnes at the Alcohol Problems Clinic on the 25.06.15 and she is doing reasonably well.

Unfortunately her sister is unwell in the RAH at present continuing to drink heavily and having a DVT. She is understandably stressed about her and is travelling up to the hospital twice daily to see her.

Her Disulfiram supervision has changed to the pharmacy and she is not happy with her pharmacy at Lloyds High Street and is therefore keen to change to Abbey at Gauze Street. We contacted the chemist in Gauze Street and they are happy to take her on however we will need to obtain a further prescription from yourselves for Disulfiram and we will get the paperwork completed for the new chemist. Agnes herself is fine physically and her mood has been reasonable.

The plan is to review her in 4 months time (15.10.15) and in the meantime we will arrange for a change of chemist for her. We will keep you informed of her progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: SH/IP/CHI:
0911703241

Date: June 29, 2015

Dictated: 26.06.15
Typed: 29.06.15

PRIVATE & CONFIDENTIAL

Dr. Milligan,
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB.

Dear Dr. Milligan,

Agnes McLaughlan, dob 09.11.70, 36 McKerrall Street, Paisley PA1 1NN.

As you are aware, Agnes's Disulfiram supervision currently takes place at the Lloyds Pharmacy, High Street, Paisley. Agnes has requested a change of pharmacy and would like the prescription now to be sent to Abbey Pharmacy, 27 Gauze Street, Paisley.

Many thanks for your attention to this.

Yours sincerely,

Susanne Hair
Student Nurse
Alcohol Problems Clinic

Alcohol Problems Clinic

Office - 0141 314 4106
Appointments - 0141 314 4435

Jane Forrest
Nurse
Alcohol Problems Clinic

Guideline for Supervision of Disulfiram in Community Pharmacies



Appendix A

Referral to Community Pharmacy for Supervised Disulfiram

To Pharmacy: ABBAY PHARMACY

Patient name:	AGNES MCLAUGHLAN
Patient Address:	36 MCKERRELL STREET, PAISLEY, PAI INN
Telephone no:	07808083570
Date of Birth/CHI:	0911703241
Is communication support needed e.g. Language, BSL interpreter or literacy assistance?	
Yes / <u>No</u> (circle as appropriate)	

Dear Pharmacist,

As discussed, please accept the above patient for supervised self administration of disulfiram.

The treatment is due to commence on 13.7.15

Please provide the patient with information as per guideline appendices.

Please inform the prescribing team below of any missed doses, positive breathalyser readings or other issues.

Yours sincerely,

Date: 26.6.15

Prescriber	DR MILLIGAN	
Addiction Service	INTEGRATED ALCOHOL TEAM	
Address	20 BACK SNEDDON ST, PAISLEY	
Care manager / Key worker	KIRSTINE M'CRAE OR DUTY WORKER	
Contact number	Tel: 0141 618 2585	Fax: 0141 618 5266

Fax/post a copy to the pharmacy and place original in patient's notes.

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI:
0911703241

Date: May 26, 2015

Dictated: 26.05.15
Typed: 26.05.15

PRIVATE & CONFIDENTIAL

Ms. Agnes McLaughlin,
36 McKerrell Street,
Paisley
PA1 1NN.

Dear Ms. McLaughlin,

Unfortunately your out-patient appointment at the Alcohol Problems Clinic on Thursday, July 2, 2015 has had to be rescheduled.

Could you please now attend on **Thursday, June 25, 2015 at 3.30pm.**

I apologise for any inconvenience this may cause.

Yours sincerely,

Isobel Prior

Secretary
Alcohol Problems Clinic

Alcohol Problems Clinic

Office - 0141 314 4106
Appointments - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI 09.11.70
3241

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Date: March 13, 2015

Dictated:
Typed: 13.03.15

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis: alcohol dependence.

Current Psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (supervised by the RCA and prescribed by GP).

I reviewed Agnes at the Alcohol Problems Clinic on the 12.03.15 and unfortunately she is feeling quite low, mainly due to the fact that her appeal against her children being permanently fostered was rejected recently, however she does still have access to all 3 of her children twice monthly with [REDACTED] and monthly with [REDACTED] and this is not going to change and I have therefore encouraged her at least this access is still there. Certainly from past experience she was unable to cope with the children at home even when she was sober.

She remains sober on her Antabuse despite this recent bad news for her. She tells me that she has had thoughts of drinking but would not do this and would not jeopardise her contact with the children.

In addition her sister is acutely unwell and continues to drink despite having severe alcoholic liver disease.

Agnes has no problems with her own physical health and is thinking of moving to Arbroath to get away from Paisley and bad memories of the past.

The plan today is to increase her Sertraline to 100mg as per hand written note and I appreciate your assistance with this. I will review her in the clinic in 4 months time.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI 09.11.70
3241

Date: November 21, 2014

Dictated: 20.11.14
Typed: 21.11.14

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis: alcohol dependence.

Current Psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (supervised by the RCA and prescribed by GP), Mirtazepine 45mgs at night, Sertraline 50mgs (added today).

I reviewed Agnes today at the Alcohol Problems Clinic and she remains sober on Antabuse and has now managed this for almost four years. I have recently completed a Court Report for her Solicitors.

Agnes admits that her main problem at the minute is that her sister continues to drink dependently and is very unwell with alcoholic liver disease. She does admit that she feels quite depressed about her sister's situation and is worried about her sister becoming more and more unwell.

Agnes's bloods were all fine at the last clinic appointment and an ECG was also normal.

She did admit that she was having trouble sleeping and wondered about increasing Mirtazepine although I advised that this would not be an option. After discussion we decided to add Sertraline 50mgs in and I will review her at clinic in three months' time.

We will keep you informed of her progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI 09.11.70
3241

Date: November 6, 2014

Dictated: 06.11.14
Typed: 06.11.14

PRIVATE & CONFIDENTIAL

Ms. Jilly Melrose,
Messrs. Hunter & Robertson,
Solicitors,
35 High Street,
Paisley
PA1 2AG.

Dear Ms. Melrose,

Agnes McLaughlan, dob 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN.

Your ref: JAM/LL/MCLAA13-5.

As requested by yourself in your letter dated October 28, 2014, there follows a brief report on this lady and her engagement with our service here at the Alcohol Problems Clinic.

Agnes has been well known to the alcohol services over the years and has had a history of engaging with services for a short time and then relapsing to alcohol use. Her most recent relapse on April 4, 2011 was an occasion when she drank on top of Antabuse and took an overdose of Diazepam.

Agnes re-engaged with the Alcohol Problems Clinic on August 30, 2011 and since then, as far as is reasonably possible to tell, she has remained sober and has been abstaining from alcohol and continues to take the aversive medication, Disulfiram. Initially she attended the Clinic here for supervision of her Disulfiram treatment and this has now been transferred over to the RCA Trust in March 2013. She has continued to be seen by myself as an out-patient and was reviewed on April 17, 2013, July 10, 2013, December 19, 2013 and June 5, 2014. On each occasion she did present well and bloods taken at intervals over the course of her engagement all being normal. In particular her liver function tests and the mean cell volume have been normal which would support the fact that she is remaining abstinent from alcohol. Her most recent bloods were obtained on June 5, 2014 and they were normal.

Agnes's mood remains stable on Mirtazepine 45mgs.

Alcohol Problems Clinic

Direct - 0141 314 4106

Fax No. 0141 314 4085

Appointments only - 0141 314 4435

Messrs. Hunter & Robertson re Agnes McLaughlan (0911703241) – 06.11.14

I hope this information is helpful to you. If you require any further information, please do not hesitate to get back in touch with us.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/SJ/CHI 09.11.70
3241

Date: June 06, 2014

Dictated: 05.06.14
Typed: 06.06.14

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis: alcohol dependence.

Current Psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (supervised by the RCA and prescribed by GP).

I reviewed Agnes at the Alcohol Problems Clinic on the 05.06.14 and she has now been sober for 3 years. She tells me she has absolutely no thoughts of going back to drinking. She is sleeping well and eating reasonably well. Her main problem at the minute is that her sister continues to drink dependently and is in and out of hospital with Ascites. Agnes has resigned herself to the fact that her sister is likely to die fairly soon if she keeps drinking and this stresses her out quite a lot.

She does say however she finds Mirtazepine 45mg helpful and that generally she is coping fine. In terms of her physical health she had a low foliate and was given a months supply of folic acid. She does still feel a bit tired and I repeated her bloods today. The plan is to continue and I have arranged a check ECG. We will keep you informed of her progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JM/IP/CHI 09.11.70
3241

Date: December 19, 2013

Dictated: 19.12.13
Typed: 19.12.13

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis: alcohol dependence.

Current Psychotropic medication: Disulfiram 600mg once weekly and 800mg once weekly (supervised by the RCA and prescribed by GP).

I reviewed this lady today, 19.12.13. She tells me that she has been feeling a bit down. She is however sleeping well and eating reasonably. However she does say that she never eats dinner, always just sandwiches or toast. I note that she previously had a low folate back in April of this year and she tells me that she never had any replacement for this. I have therefore rechecked her bloods today to see if her folate is still low.

She remains on Mirtazepine 45mgs and I have not made any changes to her psychotropic medication today.

Her sister remains unwell with ascites and has been in hospital recently. This has obviously been a stress for Agnes but she is coping fairly well.

The plan is to do bloods today and will review her at clinic in six months' time (05.06.14).

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr Audrey Hillman
Consultant Psychiatrist

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JMacP/SJ/CHI 09.11.70
3241

Date: July 11, 2013

Dictated:
Typed: 11.07.13

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis : alcohol dependence.

Current Psychotropic medication : Disulfiram 400mg weekly and 600mg weekly.

I reviewed this lady today 09.07.13 at the Alcohol Problems Clinic and she is doing very well from an alcohol point of view. She remains sober on her Antabuse which is supervised by the RCA Trust and continues to attend the AA regularly. She tells me that her ex-partner died last November and also that she continues to have issues with her sister who is dying with alcoholic liver disease. Apparently her sister has recently been discharged from the Kershaw Unit after an alcohol detox but quickly relapsed back to dependent drinking. This is causing some stress for Agnes.

As you may be aware she has 3 sons all in foster care aged 12, 10 and 7.

Agnes continues on her Mirtazepine and does find that she is generally coping ok with life. At her previous appointment she had bloods and ECG done which were all fine.

The plan is to review her at the clinic in 6 months time and will keep you informed of her progress.

Yours sincerely

Dr. Jane MacPhillimy
Medical Officer

Dr A Hillman
Consultant Psychiatrist

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JMacP/SJ/CHI 09.11.70
3241

Date: April 18, 2013

Dictated:
Typed: 18.04.13

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis : alcohol dependence.

**Current Psychotropic medication : Disulifram 600mg Tuesday, 800mg Thursday
(supervised by the RCA trust), Mirtazepine 45mg.**

I reviewed this lady today at the Alcohol Problems Clinic and unfortunately it seems she has not been seen by medical staff for some time. She is however sober on Antabuse and has no thoughts of drinking. She has now been sober for almost 3 years and said that she would not go back to drinking now. She is currently attending the AA and enjoying this. Her mood is fine on her Mirtazepine 45mg and there are no issues with her physical health.

Today she presented well and was euthymic and reactive. I have obtained bloods today and organised for an ECG and will review her in the clinic in 3 months time (10.07.13).

Yours sincerely

**Jane MacPhillimy
Medical Officer**

**Dr A Hillman
Consultant Psychiatrist**

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: JF/SJ/CHI 09.11.70
3241

Date: March 21, 2013

Dictated:
Typed: 21.03.13

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

As you are aware from previous correspondence the above lady has been attending our clinic twice weekly for supervision of her Disulfiram treatment. Her treatment has gone very well, she has attended regularly and has managed to maintain abstinence. I understand she also receives support from AA.

Agnes has requested that she now attend the RCA trust for supervision of her Disulfiram treatment. This arrangement would be more suitable and cost effect for her. In terms of follow up Agnes will continue to be reviewed at outpatients. We will continue to keep you informed of her progress.

Yours sincerely

**Jane Forrest
Nurse
APC**

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AMcD/SJ/CHI 09.11.70
3241

Date: February 08, 2013

Dictated: 06.02.13
Typed: 08.02.13

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

As you are aware from previous correspondence Ms McLaughlan continues to attend the Alcohol Problems Clinic for supervision of her Disulfiram. She is currently prescribed 600mg on Tuesday and 800mg on Thursday. We would appreciate if you could continue to prescribe the above medication as Ms McLaughlan will continue to attend Support Worker, Fiona Buchanan for supervision at the clinic.

Yours sincerely

Ashley McDonald
Nurse
APC

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: AH/SJ/CHI 09.11.70
3241

Date: February 27, 2012

Dictated: 24.02.12
Typed: 27.02.12

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

Psychiatric Diagnosis : alcohol dependence syndrome.

Current Treatment Plan : the patient has been re-established on Disulfiram supervised at the APC twice per week. The patient was formally on Citalopram 40mg. Please could this gradually be reduced and stopped and her medication changed to Mirtazepine 15mg increasing after a week if tolerated to 30mg. Her mental state will be reviewed at the APC.

I am writing to you further to this lady's appointment at the Alcohol Problems Clinic on the 12.12.11. I apologise for the delay in this latter being sent but the Doctor who saw her at clinic is currently on sick leave and this matter has only just come to my attention at present. I can confirm that this lady has ~~been sober~~ now for several months and is fully re-engaged with the APC. Her mental state has settled considerably but given the recent MRHA guidance on Citalopram, it would be advisable if this was reduced, ~~stopped and then~~ substituted with another anti-depressant ?Mirtazepine if tolerated. We will of course continue to review this lady in clinic.

Her children are no longer in her care and the child protection social work service is aiming for permanent residency for the children. Agnes is going through legal processes to try and re-establish contact with her children. We will keep you informed of our contacts with her.

Yours sincerely

Dr A Hillman
Consultant Psychiatrist

CARE PLAN / CLINICAL REVIEW SHEET

WORKER: J MacP

Reviewed By:

multiple previous lapses. - drank on antabuse
Admitted to RAH with OD diazepam April 2011.
States no alcohol for 6 weeks
Keen to start.

Wants antabuse.

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
Appointment arranged		

Dykebar Hospital
Grahamston Road
Paisley PA2 7DE

Our ref.: AH/IP/CHI 09.11.70
3241

Alcohol Problems Clinic

Direct - 0141 314 4106

Date: August 18, 2011

Dictated: 18.08.11

Typed: 18.08.11

PRIVATE & CONFIDENTIAL

Ms Agnes McLaughlan
36 McKerrill Street
Paisley
PA1 1NN

Dear Ms McLaughlan

Dr. Gwen Keenan has referred you to the Alcohol Problems Clinic. Following discussion at the multi-disciplinary team meeting, an out-patient appointment has been arranged for you to attend the Clinic on **Thursday, August 25, 2011 at 3pm to see nursing staff** and hope to see you then.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

✓ c.c. Dr. Gwen Keenan, Clinical Psychologist, Integrated Alcohol Team, Larchgrove, Dykebar Hospital, Paisley.

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 14277
CHI: 09.11.70 3241
REF: GK/CB
18/08/2011

PRIVATE & CONFIDENTIAL

Dr H Milligan
Anchor Mill Medical Centre
4 Saucel Terrace
Paisley
PA1 1UB

Dear Dr Milligan,

Agnes McLaughlin, d.o.b 09.11.70, 36 McKerrall Street, Paisley PA1 1NN

Agnes McLaughlin was referred to Clinical Psychology within the Renfrewshire Integrated Alcohol Team from the Alcohol Problems Clinic. As you will be aware, Agnes has a long history of alcohol misuse and this has had a significant impact on her social functioning, in particular, her ability to care for her three children. Agnes has managed periods of abstinence in the past but these end when she relapses into drinking in a dependent fashion and also drinking on top of her Disulfrum. The Alcohol Problem Clinic referred her to myself to carry out a more detailed piece of work around her alcohol difficulties.

Presentation

Agnes attends all of her appointments and is abstinent. She is friendly and cooperative and takes an interest in the work we do during sessions and also when completing homework tasks.

Presenting Problems

I carried out an assessment of her difficulties and we decided that intervention would be best focussed around her alcohol use and developing assertiveness skills. She does not report any anxiety or depression. Agnes reports a history of physical and sexual abuse however she appears to have emotionally detached herself from these events and she does not want to spend time working on these issues.

Developmental History

Agnes was born in the Paisley area and spent the first year of her life in the care of her biological parents who had alcohol problems. As a result of their alcohol use, and the death of her father, Agnes and her siblings were put into care homes when she was 1 year old. Agnes reports that when she was 5 years old she was sexually assaulted by two strangers and when she reported this to workers in the care home they moved her to a different residential placement. Agnes believes that her story was 'never believed' and 'brushed under the carpet'. Agnes spent time in

Cont'd.../

Agnes McLaughlin, d.o.b 09.11.70, 36 McKerrall Street, Paisley PA1 1NN

various care homes and had a few placements within foster families however she reports finding it difficult to fit in. She felt at her most settled in Beech Avenue residential facility however this is when her alcohol and drug use began. She describes having to attend a rehabilitation facility at the age of 15 years old to overcome solvent misuse. She then moved onto drinking alcohol. As a result of her alcohol use, Agnes has never been able to secure employment.

When Agnes was 28 years old she met the father of her children. This was a violent relationship where Agnes was subjected to daily beatings and verbal abuse. She commented that these were less painful when she was drunk. Together they have three children; [REDACTED] (10 yrs), [REDACTED] (8yrs) and [REDACTED] (5yrs). Although Agnes claims to have remained abstinent from alcohol throughout her pregnancies, she quickly relapsed following the birth of her children. She recognises that she was unable to care for her children when under the influence of alcohol. Agnes also appears to have had difficulty protecting her children from harm as she claims that they were last taken into care when she was abstinent but because her partner was drinking and violent.

More recently, Agnes has managed to leave her partner and is managing to stay clear of alcohol. She sees her children weekly and enjoys these times very much. She would like to have her children back in her care and recognises the importance of continuing to avoid alcohol if she is to reach this goal. She also recognises that she will need considerable support in caring for her children should they return. Agnes also understands that this might not be possible as she is aware that the social work department have discussed moving towards 'permanency' in relation to the children's residential status. If this were to happen, Agnes still believes she will maintain abstinence. She recognises that alcohol is harmful to her physically, socially and psychologically. She also expresses this desire as her children may wish to have contact with her when they are older.

Psychological Formulation & Intervention

Agnes and I began by developing a formulation regarding the development and maintenance of her alcohol issues. Agnes appears to have not formed any secure attachments during her early childhood years, a process that is important to the development of a sense of security and emotional regulation. Agnes also describes being sexually abused as a child, a traumatic experience that will have had a significant impact on her sense of safety and ability to form relationships with others. Such factors will have created a vulnerability to alcohol and drug misuse as she seeks emotional comfort. Without significant role models, coping skills and aspirations, Agnes's alcohol use quickly developed into dependency. This further impaired her ability to form healthy relationships and care for herself, perpetuating her use of alcohol.

We have been using a cognitive behavioural program called 'Taking Control' to help her understand how her addiction has been maintained and how to overcome her difficulties with alcohol. Using this program we have worked on recognising both internal (emotions, thoughts) and external (certain peoples and places) events that trigger cravings, 'coping with cravings', decision making and problem solving, assertiveness and coping with anger. Agnes has engaged very well, attending all of her appointments and carrying out homework tasks. In addition to the

Cont'd.../

Agnes McLaughlin, d.o.b 09.11.70, 36 McKerrall Street, Paisley PA1 1NN

work we have done together she attends frequent meetings with Alcohol Anonymous and engages in a range of activities including painting and decorating, dog walking and gardening. She and a friend have recently started their own business gardening.

I will be discharging Agnes over the next couple of weeks. She has expressed a desire to reengage with the Alcohol Problems Clinic and receive Disulfrum. I hope an appointment can be organised within the Alcohol Problems Clinic to discuss this.

Yours sincerely,

Dr Gwen Keenan
Clinical Psychologist

CC Dr J MacPhillimy, Medical Officer, APC

Dykebar Hospital
Grahamston Road
Paisley PA2 7DE

Our ref.: AH/IP/CHI 09.11.70
3241

Alcohol Problems Clinic

Direct - 0141 314 4106

Date: August 18, 2011

Dictated: 18.08.11

Typed: 18.08.11

PRIVATE & CONFIDENTIAL

Ms Agnes McLaughlan
36 McKerrell Street
Paisley
PA1 1NN

Dear Ms McLaughlan

Dr. Gwen Keenan has referred you to the Alcohol Problems Clinic. Following discussion at the multi-disciplinary team meeting, an out-patient appointment has been arranged for you to attend the Clinic on **Thursday, August 25, 2011 at 3pm to see nursing staff** and hope to see you then.

Yours sincerely

Isobel Prior

Secretary
Alcohol Problems Clinic

c.c. Dr. Gwen Keenan, Clinical Psychologist, Integrated Alcohol Team, Larchgrove, Dykebar Hospital, Paisley.

NHS GREATER GLASGOW & CLYDE
ALCOHOL SERVICES

CLINICAL REVIEW SHEET



NAME: 0911703241
WORKING: AGNES MCLAUGHLAN
ADDRESS: 36 MCKERRELL STREET
PAISLEY

Di:.....
P:.....
.....

PA1 1NN 09/11/1970

Review Date:

Reviewed By: MDT.....

History / Progress / Significant Changes

Engaging well with Dr Ciwen Keenan
.....
.....
.....
.....

Short Term Goals /New Care Plan

Wishing Abuse
.....
.....

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
APC will send out Appr Work up for Abuse	APC	

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4163/4277
CHI: 09.11.70 3241
REF: GK/CB

PRIVATE & CONFIDENTIAL

Agnes McLaughlan
c/o Ms Meikle
40 Kilnside Road
Paisley

Dear Ms McLaughlan

I note that you did not attend our previously arranged appointment and I would therefore like to offer you a further appointment for:

Friday 3rd June, 2011 at 1pm at Ferguslie Health Centre, Blackstoun Road, Paisley

Kindly contact me on the above number if this appointment is not suitable.

Yours sincerely

**Gwen Keenan
Clinical Psychologist
Integrated Alcohol Team**

Renfrewshire Integrated Alcohol Team
Larchgrove
Dykebar Hospital
Paisley
PA2 7DE
0141 314 4277
CHI: 09.11.70 3241
REF: GK /CB
12/05/2011

PRIVATE & CONFIDENTIAL

Agnes McLaughlin
36 McKerrall Street
Paisley
PA1 1NN

Dear Ms McLaughlin

You have been referred to me by the Alcohol Problems Clinic at Dykebar Hospital and as such I would like to offer you an appointment to meet with me on:

Friday 20th May, 2011 at 2pm at Ferguslie Health Centre, Blackstoun Road, Paisley

Kindly contact me on the above number if you are unable to attend.

Yours sincerely

Gwen Keenan
Clinical Psychologist
Integrated Alcophol Team

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: PC/IN/CHI 09.11.70
3241

Date: April 21, 2011

Dictated: 20.04.11
Typed: 21.04.11

PRIVATE & CONFIDENTIAL

Dr. Milligan
Anchor Mill Medical Centre,
4 Saucel Crescent,
Paisley
PA1 1UB

Dear Dr. Milligan,

Agnes McLaughlan, D.O.B 09.11.1970, 36 McKerrell Street, Paisley, PA1 1NN

As you are aware, Agnes has relapsed. She was attending the clinic and was on Antabuse. Unfortunately Agnes drank following taking her medication and over the weekend took an overdose resulting in admission to the RAH, Paisley. Agnes was given an appointment to return to the Alcohol Problems Clinic on discharge however failed to do so.

We discussed her treatment at the clinical review and it was felt Agnes showed little motivation to abstain from alcohol and at this time will be discharged from treatment.

A medical outpatient appointment remains on Wednesday 11th May 2011.

Yours sincerely

Patricia Curran
Nurse
Alcohol Problems Clinic

Alcohol Problems Clinic

Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

Carenap Basic Information Sheet

Person's full name: AGNES McLAUGHLAN

CHI number:

Mr / Mrs / Miss / (Ms) / Other

Social Work number: 905 3299

Preferred name:

Other number (specify):

DOB: 9, 11, 70

Gender: M (F)

Lives alone - Yes / No (please circle)

Ethnic Background:

Referrer

Name of Referrer:

SELF

Profession:

Address:

Telephone:

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral: 26/11/12

GROUPWORK

ABSTINENT FROM ALCOHOL + VALIUM

Person lives in? (tick box)

Rented - Local Authority

☒

Sheltered Housing

☐

Residential Home - Local Authority

☐

Rented - Housing Assoc.

☐

Supported accommodation

☐

Residential Home - Private

☐

Rented - Private Landlord

☐

Hospital

☐

Residential Home - Voluntary

☐

Rented - Other (specify What)

☐

Nursing Home

☐

Hostel

☐

Privately Owned

☐

Care Home

☐

Homeless

☐

Relatives home (specify who)

☐

Other (specify what)

☐

Present address:

Post town:

36 McKERRAL ST

Post code:

PAISLEY

Telephone:

PAI INN

Home address (if different):

Post town:

Post code:

Telephone:

Contact Details

Name (include title):

Relationship to person:

Keyholder:

Address:

Post town:

Post code:

Tel. (Day):

Tel. (Night):

Tel. (Mobile):

Main Carer

Yes / No (circle)

Next of Kin (if different)

Yes / No (circle)

Keyholder (if different)

Who is the GP? Dr.

Address:

Post town:

Post code:

Tel. (Day):

Tel. (Night):

Practice number:

Communication Needs

Preferred language:

Is an interpreter required? **Yes / No** (circle)

Sign Language required? **Yes / No** (circle)

Hearing aid used? **Yes / No** (circle)

Spectacles used? **Yes / No** (circle)

Other - please specify

Relevant Background History

To include where appropriate: Work/employment, Family, Marital Status, Religion, Any other factors - Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,

STOPPED USING ALCOHOL + VALIUM
NOW ATTENDING WOMEN'S GROUP.

Relevant Medical History (including current medical conditions and medication)

***Client's Name _____ Client's Signature _____ Date : :	Worker _____ Renfrewshire Drug Service 10 St. James Street Paisley
--	---

- SW 19 (07/03)

RENFREWSHIRE DRUG SERVICE CLOSING SUMMARY CHECK LIST

NAME	AGNES McLAUGHLIN	CHI		SWIFT	9053299
ADDRESS:					

CLOSING SUMMARY COMPLETED	16/10/14	SW		
SMR 25 B COMPLETED	16/10/14	SW		
END STAR COMPLETED	/			
WAITING TIMES UPDATED				
GP LETTER COMPLETED	/			

CHILD CARE CHECKLIST				
SOCIAL WORK	16/10/14	SW		CHECKED WITH S/W - COMPLETE
HEALTH VISITING				
SCHOOL				
(OTHER)				
(OTHER)				
ADULT CHECKLIST				
MENTAL HEALTH TEAM				
SOCIAL WORK (A.S.P)				
VOLUNTARY SECTOR				
(OTHER)				
(OTHER)				

KEY WORKER SIGN OFF:	John White	DATE:	16/10/14
C.M. GROUP SIGN OFF:		DATE:	

**N.H.S. Greater glasgow & Clyde
ALCOHOL PROBLEMS CLINIC**

Admission Date 30.08.11

CHI No

Name Agnes McLaughlin

M/F
female

Date of Birth

9.11.70.

Address Flat 3/1
36 McKerrall St,
Paisley
PA1 1NN

Tel.No.

~~0758683845~~
07587025882.

G.P. Dr King

Address Anchor Mill M/C
Paisley

Alternative Contact

Sharon
Address

Relationship

friend.
Tel.No.

Medication on Admission

Acamprosate

Thiamine

~~Citalopram 40mg~~

Mirtazapine 30mg.

Disulfiram 600mg
800 mg

Allergies

None Known.

RCA Involvement Y/N

No

Alcohol Star

The Outcomes Star for alcohol misuse

Client

Agnes McLaughlin

Date of completion

9.1.13

Assessment

Review

Retrospective

Completed by

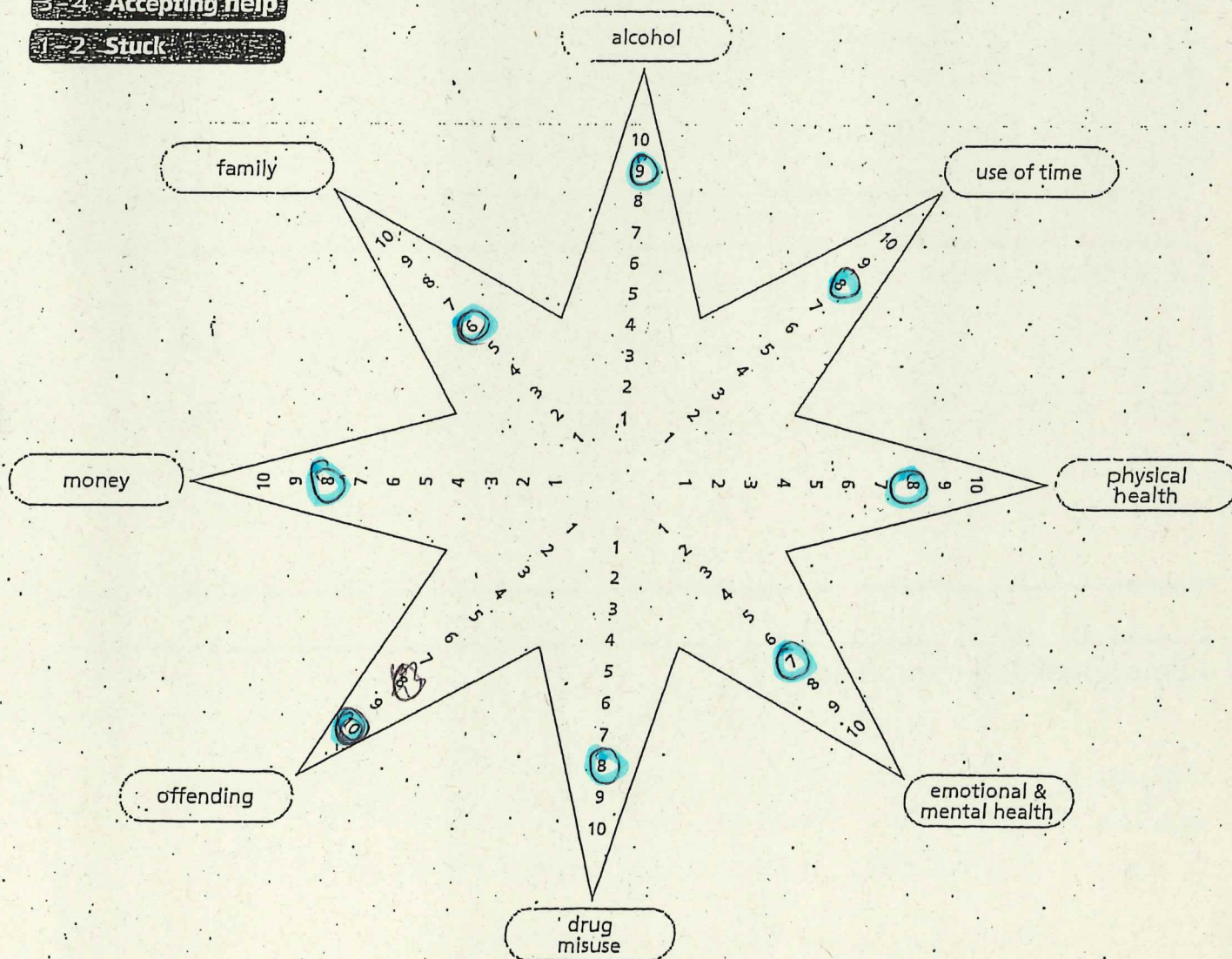
Jane Forrest

Worker and client

Worker alone

Client

- Self-reliance
- 8 Learning
- 5-6 Believing
- 3-4 Accepting help
- 1-2 Stuck



Client: I was involved in completing this Star Chart

Star Notes

1 Alcohol

Score (9)

Agnes remains abstinent from alcohol as disulfiram treatment.

2 Meaningful use of time

Score (8)

Agnes makes a effort to keep busy. Attends A.A. meetings, and sees her friends regularly.

3 Physical health

Score (8)

Agnes states that her physical health is satisfactory at present.

4 Emotional and mental health

Score (7)

Agnes finds her mood can be low some days. Feels it is reactive to her current family circumstances.

Star Notes

5 Drug misuse

Score (8)

N/A

6 Offending

N/A

7 Money

Score (8)

No current financial difficulties

8 Family and relationships

Score (6)

Agnes feels she does not receive any support from her family.

Network of support comes from friends and agencies.

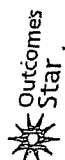
Action Plan

Priority area from Star	Current score	Next steps	By who?	By when? (date)	Completed (date)
Emotional and mental health	7	Continue an anti-depressant treatment, and meet with named nurse regularly.	Agnes and Jane		
family and relationships	6	Agnes and her family are not close, due to problems caused by alcohol. Agnes finds AA friends provide her with support. - continuing to attend AA.	Agnes		

Signatures: *J. P.*

Service user

Other agency / advocate



Date

Staff

Date

Date

Staff

Date

Patient Referral to Mental Health Nutrition and Dietetic Service

Date: 9.3.12	Appointment Category: urgent ☐ OR routine ☒
Patient Name: Agnes McLaughlin	Appointment Type: out-patient ☐ In patient ☐ *domiciliary ☐ Day patient ☐
Address: Flat 3/1 36 McKenna Street, Paisley	*If domiciliary visit is requested is there any risk to staff lone working? Yes ☐ No ☐ Not Known ☐ If YES give details
Postcode: PA1 1NN	10 digit CHI Number: 09.11703247
Telephone Number: 077 586 83895	This can be obtained from GP or Hospital notes and must be included in referral

Referrer Name: Jane Forrest	Referrer Address: APC, Dukes Hospital
Job title: staff nurse	Postcode: PA2 7DE
Referrer signature: J Forrest	Telephone Number: 0141-314-4106

GP Name: Dr King	Telephone Number:
GP Address: Anchor Mill Med Centre, Paisley	
Postcode:	

Reason for Referral and/or Diagnosis

Height: 156.5 kg Weight: 68.4 kg BMI: 28

If referral is for Inpatient / hospital resident please give MUST score 0

Give details of any first line intervention carried out, e.g food fortification or supplements for underweight,
dietary modification for diabetes or weight management.

History of weight loss or weight gain

Relevant medical history:

Long hx of problematic alcohol use.

Relevant Psychiatric / mental health issues

Hx of depressive episodes.

Relevant current medication:

Doxothram, Citalopram.

Recent blood results:

Any additional relevant information including relevant social factors

Patiently recently buying slimming tablets
Sibutramine. Dr Hillman has requested
that Agnes be given dietary advice
on how to lose weight safely.

Carenap Basic Information Sheet

Person's full name : Agnes McLaughlan

CHI number :

Mr / Mrs / Miss / Ms / Other MS .

Social work number :

Preferred name :

Other number (specify) :

DOB : 09 / 11 / 70

Gender : M / F female .

Lives alone – Yes / No (please circle)

Ethnic Background : white Scottish

Referrer

Name of Referrer :

Profession

Address :

Telephone :

Is person aware that referral has been made? Yes / No (please circle)

Reason for assessment

Date of referral : ____ / ____ / ____

Person lives in? (tick box)

Rented – Local Authority

☐

Sheltered Housing

☐ Residential Home – Local Authority

☐

Rented – Housing Assoc.

☒

Supported accommodation

☐ Residential Home – Private

☐

Rented – Private Landlord

☐

Hospital

☐ Residential Home – Voluntary

☐

Rented – Other (specify what)

☐

Nursing Home

☐ Hostel

☐

Privately Owned

☐

Care Home

☐ Homeless

☐

Relatives home (specify who)

☐

Other (specify what)

☐

Present address :

Post town :

Post code :

Telephone :

Home address (if different) :

Post town :

Post code :

Telephone :

Contact Details

Name (include title) :

Relationship to person :

Keyholder :

Address :

Post town :

Post code :

Tel (Day) :

Tel (Night) :

Tel (Mobile) :

Main carer

Yes / No (circle)

Next of Kin (if different)

Yes / No (circle)

Keyholder (if different)

Who is the GP? Dr.

King
Address: Anchor mill m/c
Paisley

Post town :

Post code :

Tel (Day) :

Tel (Night) :

Practice number :

Communication Needs

Preferred language :

Is an interpreter required? Yes / No (*circle*)

Sign Language required ? Yes / No (*circle*)

Hearing aid used? Yes / No (*circle*)

Spectacles used? Yes / No (*circle*)

Other - please specify

Relevant Background History

To include where appropriate : *Work/employment, Family, Marital Status, Religion, Any other factors – Housing/Accommodation issues, recent change in abilities/function, Concerns, Risks, Social network, Bereavement,*

Relevant Medical History (including current medical conditions and medication)

ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities: -

- You will not consume alcohol/illicit drugs whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and drug screens accept that consumption of alcohol/illicit drugs may result in immediate discharge.
- You will not use unprescribed drugs or substances. If staff suspect you of being under the influence of unprescribed drugs/substances you may be discharged from the service, irrespective of whether the drug was taken during or prior to treatment.
- Failure to attend service as agreed will result in care being reviewed and may lead to discharge from service.
- Attendance at General Practitioners is required for all other medical needs (except when in-patient). General Practitioners must not be approached for any psychotropic medication e.g. opiates, sedatives, or sleeping tablets, without first discussing it with clinic staff. Failure to inform staff may result in discharge.
- You must behave responsibly at all times whilst attending the service, failure to do so may result in an instant discharge from the service.
- You agree to be responsible for any medication prescribed and will take care when carrying and storing them. You will make sure children do not have access to them, and will not supply medication to others under any circumstance.

Service Responsibilities: -

- You will be allocated a keyworker where you will mutually agree frequency and venue of appointments.
- You will have regular medical reviews by the prescribing doctor.
- You will be provided information on other services/agencies/supports available and assistance in accessing if required.
- Keyworker will discuss and initiate a care plan, which will be agreed and signed by the keyworker and the client
- The service recognises that members of your family may have needs. Information can be provided on services and support agencies, where these needs may be best met.
- We acknowledge that children are important, and will ask you about any children you are in contact with.

Driving: -

The DVLA (Driver Vehicle Licensing Agency) considers alcohol problems to be a disability likely to affect safe driving. The Road traffic Act requires drivers to inform the DVLA of any disability likely to affect safe driving. **It is your responsibility** to inform the DVLA and your motor insurance company of your alcohol problem. It is an offence not to do so. If you intend to drive. Medication prescribed at the alcohol service may cause drowsiness and will impair your ability to drive or operate machinery.

YOU MUST NOT UNDER ANY CIRCUMSTANCES DRIVE A MOTOR VEHICLE WHILST ATTENDING THE ALCOHOL SERVICE FOR DETOXIFICATION AND TREATMENT.

DECLARATION

I have had the above treatment agreement explained to me, and agree to abide by the conditions within it. I am aware that breach of this agreement will result in discharge from service and that I may not be considered for re-assessment for a period of 3 months.

Client Signature.....

Date..... 30.08.11

Staff Signature.....

Date..... 30.08.11

Child and Family Register

Name: Agnes McLaughlan

Is the client pregnant or partner pregnant: (Y/N) _____

Children (Names, dob & Age)

Name	DOB	AGE

Main Career: (Y/N) No - Foster Care.

If no, who looks after the children: ↑

Living as a Family Unit: (Y/N) NO

Does the individual have access: (Y/N) YES.

Social Work Involvement: YES.

On the Child Protection Register: (Y/N) _____

***PLEASE REMEMBER TO PHOTOCOPY AND
PLACE AT THE COMPUTER FOR REGISTRATION***

CARE PLAN (ACTIVE TREATMENT) OF NAME Agnes McLaughlin CHI No

D.O.B.

KEYWORKER Jane Forrest

Client offered copy YES / NO

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
30.08.11		Alcohol dependence which wishes to address.	To become alcohol free. To increase knowledge about alcohol and impact on self and others. To explore and develop strategies for maintaining abstinence from alcohol.	Engage client in motivational enhancement sessions to explore reasons for changing behaviour and assist with robust decision making & realistic goal setting. Allow time to explore and understand problems experienced through alcohol and other issues related to alcohol. If detoxification from alcohol is required – discuss suitable options for this providing information on attendance, regimes and medications used. Monitor for effectiveness /side effects of medication. Discuss abstinence policy and agree suitable attendance times/days. Discuss and provide information on DVLA requirements.	A.M.	J.F.	

in appropriate involve partner
carers in treatment plan.

John

** A.M*

Referral to other agencies as appropriate.

Tick if identified and specify.....

Child Care Issues..... Children's wellbeing.

Explore with client the impact of alcohol use on child / childrens wellbeing and client's ability to meet child / childrens needs.

Liaise with Social Work / Health Visitor / Schools as appropriate.

Refer to other services if required

Housing Issues..... Work towards alleviating problems.

Refer to Housing Advice
Liaise with other agencies as appropriate.

Forensic Issues..... Work with client towards alleviating problems.

Liaise with other agencies as appropriate.

Other Drug Use Issues.....

Assess use and problems.
Refer to specialists if appropriate.

Nutritional assessment

utilising MUST tool, referring to dietician if appropriate.

Assess sleep pattern & discuss reasons why sleep may be affected.

Provide individual or group-work sessions as appropriate to:

- Provide information on alcohol, its use and impact on physical, social, psychological wellbeing.

- Assist in developing ways of coping with problems experienced through alcohol use.

- Assist in identifying high-risk areas, feelings, emotions and situations.

- Assist client to formulate strategies to deal successfully with those HR situations identified.

- Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist.

Provide client with written material to complement sessions.

Nutrition Profile

Name: Agnes McLauglan	Date of admission: 30/08/12
Address: Flat 3/1, 36 McKerrall Street, Paisley	Time: 14.00.
	HOSPITAL: Dykebar
DoB: 9.11.70	Ward: APC
CHI number:	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5ft 1 1/2 156.5kg m/ft	Actual ☒ Patient/ carer reported ☐ Alternative measurement ☐
Weight: 68.4kg 10st 3lbs kg/stones	Actual ☐ Patient/ carer reported ☐ Alternative measurement ☐
Recent unplanned weight loss: Yes ☐ No ☐	
If 'Yes' how much?: kg/stones. Over what period of time?: weeks/months	
Is there evidence of recent weight loss? No ☒ Loose clothing ☐ History of reduced food intake/appetite ☐ Swallowing problem ☐	
Eating and drinking likes and dislikes (including appetite and/or NBM status): Likes most foods	
Dietary requirements (e.g. vegetarian; texture modified diet and fluids; halal; kosher) Yes ☐ No ☒ Please state:	
Are there any contributing factors that may affect food intake such as physical (e.g. swallowing difficulties), physiological (e.g. nausea), psychological (e.g. dementia), social or environmental ? Yes ☐ No ☒ Please specify all factors:	
Is there a need for equipment and/or assistance with eating and drinking? Yes ☐ No ☒ Please state:	

Profile completed by: Name (PRINT): **J. FORREST** Signature: **[Signature]** Date: **3/03/12**

NOTE: This is ADMISSION DATA - please refer to changes in Care Plan.

* Quality Improvement Scotland (2003). Food, Fluids and Nutritional Care in Hospitals Edinburgh QIS

Malnutrition Universal Screening Tool ('MUST')

Date	30/08/11										
Initials	AK										
Height (see page 1)		Weight	68.4kg								
Oedema or ascites present Y/N		No									
BMI											

'MUST'

Step 1: BMI Score (refer to chart on page 4)

>20 (>30 = Obese) 0
 18.5 - 20 1
 <18.5..... 2

0

Step 2: Weight Loss Score

Unplanned weight loss in past 3-6 months:

<5% 0
 5-10% 1
 >10% 2

0

Step 3: Acute Disease Effect Score

If patient is acutely ill **and** there has been or is likely to be no or virtually no food intake for > 5 days..... Score 2

Not applicable Score 0

0

Step 4: Overall Risk of Malnutrition

Total:

0

Step 5: Management Guidelines

Score of Overall Risk of Malnutrition	Action Required
0	LOW RISK - Routine Clinical Care Repeat screening. Hospital AcuteWeekly Hospital RehabilitationMonthly
1	MEDIUM RISK - Observe - Document dietary intake for 3 days on a Food Record Chart. - If no improvement in intake: - Encourage oral intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. - Repeat screening weekly.
2 or more	HIGH RISK - Treat* - Refer to Dietitian and document food intake for 3 days on a Food Record Chart. - Encourage oral intake. - Assist patient to choose high-energy meals/snacks and offer full cream milk to drink with and between meals. - Monitor and review Care Plan weekly. * Unless detrimental or no benefit is expected from nutritional support e.g. imminent death.

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	CRN: 0911703241	WARD:	APC
NAME:	MCLAUGHLAN AGNES 09/11/1970 F		
ADDRESS:	PA1 1NN		
POST CODE:			
DOB & GENDER:	09.11.70, female.		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
30.8.11	Attended, breathalysed - scored zero.	
	Admitted to the unit.	
	Treatment Plan:- to attend on Thurs. 1.9.11 to commence disulfiram tablets.	J. Fair Nurse
3/9/11 08.45	ECG arranged for Tuesday 6/9/11.	Shirley
9/9/11	Attended today breathalysed zero Commenced on disulfiram 600mg administered as per Kardex. Agnes will attend twice weekly on a Monday and a Friday.	Nurse AG Shirley
11/10/11 12.00	T/c from Julie Mitchell (EAT) Nurse advised she was caught in traffic at the west end. Requested we contact Agnes at home and tell her Julie is on route to Supermarket near Antibus but she will be late.	Shirley
14.10.11	Attended, disulfiram administered as per Kardex. Spoke to Relapse Prevention Group in regard to A.A. Continuing to experience pain	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
contd	from her fractured foot foot. Agnes advised by medical staff, that she must rest her foot. To speak to Nurse Mitchell @ IAT in regard to Agnes receiving disulfiram treatment @ home	J Ful Nurse
31.10.11	T/C received from Agnes. States that she attended RAH on Friday as her foot remained painful. New plaster has been applied to her # leg. Discussed with Nurse Mitchell @ IAT.	
3.11.11	T/C from Nurse Mitchell @ IAT, informed that tomorrow 4.11.11, Claire McAlpine IAT will supervise Agnes disulfiram tablets	J Ful ✓ Nurse
28.12.11	Informed that Agnes too unwell to attend due to having a heavy cold. Sharon - Agnes's spouse, agreed to supervise Agnes - Grooming Disulfiram @ home.	J Ful Nurse
30.12.11	Attended, appeared pale. Complaining of light headedness BP 125/70 p65. Poor appetite :- 11st 2 1/2 lbs (72kg) Bloods taken. Disulfiram administered as per Kardex Next appointment Tues. 2.12.12.	J Ful Nurse
10.1.12	Attended, complaining of feeling	

CLINICAL NOTES - NURSING

Agnes McLaughlin.

Date & Time		Signature, Print Name & Designation
10.1.12 (Contd)	drowsy, speech slightly slurred. Feels that symptoms have co-incided with Dr Haigh ↑ Mirtazapine from 15mg to 30mg. Discussed with Dr Grender as Dr Haigh on sick leave. Informed Agnes to reduce Mirtazapine back to 15mg noct. To review in 1 week. UDS obtained. Agnes feeling confused as she had attended a organisation, called The second chance Project. The project has advised Agnes, to discontinue Disulfiram and her anti-depressant. Advised Agnes that concerns are that she remain abstinent, and that her mood remains at a appropriate level.	
23.1.12.	Attended today for Supervision	J. Forrest Nurse.

Date & Time		Signature, Print Name & Designation
	cancel of her disulfiram. 7 days of disulfiram given as Agnes is going to Lanzarote on Thursday due back 2nd February	
3.3.12	Attended, returned from Lanzarote. Informed that last UDS, +ve for B20's. Admitted taking be a tablet to assist with sleep. Discussed danger of taking illicit drugs. UDS obtained.	
	Disulfiram administered as per Kardex.	J. Ark Nurse
5.3.12	Attended, disulfiram administered as per Kardex. UDS obtained, denied using illicit substances, however admitted taking slimming tablets. Agnes states her friend introduced her to tablets. - states that her friend stated	

CLINICAL NOTES - NURSING

Agnes McLaughlin

Date & Time		Signature, Print Name & Designation
5.3.12 (Contd)	That the tablets may show up in a drug screen.	
	Agnes asked to provide the name of the tablets.	J. Furr Nurse
5.3.12	T/c received from Agnes states	
7.3.12	Discussed Agnes - using slimming tabs - sibutramine. Medical advice, to advise Agnes of risks around using these tablets.	
	Referral to be made to dietitian.	J. Furr Nurse
9/3/12	Referral sent to dietitian.	J. Furr Nurse
4/4/12	T/c from Agnes stated she was today as she had attended a child protection meeting. stated she is now to get more access to her boys. Access increased to twice weekly.	

Date & Time		Signature, Print Name & Designation
	Advised she is happy with the outcome and she will return to the clinic tomorrow for Antabuse medication.	none [Signature]
20.4.12	Attended, disulfiram administered as per Kardex. Appears well.	[Signature] J. Full Nurse
23.4.12	DIETMAN. Spoke to Agnes. She reports eating poorly at home - mostly sandwiches at evening meal only and at AA meetings in evening. Given dietary advice with a leaflet re same. Improve fruit and vegetables as she takes nothing in this food group at all.	KAMILLIAN [Signature]
30.4.11	Attended, appointment. Appears well. Disulfiram administered as per Kardex.	J. Anesh Nurse
18.5.12	Attended, appeared in good order, Disulfiram administered as per Kardex.	

CLINICAL NOTES - NURSING

Agnes McLaughlin

Date & Time		Signature, Print Name & Designation
11.6.12	Attended, appeared well.	
	Disulfiram administered as per Kardex.	
	Agnes discussed concerns over her, having inappropriate feelings for her AA sponsor.	
	Agnes states that she has discussed these feelings with her sponsor, she has organised counselling at the Wynd, to assist with this problem.	
	Advice and re-assurance given.	J. Ferrell Nurse.
9.10.12	Attended appears well.	
	Disulfiram administered as per Kardex.	
	Agnes considering undertaking a college course.	J. Ferrell Nurse.
13.11.12	Attended, Agnes informed staff that she has had to arrange her ex-partners	

Date & Time		Signature, Print Name & Designation
contd.	funeral. Agnes is attending the service tomorrow with her son's.	
	Agnes continues to remain error & sober sober on Disulfiram treatment, and attends twice weekly. Presently Agnes attends AA regularly, for support.	J. Farnell Nurse.
19.11.12	Attended, continues to appear well. Disulfiram supervised as per treatment plan.	J. Farnell Nurse.
30.11.12	Attended today antabuse supervised	
14.12	Agnes attends a group in Paisley on Monday morning's and have agreed with Agnes to come into RCA and get her antabuse supervised. Appears well at present time	Support Worker M Buchanan
9.1.13	Attended, appears well. Disulfiram administered as per Kardex. Alcohol star completed	J. Farnell Nurse.
23.1.13	Attended, appeared in good	

CLINICAL NOTES - NURSING

Date & Time		Signature, Print Name & Designation
contd	order.	
	Administered Disulfiram as per Kardex.	
	Agnes provided with 60mg of Disulfiram, for her friend [REDACTED] to administer on Friday 25.2.13 while in Lanzarote on holiday.	
	Next appt Thurs 31.2.13.	J. Fares Nurse
8.3.13	Telephoned Agnes has not attended for 1 week.	
	States that she has been doing well, has been attending RCA for supervision as this has been easier for her.	
	To discuss with Agnes her going to RCA permanently for supervision of disulfiram.	J. Fares Nurse
13.3.13	Attended - reports doing well. Disulfiram supervised as per Kardex.	
	Agnes has requested to go to RCA for supervision of her treatment.	
	Contract completed for RCA, to attend Tuesdays and Thursdays.	
	Will continue as a out patient at APC.	
	Discharged from day service letter sent to GP.	J. Fares Nurse

Antabuse Consent Form

I understand that I am alcohol dependent

I understand that antabuse is an alcohol deterrent and is used in the treatment of alcohol dependence. It helps achieve abstinence.

I have read the patient information leaflet and understand that even small amounts of alcohol in combination with antabuse can cause a reaction that is unpredictable. It can be severe and cause collapse. This effect lasts 7 days after the antabuse has been stopped.

I have been informed that certain food, liquid medicines and toiletries can contain sufficient alcohol to cause a reaction.

I understand that certain drugs should be avoided whilst on antabuse and will discuss any new medication with my GP or clinic staff first.

I understand that my antabuse will be supervised by APC I am aware that I will be responsible for taking my antabuse at the specified time.

I agree to attend appointments as directed and to be breathalysed or provide blood samples as requested.

I understand that antabuse should be used in caution in people with Heart Problems.
I have discussed the risks with my doctor.

Date:

Signed: X

Witness:

9/9/11

A. McLaughlan
[Signature]

N.H.S.GREATER GLASGOW & CLYDE
ALCOHOL PROBLEMS CLINIC

Care Pathway

OTHER SERVICES:

Physiotherapy

Social Work

Occupational Therapy

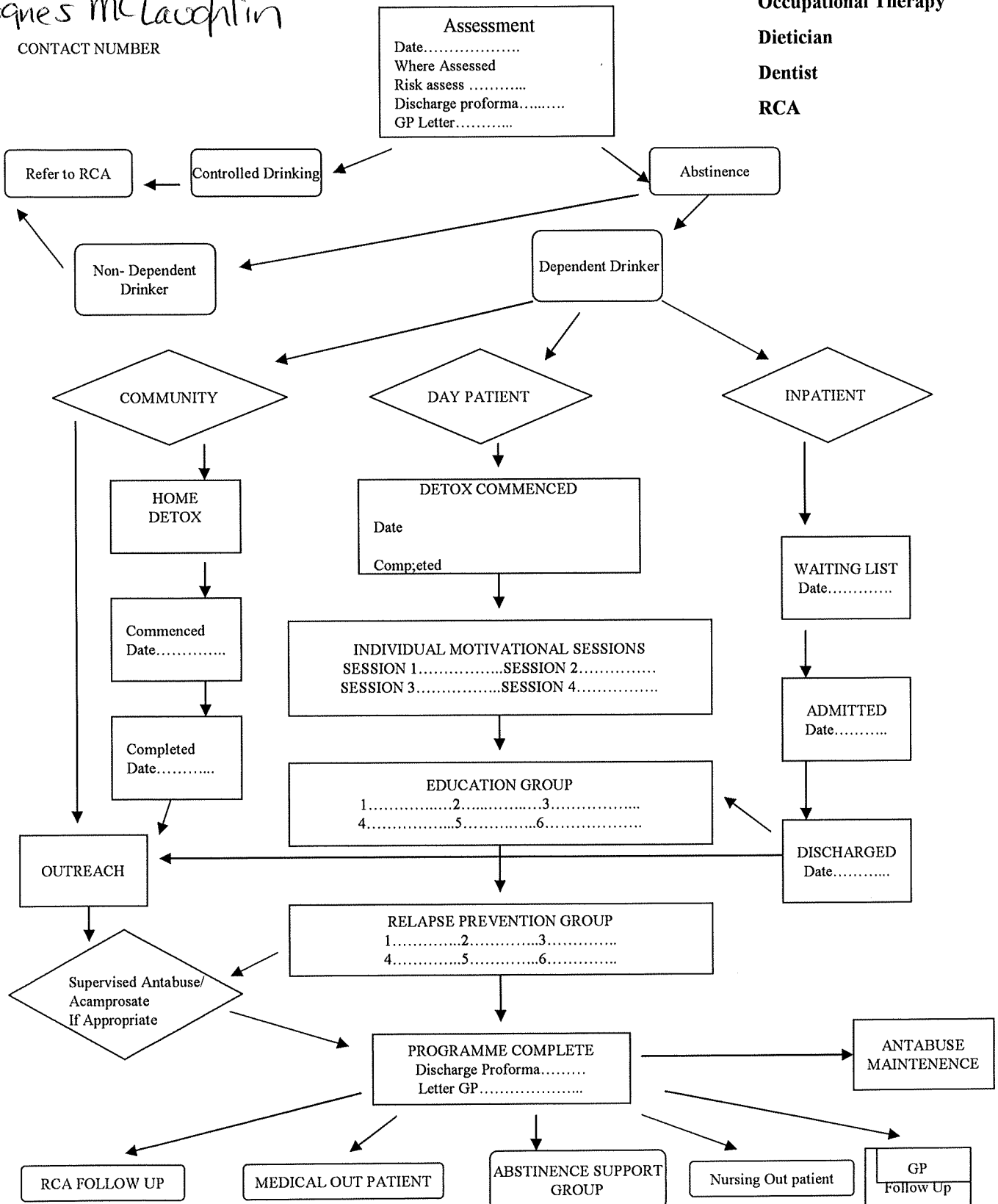
Dietician

Dentist

RCA

NAME
Aqnes McLaughlin

CONTACT NUMBER



Fax

To: Dr Milligan **From:** APC -314-4106
Fax: 0141 840 8251 **Pages:** 2
Phone: **Date:** 1/7/11
Re: **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Can you supply as instructed to
A McLaughlin DOB 9/11/70.

Regards
Trish Curran
Senior Nurse

C9ay

NHS

**Greater Glasgow
and Clyde**

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: /IP

Date:

1/7/11

Alcohol Problems Clinic
Direct - 0141 314 4106
Fax No. 0141 314 4085
Appointments only - 0141 314 4435

PRIVATE & CONFIDENTIAL

Dear Dr. Milligan

Re: Agnes McLaughlan (9/11/10)

I saw your patient at the out-patient clinic on

I would be grateful if you could prescribe the following medication:

Acamprosate 666mg po tab - continuous.

A letter containing further details will follow.

Yours sincerely,

Dr. C. Govender



Delivering better health

www.nhsggc.org.uk

DOCUMENT2

Antabuse . Mon - 600mg
Fri - 800mg

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Alcohol Problems Clinic

Date: 14.03.13.

Direct - 0141 314 4106
Appointments only - 0141 314 4435
Fax no. 0141 314 4085

RCA Trust
Miren House
Paisley

PRIVATE & CONFIDENTIAL

Dear RCA Trust

Supervision of an individuals Disulfiram medication.

Following discussion with staff at the APC, it has been decided that supervision of Disulfiram (Antabuse) medication, will be overseen by RCA Trust.

I am aware that if I fail to attend on a regular basis, the prescription for Antabuse will be discontinued.

Clients Name

Agnes McLaughlin

Clients Signature

A. McLaughlin

Staff Signature

J. Furler

Date

14.03.13.

NHS GREATER GLASGOW & CLYDE
ALCOHOL SERVICES

CARE PLAN / CLINICAL REVIEW SHEET

NAME: Agnes McLaughlin Chi. 9.11.70
WORKER: Jane GP:
ADDRESS:

Review Date: 7.3.12

Reviewed By: MDT

History / Progress / Significant Changes

- Agnes on disulfiram treatment
- Purchased slimming tablets - private prescription
- ~~the~~ Tablets are Diethylpropion (Sibutramine)
- @ Reductil
- Requested advice as to whether safe or not.

Short Term Goals / New Care Plan

ACTIONS	RESPONSIBLE PERSON	COMPLETE DATE
Advise Agnes as to the risks. Dietician referral	Jane.	

CHRONOLOGICAL ACCOUNT OF CARE

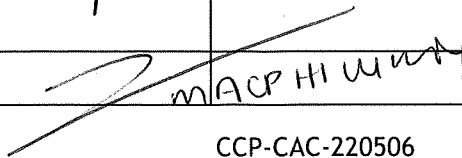
PIMS No/CHI No:	LABEL	WARD:	RIAT
NAME:	Agnes McLaughlan		
ADDRESS:			
POST CODE:			
DOB & GENDER:			

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
05/6/11	Arrived early for appointment. Friendly manner. Describes feeling anger about being custody of her children. Anger directed towards social work however she states that she doesn't express her anger to them rather she bottles it up & then becomes fearful. Feels depressed due to those issues. Denies any self-harm or suicidal intent. Has a sponsor at AA who helps support her in relation to mood & relapse. Agnes seemed to have difficulty discussing mental states & although describing depressed mood she appeared emotionally detached. She described her relationship with ex partner [REDACTED] & her sons. Met [REDACTED] when she was 22 years & he 4 yrs. Both drank heavily throughout relationship. [REDACTED] violent towards her & verbally abusive. Together they had 3 children; [REDACTED] (10 yrs), [REDACTED] (8 yrs) &	

[illegible]

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	LABEL	WARD:	
NAME:	Agnes McLaughlan		
ADDRESS:			
POST CODE:			
DOB & GENDER:			

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
11/5/11	Note recent events - admitted OD clazepam 4/4. Drink lager on top of antabuse. States no alcohol for 6 weeks. Staying with sister. Attending AA meetings. Had been staying with ex-partner - now thrown him out. Realises he was a bad influence - drinking, causing trouble. States drinking was a reaction to news about her 3 boys. access to each one every 3 months says 'devastated'. Feels very down. poor sleep, poor appetite. wonders about going back on citalopram.	
	Note multiple previous relapses. Keen to go back on antabuse - will discuss at r/v.	
	Plan - re-commence Citalopram discuss at r/v.	
		 Macpherson

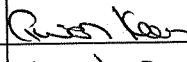
DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
10/06/11	Arrived on time. Outlined purpose of today to gain some details re her developmental history. Born Paisley to [REDACTED] [REDACTED]. Father died of gangrene when Agnes 1 year old. Following this mother left Agnes & siblings alone in house. Taken into care & siblings separated. In 1st care home sexually assaulted (raped) by 2 strangers. Believes that as a result of this she was moved to a second care home & the alleged assault was "brushed under carpet". That she wasn't believed. Moved to care home in Houston. Describes it as "strict". There 5 years. Has had some time with foster parents but never settled - didn't feel 'comfortable'. Most settled in 'Beach Ave' care home - stayed till 18yrs. At 18yrs using glue & at 15 years went to rehab to come off but drinking started. Since 15 problematic alcohol use. No job. At 28 met [REDACTED] - very abusive & drink as beatings less painful when drunk. Had some contact with mother - has 3 sons & 1 in care. Does not get on with mother - anger over childhood. All siblings have alcohol problems as do aunts & uncles. Many alcohol	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	related deaths.	
	As adult frequent trauma due to domestic abuse & also incident with sister's partner where he tried to stab Agnes.	
	Agnes describes past events with flat affect & appears emotionally detached from event in her life. I do not believe it would be helpful to work with Agnes on such issues & she does not want this. Focus on relapse prevention. Keen to remain Aconprosat	
2/10/11		
2/6/11	Began outlining formulation of alcohol prob development. Examined 3 ways of learning; modelling, classical & operant conditioning. Agnes described how nearly all of her family have alcohol probs & she believes this is a genetic component. When discussing classical conditioning we outlined both internal & external triggers as well as making distinctions between automatically or cravings but not choosing to drink - eg	
	Cue - low mood → automatic response - craving → choose alcohol	
	Emphasises that alcohol not automatic	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
	Explored various cues / triggers	
	Internal - feeling low	
	can't cope	
	External - Fulton home	
	Pass local pub	
	Went on to discuss alternative	
	copy. Gave some questions &	
	handouts.	
01/07/11	Arrived on time. Has completed homework tasks. No alcohol. Continues to attend several AA classes. Recapitulated last week & continued 'coping with cravings' work. Agnes discussed with her Acanproset again. Phoned GP & they need authorisation from APC. APC will fax this to GP. Agnes also outlined many supports - Christine, Sponsor, friends in AA, Care home works daughter. - Activities she can engage in - painting, decorating, gardening, cycling, walking, AA group, dog walking. - Highlighted highrisk situation - Agnes had difficulty thinking of any as she derives any cravings. We listed what they might be & coping skills. Gave handouts.	
		Gavin Kerr
		Clare Bell

CHRONOLOGICAL ACCOUNT OF CARE

PIMS No/CHI No:	LABEL	WARD:
NAME:	Agnes McLaughlin	
ADDRESS:		
POST CODE:		
DOB & GENDER:		

DATE & TIME	THE CHRONOLOGICAL ACCOUNT OF CARE IS A COMPLETE RECORD OF THE PATIENT'S JOURNEY FROM ADMISSION TO DISCHARGE. IT WILL ENCOMPASS ADMISSION STATEMENTS/DETAILS, EVALUATIONS, UPDATES, REVIEWS, MULTIDISCIPLINARY DECISIONS AND RECORDINGS OUT-WITH FORMAL MDT. EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS. EG CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT. IT IS THE DUTY OF ALL REGISTERED NURSES TO REFER BACK TO THE INTERVENTIONS FOR EVALUATION PURPOSES.	SIGNATURE, PRINT NAME & DESIGNATION
6/7/11	Telephone call - looking for Accommodation Phone GP & rx waiting for her Advised Agnes.	 Rachel Ryan Clinical Psychologist
6/7/11	Arrived on time. Today we discussed "Seemingly Irrelevant Decisions" Although understood this, some difficulty relating to self as feels she has always purposefully drunk. Discussed how it could look in future. Eg crave → decide to go for a walk past previous drinky haunt → decide to go in to see old friends → order a drink to see if okay → lapse. Also checked in on motivation - remains good - frequent AA attender, wants more contact with boys. Discussed motivation if she doesn't get contact. Agnes reports that she needs to stay sober as her boys will still need her at some point even if contact not ↑ Also doing to be doing	

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. <u>CARE PLAN REVIEW</u> , <u>EVALUATION</u> , <u>ONE TO ONE CONTACT</u> .	SIGNATURE, PRINT NAME & DESIGNATION
	this for self. Looked at problem solving - feels she hasn't any other than contact with boys. Reinstated prob solving model - identify, specify, brainstorm → pros & cons of each. Related to contact. Given worksheet re this as homework. As mood, anx fine will continue 2/3 more sessions doing bits of 'Tidy control' program to discharge	
12/8/11	Attended on time. Continues to maintain abstinence. Still supports sister who has recently been discharged from hospital for alcohol related problem. Feels well; sees boys regularly & giving for ↑ access. Discussed prob solv work from last week & Agnes has carried out tasks as suggested; contacted lawyer, sw & foster carers & has had positive outcomes. Some negative comments about sw which gently challenged - outlined how they have supported her. Today focus on assertiveness skills. Identified Agnes as being a "passive" person. Discussed why this might be - never had sense of control in life, experience of domestic	Gavin Keen Clinical Psychologist

PIMS No/CHI No:	LABEL	WARD:	
NAME:	Agnes McLaughlin		
ADDRESS:			
POST CODE:			
DOB & GENDER:			

[illegible]

GLASGOW ADDICTION SERVICES
INVENTORY OF DRUG TAKING SITUATIONS

ALCOHOL

NAME Agnes McLoughlin DOB 1.17.11

Listed below are a number of situations or events in which some people drink heavily. Read each item carefully, and answer in terms of your own drinking **over the past year**.

If you "NEVER" drank heavily in that situation, circle "1"

If you "RARELY" drank heavily in that situation, circle "2"

If you "FREQUENTLY" drank heavily in that situation, circle "3"

If you "ALMOST ALWAYS" drank heavily in that situation, circle "4"

I DRANK HEAVILY

	Never	Rarely	Frequently	Almost always
1. When I was depressed about things in general	1	2	3	4
2. When I felt shaky, sick or nauseous	1	2	3	4
3. When I was happy	1	2	3	4
4. When I felt there was nowhere left to run	1	2	3	4
5. When I wanted to see whether I could drink in moderation	1	2	3	4
6. When I was in a place where I had used or bought alcohol before	1	2	3	4
7. When I felt tense or uneasy in the presence of someone	1	2	3	4
8. When I was invited to someone's home and felt awkward about refusing when they offered me a drink	1	2	3	4
9. When I met some old friends and we wanted to have a good time	1	2	3	4
10. When I was unable to express my feelings to someone	1	2	3	4
11. When I had let myself down	1	2	3	4
12. When I had trouble sleeping	1	2	3	4

		Never	Rarely	Frequently	Almost always
13.	When I felt confident and relaxed	1	2	3	4
14.	When I was bored	1	2	3	4
15.	When I wanted to prove to myself that alcohol was not a problem for me	1	2	3	4
16.	When I unrepentantly found some booze or happened to see something that reminded me of drinking	1	2	3	4
17.	When other people rejected me or didn't seem to like me	1	2	3	4
18.	When I was out with friends and they kept suggesting that we go somewhere for a drink	1	2	3	4
19.	When I was with an intimate friend and we wanted to feel even closer	1	2	3	4
20.	When other people treated me unfairly or interfered with my plans	1	2	3	4
21.	When I was lonely	1	2	3	4
22.	When I wanted to stay awake, be more alert, or be more energetic	1	2	3	4
23.	When I felt excited about something	1	2	3	4
24.	When I felt anxious or tense about something	1	2	3	4
25.	When I wanted to find out whether I could take a drink without getting hooked	1	2	3	4
26.	When I had been using drugs and thought about drinking	1	2	3	4
27.	When I felt that my family was putting a lot of pressure on me or that I couldn't measure up to their expectations	1	2	3	4
28.	When others in the same room were drinking and I felt they expected me to join in	1	2	3	4
29.	When I was with friends and wanted to increase my enjoyment	1	2	3	4

(in relation to own child)

		Never	Rarely	Frequently	Almost always
30.	When I was not getting along with others at school or work	1	2	3	4
31.	When I started to feel guilty about something	1	2	3	4
32.	When I wanted to lose weight	1	2	3	4
33.	When I was feeling content with my life	1	2	3	4
34.	When I felt overwhelmed and wanted to escape	1	2	3	4
35.	When I wanted to test out whether I could be with friends who drink without drinking	1	2	3	4
36.	When I heard someone talking about their past drinking experiences	1	2	3	4
37.	When there were fights at home	1	2	3	4
38.	When I was pressured to drink and felt that I couldn't refuse	1	2	3	4
39.	When I wanted to celebrate with a friend	1	2	3	4
40.	When someone was dissatisfied with my work or I felt pressured at school or at my job	1	2	3	4 (in relation to party)
41.	When I was angry at the way things had turned out	1	2	3	4
42.	When I had a headache or was in physical pain	1	2	3	4
43.	When I remembered something good that had happened	1	2	3	4
44.	When I felt confused about what I should do	1	2	3	4
45.	When I wanted to test out whether I could be in places where people were drinking without having a drink	1	2	3	4
46.	When I began to think how good having a few drinks or becoming intoxicated had felt	1	2	3	4

Never Rarely Frequently Almost
always

47. When I felt that I needed courage to face up
to someone

1

2

3

4

- Full on

48. When I was with a group of people and
everyone was drinking

1

2

3

4

49. When I was having a good time and
to increase my sexual enjoyment

1

2

3

4

50. When I felt that someone was trying to
control me and I wanted to feel more
independent

1

2

3

4

READINESS TO CHANGE QUESTIONNAIRE

Name.. Agnes McLoughlin

Date.. 1/7/11

The following questionnaire is designed to identify how you personally feel about your drinking right now. Please read each of the questions below carefully and then decide whether you agree or disagree with the statements. Please tick the answer of your choice to each question. Your answers are completely private and confidential.

		Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree	For Official Use only
1	I don't think I drink too much.	✓					PC
2	I enjoy my drinking but sometimes I drink too much.					✓	C
3	I am trying to drink less than I used to.					✓	A
4	It's a waste of time thinking about my drinking.	✓					PC
5	Sometimes I think I should cut down on my drinking.					✓	C
6	I have just recently changed my drinking habits.					✓	A
7	There is no need for me to think about changing my drinking.	✓					PC
8	I am at the stage where I should think about drinking less alcohol.					✓	C
9	Anyone can talk about wanting to do something about drinking, but I am actually doing something about it.					✓	A
10	Drinking less alcohol would be pointless for me.			✓			PC
11	My drinking is a problem sometimes.					✓	C
12	I am actually changing my drinking habits right now.					✓	A

13	There is nothing I really need to change about my drinking.	✓					PC
14	Sometimes I wonder if my drinking is out of control.					✓	C
15	I am actively working on my drinking problem					✓	A

FOR OFFICIAL USE ONLY

Please enter the subject's scores below:

Scale Scores

PC Score _____

C Score _____

A Score _____

PIMS No/CHI No:	LABEL	WARD:	
NAME:			
ADDRESS:			
POST CODE:			
DOB & GENDER:			

D805751

DATE & TIME	EACH ENTRY MUST BE TITLED WITH A HEADING OF THE RECORDINGS EG. CARE PLAN REVIEW, EVALUATION, ONE TO ONE CONTACT.	SIGNATURE, PRINT NAME & DESIGNATION
10/4/13	DNA. On antabuse supervised by RCA. Attending AA. Telephoned RCA. Attending there. No concerns Plan - re-appoint.	
		MACPITWING
17/4/13	Sober on antabuse (supervised RCA) enjoying AA. mood ok on Miltazapine 45mg. physical health fine. now sober almost 2 years - encouraged keep going.	
	Plan - bloods taken ECG R/V 3 months	MACPITWING
10/7/13	Doing well. Remains sober. Antabuse RCA. continued to attend AA. Partner died last Nov. (Hx violence) Sister dying with alcoholic liver disease - doesn't want to stop. Stressful for Agnes. 3 boys in foster care. (age 12, 10 + 7) Continues on Miltazapine. Generally coping ok. bloods + ECG fine.	

CLINICAL NOTES - NURSING

Agnes

McLaughlin

Date & Time		Signature, Print Name & Designation
	R/V 6 months	
19/12/13	Doing ok sober on antabuse (RCA) mood - a bit down sleeping well. not eating so well - note previous ↓ folate - says never had replacement. sister still unwell - ascites - been in hospital - bit stressed. on mirtazapine 45mg. Plan - blood to-day R/V 6m	
5/6/14	Sober on antabuse. Supervised RCA. Now sober 3 years. No thoughts of going back to it. sleeping well. Eating ok. feeling stressed re sister - still drinking ++ knows she will die soon. Mood ok on mirtazapine 45mg - finds it helpful. Had 1 month of folic acid.	

Date & Time		Signature, Print Name & Designation
	still a bit tired.	
	Plan - c/t bloods to - day ECG.	
		<i>[Signature]</i> MACPITNEY
20/11/14	 6/11.	
	Remains sober on antabuse. Main problem is sister - unwell with ALD - continues to drink. stressed about her, mood low	
	bloods OK. ECG fine.	
	Plan - monitor add Sertaline 50mg R/V 3m.	
		<i>[Signature]</i> MACPITNEY
12/3/15	Feeling very low - appeal didn't go through Kids remaining in long term foster care - Still has access x 2 months  months	
	RCA antabuse. Sober. Sister unwell + c/t drink. Physical health fine.	
	↑ Sertaline to 100mg. R/V 4m	<i>[Signature]</i> MACPITNEY

CLINICAL NOTES - NURSING

Agnes
McLaughlin

Date & Time	Signature, Print Name & Designation
25/6/15	Sister unwell in RAH. drinking ++
	DVT. stressed about her.
	at Lloyds high st. not happy - feels
	don't treat you well.
	wishing to change to Abbey Gauge St.
	mood ok.
	physical health fine.
	Plan - R/V 4m
	arrange change of chemist.
29/10/15	Sober on antabuse -
	wanting to stop antabuse as unable to
	go to Airbroath to spend time with her
	partner. Having to stay to get
	antabuse from chemist and can't get
	take-away.
	- could get partner [redacted] to
	supervise.
	- will bring her here to meet with
	nurses.
	mood fine on settlement.
	physical health fine.
	Sister unwell.
	Plan - R/V 3m.
	broods ECG.

Date & Time		Signature, Print Name & Designation
21/1/16	Sister died. - finding it difficult.	
	good support from partner	
	Contact with the boys.	
	Sober on antabuse.	
	not sleeping well - finding not enjoying	
	things - can't stop thinking about	
	her sister.	
	Physical health fine.	
	Plan - Zopiclone 1 wk.	
	↑ Sertraline 150mg.	
	R/V 3m	

CLYDE HOSPITALS HAEMATOLOGY REPORT

Surname: **MCLAUGHLAN**
 Forename: **AGNES**
 DOB/Age: **09.11.70** Sex: **Female**
 CHI/Unit No: **0911703241**
 Address: **FLAT 3/1**
 Details:

Location: **Alcohol Problem Unit
 Dykebar Hospital
 Grahamston Rd Paisley
 Greater Glasgow & Clyde**
 Requestor: **Dr Audrey Hillman**
 Ext Labno:

[[CURRENT]]

Lab Number	B,16.7352991.C	B,15.8383257.J	B,15.8061521.H
Date/Time collected	14.04.16 10:00	29.10.15 10:00	06.01.15 10:46
Date/Time received	14.04.16 15:12	29.10.15 15:15	06.01.15 14:48

WBC	x10 ⁹ /l (4.0-11.0)	7.3	8.4	5.8
RBC	x10 ¹² /l (3.80-5.80)	4.42	4.46	4.79
Haemoglobin	g/l (115-165)	142	140	147
Haematocrit	l/l (0.370-0.470)	0.411	0.422	0.432
MCV	fl (80.0-100.0)	93.0	94.6	90.2
MCH	pg (27.0-32.0)	32.1	31.4	30.7
Platelet Count	x10 ⁹ /l (150-400)	253	212	200
Neutrophils	x10 ⁹ /l (2.0-7.5)	4.8	4.9	3.3
Lymphocytes	x10 ⁹ /l (1.5-4.0)	1.7	2.7	1.6
Monocytes	x10 ⁹ /l (0.2-0.8)	0.6	0.6	0.6
Eosinophils	x10 ⁹ /l (0.0-0.4)	0.2	0.2	0.2
Basophils	x10 ⁹ /l (0.0-0.1)	0.0	0.1	0.0
Nucleated RBC	x10 ⁹ /L	0.0	0.0	0.0
Myelocytes	x10 ⁹ /L			
Blasts	x10 ⁹ /L			
Others	x10 ⁹ /L			
ESR	mm/hr (1-12)	12		
Retics	x10 ⁹ /L (10-90)			

Glan Fever Scr
 Blood Film

Result Comments:

No action
Flc
BW - 19/4/16

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname: MCLAUGHLAN
Forename: AGNES
DOB/Age: 09.11.70 Sex: Female
CHI/Unit No: 0911703241
Address: FLAT 3/1
Details:

Location: Alcohol Problem Unit
Dykebar Hospital
Grahamston Rd Paisley
Greater Glasgow & Clyde
Requestor: Dr Audrey Hillman
Ext Labno:

Lab No: B,16.7352989
Collected: 14.04.16 10:00
Authorised: 14.04.16

Received: 14.04.16 15:12
Authoriser:

B12

Serum Vitamin B12 405 ng/l (200-900)

SF

Serum Folate 2.8 ug/l (3.1-20.0)

FER

Serum Ferritin 51 ug/l (15-200)

*For Folic acid
5mg od. please
BNS - 14/4/16*

Comments:

FER: Males 20-300 (<20 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

CLYDE HOSPITALS HAEMATOLOGY REPORT

Surname: **MCLAUGHLAN**
 Forename: **AGNES**
 DOB/Age: **09.11.70** Sex: **Female**
 CHI/Unit No: **0911703241**
 Address: **FLAT 3/1**
 Details:

Location: **Alcohol Problem Unit
 Dykebar Hospital
 Grahamston Rd Paisley
 Greater Glasgow & Clyde**
 Requestor: **Dr Audrey Hillman**
 Ext Labno:

[[CURRENT]]

Lab Number	B,15.8383257.J	B,15.8061521.H	B,14.8383983.F
Date/Time collected	29.10.15 10:00	06.01.15 10:46	14.10.14 10:43
Date/Time received	29.10.15 15:15	06.01.15 14:48	14.10.14 15:04

		8.4	5.8	8.5
WBC	x10 ⁹ /l (4.0-11.0)			
RBC	x10 ¹² /l (3.80-5.80)	4.46	4.79	4.69
Haemoglobin	g/l (115-165)	140	147	149
Haematocrit	l/l (0.370-0.470)	0.422	0.432	0.439
MCV	fl (80.0-100.0)	94.6	90.2	93.6
MCH	pg (27.0-32.0)	31.4	30.7	31.8
Platelet Count	x10 ⁹ /l (150-400)	212	200	265
Neutrophils	x10 ⁹ /l (2.0-7.5)	4.9	3.3	5.3
Lymphocytes	x10 ⁹ /l (1.5-4.0)	2.7	1.6	2.4
Monocytes	x10 ⁹ /l (0.2-0.8)	0.6	0.6	0.6
Eosinophils	x10 ⁹ /l (0.0-0.4)	0.2	0.2	0.2
Basophils	x10 ⁹ /l (0.0-0.1)	0.1	0.0	0.0
Nucleated RBC	x10 ⁹ /L	0.0	0.0	0.0
Myelocytes	x10 ⁹ /L			
Blasts	x10 ⁹ /L			
Others	x10 ⁹ /L			
ESR	mm/hr (1-12)			
Retics	x10 ⁹ /L (10-90)			

Handwritten: 31/11/15

Glan Fever Scr
 Blood Film

Result Comments:

Handwritten: 018.

[RAH]

C L Y D E H O S P I T A L S
H A E M A T O L O G Y R E P O R T

Name: **MCLAUGHLAN AGNES**

CHI/Unit No: **0911703241**

DOB/Age: **09.11.70**

Sex: **Female**

Address: **36 MCKERRELL STREET**

Current Location: **Alcohol Prob Unit Dykebar**

Requestor: **Dr Audrey Hillman**

Admission diagnosis: **ON ANT ABUSE**

Clinical details:

Lab No: **B,14.7195898**

Collected: **05.06.14 18:04**

Received: **05.06.14 18:04**

Authorized: **05.06.14**

Authorizer:

018

B12

Serum Vitamin B12

440

ng/l

(200-900)

SF

Serum Folate

4.1

ug/l

(3.1-20.0)

FER

Serum Ferritin

86

ug/l

(10-275)

Comments:

Q.

[RAH]

C L Y D E H O S P I T A L S
H A E M A T O L O G Y R E P O R T

Surname: **MCLAUGHLAN**
Forename: **AGNES**
DOB/Age: **09.11.70**
Address: **36 MCKERRELL STREET**
Location: **Alcohol Prob Unit Dykebar**
Diagnosis: **ON ANT ABUSE**

CHI/Unit No: **0911703241**

Sex: **Female**

Requestor: **Dr Audrey Hillman**

[[CURRENT]]

Lab Number	B,14.8109708.G	B,13.8470748.G
Date/Time collected	05.06.14 18:04	19.12.13
Date/Time received	05.06.14 18:04	19.12.13 16:15

Haemoglobin	g/L (115-165)	148	148
WBC	$\times 10^9/L$ (4.0-11.0)	7.4	10.4
Platelet Cnt	$\times 10^9/L$ (150-400)	227	226
RBC	$\times 10^{12}/L$ (3.80-5.80)	4.70	4.62
Haematocrit	R (0.370-0.470)	0.432	0.433
MCV	fL (80.0-100.0)	91.9	93.7
MCH	pg (27.0-32.0)	31.5	32.0
Neutrophils	$\times 10^9/L$ (2.0-7.5)	4.4	7.7
Lymphocytes	$\times 10^9/L$ (1.5-4.0)	2.1	1.9
Monocytes	$\times 10^9/L$ (0.2-0.8)	0.6	0.6
Eosinophils	$\times 10^9/L$ (0.0-0.4)	0.2	0.2
Basophils	$\times 10^9/L$ (0.0-0.1)	0.0	0.0
Myelocytes	$\times 10^9/L$		
Blasts	$\times 10^9/L$		
Others	$\times 10^9/L$		
Nucleated RBC	$\times 10^9/L$	0.0	0.0
ESR	mm/hr (1-12)		
Retics	$\times 10^9/L$ (10-90)		
Glandular Fever Scr			
Blood Film			

Result Comments:

Date reported: **06.06.14**

Authoriser:

Run No: **518**

[RAH]

CLYDE HOSPITALS
HAEMATOLOGY REPORT

Surname: **MCLAUGHLAN**
Forename: **AGNES**
DOB/Age: **09.11.70**
Address: **36 MCKERRELL STREET**
Location: **Alcohol Prob Unit Dykebar**
Diagnosis:

CHI/Unit No: **0911703241**

Sex: **Female**

Requestor: **Dr Audrey Hillman**

[[CURRENT]]

Lab Number **B,13.8470748.G**
Date/Time collected **19.12.13**
Date/Time received **19.12.13 16:15**

Haemoglobin	g/L	(115-165)	148
WBC	$\times 10^9/L$	(4.0-11.0)	10.4
Platelet Cnt	$\times 10^9/L$	(150-400)	226
RBC	$\times 10^{12}/L$	(3.80-5.80)	4.62
Haematocrit	R	(0.370-0.470)	0.433
MCV	fL	(80.0-100.0)	93.7
MCH	pg	(27.0-32.0)	32.0
Neutrophils	$\times 10^9/L$	(2.0-7.5)	+ 7.7
Lymphocytes	$\times 10^9/L$	(1.5-4.0)	1.9
Monocytes	$\times 10^9/L$	(0.2-0.8)	0.6
Eosinophils	$\times 10^9/L$	(0.0-0.4)	0.2
Basophils	$\times 10^9/L$	(0.0-0.1)	0.0
Myelocytes	$\times 10^9/L$		
Blasts	$\times 10^9/L$		
Others	$\times 10^9/L$		
Nucleated RBC	$\times 10^9/L$		0.0
ESR	mm/hr	(1-12)	
Retics	$\times 10^9/L$	(10-90)	
Glandular Fever Scr			
Blood Film			



Result Comments:

CLYDE HOSPITALS BIOCHEMISTRY REPORT

Surname: **MCLAUGHLAN**
 Forename: **AGNES**
 DOB/Age: **09.11.70** Sex: **Female**
 CHI/Unit No: **0911703241**
 Address: **FLAT 3/1**
 Details:

Location: **Alcohol Problem Unit**
Dykebar Hospital
Grahamston Rd Paisley
Greater Glasgow & Clyde
 Requestor: **Dr Audrey Hillman**
 Ext Labno:

[[CURRENT]]				
Lab Number		B,16.7352989.J	B,15.7253100.Z	B,15.7098684.N
Date/Time collected		14.04.16 10:00	29.10.15 10:00	06.01.15 10:46
Date/Time received		14.04.16 15:12	29.10.15 15:15	06.01.15 14:48
Sodium	mmol/L (133-146)	139	142	141
Potassium	mmol/L (3.5-5.3)	4.3	4.2	4.0
Chloride	mmol/L (95-108)	108	106	*110
Bicarbonate	mmol/L (22-29)			
Urea	mmol/L (2.5-7.8)	4.5	5.7	3.4
Creatinine	umol/L (40-130)	60	66	61
GFR (est'd)	ml/min (>60)	>60	>60	>60
CRP	mg/L (0-10)	4		
Magnesium	mmol/L (0.70-1.00)			
Calcium	mmol/L (2.20-2.60)			
Adj Calcium	mmol/L (2.20-2.60)			
Phosphate	mmol/L (0.80-1.50)			
Albumin	g/L (35-50)	38	39	37
Alk Phos	U/L (30-130)	100	120	122
Tot Bilirubin	umol/L (<20)	4	<3	4
Conj Bilirubin	umol/L			
AST	U/L (<40)	19	11	28
gGT	U/L (<40)	22	18	
ALT	U/L (<50)	20	10	35
Amylase	U/L (<100)			
CK	U/L (25-200)			
Total Protein	g/L (60-80)			
Globulins	g/L (23-38)			
Urate	umol/L (140-360)			
Cholesterol	mmol/L			
Triglyceride	mmol/L (0.2-2.3)			
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				
TSH	mU/L (0.35-5.00)	0.48	1.43	
Free T4	pmol/L (9.0-21.0)	9.1	10.8	
Total T3	nmol/L (0.9-2.5)			

Result Comments:

14.04.16 LFTS : Alkaline Phosphatase results IFCC aligned from 03/08/15.

No action
FLC
BW-19/4/16

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: MCLAUGHLAN
Forename: AGNES
DOB/Age: 09.11.70 Sex: Female
CHI/Unit No: 0911703241
Address: FLAT 3/1
Details:

Location: Alcohol Problem Unit
Dykebar Hospital
Grahamston Rd Paisley
Greater Glasgow & Clyde
Requestor: Dr Audrey Hillman
Ext Labno:

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,16.7352990.A	14.04.16 10:00	14.04.16 15:12	5.3	
B,15.7611590.T	29.10.15 10:00	29.10.15 15:15	4.8	
B,14.7589915.Q	14.10.14 10:43	14.10.14 15:04	5.5	
B,14.7571675.F	05.06.14 18:04	05.06.14 18:04	4.9	
B,13.7646440.Q	19.12.13	19.12.13 16:15	5.2	

Result Comments:

No action
File
BW - 19/4/16

CLYDE HOSPITALS BIOCHEMISTRY REPORT

Surname: **MCLAUGHLAN**
 Forename: **AGNES**
 DOB/Age: **09.11.70** Sex: **Female**
 CHI/Unit No: **0911703241**
 Address: **FLAT 3/1**
 Details:

Location: **Alcohol Problem Unit**
Dykebar Hospital
Grahamston Rd Paisley
Greater Glasgow & Clyde
 Requestor: **Dr Audrey Hillman**
 Ext Labno:

[[CURRENT]]				
Lab Number		B,15.7253100.Z	B,15.7098684.N	B,14.7459188.J
Date/Time collected		29.10.15 10:00	06.01.15 10:46	14.10.14 10:43
Date/Time received		29.10.15 15:15	06.01.15 14:48	14.10.14 15:04
Sodium	mmol/L (133-146)	142	141	138
Potassium	mmol/L (3.5-5.3)	4.2	4.0	4.3
Chloride	mmol/L (95-108)	106	*110	106
Bicarbonate	mmol/L (22-29)			
Urea	mmol/L (2.5-7.8)	5.7	3.4	3.6
Creatinine	umol/L (40-130)	66	61	65
GFR (est'd)	ml/min (>60)	>60	>60	>60
CRP	mg/L (0-10)			
Magnesium	mmol/L (0.70-1.00)			
Calcium	mmol/L (2.20-2.60)			
Adj Calcium	mmol/L (2.20-2.60)			
Phosphate	mmol/L (0.80-1.50)			
Albumin	g/L (35-50)	39	37	36
Alk Phos	U/L (30-130)	120	122	113
Tot Bilirubin	umol/L (<20)	<3	4	6
Conj Bilirubin	umol/L			
AST	U/L (<40)	11	28	20
gGT	U/L (<40)	18		
ALT	U/L (<50)	10	35	26
Amylase	U/L (<100)			
CK	U/L (25-200)			
Total Protein	g/L (60-80)			
Globulins	g/L (23-38)			
Urate	mmol/L (0.14-0.36)			
Cholesterol	mmol/L			5.4
Triglyceride	mmol/L (0.2-2.3)			1.3
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				
TSH	mU/L (0.35-5.00)	1.43		1.90
Free T4	pmol/L (9.0-21.0)	10.8		10.9
Total T3	nmol/L (0.9-2.5)			

Result Comments:

29.10.15 LFTS : Alkaline Phosphatase results IFCC aligned from 03/08/15.

Handwritten signature
 31/11/15

Handwritten initials
 O/P

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: MCLAUGHLAN
Forename: AGNES
DOB/Age: 09.11.70 Sex: Female
CHI/Unit No: 0911703241
Address: FLAT 3/1
Details:

Location: Alcohol Problem Unit
Dykebar Hospital
Grahamston Rd Paisley
Greater Glasgow & Clyde
Requestor: Dr Audrey Hillman
Ext Labno:

Lab Number	Collected	Received	Glucose mmol/L (3.5-6.0)	HbA1c (IFCC) mmol/mol (20-42)
B,15.7611590.T	29.10.15 10:00	29.10.15 15:15	4.8	
B,14.7589915.Q	14.10.14 10:43	14.10.14 15:04	5.5	
B,14.7571675.F	05.06.14 18:04	05.06.14 18:04	4.9	
B,13.7646440.Q	19.12.13	19.12.13 16:15	5.2	

u.
3/11/15

Result Comments:

O/P

C L Y D E H O S P I T A L S
B I O C H E M I S T R Y R E P O R T

Surname: **MCLAUGHLAN**
 Forename: **AGNES**
 DOB/Age: **09.11.70**
 Address: **36 MCKERRELL STREET**
 Location: **Alcohol Prob Unit Dykebar**
 Diagnosis: **ON ANT ABUSE**

CHI/Unit No: **0911703241**Sex: **Female**Requestor: **Dr Audrey Hillman**

[[CURRENT]]

Lab Number	B,14.7195898.X	B,14.7571675.F	B,13.7490372.E	B,13.7646440.Q
Date/Time collected	05.06.14 18:04	05.06.14 18:04	19.12.13	19.12.13
Date/Time received	05.06.14 18:04	05.06.14 18:04	19.12.13 16:15	19.12.13 16:15

Sodium	mmol/L (133-146)	139		141
Potassium	mmol/L (3.5-5.3)	4.5		4.7
Chloride	mmol/L (95-108)	107		108
Bicarbonate	mmol/L (22-29)			
Urea	mmol/L (2.5-7.8)	5.7		4.3
Creatinine	umol/L (40-130)	65		61
GFR (est'd)	ml/min (>60)	>60		>60
Glucose	mmol/L (3.5-6.0)		4.9	5.2
CRP	mg/L (0-10)			
Magnesium	mmol/L (0.70-1.00)			
Calcium	mmol/L (2.20-2.60)			
Adj Calcium	mmol/L (2.20-2.60)			
Phosphate	mmol/L (0.80-1.50)			
Albumin	g/L (35-50)	37		38
Alk Phos	U/L (30-130)	+ 133		122
Tot Bilirubin	umol/L (<20)	4		4
Conj Bilirubin	umol/L			
AST	U/L (<40)	24		17
gGT	U/L (<40)	30		20
ALT	U/L (<50)	34		20
Amylase	U/L (<100)			
CK	U/L (25-200)			
Troponin I	ug/L (<0.04)			
Total Protein	g/L (60-80)			
Globulins	g/L (23-38)			
Urate	mmol/L (0.14-0.36)			
Osmolality	mOsm/Kg (275-295)			
Cholesterol	mmol/L			
Triglyceride	mmol/L (0.2-2.3)			
VLDL Chol	mmol/L			
LDL Chol	mmol/L			
HDL Chol	mmol/L			
Chol/HDL				

Result Comments:

C L Y D E H O S P I T A L S
B I O C H E M I S T R Y R E P O R T

Form: SB Run: 192

Surname: **MCLAUGHLAN**
Forename: **AGNES**
DOB/Age: **09.11.70**
Address: **36 MCKERRELL STREET**
Location: **Alcohol Prob Unit Dykebar**
Diagnosis: **ON ANT ABUSE**

CHI/Unit No: **0911703241**

Sex: **Female**

Requestor: **Dr Audrey Hillman**

[[CURRENT]]

Lab Number	B,14.7195898.X	B,13.7490372.E
Date/Time collected	05.06.14 18:04	19.12.13
Date/Time received	05.06.14 18:04	19.12.13 16:15

TSH	mU/L	(0.35-5.00)	2.59	1.86
Free T4	pmol/L	(9.0-21.0)	12.0	12.0
T3	nmol/L	(0.9-2.5)		
TPO	U/mL	(<6.0)		
TRAB	U/L	(0-15)		

LH	U/L	
FSH	U/L	
Oestradiol	pmol/L	
Prolactin	mU/L	(<630)
Progesterone	nmol/L	
Testosterone	nmol/L	(0.5-3.2)
SHBG	nmol/L	(20-155)
FAI		(<7.0)
Free Testo	pmol/L	

AFP	kU/L	(<6)
HCG	U/L	(<5)
CEA	ug/L	(<5.0)
CA125	kU/L	
PSA	ug/L	
LDH	U/L	(80-240)

Result Comments:

Date reported: 06.06.14

Authoriser: Automatic release by system

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **MCLAUGHLAN**
Forename: **AGNES**
DOB/Age: **09.11.70**
Address: **36 MCKERRELL STREET**
Location: **Alcohol Prob Unit Dykebar**
Diagnosis:

CHI/Unit No: **0911703241**Sex: **Female**Requestor: **Dr Audrey Hillman**

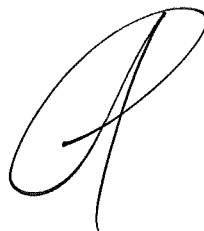
[[CURRENT]]

Lab Number **B,13.7490372.E**
Date/Time collected **19.12.13**
Date/Time received **19.12.13 16:15**

TSH mU/L (0.35-5.00) **1.86**
Free T4 pmol/L (9.0-21.0) **12.0**
T3 nmol/L (0.90-2.50)
TPO U/mL (<6.0)
TRAB U/L (0-15)

LH U/L
FSH U/L
Oestradiol pmol/L
Prolactin mU/L (0-630)
Progesterone nmol/L
Testosterone nmol/L (0.5-3.2)
SHBG nmol/L (20-155)
FAI (<7.0)
Free Testo pmol/L

AFP kU/L (<6)
HCG U/L (<5)
CEA ug/L (<5.0)
CA125 kU/L
PSA ug/L
LDH U/L (80-240)



Result Comments:

CLYDE HOSPITALS
BIOCHEMISTRY REPORT

Surname: **MCLAUGHLAN**
Forename: **AGNES**
DOB/Age: **09.11.70**
Address: **36 MCKERRELL STREET**
Location: **Alcohol Prob Unit Dykebar**
Diagnosis:

CHI/Unit No: **0911703241**
Sex: **Female**
Requestor: **Dr Audrey Hillman**

[[CURRENT]]

Lab Number	B,13.7490372.E	B,13.7646440.Q
Date/Time collected	19.12.13	19.12.13
Date/Time received	19.12.13 16:15	19.12.13 16:15

Sodium	mmol/L	(133-146)	141
Potassium	mmol/L	(3.5-5.3)	4.7
Chloride	mmol/L	(95-108)	108
Bicarbonate	mmol/L	(22-29)	
Urea	mmol/L	(2.5-7.8)	4.3
Creatinine	umol/L	(40-130)	61
GFR (est'd)	ml/min	(>60)	>60
Glucose	mmol/L	(3.5-6.0)	5.2
CRP	mg/L	(0-10)	
Magnesium	mmol/L	(0.70-1.00)	
Calcium	mmol/L	(2.20-2.60)	
Adj Calcium	mmol/L	(2.20-2.60)	
Phosphate	mmol/L	(0.80-1.50)	
Albumin	g/L	(35-50)	38
Alk Phos	U/L	(30-130)	122
Tot Bilirubin	umol/L	(0-20)	4
Conj Bilirubin	umol/L		
AST	U/L	(0-40)	17
gGT	U/L	(0-40)	20
ALT	U/L	(0-50)	20
Amylase	U/L	(0-100)	
CK	U/L	(25-200)	
Troponin I	ug/L	(<0.04)	
Total Protein	g/L	(60-80)	
Globulins	g/L	(23-38)	
Urate	mmol/L	(0.14-0.36)	
Osmolality	mOsm/Kg	(275-295)	
Cholesterol	mmol/L		
Triglyceride	mmol/L	(0.2-2.3)	
VLDL Chol	mmol/L		
LDL Chol	mmol/L		
HDL Chol	mmol/L		
Chol/HDL			

Result Comments:

19.12.13 Glucose : Non-fasting sample