Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: DH/IP/CHI 09.11.70
3241

Date: October 10, 2007

Alcohol Problems Clinic

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

Dictated: 10.10.07
Typed: 10.10.07

PRIVATE & CONFIDENTIAL
Dr. S. McCormick,
Incle Street Surgery,
8 Incle Street,
Paisley.

Dear Dr. McCormick,

Agnes McLaughlan, dob 9.11.70, 3/1, 36 McKerrell Street, Paisley PA1 1NN.

This patient has successfully completed the day attendance programme at the Alcohol Problems Clinic and remains abstinent. She has therefore been discharged from day attendance but will be reviewed as an out-patient in the near future (19.12.07). We would be most grateful if you could take over prescribing her Disulfiram 400mgs on Mondays, 400mgs on Wednesday and 600mgs on Friday. She will attend the R.C.A. Trust to have this given under supervision by their support worker, Margaret Graham. We have supplied 28 days supply of this medication from 5.10.07.

We would also appreciate if you could continue to supply Vitamin B Co. four tablets x 2 and Thiamine 300mgs daily for the foreseeable future.

Should this patient relapse to abusive drinking, I would be grateful if you could stop prescribing Antabuse. We will let you know how things progress.

Yours sincerely,

dna
22/11
dna
19/12
dna
Family Matters
Freed. Did not
get them out.

Dr. Dan Hackley
SHO in Psychiatry

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: DH/IP/CHI 09.11.70
3241

Date: October 3, 2007

Alcohol Problems Clinic

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

Dictated: 26.9.07
Typed: 3.10.07

PRIVATE & CONFIDENTIAL
Dr. S. McCormick,
Incle Street Surgery,
8 Incle Street,
Paisley.

Dear Dr. McCormick,

Agnes McLaughlan, dob 9.11.70, 3/1, 36 McKerrell Street, Paisley PA1 1NN.

I reviewed Mrs. McLaughlan today at the Alcohol Problems Clinic at Dykebar Hospital. She was last seen on 14.8.07 by Melanie Klita, Social Worker, when she had remained abstinent from alcohol and was considering Antabuse therapy and agreed to begin attending the groupwork programme.

Today she felt that she was doing "good". She has had no alcohol in eleven weeks following a period of self-detoxification. She does however describe occasional cravings at which times she distracts herself. She has recently taken up some new activities such as attending a computer course and helping out at the nursery where her two-year-old son is in attendance. She stated that her three children are currently doing "great" although her eldest, [redacted] is currently swearing a lot at school and a home link worker is involved. She currently has no regular social work contact and has stopped attending the R.C.A.

She is however attending the group programme at the A.P.C. and is finding this beneficial. She stated that she commenced her Antabuse therapy this morning and seemed motivated to remain abstinent.

Overall Mrs. McLaughlan seems to be doing well at present and I recommend no changes to her regime. I will review her again in three months' time.

Yours sincerely,

Dr. Dan Hackley
SHO in Psychiatry

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Our ref.: MK/IP/CHI 09.11.70 3241

Alcohol Problems Clinic

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

Date: August 23, 2007

Dictated: 22.8.07
Typed: 23.8.07

PRIVATE & CONFIDENTIAL
Dr. S. McCormick,
Incle Street Surgery,
8 Incle Street,
Paisley.

Dear Dr. McCormick,

Agnes McLaughlan, dob 9.11.60, 3/1, 36 McKerrell Street, Paisley PA1 1NN.

The above client was recently referred to the Alcohol Problems Clinic by her Alcohol Counsellor, Margaret Graham, at the R.C.A. Trust. Agnes attended for assessment on 14.8.07.

Presenting problem
As you will be aware, Agnes has a longstanding problem with alcohol. She previously attended the Clinic for treatment numerous times in her twenties. She tells me she used solvents daily from the age of 12, and stopped this at 15, when she began using alcohol daily instead. Aside from her brief periods of abstinence as an APC patient, Agnes has been drinking daily since then. She experiences sweating, tremulousness, nausea, vomiting and anxiety on withdrawal. She informs that she has never experienced alcohol-related seizures although her case records state otherwise. She also states she has never experienced any delirium tremens symptoms.

Agnes is the main carer of her three children. She has a social worker, Carol Gallagher at Paisley Social Work Services (Community Care). Agnes recognises that her alcohol use has impacted on her children and cites this as her main motivation to address her drinking. She had extensive social work involvement herself when she was a youngster.

She began to receive support from her counsellor at R.C.A. in July of this year and she was able to stop drinking around four weeks ago. She states she did not seek any further support to help her achieve this at the time but would now like to attend the APC to help her remain abstinent.

Treatment plan
Given that Agnes remains abstinent, she will not require any alcohol detox treatment. However she is considering Antabuse therapy and her suitability to this treatment will be assessed in due course. She has agreed to begin attending the groupwork programme at the clinic on 3.9.07.

I/

I am liaising with the children's nurseries to increase their hours of attendance for the duration of the group programme. We will keep you informed of her progress.

Yours sincerely,

Melanie Klita
Social Worker
Alcohol Problems Clinic

MMcA/IP

Alcohol Problems Clinic
Ext 2270 or 2306

June 24, 1996

Dr. S. McCormick,
8 Incle Street,
Paisley PA1 1HP.

Dear Dr. McCormick,

AGNES McLAUGHLIN, DOB 9.11.70, 7E WOODNEUK COURT, PAISLEY PA1 2XQ.

Agnes was admitted as a day patient at the A.P.C. on June 5. She attended regularly over an interval of about two weeks and during that time she satisfactorily completed her detoxification regime. She did indeed appear to be fully established in sobriety for the greatest part of her time with us. She was offered Antabuse therapy but declined in so far as she doubted whether she would be able to maintain sobriety whilst she was using Antabuse.

She was discharged from day attendance a week ago but she was to attend for physiotherapy and relaxation therapy two days per week thereafter. In the event Agnes has failed to attend the Clinic at all. I have now discharged her completely from the Clinic and I have made no arrangements to follow her up.

Yours sincerely,

DR. M. McALEER
CLINICAL ASSISTANT

MMcA/IP

Alcohol Problems Clinic
Ext 2270 or 2306

June 5, 1996

Dr. S. McCormick,
8 Incle Street,
Paisley PA1 1HP.

Dear Dr. McCormick,

AGNES McLAUGHLIN, DOB 9.11.70, 7E WOODNEUK COURT, PAISLEY PA1 2XQ.

Thank you for referring Agnes back to the A.P.C. I saw her this morning as an out-patient at the Clinic.

Following her discharge from day attendance in December of last year she reverted almost immediately to abusive drinking. At present she is consuming seven or eight cans of Carlsberg Special per day. This is sufficient to cause her to blackout on a daily basis. She also experiences withdrawals every morning on wakening.

At present however she denies DTs, she has never had a fit nor does she hallucinate. Once more she is interested in achieving sobriety and to this end I have invited her to attend the Clinic as a day patient as of this morning. Whilst she attends on a regular fashion we will be happy to dispense any necessary medication. I will keep you informed of her progress.

Yours sincerely,

DR. M. McALEER
CLINICAL ASSISTANT

APC

APPT sent 18/4/96

(R).

Hospital use Only	Clinic	Day Date Wed 5.6.96	Time 10.30	Hospital No. 020847	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine [X] Soon [ ] Urgent [ ]

Hospital DYKEBAR Date 02.04.96

CHI No. 0 9 1 1 7 0 3 2 4 1

Please arrange for this patient to attend the ALCOHOL PROBLEMS clinic of Dr/Mr ~~Dr~~ McAleer

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname MCLAUGHLIN Maiden Surname

First Names AGNES Single/Married/Widowed/Other

Address 7E WOODNEUK COURT Date of Birth 09.11.70

PAISLEY Patient's Occupation

Postal Code PA1 2XQ Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital DYKEBAR

Year of Attendance 1996 Hospital No.

If the patient's name and/or address has/have changed since then please give details:

Can patient attend at short notice? YES/NO

If YES, minimum notice required ..... days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

*** Incle Street Surgery ***

DRS McCORMICK HODGSON
McMILLAN & ROBSON
8 INCLE ST PAISLEY
PA1 1HP
TEL 0141 889 8809

Please use rubber stamp

RECEIVED
09 APR 1996

87471

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

I referred Miss McLaughlin to you in October of 1995 with a long history of alcohol abuse. She attended the clinic for a short period and then absconded.

She denies receiving the review appointment referred to in your letter of January 12th 1996 and is once more requesting referral to you for help.

I should be grateful if this could be arranged.

Yours sincerely

Dr Stewart McCormick

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

X-ray (women of childbearing age). Date of first day of L.M.P. ?

Relevant X-rays available from: No. (if known)

Signature

RP(53791)

355-2104

MMcA/IP

Alcohol Problems Clinic
Ext 2270 or 2306

January 12, 1996

Dr. Stewart McCormick,
8 Incle Street,
Paisley PA1 1HP.

Dear Dr. McCormick,

AGNES McLAUGHLIN, DOB 9.11.70, 7e WOODNEUK COURT, PAISLEY PA1 2XQ.

Miss McLaughlin was admitted as a day patient to the Alcohol Problems Clinic on December 20. She attended the Clinic fully for about ten days. In that time she was prescribed medication to cover her withdrawal state. Throughout that same interval however it was obvious that Agnes had not achieved total abstinence. She has failed to return to the Clinic after the festive season, she has failed to respond to a further appointment offered to her. I have simply therefore discharged her from the Clinic.

Yours sincerely,

DR. M. McALEER
CLINICAL ASSISTANT

MMcA/IP

Alcohol Problems Clinic
Ext 2270 or 2306

December 20, 1995

Dr. Stewart McCormick,
8 Incle Street,
Paisley PA1 1HP.

Dear Dr. McCormick,

AGNES McLAUGHLIN, DOB 9.11.70, 7e WOODNEUK COURT, PAISLEY PA1 2XQ.

Thank you for your very full referral letter about Miss McLaughlin. Her close family are reasonably well known to the staff at the A.P.C. Mother is a long term patient at Dykebar Hospital having suffered a stroke several years ago. She has a long history of alcohol abuse and Agnes's father died following a fight between her parents when she was aged about one. Likewise he was also a chronic alcoholic.

We note two of the other members of her family, her older brother [redacted] and sister both attend the Clinic from time to time.

Essentially Agnes has never sought help for her drink problem in the past although she was referred once before to the Clinic. At present she seems motivated to abstain and I have invited her to attend the Clinic as a day patient. Whilst she does attend on a regular fashion we will be happy to dispense any necessary medication. I will keep you informed of her progress.

Yours sincerely,

DR. M. McALEER
CLINICAL ASSISTANT

APL

(C)

Hospital use Only	Clinic	Day Date Wed 20.12.95	Time 10.30	Hospital No. 020847.	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category: Routine ☑ Soon ☐ Urgent ☐

Hospital Dykebar Date 19.10.95

CHI No. 0 9 1 1 7 0 3 2 4 1

Please arrange for this patient to attend the Alcohol Problems clinic of Dr/Mr McCaleer

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname McLaughlin Maiden Surname

First Names Agnes Single/Married/Widowed/Other

Address 7e Woodneuk Court Date of Birth 9.11.70

PAISLEY Patient's Occupation

Postal Code PA1 2XQ Contact telephone number

Has the patient attended hospital before? YES/NO If "YES" please state:

Name of Hospital Dykebar

Year of Attendance 1992 Hospital No.

If the patient's name and/or address has/have changed since then please give details:

24c Tay Place
JOHNSTONE

Can patient attend at short notice? YES/NO

If YES, minimum notice required days

Name, Address and Telephone number of MEDICAL/DENTAL PRACTITIONER

Dr. McCormick, Hodgson
McMillan & Dobson
8 Incle Street, Paisley PA1 1HP
Tel. 889 8808

Please use rubber stamp

87471

RECEIVED 23 OCT 1995

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

This girl seems to have been neglected since birth. Having being treated for subclinical rickets in 1972.

She was admitted to a childrens home in 1982 and shortly thereafter developed a habit of solvent abuse.

In 1985 she was seen at the Department of Child and Adolescent Psychiatry because of truanting, stealing and solvent abuse.

She had a termination of pregnancy in 1985.

Since then she has continued to abuse alcohol and has been admitted to the RAH on two occasions since November 1984.

On the first occasion she was suffering from DT's and on the second she was admitted with severe vomiting. At that stage her LVT's were markedly deranged inkeeping with alcohol excess.

When living in Johnstone she was referred to your clinic by Dr Graham Harris in 1992, but failed to keep her appointment there.

At present she claims that she is drinking 5 cans of super lager per day and also says that she wishes to stop.

I should be grateful if you would see her with a view to encouraging her abstention from alcohol.

Diagnosis/provisional diagnosis:

Present drug treatment and potential special hazards:

Yours sincerely

X-ray (women of childbearing age): Date of first day of L.M.P.

Dr Stewart McCormick

Relevant X-rays available from: No. (if known)

Signature

355-2104

Dd8373616 3/94 RP(53791)

APC (R)

appt. sent 1.11.95 CK (APC)

MMcA/JM

10 September 1992

Dr Harris
24 Quarry Street
Johnstone
PA5 8DZ

Dear Dr Harris

AGNES McLAUGHLAN DOB 09.11.70
24C ~~TAY PLACE JOHNSTONE~~ PA5 0PB

The above patient has not attended for 2 out patient appointments at the Alcohol Problems Clinic. Therefore no further appointment has been given.

However, I should be happy to see her in the future if you wish to re-refer her and if the patient is willing to attend.

Yours sincerely

Dr M McAleer
Clinical Assistant

ARGYLL & CLYDE HEALTH BOARD - RENFREW PRIORITY SERVICES UNIT

Dykebar Hospital

Grahamston Road,
Paisley PA2 7DE.
Tel.: 041- 884 5122
Fax: 041- 884- 7162

PHYSICIAN SUPERINTENDENT
Dr. J. McCurley

CONSULTANT PSYCHIATRISTS
Dr. D.F. Torley
Dr. F. Berry
Dr. S.F. Whyte
Dr. G.J.K. Hodge
Dr. J.M. Dingwall
Dr. I. Sourindhrin
Dr. J. Gallagher
Dr. I.C. Matson
Dr. H.M. Livingston
Dr. A.M. Hughes
Dr. D.A. Bonham
Dr. A. J. Naismith

MMcA/JM

22 July 1992

Dr Harris
24 Quarry Street
Johnstone
PA5 8DZ

Dear Dr Harris

AGNES McLAUGHLAN DOB 09.11.70
24C TAY PLACE JOHNSTONE PA5 0PB

The above patient did not attend her out patient appointment at the Alcohol Problems Clinic.

Another appointment has been given for Wednesday 9 September 1992 at 10.30 am.

Yours sincerely

Dr M McAleer
Clinical Assistant

DT

Hospital use Only	Clinic	Day Date Wed 9.9.92	Time 10.30	Hospital No. 020847	GP112

REQUEST FOR OUT-PATIENT CONSULTATION
THE INFORMATION IN THIS SECTION MUST BE COMPLETED

Appointment Category
Routine ☐ Soon ☐ Urgent ☐

Hospital Dykebar Hospital Date 8.7.92

Please arrange for this patient to attend the Alcohol Problems Clinic clinic of Dr/Mr .....

PARTICULARS OF PATIENT IN BLOCK LETTERS PLEASE

Patient's Surname McLaughlan Maiden Surname .....
First Names Agnes Single/Married/Widowed/Other
Address 24c Tay Place, Johnstone. Date of Birth 9.11.70
Patient's Occupation .....
Postal Code PA5 0PB Contact telephone number.....

Has the patient attended hospital before YES/NO if "YES" please state:
Name of Hospital .....
Year of Attendance ..... Hospital No .....
If the patient's name and/or address has/have changed since then please give details:
.....
.....

Can patient attend at short notice? YES/NO
If YES, minimum notice required..... days

RECEIVED 10 JUL 1992 HOSPITAL

Name, Address and Telephone Number of MEDICAL/DENTAL PRACTITIONER

Drs ROY, BORTHWICK & HARRIS
24 QUARRY STREET
JOHNSTONE PA5 8DZ
Tel: JO 21733/24249

Please use rubber stamp

87305

I would be grateful for your opinion and advice on the above named patient. A brief outline of history, symptoms and signs is given below:

I would be grateful for your help with this girl with a serious alcohol problem. She has been drinking heavily and consistently now for about six years. She attended for help for the first time recently along with her sister who also has an appointment with you. I tried a detoxification programme with her and she succeeded for a few days during the week but lapsed over the weekend. Agnes comes from a deprived background. She is the youngest of five children who were all taken into social work care. Agnes herself being in care from the age of one. She has no known father and a mother who was an alcoholic. She has attended the Renfrew Council on Alcohol in the past for counselling but I do not think that she has had any prolonged dry spells. She currently lives with her sister, [redacted] and they tend to drink together. Indeed all the siblings appear, sadly, to have alcohol problems. Agnes is a quiet girl who does seem to have some degree of motivation but I think she will require a great deal of support if abstinence is going to be enforced.

(PMH. Tor. Azels.
Adolescent behavioural problems).

Diagnosis/provisional diagnosis: .....

Present drug treatment and potential special hazards: .....

X-ray (women of childbearing age). Date of first day of L.M.P. .....

Relevant X-rays available from: ..... No. (if known).....

Signature Glenn Harris

G.K. HARRIS

HMSO Dd8177736MD 11/89 M10.5 CCN13161

NHS
Greater Glasgow and Clyde

ADMISSION RECORD PSYCHIATRY

Copies: white - Nursing
yellow - Medical Record
green - Medical Records Dept.
pink - Social Work Dept.

Hospital RAVENSCRAIG Ward GRYFFE
Day FRIDAY
Consultant DR HILLMAN
Hospital Number
Date of Current Admission — Day 13 Month 02 Year 2009
Time of Admission 10:30AM

PATIENT

Surname (Block Letters) MCLAUGHLAN Mr / Mrs / (Miss)
Forenames AGNES
Maiden Name

Sex FEMALE Age Date of Birth — Day 09 Month 11 Year 70

Present Marital State: Never Married / Married / Widowed / Divorced / (Separated) / Not Known

Home Address 36 MCKERRELL STREET PAISLEY

Telephone Number
Occupation ( ) UNEMPLOYED
( )

a) Occupation of patient.
b) If retired, enter last nomal occupation.
c) If under 18 years, or never employed, enter parent's/guardian's occupation.
d) If married, enter husband's occupation.

NATIONAL HEALTH SERVICE NUMBER

RELIGION PROTESTANT

NEXT OF KIN

Name FULTON KERR
Relationship EX PARTNER (FATHER OF KIDS)
Address [redacted]

Telephone Number 07900862577

NATIONAL INSURANCE NUMBER

Pension / Allowance
Type Number

Money and / or valuables lodged Yes / No

ADMISSION DETAILS

Type of Admission ARRANGED
Status on Admission INFORMAL
Referred to Hospital by APC
Mode of Transport TRAIN

Residence immediately prior to admission

Previous Hospital care
Hospital/s

Year/s

GP

Name of General Practitioner DR MCCORMICK

Address 8 INCLE ST PAISLEY

Telephone Number 889 8809

SPECIAL WARNINGS

SPECIAL HAZARDS (e.g. Drug allergies, etc.)

NONE KNOWN

Other

CHANGE OF STATUS
Date
To

Date of discharge Day Month Year
To:

STY3154N

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

Admission Date 3/9/07 **CHI No**

Name Agnus McLaughlan **M(F)** **Date of Birth** 9/11/70.

Address 36 Macerall Street
Paisley

Tel.No.
* 0141 561 0710.
(or) * 07786792167.

G.P. Dr McCormick

Address 8 Incle Street.

Alternative Contact Fulton Kerr **Relationship** Ex Partner.

Address [redacted] **Tel.No.** —

Medication on Admission

Allergies

RCA Involvement (Y)N

Years ago.

ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities:-

- You will not consume alcohol whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and accept that consumption of alcohol may result in immediate discharge.
- You will not use uprescribed drugs or substances. If staff supect you of being under the influence of unprescribed drugs/sibstances you may be discharged form 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 psychotoropic 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.
- A care plan will be agreed with you and signed by you.

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.

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 3/9/07

Staff Signature ..... Date 3/9/07

(student Nurse)

CARE PLAN

ABSTINENCE

NAME: Agnes McLaughlan.

D.O.B. 9/11/70.

KEYWORKER Jacqueline.

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
3/9/07	①	Maintaining abstinence and requires ongoing support	To remain alcohol free.	* Assist in developing ways of coping with problems experienced through alcohol use. * Assist in identifying high-risk areas, feelings, emotions, people, situations. * Allow time to explore and understand other issues related to alcohol. * Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist. * Encourage participation in education groups and relapse prevention groups.	Noel Barbour (Student Nurse)	X A.M	4/10/07

NURSING REPORT

Surname McLaughlan

Forenames Agnus

Page No.

Unit No.

Date	Nursing Report	Signature
31/8/07	Agnus attended APC today for admuthon. She will attend the alcohol education class on a Mon, Wed & Fri. All relevent paper work signed.	Nicole Barbour
3/9/07	Agnus attended the first session of the alcohol education classes today, she participated and voiced no problems	Nicole Barbour
7/9/07	Agnus attended the alcohol education class today. She was highly motivated and interacted well within the group. She continues to remain motivated in her abstance.	Nicole Barbour
13/9/7	Phone call from Christine Duffy, Support Worker at Abbey Hse. She assists with parenting groups. She was concerned that Agnes was not yet on Disulfiram. Explanation given. Agnes cancelled her ECG on Tuesday and was reappointed to 18/9/07. Due to return to groups tomorrow	PCn
14/9/7	Agnus attended the APC today for the last session of the education group. Agnus participated well and is motivated to carry on to the relaps prevention group.	Nicole Barbour
17/9/07	Agnus attended the APC today for the first session of the relaps prevention	

STY0410D

NURSING REPORT

Surname

Forenames

Page No.

Unit No.

Date	Nursing Report	Signature
	group (session ①) she attended and participated well, and voiced no problems.	Noodle Barbar
19/9/07	Agnes attended today for session (2) of the RPG. Keen for antabuse. Went for ECG yesterday. Awaite results. Interacted well in the group. Appeared to enjoy. Unable to attend Friday and Monday due to the school long weekend.	DA.
20/9/07	ECG results back. Checked by medical staff. Kardex wrote for Antabuse + Campral. Notified Agnes by phone. She states she will be up on Tuesday at the clinic.	DA Icad
26/9/7	Agnes attended today. Seen for medical review and attended session (5) of RPG. 24hrs alcohol free + breathalysed zero. Commenced Antabuse treatment. Consent form given and warning card given. Next to attend Friday.	Micol
5/10/07	Supervision of Antabuse passed to RCA as of Monday 8/10/07. Discharged from day service Review O/P appt given	DA.

STY0410D

Substance Use Client Evaluation Scales

ALCOHOL PROBLEMS CLINIC, DYKEBAR HOSPITAL

Date: 3/9/87 **Episode Number:** (1). **M/F:** F

First Name: Agnes **First Initial of Surname:** McL **DOB:** 9/11/70

Health	
Health, blood parameters all normal.	0
General malaise, minor psychological problems, minor agitation, missing meals.	(1)
Moderate psychological problems – insomnia, low mood, weight loss, including BP, agitation & anxiety, normal LFT's.	2
Complications – abnormal LFT's, peripheral neuropathy. Severe depression/self harm/self neglect.	3
Severe complications of alcohol misuse e.g. alcohol related brain damage, memory loss confabulation, established cirrhosis, psychotic symptoms.	4
Drugs	
No illicit drug use.	(0)
Non-problematic use of Cannabis.	1
Stable on substitute prescription/very occasional use of stimulant or recreational drugs.	2
Problematic oral/smoking or opiates/benzo's/stimulants.	3
Uncontrolled severe drug use or IV use.	4
Alcohol	
Total abstinence.	(0)
Controlled drinking or safe drinking within male & female safe limits. No intoxication problems.	1
Problem drinking above safe limits, plus developing problems. Some loss of control, early signs of dependence.	2
Dependent drinking. Able to exert some control/frequent severe binges with loss of control. Alternating with abstinence.	3
Constant dependent drinking. No control.	4
Social/Occupation	
Functions in employment or leads a full life in terms of family living group and outside activities.	0
Still holding responsibilities – family or living group/job but aware of problems.	1
Hard to pass time, attempts at employment short lived or unsuccessful, experiencing difficulties within living group.	(2)
Few interests & a limited ability to become involved outside drinking, coming to the attention of the police/evident problems with child care, social services involved. Unable to fulfil family responsibilities.	3
No interest/ability to occupy apart from drinking e.g. children in care, divorced from family responsibilities. Alcohol related offending.	4
Relationships/Personal	
Integrated, appropriate emotional relationships.	0
Difficulties in relationships, maintain personal responsibilities.	(1)
Marked deterioration in relationships, still some links but increasingly unable to carry out responsibilities.	2
Enmeshed in drinking scene, other relationships dependent, help seeking, breakdown of previous relationships.	3
Total social isolation/street drinker, any relationships abusive.	4
TOTAL	4

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 anbtabuse 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 the 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: 26/9/17
Signed:
Witness: A. McLaughlan

Nicol

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

Admission Date 11/9/08 · **CHI No** 3241

Name Agnes McLaughlan **M/F** · **Date of Birth** 9/11/70 ·

Address 36 McKerrell St
Paisley ·

Tel.No.

G.P. Dr McMillan ·

Address Anchor Mill MC ·

Alternative Contact Andrew Nelson · **Relationship** Social Worker ·

Address Kelvin House **Tel.No.**

Medication on Admission

Allergies
None known ·

RCA Involvement Y/N

Mgt Graham ·

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

OTHER SERVICES;

Physiotherapy

Social Work

Occupational Therapy

Dietician

Dentist

RCA

NAME
Agnes McLaughlin.
CONTACT NUMBER
Tel 07504674288.

Assessment
Date....10/9/18 MC
Where Assessed
Risk assess .....
Discharge proforma.....
GP Letter.....

Refer to RCA ← Controlled Drinking ← Assessment → Abstinence

Non- Dependent Drinker ← Abstinence → Dependent Drinker

Dependent Drinker → COMMUNITY / DAY PATIENT / INPATIENT

COMMUNITY → HOME DETOX → Commenced Date..... → Completed Date..... → OUTREACH

DAY PATIENT → DETOX COMMENCED
Date
Comp;eted
→ INDIVIDUAL MOTIVATIONAL SESSIONS
SESSION 1.....SESSION 2.....
SESSION 3.....SESSION 4.....
→ EDUCATION GROUP 22/9/18.
1.....2.....3.....
4.....5.....6.....
→ RELAPSE PREVENTION GROUP
1.....2.....3.....
4.....5.....6.....

INPATIENT → WAITING LIST Date..... → ADMITTED Date..... → DISCHARGED Date..... → EDUCATION GROUP

OUTREACH → 11/9/18. Supervised Antabuse/ Acamprosate If Appropriate → PROGRAMME COMPLETE
Discharge Proforma.....
Letter GP.....

PROGRAMME COMPLETE → ANTABUSE MAINTENENCE

PROGRAMME COMPLETE → RCA FOLLOW UP / MEDICAL OUT PATIENT / ABSTINENCE SUPPORT GROUP / Nursing Out patient / GP Follow Up

Dykebar Hospital
Grahamston Road,
Paisley PA2 7DE.

Alcohol Problems Clinic

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

Date: 24-10-08

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 A. McLaughlan

Clients Signature Agnes McLaughlan.

Staff Signature

Date 24-10-08.

NHS ARGYLL & CLYDE.

ACCOUNTABILITY RECORD FOR CARE GIVEN

ALCOHOL PROBLEMS CLINIC

AGREED DAYS	WEEK COMM.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MWF	8/9/8			Assessment		

NAME A Maughan D.of B 9/11/70 CHI 3241

Agnes McLaughlan.

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 anbtabuse 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 AK 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 disease I have discussed the risks with my doctor.

Date: 11/9/18.
Signed: A McLaughlan
Witness:

P C

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 uprescribed 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 psychotrophic 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 provide 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.

X Client Signature..... Date..19/9/18

Staff Signature..... Date.....11/9/18

CAREPLAN (ACTIVE TREATMENT) for NAME..Agnes McNaughton..... CHI No 3241.

D.O.B. .....9/11/70..... KEYWORKER.....Tish.....

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
11/9/8	(1)	Maintaining abstinence and requirement for ongoing support	To remain alcohol free.	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. Allow time to explore and understand other issues related to alcohol. Encourage identification of reasons for changing. Engage client in motivational enhancement sessions and assist with robust decision making & realistic goal setting Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist. Encourage participation in	PC	A.M	11/10/8

				education groups and relapse prevention groups. Assess sleep pattern & discuss reasons why sleep may be affected. Provide client with written material to complement sessions.			
				Invite partners in care to client's ward-rounds. Discuss post-treatment referral to other agencies.			
		Tick if identified and specify..... Child Care Issues.....	Children's safety Andrew Nebo Kelvin Ibe. 842 5157.	Refer to other services if appropriate..... Explore impact of alcohol use on Child's needs and client's needs.	RC KAM		11/10/8.
		Housing Issues.....	Work towards alleviating problems	Refer to specialists eg. Social Work	RC KAM		11/10/8.
		Forensic Issues.....	Work with client towards alleviating problems	Refer to specialists Liase with other agencies			
		Other Drug Use Issues	Abstinence or Reduced Harm	Assess use and problems. Refer to specialists.....			

NURSING REPORT

Surname M Gaughlen.

Forenames Agnes.

Page No. (1)

Unit No.

Date	Nursing Report	Signature
11/9/8	Attended today. Relevant paperwork completed. Commenced on Disulfiram. Consent form signed. Warning card given. To attend MHF for supervision. To attend groups programme commencing 22/9/8.	RC
24/10/08	Agnes attended today, requested RCA take over supervision of antabuse 28 days ordered and passed over today. Agnes was given a review appointment with one of the medical team for 6wks time.	

STY0410D

Patient: AGNES McLAUGHLIN Date: 1/4/2009. Time: 5: AM.

(24 hour clock, midnight = 00:00)

NAUSEA AND VOMITING-- Ask "Do you feel sick to your stomach? Have you vomited? "
Observation. (0) no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR--Arms extended and fingers spread apart.
Observation.
0 no tremor
(1) not visible, but can be felt fingertip to fingertip
2
3
4 moderate, with patient's arms extended
5
6
7 severe, even with arms not extended

PAROSYSMAL SWEATS--Observation.
(0) no sweat visible
1 barely perceptible sweating, palms moist
2
3
4 beads of sweat obvious on forehead
5
6
7 drenching sweats

ANXIETY--Ask "Do you feel nervous?"
Observation.
0 no anxiety, at ease
(1) mildly anxious
2
3
4 moderately anxious, or guarded, so anxiety is inferred
5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions.

AGITATION--Observation.
(0) normal activity
1 somewhat more than normal activity
2
3
4 moderately fidgety and restless
5
6
7 paces back and forth during most of the interview, or constantly thrashes about

TACTICLE DISTURBANCES--Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"
Observation.
0 none
(1) mild itching, pins and needles, burning or numbness
2 mild itching, pins and needles, burning or numbness
3 moderate itching, pins and needles, burning or numbness
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

AUDITORY DISTURBANCES--Ask "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing to you? Are you hearing things you know are not there?"
Observation.
(0) not present
1 very mild harshness or ability to frighten
2 mild harshness or ability to frighten
3 moderate harshness or ability to frighten
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations.

VISUAL DISTURBANCES--Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
Observation.
0 not present
(1) very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD--Ask "Does your head feel different? Does it feel like there is a band around your head? "
Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
(0) not present
1 very mild
2 mild
3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM--Ask "What day is this? Where are you? Who am I?"
(0) oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place and/or person

BP. 110/70 PULSE 80.

Total CIWA-A Score 4
Rater's Initials EH
Maximum Possible Score 67

Patient: AGNES McLAUGLAN Date: 13,2,09 Time: 10:30

(24 hour clock, midnight = 00:00)

NAUSEA AND VOMITING-- Ask "Do you feel sick to your stomach? Have you vomited? "
Observation.
0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR--Arms extended and fingers spread apart.
Observation.
0 no tremor
1 not visible, but can be felt fingertip to fingertip
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4 moderate, with patient's arms extended
5
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7 severe, even with arms not extended

PAROSYSMAL SWEATS--Observation.
0 no sweat visible
1 barely perceptible sweating, palms moist
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4 beads of sweat obvious on forehead
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Observation.
0 no anxiety, at ease
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5
6
7 equivalent to acute panic states as seen in severe delirium or acute schizophrenic reactions.

AGITATION--Observation.
0 normal activity
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3
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7 paces back and forth during most of the interview, or constantly thrashes about

TACTICLE DISTURBANCES--Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"
Observation.
0 none
1 mild itching, pins and needles, burning or numbness
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Observation.
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2 mild sensitivity
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4 moderately severe hallucinations
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7 extremely severe

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0 oriented and can do serial additions
1 cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place and/or person

5.

Total CIWA-A Score 32
Rater's Initials ___
Maximum Possible Score 67

BP 140/85

PULSE 85

(390)

Patient: AGNES MCLAUGHLAN Date: 1/31/2008 Time: 18:30

(24 hour clock, midnight = 00:00)

NAUSEA AND VOMITING-- Ask "Do you feel sick to your stomach? Have you vomited? "
Observation. 0 no nausea and no vomiting
(1) mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR--Arms extended and fingers spread apart.
Observation.
0 no tremor
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TACTICLE DISTURBANCES--Ask "Have you any itching, pins and needles sensations, any burning, any numbness, or do you feel bugs crawling on or under your skin?"
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(1) mild itching, pins and needles, burning or numbness
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7 continuous hallucinations.

VISUAL DISTURBANCES--Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
Observation.
(0) not present
1 very mild sensitivity
2 mild sensitivity
3 moderate sensitivity
4 moderately severe hallucinations
5 severe hallucinations
6 extremely severe hallucinations
7 continuous hallucinations

HEADACHE, FULLNESS IN HEAD--Ask "Does your head feel different? Does it feel like there is a band around your head? "
Do not rate for dizziness or lightheadedness. Otherwise, rate severity.
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(1) very mild
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3 moderate
4 moderately severe
5 severe
6 very severe
7 extremely severe

ORIENTATION AND CLOUDING OF SENSORIUM--Ask "What day is this? Where are you? Who am I?"
0 oriented and can do serial additions
(1) cannot do serial additions or is uncertain about date
2 disoriented for date by no more than 2 calendar days
3 disoriented for date by more than 2 calendar days
4 disoriented for place and/or person

BP. 130/86 PULSE 90.

Total CIWA-A Score 7
Rater's Initials KL
Maximum Possible Score 67

	pulse 80 due to two scores under 10 same discontinued. Pt, advised to go back to bed for another couple of hours, which she did.	E Hughes.
14-2-09	2:10pm Settled morning although informed staff that she felt like she was "Burning up" when getting medication. Temperature Checked and same 36·3°C. Stated also that she had a "bit of a cough." Advised to inform same if this continues	K Williams S.
15/2/09	Agnes was very emotional this evening. She stated that her sister, was ~~not~~ her very ill. She stated that she lost her other sister 2 years ~~ago~~ earlier. and had recently lost her parents. After talking she settled and slept throughout the night	Josh
16/2/09	seen by Dr. Gobi detox regenie put back today four.	Cobourg S/N
16/2/09.	Dr. Gobi has given Agnes a definate discharge date for Monday 23/2/09.	Cobourg S/N
19/2/09 9-30am	Reviewed at wardround today by Dr Douglas. To commence Disulfiram 400mg Mon/Weds 600mg Fridays before discharge home on Monday.	J McGuiness S/N
22/2/09	Disulfiram leaflets and card given. Consent signed	Josh S

Surname	Forenames	Consultant	Unit No.
McNaughton	AGNES	Dr Hillman	09/703241.

Patients Own Medicine – Patient Consent Form

Dear...AGNES.....

Thank you for bringing your medicine into hospital with you. This is very helpful to us as it provides us with confirmation of the medicines you are taking at home.

The purpose of this letter is to allow you to give us consent to either

- Use your medicines for your treatment, if appropriate, during your stay in hospital

Or

- To destroy your medicines safely.

You have the right to refuse this in which case your medicines will be kept for you on the ward and returned to you on discharge.

However, during your stay in hospital, the medicines you have to take may be changed or some of the medicines you were taking stopped in which case for your safety we would wish to destroy those medicines.

When you are discharged from hospital, you will be given a supply of medicines from the Pharmacy department. This will usually be a minumum of seven days supply.

If you are happy for us ,if necessary, to use to your medicines(for your treatment only) or to destroy any no longer suitable for you, please sign below.

Signed.A. McLaughlin.....Date.....13/2/09.....
(Patient/representative)

NHS Greater Glasgow and Clyde	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE STANDARD OPERATING PROCEDURE (SOP)
	ADMISSION ASSESSMENT

Date:	13/2/09
Patient's Name:	AGNES MCLAUGHLAN
Ward:	GRYFFE
Hospital/Site:	RAVENSCRAIG
Chi Number:	0911703291

	Admission assessment question	Answer (Please circle)		Action to take if the answer is 'yes'
1	*Is the patient known to have MRSA?*	Yes	(No)	Please contact the Infection Control Team.
2	*Does the patient have any breaks/wounds on their skin?*	Yes	(No)	Document type and size of break/wound and if swabs taken. Take swabs if there are visible signs of infection, e.g. redness or pus.
3	*Does the patient have a rash, spots or abscess, which could indicate infection?*	Yes	(No)	Inform medical staff for assessment. See Transmission Based Precautions Policy
4	*Does the patient have any invasive devices, e.g. urinary catheters, intravenous catheters or supportive feeding interventions?*	Yes	(No)	Ask medical staff if they can be removed. Inspect and document the condition of any insertion sites. Commence appropriate care plans.
5	*Does the patient have a fever (>38°C), and or symptoms of respiratory tract infection - cough, new or changed sputum production, fever or febrile symptoms?*	Yes	No	Obtain a sputum specimen Enquire if there has been: • travel abroad in the last 4 weeks; • contact with others with similar illness; • exposure to animals or birds. If symptoms have lasted longer than 3 weeks, particularly if there is weight loss, consider TB. Consider isolation.
6	*Does the patient have or has the patient had any recent illness(<48 hours) attributable to contaminated food or water poisoning or recent episodes of loose or bloody stools?*	Yes	(No)	Send a stool specimen (and two further specimens taken on separate occasions if first specimen negative) and commence stool chart. Implement the Loose Stools Policy and contact the Infection control Team Document details on frequency, duration of symptoms or if any family/contacts have the same symptoms.

Nursing Admission Assessment for Infection

2 Objective: To identify through assessment of the patient's presenting signs and symptoms any infections, overt and concealed, which must be diagnosed early, for the benefit of the patient and to ensure that appropriate precautions are implemented to prevent any individual becoming a possible source for healthcare acquired infection.

Continuing Assessment			
Any loose stools?	Yes	No	Send two faecal specimens (especially if the patient has received antibiotic therapy).
Any invasive devices?	Yes	No	Regularly review continuing need for them. Follow care plans.
Any change in cough? e.g. increased sputum production.	Yes	No	Send specimens regularly.
Any breaks in the skin?	Yes	No	Monitor for signs of infection. Swab if required.

Findings

Staff Members Name	**Signature**	**Job Title**	**Date**

Document all findings

N.H.S.ARGYLL &CLYDE

Gryffe Alcohol Treatment Unit
Care Pathway

NAME
AGNES MCLAUGHLAN

OTHER SERVICES;

Physiotherapy

Social Work

Respiratory Nurse

Dietician

Assessment
Date... 13/2/09
Risk assess 13/2/09

GP Letter.....

Controlled Drinking

Refer to IAS

Abstinence

Dependent Drinker

Non- Dependent Drinker

In-patient Detox

Home Detox

Day Patient Detox

WAITING LIST
Date 5/2/09

ADMITTED
Date 13/2/09

Commenced
Date.....

Completed
Date.....

DETOX COMMENCED
Date 13/2/09 Bloods ✓.....
Physical ✓.....SUCES.....
ECG... ✓.....DVLA Form.....
Care Plan... ✓.....Info leaflets.....
Orientation to Unit. ✓.....
Rules agreed... ✓.....

DISCHARGE/TRANSFER
DATE
.....

INDIVIDUAL MOTIVATIONAL SESSIONS
SESSION 1.....SESSION 2.....
SESSION 3.....SESSION 4.....

Supervised Antabuse/
Acamprosate
If Appropriate

EDUCATION GROUP
1.....2.....3.....
4.....5.....6.....

RELAPSE PREVENTION GROUP
1.....2.....3.....
4.....5.....6.....

PROGRAMME COMPLETE
Discharge Proforma 23.2.09

IAS/HDT FOLLOW UP

Care partners informed.....

OUTPATIENT SUPPORT GROUPS

Nursing Out patient

CLINIC
Follow Up ~~arranged~~
.....

APC.

DISCHARGED
23-2-09 TO
DYKEBAR APC.

CAREPLAN (ASSESSMENT) **for** **Name**..AGNES McLAUCHLAN.....

D.O.B. 09/11/70 **KEYWORKER**..LESLEY ROBERTS

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
13/2/09		Experiencing Problems related to Alcohol and other drugs. eg. problems related to Intoxification Regular Heavy Use Dependence	Record an accurate and complete history / assessment	Utilise Single Shared Assessment tool. Complete Risk Assessment	T Shodden	A. McLaughlan	
		Achieve abstinence	Safely complete detoxification if required	Provide information on detoxification and medication used eg chlordiazepoxide regime and vitamin supplement. Utilise withdrawal assessment tools as required eg. CIWA, Bp charts.			
			Client modifies his/her behaviour	Discuss the abstinence policy and the need for daily attendance which allows for observation of effects and monitoring of medication. Inform client that they must not drive whilst on medication. Provide information on DVLA requirements. Explore problems experienced through alcohol and allow time to discuss any difficulties.			

		Other issues/needs identified		**Provide arranged sessions to explore reasons for changing behavior.** **Urine Drug Screen to labs if assessed for in-patient care.** **Empower client to mutually agree to careplan and goals.** **Liase with referrer / referring agency.**	T Brooks	AM	

CAREPLAN (ACTIVE TREATMENT) for NAME AGNES MCLAUGHLAN

D.O.B. 09/11/70 KEYWORKER LESLEY ROBERTS

DATE	NO.	PRESENTING ISSUES	GOALS	INTERVENTIONS	SIGNATURE		REVIEW DATE
					KEY WORKER	CLIENT	
		Maintaining abstinence and requirement for ongoing support	To remain alcohol free.	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. Allow time to explore and understand other issues related to alcohol. Encourage identification of reasons for changing. Engage client in motivational enhancement sessions and assist with robust decision making & realistic goal setting Discuss use of Campral and Antabuse as aids to remain alcohol free. If Antabuse treatment agreed complete checklist. Encourage participation in education groups and relapse	T Hodder	AM	

		Other issues/needs identified		prevention groups. Assess sleep pattern & discuss reasons why sleep may be affected. Provide client with written material to complement sessions. Invite partners in care to client's ward-rounds. Discuss post-treatment referral to other agencies	T. Shaw	AM	

CARE PLAN REVIEW

Name: AGNES MCLAUGHLAN **D.O.B.** 09/11/70

Keyworker: LESLEY ROBERTS **Review Date** 20/2/09

Others involved In care:

		Change	No change		Yes	No
Confirm (Tick Box)	**Address**	☐	☑	**Children Current S/W involvement**	☑	☐
	G.P.	☐	☑			
	Tel No	☐	☑		☑	☐

Progress Report
To include interventions provided, level of engagement, attitude to alcohol/drug use, positive lifestyle behaviour changes, planned interventions/ timescale.

COMMENCING ALCOHOL DETOXIFICATION

DETOX. COMPLETED 23-2-09 - DISCHARGED TO DYKEBAR APC.

Prescribed Treatment - Yes/ No
Current Prescription

Suces Score: **Frequency of contact: Keyworker:** **Medical:**

Concerns/issues
E.G. Childcare,mental health, physical health, housing, finance, criminal justice.

Next review date: 20/2/09 23-2-09

Client Signature:

Keyworker Signature: T. Sneddon

ALCOHOL SERVICE TREATMENT AGREEMENT

Personal Responsibilities:-

- You will not consume alcohol whilst attending the service for treatment including evenings and weekends.
- You agree to random breath tests and accept that consumption of alcohol 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 keyworker and client.

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 A. McLaughlin ..... Date 13/2/09

Staff Signature T. Sheddan ..... Date 13/2/09

Nutrition Profile

NHS Greater Glasgow and Clyde

Name: AGNES MCLAUGHLAN	Date of admission: 13/2/09
Address:	Time: 10·30AM
	HOSPITAL: RAVENSCRAIG
DoB: 09/11/70	Ward: GRYFFE
CHI number: 0911703241	
Affix patient data label	

To be recorded within 24 hours of admission*

Height: 5FT m/ft Actual ☐ Patient/ carer reported ☑ Alternative measurement ☐

Weight: 61·8 kg/stones Actual ☑ Patient/ carer reported ☐ Alternative measurement ☐

Recent unplanned weight loss: Yes ☑ No ☐

If 'Yes' how much?: 12LBS kg/stones. Over what period of time?: 1 MONTH 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):

NONE KNOWN

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): TRACY SMEDDON Signature: T. Smeddon Date: 13/2/09

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	13/2/09									
Initials	T S									
Height (see page 1) 5FT Weight	61.8									
Oedema or ascites present Y/N	N									
BMI	29									
'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 Acute .....Weekly Hospital Rehabilitation .....Monthly
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.

Agnes McLaughlan

SUPERVISION OF DISULFIRAM (ANTABUSE) BY THE GRYFFE UNIT STAFF

I agree that I have had Antabuse information explained to me by Gryffe nurses and medical staff.

I agree to regularly attend the ~~Gryffe~~ APC at agreed times, to receive Antabuse.

I fully understand that:

- Should I miss one dose (without staffs' prior authorization) I will receive a first and final warning about my compliance.

- A second unauthorized missed dose will result in me being discharged from the ~~Gryffe~~ APC care and becoming ineligible for any contact with the ~~Gryffe~~ APC for a period of three calendar months.

- Should I wish to stop taking Antabuse or have it supervised by another party then I must talk with ~~Gryffe~~ APC staff prior to this.

- Drinking even small amounts of alcohol whilst on Antabuse can lead to very serious consequences.

Signed A. McLaughlan Date 22/02/09

NHS
Greater Glasgow and Clyde

Patient Discharge Information Summary

Name: AGNES MCLAUGHLAN
Hospital: RAVENSCRAIG
Address: 36 MCKERRELL STREET PAISLEY
Ward: GRYFFE UNIT
Phone No.: 0141 580 2385
Date of Birth: 09:11:70
Consultant: DR HILLMAN
Unit No.: 0911703241
Named Nurse/Key Worker *(write below)*:
Date of Admission: 13.07.09
LESLEY ROBERTS
Reason for Admission: DETOX
Diagnosis: F10.2
Date of Discharge: 23.7.09

Medications: *(Not applicable/Please refer to information supplied with medication. Contact GP for further supplies)*
THIAMINE 100MGS @ 8AM, 2PM, 6PM.

Package of Care

General Practitioner: DR MCCORMICK 8 INCH ST. PAISLEY.
District Nurse/Community Psychiatric Nurse:
Day Hospital/Day Care: MARGARET AT RCA.
Social Worker: ANDREW NELSON KELVIN HOUSE
Care Programme Approach: Yes/No Co-ordinator informed (date)
Home Help:
Other support arrangements (e.g. family input, self help groups)

Special Instructions (wounds, continence garments, diet, driving, etc)

Follow-up Appointment: VIA DYKEBAR APC
Details of additional information given: TO ATTEND DYKEBAR APC ON DISCHARGE FROM GRYFFE.

Signature of Patient or Relative/Carer: A McLaughlan

Signature of Member of Staff: CORDELIA

White - Copy for Patient Yellow - Copy for G.P. Pink - Copy Medical Records

STY3146N

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

OTHER SERVICES;

Physiotherapy

Social Work

Occupational Therapy

Dietician

Dentist

RCA

NAME
Agnes McLaughlan.
CONTACT NUMBER

Assessment
Date..... 4/2/9.
Where Assessed APC
Risk assess .....
Discharge proforma.....
GP Letter.....

Refer to RCA

Controlled Drinking

Abstinence

Non- Dependent Drinker

Dependent Drinker

COMMUNITY

DAY PATIENT

INPATIENT

HOME DETOX

Commenced Date.....

Completed Date.....

DETOX COMMENCED
Date
Comp;eted

INDIVIDUAL MOTIVATIONAL SESSIONS
SESSION 1. 23/2 ...SESSION 2. 25/2
SESSION 3. 16/4 .....SESSION 4. 25/5

EDUCATION GROUP
1.....2.....3.....
4.....5.....6.....

WAITING LIST
Date.... 4/2/9

ADMITTED
Date.. 12/2/9

DISCHARGED
Date. 23/2/9.

OUTREACH

23/2/9.
Supervised Antabuse/ Acamprosate If Appropriate

RELAPSE PREVENTION GROUP
1.....2.....3.....
4.....5.....6.....

PROGRAMME COMPLETE
Discharge Proforma.....
Letter GP.....

ANTABUSE MAINTENENCE

RCA FOLLOW UP

MEDICAL OUT PATIENT

ABSTINENCE SUPPORT GROUP

Nursing Out patient

GP Follow Up

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

Admission Date 23/2/09 **CHI No** 3241

Name AGNES McLAUGHLAN **M/F** **Date of Birth** 09.11.70

Address 36, McKERRELL STREET, PAISLEY **Tel.No.** 0141 561 0710

G.P. D.R McCORMICK

Address ANCHOR MILL MEDICAL CENTRE, 4, BRUCE CRESCENT.

Alternative Contact FULTON KERR **Relationship** EX-PARTNER

Address 23, FERGUSLIE WALK, PAISLEY. **Tel.No.**

Medication on Admission

CAMPRAL

THIAMIN 100mgs

Allergies

NONE

RCA Involvement (Y)/N

NHS ARGYLL & CLYDE.

ACCOUNTABILITY RECORD FOR CARE GIVEN

ALCOHOL PROBLEMS CLINIC

AGREED DAYS	WEEK COMM.	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	23/2/09	✓		✓		✓
MWF	18/5/9	PC		DNA.	(P)	DNA
	25/5/9	DNA		DNA		DNA
	1/6/9	DNA		DNA	Discharged Today	

NAME AGNES McVAUGHLAN D.of B 09.11.70 CHI 3241.

NURSING REPORT

Surname McLaughlan

Forenames Agnes.

Page No. (1)

Unit No.

Date	Nursing Report	Signature
6/3/09	Phone call received from Agnes today. States to have sickness and diarehoea. Advised to not attend Monday. Concerns Agnes may have relapsed as her friend had notified staff. Contacted duty social work to clarify children are with their dad. Confirmed by duty team	Nurse Medical
10/3/09 @ 1pm	- Email sent to social worker Andrew Nelson. States to be unable to attend the Review however update given of Agnes's non attendance and possible Relapse	Nurse Medical
18/3/09 4.30 pm	Clinical Review - Discussed non attendance at clinical Review Due to non compliance it was decided Agnes be discharged fully from treatment. A bwk out patient appointment will be offered. * Social Worker Andrew Nelson to be notified.	
20/3/09 12noon	Agnes attended the clinic today. States to have been getting antabuse at her GPs and didnt feel the need to attended Her speech appeared quite slow and she states to have had a relapse while out of service. She breathalysed zero and admits to be 24hrs alcohol free. Agnes states she had to get the police around to the house to remover her friend Ms KB who was taking drugs. She denies	

STY0410D

NURSING REPORT

Surname McLaughlan

Forenames Agnes.

Unit No. 09-11-70 3142.

Date	Nursing Report	Signature
	contact with Ms K B anymore UDS requested today and discussed the treatment options. Agnes has agreed to attend thrice weekly and will bring her own Antabuse to the clinic for supervision Mon, Wed, Fri by the unit support worker Fiona Buchanan.	Nurse Med Clinical
13/5/9 4pm	Attended Social Work meeting today for Agnes. Children doing well in foster care. Further review in September 09. Agnes very disgruntled that her parenting was being challenged. To continue to attend thrice weekly for supervision of Antabuse.	SENIOR NURSE PCURRAN
15/5/9 11.30	Attended today. Mood slow. Still upset that her parenting has been challenged. Guidance and reassurance given around this. RCA worker hearing rumours that Agnes is going to a friends house and using drugs & alcohol. Agnes challenged on this and denied it. Explained the dangers around this. Repeat LFT blood take today and urine taken for drug screening. Advised her to spend more time at the clinic and give thought to community ladies group.	SENIOR NURSE PCURRAN

STY0410D

NURSING REPORT

Surname mcLaughlin

Forenames Agnes

Page No. (3)

Unit No. 0911703142.

Date	Nursing Report	Signature
21/5/9 12.25.	Agnes telephoned the unit this morning - States she has relapsed to drinking since last weekend. has had couple of cans this morning. last attended unit 8 days ago. Worried about childrens "panel" meeting in near future. will discuss with keyworker. Slcranston	
	SYLVIA CRANSTON (COMMUNITY ADDICTION NURSE)	
21/5/9 4pm	Contacted SW Dept to inform them of her relapse. Today is an access day to her duties. They stated she had already contacted them. left message for Andrew Nelson to contact unit if any further concerns. Will discuss care with medical team	SENIOR NURSE PCURRAN
4.30pm	Not answering her phone. ———	PCURRAN
22/5/9 1pm	Still not answering phone. Will try again on Monday 25/5/9. ———	SENIOR NURSE PCURRAN
25/5/9 3pm	Didn't answer telephone. Will contact A. Nelson PAT, tomorrow as regards care. ———	SENIOR NURSE PCURRAN
26/5/09 11.50	Phoned social worker to alert them that Agnes has not attended on a number of occasions and no Phone Call as to why he could not attend. ———	nurse L Anderson
27/5/9 4pm	Discussed at clinical review. Will contact Andrew Nelson as regards her treatment.	SENIOR NURSE PCURRAN

STY0410D