Patient

Name: Mr Richard C Dean
Address: 14 Drayton, Bretton
Peterborough
PE3 9XL
Telephone:

NHS Number: 4981672195
Date of Birth: 30 Sep 1962
Mobile Tel.: 07787654419

Done By

Name:
Date:

Patient*Mr Richard Dean (NHS number: 4981672195)* was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient's Name:	Richard Dean	**Call Ref:**	49023008	**From:**	C&P IUC Service Peterborough
Nhs Number:	498 167 2195	**Priority:**	Callback Med	**Tel:**	0844 560 5040
Date of birth:	30-Sep-1962 (55 years)			**Fax:**	01733 424092
Gender:	Male				
Tel:		**Started:**	04-Aug-2018 15:38		
Address:	19 Adderley	**Closed:**	04-Aug-2018 20:08	**To:**	Boroughbury Medical Centre (D81026)
	Bretton	**Sent:**	04-Aug-2018 20:08	**Fax:**	01733 566945
	Peterborough PE3 8RA				

Contact Details:
Contact number given: 07787 654419
Patient's location: 19 Adderley, Bretton, Peterborough, PE3 8RA

Presenting Complaint:
Patient's Reported Condition
GENERAL HEALTH INFORMATION

Information And Advice Given

Disposition
Speak to a Primary Care Service within 6 hours

Assessment:
Pathways Disposition
Speak to a Primary Care Service within 6 hours (Dx13)

Selected service: IUC - HUC INTEGRATED URGENT CARE (OOH GP) - PETERB

Consultation Summary
Illness
Warm to touch
Tremor onset more than 7 days ago
Previous medical assessment for problem

Worse since last medical consultation
Other worsening symptoms present

Pathways Assessment
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: Shaky and sweaty. feels hot to touch, legs are swollen.
The individual was not fighting for breath.
User Comments: Able to speak with full sentences. declared does feel SOB at times. Not at the moment.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Tremor
There was no seizure in the last 12 hours.
The tremor had started more than 7 days ago.
User Comments: hx weeks, come back last few days. Seen GP about the tremor resulting in blood tests and stool tests.
Withdrawing from drugs, solvents or alcohol was not reported.
There had been a previous medical assessment of the problem.
The problem had worsened since the the medical consultation.
Other worsening symptoms were present.
User Comments: Abdo pain. in A&E PR bleed - Haemorrhoids diagnosed, not felt right since, feels weak with no appetite.
Instructions given were: The individual needs to speak to a GP practice within 6 hours.
User Comments: Comments: Left sided sharp abdo pain with occasional associated back pain which comes and goes. Problems urinating. Swelling to back of knee. Disposition Override Reason: c/o sharp abdo pain with questions regarding abnormal blood test results from GP (not currently known).
Directory of Services referral: IUC - HUC INTEGRATED URGENT CARE (OOH GP) - PETERBOROUGH (HOME OOH PROVIDER)
Advice given: Worsening
User Comments: SOS 111

Advice Given
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Consultation:
Telephone Consultation:
Clinician: Dr Andrew A Anderson
History: says gp rang him this am re abnormal blood results so he is worried
Plan: i have looked at his filed reults from 3rd and theya ll look ok reassured - adv to ring own GP next week

---

Core Activity:

Patient

Name: Mr Richard C Dean NHS Number: 4981672195

Clinician Advice

Follow ups:
Ring Own GP / Call Back If No Better

All Consultations (This may contain entries from above):

04 Aug 2018 20:02
Clinician: Dr Andrew Anderson
History: says gp rang him this am re abnormal blood results so he is worried
Plan: i have looked at his filed reults from 3rd and theya ll look ok reassured - adv to ring own GP next week

---

Patient

Name: Mr Richard C Dean
Address: 14 Drayton, Bretton
Peterborough
PE3 9XL
Telephone:

NHS Number: 4981672195
Date of Birth: 30 Sep 1962
Mobile Tel.: 07787654419

Done By

Name:
Date:

Patient*Mr Richard Dean (NHS number: 4981672195)* was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient's Name:	Richard Dean	**Call Ref:**	57777469	**From:**	HUC IUC C&P
Nhs Number:	498 167 2195	**Priority:**	Callback Low	**Tel:**	0844 560 5040
Date of birth:	30-Sep-1962 (57 years)			**Fax:**	01733 424092
Gender:	Male				
Tel:		**Started:**	07-Feb-2020 19:00		
Address:	14 Drayton	**Closed:**	07-Feb-2020 22:19	**To:**	Boroughbury Medical Centre (D81026)
	Bretton	**Sent:**	07-Feb-2020 22:19	**Fax:**	01733 566945
	Peterborough PE3 9XL				

Contact Details:
Contact number given: 07787 654419
Patient's location: 14 Drayton, Bretton, Peterborough, PE3 9XL

Presenting Complaint:
Patient's Reported Condition
TREMBLING, DARK URINE.

Assessment:
Pathways Disposition
Speak to a Primary Care Service within 12 hours (Dx14)

Selected service: IUC - HUC INTEGRATED URGENT CARE (OOH GP) - PETERB

Consultation Summary
Illness
Warm to touch
Tremor onset more than 7 days ago
Previous medical assessment for problem
Worse since last medical consultation
Other worsening symptoms present

Pathways Assessment
An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: TREMBLING, DARK URINE.
The individual was not fighting for breath.

The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Tremor
There was no seizure in the last 12 hours.
Withdrawing from alcohol, drugs or solvents was not reported.
The tremor had started more than 7 days ago.
There had been a previous medical assessment of the problem.
The problem had worsened since the the medical consultation.
Other worsening symptoms were present.
Instructions given were: The individual needs to speak to the primary care service within 12 hours.
Directory of Services referral: IUC - HUC INTEGRATED URGENT CARE (OOH GP) - PETERBOROUGH (HOME OOH PROVIDER)
Advice given: Worsening

Advice Given
If there are any new symptoms, or if the condition gets worse, changes or you have any other concerns, call us back.

Consultation:
Telephone Consultation:
Clinician: Dr Masood Dadras
History: tonight 1 x episode of dark colour urine.

no abdo pain. no uti symptoms

no back or flank pain.

no feveror rigors.

no nausea or vomiting.

seen in ED yesterday- blood test- nad.

PMH/DH/Allergy- as per s1
Plan: reassured
hydrate
FU with GP
closely observe
safety netted 111/999/ED

Core Activity:
Clinician Advice

Follow ups:
Ring Own GP / Call Back If No Better
GP to Follow-up

All Consultations (This may contain entries from above):

07 Feb 2020 22:13
Clinician: Dr Masood Dadras
History: tonight 1 x episode of dark colour urine.

no abdo pain. no uti symptoms

no back or flank pain.

no feveror rigors.

no nausea or vomiting.

seen in ED yesterday- blood test- nad.

PMH/DH/Allergy- as per s1
Plan: reassured
hydrate
FU with GP
closely observe
safety netted 111/999/ED

Patient

Name: Mr Richard C Dean
NHS Number: 4981672195
Address: 14 Drayton, Bretton
Peterborough
PE3 9XL
Date of Birth: 30 Sep 1962
Telephone:
Mobile Tel.: 07787654419

Done By

Name:
Date:

Patient*Mr Richard Dean (NHS number: 4981672195)* was seen out of hours.

If the patient should not be registered at this unit, and you believe the message to have been sent in error, please contact your OOH service provider.

SystmOne Out of Hours Call Incident Report

Patient's Name:	Richard Dean	**Call Ref:**	58054523	**From:**	HUC IUC C&P
Nhs Number:	498 167 2195	**Priority:**	60 min Callback	**Tel:**	0844 560 5040
Date of birth:	30-Sep-1962 (57 years)			**Fax:**	01733 424092
Gender:	Male				
Tel:		**Started:**	16-Dec-2019 18:04		
Address:	19 Adderley	**Closed:**	16-Dec-2019 18:36	**To:**	Boroughbury Medical Centre (D81026)
	Bretton	**Sent:**	16-Dec-2019 18:36	**Fax:**	01733 566945
	Peterborough PE3 8RA				

Contact Details:
Contact number given: 07787 654419
Patient's location: 14 Drayton , Bretton , Peterborough , Cambridgeshire , PE3 9XL ,

Presenting Complaint:
Patient's Reported Condition
COPD, SORENESS IN THE CHEST WHEN BREATHING, BREATHING PROBLEMS

Ambulance Validation (Dx333)

Assessment:
Pathways Disposition
The disposition is: Speak to a Clinician from our service Immediately - Ambulance Validation (Dx333)

Selected service: No service selected

Consultation Summary
Illness
Warm to touch
Able to carry out some normal activities
Breathless at rest
Breathless at rest, first episode
New/worsening confusion
Assessment ended: call transferred to clinician
Local policy requires call to be transferred to a clinician
Local policy requires ambulance validation

Pathways Assessment

An injury or health problem was the reason for the contact.
Heavy bleeding had not occurred in the previous 2 hours.
An illness or health problem was the main problem.
User Comments: COPD, SORENESS IN THE CHEST WHEN BREATHING, BREATHING PROBLEMS
The individual was not fighting for breath.
The main reason for the assessment was not a heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.
The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, a probable allergic reaction or ICD shock.
The skin on the torso felt normal, warm or hot.
Pathway selected - Breathing Problems, Breathlessness or Wheeze
There was no rapid swelling of the lips, face, tongue, mouth or throat.
There was no chest or upper back pain at the time of the assessment.
There had been no chest or upper back pain in the previous 24 hours.
The individual was still able to carry out some normal activities.
There had been no episode of choking within the previous 24 hours.
There had been no inhalation of a hot or poisonous substance in the previous 24 hours.
The individual had not coughed up blood.
Breathing harder or faster when doing nothing was described.
This was the first episode of this degree of breathlessness.
There was new or worsening confusion.
Early Exit selected
Assessment ended because transfer to a clinician was required.
The call was transferred to a clinician as part of a local policy.
Local policy required ambulance validation.
Instructions given were: I'll connect you with a clinician from our service now.

Advice Given
None recorded

Consultation:
Telephone Consultation:
Clinician: Dr Faheem Z Mazi Kotwal
History: CAS in 111.

spoke to pt. c/o chest pain, pain in his back, also sweaty. c/o numbness L hand. says feels very unwell.
Diagnosis: ? MI
Plan: blue lihgt amb reference 3100. also apparently pt /someone else has called 999 already

---

Core Activity:
Clinician Advice

Follow ups:
PCC in 111 - Requested C2 Ambulance

All Consultations (This may contain entries from above):

16 Dec 2019 18:24
Clinician: Dr Faheem Mazi Kotwal
History: CAS in 111.

spoke to pt. c/o chest pain, pain in his back, also sweaty. c/o numbness L hand. says feels very unwell.
Diagnosis: ? MI
Plan: blue lihgt amb reference 3100. also apparently pt /someone else has called 999 already

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR C M REID

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(if DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

14th SEPTEMBER 2009

Ref: Patient
RICHARD DEAN
N.F.A.

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 046442/09

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on MONDAY 14th SEPTEMBER 2009 at 8:46 pm.

Referred by: SELF

Their presenting complaint was:-
LACERATION TO HEAD

On examination I found:-
LACERATION TO TOP OF HEAD 12CM IN LENGTH

Investigations:	TEMP PULSE RESP RECORDED
Investigations:	BLOOD PRESSURE RECORDING
Investigations:	BM GLUCOSE
Diagnosis:	LACERATION,B HEAD EXCLUDING FACE
Immunisation:	
Treatment:	ANAES - LOCAL
Treatment:	WOUND-SUTURES
Treatment:	MISC-HEAD INJ.INSTRUCT
Disposal:	ALLOWED HOME

WATSON.

PETERBOROUGH DISTRICT HOSPITAL
INTENSIVE CARE UNIT
Nursing transfer details For G.P. Information

HOSPITAL NUMBER: P611905
NAME: Richard DEAN DOB: 30/9/1962
ADMISSION DATE: 25/5/2007
DISCHARGE DATE: 26/05/07 Transferred to ward 17

Main reason for admission:
Secondary reason for admission:

Admission and progress details
Sepsis prob sec to right groin abscess/sinus. Right femoral DVT. IVDU.
Previous Hep B / HIV / Hep C -ve
Admitted for fluids + norad

Discharge comments
Patient currently self ventilating on 4l O2 via nasal cannula. Resp rate 15-25, SaO2 94-98%. ABG's satisfactory. Coughing ,nil expectorated. Haemodynamically stable,Heart rate 70-85 bpm SR, Apyrexial. BP 120/60. K+ levels stable.
Nil IV Fluids, taking good amounts oral fluids and diet. Urinary catheter insitu, good diuresis. BO small amount soft stool.
Patient sleepy but orientated when awake. Moving Self around the bed, minimal assistance required to change position. Declined wash and personal care. Visited by daughter, other daughter telephoned.
Sinus wound clean and not oozing.
Receiving daily methodone.

F	C
31 MAY 2007	
S	T

Mews score:

Signed.....

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

18th MAY 2007

Ref: Patient
RICHARD DEAN
30 HANKY STREET
PETERBOROUGH
CAMBS

PE1 2HH
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 023939/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on FRIDAY 18th MAY 2007 at 10:34 am.

Referred by: SELF

Their presenting complaint was:-
DVT RT LEG/ ACCIDENTAL OD

On examination I found:-
ACCIDENTAL OVERDOSE

Investigations:

Diagnosis: DELIBERATE OVERDOSE,

Immunisation:

Treatment:

Disposal: ADM-CLINICAL OBS/DECISION UNIT

Yours sincerely
S CROSS - CLINICAL FELLOW A&E

F C
22 MAY 2007
S T

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

25th MAY 2007

F	C
30 MAY 2007	
S	T

Ref: Patient
RICHARD DEAN
NFA

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 025155/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 24th MAY 2007 at 4:55 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
UNWELL

On examination I found:-
INFECTED FISTULA RIGHT GROIN-SEPTIC

Investigations: PATHOLOGY INVESTIGATIONS

Investigations: 12 LEAD ECG PERFORMED

Diagnosis: SOFT TISSUE INFECTION,R THIGH

Immunisation:

Treatment: INTRAVENOUS CANNULA

Treatment: ADVICE - VERBAL

Disposal: ADMITTED WARD 1Z PDH

Yours sincerely
G WHEBLE - SHO A/E

The Nene Project

Bridge Street Police Station
Peterborough, PE1 1EH
The Nene Project Tel 01733 424484/5
"Working Together" Fax 01733 424406

CONSTABULARY
Creating a safer Cambridgeshire

2nd Aug[illegible]04
([illegible]n clinic 27.7.04)

F C
- 4 AUG 2004
S T

Dr Watson
The Surgery
63 Lincoln road
Peterborough
Cambs

Dear Dr Watson

Richard DEAN (dob:30.9.62)
C/o St Theresa's, Manor Street, Peterborough

Richard was reviewed at the Nene Drug Addiction Project on Tuesday 27th July 2004.

He is presently using 5 to 6 bags of 0.2 grams of Heroin per day, which he is intending to inject into his groin. He had been using Heroin for the last 3 to 4 years. Although his injecting history goes back 14 years previously, he used to inject Amphetamines. He tends to use Benzodiazepines occasionally every couple of days when he uses Valium 10 to 20mgs. He rarely uses Crack but he smokes cannabis about 2 to 3 joints every couple of days.

He wants to stabilise and then hopefully do a Detox. Hence we have started him on Methadone Mixture and we shall increase him up to 50mls over the next few days.

We shall review him in clinic in 1 weeks time.

Yours sincerely

pp RBasi

Dr R Basi
The Nene Project

192

Dept of Colorectal Surgery
Tel: 01733 874152
Fax: 01733 875306

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

GP Details

DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

Patient Details

MR RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH
PE2 5PW

30 DEC 2008

Hospital Number: DIS0529177
CaseNote Number: P611905
NHS Number: 4981672195

Date of Admission: 22/12/2008 16:00
Date of Discharge: 23/12/2008

Specialty: SURGICAL
Consultant: CDR P TAYLOR

Admission Diagnosis or Symptoms

Known IVDU who frequently injects into his groin veins. Developed mass in LEFT groin area. Discharging foul smelling pus. Presented with pyrexia.

Other Diagnoses and Comorbidities

On methadone regime.
Prelvous DVT of RIGHT leg. On warfarin.
Pneumonia and septicaemia 1 year ago.

Management and Progress

USS: Enlarged lymph nodes. No veins at all visible. No aneurysm.

Other Comments

ALLERGIC TO PENICILLIN

Follow Up Details

Please continue Antibiotics for 2/52 total.

Discharged By Emily Manning

Secretary: Lynne Phillips
E-mail: lynne.phillips@pbh-tr.nhs.uk
☎ 01733 874293
🖷 01733 875287 (safe haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Department of General/Respiratory Medicine

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Dr. SEEMA BRIJ
E-mail: seema.brij@pbh-tr.nhs.uk

LHP: P611905_200707241630_CS

Tel: 01733 874000
(If DDI prefix extension No. with 87)

Clinic Summary: Dr. Brij 24/7/07
31/07/2007

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire

Dear Dr Panday

RE: MR RICHARD DEAN, DOB 30/09/1962
54 A Broadway, Peterborough, ,

This young man with pneumonia DNAd his outpatient appointment with me today. I have issued him with a repeat appointment and would be grateful if he comes to the practice that you reiterate the need for him to have a repeat chest x-ray and see me in the clinic.

Yours sincerely,

SEEMA BRIJ
Consultant General/Respiratory Physician

Jean

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: Richard Dean (DOB:) DATE: 28/2/09

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(Use "√" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	√ 0	1		
2. Feeling down, depressed, or hopeless	0 √	1		
3. Trouble falling or staying asleep, or sleeping too much	0 √	1		
4. Feeling tired or having little energy	0	1 √		
5. Poor appetite or overeating	0 √	1		
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0 √	1		
7. Trouble concentrating on things, such as reading the newspaper or watching television	0 √	1		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0 √	1		
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0 √			
add columns:		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:				

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	
	Not difficult at all
	Somewhat difficult
	Very difficult √
	Extremely difficult

1 of 2

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Radiology Department
Edith Cavell Hospital
Bretton Gate
Peterborough
Tel: 01733 875401

23/10/09

Dear Doctor Miller

We are returning the attached x-ray referral form as we have not been contacted by the patient within 7 days. If you still wish for the specified examination to be performed please send a new referral.

Yours sincerely

Radiology Booking Co-ordinator

36

A

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

F | C
26 JUN 2007
S | T

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

IN PATIENT/DAY PATIENT
OUT PATIENT
DATE ADMITTED 24/5/6
DATE DISCHARGED 22/6/7
UNDER THE CARE OF SBR1
WARD 14

UNIT NO.
P 61 19 05
DEAN, RICHARD
NFA
30-SEP-1962
DR S. PANDAY

MAIN DIAGNOSIS
or Reason for Admission

Δ Rt sided pneumonia.
Ⓡ lower zone lung empyema
Admitted c̄ sepsis – 2 days on ITU – not intubated

OTHER IMPORTANT CONDITIONS
i.e. Diabetes, Drug Sensitivities etc.

Central line inserted to gain IV access. 27 days of IV Teicoplanin given.
Blood cultures: Coag ⊖ Staph

OPERATION OR TREATMENT
or Principal Special Investigation

X2 cardiac Echo (Transthoracic) → No Vegetations seen.
~900ml of fluid drained from Ⓡ side of chest
Felt well towards end of admission. IV Teicoplanin stopped.
14/7 of Fusidic Acid 500mg oral tds.

TREATMENT ON DISCHARGE HOME

Also Δ of Rt femoral DVT (10/5/07) → on tinzaparin injections.

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
22/6/7	Tinzaparin ~~Morphine~~	0.8 mls	OD ~~BD~~	7 days ~~BD~~	GP	⑦ ic
	pc: to obtain more from GP					
	Nicotine Patches	21mg	TOP	OD	7	— PDO
	~~Fucithalmic~~ Forksipi	T	TDS		7		NOT PHARMACY
	Fusidic Acid	500mg O	TDS	7		— 42 LC
	pc: Methadone	70mg	od	— to be supplied in community		

FOLLOW UP
i.e. OPD Appointment, District Nurse, Health Visitor, Other (Please specify)

Continue tinzaparin – s/c
OPD SBR1 – 4/52 c̄ Rpt CXR

Signed: [signature] Position Held: SHO Date: 22/6/7

G.P.'S ADDRESS

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

PHAMR 240
WZZ 689

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

22nd DECEMBER 2008

F | C
29 DEC 2008
S | T

Ref: Patient
RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 062077/08

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on MONDAY 22nd DECEMBER 2008 at 06:02 am.

Referred by: SELF

Their presenting complaint was:-
? ABSCESS LEFT GROIN

On examination I found:-
ABSCESS LFT GROIN – Referred for I+D.

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis:

Immunisation:

Treatment:

Disposal: ADMITTED WARD 4Y PDH
Yours sincerely
A E LOCUM DAY COVER

Date:	Mon, 21 Jul 2008 16:22:55 +0100
From:	"Sohrab Panday" <spanday@nhs.net> | | Show headers
Subject:	FW: Richard Dean

To:
<cknox@nhs.net>

Please put this on emis and arrange appt
sp

-----Original Message-----
From: Blatchford Laura [mailto:laura.blatchford@cpft.nhs.uk]
Sent: 21 July 2008 14:33
To: Panday Sohrab (NHSMail)
Subject: Richard Dean

Dear Dr Panday.

I saw Richard Dean today for review. He was discharged from hospital following a 1/12 stay.

He reports that his diagnosis was double Pnuemonia and Renal failure. I would be grateful if you would provide a letter for his housing association to siupport this, as this gentleman is currently homeless.

Kind regards

Laura Blatchford

Laura Blatchford
Substance Misuse Practitioner
Peterborough Drug Services
62 Lincoln Road
Peterborough
PE1 2SN

email: laura.blatchford@cpft.nhs.uk
Telephone: (01733) 898385
Fax: (01733) 758333

www.cpft.nhs.uk

The Nene Project

Bridge Street Police Station
Peterborough, PE1 1EH
Tel 01733 424484/5
Fax 01733 424405

Our Ref: RR/DSP/ dean-r-20.5.05

The Nene Project
"Working Together"

20th May 2005
(Dictated in Clinic 19.5.05)

CONSTABULARY
Creating a safer Cambridgeshire

Dr Panday
The Surgery
63 Lincoln Road
PETERBOROUGH
PE1 2SF

Dear Dr Panday

Richard DEAN (dob: 30.09.62)
Fairview, 1 Oundle Road, Peterborough

Diagnosis:

1. **Opiate dependence: currently on 80mls Methadone Mixture 1ml/1mg daily. Current use of Heroin on top of prescription on occasions.**
2. **Mixed anxiety and depressive disorder (possibly delayed grief reaction). Was prescribed Amitriptyline 50mgs od, which he has stopped taking for the past two weeks. Advised to commence on Mirtazapine 30mgs od on 19.05.05.**

Richard was seen in the Nene Drug Addiction Project on the 19th May 2005. He is currently with the DTTO.

He has been suffering from panic attacks over the past 3-4 weeks. He complains of panic attacks on occasions when he is in a crowded situation. He experienced anxiety symptoms a year ago. He also has been feeling quite low in mood. He has noticed that he has been crying a lot over the past few months. He has had thoughts of self-harm, though has never acted upon these and does not have any ideas to act upon them either. His sleep has been affected. He has been able to maintain average self-care. He says he has been eating when he is reminded at the hostel to have a meal. He did appear quite low in mood at the time of the interview.

Past History
A year ago, he suffered from depression and was commenced on Amitriptyline 50mgs od. He has not been taking this medication on a regular basis and hence felt it was not of much benefit.

Family History
Both parents suffer from mental health problems. Richard recalls that both his parents were in and out of psychiatric units in the past.

Personal History
He was born in Scotland and recalls spending most of his childhood in various children's homes. He completed school at the age of 15½ years. He did not fare very well at school, as he was unable to concentrate at work. After completion of school, he worked on a building site for 4-5 years. He met his partner at the age of 20. She had three children from previous relationships. He stayed with his partner for 19 years and they had two daughters. In 2000, he went into prison for three years for fraud. Whilst he was in prison, his partner settled in a different relationship.

The Cambridgeshire DTTO Centre
DTTO North Team
Gloucester House
23a Londond Road
Peterborough
Cambs
Huntingdon, Cambs
PE2 8AP
Tel: (01733) 348828
Fax (01480) 313765

19th January 2005

Dear Dr Panday

Re: **Richard Dean**
DOB 30/09/62
c/o 98 Flore Close
Westwood
Peterborough

This is to inform you that the above-named patient, who is registered with your practice, is receiving treatment for her drug dependency with this agency as part of a Drug Treatment and Testing Order (DTTO).

He is been commenced on a script of Methadone 30mg which will titrate to 60 mg (1mg/1ml) in the first week.

He will be required to attend for regular medication reviews whilst subject to the DTTO. I will keep you fully informed of any further developments.

Please contact me or the DTTO nursing staff at the above address if you require any further information.

Yours sincerely

Dr R Basi

Criminal Justice Intervention Programme
Peterborough

Our Ref: ML/DSP/lb/dean-r-25.6.07

COPY

25th June 2007
(Dictated in Clinic: 7.6.07)

Community Drug Team
Main Office
62 Lincoln Road
Peterborough
PE1 2SN

Tel: (01733) 898385
Fax: (01733) 758333
E-mail: cdt@cambsmh.nhs.uk

Richard Dean

TO BE HELD IN RECEPTION

Dear Richard

You did not attend your clinic appointment this morning, the 7th June and I presuming that you are still in hospital.

So that you do not fall out of the loop for clinical review, I have rebooked you for:

Date: **Friday, 13th July 2007**
Time: **1.30pm**
Venue: **62 Lincoln Road, Peterborough**

In the interim, your Keyworker Laura will attempt to ascertain what has been happening and I have asked the Chemist to let us know if you represent there.

Yours sincerely

Maggie Lawrence
Team Manager
Peterborough Substance Misuse Services
Cambridgeshire and Peterborough Mental Health Partnerships NHS Trust

Cc Dr Panday
Cc Laura Blatchford

ML/dean-r-20.1.07
(dictated in clinic 18.1.07)

Richard Dean
6 Creighton House
St. Marys Court
Peterborough
PE1 1UW

Dear Richard,

You were due to be seen in clinic this morning at the Community Drugs Team and you failed to attend. I have reviewed your notes and see that you were last reviewed formally by your key worker on 28th November 2006. You then failed to attend your next offered appointment on 14th December. We have rebooked you in this instance for

Date 15th March 2007
Time 11.00 am

I must insist that you attend this appointment without fail in order to maintain your prescription.

Yours sincerely,

Maggie Lawrence
Clinical Manager
Peterborough Community Drugs Team

c.c. Dr. Panday, 63 Lincoln Rd. Peterborough PE1 ✓

F	C
22 JAN 2007	
S	T

192

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(if DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

17th JUNE 2008

Ref: Patient
RICHARD DEAN
40 PARK LANE
EASTFIELD
PETERBOROUGH

PE1 1UW
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 029236/08

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on MONDAY 16th JUNE 2008 at 3:22 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
?CELLULITIS RT ANKLE & LEFT HAND

On examination I found:-
L. HAND CELLULITIS. R. LOWER LEG DVT.
L. GROIN ABSCESS

Investigations: PATHOLOGY INVESTIGATIONS

Investigations: BM GLUCOSE

Investigations: TEMP PULSE RESP RECORDED

Diagnosis: BOIL / ABCESS,

Diagnosis: D.V.T.,

Diagnosis: SOFT TISSUE INFECTION,L HAND

Immunisation:

Treatment: DRUG-ANALGESIA PRESCR.

Treatment: DRUG-ANTIBIOTIC PRESC.

F	C
19 JUN 2008	
S	T

University Hospitals of Leicester NHS

NHS Trust

THE JOHN WALLS RENAL UNIT

PT/CW/af134714
5 August 2008

Dr S Panday
83 Lincoln Road
Peterborough
Cambridgeshire
PE1 2SF

F C
01 SEP 2008
S T

Leicester General Hospital
Gwendolen Road
Leicester
LE5 4PW

Tel: 0116 249 0490
Fax: 0116 258 4666
Minicom: 0116 258 8188

Dear Dr Panday

RICHARD DEAN NHS No. 4961672195 DoB: 30 September 1962 U4897008
40 Park Lane Peterborough, Cambs PE1 5JH

Admitted: 20 June 2008 **Discharged:** 15 July 2008

Mr Dean was admitted through EAU from Peterborough District Hospital on the 20th June 2008.

He has a previous background of known iv drug use (heroin, methadone) and is also Hep C positive.

He was admitted on the 16th June 2008 with several warm right leg swellings and left hand red rash and soreness. He also had a right femoral vein DVT and left hand cellulitis. He had positive group A streptococcal blood cultures and he was treated with clindamycin for 2 weeks.

He also developed acute kidney injury likely secondary to cryoglobulins +/- sepsis and medication. His renal function subsequently stabilised not requiring any renal replacement therapy.

His DVT was treated with iv heparin and he was later converted to warfarin.

He also had multi-lobular pneumonia which was treated with clarithromycin and cephtriaxone. His rifampicin was also continued. His inflammatory markers improved.

His IVDU was treated with methadone. He had C-diff negative diarrhoea and there was a query about endocarditis but it was a low clinical suspicion because his inflammatory markers had improved.

During this admission the risks of anticoagulation without any follow up were explained to the patient because he did not have a fixed schedule. However, he did explain that he has a regular GP in the form of yourself and that he understood the risks associated with anticoagulation and he agreed that he would have regular anticoagulation follow up. Our House Officer on the 15th July contacted the GP practice at the address above and spoke to Dr Watson, covering GP as Dr Panday was on leave. It was confirmed by the GP that the patient can have warfarin follow up there.

Hence, the patient was discharged on the 15th July 2008. His follow up was also booked at Peterborough in 2-4 weeks time.

Medication			
	Zopiclone	7.5 mg	x1/d
	Loperamide	4 mg	x4/d
	Cyclizine	50 mg	x3/d
	Warfarin	3 mg	x1/d
	Methadone	85MLS mg	x1/d
	Fortijuice	200ml	x4/d
	Diazepam	5 mg	x4/d

Yours sincerely

Dr R Akbar
Specialist Registrar in Nephrology

Countersigned

Dr Peter Topham
Consultant Nephrologist

Cc: Dr Mistry – Peterborough

RT

17/07 '08 12:22 TX/RX NO. 3282 P01

FAX TRANSMISSION

Leicestershire Nutrition and Dietetic Service NHS

DATE 17/8/08

TO:
Doctor: S. Pandey Location: 62 Lincoln Road
Fax No: 01733 569230 Peterborough PE1 2SF

FROM:
Name: Jenny McMahon Title: Renal Dietitian
Location: Nutrition & Dietetic Department, Leicester General Hospital Fax: 0116 2584933
Telephone: 0116 2584981 Website Address: www.lnds.nhs.uk

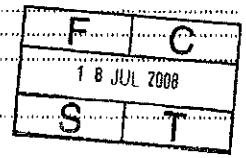
Re: Name: Richard Dean DOB: 30/9/62
Address: 40 Park Lane UN: LH597709
Peterborough
Diagnosis: Acute kidney injury.

I would like to suggest that the patient should start/continue the following ACBS prescription(s) for the next ....3..... weeks/months:-

Product	Flavour	Unit/Volume	Dosage/day
Forticare.	Various	200mls.	tds

Indications for use of this product(s) include:
Improve nutritional status

Follow up arrangements are:-
—.



With thanks
JM
J. McMahon
Registered Dietitian

PLEASE NOTE:
We are transmitting a total number of ....1..... pages (including this sheet). (If you do not receive all of the pages in good condition, please phone the above number).

COPY

Our Ref: RB/DSP/lb/dean-r-17.7.07

17th July 2007
(Dictated in Clinic: 13.7.07)

Community Drug Team
Main Office
62 Lincoln Road
Peterborough
PE1 2SN

Tel: (01733) 898385
Fax: (01733) 758333
E-mail: cdt@cambsmh.nhs.uk

Mr Richard Dean
C/o Hope House
72 London Road
PETERBOROUGH
PE2 9BP

Dear Richard

You were due to see me in the Community Drug Team clinic on the 13th July 2007 but failed to attend.

The staff have made me aware that you have been in hospital recently; I hope your health is improving.

We have rebooked you in for another clinic appointment on:

Date: **Thursday, 9th August 2007**
Time: **10.00am**
Venue: **62 Lincoln Road, Peterborough**

Yours sincerely

Dr R Bust
Peterborough Substance Misuse Services
Cambridgeshire and Peterborough Mental Health Partnerships NHS Trust

Cc Dr Panday

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

A

P 61 19 05
DEAN, RICHARD
174 CROWN ST
PETERBOROUGH
CAMBS

PE1 3DA 30-SEP-1967
DR S. PANDAY

IN PATIENT/DAY PATIENT
OUT PATIENT
DATE ADMITTED 13-4-07
DATE DISCHARGED
UNDER THE CARE OF DBR
WARD 3X DVT Service

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

MAIN DIAGNOSIS
or Reason for Admission Painful Swollen (R) Leg

OTHER IMPORTANT CONDITIONS
i.e. Diabetes, Drug Sensitivities etc. IV Drug User

OPERATION OR TREATMENT
or Principal Special Investigation D-Dimer - 675

TREATMENT ON DISCHARGE HOME
Did Not Attend For USW

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY

F C
9 MAY 2007
S T

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)

Signed: [signature] Position Held: CNS Date: 4.5.07

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

G.P.'S ADDRESS

PHAMR 240
WZZ 689

1 of 6

UNIVERSITY HOSPITALS of LEICESTER NHS TRUST - INPATIENT DISCHARGE LETTER
DEPARTMENT OF NEPHROLOGY

Tel: 0116 258 8043
Fax: 0116 258 4764
Email: Jane.Gilbert@uhl-tr.nhs.uk

15/07/2008

GP details	Patient details
Dr S PANDAY	RICHARD DEAN
63 LINCOLN ROAD	40 PK LN
PETERBOROUGH	PETERBOROUGH, CAMBS PE1 5JH
	DOB: 30.09.1962 NHS no. 4981672195

Dear Dr PANDAY

Your patient was admitted to the John Walls Renal Unit on 20.06.2008.
Admitted with: right leg dvt, left hand
cellulitis, sepsis, aki

The Consultant responsible for his care was Professor Nigel Brunskill on Ward 10

New problems during this admission
aki sec to group A strep,
renal us normal had hd
hep c pt, ivdu 6 yrs

Key Investigations: rx multilobar pneumonia TTEcho trivial mr,tr, pr no endocard
Key Results : on warfarin for dvt, ESM on left sternal edge,

Dialysis Access: referred to county drug team. hiv and hep B negative

No Healthcare Related infections noted

Outstanding issues
had abx for pneumonia cryoglobulins positive
hep c f/u in pboro, IVDU on methadone

Other comments
chase viral loads for hep c on warfarin needs monitoring

He was discharged from the Renal Unit on 15.07.2008 to home.
Follow-up: gp for anticoagulation. ~~INR~~ confirmed c GP.

If you require any further information please do not hesitate to contact me at the Leicester General Hospital through the switchboard.

Yours sincerely

Dr. R SHAOTA

F	C
1 8 JUL 2008	
S	T

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR R RUSSELL

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

14th SEPTEMBER 2009

Ref: Patient
RICHARD DEAN
N.F.A.

D.O.B. 30/09/1962

Telephone: NO PHONE

Our Ref: A/E Number 900143/09

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on SATURDAY 12th SEPTEMBER 2009 at 3:00 pm.

Referred by: OTHER INITIATOR OF ATTENDANCE

Their presenting complaint was:-
OVERDOSE

On examination I found:-
HEROIN OVERDOSE

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: DELIBERATE OVERDOSE,

Immunisation:

Treatment: OBSERVATION

Treatment: DRUG-UNSPECIFIED

Disposal: ADM-CLINICAL OBS/DECISION UNIT

Yours sincerely

C BEET - A&E SHO

CTI

ACCIDENT & EMERGENCY DEPARTMENT,
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR D VIJAYASANKAR

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

12th FEBRUARY 2010

Ref: Patient
RICHARD DEAN
N.F.A.

ZZ99 3VZ
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 006827/10

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on FRIDAY 12th FEBRUARY 2010 at 4:06 pm.

Referred by: SELF

Their presenting complaint was:-
SHORT OF BREATH

On examination I found:-
?INFECTION

Investigations: X-RAY

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: UP.RESP TRACT IF,

Immunisation:

Treatment: PRESCRIPTION

Disposal: ALLOWED HOME

Yours sincerely

A E LOCUM DAY COVER

[illegible]

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

A

NURSES' USE ONLY

FOR URGENT TTOs PLEASE STATE TIME REQUIRED

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

(IN PATIENT) DAY PATIENT
OUT PATIENT
DATE ADMITTED 2/8/07
DATE DISCHARGED 10/8/07
UNDER THE CARE OF
WARD 1Y

F G L 19 015
DEAN, RICHARD
72 LONDON ROAD
Peterborough

PE1 2SN 30-SEP-1962
DR D. CHINN

MAIN DIAGNOSIS or Reason for Admission: LETHARGY ?CAUSE
To Rule out INFECTIVE ENDOCARDITIS

OTHER IMPORTANT CONDITIONS i.e. Diabetes, Drug Sensitivities etc.: ALLERGIC TO PENICILLIN
IVDU
HEPC +VE
PAST DVT

OPERATION OR TREATMENT or Principal Special Investigation:
Blood Culture x2 -
SPUTUM MCS / BRONCHIAL ASPIRATE - NORMAL FLORA
ECHO - NORMAL

TREATMENT ON DISCHARGE HOME

F C
14 AUG 2007
S T

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
9/8	DIAZEPAM	30MG	DAILY (NOCTES)	7		
9/8	METHADONE	70ML	DAILY	-TO	GET FROM GP	
9/8	ZOPICLONE	7.5MG	NOCTE	7		

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)

Signed: Position Held: ST-1 Date: 9/8/07

09/08/07
Paracetamol + codeine also on drug chart - when required can co-codamol can be purchased over the counter if needed

Pandoll.

G.P.'S ADDRESS

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY – POST TO G.P.
(B) SECOND COPY – FILE IN CASE NOTES
(C) THIRD COPY – HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY – PHARMACY RECORD

PHAMR 240
WZZ 669

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: DR R RUSSELL

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

9th APRIL 2009

F	C
15 APR 2009	
S	T

Ref: Patient
RICHARD DEAN
62 HERLINGTON
ORTON MALBORNE
PETERBOROUGH

PE2 5PW
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 017294/09

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 9th APRIL 2009 at 8:42 pm.

Referred by: SELF

Their presenting complaint was:-
ALLERGIC REACTION

On examination I found:-
ALLERGIC REATION- SETTLED

Investigations: NONE/NO FURTHER INVESTIGATIONS

Diagnosis: ALLERGY,

Immunisation:

Treatment:

Disposal: ALLOWED HOME

Yours sincerely

D ASHDOWN A&E SHO

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 874397
Fax. NO. 01733 875930 (Safe Haven)

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANTS: Col. Andrew Cope
Lt Col. Rob Russell
Miss C.Reid

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Tel: 01733 874000
(If DDI prefix extension No. with 87)

To: DR S PANDAY
THE SURGERY
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2SF

14th APRIL 2007

Ref: Patient
RICHARD DEAN
174 CROWN STREET
PETERBOROUGH
CAMBS

PE1 3JA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number 017435/07

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on THURSDAY 12th APRIL 2007 at 1:27 pm.

Referred by: General Practitioner

Their presenting complaint was:-
DVT RT LEG

On examination I found:-
DVT RIGHT LEG > DVT CLINIC ON 3X AT 9am.

Investigations: PATHOLOGY INVESTIGATIONS

Diagnosis: D.V.T.,

Immunisation:

Treatment: ADVICE - VERBAL

Disposal: REFERRED OTHER CLINIC

Yours sincerely
F SHAFI - SHO A/E

Mod Shafi.

F	C
17 APR 2007	
S	T

SR (37) 16 45.

A

DVT - Service No Drug Chart

NURSES' USE ONLY

FOR URGENT TTOS PLEASE STATE TIME REQUIRED

17.00

PLEASE PRESS FIRMLY USING BLACK BALL POINT PEN

DISCHARGE NOTE **PETERBOROUGH DISTRICT / EDITH CAVELL / STAMFORD HOSPITAL**

IN PATIENT/DAY PATIENT
OUT PATIENT
DATE ADMITTED 10-5-07
DATE DISCHARGED
UNDER THE CARE OF CDM
WARD 3X DVT Service

UNIT NO. P611905
SURNAME (BLOCK CAPITALS) DEAN
MR/MRS/MISS RICHARD
FIRST NAMES
ADDRESS 30 HANKEY St
POSTCODE P'BORO
30-9-62

MAIN DIAGNOSIS
or Reason for Admission
DVT Confirmed
Painful Swollen (R) Leg

OTHER IMPORTANT CONDITIONS
i.e. Diabetes, Drug Sensitivities etc
IV Drug User

F	C
14 MAY 2007	
S	T

OPERATION OR TREATMENT
or Principal Special Investigation
D-Dimer - 7/050
USVN - DVT in (R) Femoral Vein

TREATMENT ON DISCHARGE HOME
- Tinzaparin 3/12

MEDICINES TO TAKE HOME (Block Capitals)
An original pack of each item will be dispensed unless otherwise requested

DATE	APPROVED NAME OF DRUG	DOSE	FREQUENCY	NO. OF DAYS	DOCTOR'S SIGNATURE	PHARMACY
10.5.07	TINZAPARIN	0.8	OD	7	[signature]	7x0.9ml 33
10.5.07	CO CODAMOL 8/500	ii	QDS	14	[signature]	30x8/500 SD
10/5/07	TINZAPARIN	0.8	OD	7	[signature]	[signature]

FOLLOW UP
i.e. OPD Appointment
District Nurse
Health Visitor
Other (Please specify)
} with GP

Signed: [signature] Position Held: SR Date: 10/5/07

THIS FORM IS IN QUADRUPLICATE

(A) TOP COPY - POST TO G.P.
(B) SECOND COPY - FILE IN CASE NOTES
(C) THIRD COPY - HAND TO PATIENT ON DISCHARGE, TO KEEP FOR GP
(D) FOURTH COPY - PHARMACY RECORD

G.P.'S ADDRESS

PHAMR 240
WZZ 689

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Secretary: Lynne Phillips
E-mail: lynne.phillips@pbh-tr.nhs.uk
☎ 01733 874293
🖷 01733 875287 (safe haven)

Department of General/Respiratory Medicine

Peterborough District Hospital
Thorpe Road
Peterborough
Cambridgeshire
PE3 6DA

Dr. SEEMA BRIJ
E-mail: seema.brij@pbh-tr.nhs.uk

Tel: 01733 874000
(if DDI prefix extension No. with 87)

LHP: P611905_200711061515_CS

Clinic Summary: Dr. Brij 6/11/07
09/11/2007

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire

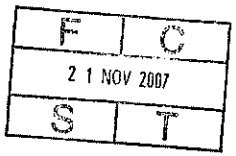
Dear Dr Panday

RE: MR RICHARD DEAN, DOB 30/09/1962
6 Creighton House, St Marys Court, Peterborough,

This gentleman with pneumonia and empyema on the left failed to attend his outpatient appointment today. I would have liked to have seen a repeat chest x-ray. However he had some social problems. I would be interested to know if he is still on tinzaparin for his DVT. I have not made him an a repeat appointment to see me as I do not think he will attend. However should you wish me to see him please do not hesitate to call me on the above number and I will add him to one of the clinics as an urgent case.

Yours sincerely,

SEEMA BRIJ
Consultant General/Respiratory Physician



Peterborough District Hospital

Procedure Venue: PDH endoscopy

Bronchoscopy Report

Date: 07/06/2007
Start Time: 10:24:11 End Time: 10:24:11

Id number: P611905
Name: RICHARD DEAN
Date of birth: 30/09/1962
Address: NFA

watson

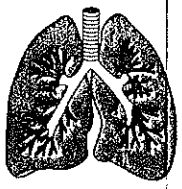
Classification: WARD

Referring doctor: Dr S BRIJ **General practitioner:**

Bronchoscopists
Dr Soma Kar
Dr Ian P F MUNGALL Consultant

Instrument
BRONCHOSCOPE 240

Medications Used
No pre-medication used.
Topical lidocaine



Indications
Radiologic abnormality

Report Findings
There was nothing precluding the bronchoscopy on history or physical examination. Informed consent for the procedure was obtained. The risks and benefits were explained and the alternatives were outlined.

The patient tolerated the procedure well, and there were no complications. The larynx was examined and was normal.
The only post operative instruction was nil by mouth till passes "gargle test".

Preliminary Diagnosis
Normal bronchoscopy.

Procedures
Vial 1: washing x 1 from L Lobe for Culture
Vial 2: washing x 1 from R Lobe for Culture

General Comments
Normal bronchoscopy. Normal vocal cords, trachea , carnia and bronchial tree. Mucoid secretion from both loer lobe bronchus. Washing taken from Right and left lower lobe bronchus for MCS and PCP.

Signature: Soma

Dr Soma Kar
C.C. Report to General Practitioner
C.C. Report to Peterborough notes

F	C
12 JUN 2007	
S	T

NATIONAL PROBATION SERVICE
for England and Wales

Cambridgeshire

Our Ref: RB/pjp/dean-r-22.11.05

22nd November 2005
(Dictated in clinic ~ 02.11.05)

F	C
3 0 NOV 2005	
S	T

Dr Panday
The Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF

Dear Dr Panday

Richard DEAN (dob:30.09.62)
37 Waltham Close, Welland Estate, Peterborough

Richard was reviewed at the Peterborough Probation clinic on Wednesday 2nd November 2005.

He is presently on Methadone Mixture 1ml/1mg 80mls daily and still tending to use quite frequently on top on that. There are issues concerning this, more being the accommodation where he lives where there are quite a lot of users and he is having great difficulty to saying no. He is also suffering a lot more from anxiety attacks especially in crowds, which is tending to make him feel even worse. We will try and refer him to a counsellor to try and help him sort out some of the issues happening in his life (he also wants to discuss the death of his mother 18 months ago and also a similar sort of time that his sister died, and we will also refer him to be seen by the Psychiatrist over at the Nene Project).

He will be reviewed in clinic over the next couple of months.

Yours sincerely

pp

Dr R Basi
Peterborough Probation Service

NATIONAL PROBATION SERVICE
for England and Wales

Cambridgeshire

Our Ref: JM/pjp/dean-r-04.11.05

4th November 2005

Dr Panday
The Surgery
63 Lincoln Road
Peterborough
Cambs
PE1 2SF

Dear Dr Panday

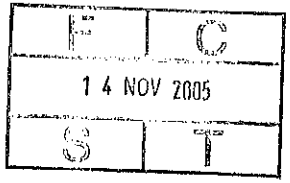
Richard DEAN (30.09.62)
37 Waltham Close, Welland Estate, Peterborough

The above named person is currently in treatment with the National Probation Service. He is being treated by myself and Dr Basi.

I will keep you updated of the client's progress.

Yours sincerely

John Mzondo
Addiction Nurse Specialist
Probation Service



Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

DEPARTMENT OF MEDICINE
Consultant: DR S ACTON
Secretary: Lisa Chambers

Appointments: 01780 764151 Ext 8253
Office: 01780 764151 Ex 8247
Fax: 01780 754 950
Email: lisa.chambers@pbh-tr.nhs.uk

Stamford & Rutland Hospital
Ryhall Road
Stamford
Lincolnshire
PE9 1UA

Tel: 01780 764151
Fax: 01780 763385

Ref: SAC/LC/P611905

Date: 14/08/2008
Clinic:

F | C
22 AUG 2008
S | T

Dr S Panday
The Surgery
63 Lincoln Road
Peterborough
Cambridgeshire
PE1 2SF

Dear Dr Panday

RICHARD DEAN DOB: 30/08/1962
40 Park Lane, Eastfield, Peterborough, PE1 1UW
NHS: 498 167 2195

This man failed to attend renal outpatients on 4th August. In accordance with Trust policy I have not offered him a further outpatient appointment. Nevertheless, he recently had acute kidney injury secondary to sepsis on a background of hepatitis C infection and Cryoglobulin anaemia. Therefore he needs his BP, urinalysis and renal function checked to ensure that he has no significant renal disease. Thereafter this will need to be checked annually or he will need to be re-referred if he has significant renal dysfunction. He should also be assessed for treatment of hepatitis C infection.

Yours sincerely

DR S ACTON
CONSULTANT PHYSICIAN

North West Anglia
NHS Foundation Trust

Nutrition and Dietetics 007

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 28 Nov 2019
Priority **routine**

Direct Line:
Fax:
Switchboard: 01733 678000
Email: nwangliaft.therapyservicessecretaries@nhs.net

Transcribed: 09 Dec 2019
Reference: EC/JW

Miss Elisabeth Drye
Consultant
Dept of Colorectal Surgery 202
Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Dear Miss Drye

Mr. Richard DEAN DOB 30 Sep 1962
14 Drayton, South Bretton, Peterborough, PE3 9XL

The above patient was seen in clinic today. He was referred by yourself for weight loss.

Nutritional Assessment:
Mr Dean reports he previously suffered from a low appetite and currently he is eating no breakfast, sandwiches for lunch and chicken curry with rice/all day breakfast for his evening meal. He also snacks on crisps and sweets during the day and as part of his fluid intake, he has full sugar Lucozade and protein drinks. He has stopped smoking and he is taking no alcohol.

His weight in clinic today is 91.6kg
Weight- 1.8m
BMI - 28.3 kg/m² - this showed a 1.6kg weight gain since October 2019.

He suffers from constipation and is opening his bowels every 2 days which is normal for him. In clinic today he complained of feeling shaky and sweaty as well as feeling weak. He also asked to be seen by the Gastroenterology Consultant regarding his liver.

Nutritional Diagnosis:
Nutritional support advice is not required at the moment as per assessment.

Nutritional Intervention:
I advised Mr Dean to increase his consumption of fruit and vegetables and to ask the GP for a review and consideration of a referral to the Gastroenterology/Hepatology Team.

I will discharge this gentleman from our care. Please re-refer if you deem it appropriate.

Yours sincerely

Electronically signed by
Elise Chen
Dietitian

Distribution:
Miss Elisabeth Drye, Consultant — post
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard Dean
14 Drayton
South Bretton
Peterborough
PE3 9XL

EMERGENCY DEPARTMENT
Tel No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR D VIJAYASANKAR

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ
Tel: 01733 678000
(If DDI prefix extension number with 67)

2 NOV 2016

31st OCTOBER 2016

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NOT ON PHONE

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY

Your patient attended our Department on MONDAY 31st OCTOBER 2016 at 12:56 pm

Referred by: SELF

Their presenting complaint was:-
UNWELL- HEAD PAIN

On examination I found:-
PLEASE SEE ATTACHED

Investigations: CT SCAN

Investigations: BIOCHEMISTRY

Investigations: CLOTTING STUDIES

Diagnosis: OTHER - MEDICAL,

Immunisation:

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: MEDS - ORAL

Treatment: ADVICE - VERBAL

Treatment: ADVICE - WRITTEN

Disposal: DISCHARGED TO CARE OF GP

Yours sincerely

CHESSUM, PETER - ACP
Automatically generated and t[illegible]

Peterborough and Stamford Hospitals
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

Patients name:.. DIS No:..

Coding: Please tick relevant boxes to enable planning, audit and income

Essential information for GP: (Diagnostics)

GP to discuss Diazepam + methadone usage.

Patient Group			Trauma Diagnosis codes		
Alcohol Related	12	☐	Abrasion	C	☐
Assault – Alleged (alleged alcohol related)	3A	☐	Abscess	R1	☐
Assault – Alleged	3	☐	Amputation	M	☐
Child / Adolescent mental health	11	☐	Bite/Sting	K	☐
Child Protection (suspected)	10	☐	Bruise	B	☐
Domestic Violence (Alleged alcohol related)	9A	☐	Burn – Electric	H1	☐
Domestic Violence	9	☐	Burn – Radiation	H4	☐
Firework Injury	17	☐	Burn – Thermal	H2	☐
No Abnormality Detected	6	☐	Burn – Chemical	H3	☐
Non Trauma (alleged alcohol related)	5A	☐	Dislocation	D	☐
Non –Trauma (pregnant)	5P	☐	Foreign Body	G	☐
Non Trauma	5	☐	Fracture Closed	F2	☐
Pt brought in dead /died in department	7	☐	Fracture dislocation (joint)	F4	☐
Road Traffic Collision (alleged alcohol related)	15A	☐	Fracture Open	F1	☐
Road Traffic Collision	15	☐	Fracture suspected	F3	☐
Self Harm	2	☐	Gun Shot	T	☐
Self Harm (alleged alcohol related)	2A	☐	Internal Injury	N	☐
Sports Injury	16	☐	Laceration	A	☐
Trauma / Accident (pregnant)	1P	☐	Minor Head injury	M1	☐
Trauma/ Accident	1	☐	Multiple Injury	Q	☐
Trauma/ Accident (alleged alcohol related)	1A	☐	Nerve Injury	W	☐
			Post concussion syndrome	M2	☐
			Puncture Wound	U	☐
			Soft tissue infection	R	☐
			Soft tissue inflammation	R2	☐
			Sprain/ Soft tissue injury	E	☐
			Stab	S	☐
			Tendon/ Muscle/ vascular injury	V	☐

Anatomical Site

Abdomen	27	☐	Clavicle	9	☐	Genitalia	34	☐	Neck	4	☐
Ankle	22	☐	Digit (s)	16	☐	Hand	15	☐	Nose	7	☐
Ano rectal	33	☐	Ear	6	☐	Head excluding face	2	☐	Pelvis	28	☐
Arm/Axilla	11	☐	Elbow	12	☐	Hip	18	☐	Shoulder	10	☐
Back	31	☐	Eye	5	☐	Knee	20	☐	Thigh	19	☐
Buttocks	32	☐	Face	3	☐	Lower Leg	21	☐	Thoracic spine	36	☐
Cervical Spine	35	☐	Foot	23	☐	Lumbosacral Spine	37	☐	Toe (s)	24	☐
Chest	26	☐	Forearm	13	☐	Mouth/Jaw/Teeth/Throat	8	☐	Wrist	14	☐

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-18-212203-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 19 ADDERLEY, BRETTON, PETERBOROUGH
PE3 8RA
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 31 Dec 2018 12:12
Type: New Attendance
Previous Attendances: 53
Presented With:(complaint) ABDO PAIN
Incident Type: Illness
ED Clinician: Anjan Banerjee

AT BOROUGHBURY MED CENTRE DR
CRAIG STREET, PETERBOROUGH, CAMBRIDGESHIRE,PE1 2EJ

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Diverticulitis **Qualifier:** Suspected diagnosis **Comments:** ?possible colovesical fistula

INVESTIGATIONS:
1. Full Blood Count (FBC)
2. Urea*
3. Creatinine & Electrolytes*
4. LFT
5. C Reactive Protein*

Bed Side:

TREATMENT:
Treatments:
1. No treatment Required

Identified CoMorbidities:
NONE

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:
Request: Surgical Team ;
Outcome: Referal to medical team

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Admitted
Destination: Medical - MAU
Follow up:
Left Department: 31 Dec 2018 16:27

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: B/L flank pain
History of Presenting Problem: started to experience localised B/L colicky flank pain worse with urinating ~3/52 ago and was diagnosed by his GP as having a uti and was started on a course of anti-biotics (7/7) and has progresivly got worse, was started on a 2nd course ABx 1/52 ago, he says his symptoms are getting worse and not improving, has night sweat + rigors
Past Medical History: UTI,
Current Medications: Methadone, diazepam
Smoking, Alcohol, Drugs, Family and Social History: non-smoker, prv IVDU (quit and is on methadone+diazepam therapy)
Observations and General Examination: patient is shaking and uncomfortable,
Chest Examination: symmetrical chest expansion
Differential Diagnosis: ?UTI
Progress Note 1: AK Banerjee Review - Contiuing to get worse and describes recurrent cloudy urine with vegetation in it. pain worse after eating. and the cloudiness of the urine gets worse as well. Recent Rx for S Faecalis UTI.
Known issues with constipation on Bisacodyl and also lactulose but still producing v hard stools. Also describing aps inthe flow of his urine (?pneumaturia).
Exam: tender abdomen with guarding ++ BS active no organomegaly. PNR non-tender

MSU - nit+ve no Blood. Leuc + sample not kept.
Bloods essentially normal no change in WCC and CRP<10
AXR & CXRE constipation no perf or obstruction.
imp: Considering the Hx and exam: he looks unwell.
possible colovesical fistula.
Plan: referred for surgical opinion
Progress Note 2: Further discussion - referred to Medics as they feel this is more in line with their skill. if further imaging shows a surgical issue they will be happy to see. refrred to med Reg who will review.
Surgical Notes: Surgical R/V F Peat CT2

56M.

Previous IVDU, on methadone.
history of recent UTI's.

Patient reports 2 week history of urinary frequency and dysuria.
Associated with this has been some flank abdominal pain, left > right.
Patient also reports passing some white clumps in his urine.
Feeling a little feversih in himslef.

BO every 2-3 days - normal for patient, often constipated.

O/E

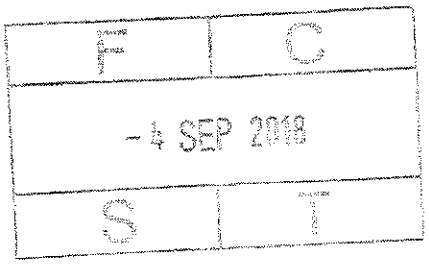
Awake, alert

Abdomen soft non tender
BS+
Non peritonitic.
Nill flank tendemess

Plan
- Nill acute surgical intervention
- Medical review ? uti

Copy to GP

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**



North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Ward Attender Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177

Admission details

Attendance Date 31/08/2018 14:44

Reason for Attendance/Clinical Summary
On going history of epigastric pain, coming on 30mins after eating
This is a long standing problem and he has been investigated by Gastroenterology
OGD revealed a Hiatus hernia and spasmodic distal oesophagus

Management and Progress
Obs NAD
ECG NAD

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details
Return to referrer
Despite history of Hiatus hernia and spasmodic oesophagus, no PPI has been commenced. To start Omeprazole 40mg OD and monitor effectiveness. For GP follow up

Allergies & Adverse Reactions - Penicillin

Advice to Patient
To seek medical attention if feels generally unwell

Potential memory concern identified? - No

GP practice

GP practice details

x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs

Discharge details

Discharging consultant	Unknown clinician
Discharging specialty/department	[Not Specified]
Location	PCH Emergency Department

[439442/0]

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DIS0529177**

PE1 2EJ
Phone: 01733 62979

Date of discharge 31/08/2018 17:00

GP practice identifier D81026

Person completing record

Name Kayode Oke
Designation or Discharge role Medical Staff
Date completed 31/08/2018 17:21

Distribution list

Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:

Letter Ref 439442/0

Date Printed 31/08/2018 17:21
Signed Kayode Oke [Medical Staff]

[439442/0]

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR R MERUGUMALLA↕

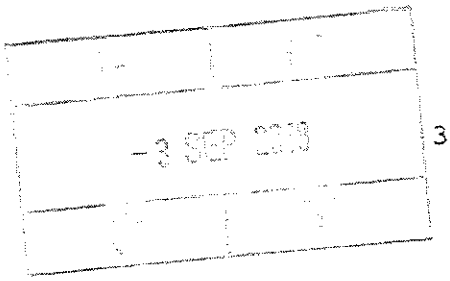
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



31st AUGUST 2018↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY ↕

Your patient attended our Department on FRIDAY 31st AUGUST 2018 at 4:44 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- CHEST PAIN & SOB

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: 12 LEAD ECG PERFORMED

Investigations: NONE/NO FURTHER INVESTIGATIONS ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: REFER TO AMBULATORY CARE UNIT↕

Yours sincerely

Automatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Dept of Diabetes & Endocrinology 309
Consultant: Dr. S. Seechurn

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 31 Aug 2018
Priority **routine**

Direct Line:
Fax:
Switchboard: 01733 678000

Transcribed: 06 Sep 2018
Reference: SS/SN

Pooled Boroughbury
General Practitioner
Boroughbury Surgery
Craig Street
Peterborough
PE1 2EJ

Dear Colleague

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Current medication:
Methadone, Diazepam, Apixaban

Many thanks for referring the above named patient, who for the last year has been feeling generally tired. His other symptoms are he feels his stomach is rumbling and he feels full sometimes. This feeling of general tiredness happens all over the day and is not related to his mealtimes. Looking at the blood test results and previous letters he has been seen by different specialities. He has been investigated by the gastroenterologists and a possible diagnosis of constipation was put down. Today in clinic he told me that none of his medication has been reduced or changed. He denies using any other medication. He told me his appetite has come down hence his weight loss. He does not have any diarrhoea but instead he gets constipated. From time to time he does feel shaky.

His other past medical history is Hepatitis C. There is no family history of any Endocrinopathy apart from diabetes. Today in clinic he told me he is feeling quite tired as well. We checked his blood sugar which was 7.6. His blood pressure was 135/87 and his heart rate was 110.

On examination he looks well otherwise. His abdominal examination was unremarkable.

I am not sure what exactly his endocrine problem is. I am checking his thyroid function test. He would need a morning cortisol and a morning testosterone. I gather you did a battery of tests all of which came back normal. If his morning cortisol, testosterone and his TSH come back normal including his calcium then I will discharge him. He wanted to get admitted to have these blood tests done and walked out of the consultation, when he was given a negative reply.His post clinic blood tests did not materialise.

Yours sincerely

Electronically signed by
Dr. Shiv Seechurn
Consultant Endocrinology and Diabetes

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net
Mr. Richard C Dean (Patient) — post

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D VIJAYASANKAR

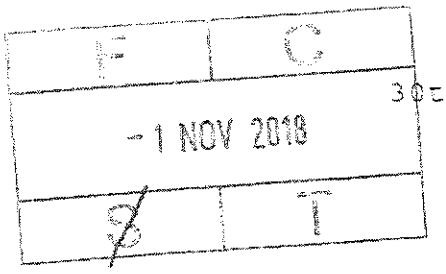
To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: 01733 678000
(If DDI prefix extension number with 67)



30th OCTOBER 2018

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone:

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear POOLED BOROUGHBURY

Your patient attended our Department on TUESDAY 30th OCTOBER 2018 at 2:57 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- KIDNEY PAIN

On examination I found:-
MEDICALLY UNEXPLAINED SYMPTOMS REFERRAL TO SEE PSYCHIATRY TEAM

Patient declared allergies at ED attendance: PENICILLIN

Investigations: 12 LEAD ECG PERFORMED

Investigations: URINE TESTING

Diagnosis: OTHER - PSYCHIATRIC,

Immunisation:

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL

Treatment: ADVICE - WRITTEN

Disposal & Discharge Details: ALLOWED HOME

Yours sincerely

PUGH, GREGORY - ST3 EM
Automatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Respiratory Dept 309
Consultant: Dr. S. Brij

Peterborough City Hospital
Edith Cavell Campus
Bretton Gate, Bretton
Peterborough
Cambridgeshire
PE3 9GZ

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date:
Priority **routine**

Direct Line: 01733 673842 or 673870
Fax: 01733 676787
Switchboard: 01733 678000
Email: peh-tr.respiratoryadmin@nhs.net

Transcribed: 30 Oct 2017
Reference: SB/SB

PRIVATE AND CONFIDENTIAL
Mr. Richard C Dean
19 Adderley
Bretton
Peterborough
PE3 8RA

Dear Mr. Dean

Mr. Richard C DEAN DOB 30 Sep 1962
19 Adderley, Bretton, Peterborough, PE3 8RA

Your CT chest shows mild structural lung disease caused by smoking.

The rest of your body CT scan is essentially normal. There is no abnormality that needs to be further investigated.

Your recent blood test is also better than n the last day of your admission to hospital.

I am not concerned regarding any of your results. I hope this information has been helpful.

Yours sincerely

Electronically signed by
Dr Seema Brij
Consultant Respiratory Physician

Distribution:
Mr. Richard C Dean (Patient) — post
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

Gastroscopy Report

Patient Details

Patient Name: Mr RICHARD C DEAN
D.O.B.: 30/09/1962
Hospital Number: DIS0529177
NHS Number: 4981672195

Requested By: Dr Irfan Amin

Address: 19 ADDERLEY BRETTON
PETERBOROUGH
PE3 8RA

GP: POOLED BOROUGHBURY
BOROUGHBURY SURGERY CRAIG STREET
PETERBOROUGH PE1 2EJ

Examination Details

Medication
No sedation.
No analgesia.
Pharyngeal Lignocaine - Topical.

Endoscope
GIF-Q260, 2644935

Patient Location & Priority
Out-patient - 2 week wait.
Procedure intention: Diagnosis.

Indication
Weight loss.
Hep C +ve.

Report

Level reached
The endoscope was introduced to: the 2nd part of the duodenum.
The limit of examination was reached by the endoscopist.
The procedure was completed as intended.
Findings
Oespohagus: There was a 1 cm sliding hiatus hernia.
Mild spasms distal oesophagus.
Stomach: The stomach appeared normal.
Pylorus: The pylorus was normal.
Duodenum: The duodenal cap and second part were normal.

Theraputic Procedures
No auditable therapeutic procedures performed.
Complications
There were no complications during the procedure.

Specimens
Pot 1: Histology: forceps biopsy from the duodenal bulb the 2nd part of the duodenum (4 biopsies).
Pot 2 Histology: forceps biopsy from the lower third of the oesophagus (3 biopsies).

Aftercare
No aftercare required.
Patient Pathway
Return to referring consultant.

Conclusion

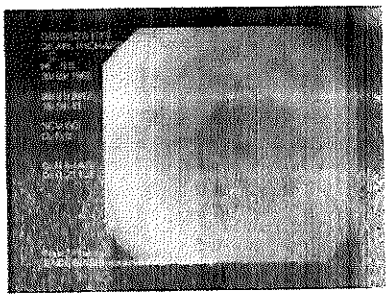
No ulceration or neoplasm seen. Chase Duodenal and oesophageal Bx please.

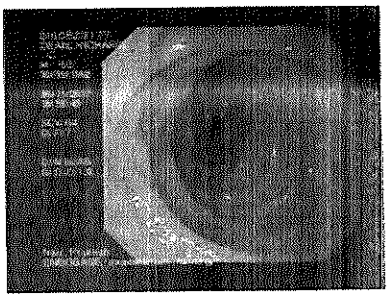
Examined by

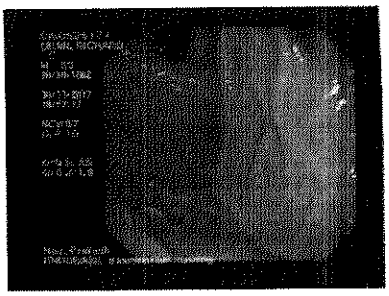
Endoscopist: Prakash Nair, Endoscopist

Trainee:

Images







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- 4 DEC 2017	
S	T

Aspire
102-104 Bridge Street
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PE1 1DY

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Change Grow Live

Aspire
Recovery Service

Peterborough City Centre

PRIVATE AND CONFIDENTIAL
Date: 30/05/2023

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ

Please be aware that this letter has been generated from medical notes and sent without signing to avoid delay.

Dear Dr at Boroughbury Medical Centre

Re: Richard Dean DOB: 30/09/1962
Address: 14 Drayton, Bretton, Peterborough, PE3 9XN

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of heroin

Impression
Richard attended on time, he was slightly low in mood, he reported that stopped his PIP and is now going to court to appeal. He was polite and cooperative throughout the consultation.

Management plan
1. We have agreed to increase to 6mg from the next prescription
2. Richard has been re-tested in January for Hep C and RNA was not detected
3. Naloxone discussed and accepted
4. Discussed importance of social distancing and procedure to reduce the probability to be exposed to COVID-19
5. Next medical review in 24/52 or earlier if needed
6. Letter to GP

A full treatment discussion was held regarding the treatments offered, covering areas including: the intended benefits of treatment (and the chances of getting those benefits), potential side-effects of treatment, alternative treatment options, what the treatment involved, and the opportunity to take some time to consider the treatment options available.