Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Aspire
Recovery Service
Peterborough City Centre

Current prescription from CGL
Espranor 6mg od

Current prescription from GP
Omeprazole; Tamsulosin 400mcg; Anticoagulant; Mirtazapine 45mg; Diazepam 5mg nocte

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: he stopped smoking
Alcohol: No

Urine drug screening positive for: Buprenorphine/Benzodiazepine

Physical Health
Hep C positive in the past but few months ago HCV RNA not detected. He also had history of DVT, last episode three years ago, he has had also a CT scan two years

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Aspire
Recovery Service
Peterborough City Centre

ago for a suspect pulmonary embolism, negative. Hep B vaccination completed five years ago. Allergy to penicillin.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was evidence of mild anxiety.
Capacity: I had no concerns regarding capacity during the consultation today. The client was able to comprehend and retain information, weigh up the consequences of his choices and communicate his decisions

Social History
He lives on his own. He has no driving licence. He has six adult children and he has regular contact with them. He is currently on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.
No recent forensic history disclosed.

Investigations:
Nil

Discussion
1. I have explained him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.
3. Advised to contact the service, his keyworker, or his GP if any concerns, after hours to contact A&E or mental health crisis team and call 111 option 2.

Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: MR W HALFORD

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)

30th JULY 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 SATURDAY 30th JULY 2016 at 12:45 pm

Referred by: SELF

cc

Their presenting complaint was:-
URINE RETENTION

On examination I found:-
C/O URINE RETENTION, BLADDER SCAN EMPTY BLOODS NAD

Investigations: ARTERIAL/CAPILLARY BLOOD GAS

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY

Diagnosis: OTHER - MEDICAL,

Immunisation:

Treatment: ADVICE - VERBAL

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Disposal: DISCHARGED TO CARE OF GP

Yours sincerely

B NATARAJAN,BALAJI - ED DOCTOR
Automatically generated and therefore unsigned.

NHS 111 Report - For Information

DEAN, Richard *Born* 30-Sep-1962 *Gender* Male *NHS No.* 498 167 2195
Local Patient ID DB6FD91C-ED63-407C-82A3-C90984FC5E10

Home Address
14 Drayton
Bretton
Peterborough
PE3 9XL

Emergency Phone 07787654419

GP Practice
Boroughbury Medical Centre (C&P)
Boroughbury Medical Surgery
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ
Phone 01733307840

Patient's Reported Condition

chest and abdominal pain, leg swollen and purple

Case Summary

Disposition:
Emergency Ambulance Response for Potential Shock (Category 2)
DX0118

Selected care service:
No referral made.

Rationale:
Injury, illness or other health problem
Illness
Cool or cold
Appears shocked
No indication scene unsafe

Pathways Assessment:
An injury, illness or health problem was the reason for the contact.
There was no blood loss.
An illness or health problem was the main problem.
User Comments: chest and abdominal pain, leg swollen and purple
The individual was not fighting for breath.
The main reason for the assessment was not an allergic reaction, 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, or ICD shock.
The skin on the torso felt cool or cold.
The patient was a deathly colour.
Instructions given were: An emergency ambulance is being arranged.
There was no further information to help with dispatch.
The patient did not have someone to stay with them.
There was no safeguarding concern.
The scene was safe.
Closing instructions

Advice given:
If there are any new symptoms, or your condition gets worse, changes or you have any other concerns call 999.
If you do need to contact somebody do so now, then try and keep the line free as we may need to call you back.
Shut any dogs away.

Document Created **30-Jan-2026, 18:34**
Document Owner **HUC 111**
Authored by **Arwen Adriaans - Assessed by, Herts - Call Centre (HUC 111) on 30-Jan-2026, 17:32**
Consent Status **Consent given for electronic record sharing**

Encounter Type **NHS111 Encounter**

Encounter Time	**30-Jan-2026, 17:31 to 30-Jan-2026, 17:32**
Case Reference	**CA6D56C6-431A-4954-8A34-7EF3CF24FD8C**
Case ID	**4558958**
Encounter Disposition	**Emergency Ambulance Response for Potential Shock (Category 2)**
Care Setting Location	**Incident Location**
	Visit Address
Care Setting Address	**14 Drayton Bretton Peterborough PE3 9XL**
Care Setting Type	
Responsible Party	**Dan Bunstone (Interim) - Medical Director, HUC 111**

Document ID **B247FD33-BE40-4209-AC84-6A1616646664** *Version* 1

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-23-096522-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 30 Aug 2023 12:35 **Type:** New Attendance **Presented With:** constipation **Incident Type:** Illness **ED Clinician:** Riyan Shaik	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors

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

GP Action

Diagnosis

1. Constipation (chronic) **Qualifier:** Confirmed diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Treatment

Treatments:

Interventions:
1. Guidance / advice - written

Safeguarding Concerns

No safeguarding issues identified

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 30 Aug 2023 14:46

TTO Detail

Drug: Non Dept Drugs **Frequency:** As directed **Route:** Oral **Amount:** 1 week **Duration:** 7 DAYS **Comments:** LAXIDO SACHETS 10 IN TOTAL PLS, TO BE USED AS DIRECTED.

E-Notes

ED Clinician Notes:

History of Presenting Problem: RR19, 106/67, SAT95, HR80, TEMP 36.7
MC : CONSTIPATION FOR 1 WEEK.
TRIED LAXIDO , SUPPOSITORIES.
NO URINARY SYMP
LBO 1 WEEK AGO
6/10 : PAIN SCORE
NO CHNAGE IN WEIGHT
MEDICATION REQ : LAXIDO
DHX: APIXIBAN, DIAZEPAM, TAMSULOSIN, PPI
ALLERGIC TO PENICILLIN.
O/E; ABD SNT, NOT DISTENDED
ANXIOUS +++
DRE; NO BLOOD , SOFT FAECES
PLAN F/U OWN GP PLS
PX LAXIDO GIVEN
WAG -111

Speciality Notes:

↕↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR A YASIN↕

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

F	C
-1 DEC 2017	
S	T

29th NOVEMBER 2017↕

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 WEDNESDAY 29th NOVEMBER 2017 at 08:19 am

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- ABDO PAIN

On examination I found:-
ABDO PAIN

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY

Investigations: URINE TESTING ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: MEDS - INTRAVENOUS

Treatment: INFUSION FLUIDS

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: ALLOWED HOME↕

rs sincerely

ASIN - ED CONSULTANT
omatically generated and therefore unsigned.

EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: MR V KAMA

To: Dr M BOROWICZ
63 LINCOLN ROAD
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2SF

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

29th NOVEMBER 2014

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 Dr BOROWICZ

Your patient attended our Department on SATURDAY 29th NOVEMBER 2014 at :15 pm

Referred by: SELF

Their presenting complaint was:-
ALLERGIC REACTION / RASH

On examination I found:-

F	C
02 DEC 2014	
S	T

Investigations: NONE

Diagnosis: OTHER - DERMATOLOGY,

Immunisation:

Treatment: MEDS - ORAL

Disposal: ALLOWED HOME

Yours sincerely

LOCUM SHO ED
Automatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-26-015545-1

Patient Information	Attendance Information	Peterborough City ED
Name: Richard Dean **DOB:** 30 Sep 1962 **Address:** 14 Drayton , Bretton , PETERBOROUGH PE3 9XL **Hospital No:** DIS0529177 **NHS Number:** 498 167 2195	**Date& Time:** 29 Jan 2026 19:12 **Type:** New Attendance **Presented With:** CHEST/ABDO PAIN. **Incident Type:** Illness **ED Clinician:** William A Shaw	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors (PCH)

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

GP Action

Nil

Diagnosis

1. No abnormality detected **Qualifier:** Confirmed diagnosis

Investigations

Please note only 15 patient investigations are shown in this letter. Please refer to Anglia ICE for a comprehensive list of investigations and results.

Treatment

Treatments:

Interventions:
1. Treatment not Indicated

Safeguarding Concerns

No safeguarding issues identified

Children NAI/PST Tool

Referral Information

Outcome & Destination

Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 29 Jan 2026 23:53

TTO Detail

E-Notes

RAT Comments:

ED Clinician Notes:

Principal Presenting Problem: Multiple symptoms
History of Presenting Problem: Pt states for last few days has been having suprapubic pain radiating to both flanks. Unknown if having fevers, but opt says he is shaking constantly.
Denies urinary freq or dysuria. States till passing urine around TDS.
Also states he has sharp stabbing left sided CP. NO SOB. Also states he cannot feel his right foot. Also states he has blunt pain in his right upper abdomen and lower chest. Also states he has loose stools- interestingly this is different to the triage note.
Pt unable to give me a clear time frame of when any of these symptoms started other than the suprapubic pain.
No vomiting.

Frequent attender plan noted.
Pt is on opiate substitution therapy and states he has not used opiates for over 10 years.
Observations and General Examination: Walked into exam room unaided. Unkempt.
Cognitive 4AT: A+O to TPP. conversational
Chest Examination: Normal WOB. No O2 req. No cough. equal chest expansion.
Warm peripheries. Strong radial pulse.
Abdominal Examination: Abdo soft non tender. no guarding. no peritonism. No renal angle tenderness. NO wincing during exam. After exam pt stated everything was tender. But on re-examination still no tenderness. NO skin changes
Neurological and Spine Examination: 5/5 power in all 4 limbs. Normal gait walking in and out.
Normal EOMs and facial movement.
Normal speech content and phonation.
Pt responded when i touched his right leg during examination- sensation intact.
Limb Examination: Calves SNT.
Other Examination: urine dip noted.
Differential Diagnosis: Likely no abnormalty
Management or Treatment Plan: For ECG and Urine dip- discussed with Dr Cooper- given freq attender plan, for this only
Progress Note 1: ECG done- NSR, no ischaemic changes or changes in keeping with PE.
Urine dip- no significant abnormnaliety

Explained this to pt, he then explained these Sx have been going on for months if not years and he hasnt had any blds for over a year and hasnt had a checkup either. I asked if he has seen his GP, as we do not do routine checkups in ED- he explained he hasnt, but that he will try and book in.
Pt discharged and walked out under his own power

Speciality Notes:

THINK BLOOD CLOTS

Hospital stay increases your risk, know the signs and symptoms to look out for. Scan the QR to find out more:

Copy to Patient

RICHARD C DEAN NHS number: 4981672195 Hospital Number: DIS0529177

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
ED/ACUTE MEDICINE NON-ADMITTED DISCHARGE LETTER

Inpatient Letter

Patient Identification
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH
PE3 8RA

Admission Date	25/08/2016 13:00
Admission Source	Not known
Admission Method	Other - Not Known
Discharge Date	25/08/2016 00:00
Sex	Male
Date of Birth	30/09/1962
Marital Status	Single
NHS number	498 167 2195
Hospital Number	DIS0529177

Department & Contact Details
Emergency Department: ESS Co-ordinator 01733 678743

Discharging Consultant Name
DR.CHARLOTTE COPE(ED CONSULTANT)

Reason for Admission
Urinary retention- on and off - 2/52 weeks
Chest pain with SOB - on off - 2/52 weeks

Primary / Main Diagnosis - To rule out ACS/PE

Management & Progress
53 year old male presented with urinary retention on and off for 2/52 with aggravation of symptoms last night .C/o poor urinary stream,dribbling,hesistancy.He c/o CP with SOB -2/52 ,no cough .In A&E patient was able to pass urine without difficulty.

O/E:
HR:90 BP:126/81 TEMP:36.3 SPO2:96% ON AIR RR:16
Rt calf- relatively swollen > left with minimal tenderness
System examination - normal
PR examination - enlarged prostate+
faecal impaction +
ECG:T inversion in v5-v6

Patient admitted in CODU for observation
Patient feels comfortable
OBS:Stable
Patient managed conservatively with advice to take warfarin - 3 mg for a week with follow up through GP for checking therapeutic INR levels and dosage of warfarin.Kindly follow up this patient through urology for BPH.

Troponin T (HS)
Troponin HS ranges based on 6 hrs post chest pain
Less than 14ng/L - negative
14-27 ng/L - suggest repeat test after further 6 hrs
Greater than 27 ng/L - Suggests myocardial damage, but

[290198/2]

ONLY IF non-ischaemic causes (eg PE CKD AFI sepsis tachyarrhythmia) have been excluded.
See Troponin T guidelines.

Troponin T (HS)		4	ng/L		25/08/2016 14:20:00

Coag Screen

PT Ratio(INR)	*	4.62	Ratio	0.80 - 1.25	25/08/2016 14:10:00

D-Dimer

D-DIMER NB: NORMAL Ref range <243 (NON-PREGNANT)
D-Dimer levels <231 make the diagnosis of a recent DVT/PE very unlikely,except with a moderate to high clinical probability score

D-Dimer		32	ng/ml		25/08/2016 14:00:00

Thrombin Time

Thrombin Time		14.9	Secs	11.0 - 17.0	25/08/2016 14:00:00

Crt & Electrolytes

Creatinine and Electrolytes

Potassium	*	3.0	mmol/L	3.5 - 5.3	23/08/2016 15:18:00

Follow Up / Future Plan Arrangements - No follow up required

Allergies - No known allergies

Discharged To - Usual Residence

Acute Kidney Injury (AKI) - No AKI

Detailed Changes to Drugs Since Admission & Reason
Kindly reduce the current doe of warfarin to 3 mg for 1 week as there is increase in INR and review with GP in 1 weeks time for therapeutic INR levels check and dose of warfarin.

x Boroughbury Medical
Practice
CRAIG STREET
PETERBOROUGH
CAMBRIDGESHIRE

PE1 2EJ

Consultant DR R MERUGUMALLA
Ward PCH Medical Assessment Unit
Specialty Accident & Emergency
Letter Ref 290198/2
Date Printed 25/08/2016 15:36
Signed Varsha Kumar [Medical Staff]

[290198/2]

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-045511-1

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

Name: Richard C Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 28 May 2019 13:39
Type: New Attendance
Previous Attendances: 67
Presented With:(complaint) chest pain
Incident Type: Other than above
ED Clinician: Prithvi Shiva Kumar

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Acute coronary syndrome (ACS) **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. Urea*
2. Creatinine & Electrolytes*
3. Troponin T*
4. Glucose (Random)*
5. C Reactive Protein*

Bed Side:
1. ECG
2. Urinalysis **Comments:** NAD

TREATMENT:
Treatments:
1. Intravenous cannula

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: Discharged - no follow up
Follow up:
Left Department: 28 May 2019 20:01

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Chest pain since 2 days
Back back pain since 2 weeks
Weight loss since 2 weeks
Abdominal pain since 2 weeks
History of Presenting Problem: Chest pain since 2 days, sudden onset, not sure of exact time of onset, continuous, sharp and stabbing type pain, radiates to left arm, shoulders and back, along with tingling and numbness of left arm, mainly in little and ring fingers. Has taken 1g of PCM today morning, but of no help, no aggravating or relieving factors, about 6-7/10 severity of chest pain. He is not known to have previous chest pains, gastritis or heart burn pains. Chest pain was associated with SOB, on and off, worse with exertion. He also felt sweaty, shaking and feeling of hotness, along with chest pain.
Upper back pain since 2 weeks, mainly around upper back, in between shoulder blades, no history of trauma or sudden twisting motion or lifting heavy objects.
Abdominal pain since 2 weeks, all over the abdomen, but more worse in right iliac fossa, suprapubic and left iliac fossa, or lower abdomen region, abdo pain is more worse upon eating too, which exaggerates his general shakiness of his body, about 7/10 severity, he is constipated all the time and takes Movicol for his constipation, not sure of the exact reason, last passed stools was yesterday morning, usually passes every 2 days once, but recently it is more like every 4-5 days once.
He has also vomitted once today, no blood, white and clear vomitus, been sick since 2 days.
He has noticed that he is also loosing weight in the past 2 weeks, has lost about 1.5 stones in 2 weeks, noticed that his ring is looser on his right hand compared to left hand.
He also complained of left leg being swollen since few weeks.
No LOC, trauma anywhere, falls, urinary problems like burning mictuirition, cloudy/smelly urine. No slurred speech, blurred vision or weakness of one side of body.
Past Medical History: Ex IVDU - clear for about 6 yrs now, was taking Heroin earlier
DVT
Hep C
Anxiety
Previous OD
Emphysema
No HTN/T2DM/heart problems
Current Medications: Allergies - Penicillin

Current meds - Apixaban, Tamsulosin, Methadone 20mg, Diazepam
Smoking, Alcohol, Drugs, Family and Social History: Lives alone in a bungalow, self-caring, walks independently.
Alcohol - Never
Smoking - Stopped 3 wks ago, was smoking about 5-10 cigs/day
Drugs - Clean since 6 yrs, was taking Heroin
Observations and General Examination: Alert, oriented, concious, shaking constantly, anxious, average built for age and gender, no pallor, CRT <2 sec, tattoos present on his chest, back and arms. Appears to be not well-kept and self-caring.
Chest Examination: Chest moving b/l equal with breathing, no abnormal movements
Abdominal Examination: No visible scars/masses/peristalsis. Non-distended, soft, mild tenderness present in LIF, suprapubic and RIF areas, non-tender in other areas, tympanic to percussion all over, no guarding or rigidity, BS+
Neurological and Spine Examination: Alert, oriented, concious, GCS 15/15, PEARL 3 mm, power normal in all limbs, sensory intact, reflexes normal, no nystagmus, NFND.
Limb Examination: No tenderness upon palpation of both calves, no unilateral swelling of calves, no redness or tenderness over palpation over tibial shin.
Differential Diagnosis: - ACS
- Constipation
- Nicotine withdrawal
Management or Treatment Plan: - Blood tests including TropT
- ECG
- Urine dip
- Senior review
- Home, if all NAD
Progress Note 1: D/w Dr Hannah, ED SpR, who heard the history, examination findings, looked at obs chart, ECG, looked at previous CT scans for pulmonary nodule follow-up, and advised me to add on d-Dimer to rule out PE, add Amylase and LFTs to blood results, do urine dip and if everything NAD, then likely home.
Progress Note 2: Called 8455 Biochem and confirmed with technician to add on Amylase and LFTs for the patient. He suggested to send an add-on request form and no bloods for them. Bleeped 1151 and spoke to hematology technician, who confirmed that d-Dimer can be added on to the existing bloods and requested me to send the form only.
Progress Note 3: handed over by Dr Prithri to follow up bloods and if normal allow home

Progress Note 4: bloods noted - all within normal limits
called labs - ddimer- 67
amylse -46
made px aware of findings
safety neting advice given
says pain improved
allowed home

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-026619-1

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: 28 Mar 2019 15:20
Type: New Attendance
Previous Attendances: 57
Presented With:(complaint) ? UTI
Incident Type: Illness
ED Clinician: Muhammad Chaudhry

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. No abnormality detected **Qualifier:** Confirmed diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:
1. Guidance / advice - written

Identified CoMorbidities:
History of anticoagulant therapy

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: A&E Treatment complete
Outcome: GP
Follow up:
Left Department: 28 Mar 2019 16:41

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: increased urinary frequency
History of Presenting Problem: seen by GP 2/7 ago. routine bloods done by GP. ? told by GP that bloods need repeating. Has had increased urinary frequency for last 3 week. Had 2 courses of abx. No fevers. No rigors or chill. no nausea or vomiting. No headaches. No abdo pain. No diarrhea. Has constipation, on laxatives. Bowels opened 2 days ago.
Chest Examination: Clear
Equal AE
Abdominal Examination: SNT
B.S +ive
Neurological and Spine Examination: GCS 15
PEARL
Differential Diagnosis: ?UTI
Management or Treatment Plan: Urine dip=NAD
Allowed home with GP follow up for repeat bloods if required.

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: DR C THOMPSON↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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

28th JULY 2016↕

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

ef: 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

ear POOLED BOROUGHBURY ↕

our patient attended our Department on THURSDAY 28th JULY 2016 at
9:14 am

eferred by: SELF

heir presenting complaint was:-
ONSTIPATION + URINE RETENTION

n examination I found:-

↕

nvestigations: 12 LEAD ECG PERFORMED

nvestigations: BIOCHEMISTRY

nvestigations: HAEMATOLOGY ↕

iagnosis: ANXIETY, ↕

mmunisation: ↕

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

reatment: ADVICE - WRITTEN ↕

isposal: ALLOWED HOME↕

ours sincerely

MAYO,EMILY - ED DOCTOR
utomatically generated and therefore unsigned.

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 Fax: 01733 349 221
Freephone: 0800 611 4168

Private and Confidential

Date 28/04/2016

F	C
-3 MAY 2016	
S	T

Dear Colleague
Boroughbury MC

Re: Richard Dean DOB: 30/09/1962
Address: 19 Adelaide, Bretton, Peterborough, PE3 9PG

Summary for GP

Diagnosis
F11.2 Mental and Behavioural Disorder due to the use of [substance]

Impression
Mr Dean presented slightly low in mood and unkempt. He was polite and cooperative throughout the consultation. No evidence of intoxication or withdrawal symptoms.

Management plan
1. I have agreed to continue with the same regime until next review
2. Key worker appointment for support and psychosocial intervention to continue
3. Next medical review in 12/52 or earlier if needed
4. 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.

Current prescription from CRI
Methadone mixture 1mg/1ml 30ml

Current prescription from GP
Diazepam 17mg OD; Warfarin; Mirtazapine 15mg

OTC – Nil

Allergies - Penicillin

Safeguarding
The patient reports that he has no parental/carer responsibility for under-18s or vulnerable adults. Please let us know if this is correct and up to date.

Please take care when prescribing other medications that may have misuse potential eg benzodiazepines, opioid analgesia, pregabalin etc
Please inform us if this patient is being prescribed any medication that is likely to have significant interactions with Methadone or Buprenorphine. It is also essential that hospital consultants treating the patient are aware of his / her treatment for opiate dependency as drug interactions may potentially have fatal consequences. Please be especially careful with regards to medications which prolong the QT interval (e.g. Citalopram).

The full review is included below. Please let us know if there are any inaccuracies or omissions.

Full Review

Current Substance Use
Heroin: No
Crack: No
Other: Nil
Over the counter medication: Nil
Tobacco: less than 5 cigarettes a day, smoking cessation offered
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 5 years ago, he is currently under the care of the local specialist. Richard stated that he has not had any treatment yet. I offered to refer him to the hepatology department in Peterborough, he stated that he has an appointment with his GP today and that he will be asking him to make the referral. He also had history of DVT, last episode about a year ago, Hep B vaccination completed five years ago.

Mental Health
He has been diagnosed with depression/anxiety long time ago, currently under the care of his GP. He reported no history of self-harm or suicidal attempts. No current thought of harming himself.
MSE: The speech was normal in rate, volume and quantity. No evidence of formal thought disorder or perceptual disturbances. The mood was slightly low and there was no evidence of anxiety. He was

reminded again to discussed his mood with the GP today as he has an appointment.

Social History
He lives in a shared accommodation. He has no driving licence. He has six adult children and he has regular contact with them. He is currently unemployed.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client.

No recent forensic history disclosed.

Investigations:
Blood Pressure 136/88 pulse 99

Discussion

1. I have explained to him the risk of using illicit substances and prescribed medication.
2. The client has been informed about the medication with regards to its side-effects and potential interaction with other prescribed medication.

Should you require further information, please do not hesitate to contact me.

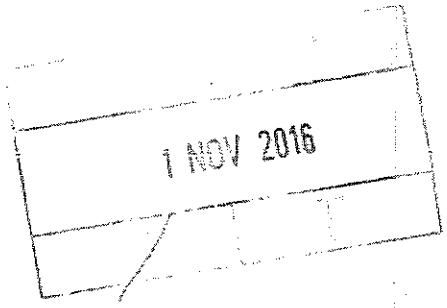
Yours sincerely,

Sibonile Mandizvidza

Non-Medical Prescriber

102-104 Bridge Street, Peterborough PE1 1DY
Telephone: 01733 895 624 **Fax:** 01733 349 221
Freephone: 0800 111 4354

Private and Confidential



Date 27.10.2016

Dear Doctor

I am writing reference Mr Richard Dean DOB: 30.9.1962 19 Addeley Bretton PE3 9PG

The above client is in treatment with us at Aspire he was seen for 1-1 key work on the 26.10.2016. Richard disclosed that his mental health was not good and he was experiencing severe anxiety and not wanting to go out unless he really had to. Richard has been free from illicit drugs for several years and is stable on his prescription. I have advised him to discuss with you the above issues. Richard does feel he would benefit from a mental health assessment as things are getting worse and he is socially isolated due to the above.

Any further information please contact me on the number above.

Yours sincerely

Jackie Tudor

Recovery Co-ordinater

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-20-008171-1

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, BRETTON, PETERBOROUGH
PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 27 Jan 2020 11:58
Type: New Attendance
Previous Attendances: 78
Presented With:(complaint) ABDO PAIN - RETENTION
Incident Type: Illness
ED Clinician:

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Left before clinical assessement **Qualifier:** Suspected diagnosis

INVESTIGATIONS:

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue identified

Referral Information:

For Children NAI/PST Tool:

Outcome & Destination (with time left department):
Status: Left after assessment but before treatment complete (destination unknown)
Outcome: Discharged - no follow up
Follow up:
Left Department: 27 Jan 2020 15:16

TTO Detail:

CLINICIAN E-NOTES:

ACCIDENT & EMERGENCY DEPARTMENT.
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

CONSULTANT: MR V KAMA

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

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

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

27th FEBRUARY 2013

Ref: Patient
RICHARD DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: NO PHONE

D.O.B. 30/09/1962

Our Ref: A/E Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

Dear DR PANDAY

Your patient attended our A/E Dept on WEDNESDAY 27th FEBRUARY 2013 at 12:21 pm

Referred by: SELF

Their presenting complaint was:-
?EAR INFECTION

On examination I found:-
LFT EAR PERFORATION DUE TO ACUTE OTITIS MEDIA. TO SEE GP IN 1 WEEK TO FOLLOW UP HEALING

Investigations: NONE

Diagnosis: OTITIS MEDIA,

Immunisation:

Treatment: ADVICE - VERBAL

Disposal: DISCHARGED TO CARE OF GP

F	C
- 5 MAR 2013	
S	T

Yours sincerely

S WILLS - SHO ED
Automatically generated and therefore unsigned.

Copy to GP

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

F	C
29 OCT 2019	
S	T

NHS
North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Outpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	14 DRAYTON	**Date of birth**	30/09/1962
	SOUTH BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 9XL	**Other identifier**	DIS0529177

Admission details

Appointment Date 26/10/2019 08:00

Reason for Attendance/Clinical Summary - ? dvt right leg

Management and Progress
patient had not been taken his apixaban as prescribed .with posssitive dvt report to increase dose to 10mg bd for 7 days then 5mg bd

US Compression venography lower limb Rt

Outpatient USS Doppler to assess for ?DVT.
Swollen R leg. Previous DVT. Subtheraputic Apixaban
ENTERED BY: Syed Sarah Amin
BLEEP: [NOT KNOWN]
Outpatient USS Doppler to assess for ?DVT.
Swollen R leg. Previous DVT. Subtheraputic Apixaban
ENTERED BY: Syed Sarah Amin
BLEEP: [NOT KNOWN]
US Compression venography lower limb Rt, 26/10/2019:
Verbal consent was obtained for this examination.
This was a technically difficult examination as the right common femoral vein appears narrowed and challenging to identify. However, appearances suggest a thrombus in the narrowed common femoral vein. This extends distally into the superficial femoral vein but patent areas are identified within the distal superficial femoral vein and reasonable flow is seen within the right popliteal vein.
The left common femoral vein appears patent.
The right external iliac artery, the IVC and the portal vein appear patent.
CONCLUSION: Challenging examination due to anatomy but impression of POSITIVE DVT scan with thrombus seen within the right common femoral vein extending into the superficial femoral vein - the right SFV and popliteal vein do not appear fully occluded.
Charlotte WILSON Advanced Practitioner- Ultrasound, RA65932

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

Reported by: WILSON CHARLOTTE / EXTERNAL
26/10/2019 10:12:00

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details - Return to referrer

Allergies & Adverse Reactions - nkda

Advice to Patient - safety net advice given

Sepsis (Infection & end organ dysfunction)
Patient HAS NOT had a diagnosis of Sepsis during this Admission

Potential memory concern identified? - No

GP practice

GP practice details
x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Discharge details

Discharging consultant DR ASMAA AL-CHIDADI

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 26/10/2019 11:00

Person completing record

Name Christian Hyland

Designation or Discharge role Dept\Ward R& Disch

Date completed 26/10/2019 12:23

Distribution list

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

Letter Ref 526332/0

Date Printed 26/10/2019 12:23

Signed Christian Hyland [Dept\Ward R& Disch]

[526332/0]

North West Anglia
NHS Foundation Trust

Dept of Urology 202
Consultant: Mr. S. Sharma

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

Hospital No:	DIS0529177	Direct Line:	01733 677482
NHS No:	498 167 2195	Fax:	01733 676741
Clinic Date:	26 Jun 2019	Switchboard:	01733 678000
Priority	**routine**		

Transcribed: 10 Jul 2019
Reference: VF/AD

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

Dear Doctor

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

DIAGNOSTIC FLEXIBLE CYSTOSCOPY 26.06.2019

Indication:

- Urinary tract infection, previous enterococcus faecalis infection
- Appointments for gastroenterology, colorectal and endocrine due to multiple ongoing symptoms as well as weight loss

Past Medical History:

- Ex-IV drug user heroin, on methadone via ASPIRE, clean for 4 to 5 years
- Chronic Hepatitis C, previous Hepatitis B
- Recurrent DVT's on lifelong anticoagulation
- Mixed anxiety and depressive disorder

Findings:

- A mildly occlusive bilobular prostate, UO's identified, no pathology including on J manoeuvre
- STAT dose of IM Gentamicin given

Management:

- Outpatient appointment for flow rate as already booked and appointment to discuss further management if required

Mr Dean attended for his appointment today. Of note his urinalysis was negative for any signs of infection, but with his history I would much prefer to cover the risk of introducing infection with the cystoscopy.

We will see him back in clinic with the above results.

Kind regards

Yours sincerely

Electronically signed by
Dr Victoria Fulbrook
Specialty Registrar (ST3) in Urology

As this is a clinical letter written from one professional to another, it is likely to contain some technical information. If you do not understand any part of this letter and wish to obtain specific explanation regarding the contents, please discuss this with your GP.

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
14 Drayton
South Bretton
Peterborough
PE3 9XL

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: MR V KAMA↕

o: 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)

26th APRIL 2016↕

ef: 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

ear POOLED BOROUGHBURY ↕

our patient attended our Department on TUESDAY 26th APRIL 2016 at
:26 pm

eferred by: SELF

heir presenting complaint was:-
UMP IN MOUTH

n examination I found:-

↕

nvestigations: BIOCHEMISTRY

nvestigations: CARDIAC ENZYMES

nvestigations: CLOTTING STUDIES ↕

iagnosis: OTHER - ENT, ↕

mmunisation: ↕

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL ↕

isposal: DISCHARGED TO CARE OF GP↕

ours sincerely

AGARWAL - TRUST DR ST2
utomatically generated and therefore unsigned.

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR D VIJAYASANKAR↕

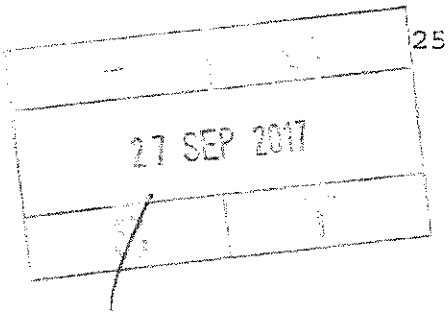
North West Anglia
NHS Foundation Trust

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



25th SEPTEMBER 2017↕

Ref: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA
Telephone: 07787654419 ↕

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 25th SEPTEMBER 2017 at 6:15 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- UNWELL SOB

On examination I found:-
UNWELL SOB

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: BACTERIOLOGY

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

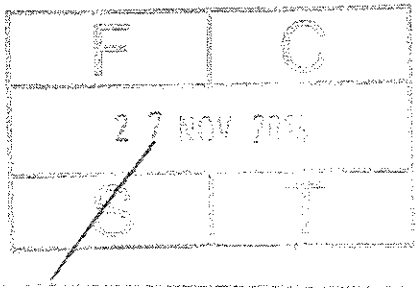
Disposal & Discharge Details: ALLOWED HOME↕

Yours sincerely

J LANKASTER - ST6, ED
Automatically generated and therefore unsigned

Copy to GP

RICHARD C DEAN NHS number: 4981672195 Hospital Number: DIS0529177



Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
DISCHARGE LETTER

Inpatient Letter

Patient Identification
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH
PE3 8RA

Admission Date	21/11/2014 17:12
Admission Source	Not known
Admission Method	Other - Not Known
Discharge Date	25/11/2014 17:00
Sex	Male
Date of Birth	30/09/1962
Marital Status	Single
NHS number	498 167 2195
Hospital Number	DIS0529177

Department & Contact Details
Respiratory Medicine: Secretary - 01733 673867

Discharging Consultant - Dr Lori Calvert

Method of Admission - Emergency

Reason for Admission
Discharging from chronic groin sinuses

Primary / Main Diagnosis
Cellulitis at site of old injections

Additional Diagnoses - Benzodiazepine dependence

Co-morbidity
DVT on warfarin
Ex IVDU (not used for 2.5 years)

Key Investigations / Tests
Initial bloods showed normal inflammatory markers and therapeutic INR

Treatments / Operations / Procedure
Given oral antibiotics as there was no possibility of peripheral venous access.

He has imprved with this and is now fit for discharge.

He was evidently withdrawing from benzodiazepines whilst in hospital and ws given oral diazepam at what he reported was his normal dose.

Management & Progress
Oral antibiotics

Benzodiazepines

He was reviewed by the vascular surgery team who felt there was no evidence of arterial insufficency and have not arrandged

[184038/0]

any follow up.

Complications - No known complications

Continuing Rehabilitation / Follow Up / Future Plan Arrangements
If sinuses continue to discharge please consider referral to the appropriate surgical specialty for management.

Additional Information for GP
See above
Please review benzodiazepine use

Allergies - Penicillin

Anticoagulation
INR therapeutic- ton continue on current dose with follow up in anticoag clinic

Indwelling / Invasive Devices - nil

Discharged To - Usual Residence

Infection Control Information - For This Admission - Not known

Potential Memory Concern Identified - No

Swallowing Advice / Diet & Fluids - Normal Fluids and Normal Diet

Detailed Changes to Drugs Since Admission & Reason - No Changes

Out of Hours Discharge Medication
Not applicable – patient discharged in normal hours.

TTOs

TTO Drug	Dose	Frequency	Route	Duration	GP Action	Source	Signatory	Amended
METHADONE 1mg/mL SF MIXTURE	30mg	Once daily	Oral	under the direction of aspire	Review	Patient's Own at Home	dunnem3	daviesj2
NICOTINELL '30' 21mg PATCHES	one patch	Once daily	Topical	as needed	Review	Patients Own Drug (s)	dunnem3	daviesj2
CLOTRIMAZOLE 1% CREAM (20g)	thin layer	Three Times a day	Topical	seven days	Review	Patients Own Drug (s)	dunnem3	daviesj2
DIAZEPAM 10mg TABLETS	10mg	Three Times a day	Oral	seven day supply dispensed	Review	TTO	dunnem3	
MIRTAZAPINE 15mg TABLETS	15mg	Once at Night	Oral	ongoing	Continue	Patients Own Drug (s)	dunnem3	daviesj2

CLINDAMYCIN 150mg CAPSULES	450mg	Four times a day	Oral	two weeks	Review	TTO	dunnem3	daviesj2
WARFARIN 1mg&3mg TABLETS	as per anticaogulant record	Once daily	Oral	ongoing	Review	Patient's Own at Home	daviesj2	

Checked By: Jonathan Davies, 25/11/2014 14:39

Dr M BOROWICZ
x 63 Lincoln Road
63 LINCOLN ROAD
PETERBOROUGH

PE1 2SF

Consultant JNA
Ward PCH Ward B12 Respiratory
Specialty General Medicine
Letter Ref 184038/0
Date Printed 25/11/2014 16:36
Signed Fabio Aleo [Dept\Ward Discharge]
Jonathan Davies [Pharmacist]
Mary Dunne [Medical Staff]

[184038/0]

102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895624
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Aspire
Recovery Service
Peterborough City Centre

25/02/26
Private & Confidential
Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJ
Dear Colleagues

Re: Mr Richard Dean - 30/09/1962

I hope this letter finds you well. I am writing to request a comprehensive medical summary for our above-mentioned mutual patient, who is currently receiving Opioid substitute treatment with us. Access to their complete medical history is essential for ensuring an accurate assessment and treatment plan for the above mentioned.

Please send the medical summary to the email cgl.aspirepeterborough@nhs.net at your earliest convenience. If you require any additional information or consent from our side, kindly let us know.

Thank you for your prompt attention and assistance in this matter. We look forward to our continued collaboration in providing the best care for our patients.

Sincerely,

Chido Biza
CGL Recovery Coordinator
T: 01733 894 624 M: 07350368020
CGL Aspire, 102-104 Bridge Street, Peterborough, PE1 1DY

Change Grow Live

www.changegrowlive.org

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26 FEB 2026

We're part of
Change Grow Live

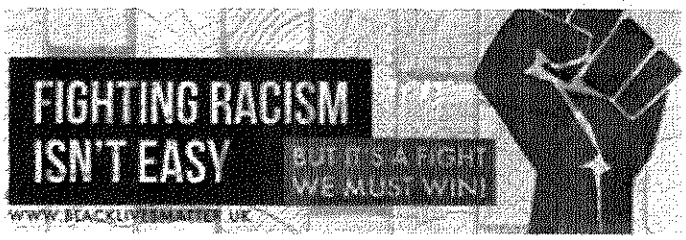
102-104 Bridge Street
Peterborough
PE1 1DY

T: 01733 895824
F: 01733 349221
E: peterborough@cgl.org.uk
W: www.changegrowlive.org

Change Grow Live

Aspire
Recovery Service

Peterborough City Centre

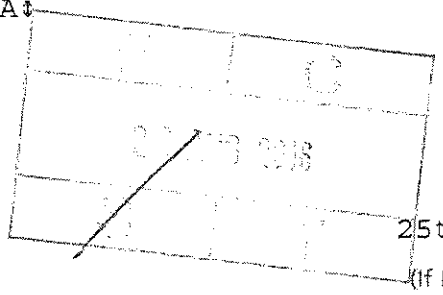


We're part of
Change
Grow
Live

:↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

:ONSULTANT: DR R MERUGUMALLA↕



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

:o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

25th AUGUST 2016↕

:ef: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBOROUGH

PE3 8RA D.O.B. 30/09/1962
Telephone: NOT ON PHONE ↕

Our Ref: ED Number DIS0529177 District Number DIS0529177
NHS No 498 167 2195

)ear POOLED BOROUGHBURY ↕

:our patient attended our Department on THURSDAY 25th AUGUST 2016 at)9:17 am

:eferred by: SELF

:heir presenting complaint was:-
:RINE RETENTION

:n examination I found:-

↕

:nvestigations: BIOCHEMISTRY

:nvestigations: HAEMATOLOGY

:nvestigations: 12 LEAD ECG PERFORMED ↕

:iagnosis: OTHER - GU, ↕

:mmunisation: ↕

:reatment: INTRAVENOUS CANNULA

:reatment: RECORDING VITAL SIGNS

:reatment: ADVICE - VERBAL ↕

)isposal: CLINICAL OBSERVATION UNIT↕

:ours sincerely

: UJEET - ED DOCTOR
:utomatically generated and therefore unsigned.

Copy to GP

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

F	C
23 JAN 2020	
S	T

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Outpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	14 DRAYTON BRETTON PETERBOROUGH PE3 9XL	**Date of birth**	30/09/1962
		Patient marital status	Single
		NHS number	498 167 2195
		Other identifier	DIS0529177

Admission details

Appointment Date 21/01/2020 09:10

Main Diagnosis - Deep Vein Thrombosis confirmed

Reason for Attendance/Clinical Summary - Suspected Deep Vein Thrombosis

Management and Progress - To continue anticoagulant

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details - Return to referrer

Allergies & Adverse Reactions - Penicillin

Advice to Patient
To continue Apixaban
GP to follow up
Safety net advise given by Dr to see GP if symptoms become worse
To take analgesia

Sepsis (Infection & end organ dysfunction)
Patient HAS NOT had a diagnosis of Sepsis during this Admission

Potential memory concern identified? - No

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Person completing record

Discharge details

Discharging consultant DR ASMAA AL-CHIDADI

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 21/01/2020 16:00

Distribution list

[543753/0]

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

Name	Helena Quartey-Papafio	Copy-to: GP / Patient (Delete as appropriate) Specify additional Copy-to recipients if required:
Designation or Discharge role	Nurse Prescriber	
Date completed	21/01/2020 20:13	

Letter Ref 543753/0

Date Printed 21/01/2020 20:13

Signed Helena Quartey-Papafio [Nurse Prescriber]

[543753/0]

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28 OCT 2019	
S	T

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Switchboard: 01733 678000
DISCHARGE LETTER

Inpatient Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	14 DRAYTON	**Date of birth**	30/09/1962
	SOUTH BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 9XL	**Other identifier**	DIS0529177

Admission details

Date of admission	24/10/2019 00:33
Source of admission	Usual place of residence
Admission method	Emergency - A+E Dept.

Department & Contact Details
PCH - Medical Assessment Unit 01733 678 000 ext 3007

Discharging Consultant Name - Dr Worrall

Primary / Main Diagnosis on Admission/Clincal Summary
Long standing weight loss - previously investigated
Altered bowel habits with change in urine colour
Right swollen leg - ?DVT

Co-morbidity
ex IVDU (quit 6 years ago)
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD

Follow Up / Treatment on Discharge & Discharge Details
GP Instructions
Please could GP check stool and urine sample of patient. Pt has been given containers to bring into GP.

Hospital Outpatients - GP to kindly chase results
USS liver
Doppler of right leg

Management & Progress
Mr Dean presented to his GP with a 2/52 hx of worsening SoB on exertion, productive cough with brown sputum and a headache. GP sent him via ambulance to ED. Clinically, he reported a history of a 6 week history of pale stools and dark, sweating and weight loss (3 stone over 2 years).

Weight loss is being investigated separately. Stool sample and urine sample to investigate pale stools and dark urine to be done with the GP. Outpatient USS liver has also been arranged with results to be discussed with the GP.

During admission pt reported right leg swelling. Doppler of right leg in ACU to be done as an outpatient. We have discharged Mr Dean with an increase in his dose of Apixaban from 2.5mg to 5mg.

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Mandatory Items - Penicillin allergy

Acute Kidney Injury (AKI) - No AKI

Sepsis (Infection & end organ dysfunction)
Patient HAS NOT had a diagnosis of Sepsis during this Admission

Allergies & Adverse Reactions - Penicillin

Changes to Drugs Since Admission
-Increase in dose of apixaban from 2.5mg to 5mg BD.
-No other changes to medication.

TTOs: For North West Anglia Foundation Trust discharge medication queries ONLY; contact the medicines information department on: nwangliaft.MedicinesInformation@nhs.net

TTO Drug	Dose	Frequency	Route	Duration	GP Action	Source	Signatory	Amended
apixaban	5mg	Twice daily	Oral	continue	Dose increased	TTO	amins	odedrar2

Checked By: Rachel Odedra, 24/10/2019 13:28

GP practice

GP practice details x Boroughbury Surgery
Boroughbury Surgery
Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

GP practice identifier D81026

Discharge details

Discharging consultant Klotsas

Discharging specialty/department General Medicine

Ward PCH Medical Assessment Unit

Date of discharge 24/10/2019 14:50

Person completing record

Name Sam Walker

Designation or Discharge role Dept\Ward Discharge

Date completed 24/10/2019 14:08

Distribution list

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

Letter Ref 525890/3

Date Printed 24/10/2019 14:08

Signed Sam Walker [Dept\Ward Discharge]
Rachel Odedra [Pharmacist]
Syed Sarah Amin [Medical Staff]

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-092490-1

Name: Richard Dean
DOB: 30 Sep 1962
Address: 14 DRAYTON, SOUTH BRETTON, PETERBOROUGH PE3 9XL
Hospital No: DIS0529177
NHS Number: 498 167 2195

ATTENDANCE INFORMATION
Date &Time: 23 Oct 2019 20:00
Type: New Attendance
Previous Attendances: 72
Presented With:(complaint) GPL MEDIC ?sepsis
Incident Type: Illness
ED Clinician:

Peterborough City ED
Peterborough City Hospital
Bretton Gate
Peterborough

PE3 9GZ
01733 678 000

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

GP ACTION:

DIAGNOSIS & COMMENTS:
1. Direct admit to a specialty **Qualifier:** Suspected diagnosis

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

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Observation / cardiac monitor, pulse oximetry / head injury / trends, Intravenous cannula

Identified CoMorbidities:
History of anticoagulant therapy, Anxiety disorder, Depressive disorder

Mental Health Classification:

Safeguarding concerns:
No safeguarding issue

Referral Information:
Request: 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:

TTO Detail: