Copy to GP

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

F C
21 SEP 2018
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	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

Appointment Date 18/09/2018 12:00

Reason for Attendance/Clinical Summary - ?dvt

Management and Progress
ED PLAN FOLLOWED IF DDIMER NEGATIVE HOME

B12/Folate

Serum B12		429	pg/ml	197 - 771	18/09/2018 18:28:00
Serum Folate		11.8	ug/L	>3.9	18/09/2018 18:28:00

T.Cal/Correct Cal

Total Calcium		2.29	mmol/L	2.12 - 2.62	18/09/2018 18:28:00
Albumin		48	g/L	35 - 50	18/09/2018 18:28:00
Adjusted Calcium		2.27	mmol/L	2.20 - 2.60	18/09/2018 18:28:00

Cortisol

Cortisol		768	nmol/L		18/09/2018 18:28:00

Creatine Kinase (CK)

CPK		48	U/L	40 - 320	18/09/2018 18:28:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		76	ml/min	>60	18/09/2018 18:28:00

TSH

Thyroid Function

TSH		3.03	mU/L	0.30 - 4.20	18/09/2018 18:28:00

Testosterone

Testosterone	*	8.3	nmol/L	10.0 - 38.0	18/09/2018 18:28:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		141	mmol/L	133 - 146	18/09/2018 18:28:00
Potassium		3.7	mmol/L	3.5 - 5.3	18/09/2018 18:28:00

[443139/0]

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

Creatinine		96	umol/L	59 - 104	18/09/2018 18:28:00
Chloride		102	mmol/L	95 - 108	18/09/2018 18:28:00
AKI stage		NA			18/09/2018 18:28:00

Amylase

Amylase		34	U/L	0 - 100	18/09/2018 14:12:00

C Reactive Protein

C Reactive Protein		<10	mg/L	<10	18/09/2018 14:12:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		80	ml/min	>60	18/09/2018 14:12:00

Liver Function Tests

LFT's

Albumin		50	g/L	35 - 50	18/09/2018 14:12:00
Total Bilirubin		8	umol/L	<21	18/09/2018 14:12:00
ALT		17	U/L	10 - 60	18/09/2018 14:12:00
Alkaline Phosphatase		121	U/L	30 - 130	18/09/2018 14:12:00
Total Protein		75	g/L	60 - 80	18/09/2018 14:12:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		138	mmol/L	133 - 146	18/09/2018 14:12:00
Potassium		4.6	mmol/L	3.5 - 5.3	18/09/2018 14:12:00
Creatinine		92	umol/L	59 - 104	18/09/2018 14:12:00
Chloride		106	mmol/L	95 - 108	18/09/2018 14:12:00
AKI stage		NA			18/09/2018 14:12:00

Urea

Urea		5.9	mmol/L	2.5 - 7.8	18/09/2018 14:12:00

Coag Screen

Specimen clotted suggest rpc

APTT		NA	Secs		18/09/2018 15:47:00
APTT Ratio		NA	Ratio		18/09/2018 15:47:00
PT		NA	Secs		18/09/2018 15:47:00
PT Ratio(INR)		NA	Ratio		18/09/2018 15:47:00
Fibrinogen		NA	g/L		18/09/2018 15:47:00
Thrombin Time		NA	Secs		18/09/2018 15:47:00

Full Blood Count

Full Blood Count

Additional information has been added to the report.

NB: Amended report,please disregard previous

WBC Morphology appears normal

Target cells present

Platelets aggregated results unreliable

WBC		8.5	10^9/L	4.0 - 11.0	18/09/2018 15:47:00
RBC		4.92	10^{12}/L	4.40 - 6.50	18/09/2018 15:47:00
Hb		155	g/L	130 - 180	18/09/2018 15:47:00
HCT		0.436		0.400 - 0.530	18/09/2018 15:47:00
MCV		88.6	fl	80.0 - 100.0	18/09/2018 15:47:00
MCH		31.5	pg	27.0 - 33.0	18/09/2018 15:47:00
MCHC		356	g/L	318 - 364	18/09/2018 15:47:00
RDW		12.5		11.5 - 15.0	18/09/2018 15:47:00

Plts Aggregated

PLT		NA	10^9/L		18/09/2018 15:47:00

[443139/0]

RICHARD C DEAN **NHS number:** **4981672195** **Hospital Number:** **DISO529177**

Lymphs	-	1.1	10^9/L	1.4 - 4.8	18/09/2018 15:47:00
Monos		0.5	10^9/L	0.1 - 0.8	18/09/2018 15:47:00
Neuts		6.9	10^9/L	1.8 - 7.7	18/09/2018 15:47:00
Eosins		0.1	10^9/L	0.1 - 0.6	18/09/2018 15:47:00
Basos		0.0	10^9/L		18/09/2018 15:47:00
Slide		FM			18/09/2018 15:47:00

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		54	ng/ml		18/09/2018 16:22:00

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details - Return to referrer

Allergies & Adverse Reactions - No Known allergies

Advice to Patient - SAFETY NET ADVICE GIVEN

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

Name Christian Hyland

Designation or Discharge role Dept\Ward R& Disch

Date completed 18/09/2018 19:34

Discharge details

Discharging consultant DR ASMAA AL-CHIDADI

Discharging specialty/department General Medicine

Clinic PCH Ambulatory Care Unit

Date of discharge 18/09/2018 17:00

Distribution list

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

Letter Ref 443139/0

Date Printed 18/09/2018 19:34

Signed Christian Hyland [Dept\Ward R& Disch]

[443139/0]

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: DR C THOMPSON↕

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)

18th SEPTEMBER 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 18th SEPTEMBER 2018 at 1:02 am

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- ABDOMINAL PAIN ?CONSTIPATION

On examination I found:-

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: 12 LEAD ECG PERFORMED

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY ↕

Diagnosis: DEEP VENOUS THROMBOSIS,R LOWER LEG ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: REFER TO AMBULATORY CARE UNIT↕

Yours sincerely

FIRTH, DAVID - ACCS ST1
Automatically generated and therefore unsigned.

Peterborough and Stamford Hospitals NHS
NHS Foundation Trust

Dept of Urology 202
Consultant: Mr. S. Sharma

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

Hospital No: DIS0529177
NHS No: 498 167 2195
Clinic Date: 18 Nov 2016
Priority **routine**

Direct Line: 01733 677473
Fax:
Switchboard: 01733 678000
Email: Anita.Lewis@pbh-tr.nhs.uk

Transcribed: 28 Nov 2016
Reference: BB/RC

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

Dear Doctor

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

This pleasant gentleman has been referred with a history of lower urinary tract symptoms. He tells me today that he needs to go to the toilet quite frequently and urgently. He has some sensation of incomplete bladder emptying and dribbling. His stream is poor. He has nocturia x1.

He is not diabetic and there is no history of heart disease. He had DVT for which he is on Warfarin. He is allergic to penicillin and smokes 5 cigarettes per day. He does not drink. He is currently unemployed.

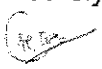
On examination abdomen was soft and non-tender. Rectal examination revealed is mildly enlarged but smooth and benign feeling. His PSA is 0.78ug/L. Kidney function normal. Urine dipstick today was negative.

My plan is for him to have a flow rate and post void residual. I have also asked him to complete an IPSS form. I have prescribed him Tamsulosin 400mcg once a day for two weeks and after this I would be grateful if you could continue the prescription for him.

We will see him in clinic in four months time to see how he is getting along.

Kind regards

Yours sincerely



Electronically signed by
Dr Biplab Barua
Speciality Registrar

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. R. Dean (Patient) — post

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

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-042189-1

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: 18 May 2019 12:39
Type: New Attendance
Previous Attendances: 66
Presented With:(complaint)
CHEST PAIN (PA 65)
Incident Type: Illness
ED Clinician: Sidrah Nawaz

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:na

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

INVESTIGATIONS:

Bed Side:
1. ECG

TREATMENT:
Treatments:
1. Administration of medication

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: 18 May 2019 16:00

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: back and epigastric pain
History of Presenting Problem: ongoing back and epigastric pain for the past three days
pain got worse early hours of this morning - around 1/2am
says pain is sharp in nature, it comes and goes
pain worse in his back 'between shoudler blades' and radiated into the epigstric area

has felt very sob with the pain
increased sweating and has felt nauseous
has not vomited
says he also has some intermittent palpiations
also feels dizzy
currently the pain is 6/10 - not taken any analgesia

CT chest- yesterday- investigation of lung nodual
has lost 1 stone in past three weeks
says has been eating as normal
also under investiagtion- urinary symptoms- awaiting urology appointment
has been quite constipated- is taking laxatives- opened bowels small amount two days ago
passing wind as normal
Past Medical History: EX IVDU- currently on methadone
DVT- on apixaban
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD
emphysema
Current Medications: apixaban
methadone
tamsulosin
Smoking, Alcohol, Drugs, Family and Social History: lives in shared accomodation
smoking-
alcohol-
Chest Examination: chest- clear
hs-1+11
pulse- regular
cap refil <2 sec
Abdominal Examination: soft- tender- generalised but worse in epigastric area
Neurological and Spine Examination: back- no spinal tenderness, no back tenderness
normal power in all four limbs

Differential Diagnosis: rule out ?ACS ?AAA
Management or Treatment Plan: bloods and vbg
ecg
?chest xray- pt had ct thoraxz yesterday
analgesia
Progress Note 1: CT thorax from yesterday reviewed with consultant Yasin- reviewed patient history and examination
advised pt safe for discharge with GP followup, no need for further investigations
Progress Note 2: patient given analgesia and safety netted - discharged home with advise

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-023654-1

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: 18 Mar 2019 18:20
Type: New Attendance
Previous Attendances: 55
Presented With:(complaint)
UNWELL UTI
Incident Type: Illness
ED Clinician: Shehnaz Bazeer

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

GP ACTION: Please repeat bloods, thrombocytopenia noted.

DIAGNOSIS & COMMENTS:
1. Urinary tract infection **Qualifier:** Suspected diagnosis

INVESTIGATIONS:
1. Urine - MC&S*

Bed Side:
1. Urinalysis
2. ECG

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:

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Unwell
History of Presenting Problem: 56M presenting w/2/7 hx of urinary sx, w/ dysuria.
Pt attended GP 2/7 ago as urine was becoming turbid w/offensive smell.
Pt was started on abx (Nitro).
Pt feels that sx are not improving and is feeling very tremulous
Denies N&V
No fevers
No CP
E+D normally
BO normally for patient - prone to constipation. Last opened 2/7 ago.
Has had previous UTI.
Pt has also noted intermittent palpitations, but no CP.

Past Medical History: EX IVDU
DVT
Hepatitis C
Anxiety
essential tremor with unsteady gait
Previous OD
Current Medications: OMEPRAZOLE 20mg CAPSULES 20mg Twice daily Oral
MIRTAZAPINE 30mg TABLETS 15mg Once at Night Oral
Apixaban 2.5mg Twice daily Oral
LACTULOSE SOLUTION 10-15ml Twice daily Oral ongoing New medication TTO mehmoodt2 mehmoodt2
TAMSULOSIN 400microgram M/R CAPSULES 400 micrograms Once in the morning Oral
METHADONE 1mg/mL SF MIXTURE 30mg Once in the morning Oral
DIAZEPAM 5mg TABLETS 5mg Once at Night Ora

Allergies & Adverse Reactions - Penicillin
Smoking, Alcohol, Drugs, Family and Social History: Smoker
Denies alcohol intake
Lives in shared housing
Observations and General Examination: VITALS @ 1835; RR=19, SpO2=Not recorded, HR=127/88, HR=107, Afebrile=37.2
Mild tachycardia noted.
Pt noted to have mild B/L tremor.
Abdominal Examination: SNT
BS=PRESENT

Differential Diagnosis: 1)Infection ?to UTI
Management or Treatment Plan: 1)Bloods; FBC=NAD except mild thrombocytopenia U&E's=NAD
2)Urine dip - to be sent for MC&S
3)ECG=NSR
4)If bloods NAD, pt safe to be discharged.
5)On repeat obs=no tachycardia
6)FP10 to extend course of abx. Advised to re-attend if necessary.
Progress Note 1:
C Reactive Protein <10 mg/L <10

eGFR (CKD-EPI) 75 ml/min >60

Liver Function Tests =NAD
Albumin 47 g/L 35 - 50
Total Bilirubin 9 umol/L <21
ALT 15 U/L 10 - 60
Alkaline Phosphatase 98 U/L 30 - 130
Total Protein 71 g/L 60 - 80

Crt & Electrolytes=NAD
Sodium 141 mmol/L 133 - 146
Potassium 4.4 mmol/L 3.5 - 5.3
Creatinine 97 umol/L 59 - 104
Chloride 106 mmol/L 95 - 108
Urea 4.5 mmol/L 2.5 - 7.8

Progress Note 2: Full Blood Count =NAD except thrombocyotpenia.
WBC 5.6 109/L 4.0 - 11.0
RBC 4.67 1012/L 4.40 - 6.50
Hb 144 g/L 130 - 180
HCT 0.418 0.400 - 0.530
MCV 89.5 fl 80.0 - 100.0
MCH 30.8 pg 27.0 - 33.0
MCHC 344 g/L 318 - 364
RDW 12.0 11.5 - 15.0
PLT * 124 109/L 150 - 400
Lymphs * 1.1 109/L 1.4 - 4.8
Monos 0.3 109/L 0.1 - 0.8
Neuts 4.2 109/L 1.8 - 7.7
Eosins * 0.0 109/L 0.1 - 0.6
Basos 0.0 109/L

Medical Assessment

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

18 July 2022 Richard Dean

Dear Doctor

Ref:	Richard Dean
DOB	30-09-1962
Address	14 Drayton, Peterborough PE3 9XN

Summary for GP

<u>Overview</u>

Medical assessment done at drug addiction clinic on- 18th July 2022
With recovery worker-
At start session on- 6mg espranor daily- weekly pickup

Positive results from most recent drug test:
Benzo, buprenorphine, cocaine

Discussion
Heroin use- not using
On 6mg espranor daily- continue
Discussion on suboptimal dosing, drug use and overdose risk

Investigations and Medical interventions
ECG if needed for Torsades de pointes risk- not needed

<u>Diagnosis</u>
F11.2 Opiate dependence

<u>Current prescription from CGL</u> – **as above**

<u>Current prescription from GP as stated by client</u>
Diazepam 5mg daily
Mirtazapine 15mg daily
Omeprazole 20mg daily
Apixaban- for DVT
Accrete D3 tablets

<u>Drug allergies</u> - **penicillin**

<u>Current Substance Use</u>
Heroin- not used over10 years
Crack- no
Cocaine- 1 line sniffed
Benzos- prescribed
Cannabis- 3 joints per day
Alcohol- no
Speed- no

Medical Assessment

18 July 2022 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Previous alcohol problems- no

Smoking cigarettes and cessation discussion – none

Substance use and Treatment History
Heroin use for over- about 2005
Injecting use for over- about age 18- with speed
Hepatitis C test- antibodies, negative RNS 2022
Hepatitis B vaccination- had in past
Naloxone training and discussion overdose- not got, discussed does not want
Locked Box- discussed, does not want
Safe disposal sharps- not using
Gone over illicit substances- about 2010
Serious infection- hepatitis C positive in past
DVT- in past – about 2018

Method of funding drug use
Not using

Family History
Any history of sudden death- no

Physical Health

Current health issues-
DVT 2018- Legs ache especially where had DVT
Hepatitis C in past
COPD

Mental Health
Past or active mental health issues- history of anxiety/depression
Suicide/self-harm history- no
Mood- states ok, but varies

Social History
Accommodation -ok
Partner- no
Children and Safeguarding- 6 children- all over 18
Recent Work- no, races pigeons
Recent education- no
Recent crime- no

Forensic History
Any pending legal issues - no
Convictions for violent offences or arson- no

Medical Assessment

8 July 2022 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Mental State Examination
Mood – as above in mental health
Speech - normal
Thought disorder, Suicidal thoughts, Voices, Paranoia-no

Physical examination

COWS score- if needed

Drowsy or drunk
Presentation -
Injection sites-
BP Pulse

Risk Management

Children and safeguarding- as above in social history

Contact with children or carer responsibilities
Methadone and substance safekeeping: discussed need to keep methadone /buprenorphine away from children and not to get intoxicated when supervising them.

Driving
DVLA – legal issues discussed

Overdose Risk
Risk of loss of tolerance and accidental overdose if using alcohol, illicit drugs and sedating medication discussed

Support for drug and other issues
Regular review with key worker for support and psychosocial intervention to look at drug and other issues.
Support from other agencies as indicated by assessment

Management Plan

(1) Current prescription from CGL –as above
(2) Regular review with key worker for support and psychosocial intervention to look at drug and other issues
(3) Try and get client to have Naloxone training, BBV testing & Hepatitis B immunisations if not recently done
(4) Next medical review due in 3 months time.

Request to GP

Medical Assessment

18 July 2022 Richard Dean

Aspire 102-104 Bridge Street Peterborough PE1 1DY
Phone 01733 895624 or 0800 1114354

Please take care when prescribing other medications that may have misuse potential e.g., 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).

Yours sincerely,
Dr R S Basi (GP with a specialist interest in drug addiction)

EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

ONSULTANT: DR D VIJAYASANKAR

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

21 JAN 16

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

18th JANUARY 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 MONDAY 18th JANUARY 2016 at 2:24 pm

eferred by: SELF

heir presenting complaint was:-
T ARM/HAND NUMBNESS

n examination I found:-
P TO F/U SKIN PROBLEMS

nvestigations: NONE

iagnosis: OTHER - DERMATOLOGY,

mmunisation:

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

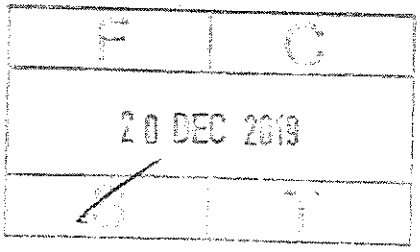
isposal: DISCHARGED TO CARE OF GP

ours sincerely

AHMED - ED DOCTOR
utomatically generated and therefore unsigned.

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

Outpatient Letter

Patient demographics

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

Admission details

Appointment Date 18/12/2019 08:30

Main Diagnosis - Likely pulmonary embolism.

Reason for Attendance/Clinical Summary
Chest pain and shortness of breath.

Management and Progress
Seen and clerked in ED yesterday and sent to ACU on PE pathway. Patient has known confirmed DVT and is on treatment dose apixaban. Despite multiple attempts by different staff members including ED we have been unable to get access and therefore have been unable to undertake CTPA. In view of confirmed DVT 5 weeks ago and risk factors following discussion with senior team, decision made to treat as PE as unable to exclude at this time.

Anticoagulation Patients only
Patient on long term apixaban - compliance checked and patient assures me he is taking this as prescribed.

Follow Up Arrangements & Discharge Details
Return to referrer
I have arranged follow up in PE clinic in 3 months time - although patient is remaining of life long anticoagulation.

Allergies & Adverse Reactions - Nil documented at this time.

Advice to Patient
Patient aware of plan.
Mr Dean very concerned regarding his headache which I have reassured him about. He claims to have had a headache for 2 months but has not taken any painkillers. I have asked him to follow up with GP.
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

Discharge details

Discharging consultant Anthony Woolfson
Discharging General Medicine

[537338/0]

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

Craig Street
PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

specialty/department

Clinic PCH Ambulatory Care Unit

Date of discharge 18/12/2019 11:00

GP practice identifier D81026

Person completing record

Name Emma Walters

Designation or Discharge role Nurse Prescriber

Date completed 18/12/2019 16:24

Distribution list

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

Letter Ref 537338/0

Date Printed 18/12/2019 16:24

Signed Emma Walters [Nurse Prescriber]

[537338/0]

NHS
North West Anglia
NHS Foundation Trust
Anticoagulation Clinic
Hinchingbrooke Hospital

Pooled Boroughbury
General Practitioner
Craig Street
Peterborough
Cambridgeshire
PE1 2EJ

18th August 2023

Dear Doctor

Mr. Richard DEAN DOB 30 Sep 1962 NHS No: 498 167 2195
14 Drayton, Bretton, Peterborough, PE3 9XL

Your patient who was recently started on anticoagulation following a hospital admission has been reviewed, by the anticoagulation team.

Anticoagulation issued on discharge: APIXABAN 10 mg BX x 1 week.
Indication for anticoagulation: Provoked Right leg DVT

PMH- Prev DVT, IVDU

Recommended changes: Dose changes on day 8(218/23) APIXABAN 5 mg BD
Duration- Long term

Calculated creatinine clearance 108ml/min , eGFR87ml/min, weight 92 ml/min
Your patient:

- Has been counselled about their anticoagulation
- Supplied with an information leaflet (posted)
- Supplied with an alert card

GP ACTION REQUIRED: Please continue to prescribe the above medication

The following monitoring is recommended for patients on

- Base line FBC, renal function and LFTs – taken on initiation
- Annual Review – please recheck HASBLED and renal function

Yours sincerely

Sherly Thomas
Anticoagulation Specialist Nurse

US Compression venography lower limb Rt, 13/08/2023:
RED STAR REPORT. This report needs urgent attention by the requester. This is a positive report for a DVT. There is no need to investigate for cancer for people with unprovoked DVT or PE unless they have relevant clinical symptoms or signs. The deep venous system of the right leg was examined. As previously documented on other scans, this was a technically difficult scan due to patient's history and anatomy. Within the right common femoral vein and there is a non-occlusive thrombus. Furthermore, there is another non-occlusive thrombus noted within the right proximal SFV at the level of the at the right profunda and a further one within the mid SFV. It is difficult to tell if this is a new blood clot or old from a previous DVT. The left CFV is patent. CONCLUSION : Non-occlusive thrombus noted within the CFV and two within the SFV. Reported by: Bethaney HAYES Advanced Practitioner in

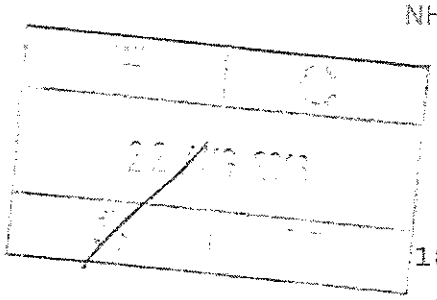
EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

CONSULTANT: MR A COPE↕

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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)

18th AUGUST 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 THURSDAY 18th AUGUST 2016 at 09:27 am

Referred by: SELF

Their presenting complaint was:-
URINE RETENTION

On examination I found:-
URINARY PROBLEMS - FURTHER FOLLOW UP WITH GP
↕

Investigations: NONE ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: ADVICE - VERBAL ↕

Disposal: ALLOWED HOME↕

Yours sincerely

A E LOCUM DAY COVER
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↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

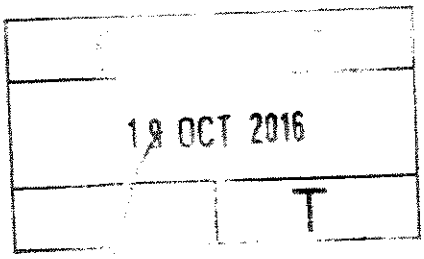
CONSULTANT: DR C COPE↕

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)

18th 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 17th OCTOBER 2016 at 10:20 am

Referred by: SELF

Their presenting complaint was:-
GENERALLY UNWELL - RETURN

On examination I found:-

↕

Investigations: BIOCHEMISTRY

Investigations: HAEMATOLOGY

Investigations: URINE TESTING ↕

Diagnosis: ANXIETY, ↕

Immunisation: ↕

Treatment: ADVICE - VERBAL

Treatment: MEDS - ORAL ↕

Disposal: ALLOWED HOME↕

Yours sincerely

S UJEET - ED DOCTOR
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North West Anglia
NHS Foundation Trust

Respiratory Dept 309
Consultant: Dr J. Faccenda

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

Hospital No:	DIS0529177	Direct Line:	
NHS No:	498 167 2195	Fax:	
Clinic Date:	17 Nov 2020	Switchboard:	01733 678000
Priority	**routine**		

Transcribed: 18 Nov 2020
Reference: TM/DM

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

Dear Mr./Ms. Pooled Boroughbury

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

This patient was due in the PE clinic today but he did not attend. Unfortunately he has no evidence of PE as he did not have a VQ scan or a CTPA due to poor venous access. The diagnosis was based on symptoms of pleuritic chest pain and cough pain, with a normal D-dimer. His echocardiogram has shown normal right ventricle. He did have a DVT though in October 2019. I therefore do not have any evidence that this gentleman ever had PE in March when he was referred. He has therefore been discharged from the PE service, back to your care.

PS Mr Dean rang the department the day after clinic to apologise for not attending. However based on the above investigation findings, we do not plan to offer him another appointment.

Kind regards

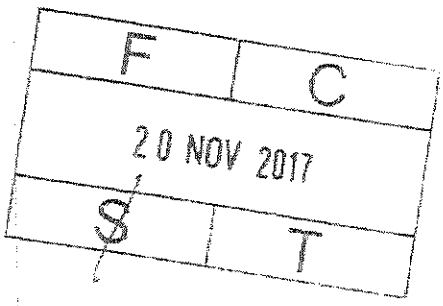
Yours sincerely

Electronically signed by
Dr Tinalo Molefe
Trust Doctor

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

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

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



Date 17/11/2017

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 opioid

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. He has been admitted in hospital several times in the last few months but no major findings have been found despite comprehensive investigations.

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. Naloxone discussed and declined
3. GP: May I kindly ask you to send me a copy of the ECG carried out in hospital recently
4. Next medical review in 12/52 or earlier if needed
5. 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 35ml

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

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: 5 cigarettes a day
Alcohol: No

Urine drug screening positive for: Methadone/Benzodiazepine

Physical Health
Hep C positive, diagnosed 7 years ago, last PCR 08/2017 negative. He also had history of DVT, last episode two years ago, he has had also a CT scan two weeks ago for a suspect pulmonary embolism, negative. Currently under investigation, he has had a gastro/colonoscopy and biopsies. 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.

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 on ESA.

Risks identified
Overdose risk due to low tolerance and combination of prescribed/illicit drugs and alcohol discussed with the client. QTc interval prolongation risk discussed with the client, ECG few weeks ago in hospital.
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.

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

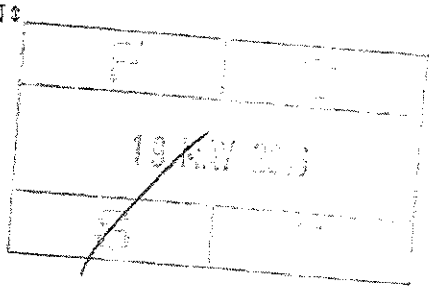
Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

↕EMERGENCY DEPARTMENT
Tel. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR C THOMPSON↕



To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

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

17th MAY 2016↕

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

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 TUESDAY 17th MAY 2016 at 8:09 pm

Referred by: SELF

Their presenting complaint was:-
HEAD PAIN / RIGHT LEG SWELLING

On examination I found:-

↕

Investigations: NONE/NO FURTHER INVESTIGATIONS ↕

Diagnosis: , ↕

Immunisation: ↕

Treatment: ADVICE - VERBAL ↕

Disposal: REFER TO AMBULATORY CARE UNIT↕

Yours sincerely

Automatically generated and therefore unsigned.

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-109447-1

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: 16 Dec 2019 20:05
Type: New Attendance
Previous Attendances: 75
Presented With:(complaint) CHEST PAIN
Incident Type: Other than above
ED Clinician: Sushma Pandey

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:none

DIAGNOSIS & COMMENTS:
1. Pulmonary embolism **Qualifier:** Suspected diagnosis **Comments:** Pleuritic pain, pt haemodynamically stable, on apixaban, bloods NAD, ECG normal

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

Bed Side:

TREATMENT:
Treatments:

Interventions:
1. Intravenous cannula

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

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: Other Outpatient Clinic **Ward:** 0
Follow up:
Left Department: 17 Dec 2019 01:54

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: Chest pain
History of Presenting Problem: At 1300 today had sudden onset pain on the left side going to the back
Describes it as a sharp pain, worse on inspiration. Can have some SOB though not always
denies dizziness, no cough, no haemoptysis
says has felt hot and cold and soemtimes clammy
left arm feels numb, has some tingling of the 4th and 5th digit of the left hand

Has been getting headaches for the last 6-7 weeks, occipital
Comes and goes, can get soem blurriness of his vision
Denies haed injury/ trauma
Past Medical History: COPD
Previous DVT
Diagnosed with DVT 5-6 weeks ago of his right leg
Hep C
Previous IVDU
Current Medications: Methadone 20mg - on reducing regimen
Apixaban 5mg BD for recurrent DVTs
Diazepam 10mg OD
Tamsulosin
Omeprazole

Smoking, Alcohol, Drugs, Family and Social History: smokes 1 a day- has been cutting down from 20/day
Does not drink alcohol
5 days ago- smoked marijuana
Denies the use of other illicit drugs
Observations and General Examination: Alert, not in obvious distress
NEWS 0
Chest Examination: Lung clear, bilateral equal air entry
HS I + II +0
Regular
No radio-radial delay
Abdominal Examination: Abdomen SNT
Neurological and Spine Examination: Cranial nerves intact
Upper arms power 5/5 b/l
Sensation intact, has some pins and needle 4th and 5th digit
tinel and phalens negative
CRT <3
Lower limb power 5/5
Sensation grossly intact
Limb Examination: Has area of erythema left popliteal fossa, mildly tender
not warm to touch
Differential Diagnosis: ?PE
Management or Treatment Plan: AWBR
ECG
BP both arms

Progress Note 1: Discussed with ED reg Ali - Home on PE pathway if bloods NAD
Progress Note 2: Bloods NAD, trop negative. BP normal both arms, ECG NAD.
Pt haemodynamically stable
appt booked - PE pathway wednesday 18th at 0900. Pt already on apixaban

North West Anglia
NHS Foundation Trust

Respiratory Dept 309
Consultant: Dr. J. Faccenda

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

Hospital No:	DIS0529177	Direct Line:	01733 673867 or 673870
NHS No:	498 167 2195	Fax:	01733 676787
Clinic Date:	17 Dec 2018	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.respiratoryadmin@nhs.net

Transcribed: 22 Jan 2019
Reference: JF/AC

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

We discussed your recent CT scan. I am glad to report that the little nodule on the upper part of your right lung has decreased in size over the last 18 months that we have been following it. This is reassuring and no further imaging is required and we have discharged you back to the care of your GP.

Yours sincerely

J. F Faccenda

Electronically signed by
Dr. J. F. Faccenda
MBChB MD FRCP
Consultant Respiratory Physician

Distribution:
Mr. Richard C Dean (Patient) — post

Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net

North West Anglia
NHS Foundation Trust

Respiratory Dept 309
Consultant: Dr. J. Faccenda

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

Hospital No:	DIS0529177	Direct Line:	01733 673867 or 673870
NHS No:	498 167 2195	Fax:	
Clinic Date:	17 Dec 2018	Switchboard:	01733 678000
Priority	**routine**	Email:	nwangliaft.respiratoryadmin@nhs.net
Transcribed:	17 Dec 2018		
Reference:	PS/PS		

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

Dear Dr Cockerill

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

Reason for communication: Referral with regard to lung nodule follow up CT scan?

Review of radiology and outcome:

1. I have organised a interval CT scan for Jan 2019 to follow up this nodule which we suspect is chronic and inflammatory.
2. We will discuss the lung nodule at the lung MDT and write to Mr Dean with the outcome which may include (a) further interval CT scan monitoring. (b) CT guided biopsy or (c) no further follow is required.

I apologise of the ambulatory care team asking you to arrange the interval scan. I have arranged the above steps to monitor this nodule. We will keep you updated on the outcomes.

Yours sincerely

Electronically signed by
Dr. Pasupathy-Rajah. Sivasothy
Consultant Respiratory Physician

Distribution:
Pooled Boroughbury, General Practitioner (GP) — email to capccg.boroughburymedicalcentre@nhs.net