EMERGENCY DEPARTMENT
el. No. (01733) 673285

Peterborough and Stamford Hospitals
NHS Foundation Trust

NSULTANT: DR C THOMPSON↕

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)

10th MAY 2017↕

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 WEDNESDAY 10th MAY 2017 at
:01 pm

eferred by: SELF

LINICAL DETAILS
eir presenting complaint was:- REQ BLOOD TEST

examination I found:-
MITTED WITH ANXIETY BLOOD TEST (N) URINE DIP (N)
ABNORMALITY DETECTED DISCHARGED HOME

tient declared allergies at ED attendance: PENICILLIN↕

vestigations: HAEMATOLOGY

vestigations: BIOCHEMISTRY

vestigations: 12 LEAD ECG PERFORMED ↕

agnosis: ANXIETY, ↕

munisation: ↕

eatment: MEDS - ORAL

eatment: RECORDING VITAL SIGNS

eatment: ADVICE - VERBAL

eatment: ADVICE - WRITTEN ↕

sposal & Discharge Details: ALLOWED HOME↕

urs sincerely

E LOCUM DAY COVER
utomatically generated and therefore unsigned

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)

EMERGENCY DEPARTMENT
l. No. (01733) 673285

NSULTANT: DR A BHANOT↕

POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

F	C
13 AUG 2018	
S	T

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)

10th AUGUST 2018↕

f: 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

ar POOLED BOROUGHBURY ↕

ur patient attended our Department on FRIDAY 10th AUGUST 2018 at
29 pm

ferred by: SELF

INICAL DETAILS
eir presenting complaint was:- ABDOMINAL PAIN

examination I found:-

tient declared allergies at ED attendance: PENICILLIN↕

vestigations: X-RAY

vestigations: NONE ↕

agnosis: OTHER - MEDICAL, ↕

munisation: ↕

eatment: RECORDING VITAL SIGNS

eatment: ADVICE - VERBAL

eatment: ADVICE - WRITTEN

eatment: MEDS - ORAL ↕

sposal & Discharge Details: DISCHARGED TO CARE OF GP↕

urs sincerely

BOZIC - CLINICAL FELLOW, ED
tomatically generated and therefore unsigned.

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

CONSULTANT: DR C COPE↕

NHS
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

10th AUGUST 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 THURSDAY 10th AUGUST 2017 at 2:18 pm

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- UNWELL. DEHYRATED. TACHYCARDIC

On examination I found:-
PARAMETERS STABLE PRESENTED WEIGHT LOSS+ FATIGUE ECG NO ACUTE CHANGE FOR INVESTIGATION GP +HAVE HEP C ASSESSED

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: BIOCHEMISTRY

Investigations: 12 LEAD ECG PERFORMED

Investigations: HAEMATOLOGY ↕

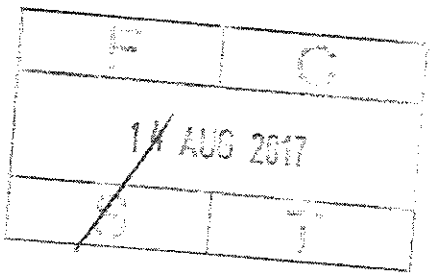
Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: INTRAVENOUS CANNULA

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕



Disposal & Discharge Details: REFER TO AMBULATORY CARE UNIT↕

Yours sincerely

T ATTARD - ACCS, ED
Automatically generated and therefore unsigned

Copy to Patient

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

North West Anglia
NHS Foundation Trust

Peterborough City Hospital
Ambulatory Care Unit
Tel: 01733 677779

Ward Attender Letter

Patient demographics

Patient name	RICHARD C DEAN	**Patient sex**	Male
Patient address	19 ADDERLEY	**Date of birth**	30/09/1962
	BRETTON	**Patient marital status**	Single
	PETERBOROUGH	**NHS number**	498 167 2195
	PE3 8RA	**Other identifier**	DIS0529177
		Patient telephone number	07787654419 (Home)

Admission details

Attendance Date 10/08/2017 14:18

Reason for Attendance/Clinical Summary

Patient presented to ED complaining of weight loss and fatigue

Relevant History

Ex IVDU
Untreated hepatitis C
x2 DVT on lifelong warfarin

Management and Progress

patient was seen by GP with fatigue and weight loss and referred to ED.
Obs and ECG normal
Blood show no acute changes and are mostly normal

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		138	mmol/L	133 - 146	10/08/2017 18:32:00
Potassium		4.1	mmol/L	3.5 - 5.3	10/08/2017 18:32:00
Creatinine		90	umol/L	59 - 104	10/08/2017 18:32:00
Chloride		101	mmol/L	95 - 108	10/08/2017 18:32:00
AKI Staging		NA			10/08/2017 18:32:00

Urea

Urea		3.3	mmol/L	2.5 - 7.8	10/08/2017 18:32:00

Liver Function Tests

LFT's

Alkaline Phosphatase		95	U/L	30 - 130	10/08/2017 18:32:00
Albumin		50	g/L	35 - 50	10/08/2017 18:32:00
Total Bilirubin		11	umol/L	<21	10/08/2017 18:32:00
ALT		18	U/L	10 - 60	10/08/2017 18:32:00

[358690/0]

Total Protein		77	g/L	60 - 80	10/08/2017 18:32:00

Amylase

Amylase		28	U/L	0 - 100	10/08/2017 18:32:00

C Reactive Protein

C Reactive Protein		<10	mg/L	<10	10/08/2017 18:32:00

eGFR (CKD-EPI)

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		83	ml/min	>60	10/08/2017 18:32:00

Coag Screen

On Warfarin

APTT Ratio	*	1.79	Ratio	0.80 - 1.20	10/08/2017 18:32:00
PT Ratio(INR)	*	4.28	Ratio	0.80 - 1.25	10/08/2017 18:32:00
Fibrinogen		2.5	g/L	2.0 - 4.5	10/08/2017 18:32:00

Lactate

Lactate		1.4	mmol/L	0.6 - 2.5	10/08/2017 18:26:00

Glucose

Random Glucose

Please note reference limit applies only to fasting samples.

Glucose		5.8	mmol/L	<7.0	10/08/2017 18:26:00

Thrombin Time

Thrombin Time		14.9	Secs	11.0 - 17.0	10/08/2017 18:22:00

Full Blood Count

Full Blood Count

WBC		10.1	10^9/L	4.0 - 11.0	10/08/2017 18:00:00
RBC		5.00	10^{12}/L	4.40 - 6.50	10/08/2017 18:00:00
Hb		159	g/L	130 - 180	10/08/2017 18:00:00
HCT		0.448		0.400 - 0.530	10/08/2017 18:00:00
MCV		89.6	fl	80.0 - 100.0	10/08/2017 18:00:00
MCH		31.8	pg	27.0 - 33.0	10/08/2017 18:00:00
MCHC		355	g/L	318 - 364	10/08/2017 18:00:00
RDW		12.4		11.5 - 15.0	10/08/2017 18:00:00
PLT		189	10^9/L	150 - 400	10/08/2017 18:00:00
Lymphs		1.5	10^9/L	1.4 - 4.8	10/08/2017 18:00:00
Monos		0.5	10^9/L	0.1 - 0.8	10/08/2017 18:00:00
Neuts	*	8.1	10^9/L	1.8 - 7.7	10/08/2017 18:00:00
Eosins	*	0.0	10^9/L	0.1 - 0.6	10/08/2017 18:00:00
Basos		0.0	10^9/L		10/08/2017 18:00:00

XR Abdomen / KUB

Previous IVDU. Long term warfarin for DVT

Tachypneic, tachycardic.? CXR please LRTI/PE

Abdo pain, not opened bowels for 4 days, nausea, ?subacute obstruction. Abdo Xray please

ENTERED BY: Lekha Agarwal

BLEEP: 3370

Previous IVDU. Long term warfarin for DVT

Tachypneic, tachycardic.? CXR please LRTI/PE

Abdo pain, not opened bowels for 4 days, nausea, ?subacute obstruction. Abdo Xray please

ENTERED BY: Lekha Agarwal

BLEEP: 3370

Clinical History :

[358690/0]

Previous IVDU. Long term warfarin for DVT
Tachypneic, tachycardic.? CXR please LRTI/PE
Abdo pain, not opened bowels for 4 days, nausea, ?subacute obstruction. Abdo Xray please
ENTERED BY: Lekha Agarwal
BLEEP: 3372

XR Abdomen / KUB : Supine projection. Both flanks have not been fully included on the image. Underexposed image. Presumed external wiring artifact seen projected over the abdomen.

Visible bowel gas pattern appears normal calibre. There is no convincing radiographic evidence of bowel obstruction on this examination. Some faecal loading is seen in the caecum and ascending colon.

Soft tissue structures and muscle shadows have not been well demonstrated and can't be assessed. Phleboliths are seen in the pelvis. Costal cartilage calcification noted.

Degenerative changes are seen in the lumbar spine. Abdominal X-Rays provide limited information when assessing skeletal structures. Any comments given are done so within the scope of practice of Abdominal Reporting Practitioners.

Conclusion

There is no convincing radiographic evidence of bowel obstruction on this examination.

This examination has been reported by Sarah East, Reporting GI Advanced Practitioner.

XR Chest :

AP erect radiograph.

No free subdiaphragmatic air demonstrated. Compared with previous radiographs dated August 2016 and June 2017 there is no increased blunting of the left costophrenic angle suggesting a small pleural effusion. Old fractured ribs are noted on the left side. Otherwise, no focal lung abnormality demonstrated.

This examination has been reported by Lindsey Bunn, Reporting Practitioner

Reported by: EAST SARAH / RA45147

18/07/2017 10:39:00

XR Chest

Previous IVDU. Long term warfarin for DVT
Tachypneic, tachycardic.? CXR please LRTI/PE
Abdo pain, not opened bowels for 4 days, nausea, ?subacute obstruction. Abdo Xray please
ENTERED BY: Lekha Agarwal
BLEEP: 3372

Previous IVDU. Long term warfarin for DVT
Tachypneic, tachycardic.? CXR please LRTI/PE
Abdo pain, not opened bowels for 4 days, nausea, ?subacute obstruction. Abdo Xray please
ENTERED BY: Lekha Agarwal
BLEEP: 3372

Clinical History :

Previous IVDU. Long term warfarin for DVT
Tachypneic, tachycardic.? CXR please LRTI/PE
Abdo pain, not opened bowels for 4 days, nausea, ?subacute

obstruction. Abdo Xray please
ENTERED BY: Lekha Agarwal
BLEEP: 3372

XR Abdomen / KUB : Supine projection. Both flanks have not been fully included on the image. Underexposed image. Presumed external wiring artifact seen projected over the abdomen.

Visible bowel gas pattern appears normal calibre. There is no convincing radiographic evidence of bowel obstruction on this examination. Some faecal loading is seen in the caecum and ascending colon.

Soft tissue structures and muscle shadows have not been well demonstrated and can't be assessed. Phleboliths are seen in the pelvis. Costal cartilage calcification noted.

Degenerative changes are seen in the lumbar spine. Abdominal X-Rays provide limited information when assessing skeletal structures. Any comments given are done so within the scope of practice of Abdominal Reporting Practitioners.

Conclusion

There is no convincing radiographic evidence of bowel obstruction on this examination.

This examination has been reported by Sarah East, Reporting GI Advanced Practitioner.

XR Chest :

AP erect radiograph.

No free subdiaphragmatic air demonstrated. Compared with previous radiographs dated August 2016 and June 2017 there is no increased blunting of the left costophrenic angle suggesting a small pleural effusion. Old fractured ribs are noted on the left side. Otherwise, no focal lung abnormality demonstrated.

This examination has been reported by Lindsey Bunn, Reporting Practitioner

Reported by: BUNN LINDSEY / RA39257

18/07/2017 10:39:00

Coag Screen

APTT Ratio	*	1.50	Ratio	0.80 - 1.20	11/07/2017 19:56:00
PT Ratio(INR)	*	3.91	Ratio	0.80 - 1.25	11/07/2017 19:56:00
Fibrinogen		2.4	g/L	2.0 - 4.5	11/07/2017 19:56:00

Lactate

Lactate		1.0	mmol/L	0.6 - 2.5	11/07/2017 19:54:00

Anticoagulation Patients only - Not applicable

Follow Up Arrangements & Discharge Details
Return to referrer

To see GP for further investigations into causes of fatigue and weight loss. No abnormalities found on assessment

Allergies & Adverse Reactions - No Known allergies

Advice to Patient
To seek medical attention if feels generally unwell

Potential memory concern identified? - No

[358690/0]

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

GP practice

GP practice details
x Boroughbury Surgery
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ
Phone: 01733 307840

GP practice identifier D81026

Person completing record

Name Jon Darling
Designation or Discharge role Dept\Ward R& Disch
Date completed 10/08/2017 19:46

Discharge details

Discharging consultant Unknown clinician
Discharging specialty/department [Not Specified]
Location PCH Emergency Department
Date of discharge 10/08/2017 19:45

Distribution list

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

Letter Ref 358690/0

Date Printed 10/08/2017 19:46
Signed Jon Darling [Dept\Ward R& Disch]

[358690/0]

Lung Cancer Screening

NHS

11/11/2025

Booking Office:
Universal House
E.r.f. Way
Middlewich, Cheshire
CW10 0QJ
Telephone: 01733 968 848
Office hours: Mon-Fri:8am-8pm, Sat:8am-1pm

BOROUGHBURY MEDICAL CENTRE
CRAIG STREET
PETERBOROUGH
CAMBRIDGESHIRE
PE1 2EJ

NHS Number: 498 167 2195

Dear GP PRACTICE

RE: Lung Cancer Screening - CT Scan Results

Your patient Mr Richard C Dean attended a low dose CT scan on 09/11/2025.

Please use SNOMED CT code 713548006 to record that a low dose CT scan was completed.

Please find attached CT scan information captured at the appointment for your reference.

INFORMATION ONLY - Your patient's CT scan demonstrates a small lung nodule. This is a common finding on scans and in most cases is an area of scarring or inflammation on the lungs. This is not of immediate concern but we will call your patient for a follow up scan in 9 months time.

INFORMATION ONLY - Your patient's CT scan confirms evidence of mild emphysema. No further action is required. Patient has been advised to stop smoking and offered referral to smoking cessation services.

Yours sincerely
LUNG CANCER SCREENING TEAM

NHS Lung Cancer Screening (LCS) is the new programme name for Targeted Lung Health Checks (TLHC).

CT SCAN INFORMATION

Emphysema extent:	mild	Emphysema type:	
Number of nodules:	1	Highest brock score:	5.5
Nodule recommendation	ldct_in_9_months [GGO for follow-up.]		
Urgent finding			
Refer to other cancer MDT:	False		
Refer to non-cancer MDT:	False		
Refer to Chest Clinic:	False		
Refer to Tuberculosis service:	False		
GP action required:	False		

Incidental Pulmonary Findings: No / unchanged

Bronchiectasis:		Respiratory Bronchiolitis:	
Interstitial Lung Abnormalities:			
Infective Consolidation:		Active Tuberculosis:	

Incidental Intrathoracic Findings: No / unchanged

Mediastinal mass:			
Coronary arterial calcification:	none	Aortic valve calcium:	
Thoracic aortic aneurysm:			
Pleural effusion/thickening or mass:			

Incidental Extrathoracic Findings: No / unchanged

Suspicious breast lesion	
Suspicious thyroid lesion:	
Suspicious esophageal lesion:	
Liver or splenic lesion:	
Renal lesion:	
Adrenal lesion	
Abdominal aortic aneurysm:	
Bones	

North West Anglia
NHS Foundation Trust

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. I. Amin

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

Hospital No:	DIS0529177	Direct Line:	01733 677527
NHS No:	498 167 2195	Fax:	01733 676786
Clinic Date:	09 Nov 2017	Switchboard:	01733 678000
Priority	**routine**	Email:	gastrosecs@pbh-tr.nhs.uk

Transcribed: 14 Nov 2017
Reference: IA/DH

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

Dear Mr./Ms. Pooled Boroughbury

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

2WW Referral

Many thanks for asking me to see this 55 year old gentleman who has been losing weight of nearly 15kg over the last six months. This is associated with constipation with bowels open once 3-4 days. More recently he has started using suppositories and he is opening his bowels more frequently on alternate days. His oral intake has remained unchanged and despite that he has lost weight. However, over the last few weeks he has noticed that the weight loss has plateaued and in fact he has put on 3kg in weight. He has had two hospital admissions. He had a CT scan of chest/abdomen/pelvis that showed slight emphysematous changes in the lungs and there were not sinister findings. He started to feel better, although it is early days. He had a flexible sigmoidoscopy and a gastroscopy done earlier this year and it was noticed that he had a spasmodic distal oesophagus.

He has a past medical history of ex-IVDU, previous DVT, hepatitis C and anxiety.

He is currently on Methadone 35mg od, Mirtazapine, Diazepam and Edoxaban for his anticoagulation. He is a smoker who smokes up to five cigarettes a day. His alcohol consumption is nil. He lives in shared accommodation.

Today on examination his abdomen was soft. I could not feel any palpable masses. He also asked me to examine his right upper thigh and gluteal region. There was a red skin ulcer, looking erythematous, non-tender and in a healing stage. He mentioned this ulcer has been there for two weeks and palpating this area felt that this was close to the bone having some underlying bony irregularity and prominence.

I think this gentleman's history of weight loss and dysphagia could well be related to chronic constipation and the possibility of oesophageal dysmotility. I strongly suspect Methadone may be contributory to his symptoms. Nevertheless, I think we need to repeat a gastroscopy with a view to get distal and proximal oesophageal biopsies. If he continues to remain dysphagic I will consider doing an oesophageal pH and manometry studies.

I have suggested for him to use laxatives and/or suppositories regularly to help improve with evacuation of his bowel and have suggested if possible, under the advice from Aspire, to cut down on Methadone to a minimal dose.

A follow-up has been booked to see him in two months time.

With many thanks and kind regards.

Yours sincerely

Electronically approved by Mrs. Dawn Hicks
Secretarial Assistant on behalf of
Dr I Amin
Consultant Gastroenterologist

Please note this letter has been sent without approval by the consultant at their request, in order to avoid delay.

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

TOKODA, Jerry (BOROUGHBURY MEDICAL CENTRE)

From: Gavin Tate <gavin.tate@cgl.cjsm.net>
Sent: 09 June 2023 10:37
To: CAPCCG.Boroughburymedicalcentre@nhs.net.cjsm.net
Subject: [CJSM] CGL Aspire client - Taking over GP Diazepam prescription - Action required

Hello,

My client Richard Dean - 30/09/1962 - 14 Drayton, Bretton, Peterborough, PE3 9XN is currently prescribed by Boroughbury Medical Centre, Craig Street, Peterborough Diazepam 5mg weekly (Thursday dispensing regime). Last collected 8.6.23, next dispensing date 15.6.23.

I called and spoke with Mariam at your practice regarding the below information and was asked to confirm the details in an email.

It was agreed by the CGL Aspire medical team that we will take over his Boroughbury prescription and increase his dose to 25mg Diazepam for a short period before starting a controlled reduction in the future to aid his recovery within our service.

Could I please request that you prescribe Diazepam to Richard Dean for the last time on the 15.6.23 (Thursday) and CGL Aspire will take over dispensing from the 22.6.23.

Can you please confirm that you agree to this proposed plan and have actioned the cancellation detailed in this request so we do not double dispense to the client.

Regards

Gavin Tate
Recovery Coordinator - Opiate team
CGL Aspire drug & alcohol recovery service
102-104 Bridge Street, Peterborough, PE1 1DY
General Email: gavin.tate@cgl.org.uk
Secure Email: gavin.tate@cgl.cjsm.net
T:01733 895634
M:07796 184681
Freephone: 0800 111 4354

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

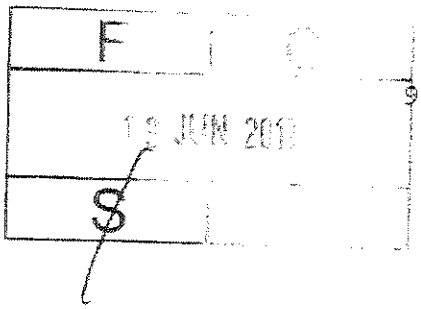
Peterborough and Stamford Hospitals
NHS Foundation Trust

CONSULTANT: DR D VIJAYASANKAR↕

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

To: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



9th JUNE 2017↕ 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 FRIDAY 9th JUNE 2017 at 11:12 am

Referred by: SELF

CLINICAL DETAILS
Their presenting complaint was:- UNWELL/NAUSEA

On examination I found:-
SOB, BLOODS NAD

Patient declared allergies at ED attendance: PENICILLIN↕

Investigations: X-RAY

Investigations: 12 LEAD ECG PERFORMED

Investigations: BIOCHEMISTRY ↕

Diagnosis: OTHER - MEDICAL, ↕

Immunisation: ↕

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL ↕

Disposal & Discharge Details: ALLOWED HOME↕

Yours sincerely

A BHANOT - Consultant ED
Automatically generated and therefore unsigned.

North West Anglia
NHS Foundation Trust

Dept of Gastroenterology + Hepatology 302
Consultant: Dr. T. Das

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

Hospital No:	DIS0529177	Direct Line:	01733 677527
NHS No:	498 167 2195	Fax:	
Transcribed:	09 Jul 2019	Switchboard:	01733 678000
Reference:	TD/SJ		

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

Dear Mr./Ms. Pooled Boroughbury

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

This is to let you know that the gastroscopy and biopsies were normal. Thank you.

Yours sincerely

Electronically approved by Mrs. Sharon Jones
Medical Secretary on behalf of
Dr Tapas Das
Consultant

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

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

9th JULY 2012

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 MONDAY 9th JULY 2012 at 11:50 am.

Referred by: SELF

Their presenting complaint was:-
PAIN RT LEG, SOB, UNWELL

On examination I found:-
SWOLLEN RT CALF, D-DIMER <21 PT HAS SEEN GP SINCE AUGUST 11
WHY ON TINZAPARIN. PT NOT COMPLIANT

Investigations: CLOTTING STUDIES

Investigations: NONE/NO FURTHER INVESTIGATIONS

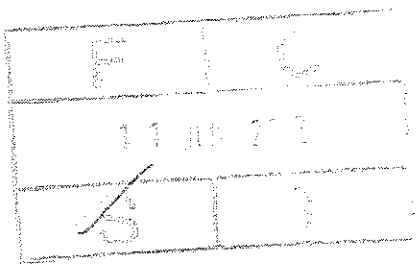
Diagnosis: OTHER - MEDICAL,

Immunisation:

Treatment: RECORDING VITAL SIGNS

Treatment: ADVICE - VERBAL

Disposal: ALLOWED HOME

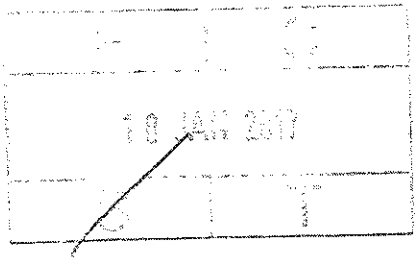


Yours sincerely

N LYNAM - ED DOCTOR
Automatically generated and therefore unsigned.

HOPE into ACTION

Enabling churches to house the homeless



9th January 2017

Richard Dean

19 Adderley

Bretton

Peterborough

PE3 8RA

Patient Number: 20239240

NHS Number: 498 167 2195

To Whom it May Concern

Mr Dean currently lives in one of our properties (see address above). Due to his increasing health needs the property is becoming less suited to him and I have been working with Housing Needs to find more suitable accommodation for him.

They have requested completion of a Medical Assessment Form outlining his current illness/disability. I have been working with Mr Dean to complete this form and it would be really helpful to have an up to date list of his conditions and current medication. Also if I could have the name of the consultant he is under at the hospital, please.Mr Dean is happy for me to communicate with you and I enclose a photocopy of the Permission to exchange Information Agreement.

Unfortunately, we do not have a fax machine here at our office so if you could ring or text me when the information is ready, I will be happy to collect it.

Thank you for your help in this matter. Please contact me if you need any further information from me either by phone or email (see below).

Yours sincerely,

R. Patterson

Rachel Patterson

(Empowerment Worker)

Email: rachel.patterson@hopeintoaction.org.uk Mobile: 07762 738184

HOPE into ACTION

Enabling churches to house the homeless

Permission to exchange Information Agreement

To be read or verbally summarised by worker before signing:

To provide a service, agencies need to exchange information. This can include advice agencies, housing providers, health services, job centre plus, Social services and so on.

1) Time is saved if you give ***general permission*** to exchange information. We will try not to bother you about it again, but you can change the agreement at any time. Alternatively:
2) You may want to ***exclude some agencies*** or prefer us to ***ask each time*** we contact people.

Even with permission we will not pass on information unnecessarily, and ***will not disclose personal information to family, friends or other private individuals*** without asking first. In some limited situations - if there is an order from a court or if there is an urgent matter of public safety - information may be passed on without asking.

Please also be aware that both the Church Leader and 'Friendship & Support Group' may be privy to information, to enable them to support you better and provide accountability. Likewise, if you should disclose something to them that they feel we (as your landlord and Support Worker) need to know, they are within their rights to pass this information on to us.

If you would like a matter to remain confidential between yourself and the HIA, please let your Support Worker know. Confidentiality and human rights laws dictate that a matter can't and shouldn't stay confidential if your safety (or the safety of others) is threatened, if a child's safety is involved or if it is a matter of National Security.

AGREEMENT

Please sign below if you agree we can exchange information about you. You may alter parts you do not agree with.

1. Agencies providing services

I agree that agencies providing welfare services may exchange information about me. I understand that this may include probation, housing, social services, advice agencies, my church friendship and support group and church leader, councils, job centre plus and others.

2. Doctors and other health workers

I agree that my doctor(s) and other health workers may give information about myself to agencies helping with my housing and other problems.

I would like to give the following instructions

- I understand that personal information will only be passed to agencies able to keep that information secure.
- I understand that, with certain limitations, I have a right under Section 7 of the Data Protection Act 1998 to see records kept about me

I would like to stipulate that the following person/ agency .....

Is NOT party to information about the following issue: .....

Tick this box if you would like the person/ agency to not receive ANY information about you ☐

Signed _____ Date 16·08·16

Print Name RICHARD DEAN

HOPE into ACTION

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

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

Change Grow Live

Aspire
Recovery Service
Peterborough City Centre

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

Confidential

09 December 2020

Boroughbury Medical Centre
Craig Street
Peterborough
PE1 2EJThorpe Road Surgery

Dear Colleague

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

Summary for GP
Client seen on 27/11/20

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

Impression
Telephone call was arranged due to COVID-19 restriction to complete a medical review. He was polite and cooperative throughout the consultation.

Management plan

1. We have agreed to increase to 6mg from the next prescription
2. We will refer him to the Hep C clinic for an assessment
3. Naloxone discussed and declined
4. Discussed importance of social distancing and procedure to reduce the probability to be exposed to COVID-19
5. Next medical review in 12/52 or earlier if needed
6. Letter to GP

Aspire
102-104 Bridge Street
Peterborough
PE1 1DY

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

Change Grow Live | Aspire Recovery Service
Peterborough City Centre

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 CGL
Espranor 4mg od

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

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: Not tested

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Change Grow Live

Aspire
Recovery Service
Peterborough City Centre

Physical Health
Hep C positive, will be referred to the Hep C clinic to be assessed. He also had history of DVT, last episode three years ago, he has had also a CT scan two years 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.

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.

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

Yours sincerely,

Dr V. Di Fabio
Consultant Psychiatrist

GP SUMMARY

Peterborough City Hospital

ED Attendance Number: PCH-19-087560-1

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: 08 Oct 2019 08:13
Type: New Attendance
Previous Attendances: 70
Presented With:(complaint) unwell - head pain
Incident Type: Illness
ED Clinician: Ayesha Malik

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. No abnormality detected **Qualifier:** Suspected diagnosis

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

Bed Side:
1. ECG

TREATMENT:
Treatments:

Interventions:
1. Administration of medication **Comments:** Codeine 30mg adm as prescribed

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: Admitted
Destination: Ambulatory Care
Follow up:
Left Department: 08 Oct 2019 11:57

TTO Detail:

CLINICIAN E-NOTES:
Principal Presenting Problem: neck pain- worse on movement
History of Presenting Problem: He has been c/o earache initially a week ago, settled , now c/o neck pain and upper backache which gets worse with movement of neck. Denies any fall, injury or trauma. No h/o headache, double vision, vomitting, altered bowel movements, leg pain or swelling, dizziness, collapse,abdominal distension, PR bleed, melena or hematemesis.
Past Medical History: DVT- on apixaban
Essential tremor with gait abnormality
Previous OD
Anxiety
Ex-IVDU
Current Medications: apixaban 2.5mg bd
methadone 20mg od
diazepam od
ALLERGIC TO PENICILLIN
Smoking, Alcohol, Drugs, Family and Social History: Current smoker- smokes joint once or twice weekly
Denies alcohol intake
Denies use of any other recreational drugs
Observations and General Examination: obs- within normal llimits
HR95, RR20, BP127/89, Temp36.3,SaO2 100% (RA)
Abdominal Examination: soft, non tender, BS+ve
not distended, no bruising
Neurological and Spine Examination: GCS 15, power5, tone normal, sensation intact in all four limbs
Neck supple
no spinal tenderness
paraspinal tenderness (around cervical neck)- no obvious swelling, rash or bruise
Differential Diagnosis: Likley MSK pain

Management or Treatment Plan: 1.Blood tests (FBC, U&E, CRP, LFT, Coag)
2.ECG- NSR
3.Pain killer: paracetamol 1gm+ codeine 30mg (already had 30mg on arrival)
4.Antiemetic: ondansetron 4mg
5.If pain is settling, and bloods NAD,then likley home with regular analgesia.
Progress Note 1: Discussed with Dr. D. Wilbraham (ED Consultant), advised to refer to AECU. If bloods NAD, can go home with regular analgesia.

EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: DR A JONES

o: 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)

F	C
10 OCT 2018	
8	T

8th OCTOBER 2018

ef: 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

ear POOLED BOROUGHBURY

our patient attended our Department on MONDAY 8th OCTOBER 2018 at
:11 pm

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- CHEST AND BACK PAIN

n examination I found:-

atient declared allergies at ED attendance: PENICILLIN

nvestigations: 12 LEAD ECG PERFORMED

nvestigations: HAEMATOLOGY

nvestigations: BIOCHEMISTRY

iagnosis: CHEST PAIN ?CAUSE,

mmunisation:

reatment:

isposal & Discharge Details: WARD A3 - SURGERY

ours sincerely

MANIKANDA PILLAI,HARI -C/F ED
utomatically generated and therefore unsigned.

:EMERGENCY DEPARTMENT
el. No. (01733) 673285

ONSULTANT: MR W HALFORD↕

o: POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ

NHS
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)

8th OCTOBER 2017↕

F | C
10 OCT 2017
S | T

ef: 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

ear POOLED BOROUGHBURY ↕

our patient attended our Department on SUNDAY 8th OCTOBER 2017 at
:37 pm

eferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- HEAD PAIN

n examination I found:-

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: CT SCAN

nvestigations: NONE/NO FURTHER INVESTIGATIONS ↕

iagnosis: HEADACHE ?CAUSE, ↕

mmunisation: ↕

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

reatment: MEDS - ORAL ↕

isposal & Discharge Details: ALLOWED HOME↕

ours sincerely

E LOCUM DAY COVER
utomatically generated and therefore unsigned.

Copy to GP

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

F	C
13 NOV 2018	
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	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

Date of admission 15/10/2018 23:49
Source of admission Not known
Admission method Other - Not Known

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

Discharging Consultant Name - DR CHARLOTTE COPE

Primary / Main Diagnosis on Admission/Clincal Summary
Patient came in with complaints of epigastic and back pain for 1 month. Epigastric pain radiating to back. Had difficulty in discussing the type of pain. + after lunch or dinner. Loss of weight. No chest pain or palpitations or SOB.

Co-morbidity
EX IVDU
DVT
hep C
Anxiety
essential tremor with unsteady gait

Follow Up / Treatment on Discharge & Discharge Details - Kindly follow up with GP

Management & Progress
Patient admitted. Bloods and ECG done. Tropnin done. Patient was kept in CODU for observation. Was doing better an vitals were within normal limits and hence discharged.

Amylase

Amylase		47	U/L	0 - 100	16/10/2018 00:29:00

C Reactive Protein

C Reactive Protein		<10	mg/L	<10	16/10/2018 00:29:00

Liver Function Tests

LFT's

Albumin		47	g/L	35 - 50	16/10/2018 00:29:00
Total Bilirubin		9	umol/L	<21	16/10/2018 00:29:00
ALT		14	U/L	10 - 60	16/10/2018 00:29:00
Alkaline Phosphatase		104	U/L	30 - 130	16/10/2018 00:29:00

Total Protein		74	g/L	60 - 80	16/10/2018 00:29:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		141	mmol/L	133 - 146	16/10/2018 00:29:00
Potassium		4.6	mmol/L	3.5 - 5.3	16/10/2018 00:29:00
Creatinine		93	umol/L	59 - 104	16/10/2018 00:29:00
Chloride		103	mmol/L	95 - 108	16/10/2018 00:29:00
AKI stage		NA			16/10/2018 00:29:00

Coag Screen

APTT		29	Secs	24 - 36	15/10/2018 23:49:00
APTT Ratio		0.98	Ratio	0.80 - 1.20	15/10/2018 23:49:00
PT		13	Secs	10 - 15	15/10/2018 23:49:00
PT Ratio(INR)		1.07	Ratio	0.80 - 1.25	15/10/2018 23:49:00
Fibrinogen		2.0	g/L	2.0 - 4.5	15/10/2018 23:49:00
Thrombin Time		15.5	Secs	11.0 - 17.0	15/10/2018 23:49:00

Full Blood Count

Full Blood Count

WBC		10.2	10^9/L	4.0 - 11.0	15/10/2018 23:49:00
RBC		4.90	10^{12}/L	4.40 - 6.50	15/10/2018 23:49:00
Hb		155	g/L	130 - 180	15/10/2018 23:49:00
HCT		0.436		0.400 - 0.530	15/10/2018 23:49:00
MCV		89.0	fl	80.0 - 100.0	15/10/2018 23:49:00
MCH		31.6	pg	27.0 - 33.0	15/10/2018 23:49:00
MCHC		356	g/L	318 - 364	15/10/2018 23:49:00
RDW		12.3		11.5 - 15.0	15/10/2018 23:49:00
PLT		163	10^9/L	150 - 400	15/10/2018 23:49:00
Lymphs		2.0	10^9/L	1.4 - 4.8	15/10/2018 23:49:00
Monos		0.7	10^9/L	0.1 - 0.8	15/10/2018 23:49:00
Neuts		7.4	10^9/L	1.8 - 7.7	15/10/2018 23:49:00
Eosins		0.1	10^9/L	0.1 - 0.6	15/10/2018 23:49:00
Basos		0.0	10^9/L		15/10/2018 23:49:00

Troponin T

Troponin HS ranges based on 6 hrs post chest pain
Less than or equal to 14ng/L - negative
Greater than 14ng/L - suggests myocardial damage but ONLY
if non-ischaemic causes (e.g. PE, CKD, AKI, sepsis
tachyarrhythmia) have been excluded
See 'Guideline for the management of suspected Acute
Coronary Syndrome/NSTEMI' for more information

Troponin T (HS)		6	ng/L		16/10/2018 00:29:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		79	ml/min	>60	16/10/2018 00:29:00

Urea

Urea		4.7	mmol/L	2.5 - 7.8	16/10/2018 00:29:00

Mandatory Items - Nothing to report

Acute Kidney Injury (AKI) - No AKI

Allergies & Adverse Reactions - Penicillin

Changes to Drugs Since Admission - No Changes

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

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 CHARLOTTE COPE

Discharging specialty/department Accident & Emergency

Ward PCH Clinical Observation Unit

Date of discharge 16/10/2018 01:01

Person completing record

Name Aarya Anbanandan

Designation or Discharge role Medical Staff

Date completed 08/11/2018 15:28

Distribution list

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

Letter Ref 453988/0

Date Printed 08/11/2018 15:28

Signed Aarya Anbanandan [Medical Staff]

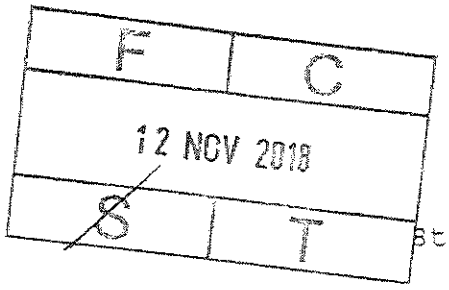
[453988/0]

EMERGENCY DEPARTMENT
l. No. (01733) 673285

NSULTANT: DR C THOMPSON↕

POOLED BOROUGHBURY
BOROUGHBURY SURGERY
CRAIG STREET
PETERBOROUGH

PE1 2EJ



8th NOVEMBER 2018↕

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)

f: Patient
RICHARD C DEAN
19 ADDERLEY
BRETTON
PETERBORGUGH

PE3 8RA
Telephone: ↕

D.O.B. 30/09/1962

Our Ref: ED Number DIS0529177

District Number DIS0529177
NHS No 498 167 2195

ar POOLED BOROUGHBURY ↕

our patient attended our Department on THURSDAY 8th NOVEMBER 2018 at
:16 pm

ferred by: SELF

LINICAL DETAILS
heir presenting complaint was:- UTI

n examination I found:-
NAD

atient declared allergies at ED attendance: PENICILLIN↕

nvestigations: BIOCHEMISTRY

nvestigations: 12 LEAD ECG PERFORMED

nvestigations: HAEMATOLOGY ↕

iagnosis: URINARY TRACT INFECTION, ↕

mmunisation: ↕

reatment: INFUSION FLUIDS

reatment: INTRAVENOUS CANNULA

reatment: MEDS - INTRAVENOUS

reatment: RECORDING VITAL SIGNS

reatment: ADVICE - VERBAL

reatment: NEBULISER ↕

sposal & Discharge Details: REF TO AMBULATORY CARE CLINIC:

urs sincerely

WALTON, ADAM - F2 ED
tomatically generated and therefore unsigned.

Copy to GP

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

F	C
12 NOV 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 08/11/2018 17:00

Reason for Attendance/Clinical Summary - uti back pain

Management and Progress

Amylase

Amylase		45	U/L	0 - 100	08/11/2018 17:19:00

C Reactive Protein

C Reactive Protein		<10	mg/L	<10	08/11/2018 17:19:00

eGFR

eGFR - If AfroCaribbean multiply result by 1.159

eGFR (CKD-EPI)		82	ml/min	>60	08/11/2018 17:19:00

Liver Function Tests

LFT's

Albumin		50	g/L	35 - 50	08/11/2018 17:19:00
Total Bilirubin		11	umol/L	<21	08/11/2018 17:19:00
ALT		12	U/L	10 - 60	08/11/2018 17:19:00
Alkaline Phosphatase	*	132	U/L	30 - 130	08/11/2018 17:19:00
Total Protein		76	g/L	60 - 80	08/11/2018 17:19:00

Glucose (Random)

Random Glucose

Please note reference limit applies only to fasting samples.

Glucose		6.6	mmol/L	<7.0	08/11/2018 17:19:00

Troponin T

Troponin HS ranges based on 6 hrs post chest pain

Less than or equal to 14ng/L - negative

Greater than 14ng/L - suggests myocardial damage but ONLY

if non-ischaemic causes (e.g. PE, CKD, AKI, sepsis

tachyarrhythmia) have been excluded

[454053/0]

See 'Guideline for the management of suspected Acute Coronary Syndrome/NSTEMI' for more information

Troponin T (HS)		5	ng/L		08/11/2018 17:19:00

Crt & Electrolytes

Creatinine and Electrolytes

Sodium		141	mmol/L	133 - 146	08/11/2018 17:19:00
Potassium		4.7	mmol/L	3.5 - 5.3	08/11/2018 17:19:00
Creatinine		90	umol/L	59 - 104	08/11/2018 17:19:00
Chloride		104	mmol/L	95 - 108	08/11/2018 17:19:00
AKI stage		NA			08/11/2018 17:19:00

Coag Screen

APTT		29	Secs	24 - 36	08/11/2018 16:52:00
APTT Ratio		0.97	Ratio	0.80 - 1.20	08/11/2018 16:52:00
PT		13	Secs	10 - 15	08/11/2018 16:52:00
PT Ratio(INR)		1.05	Ratio	0.80 - 1.25	08/11/2018 16:52:00
Fibrinogen		2.4	g/L	2.0 - 4.5	08/11/2018 16:52:00
Thrombin Time		15.4	Secs	11.0 - 17.0	08/11/2018 16:52:00

Full Blood Count

Full Blood Count

WBC		8.8	10^9/L	4.0 - 11.0	08/11/2018 16:52:00
RBC		5.03	10^{12}/L	4.40 - 6.50	08/11/2018 16:52:00
Hb		157	g/L	130 - 180	08/11/2018 16:52:00
HCT		0.452		0.400 - 0.530	08/11/2018 16:52:00
MCV		89.9	fl	80.0 - 100.0	08/11/2018 16:52:00
MCH		31.2	pg	27.0 - 33.0	08/11/2018 16:52:00
MCHC		347	g/L	318 - 364	08/11/2018 16:52:00
RDW		12.3		11.5 - 15.0	08/11/2018 16:52:00
PLT		186	10^9/L	150 - 400	08/11/2018 16:52:00
Lymphs		1.4	10^9/L	1.4 - 4.8	08/11/2018 16:52:00
Monos		0.5	10^9/L	0.1 - 0.8	08/11/2018 16:52:00
Neuts		6.8	10^9/L	1.8 - 7.7	08/11/2018 16:52:00
Eosins		0.1	10^9/L	0.1 - 0.6	08/11/2018 16:52:00
Basos		0.0	10^9/L		08/11/2018 16:52:00

Urea

Urea		4.5	mmol/L	2.5 - 7.8	08/11/2018 17:19:00

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

Discharge details

Discharging consultant MR J SANYAL

Discharging specialty/department General Medicine

[454053/0]

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

PETERBOROUGH
Cambs
PE1 2EJ
Phone: 01733 62979

Clinic PCH Ambulatory Care Unit

Date of discharge 08/11/2018 19:15

GP practice identifier D81026

Person completing record

Name Christian Hyland

Designation or Discharge role Dept\Ward R& Disch

Date completed 08/11/2018 19:25

Distribution list

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

Letter Ref 454053/0

Date Printed 08/11/2018 19:25

Signed Christian Hyland [Dept\Ward R& Disch]

[454053/0]

North West Anglia
NHS Foundation Trust

GP SUMMARY

ED Attendance Number: PCH-25-060846-1

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:** 08 May 2025 20:22 **Type:** New Attendance **Presented With:** chest pain - and breathing pr **Incident Type:** Illness **ED Clinician:** Gregory Pugh	Peterborough City Hospital Bretton Gate Peterborough PE3 9GZ CareGroup: ED Majors (PCH)

AT BOROUGHBURY MED CENTRE DR
Craig Street,Peterborough,Cambridgeshire,PE1 2EJ

GP Action

Diagnosis

1. Anxiety disorder **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