

Accident & Emergency

Copy Records

Emergency Department

Dumfries & Galloway Royal Infirmary

Cargenbridge, Dumfries, DG2 8RX
Tel: (01387) 241487 Fax: (01387) 241365



Consultants in Charge

Dr. P. Armstrong Dr. D. Pedley Dr. M. Quigley
Dr. N. Campbell Dr. C. Wood

Patient Location

?	Unknown	
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CHI: 2210843472			Registered 08:13 02/07/22
NHS No: 221084R			
MI No.:			
Patient Details		Triage Details	
Title: MR		Triage Cat:	
Surname: DUNCAN		Triaged By: Keenan, Andre (Dr)	
Forename: LEWIS		Time of Assessment: 08:20 (02/07/22)	
Address: SANDRIGG FARM COTTAGE ANNAN ROAD DUMFRIES DG1 3SF		Presenting Complaint at Registration: ankle inj	
Telephone: T:07519690730			
Date of Birth: 22/10/1984 Age: 37y			
Religion: Atheist, agnostic or none			
Sex: M			
Occupation:			
GP Name: Sally Carswell			
GP Telephone: 01292 312489			
NoK/Other: BARBARA THOMSON			
NoK/Other Address: SANDRIGG FARM COTTAGE ANNAN ROAD DUMFRIES DG1 3SF			
NoK/Other Tel: M:07864349276			
Spcl Needs/Alerts:			
Number of A&E Attendances		Other Patient Information	
0		Drug Prescription:	
Number of Recent A&E Attendances		X-Ray Ordered:	
0		Time of Incident:	
		Mode of Arrival: Private Transport	
		Source of Referral: Self Referral	
		Last Update: 02/07/2022 08:20:57	

COVID-19 Triage Checklist – ED/CAU

Wherever possible, triage questions should be started prior to arrival at the healthcare facility in discussion with GP. Otherwise, triage sieve questions should be completed on arrival to DGRI ED or CAU Triage Area (if a GP referral) where it is safe to do so by immediate life-saving interventions.



2210843472

DUNCAN
LEWIS

Patient Name:

Patient CHI number:

Date undertaken: 2.7.22

Triage Sieve Questions	YES	NO
1. Have you or any member of your household/family had a confirmed diagnosis of COVID-19 within the last 14 days?		☒
2. Are you or any member of your household, waiting for a COVID-19 test result?		☒
3. Have you travelled from another country which isn't exempt from self-isolation rules in the last 14 days? See Scottish Government website for the list of countries exempt from self-isolation https://www.gov.scot/publications/coronavirus-covid-19-public-health-checks-at-borders/pages/overview/ .		☒
4. Have you had contact with someone with a confirmed diagnosis of COVID-19? Or been told, including any household member(s) been told to self-isolate in the last 14 days?		☒
5. Have you had any of the following symptoms? • high temperature or fever • new, continuous cough • loss or alteration to taste or smell • suspected pneumonia of any type • influenza – like illness – hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing or sneezing		☒
6. Is the patient symptomatic and unable or unwilling to have a test?		☒

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For any YES – Manage on Red pathway. Please turn over to continue.

TO BE COMPLETED BY EXIT FROM ED OR CAU NURSE TRIAGE AREA

Use your clinical judgement to consider any other high risk factors (eg transfer from nursing home with cluster)

Interim Designated pathway

RED

☐

AMBER

☐

Triage Sort – To be completed before exit from CAU	YES	NO
1. Does the patient answer 'YES' to any of Triage Sieve 1-5?		
2. Does the patient have a new positive COVID test?		
3. Does the patient have any of the following? • clinical or radiological evidence of pneumonia • ARDS • influenza – like illness – Temperature >37.8 without another diagnosed cause AND persistent cough hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing or sneezing • loss or alteration to taste or smell		

TO BE COMPLETED BY EXIT FROM CAU

Designated pathway

RED

☐

AMBER

☐

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EMERGENCY DEPARTMENT ONCE ONLY PRESCRIPTIONS

Medicine (Block Capitals)	Dose	Route	Date	Prescriber's Signature	Prescriber - Print Name	Time Given	Given By	Checked By (where appropriate)
Urofen	400 mg	PO	2/7	[Signature]	A Moore			

Clinical Notes

Weight

Time

37. Suffered inversion injury
last night.
Stepped out of car + caught foot
in hole inversion injury to
body wt over forced injury.
low + sneaking lateral malleolus
+ the foot - lateral

AK - no #

Plan

- ① news
- ② Elevation
- ③ debrided malleolus

[Signature]

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Name & Signature

Clinical Notes Cont..

Name & Signature



2210843472

DUNCAN
LEWIS

PVC Insertion Bundle

Pre Hospital Cannula?

Yes ☐

No ☐

Dressing Dated

Yes ☐

No ☐

Time of insertion:

Insertion site(s):

Reason for insertion:

Diagnostic ☐

Resus ☐

IV Medication ☐

Fluids ☐

Transfusion ☐

Discharge Medication

IF DISCHARGE PRESCRIPTION GIVEN, COPY MUST BE ATTACHED

Date	Time	Medication (Block Capitals)	Dose	Route	Frequency	Prescriber's Signature	Prescriber's Name (Print)	Dispensed By

AGAINST ADVICE

Against the advice of the Doctor or Nurse responsible for my care, I have decided not to accept / continue the treatment offered.

I have been advised by the Doctor or Nurse that my refusal may prejudice my improvement or recovery.

My reason for refusal is:

Signature

Date:

Doctor Signature:

Nurse/Witness Signature:

Emergency Department
Dumfries & Galloway Royal Infirmary
Cargenbridge, Dumfries, DG2 8RX
Tel: (01387) 241487 Fax: (01387) 241365



Consultants in Charge

Dr. P. Armstrong Dr. N. Campbell Dr. P. Neilly
Dr. D. Pedley Dr. M. Quigley Dr. M. Rodrigues
Dr. H. Smith Dr. C. Wood

Patient Location

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CHI: 2210843472 NHS No: 221084R MI No.:	 2210843472	Registered 19:56 25/12/23
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Patient Details

Title: MR
Surname: DUNCAN
Forename: LEWIS
Address: SANDRIGG FARM COTTAGE
ANNAN ROAD
DUMFRIES
DG1 3SF

Telephone: T:07519690730

Date of Birth: 22/10/1984

Age: 39y

Religion: Atheist, agnostic or none

Sex: M

Occupation:

GP Name: Richard Voysey

GP Telephone: 01387 246282

NoK/Other: BARBARA THOMSON

NoK/Other Address: SANDRIGG FARM COTTAGE
ANNAN ROAD
DUMFRIES
DG1 3SF

NoK/Other Tel: T:07864349276 M:07864349276

Spcl Needs/Alerts:

Triage Details

Triage Cat: Urgent

Triaged By: Docherty, Jim

Time of Assessment: 20:13 (25/12/23)

Presenting Complaint at Registration:
LIMB PROBLEM

Has ran into a swamp to get away from Police and punched his car windscreen and is tender 5th Metacarpal X RAY CARD COMPLETED AT TRIAGE Main concern is his mental health as he had a canister of petrol and had been intending to set himself on fire when police intervened. Has had a drink but not intoxicated and fully coherent. Resps 16, SPO2 995 on air, BP 125/68, Temp 36.8c Pulse 85

Other Patient Information

Drug Prescription:

X-Ray Ordered:

Time of Incident:

Mode of Arrival: Police/prison Transport

Source of Referral: Police

Number of A&E Attendances	1
Number of Recent A&E Attendances	0
Last Update: 25/12/2023 20:25:27	

PVC Insertion Bundle									
Pre-Hospital insertion	Yes	No	Time:	Dressing Dated by SAS:			Yes	No	
ED Insertion	Date:	Time:	Insertion site:			Dressing dated	Yes	No	
Reason for insertion	Diagnostic	Resus	IV Fluids/Medications			Transfusion			
Name & Signature:									

Clinical Notes Written by:	Patient's Weight:
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Date & Time:

25/12/2023. 21:00

- Self attended to ED with partner
- Check that he doesn't want to talk about self harm attempt but has got to go to CAS team

- I have found only on Right hand.

Right hand denied

Chilly Right hand to the ear 1st MCP joint

Chilly wri
by no #

plan refer to CAS team ← will need CAS team as depression medication
any con notes

261223

ASAP post his presentation as above, was in the company of his partner although able to be reviewed on his own, Lewis able to express his view of his day and the events that led to his being here today, he spoke of various triggers impacting onto his mental status. Appeared to be open, honest and clear in his observations, felt that the on-going court case is causing concerns, plus his inability to work owing to back and hand injury, spoke of events of an argument today, with his leaving the cottage, bumping into the CHROME security workers, whom he feels is harassing him, he was then intercepted by the police. The timeline for all this activity being very vague, no suicidal ideation, no plans nor intent, no evidence of acute mental illness, plan discharge into custody of the police. Warrington advice given. Paul McGowan
McGowan CCPD
CAS

Clinical Notes Written by:

Date & Time:

To be completed for patients still in ED at 6 hours

Initial Medical Assessment Completed

Yes

No

Has the patient had a senior review?

Yes

No

All patients should be reviewed by receiving team within 6 hours

Receiving Team Reviewed

Yes

No

Review:

Ensure any regular medications are prescribed

Receiving Team Updated

Signature:

Name & Phone No

AGAINST ADVICE

Against the advice of the Doctor or Nurse responsible for my care, I have decided not to accept / continue the treatment offered.

I have been advised by the Doctor or Nurse that my refusal may prejudice my improvement or recovery.

My reason for refusal is:

Signature:

Date:

Doctor Signature:

Nurse/Witness Signature:

Patient Label

DRUG ALLERGIES:

EMERGENCY DEPARTMENT ONCE ONLY PRESCRIPTIONS

MEDICINE	Dose	Route	Date / Time	Prescriber's Signature	Prescriber - Print Name	Time Given	Given By	Checked By (where appropriate)

DRUG INFUSIONS	Dose	Diluent	Volume	Route	Rate	Date/Time	Prescriber Signature	Date	Time	Given by/ Checked

SUPPLEMENTARY CHARTS IN USE (please circle when in use) If full Kardex in use, please score off the remainder of this chart

Kardex	IV Fluid	GMAWS	IPAR	VRII	Vancomycin	Gentamicin	Acetylcysteine
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ESSENTIAL MEDICINES & ANTIBIOTICS TO BE GIVEN IN ED (only include those that can't be safely omitted for 24 hours)

Medicine		Date				Medicine		Date			
Dose	Route	0700-0900				Dose	Route	0700-0900			
Date	Bleep	1200-1400				Date	Bleep	1200-1400			
Signature		1600-1800				Signature		1600-1800			
		2200-2400						2200-2400			

Medicine		0700-0900				Medicine		0700-0900			
Dose	Route	1200-1400				Dose	Route	1200-1400			
Date	Bleep	1600-1800				Date	Bleep	1600-1800			
Signature		2200-2400				Signature		2200-2400			

Medicine		0700-0900				Medicine		0700-0900			
Dose	Route	1200-1400				Dose	Route	1200-1400			
Date	Bleep	1600-1800				Date	Bleep	1600-1800			
Signature		2200-2400				Signature		2200-2400			

Medicine		0700-0900				Medicine		0700-0900			
Dose	Route	1200-1400				Dose	Route	1200-1400			
Date	Bleep	1600-1800				Date	Bleep	1600-1800			
Signature		2200-2400				Signature		2200-2400			

Medicine		0700-0900				Medicine		0700-0900			
Dose	Route	1200-1400				Dose	Route	1200-1400			
Date	Bleep	1600-1800				Date	Bleep	1600-1800			
Signature		2200-2400				Signature		2200-2400			

AS REQUIRED

Medicine	Date	Time	Dose	Sign
Dose	Route			
Date	Bleep			
Indication	Max / 24hrs			
Signature				

Medicine
Dose
Date
Indication
Signature



2210843472

**DUNCAN
LEWIS**

ED DISCHARGE MEDICATIONS

IF DISCHARGE PRESCRIPTION GIVEN, COPY MUST BE ATTACHED

Date	Time	Medication (Block Capitals)	Dose	Route	Frequency	Prescriber's Signature	Prescriber's Name (Print)	Dispensed By

Sally Carswell
Portland Surgery Troon
1 Dukes Road
Troon
KA10 6QR

Dear Doctor

LEWIS DUNCAN

D.O.B 22/10/1984

CHI 2210843472

SANDRIGG FARM COTTAGE, ANNAN ROAD, DUMFRIES, DG1 3SF

Seen at Dumfries & Galloway Royal Infirmary on the 02/07/2022 08:13:00.

The A&E Diagnosis was:

SPRAIN ANKLE ANKLE JOINT LEFT

Triage Information:

inversion injury last night stepping out of car caught foot in hole. body wt feel over fixed foot. Pain and swelling

Additional Information:

37 year old man suffered an inversion injury last night stepping out of car caught foot in hole. body wt feel over fixed foot. Pain and swelling.

Foot and ankle

Xray no fracture

IMP Sprain

Plan

Elevate

NSAID

Declined moonboot

Treatment Given

Conclusion:

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr A Keenan

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Richard Voysey
Gillbrae Medical Practice
Gillbrae Road
Dumfries
DG1 4EJ

Dear Doctor

LEWIS DUNCAN

D.O.B 22/10/1984

CHI 2210843472

SANDRIGG FARM COTTAGE, ANNAN ROAD, DUMFRIES, DG1 3SF

Seen at Dumfries & Galloway Royal Infirmary on the 25/12/2023 19:56:00.

The A&E Diagnosis was:

USER FREETEXT

Triage Information:

Has ran into a swamp to get away from Police and punched his car windscreen and is tender 5th Metacarpal X RAY CARD COMPLETED AT TRIAGE

Main concern is his mental health as he had a canister of petrol and had been intending to set himself on fire when police intervened.

Has had a drink but not intoxicated and fully coherent. Resps 16, SPO2 995 on air, BP 125/68, Temp 36.8c Pulse 85

Additional Information:

See triage. Discharged following assessment

Treatment Given

Conclusion:

Discharged

Follow up:

No Follow Up Required

Drugs Dispensed:

Leaflets Issued:

Seen By :

Dr M Rodrigues

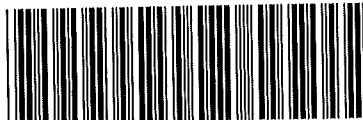
2210843472 - LEWIS DUNCAN

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Alcohol and Drug Service

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**NHS DUMFRIES AND GALLOWAY
NHS SPECIALIST DRUG & ALCOHOL SERVICE
INITIAL SCREENING FORM**



2210843472

**DUNCAN
LEWIS**

LEWIS DUNCAN
SANDRIGG FARM COTTAGE
ANNAN ROAD
DUMFRIES

DG1 3SF

Telephone Number: 07519 690 730

New Episode	Transfer from GP	Transfer from out of region	Prison Release	DALS	Assertive Outreach
X					

REFERRAL AGENT & GP DETAILS

Name: Dr Richard Voysey	GP: Dr Richard Voysey
Address: Gilbrae Medical Practice	Address: Gilbrae Medical Practice
Telephone: 01387 246282	Telephone: 01387 246282
Date of Referral: 20/07/22	Referral taken by: Isla

DRUG & ALCOHOL USE

Alcohol	✓
Drink of choice?	Not specified
How much/units?	} 168 units per week.
How often?	
Drugs	
Drug choice?	
Frequency of use (daily/weekly/monthly)	
Amount used (£/weight)	
Route taken (Smoke, Inject, Inhale & Swallow)	

(Staff must initial when arranged client appointment)

First Contact Date and time:	
Second Contact Date and time:	
Opt-in Letter Date:	
Initial Appointment Date, Time & Venue:	
Second Appointment:	
Referred on to other agency (Please tick ✓)	We Are With You Alcohol and Drugs Support SW Scotland DNA (nurse to tick)

CURRENT SITUATION

RISK ASSESSMENT

History of violence or threatening behavior -

Mental health problems -

History of previous suicidal attempts/self harm -

Has dependent children (under 18 years old) -

In contact with Social Services -

Homeless, NFA

In criminal justice system -

Pregnant -

Injecting drugs/sharing injecting equipment -

History of overdose -

Any other risks:

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Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?***1010268951178***

Unique Care Pathway Number: 1010268951178

REFERRAL LETTER

MEDICAL IN CONFIDENCE

REFERRAL TOArea Drug and Alcohol ServiceG1Y1
DG-HN Drug and Alcohol— **Consultant / receiving practitioner and/or specialty clinic**Area Drugs and Alcohol Service
Lochfield Primary Centre
12-28 Lochfield Road
Dumfries
DG2 9BH— **Hospital and hospital address**

Hospital unit no.

Y010G

Email address

Urgency of referral

Routine

GP

PATIENT DETAILS

Surname	Duncan
Forename(s)	Lewis
Title	Mr
Sex	Male
Date of birth	22-Oct-1984
CHI no.	-

Patient's addressSandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Contact number(s)

Voice: 07519690730

E-mail: lewisjduncan1984@gmail.com

REGISTERED GP DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice addressGillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282

Facsimile: 01387 253301

REFERRING PRACTITIONER DETAILS

Name	Dr. Richard Voysey		
GMC code	4643285	GP code	25755
Practice name	Gillbrae Medical Practice (18310)		
Practice code	18310		

Practice addressGillbrae Road
Dumfries

Contact number(s)

Voice: 01387 246282

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CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: Other

Explanation: alcohol dependence syndrome

Comment: This 37 year old tree surgeon has had a problem with drinking now for many many years. He is a dependent drinker. He has been fairly high functioning throughout his career and this has been going on for a minimum of 10-20 years. He has been under services in Troon previously but didn't really access quite as effectively as he now feels motivated to do. He is drinking somewhere around 168 units per week.

At this stage Lewis has moved into the area, he is with a new partner who is very supportive, he is very keen to getting his drinking now under control and recognises that his relationship with alcohol is not a healthy one.

I wonder if you would be kind enough to see him. We have arranged the usual blood tests and have started him on Thiamine.

Dr Richard Voysey
Locum GP

Examinations and Investigations

Weight (kg): 70 -

Height (m): 170 -

BMI: 24.22 -

Cigarette smoker, 15 Cigarettes/day: 15-Jul-2022 00:00

Alcohol consumption, 168 units/week: 15-Jul-2022 00:00

Investigations

Known previous contact with alcohol/drug services? : Not Specified -

Current drinking pattern: Not Specified -

Does person view current drinking pattern as a problem?: Not Specified -

Primary Drug Name: Not Specified -

Frequency: Not Specified -

Route: Not Specified -

Is the service user pregnant?: Not Specified -

Person Is In agreement with referral: Not Specified -

Reason for referral

Care type requested: Drug and Alcohol Referral

Expected outcome: Not Specified

Past medical history**Current and recent medication**

<u>Drug name</u>	<u>BNF code</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Course started</u>	<u>Duration</u>
Thiamine Tablets 50 mg	0906026M0AAAF	112 TABLET	1 Tabs 4 times daily	-	18-Jul-2022	-

Clinical warnings**Lifestyle risks**

Exercise status: Enjoys light exercise

Smoking status

Alcohol consumption

Number per day ? (not known)

Units per day ? (not known)

Additional relevant information**Administrative information**

Temporary Resident: No

Is the person aware of referral to our service?: Not Specified

Clinic Location: Not Specified

Any Identified Child in Need Issues :Not Specified

Any Identified Vulnerable Adult Protection Issues :Not Specified

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

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AUDIT	Scoring system					score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:
 0 - 7 Lower risk - Offer brief intervention / leaflet / advice / referral to 3rd sector agencies.

 8 - 15 Increasing risk - Offer brief intervention / leaflet / advice / referral to 3rd sector agencies.

 16 - 19 Higher risk - discuss with NHS Drug and Alcohol Service Team - may be suitable for discharge and referral to 3rd sector agencies.

20+ Possible dependence - discuss with NHS Drug and Alcohol Service Team.

Name of person completing form: _____

Date: 21/7/22

Brief Intervention Given ☒ Y / ☐ NLeaflet Given ☒ Y / ☐ NReferred to 3rd Sector ☒ Y / ☐ N

SCORE

34

AS08

UNIT CALCULATOR

Type of drink	Measure	Units
Wine 12% abv	Small glass (125ml) Med glass (175ml)	1.5 2.1
Wine 12% abv	750 ml bottle	9
Spirits 40% abv	25ml (single)	1
Spirits 40% abv	700ml bottle 1 litre bottle	28 40
Beer / Lager 4% abv	1 pint 440ml can	2 1.8
Strong lager 9% abv	500ml can	4.5
Alcopops 4% abv	275ml bottle	1.1
Alcopops 5% abv	275ml bottle	1.4
Cider 5% abv	500ml can 3 litres	2.5 15
Cider 7.5% abv Strong cider 8.4% abv	1 litre 500 ml can	7.5 4.2
Vermouth e.g. Martini Cinzano. Tonic Wines e.g. Buckfast** 15%	50ml measure 70cl Bottle 1 litre bottle	0.8 10.5 15
17% Cream Liqueur e.g. Baileys, Sherry, e.g. Harveys***	50ml measure 70cl Bottle 1 litre bottle	0.9 11.9 17
20% Port e.g. Cockburns, liquers, e.g. Tia Maria****	50ml measure 70cl Bottle 1 litre bottle	1 14 20
25% Dessert wines & liquers e.g. Pimms & Campari	50ml measure 70cl Bottle 1 litre bottle	1.3 17.5 25
30% e.g. Liquers such as Orange Curacao	50ml measure 70cl Bottle 1 litre bottle	1.5 2.1 30

* Alcopop type drinks vary in strength from 4% to 5.5%

** Some drinks come in 75cl (750ml) bottles such as Buckfast. Add 7% to the units shown for total.

***Sherry such as Harveys has an ABV of 17.5% however the total unit calculation difference between 17% and 17.5% is negligible for a measure and an extra 0.4 units for the bottle.

**** Tia Maria also comes in 26% ABV strength so make sure you read the label!!

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FILE NOTE

MR LEWIS DUNCAN

DOB: 22/10/1984

CHI: 2210843472

Specialist Drug & Alcohol Service - Lochfield Road Primary Care Centre, 12-28
Lochfield Road, Dumfries, DG2 9BH

Date of Referral:

21-Jul-2022

Source of Referral:

GP

Primary ICD10:

F10: Mental and Behavioural Disorder due to use of alcohol

Secondary ICD10:

Contact Details

Start Time of Contact:

01-08-2022 14:45

Length of time with patient
(mins):

0

Location:

Health Centre/GP Surgery

Planned /
Unplanned:

Planned

Contact
Category:

Direct

Visit Status:

Contact did not occur

Travel Time (in mins):

0

Consent to share information
discussed:Emergency Services
Contact/Referral?

Interventions:

☐ Assess☐ Treatment of symptoms☐ Perinatal Pathway☐ Treatment review☐ Listen/Supportive Listening☐ Consultation☐ Admit to hospital☐ Naloxone supplied☐ Educate☒ Other☐ Mental Health Act☐ Group work☐ Enable/Facilitate☐ Psychological Interventions☐ Medication alteration☐ Advice

Alcohol Brief Interventions

Screened

Change in Risk Factor

No

Vaccination

Part of Structured Clinical Management Program (SCM)

Visit Details

Client contact number: 07519690730.

Lewis failed to attend his scheduled appointment for 'Bloods and ECG'.

Will arrange for an 'opt-in' to service letter.

Additional Activity

Combination of Activities

Length of time for additional activity (in mins)

15

Date of Discharge from Specialty Team:

Reason for Discharge:

Verified By:

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FILE NOTE

MR LEWIS DUNCAN

DOB: 22/10/1984

CHI: 2210843472

Specialist Drug & Alcohol Service - Lochfield Road Primary Care Centre, 12-28
Lochfield Road, Dumfries, DG2 9BH

Date of Referral:

21-Jul-2022

Source of Referral:

GP

Primary ICD10:

F10: Mental and Behavioural Disorder due to use of alcohol

Secondary ICD10:

Contact Details

Start Time of Contact:

21-07-2022 13:00

Length of time with patient
(mins):

30

Location:

Telephone Assessment

Planned /
Unplanned:

Planned

Contact
Category:

Direct

Visit Status:

Contact Occurred

Travel Time (in mins):

0

Consent to share information
discussed:

Yes

Emergency Services
Contact/Referral?

Interventions:

☒ Assess☐ Treatment of symptoms☐ Perinatal Pathway☐ Treatment review☒ Listen/Supportive Listening☐ Consultation☐ Admit to hospital☐ Naloxone supplied☒ Educate☐ Other☐ Mental Health Act☐ Group work☐ Enable/Facilitate☐ Psychological Interventions☐ Medication alteration☐ Advice

Alcohol Brief Interventions

Screened

Change in Risk Factor

No

Vaccination

Part of Structured Clinical Management Program (SCM)

Visit Details

Client contact number: 07519690730.

Initial contact with Lewis, he communicated well and 'came over' as a very personable fellow.

Lewis gave verbal consent to complete our 'Alcohol Audit' screening tool and scored 34 out of 40.

Lewis disclosed that he was now "drinking half of what he used to". He was aware of the risks of drastically reducing the amount of alcohol that he has been used to taking over a short period. He indicated that this reduction had been implemented over a longer period of time.

Lewis was made aware of the next part of his referral to SDAS.

Additional Activity

Combination of Activities

Length of time for additional activity (in mins)

20

Date of Discharge from Specialty Team:

Reason for Discharge:

Verified By:

Copy Records

NHS DUMFRIES AND GALLOWAY
Specialist Drug & Alcohol Service
Lochfield Road Primary Care Centre
12-28 Lochfield Road
Dumfries
DG2 9BH



Ref: 100653520
Letter Ref: dd

Ver 0.0

Lewis Duncan
Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Telephone:
Direct Dial: 01387 244555
Fax: 01387 244553
Website: www.nhsdg.scot.nhs.uk
Email:
CHI: 2210843472
Date dictated 02/08/2022
Date Typed: 02/08/2022

Dear Lewis Duncan

You have been referred to the NHS Specialist Drug and Alcohol Service. We are pleased to inform you that we are now in a position to offer you an appointment.

Could you please phone 01387 244555 to arrange a suitable appointment.

Please note that if we do not hear from you by **Friday 12TH August 2022** we will assume you no longer require input from our service and your name will be removed from our waiting list.

Alternatively should you wish ongoing support without pharmacological interventions, then you can self refer into third sector agencies:

- We Are With You - 0800 035 0793, 79 Buccleuch Street Dumfries DG1 2AB, who offer recovery focused interventions, harm reduction and relapse prevention support.
- Alcohol & Drug Support (ADS) - 01387 259 999, 79 Buccleuch Street Dumfries DG1 2AB, offer counselling (Talking therapy).
- Scottish Families Affected by Alcohol and Drugs – 08080 101011, Offer advice and support family of those concerned for people affected.

Please note: Should the NHS Specialist Drug and Alcohol Service be unable to contact you after 2 attempts, or you do not attend an agreed assessment appointment, the NHS Specialist Drug and Alcohol Service will pass your contact details to our third sector colleagues at We Are With You who will then attempt further contact with you. Should you choose not to engage with them, there will be no further contact from either service

2210843472

Job ID: 100653520

and you will be discharged. If you do not wish your contact details to be passed to We Are With You, please contact us on 01387 24455 to advise this.

A copy of the We Are With You Service leaflet is enclosed with this letter.

Yours sincerely

[REDACTED]

Team Secretary/Receptionist

(D) Dr R Voysey, Gillbrae Medical Practice, Gillbrae Road, Dumfries, DG1 4EJ
Authorised on 02/08/2022 09:18:52 by Typist [REDACTED], not verified by Consultant.

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NHS DUMFRIES AND GALLOWAY
Specialist Drug & Alcohol Service
Lochfield Road Primary Care Centre
12-28 Lochfield Road
Dumfries
DG2 9BH



Ref: 100655969
Letter Ref: dd

Ver 0.0

Lewis Duncan
Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Telephone:
Direct Dial: 01387 244555
Fax: 01387 244553
Website: www.nhsdg.scot.nhs.uk
Email:
CHI: 2210843472
Date dictated 17/08/2022
Date Typed: 17/08/2022

Dear Lewis Duncan

We sent a letter requesting you to make contact the service to arrange an appointment within 10 days of receiving your letter. We have had no contact from you.

We therefore assume you no longer require input from our service and are now discharged from our service.

Alternatively should you wish ongoing support without pharmacological interventions, then you can self refer into third sector agencies:

- WAWY (Addaction) - 0800 035 0793, 79 Buccleuch Street Dumfries DG1 2AB, who offer recovery focused interventions, harm reduction and relapse prevention support.
- Alcohol & Drug Support (ADS) - 01387 259 999, 79 Buccleuch Street Dumfries DG1 2AB, offer counselling (Talking therapy).
- Scottish Families Affected by Alcohol and Drugs – 08080 101011, Offer advice and support family of those concerned for people affected.

We hope that you are well, and would welcome you to return to service in the future, when you feel ready to engage.

Yours sincerely


Team Secretary/Receptionist

(D) Dr R Voysey, Gillbrae Medical Practice, Gillbrae Road, Dumfries, DG1 4EJ

2210843472

Job ID: 100655969

Copy Records

NHS DUMFRIES AND GALLOWAY
Specialist Drug & Alcohol Service
Lochfield Road Primary Care Centre
12-28 Lochfield Road
Dumfries
DG2 9BH



Ref: 100652330
Letter Ref: dd

Ver 0.0

Lewis Duncan
Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Telephone:
Direct Dial: 01387 244555
Fax: 01387 244553
Website: www.nhsdg.scot.nhs.uk
Email:
CHI: 2210843472
Date dictated 25/07/2022
Date Typed: 25/07/2022

Dear Lewis Duncan

Thank you for speaking with our nursing staff in relation to your alcohol use. Please see undernoted ECG and routine bloods appointment.

With: Charlie Nelson
At: NHS Dumfries & Galloway
12-28 Lochfield Road
Dumfries
DG2 9BH
On: Monday, 1st August, 2022 at 1.00 p.m.

We enclose a copy of our alcohol self-help pack which we request you read through and if possible complete the exercise sheets included.

We request that you complete a drink diary in the pack. If you are not currently on thiamine medication, we ask that you contact your GP to request this is prescribed for you as follows: **Thiamine 50mg four times a day.**

Please note: You should never stop drinking suddenly or cut down your drinking rapidly, as this may cause you to have withdrawal symptoms. Withdrawal symptoms can be serious and even life threatening. Cutting down your drinking too quickly or stopping suddenly may lead to seizures and / or hallucinations. In this circumstance you may require an ambulance to be called and to be taken to the emergency department. To

2210843472

Job ID: 100652330

reduce this risk, we have enclosed some information on how you can try to reduce your alcohol consumption down safely and how to recognise withdrawal symptoms if you get them.

Should the NHS Specialist Drug and Alcohol Service be unable to contact you after 2 attempts, or you do not attend an agreed assessment appointment, the NHS Specialist Drug and Alcohol Service will pass your contact details to our third sector colleagues at We Are With You who will then attempt further contact with you. Should you choose not to engage with them, there will be no further contact from either service and you will be discharged. If you do not wish your contact details to be passed to We Are With You, please contact us on 01387 24455 to advise this.

We look forward to meeting you and helping you through your recovery journey with our Service.

A copy of this letter will be sent to your GP for information.

Yours sincerely

[REDACTED]
Team Secretary/Receptionist

(D) Dr R Voysey, Gillbrae Medical Practice, Gillbrae Road, Dumfries, DG1 4EJ
Authorised on 25/07/2022 11:24:43 by Typist [REDACTED], not verified by Consultant.

Copy Records

Area Drug and Alcohol Service

Copy Records

Hospital use only	Clinic	Day Date	Time	Hospital No.
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Transport required?



Unique Care Pathway Number: 1010268951178

REFERRAL LETTER
MEDICAL IN CONFIDENCE

Urgency of referral	Routine	Protocol Name	Drug and Alcohol Protocol
----------------------------	----------------	----------------------	---------------------------

REFERRAL TO	
Area Drug and Alcohol Service G1Y1 DG-HN Drug and Alcohol	— Consultant / receiving practitioner and/or specialty clinic
Area Drugs and Alcohol Service Lochfield Primary Centre 12-28 Lochfield Road Dumfries DG2 9BH	— Hospital and hospital address Hospital unit no. Y010G Email address -

PATIENT DETAILS		Patient's address		
Surname	Duncan	Sandrigg Farm Cottage Annan Road Dumfries DG1 3SF		
Forename(s)	Lewis			
Date of birth	22-OCT-1984		Title	Mr
CHI Number	-		Sex	Male
UCPN Number	1010268951178		Marital Status	Other
Ethnic Origin	(White) Scottish		Contact number(s)	
			Mobile: 07519690730 E-mail: lewisjduncan1984@gmail.com	

REGISTERED OR CORRESPONDENCE GP DETAILS		Practice address
Name	Dr. Richard Voysey	
GMC code	4643285	GP code 25755
Practice name	Gillbrae Medical Practice (18310)	
Practice code	18310	
		Voice: 01387 246282 Facsimile: 01387 253301

REFERRING PROFESSIONAL DETAILS			
Name	Dr. Richard Voysey	GMC code	4643285
		GP code	25755

Copy Records

CLINICAL INFORMATION

Urgency of referral	Routine	Protocol Name	Drug and Alcohol Protocol
----------------------------	----------------	----------------------	---------------------------

History of presenting complaint / examination findings / investigation results

Presenting complaint

Description: Other

Explanation: alcohol dependence syndrome

Comment: This 37 year old tree surgeon has had a problem with drinking now for many many years. He is a dependent drinker. He has been fairly high functioning throughout his career and this has been going on for a minimum of 10-20 years. He has been under services in Troon previously but didn't really access quite as effectively as he now feels motivated to do. He is drinking somewhere around 168 units per week. At this stage Lewis has moved into the area, he is with a new partner who is very supportive, he is very keen to getting his drinking now under control and recognises that his relationship with alcohol is not a healthy one. I wonder if you would be kind enough to see him. We have arranged the usual blood tests and have started him on Thiamine. Dr Richard Voysey Locum GP

Examinations and Investigations

Weight (kg): 70 -

Height (m): 170 -

BMI: 24.22 -

Cigarette smoker, 15 Cigarettes/day: 15-JUL-2022

Alcohol consumption, 168 units/week: 15-JUL-2022

Investigations

Known previous contact with alcohol/drug services? : Not Specified -

Current drinking pattern: Not Specified -

Does person view current drinking pattern as a problem?: Not Specified -

Primary Drug Name: Not Specified -

Frequency: Not Specified -

Route: Not Specified -

Is the service user pregnant?: Not Specified -

Person is in agreement with referral: Not Specified -

Reason for referral

Care type requested: Drug and Alcohol Referral

Expected outcome: Not Specified

Past medical history

Current and recent medication

Drug name	BNF code	Formulation	Dosage	Frequency	Course started	Duration
Thiamine Tablets 50 mg	0906026M0AAAF	112 TABLET	1 Tabs 4 times daily	-	18-JUL-2022	-

Clinical warnings

Lifestyle risks

Exercise status: Enjoys light exercise

Smoking status

Alcohol consumption

Number per day
? (not known)

Units per day
? (not known)

Additional relevant information

Administrative information

Is the person aware of referral to our service?: Not Specified

Clinic Location: Not Specified

Any Identified Child in Need Issues : Not Specified

Any Identified Vulnerable Adult Protection Issues : Not Specified

Social circumstances

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Signature of referring doctor (or other professional) Date

19-JUL-2022

CATs Team

Copy Records

DG Mental Health

Mental Health Assessment - Form B



Select Team/Service:

Patient Name: LEWIS DUNCAN

CHI: 2210843472

DOB: 22/10/1984

Patient Address: Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Patient Phone: 7519690730

GP Name: Richard Voysey

GP Practice: Gillbrae Medical Practice
Gillbrae Road
Dumfries
DG1 4EJ

GP Phone: 01387 246282

Referrer Name: Medic

Referrer Address: Emergency Department

Referrer Phone: 0

Carer/Contact Details:

Referral Date: 26/12/2023

Assessment Date: 26/12/2023

Reason for referral/assessment

Lewis was involved with an altercation with a Vigilant security man, police were call and Lewis was noted to inform the police that he had intent to end his life by setting his truck alight with him inside.

Person's view of reason for assessment

Lewis was aware that the Police had requested a mental health assessment due to him disclosing thoughts of ending his life.

Carer's view of reason for assessment

Barbara, Lewis's partner believes that he needs support with his mental health and anger issues.

Presenting complaint and history of presenting complaint

Lewis reports that he is experiencing a number of social stressors evolving from an incident where he asked Barbara's 19 year old daughter, Mel to leave the family home as she disobeyed his house rules and boundaries and not paying her way. Barbara's daughter has allegedly told her dad that Lewis assaulted her when asking her to leave. Lewis now believes that Barbara's ex-husband has him under surveillance and there are drones and Vigilant security vans monitoring his house and his every move.

Current social circumstances

Lewis has been in a relationship with Barbara for 2 1/2 years. He reports that this is a strong relationship and the best relationship that he has ever been in. Lewis lived with Barbara and her 3 kids, daughter, Mel, 19, and 2 sons 11 and 8 years of age. Lewis reports that Barbara's 19 year old daughter Mel had moved her boyfriend in and disobeyed his house rules and boundaries, she was also not paying her way. He'd threatened to put her out on a number of occasions before he finally told her to leave. Mel has allegedly made an allegation that Lewis has physically assaulted her and as a result police are involved and Barbara's 2 sons, Saul and Mason have been removed from Barbara's care and placed in foster care. Lewis awaiting a court date.

Lewis believes that Barbara's ex-husband, Mel's dad has him under surveillance in the form of drones flying across the house at all hours and vigilant security are monitoring his every move.

Lewis works as a tree surgeon and owns his own business, however; has been signed off work for the past 2 years as is medically unfit to work.

Lewis reports a long history of alcohol misuse, however; has recently reduced his alcohol intake and is able to drink sociably now.

Past psychiatric history

Lewis denies any previous input from Mental Health Services. He reports a long history of mental health issues and has never been assessed or diagnosed.

Copy Records

Physical health and relevant medical history

Alcohol Dependency Syndrome
Drug misuse behaviour
Traumatic haemothorax
Overdose of drug
Closed fracture lumbar vertebra
Closed fracture of the distal radius, unspecified
Prmy open reduction of #+internal fixation with K-wire
Anger management counselling
Fracture of metacarpal bone
Standard circumcision
Convergent squint
Depressive episode
Drug misuse behaviour

Current medication and medication allergies

Medication name	Dose	Frequency	Source of Prescription
Thiamine	50mg	QID	GP

Medication allergies

No medical allergies identified at time of assessment.

Alcohol use, substance use, smoking, caffeine intake (including energy drinks). Current use, and any history of misuse/dependence

Lewis reports significant alcohol misuse since he was 21 year old. He reports being dependant on alcohol and would manage to attend work as a tree surgeon having consumed 4 bottles of Buckfast before going to work. Lewis sought help for 4 1/2 years and alleges that he was told he did not required support as he was not experiencing physical withdrawals from alcohol, therefore; weened himself off alcohol. he reports that he is no longer addicted to alcohol and is able to drink alcohol socially. He reports that he was addicted to Caffeine as he would drink a lot of red bull drinks and experienced significant withdrawals from this. Lewis also admits to a long history of substance misuse and reports to have tried everything but Heroin. He reports that he hasn't used cocaine for 2 1/2 years, this made him hypervigilant when using it. He spoke of smoking a half ounce of weed since the age of 15, however; hasn't smoked grass since last month. He has a history Ecstasy use, MDMA and other amphetamines for years, however; no longer uses.

Any history of psychiatric illness/cognitive impairment in the family?

Lewis did not disclose any psychiatric impairment in the family.

Personal history

Lewis did not wish to disclose much about his background. He reports that he was taken into care at the age of 2 around Christmas time and spent some time in a young offenders institute with the 2 kids that killed Jamie Bulger. He reports a history of police involvement and would not elaborate but said "there is people in prison for doing less than he did". He describes himself as having a short temper and anger issues.

Lewis reports that he was married before, however; this struggled due to his business, he'd be working all the time. His marriage failed due to his way of life and he lost his daughter through the alcohol, she was placed in foster care.

Brief risk summary - main identified risks (see risk assessment for more lengthy discussion)

Lewis is at risk of aggression and violence. He admits to being short tempered and having anger issues. He reports using weapons during assaults in the past and a recent allegation has been made against him by his partners daughter that he physically assaulted her.

Lewis is at risk of misadventure. He reports that he has overdosed on medication before and had strong feelings of ending his life tonight as a result of an altercation with a man who he believes is watching him.

Mental state examination / How does this patient seem today?

On initial contact Lewis was lying on the floor covered with a blanket, asleep in the family room in A&E. His partner was sitting on the chair with a blanket, asleep. She removed the blanket from herself, helped Lewis to sit on the chair and covered him with the 2 blankets before agreeing to wait in the waiting area during assessment.

Assessors were aware that 3 police officers were waiting for Lewis in the main area of A&E. Lewis was happy to engage in the assessment process and a good rapport was easily established. Lewis appeared to be dressed appropriately for the weather, wearing a red jumper, grey jogging bottoms and black trainers. His personal hygiene appeared at a good level.

Lewis began by saying he didn't have much to say, he was there as the police told him he needed to see the mental health team.

Lewis reports that his partner's daughter has made an allegation that he assaulted her as he'd asked her to leave the family home due to not paying her way and disobeyed his house rules and boundaries. He said they live on a farm and for the past few months he feels he is under surveillance as they have noticed drones flying low, around 50ft over his house at all times of the day and night. He also reports to have witnessed a Vigilant van coming and sitting around his house and believes he is under surveillance at the request of his partners ex-husband. He said Barbara agrees with him that they are being watched as she has seen the drones and the vigilant vans too.

Lewis reports that tonight was breaking point when he returned from visiting family for Christmas and had consumed 1/2 bottle of malt whiskey, on his return he had an argument with his neighbour because of the drones flying over the house. This in turn caused him to have a "mini breakdown" and he took off in his pick-up truck. He reports that he can't remember leaving as he was "well hammered" and took his anger out on his truck by smashing the windscreen from the inside. He'd drove to the boundary of his farm and noticed a vigilant van there, he'd argued with the security guard who was in the van and reports the security man drove away from the scene. He believes that he is being tracked and the vigilant security guards seem to know his whereabouts and this is why the police knew where he was tonight. Lewis said that he wanted to end his life as "they got what they wanted" and he'd "snapped" stating "if the police hadn't turned up who knows what he'd have done". Lewis reports he'd had thoughts of pouring diesel over his truck with him inside. He said he "doesn't think about things, he just goes ahead and does it". Lewis said that when situations occur out with his control he acts impulsively and attempts to end his life, he has done this before by taking an overdose of medication and cut himself. He said Once he is wrapped up in something he has no self control. Lewis reports that he no longer wishes to end his life as he has calmed down and "over his mini breakdown". When asked if this is something he'd do again Lewis stated "who knows what will happen when this goes to court". He went on to say that if he hadn't met the vigilant security man he would have calmed down and gone home. He said he'd tried to get away from the police by going into a swamp. He didn't realise how deep the swamp was and eventually walked out of the swamp and over to the police. He knew he'd called Barbara from his mobile phone, however; does not recall the conversation due to level of intoxication. Lewis reports that he wasn't under arrest as this all happened within the boundaries of his own home.

Lewis reports that he is still under investigation and social work have been involved and as a result of the allegation against him for assault Barbara's 2 sons have been removed from her care.

Lewis reports that he has set up CCTV to record any activity around his house for proof that surveillance is happening.

Lewis reports that he does not wish to die, he does not think of suicide, he doesn't want to kill himself, when he does make attempts on his life these are impulsive and fuelled by alcohol. He denies any active plans to end his life stating his attempts have always been impulsive.

Lewis reports that he has a good life, he enjoys his life, however; recently he has found himself to lack motivation to do the things he normally enjoys such as rebuilding cars, motor racing and going to work. He reports he loves his job but finding himself in front of the TV more often. He states that he is in receipt of benefits as he has been signed off work due to ill health but often does odd jobs, due to the nature of the job he is well paid and can survive off the payment from one job for around a week or 2.

Lewis reports he is sleeping more, he and Barbara have got into a routine of watching TV in bed, therefore; spending more time in bed. He reports difficulty getting off to sleep, however; once asleep he can sleep half the day. He describes recurrent vivid dreams relating to his past and wakes in a sweat. He reports poor concentration, stating he doesn't have the concentration to go to work and isn't able to concentrate on his hobby of rebuilding cars.

Lewis reports poor appetite, he eats as he knows that he has to eat and reports loss of muscle mass due to not working. Lewis reports that there are times where he will "pig out" but he isn't able to taste food due to his alcohol consumption.

Lewis describes his mood as unpredictable. He said his mood goes up and down, he reports that he would

like help to understand why his mood is like this. Lewis reports that he doesn't get adrenalin rushes due to the nature of his job and he has no fear of getting hurt, he reports that overthinking can cost you your life in the nature of his work.

Lewis denies any financial difficulties, he is in receipt of benefits and manages to work when he can. He is not in rent arrears and manages to pay his bills on time.

Assessors had a conversation with Barbara who reports that Lewis has significantly reduced his alcohol intake and hasn't used substances for some time. She reports that she is "pretty sure Lewis is right but not 100% sure that it's her ex-husband who is monitoring them, she admits to witnessing drones fly low over her house and has seen the vigilant vans go around her house. She said that one day she was driving down their road and a vigilant van was sitting, as soon as the driver seen her it turned and left. Barbara reports that she and Lewis have gotten into the same routine of watching TV and said that she feels they need to encourage each other to do things. She reports that she is angry with social work who removed her sons from her care due to allegations. She said a social worker attended her home address and "shouted at her" for an hour accusing her of choosing Lewis over her sons. She said she wants to back Lewis, she does not believe he assaulted her daughter.

Lewis did not present with an acute mental illness. he communicated appropriately with a good rate, tone and volume. There was no evidence pressure of speech or poverty of speech. No sign of stress or distress, he was not agitated. He did not demonstrate any abnormal movements. He did not display any evidence of perceptual abnormalities, passivity phenomena or hallucination. He did not voice any formal thought disorder. There was no evidence of thought blocking. His mood appeared congruent to his current situation.

Scored assessment results if relevant. E.g. ACEIII, MMSE

N/A

Person's view of what they would like from this assessment? (What's important to them as a result of the assessment?)

Lewis would like support to help him understand why he feels the way he does. He is aware that the assessment is taking place at the request of the police due to him informing the police that he had thoughts of ending his life.

Initial recommendations

It was not felt that Lewis currently required hospital admission. There did not appear to be a role for crisis team at this time, therefore; Lewis can be discharged from Emergency Department. Following a discussion with the police, they plan to take Lewis into police custody when discharged. Lewis was removed from Emergency Department into police custody.

Assessor	Name	Designation	Date
Lead	Mandy Martin	CPN	26/12/2023
Second	Paul McEwan	CPN	26/12/2023

Completed by: Mandy Martin

Date/Time: 27/12/2023 05:02:22

Designation: CPN

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Select Team/Service:

Patient Name: LEWIS DUNCAN

CHI: 2210843472

DOB: 22/10/1984

Patient Address: Sandrigg Farm Cottage
Annan Road
Dumfries
DG1 3SF

Patient Phone: 7519690730

GP Name: Richard Voysey

GP Practice: Gillbrae Medical Practice
Gillbrae Road
Dumfries
DG1 4EJ

GP Phone: 01387 246282

Referrer Name: Medic

Referrer Address: Emergency Department

Referrer Phone: 0

Carer/Contact Details:

Referral Date: 26/12/2023

Assessment Date: 26/12/2023

Assessor Name

Mandy Martin

Designation

CPN

Information Sharing Leaflet?

Yes ☐ No ☒

Consent Form?

Yes ☐ No ☒

Is there a carer identified?

Yes ☐ No ☒

Carers assessment referral made?

Yes ☐ No ☒

Rationale:

Is there Social Work involvement?

Yes ☐ No ☒

Detail any framework in place (ASP, Criminal Justice etc)

Power of attorney in place?

Yes ☐ No ☒

Copy in notes

Yes ☐ No ☒

Guardians in place?

Yes ☐ No ☒

Copy in notes

Yes ☐ No ☒

Advanced directive in place?

Yes ☐ No ☒

Copy in notes

Yes ☐ No ☒

WRAP?

Yes ☐ No ☒

Copy in notes

Yes ☐ No ☒

Getting to Know Me document?

Yes ☐ No ☒

Copy in notes

Yes ☐ No ☒

Alcohol Brief Intervention

Screened

Yes ☐ No ☒

Were there any other barriers to engagement in the assessment process?

Yes ☐ No ☒

What matters to the person?

Was this discussed with the person?

Yes ☐ No ☒

Has the person ever suffered domestic abuse or violence because of gender/sexuality?

Yes ☐ No ☐ Not asked ☒

Comments:

Completed by: Mandy Martin

Date/Time: 26/12/2023 23:30:44

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Clinical psychology

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SECRETARIAL ACTION (please tick)		DISCHARGE BY CLINICIAN ON MDS FOR PATIENTS OFFERED AN APPOINTMENT
SPECIALTY (please circle) Adult Mental Health Child & Adolescent Clinical Health Neuropsychology Older Adults Self Help	OPT-IN LETTER TO BE SENT ☐ Yes ☐ No	Clinician Discharged: (must be completed on MDS) Date: TO BE DISCHARGED BY ADMIN ON PMS (please circle reason) • Did not OPT-IN • <u>Died</u> • Inappropriate Referral • Never seen • Parent/client request • Passed to CCBT (SilverCloud) • Transfer to other agency within NHS • Transfer to other agency/non NHS Date: 22/01/2024
	C&A to be addressed to (please circle) ▪ Parent/Carer ▪ Young Person	
	Date opt-in screening letter was sent:	
	REPLIED to OPT-IN:- (please tick) YES ☐ NO ☐ (If <u>NO</u> , letter <u>MUST</u> be sent to GP)	
	OPT-IN CONFIRMATION DATE	
SCREENING DATE (8 weeks from confirmation date)	 2210843472	
GROUP State which group: Files to be returned to:	DUNCAN LEWIS	

Copy Records

23 JAN 2024

BN

Mental Health Occupational Therapy, Mental Health Directorate

First floor, Mountainhall Treatment Centre, Dumfries, DG1 4AP.
Tel: 01387 244126 or 244018 E: julie.baldotto2@nhs.scot



Date: 18th January 2024

Referral to Psychology Service

Name: Lewis Duncan Chi: 2210843472 Tel: 07864349276

Address: Sandrigg Farm Cottage, Annan Road, Dumfries DG1 3SF

To whom it may concern;

I would like to make a referral to Psychology for the aforementioned gentleman. Lewis was in the care system and indicated that he experienced trauma during this time which he hasn't dealt with. He has recently been triggered due to his partner's ex husband accusing him of things and bringing up his past which he states is him 'trying to get a reaction' as he knows he has a violent past and wants to use this against him to claim custody of his child. There is a pending court case in relation to this but no date has been confirmed yet. He had issues with alcohol and drugs but has been working hard to try and abstain from this as he is aware that this prevented him from accessing services when he lived in Ayrshire. Now these coping mechanisms have been removed he is left with his thoughts and feelings and doesn't know how to cope with them.

He is a self employed tree surgeon and is currently off work due to low mood and lack of motivation. He is keen for Psychology input to enable him to address his previous traumas and be able to support him to manage his emotions and make changes.

Please contact me if you require any further information.

Yours sincerely,

Julie Baldotto

MH VR OT
Primary Care

Copy Records

Psychology Department
Mountainhall Treatment Centre
Bankend Road
Dumfries
DG1 4AP

Ref: 63258
Letter Ref: /AW

Direct Dial: 01387 244495

Julie Baldotto
Occupational Therapist
Mountainhall Treatment Centre
Bankend Road
Dumfries
DG1 4AP

Website: www.nhsdg.scot.nhs.uk
Email:
Date Typed: 25/01/2024

Dear Julie

Patient Name: Lewis Duncan **CHI:** 2210843472 **DOB:** 22/10/1984
Patient Address: Sandrigg Farm Cottage, Annan Road, Dumfries, DG1 3SF

Thank you for referring this gentleman. Following careful consideration of the recent events covered in mental health notes on clinical portal we are unable to accept this referral. It seems it would not be the appropriate time for him to engage in Psychological Therapy due to multiple stressors and ongoing court proceedings quite understandably contributing to stress.

Yours sincerely

Ania Gut-Gofron
Clinical Psychologist - Adult Mental Health

(D) Dr R Voysey, Gillbrae Medical Practice, Gillbrae Road, Dumfries, DG1 4EJ
Authorised on 31/01/2024 13:19:34 by Ania Gut-Gofron.

Copy Records

2210843472

Job ID: 63258

Mental Health AHP

Copy Records

Mental Health File Note (Full Version)



CHI: 2210843472

Patient: DUNCAN, Lewis (Mr)DOB: 22/10/1984

Team: OT (AHP)

Locality: Dumfries

Leaflets Provided:

Pathway

Pathway: ☒ OT (AHP) ☐ Memory Clinic ☐ ID ☐ Stress and Distress ☐ SDAS

Referral

Date of Referral/Request for Assistance:

Source of Referral: Primary Care

Primary ICD10: F430 acute stress reaction

Secondary ICD10:

Contact

Start Date/Time of Contact: 18/01/2024 10:30:00Length of Time of Contact (mins): 30

Location: GP Surgery

Planned/UnplannedPlannedIs this person a Carer? Yes

Contact CategoryDirectVisit StatusContact Occurred

Travel Time (in mins) 0

Consent to share information discussed? Yes

Emergency Services Contact/Referral:

Referral to Third Sector? No

Interventions: Assess

OT Interventions:

Alcohol Brief Intervention – Screened? Yes ☐ No ☒

Change in Risk Factor? Yes ☐ No ☒

Part of Structured Clinical Management Program (SCM)? No

Should this contact be added to the Chronology of Significant Events? Yes ☐ No ☒

Visit Details:

Lewis is struggling to motivate himself to go to his work. He is a self employed tree surgeon so isn't in receipt of any sick pay and has pressure to return. He has been triggered recently by 'harrasment' from his partner's ex husband who has been 'slandering' him trying to provoke a reaction. He states the reason for this is he wants custody of his child and is making accusations to imply that his child isn't safe being

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with his ex wife and Lewis. There is a court case due but no date for this as yet. He is confident that the accusations are unfounded but is still ongoing stress which has brought back traumas from his own past of being in the care system and family issues. He previously dealt with this by trying to self medicate with drugs and alcohol but is trying to abstain from this as he is aware he won't receive the help he needs if he isn't sober. OT has provided him with information to self refer to the Work and Health Service (WHS) as he meets their criteria of being self employed and can be fast tracked to access Counselling in the first instance to help him return to work. Secondly OT has made a referral to Psychology as he feels ready to address his past traumas and would like to learn new ways of coping. OT has advised Lewis to self refer back to OT if required following WHS input which he was satisfied with. OT completed a WASAS functioning scale 35/40 and Core 10 28/40 with Lewis and when asked about plans to end his life he said not in the last week but had thoughts around Christmas time. No further role for VR OT at present as referred onto more appropriate services and no amendments required that he hasn't already tried prior to going off.

Measure	Score
CORE 10	28

Additional Activity: Combination of Activities

Length of Time for Additional Activity (in mins): 30

Discharge Details

Date of discharge from specialty team: 18/01/2024

Reason for discharge: Referred/Signposted to Other Service

Distribution Details

Additional GPs to get a copy:

Practice:	GP:
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Verified By:	Name: Julie Baldotto	Job Role: Mental Health AHP
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