

EJ Fife Primary Care NHS TRUST Dm

Your Ref:
Our Ref: CB/th
Enquiries to: Tracey Holden

CARNEGIE CLINIC
INGLIS STREET
DUNFERMLINE
FIFE KY12 7AX

TELEPHONE: 01383 741031
FAX: 01383 624202

CHILD MENTAL HEALTH SERVICE

25 July 2001

PRIVATE AND CONFIDENTIAL

Mr & Mrs Bell
92 Admiralty Road
ROSYTH KY11 2QJ

Dear Mr & Mrs Bell,

RE: Gary Dorricott, (b. 08/07/89)

Nicola Bruce, Social Worker has recently referred Gary to this Department. I would be pleased to see you and Gary at the Child Mental Health Department in Carnegie Clinic on **FRIDAY 31 AUGUST 2001 AT 9.30A.M.**

I should be grateful if you could contact my secretary at the above address if this appointment is not convenient.

Yours sincerely

pp Tracey Holden (secretary)

LOG	
SUMMARY	
SECRETARY	
30 JUL 2001	

free

CATHERINE BURT
COMMUNITY NURSE THERAPIST

c.c. ~~Dr Alexander, Nethertown-Surgery, Elliot Street, Dunfermline~~
Nicola Bruce, Social Worker, East Fergus Place, Kirkcaldy



Awarded for excellence
to Nutrition and Dietetic Department

2045

2.

I think this little boy does need the medication but it is often helpful if they can feel in control. I will also write to the High School to see if we can alleviate things when he starts there. I will review him shortly in a couple of months' time to see how this goes.

Physically Gary is well, his height and weight are both on the 75th centile, and his blood pressure was 105/60.

Yours sincerely

BP *Manel*

Dr A Limmemann
CLINICAL ASSISTANT

NORMAL
TELL
-9 JUL 2001
COMPUTER
NOTES
FILE <i>SC</i>

ES file



PAEDIATRIC DEPARTMENT

Dr C R Steer, Lead Clinician
Dr M G MacMillan
Dr T M Scott (Community)
Locum Consultant

Enquiries to: Mrs Susan Miller x8635

Clinic on 7th June 2001

Dictated on: 7.6.01
Typed on: 25.6.01

AL/SM
V.359428

Dr Grant
Millhill Surgery
87 Woodmill ST reet
DUNFERMLINE

Dear Dr Grant

Gary Dorricott, c/o 92 Admiralty Road, Rosyth
Date of Birth: 8.7.89

LOG	
SUMMARY	
SECRETARY	
20 JUN 2001	

I reviewed Gary in the ADHD clinic today. The situation appears to have deteriorated at school recently with Gary causing fights in the playground and some difficult behaviour. He has been excluded from the school at lunchtimes until the end of term. Gary is due to attend High School after the Summer and I had a good chat with him. He has several difficulties in his life just now and he is not happy taking the Ritalin. He evidently hid the last appointment for the clinic which is why the family did not attend! Gary feels that the other children all know he takes Ritalin and worries about this. I discussed that perhaps when he goes to Inverkeithing High School he could be allowed to ask to go to the toilet and at this time go and see the school nurse and take his Ritalin, so that it is not obvious to the other children. The other main thing that is happening just now is that Gary's mother has moved to within a few streets of the foster mother, and although Gary is not supposed to be having contact with her this has obviously occurred quite a lot. Gary's mother has had the other 2 children removed on a protection order. This is obviously very unsettling for Gary. Also his foster mother went on holiday to Greece for 2 weeks and he seemed to have found this very hard to cope with. The other thing he admitted to is that his mother used to get Disability Living Allowance, the foster mother does not get this, and he thinks that the foster mother will not keep him because she is not getting this extra money. I think his mother hung on to him for the money in the past.

With all these worries and anxieties expressed I discussed giving a little trial of increasing the Ritalin to 2 tablets in the morning for one week, with the teachers at school, Gary and the family reporting. I have given them a form for this. Secondly, to stop the Ritalin in the morning and see if this has any effect on his behaviour as he is very anxious not to take medication.

/..



Victoria Hospital

- Telephone • 01592-643355
- Facsimile •

•Victoria Hospital•

•Hayfield Road •Kirkcaldy •Fife •KY2 5AH

ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU

Queen Margaret Hospital

GP's NAME AND ADDRESS SCOTT, Mary NETHERTOWN SURGERY ELLIOT STREET DUNFERMLINE KY11 4TF (01383 623516)		PATIENT DATA D.O.B. 08-JUL-89 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 92 Admiralty Road Rosyth DUNFERMLINE Fife KY11 2QJ Occupation Phone No. 418954 Consultant Religion UNKNOWN Next of Kin STEPHEN BELL 92 Admiralty Road Rosyth DUNFERMLINE Home Phone Fife Work Phone 418954	
Date and Time of Attendance	Date and Time of Accident	TOUCH PRIMP. KY	
13/04/01 20:01	13/04/01 16:00		
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) LEISURE / SPORT			
LOCATION	SOURCE OF REFERRAL SELF REFERRAL		
ALLERGIES - Penicillin OTHER - (Specify) NO	ALERT	T.	P. R. B.P.
CURRENT THERAPY - Insulin Steroids ATS Betablockers YES		INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS INJ (R) WRIST 18205		TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS	
TIME FIRST SEEN BY DOCTOR		Prescription Issued:	
HISTORY/CLINICAL DETAILS This boy was playing football tonight and had his right wrist bent back by the ball. He is now complaining of pain in his right wrist. On examination there is minor swelling around right wrist joint; no deformity; full range of wrist movement; n.v. systems intact. Tender over distal radius. X-ray shows no bony abnormality. Impression: soft tissue injury. Discharged with tubigrip and advice for RICE and analgesia; TCA SOS. Dr Fiona Johnstone Casualty SHO FJ/akg 14.04.01			
LOG SUMMARY SECRETARY 18 APR 2001		Signature <i>F. Johnstone</i>	

CHI No. 0807090030

PART 3 - GP

Physical examination: Height (cms) 153.2, Weight (Kg) 40.9

Centiles Height 75th, Weight >50th

For each of the items below, enter N - normal; A - abnormal; D - doubtful or uncertain; I - not done or incomplete. Detail abnormal in the "problems" section below.

Examine for:

Gait Testes: (if indicated): right left Genitalia (if indicated) Spine Teeth Throat
 Squint: right left Respiratory system Heart Ears: right left
 Colour vision (if indicated) Test used Hearing: right left Test used
 Visual acuity: right left Test used Other
 Corrected - right left Test used

Comments (including general appearance and demeanour) Gary has been prescribed Ritalin for A.D.H.D.

Gary is a lad with behavioural problems but a really likable young man, who can find life difficult. Gary is in care of a foster family. Gary said he's looking forward to high school, no concerns about going.

Problems ongoing and problems identified at this examination (including specific diagnoses):

This section will be "Read" coded. Enter diagnoses or other problems that are likely to be relevant to the continuing health and development of the child in order of their significance. Include congenital anomalies. If the child is referred or has been referred for other assessment or services, enter the appropriate code numbers in the "specialist" and "status" boxes.

Problem identified (Y/N)	<input type="checkbox"/> If no, proceed to History report	Specialist code	Referral status	Updated status	Discuss with Parent (Y/N)	Discuss with Teacher (Y/N)	Read code
(1)		19	25	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flag for regular review by School Doctor (Y/N) - see again in months Short Medium Long
 Flag for regular review by School Nurse (Y/N) - see again in months Short Medium Long

Refer to Special Needs System (Y/N) Special Needs status
 History report (Y/N) Parent in Armed Forces (Y/N)

To be referred to Careers Service (Y/N)

Summary comment about this examination (include matters that should be considered at a later age)

Going to Inverclyde High.

Signature(s) of examiner(s) (1) U. Evans Date: 26/6/01
 (2) _____ Date: _____

Examiner:

Base code: F007B School Doctor (Y/N) School Nurse (Y/N) Other (Y/N)

GP COPY

FIFE PRIMARY CARE TRUST

MEDICAL-IN-CONFIDENCE

CHILD HEALTH SURVEILLANCE PROGRAMME - SCHOOL

Unscheduled or Non-Routine (Primary)

The School Health Service Information System includes the option of adding information to a child's record at times other than planned surveillances. This form should be used for adding information in one of the following ways: (a) After screening activity, (b) Referral from a range of sources, (c) Due to a problem detected at an earlier examination, (d) New entry within Primary School period.

DORRICOFF GARY SCHEDULED DATE OF EXAMINATION 260301
 92 ADMIRALTY RD CHI NO 0807890030 HB F
 ROSYTH SEX MALE
 DUNFERMLINE SCHOOL F847L
 GP MACISAAC POSTCODE KY112QJ CLASS
 NETHERTOWN SURGERY ELLIOT ST DUNFERMLINE

Please check the information above and enter amendments below if appropriate

Change of name to: _____ Postcode:

--	--	--	--	--	--	--	--

Change of address to: _____ School:

--	--	--	--	--	--	--	--

Change of school to: _____ Practice Code No:

--	--	--	--	--	--	--	--

Change of General Practitioner to: _____ Address: _____ Postcode:

--	--	--	--	--	--	--	--

Name of examination (P7/PR) P7
 If not one of the above then please state other _____
 Parent/Guardian present at examination (Y/N) Mother Father Other

Parental concerns: Y/N If Yes, please enter description _____

Teachers concerns: Y/N If Yes, please enter description _____

Pupil concerns: Y/N If Yes, please enter description _____

HEALTH INFORMATION REQUESTED (Y/N)

Development:

Enter N - normal; A - abnormal; D - doubtful (or uncertain); or I - if this was omitted or not completed satisfactorily.

		Comment		
Gross motor	<input checked="" type="checkbox"/>	_____		
Manipulative skills	<input checked="" type="checkbox"/>	_____		
Communication	<input checked="" type="checkbox"/>	Chatted well and appeared very comfortable.		
Social skills & behaviour	<input checked="" type="checkbox"/>	behaved very well today at P7. Health Interview		
Note handedness:	right <input type="checkbox"/> left <input checked="" type="checkbox"/> uncertain <input type="checkbox"/>			
Menstruation (age of onset)	<table border="1"><tr><td> </td><td> </td></tr></table>			_____

Dorrcott, Gary
DoB: 08/07/1989

Report Valid On 23/02/01 09:51

Nethertown Surgery
Page number 1

Registration

Mr Gary Dorrcott
92 Admiralty Road
Rosyth

Service Code: Permanent
DoB: 08/07/1989

Telephone:
Contact: ?

KY11 2QJ

CHI Number: 0807890030 NHS Number: 432/89/641

Registered GP: Dr Alison MacIsaac

Registered: 25/11/1991

BMI: 0.0 Height: 0 m Weight: 0 kg BP: 0/0

Repeat Medication

Drug/Preparation	Quantity/Dose/Freq	Start	Last	Interval Pres.	Cons.
Paracetamol Sf SUSP 120MG/5ML		23/08/99	23/08/99	28	52

Screening

- 02/02/94 **Preschool Immunis.\$\$**
No Action Required
- 17/10/90 **Mmr Immunis.\$\$**
No Action Required
- 16/05/90 **3rd Primary Immunis.\$\$**
Repeat after an interval - 4 Weeks

Gary Dorrcott
92 Admiralty Rd
Rosyth
Ritalin 10mg
i mane +
i medday
(100)

Priority Clinical / User Mark

- 01/01/1999 High Attention deficit w/
- 01/08/1993 High [D]Convulsions, febrile
- 01/08/1993 High Epilepsy
- 01/11/1991 High [D]Convulsions, febrile
- 01/02/1991 High Adenoidectomy
- 01/01/1990 High [D]Convulsions, febrile
2 episodes secondary to otitis media. □ 1 episode secondary to tonsillitis.
- 01/01/1988 High Family history
Step brother died of SIDS aged 4/12.

NP.

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) DORRICOFF	Forenames (Block Letters) Gary
	Address Woodland School NS	
		Date of Birth

Date	*	Clinical Notes	Diagnosis
4/10/01	S:	hazards involved - Rx advice only.	
11/10/01		due for double apppt.	
15/11/01	S:	Refer by Ritain 10mgms on daily x20. much better although refuses to go and see psychiatrist as things have diminished see psycho and must matter.) see 1152 in discuss future.	
1.2.02		Some throat + cough Pharyngitis. Advised deferred until for Rx v:	
21/2/02		Visited this morning. well now. Ritain 10mg OD prescribed.	CBM/MS.
26/3/02		wt: 54kg. 8 1/2 stone. 5ft 2". DNAd Dr McFadyen's clinic appt. Happy to stay on Ritain.	
		Review need to continue?	CBM
4/5/02	S:	behaviour report in the house with	

* This column has been provided for doctors to enter A, V or C at their discretion

NURSES AND HEALTH VISITORS RECORDS	National Health Service Number	Surname (Block Letters)	Forenames (Block Letters)
		DORRICOTT	GARY
	Address	Date of Birth	
			8/7/89

Date			
16/4/99	R METHYLPHENIDATE 10mg	(100)	1 1/2 Tab at 8am 1 Tab at midday 4 1/2 Tab in afternoon
	R Salactol Gel (x1) AS/DIV + Make App (MRS)		↓ Increase from 1/2 tab to 1 tab (in afternoon at last clinic review)
24/5/99	⊙ Methylphenidate 10mg		1 1/2 tab 8am 1 tab midday 1 tab 4:30 pm (100)
(23.6.99)	Methylphenidate 10mg tabs - 1 in a.m. 8am		1 tab midday (100) 1 tab 4:30 pm
5.7.99	"Temper blow-outs" about once a month followed by long period (3 hrs) of sleep. More recently, sleep cuts the "blow-out". TG x AD - free of Epilepsy - letter to Dr. Proer who he seen in 4/7		
28/7/99	See letter Paed Dept 14/7/99 Rx ritalin 10mg or divalpro (30) 8am		
3/9/99	Tel from S.W. Valerie Kelly - family have been moved to hostel in Mafell. Gary still attending Touch and Blacklaw schools - there is no Ritalin at either school or at home R METHYLPHENIDATE 10mg 1 1/2 tab at 8am 1 Tab at midday (100) 1 Tab in afternoon		
23.9.99	Tel. from social worker Annette Naylor. on ritalin family moving around maintained schooling @ Blacklaw Childrens Panel - last week - place of		

NHS Confidential: Personal data about a patient

19/01/00	21 JAN 2000	GARY DORRICOTT 08/07/89	Seen at centre	Dr. MacIsa
20:37		92 ADMIRALTY ROAD	No.referral	
19/01/00		This young man has had less than 24hrs of tummy pain. He was able to eat his tea and keep it down. He has had no other upper resp. tract infection or any other illness. He has not had a problem with UTI.		
21:00		O/E He was tender over his lower ribs on the (R). He was tender to palpation on his (R) iliac fossa but was easily distracted and cheered up whilst in the surgery getting examined. Step parent felt that there may be a psychological aspect to this as he has not heard from his mother today. I have simply said calpol just now for the pain and review as required.		
		Dr. J. MacKenzie Locum.		
		Dr. Macaulay		

CLINICAL NOTES	National Health Service Number	
	Surname (Block Letters) OORICOT	Forenames (Block Letters) GARY
	Address	
		Date of Birth 8-7-89

Date	
26/5/95	Xbta 1) Needs Rectal Diaper in case of febrile R Diaper rectal tubes 5mg (2)
	2) lesion on chest wall - missed skin op because of chicken pox - for further op
	3) Wheezing at night - exp after glass cutting of chest clow R Salbutamol syrup 2mg/5ml 10006 (cont)
7.10.95	See dummy see week.
07.10.95	RX DIAZAPAM RECTAL Tubes 5mg (x6) DRS
20/3/97	← DWA
28.3.97	Severe behavioural problems. Mother not coping well. Separated from Gary's father when he was 2 or 3 New boyfriend - lives elsewhere. Miscarriage last year. Neonatal death 8/40 after that - Gary has large bad-mouthing Tensions at school. - on verge of being expelled Mother will have to sit with him in class Phase involved when Gary threatened to throw himself downstairs - Est. psychologist involved - SW - teacher closely involved
	Ref'd
6.5.97	DWA
6/11/97	Address 199 Incheath Drive Mother very concerned re his disruptive behaviour at school. Gary refuses to cooperate with Graham Buchanan.

*This column has been provided for doctors to enter A, V or C at their discretion

Date	
4/4/97 (cont)	He appears to have rage outbursts which have involved the Police being called to the school and he shakes during these and then is very sleepy afterwards. Mother wonders if these are fits. Valproate was stopped 1995 after fits apparently stopped. [?] Epilepsy? Behavioural Problem Re-Ref Paed Dr Stear
9.1.98	PX Diazepam Rectal Tubes smg (6) DR MRS.
15/1/98	Further disruptive behaviour - excluded from Lynton School - attending Support Unit at Blackclaw school 2 1/2 hr on 3 days per week. Police involvement. Occ headaches - often after exercise. Message left for Dr Stear's Secy to expedite
12/2/98	Report requested from Benefits Agency re possible Epilepsy - completed partly because no report yet from Dr Stear
15/5/98	Report to Benefits Agency
29.5.98	1. X methyl Phenidate 10mg T name, 1/2 at 12 o'clock + 1/2 at 4:30 pm. (i.e. 2/day). (120) (dispense 60x2) [Attention Deficit Hyperactivity]
4-6-98	2. Hand Joints - refer West Clinic R) Hand. 3-4cm 2.5cm eff. [WEST CLINIC] + pain. 30 sec. in L) Hand. wrist. 4cm 2.5cm eff. 30 sec.
22/7/98	[WEST CLINIC] DNA.
2/9/98	RX Salactol Gel (X1) T. Ritalin 10mg 1/2 Tab tid (28) DR MRS
30-9-98	[WEST CLINIC] DNA.
16.11.98	PX. Ritalin 10mg Half a tab tid (42) as directed DR ACF
9 12/98	by Methyl Phenidate 10, 1/2 TDS (42)
19/1/99	T.S. Methyl Phenidate 10, (40) 1/2 at 12 noon + 1/2 at 4:30 pm Referral sent to West Clinic. No return off hrs Park Park - recontact
8.3.99	X Methyl Phenidate 10g (100) (1 1/2 mg, T at 12 N + 4-5 pm pm)
26.3.99	X Methyl Phenidate 10g (100). - 3 1/2 daily.

* This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number
CLINICAL NOTES	Surname (Block Letters)	Forenames (Block Letters)
	DORRICOFF GARY	
	Address	Date of Birth
40 TRONDHEIM PARKWAY		5. 4. 89

Date		
11-2-92		On anticonvulsant sodium valproate. 2.5ml tid. 100mg 15-1. 100mg tid. + bony Rx: 300ml. Paracetamol 120mg 15-1, 200ml. Last fit Dec '91 Fits infrequent since sed. valproate Rx.
23.3.92		Rx CALPOL Dosed. Susp. (I.O.P.) De ACA.
25.3.92	V	3/4 L/s ut. pyrexia. Nil reg. Refusing Calpol/Spinal - Tolentofluide. No Phos. Moderately pyrexial. Clin - Oral St. - Ears ✓ (2) UATI. Phos. - Paracet. Suppositories 125mg x 2 (2 exist #1. (Rpt) → Back to Reg. Calpol.
13.5.92		went to head, Rx salsalol 10ml - Clin went clinic - Rx. 1. Paracetamol 100ml 120mg 15-1.
20.5.92		(1) little pte - CO ₂ x x 1 CT Salsalol.
17.6.92		WHP (fine) - 7 NA.
17.8.92		patient in car ? early on. Rx amoxyl 125/15-1 tid 100ml
		Paracetamol 120mg 15-1 200ml + bomp (100ml)
24.8.92		DMR
7.10.92		(4) OM. h. Enythroped. + Phoslix 5m (3)
16.10.92	X	Len on. operation Rx amoxycillin 125mg 15-1 tid 100ml, Calpol 120mg 15-1 100ml (w) intermittent vomiting odourless. % abdo. soft. A? viral gastroitis. twids.
23-10-92		VWA
29/11/92	V	Short (1 minute) G.M. convulsion Record also seen Spent 1/2 (2) OM. No od. rgs

* This column has been provided for doctors to enter A, V or C at their discretion

Date	
	<p>to August v c/r Col'd Todd Sp</p> <p>→ Sod Valproate as before</p> <p>new Mac</p>
10/11/92	<p>Selbst C/O x low ? for hpf GWT.</p>
18-11-92	<p>DNIA</p>
20-11-92	<p>conclusive completed</p> <p>Th. On resorbing slight residual</p> <p>erythema ltr</p> <p>verruca</p>
(17-12-92)	<p>Head like previous, etc, DR MAC.</p>
2-1-93	<p>Pyrexial + not on drug</p> <p>in well erythema on cheeks → some dry skin</p> <p>a slight neck-pain</p> <p>PLS to dry areas</p>
20/1/93	<p>Re Discharge Smg (3) DR MAC.</p>
18-1-93	<p>to keep after admission i further for</p> <p>- taking over medication as comp</p>
(20-9-93)	<p>message from school teacher.</p> <p>overdose, 100-1.</p>
12-5-94	<p>Discussion re DNAs - other child was unwell -</p> <p>Appears to be off valproate since last</p> <p>admission (?)</p> <p>No fits since</p> <p>albeit DRN</p> <p>Health visit apparently arranging Renew</p> <p>letter to Dr Steer re Renew + to clarify</p> <p>if Gary should be on sod valproate.</p>
(15-7-94)	<p>Permethrin 59-1 Head Lice</p> <p>message from HV.</p>
28/10/94	<p>P Ledger 591 Hal hi</p>
21-2-95	<p>(1) skin lesion of back chest veru elem</p> <p>(2) RFL</p> <p>(3) cough, worse nocturnal, VRTI 95: chest pain.</p> <p>ERT normal + amoxycillin 125/125 100</p>
23-2-95	<p>DELETE FROM COMP SODIUM VALPROATE SYRUP (DRMT)</p>

*This column has been provided for doctors to enter A, V or C at their discretion

		National Health Service Number	432 89 641
CLINICAL NOTES	Surname (Block Letters)		Forenames (Block Letters)
	DORRICOFF		GARY
	Address		Date of Birth
		40 Trondheim Parkway 63 ODE Crescent	8.7.89

Date		
30.7.89	V	Off his feeds today. o/e Apyrexial ENT & Chest & Fontanelle ✓ To dilute feeds to 1/4 strength, see again if req. AM
19.9.89		H.V. warty chest & umbilical Air entry good. Afebrile.
23.2.90		Amoxicil 62.5
27.2.90		See also on 25.2.90. Diarrhoea. Bimylate.
8/5/90		Sy Amoxicil 1000.
28.6.90		Recent admission x 2 = FEBRILE CONVULSIONS.
14.7.90	V	1. fever 2 convulsions. - Rash it w.s. vitamin.
24/7/90		0-500. Valproate 100, 100. Cont. augmentin 400 2.5-1 200 for 0.4
26/7/90	RJ	Rash - not typical of drug allergy.
2/8/90		Paracetamol 2000. Myelogram 100. ceftaz. Maxiprad
14/8/90		Sodium Valproate 200mg/5ml. - 1500mg 2.5ml. T.T.D.
7/9/90		Augmentin 400. - 1000mg. - Ear left red. Ears still red - but better.
25.10.90		Augmentin 400. 1000mg. Sodium Valproate 200mg 15ml - 1500mg. 2.5ml T.T.D. - To get prepared for hosp. when better come
29.10.90		Epilepsy 200mg 15ml. 2.5ml T.T.D.
16.11.90		Syba 200mg 15ml. 2.5ml B.D. Epilepsy 200mg 15ml. 300mg
6/12/90		Sedated 300mg.
22/12/91		Chlorzoxazone 200mg 15ml out
19/1/91	PJ	To have growths in a Monday. Temp 2 times - Amoxicil 1250 or 1000mg. P. 1. 3.

*This column has been provided for doctors to enter A, V or C at their discretion

KS

PAEDIATRIC DEPARTMENT

Dr A.W Blair
Dr M.G MacMillan
Dr C.R Steer
Dr T.M Scott

Clinic: 06.01.00
Dictated: 06.01.00

Typed: 11.01.00

AL/KP/V.359428
D361814

Dr Grant
Millhill Surgery
87 Woodmill Street
DUNFERMLINE

Dear Dr Grant

GARY DORRICOTT (08.07.89)
C/O 92 ADMIRALTY ROAD, ROSYTH

I reviewed Gary in Dr Steer's Clinic today for his ADHD. Gary has reduced his medication and over the holidays was not taking any at all. He has been doing very well, however the school have commented that he concentrates better with Methylphenidate and I have recommended that he continues with one tablet in the morning and one tablet midday whilst at school. Gary is eating well, is growing and looks extremely happy. He has had 2 episodes of bedwetting and sleepwalking both of which have occurred prior to access meetings. We will review him in 3 months' time.

Yours sincerely

pp hand

Dr Alison Linnemann
CLINICAL ASSISTANT



**Victoria
Hospital**

- Telephone •
01592-643355
- Facsimile •

LOG	
SUMMARY	
SECRETARY	
28 JAN 2000	

Not our patient.

SPEAK TO DOCTOR	
O.K.	
MAKE APPOINTMENT	
14 JAN 2000	
SCRIPT AT DESK	
TELL	
COMMENT	

•Victoria Hospital•

•Hayfield Road •Kirkcaldy •Fife •KY2 5AH

PAEDIATRIC DEPARTMENT

Dr A.W Blair
Dr M.G MacMillan
Dr C.R Steer
Dr T.M Scott

Clinic: 25.11.99
Dictated: 25.11.99

Typed: 01.12.99

AL/KP/V.359428

Dr Alexander
Nethertown Surgery
Elliot Street
DUNFERMLINE

Dear Dr Scott

GARY DORRICOTT (08.07.89)
C/O 92 ADMIRALTY ROAD, ROSYTH

I reviewed Gary in Dr Steer's Paediatric ADHD Clinic today. Gary is now with foster parents, Linda and Steven Bell at 92 Admiralty Road in Rosyth. I spoke to them by themselves and they are extremely happy with Gary's progress. He had a few major tantrums with them but has now realised he gets nowhere in this manor. He is playing rugby, he is very keen on wearing a school uniform, he has been more positive about school and is now attending 8 out of 10 sessions a week. He is eating well and sleeping well. They commented that he has been somewhat anxious when spending time with his mum and that he is very keen for her approval which is not always forthcoming. The foster parents commented that he has not taken his tablets on a couple of occasions and in fact has had no symptoms whatsoever.

I then spoke to Gary by himself, he feels that the tablets do not make a difference to his behaviour. We have therefore agreed a strategy of reduction of the medication to one tablet in the morning and one tablet at lunch-time and to have weekend holidays from the medication. We can review him in 6 weeks' time to see how this strategy has worked.

Yours sincerely

pp

Dr Alison Linnemann
CLINICAL ASSISTANT
Copy to Dr Shan Lees, Staff Grade Paediatrician/School Doctor, Carnegie Clinic, Inglis Street, Dunfermline



Victoria Hospital

- Telephone •
01592-643355
- Facsimile •



•Victoria Hospital•

•Hayfield Road •Kirkcaldy •Fife •KY2 5AH

2

19 November 1999

Dr Lees
RE: GARY DORRICOTT

Yours sincerely



Jane MacMillan
CHARTERED CLINICAL PSYCHOLOGIST

cc:
Jenny Munro
Chartered Clinical Psychologist
Playfield House
Stratheden Hospital
CUPAR KY15 5RR

Valerie Leslie
Social Worker
Child & Families Team
34 Viewfield Terrace
DUNFERMLINE KY12 7HZ

Dr A B MacIsaac
Nethertown Surgery
Elliot Street
DUNFERMLINE
KY11 4TF

ABM
Fife Primary Care
NHS TRUST

DEPARTMENT OF CHILD CLINICAL PSYCHOLOGY

Playfield House
Stratheden Hospital
CUPAR
KY15 5RR

Our Ref: JMcM/SS

Tel: 01334 652611 Ext 243
Fax: 01334 657691

19 November 1999

PRIVATE & CONFIDENTIAL

Dr S Lees
Staff Grade Paediatrician
Carnegie Clinic
Inglis Street
DUNFERMLINE
KY12 7AX

Dear Dr Lees

RE: GARY DORRICOTT, 147 INCHKEITH DRIVE, DUNFERMLINE (DOB 8/7/89)

Further to my letter of 10 June 1999, my colleague, Jenny Munro and myself met with Gary and his mother at the Fair Isle Clinic on the 3 August 1999. Gary's Social Worker, Valerie Leslie was also present.

At this time it was evident that there was still much upheaval in Gary's life and medical investigations were still on-going, as you are aware. I also gathered that the family were still living in temporary accommodation although the prospect of more permanent housing was imminent. As things were relatively more settled, we agreed that Gary would benefit from some individual work to discuss his concerns and experiences. Unfortunately he was unable to attend a subsequent appointment and Valerie informed me that the family situation had become unstable once again. We decided this at that point in time to close Gary's file, although I understand that my colleague, Jenny Munro still has some involvement with Gary's brother, Christopher. It is hoped that our service may be able to offer Gary longer term work once his family is more settled.

As I shall be leaving the Child Psychology Service, my colleague, Katrina Williams would be the first point of contact for any re-referral to the service. In the meantime, best wishes.

LOG	
SUMMARY	
SECRETARY	
	↙
22 NOV 1999	

MS460



Awarded for excellence
to Nutrition and Dietetic Department

Dr Alan Alexander
Dr David Alexander
Dr James Anderson
Dr Mary Scott
Dr Alison MacIsaac
Dr Alan McGovern
Dr Mark Langham

NETHERTOWN SURGERY
Elliot Street
DUNFERMLINE
KY11 4TF

Telephone: (01383) 623516
Fax:(01383) 624254

MRS/CH

27th September 1999

Dr C. Steer,
Consultant Paediatrician,
Victoria Hospital,
KIRKCALDY,
Fife.

Dear Dr Steer,

GARY DORRICOTT 71 BUTE CRESCENT DUNFERMLINE KY11 4EL
DOB 08.07.89 V359428E

It would appear from the record that you have not seen Gary recently and this is not surprising since he and his family have been moving around from Dunfermline to Kirkcaldy and to Methil.

He has just been put under a place of safety order and the Social Work Department are supervising his Ritalin medication.

He has had some apparently aggressive outbursts at school but these have apparently been on days when his mother had not given him his morning medication.

I wonder if it would be possible for you to review him and in doing so liaise with the Social Work Department as to where he is actually staying. Thank you.

Yours sincerely,

Mary R. Scott
M.B. Ch. B.

JMa

Fife Primary Care

NHS TRUST

DEPARTMENT OF CHILD CLINICAL PSYCHOLOGY

Playfield House
Stratheden Hospital
CUPAR
Fife
KY15 5RR

Our Ref: JM/YN

Tel: 01334 652611 Ext 243
Fax: 01334 657691

28 July 1999

PRIVATE & CONFIDENTIAL

Mr John Mills
Fife Council Housing Service
Walmer House
Walmer Drive
DUNFERMLINE
Fife

Dear Mr Mills

RE: GARY DORRICOTT, VICTORIA HOUSE, DUNNIKIER ROAD, KIRKCALDY (DOB 8.7.89)

It is with the permission of Gary's mother, Ms Susan Hay, that I write to you regarding this family's application for rehousing. I am extremely concerned about Gary's emotional wellbeing in the current housing circumstances and I feel that their rehousing is a matter of urgency.

Gary was referred to the Child and Adolescent Psychology Service in February 1999. He has a diagnosis of Attention Deficit and Hyperactivity Disorder and is also suffering from severe emotional stress following prolonged adversity in his life.

Gary has now been seen on two occasions in our department and it is clear that he has pressing psychological needs and he would respond well to therapy. The transition to the Homeless Unit in Kirkcaldy has, however, been a massive stress to Gary and his family and he is not coping at all well in this unit. Gary's mother, Susan, is also feeling extremely uncomfortable in her current homeless situation and Gary has become very sensitive to her own stress levels. He is a wee boy who tends to take responsibility for his mother's wellbeing and is finding his mother's overt distress about their situation quite intolerable.

Susan Hay is attempting to establish a secure base for Gary and her young daughter. She is very aware that Gary is a vulnerable child and she has requested housing in the Cowdenbeath area because she feels that she and her family would be well supported by family and friends in this area. I feel that this is a wholly appropriate request because Susan herself has endured many traumatic life experiences and she is



Mr J Mills
Re: Gary Dorricott

- 2 -

28 July 1999

seeking a safe place to rebuild her life. Susan undoubtedly has her children's best interests at heart and I feel that this family are genuinely deserving of our attention.

I would, therefore, be most grateful if you could consider Gary's needs with regards the family's application for rehousing in the Cowdenbeath area. Should you require any further information from myself, please do not hesitate to contact me.

With many thanks and kind regards.

Yours sincerely

pp *Cate Paton*

Jenny Munro
CHARTERED CLINICAL PSYCHOLOGIST

cc

Dr A B MacIsaac
Nethertown Surgery
Elliot Street
DUNFERMLINE
KY11 4TF

LOG	
SUMMARY	
SECRETARY	
	<i>pp</i>
3 - AUG 1999	

SK.

PAEDIATRIC DEPARTMENT

**DR A W BLAIR
DR M G MACMILLAN
DR C R STEER
DR T M SCOTT**

**SECRETARY TO:
DR C R STEER
DR T M SCOTT
EXT 4101**



**Victoria
Hospital**

• Telephone •
01592-643355
• Facsimile •
01592 647090

CRS/AL/V359428E

27 July 1999

*Dr A C A Alexander
Nethertown Surgery
Elliot Street
DUNFERMLINE KY11 4TF*

Dear Dr Alexander

**GARY DORRICOTT - DATE OF BIRTH 08 07 00
71 BUTE CRESCENT, DUNFERMLINE, FIFE**

Thank you for your note about this recent emerging problem in Gary. Perhaps we could take this up at the time of his next Clinic review. Thanks for getting in touch.

Yours sincerely

**DR C R STEER
CONSULTANT PAEDIATRICIAN**

LOG	
SUMMARY	
SECRETARY	
3 - AUG 1999	

•Victoria Hospital•

•Hayfield Road •Kirkcaldy •Fife •KY2 5AH

SK



Queen Margaret Hospital

Whitefield Road, Dunfermline, Fife KY12 0SU Tel 01383 623623
PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER

Fax

Our Ref: 361814/RG/LC
Enquiries to: Mrs. L. Clyde Direct Dial
Ext: 4638

Dictated: 09/07/99
Typed: 14/07/99

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

LOG	
SUMMARY	
SECRETARY	
	MC
16 JUL 1999	

Dear Dr. Scott,

GARY DORRICOTT, 72 BUTE CRESCENT, DUNFERMLINE
D.O.B. 8.7.89

Diagnosis: ADHD, behavioural problems, previous febrile convulsion

I reviewed Gary with his mother and Valerie Leslie his Social Worker in the Paediatric Clinic today. He is presently on Ritalin 15mgs. at 8 a.m., 10mgs. at 12 and 10mgs. at 16.30. Apparently the Social Worker is quite concerned about a number of violent (physically and verbally) outbursts that he is having approximately once a month. These outbursts are followed by a period where he sleeps and is reportedly very difficult to rouse. These occur for at least two hours. They are associated with some eye rolling and incontinence.

Reviewing his notes I see that he had an EEG just over a year ago, this was normal but they had suggested a sleep deprived EEG.

The plan for Gary is the following:

1. If he has an outburst with a sleepy episode he is to come to Ward 5 at the Victoria Hospital so we can check his urine for toxicology and possibly some blood tests such as glucose and ketones and possibly toxicology at the same time.
2. He is to be admitted to Ward 5 in the next couple of weeks for a sleep deprived EEG and short period of observation.

Yours sincerely,

R. Gilbert,
Locum Paediatric Registrar.
copy to Dr. J. MacMillan, Chartered Clinical Psychologist, Stratheden Hospital, Cupar
Valerie Leslie, Social Worker, 34 Viewfield Terrace, Dunfermline
Paediatric Registrar, Ward 5, VHK.

copy

Dr Alan Alexander
Dr David Alexander
Dr James Anderson
Dr Mary Scott
Dr Alison MacIsaac
Dr Alan McGovern
Dr Mark Langham

NETHERTOWN SURGERY
Elliot Street
DUNFERMLINE
KY11 4TF

Telephone: (01383) 623516
Fax:(01383) 624254)

ACAA/SIG

7 July 1999

Dr C R Steer
Consultant Paediatrician
Victoria Hospital
KIRKCALDY

Dear Dr Steer

GARY DORRICOTT 71 BUTE CRESCENT DUNFERMLINE DOB 08.07.89 0030
(Previous address 147 Inchkeith Drive Dunfermline) Unit no V359428

Gary is due to be seen at your Clinic on Friday 9 July. He attended me today accompanied by his mother and a Social Worker with a story that he has been having "temper blow outs" about once a month and these are followed by a long period of approximately 3 hours of deep sleep. More recently he has been falling asleep during the day for several hours but without the previous episode of temper.

On examination I can detect no obvious abnormality and you will remember that he is on treatment with Methylphenidate.

He has been investigated for possible epilepsy in the past with negative results but I thought I would let you know about this relatively new development.

With kind regards.

Yours sincerely

A C A Alexander MB ChB

**ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU**

Queen Margaret Hospital NHS Trust

GP's NAME AND ADDRESS SCOTT, Mary NETHERTOWN SURGERY ELLIOT STREET DUNFERMLINE KY11 4TF		PATIENT DATA D.O.B. 08-JUL-89 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 71 BUTE CRECENT DUNFERMLINE KY11 4EL Occupation Phone No. Blacklaw / TOOTH Religion UNKNOWN PS: Consultant SUSAN HAY Next of Kin 71 BUTE CRECENT DUNFERMLINE Home Phone Work Phone													
Date and Time of Attendance 06/06/99 20:43	Date and Time of Accident 06/06/99 20:10	TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) STREET ACCIDENT													
LOCATION	SOURCE OF REFERRAL SELF REFERRAL	T. P. R. B.P. INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray													
ALLERGIES - Penicillin OTHER - (Specify) N/K	ALERT	TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS													
CURRENT THERAPY - Insulin Steroids ATS Betablockers YAS	OTHER - (Specify) Rifampin	Prescription Issued:													
PROVISIONAL DIAGNOSIS LAC/INS TO HEAD TR 20-46	TIME FIRST SEEN BY DOCTOR RH 2140	HISTORY/CLINICAL DETAILS Wound to head. Hit over back of head with brick, 2 cm gaping laceration over head. No loss of consciousness. Feels fine. On examination alert and orientated, GCS 15, pupils equal and reactive to light. Moving all 4 limbs equally. 2 cm gaping wound over back of head. Plan - wound toilet, staples applied, this to be removed in 7 days. DR R HILL SHO IN A&E. RH/JMacD/07.06.99													
A & E I.		<table border="1"> <tr> <td>LOG</td> <td></td> </tr> <tr> <td>SUMMARY</td> <td></td> </tr> <tr> <td>SECRETARY</td> <td></td> </tr> <tr> <td></td> <td>MRS</td> </tr> <tr> <td align="center" colspan="2">9 JUN 1999</td> </tr> </table>				LOG		SUMMARY		SECRETARY			MRS	9 JUN 1999	
LOG															
SUMMARY															
SECRETARY															
	MRS														
9 JUN 1999															
Signature R Hill															

ALM

Fife Primary Care

NHS TRUST

DEPARTMENT OF CHILD CLINICAL PSYCHOLOGY

Our Ref: LG/HMC
Enquiries: Marie Curran

Playfield House
Stratheden Hospital
CUPAR
Fife
KY15 5RR

Tel: (01334) 652611
Ext. 243
Fax: (01334) 657691

13 April 1999

PRIVATE & CONFIDENTIAL

LOG	
SUMMARY	
SECRETARY	
	<i>MC</i>
28 APR 1999	

Mrs Dorricott
147 Inchkeith Drive
DUNFERMLINE
KY11 4HR

Dear Mrs Dorricott

Jane MacMillan and I can offer you and Gary a one hour Assessment Appointment for Monday, 10th May, 11.30 am at Carnegie Clinic, 1st Floor, Child Mental Health Reception.

Due to the nature of this assessment appointment, it will be very difficult to arrange an alternative date. Therefore, please telephone us as soon as possible if you cannot attend. If, however, you fail to attend without letting us know, we will assume that you wish no further appointments and we shall inform your GP.

In the meantime, we shall look forward to seeing you.

With best wishes.

Yours sincerely

pp M Curran (Secretary)

Laura Galbraith
HEAD OF CHILD CLINICAL PSYCHOLOGY SERVICES



MS460



Awarded for excellence
to Nutrition and Dietetic Department



CC: *Dr S Lees*
Staff Grade Paediatrician
Carnegie Clinic
Inglis Street
DUNFERMLINE
KY12 7AX

Dr A B MacIsacc
Nethertown Surgery
DUNFERMLINE
KY11 4TF



60

Queen Margaret Hospital

Whitefield Road, Dunfermline, Fife KY12 0SU Tel 01383 623623
PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER

Fax

Our Ref: 361814/AL/SW
Enquiries to: Mrs. L. Clyde **Direct Dial**
Ext: 4638

Dictated: 9/4/99
Typed: 14/4/99

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Scott,

GARRY DORRICOTT, 147 INCHKEITH DRIVE, DUNFERMLINE, KY11 4HR
D.O.B. - 8.7.89

I reviewed Garry today in Dr Steer's clinic. Garry is now taking 15mgs of Methylphenidate (am), 10mgs at lunchtime and 10mgs at 4.30. He has lost weight since his last visit (34.4kgs) despite growing 2cms. His blood pressure is 100/55.

The parents were both present today, they report difficult behaviour. He is now only attending the school for an hour or two every day. Garry has evidently expressed fear about his Father and says he wishes he was in a Home. He was, however, very quiet in the clinic today. I am concerned about the whole situation here but believe you have referred him to Jenny Munro, which I am very happy about, as I feel this lad needs to express his worries in confidence and the clinic situation here is not conducive to this.

I will contact the school to see the situation there and we will review him in the clinic in 3 months time.

Yours sincerely,

A. Linnemann

A. Linnemann,
Staff Grade Paediatrician.

Dr D Reid, ~~Leslie~~

LOG	
SUMMARY	
SECRETARY	
	<i>ML</i>
23 APR 1999	



Our Ref: LG/SS
Enquiries: Laura Galbraith
Ext: 246

Playfield House Fax: (01334) 657691

TELEPHONE: 01334 652611
FAX: 01334 656560

CLINICAL PSYCHOLOGY SERVICE (CHILD & ADOLESCENT HEALTH)

29 March 1999

PRIVATE & CONFIDENTIAL

~~Mrs Dorricott
147 Inchkeith Drive
DUNFERMLINE
KY11 4HR~~

Dear Mrs Dorricott

Dr Lees, Staff Grade Paediatrician, has referred you and Gary to the Child Clinical Psychology Service.

At present we have a waiting list and therefore we are unable to offer you an immediate appointment. However, due to the nature of your circumstances, we consider it important that you are seen as a priority. At present, because of the demand for our service, we cannot provide you with an indication of when your appointment will be. However, please be assured that we shall send you a time as soon as it is possible. If you wish any further information, please telephone the department directly and ask for our secretary on 01334 652611 Ext 243.

In the meantime if you feel things become even more urgent, discuss this with your family doctor or the person who referred you. Otherwise we shall look forward to meeting with you in due course.

With best wishes.

Yours sincerely

S. Scott (Secretary)
Laura Galbraith
HEAD OF CHILD CLINICAL PSYCHOLOGY SERVICES

LOG	
SUMMARY	
SECRETARY	
	A
1 APR 1999	



Awarded for excellence
to Nutrition and Dietetic Department



2

29 March 1999

Mrs Dorricot

cc:

Dr S Lees
Staff Grade Paediatrician
Carnegie Clinic
Inglis Street
DUNFERMLINE KY12 7AX

Dr A B MacIsaac
Nethertown Surgery
Elliot Street
DUNFERMLINE
KY11 4TF

SK



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

Fax:

Direct Dial:

PAEDIATRIC DEPARTMENT - CONSULTANT: DR . C. R STEER

Our Ref: 361814/AL/SW
Enquiries to: Mrs. L. Clyde
Ext: 4638

Dictated: 8.1.99
Typed: 13.1.99

Dr M Scott
Nethertown Surgery
Elliot Street
Dunfermline

if not already on

LOG	
SUMMARY	CS
SECRETARY	
	MS
28 JAN 1999	

Dear Dr Scott

GARY DORRICOT, 147 INCHKEITH DRIVE, DUNFERMLINE (D.O.B. 8.7.89)

I reviewed Gary in Dr Steer's Paediatric clinic for his attention deficit hyperactivity disorder. Gary has had some quite difficult behaviour quite recently, combining in Mum slapping him. A CPU became involved, unfortunately, now there has been Social Work intervention and they are hoping to involve Gary in some outside activities. I think this will be good for the whole family, especially due to the imminent arrival of the premature baby.

Gary was well behaved in the clinic today. He says he has no side effects from the medicine but he is not sure how much it does help. Mum feels that the mornings are the worst time. I have, therefore, suggested increasing the medication to 15 mg at 8.00 a.m. 10 mgs at midday and 5 mg in the afternoon.

Hopefully the Social Work intervention will be useful.

His diet is good and his height and weight remain on the 75th centile.

I will review Gary in the clinic in 3 months time.

Yours sincerely

A. Linnemann
Clinical Assistant

Copy to Dr D Reid, Leslie




MS1200

Accredited by the King's Fund Organisational Audit



Awarded for excellence

PAEDIATRIC UNIT

 01592 643355 extension 4101

Dr. Steer's clinic 23.9.98



**KIRKCALDY
A C U T E
HOSPITALS**
NHS TRUST

Dictated 24th September 1998
Typed 6th October 1998

Tel 01592 643355

Fax 01592 647090

HD;RP
V.359428

Dr. Scott
Nethertown Surgery
Dunfermline

Dear Dr. Scott

Gary Dorricott
147 Inchkeith Drive, Dunfermline, dob 8.7.89

Gary is currently on Ritalin 5 mgm three times a day. His behaviour is still better than before but he has occasional episodes of deterioration. These seem to occur when he is due his midday dose at school about 12 o'clock. He is described as being fidgety and unable to sit at peace. Apart from that Gary's behaviour continues to be improved. He is going out to the playground and is now attending full time school.

What I have suggested at present is that we could try and change the timing of the doses. His 8 o'clock dose could now be given a little earlier at 07.30, his 12 midday dose could be given at 10.45 am and his afternoon dose should still be given at 16.30. This should hopefully improve his midday agitation although it remains to be seen if this transfers to an early afternoon agitation.

We will review him again in 3 months' time.

Yours sincerely

pp *H. Dhillon*
H. Dhillon
Locum Registrar in Paediatrics

P.S. I think this review will be at Dunfermline as he was seen at Victoria for early review as family had some other commitments at the time of his next appointment. *MRS.*

LOG	
SUMMARY	
SECRETARY	
13 OCT	<i>mh</i>

Committed to Quality Care

VICTORIA HOSPITAL Hayfield Road, Kirkcaldy, Fife. KY2 5AH





Queen Margaret Hospital NHS Trust

LM

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER
Fax:

Our Ref: 361814/AL/LC Direct Dial:
Enquiries to: Mrs. L. Clyde
Ext: 4638

LOG	
SUMMARY	
SECRETARY	
2 JUN 1998	

Dictated: 22/05/98
Typed: 27/05/98

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Scott,

GARY DORRIGOTT, 147 INCHKEITH DRIVE, DUNFERMLINE KY11 4HR D.O.B. 8.7.89

I reviewed Gary today in Dr. Steer's Clinic. As you know I commenced Gary on 5mgs. of Methyl Phenidate up to three times a day on the 24th April. Since this time the situation has improved dramatically. Gary has been allowed out into the playground for the first time in three years, he has been allowed to attend school full time, whereas previously he was only part time three days a week, he has very few side effects, he did have a mild rash on the shoulders due to the Ritalin, which disappeared in 24 hours and had dizziness for two days. He is well and sleeps as well as he did prior to commencing treatment and the parents are very happy with the improvement in his behaviour. Unfortunately, there was an incident in the playground yesterday when he was taunted and kicked a boy on the knee and was then wound up so high it took him a while to calm down. The teachers at Touch Primary have been most supportive and at Blacklaw the situation is not quite so good, hopefully things will improve, if not I can contact them. I have said that Gary can take 20mgs. of Methyl Phenidate in the morning if necessary, but the 5mgs. appears to be containing him quite well.

I will review him in September, so that if there are any problems with his new class these can be ironed out straight away.

On examination his blood pressure was 80/40 and there was no hepatosplenomegaly or rash.

Yours sincerely,

Maggie



A. Linnemann,
Clinical Assistant.

copy to Dr. D. Reid, Leslie

P.S. I would be grateful if you could prescribe him the Ritalin until then in a dose of 5mgs. three times a day.



Accredited by the King's Fund Organisational Audit

Awarded for excellence



14 MAY 1998

REC'D BY
 DISABILITY BENEFIT
 CENTRE
 CONSENT
 WIT/SEE
 CLAIM FORM
 COPIED
 SENT BY

ATTENDANCE ALLOWANCE
Disability Benefits
 DISABILITY LIVING ALLOWANCE

DR SCOTT
NETHERTOWN SURGERY
DUNKERMLINE
FIFE

If you get in touch with us please tell us this reference number **JH 45642A**
 If you need to ask us anything you can ring us at the **BT** lo-call rate on **0345 123456**

Textphone number **0345 224433**

Monday - Friday 7.30am - 6.30pm

Date **13/5/98**

Factual Report for Disability Living Allowance

Dear Doctor Attendance Allowance

This allowance is a benefit for severely disabled people who satisfy certain disability conditions. We are considering an award for the disabled person named on page 3 of this form who, we understand, is a patient of yours. We need more information before we can make a decision about the claim.

The claim has been made by one of these people:

- the patient named on page 3
- a parent or guardian of the patient who is under 16. The law about social security requires the claim to be made by a parent or guardian when a person is under 16
- a person empowered by a court to handle the affairs of the patient who is incapable of looking after their own affairs
- a person acting under a power of attorney for the patient
- a person appointed by the Secretary of State to manage the social security affairs of the patient who is unable to act for themselves. To protect their interests these appointments are only made after an interview with them. Medical evidence is sought in cases of doubt. The person appointed has also been interviewed by the Department of Social Security and is considered to be suitable to act as an appointee
- a person acting on behalf of the patient who has not been told they are terminally ill. In these circumstances no consent has been given by the person who is terminally ill, but we trust that you will feel it in your patients best interests to give us details of their condition.

Except in the cases when a person has not been told they are terminally ill, the person making the claim has given consent, on behalf of your patient, for you to disclose their medical records to the Department of Social Security for the purpose of the claim.



Please turn over>

■ About the patient

National Insurance No.

J	H	4	S	6	4	1	2	A
---	---	---	---	---	---	---	---	---

Mr/Mrs/Miss/Ms

MR

Surname

DORRICOFF

Other names

GARY

Address

199 INCHKITH DRIVE
DUNFERMLINE
Postcode KY11 4HK

Date of birth

8	1	7	1	8	9
---	---	---	---	---	---

Important

If this patient has died or recently moved to another practice please still complete this report.

■ Your Report - For social security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

1. What type or types of epilepsy does the patient suffer from?

	1 NOT EPILEPTIC - EEG ON MA
	2 1998 is NORMAL
	3

2. How often do the episodes of each type occur?

	by day	by night
	1	1
	2	2
	3	3

3. On what date was the patient last seen at your surgery?

	15 / 1 / 98
--	-------------

4. Is the patient mentally competent, aware of the epilepsy and able to take appropriate precautions?

	No <input type="checkbox"/>	
	Yes <input type="checkbox"/>	N/A
		Please describe the problem _____

5. Does the patient have useful warning of a fit?

No

Yes

N/A
Please give details including time and nature

6. Are the fits in any way predictable?

No

Yes

N/A
Please give details

7. Is there a recent history of serial epilepsy or cluster fits?

No

Yes

N/A
Please give frequency of occurrence and date of last episode

8. Is there a history of true status epilepticus within the last three years?

No

Yes

N/A
Please give dates of all episodes and where treated within the last three years

9. Is there a clear history of potentially dangerous post epileptic behaviour?

No

Yes

N/A
Please give details

10. Are there any recorded injuries in the last three years resulting from fits?

No

Yes

N/A
Please give details

Please turn over >

11. If the patient is a parent with children under 3 years old, please give the date of birth of the youngest child.

/ /

12. Is the patient able to walk outdoors, without the help of another person?

No Please describe what help is needed from another person

Yes Please describe the walking ability on level ground while using appropriate aids, and without the help of another person before the onset of severe discomfort. (Approximate distance in yards)

NORMAL
WALKING
ABILITY

■ Please add any further details you think might help your patient's claim

This child has been diagnosed as having Attention Deficit Disorder and was started on Methyl Phenidate 5mg x 2 tabs from 24/4/98.

Thank you.

Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

Signature

M.R. Scott

Name in capital letters

M. R. SCOTT

Date

15 / 5 / 98

About the disabled person

National Insurance No. JH 45 64 12 A

Mr/Mrs/Miss/Ms MR

Surname DORRICOTT

Other names GARY

Address 199 BUNCHKIEGH DRIVE
DUNFERMLINE
Postcode KY11 4HR

Date of birth 08/07/89

MRS

REC'D BY
CONSENT
WT/SEE
CLAIM FORM
COPIED
SENT BY

TM
X
X
X
TM
M

11 FEB 1998

Important

If this patient has died or recently moved to another practice please still complete this report.

Your Report - For social security purposes only

This is not a report to which the Access to Medical Reports Act 1988 applies. The Benefits Agency will show it to your patient in certain circumstances, but your patient does not have to see it before you return it to us.

1. What type or types of epilepsy does the patient suffer from?

This is unclear at present.
1 He had febrile convulsions
2 1990-94 and was referred to Dr. Steer
3 Paediatrician re transition type epilepsy

2. How often do the episodes of each type occur?

Not known

1 November 1997. There is no report as yet so currently we do not know of these
by day by night
1 1
2 2
3 3

3. On what date was the patient last seen at your surgery?

15/1/98

When message left with Dr. Steer's Secy to expedite appt.

4. Is the patient mentally competent, aware of the epilepsy and able to take appropriate precautions?

No

Yes Please describe the problem

Does the patient have a useful warning of a fit?

No

Yes Please give details including time and nature

Do the fits in any way predictable?

No

Yes Please give details

Is there a recent history of focal epilepsies or cluster fits?

No

Yes Please give frequency of occurrence and date of last episode

Is there a history of true petit mal or epilepticus within the last three years?

No

Yes Please give dates of all episodes and where treated within the last three years

Is there a clear history of potentially dangerous post-epileptic behaviour?

No

Yes Please give details

Are there any recorded injuries in the last three years resulting from fits?

No

Yes Please give details

*not applicable
neuro*

Please turn over >

11. If the patient is a parent with children under 3 years old, please give the date of birth of the youngest child.

/ /

Name

Signature

12. Is the patient able to walk outdoors, without the help of another person?

No Please describe what help is needed from another person

Yes Please describe the walking ability on level ground while using appropriate aids, and without the help of another person. (Approximate distance in yards)

no problem

Please add any further details you think might help your patient's claim

This is not a formal report. The benefits you are claiming are not payable until the patient has been seen by a doctor. We cannot really comment on whether or not the patient has Epilepsy until he has been seen by Dr. Viter.

Thank you.

3. Now please sign and date your report.

I understand that, in certain circumstances, this report will be released to my patient, their legal representative and any authority deciding an appeal in relation to their entitlement to benefit.

NETHERTOWN SURGERY
ELLIOT ST, DUNFERMLINE FIF
KY11 4TF TEL: 623516

Signature

MR Scott

Name in capital letters

M. R. SCOTT

Date

12 / 11 / 98



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

PAEDIATRIC DEPARTMENT - CONSULTANT - DR. C.R. STEER
Fax:

Our Ref: 361814/AL/LC
Enquiries to: Mrs. L. Clyde
Ext: 4638

Direct Dial:

Dictated: 24/04/98
Typed: 30/04/98

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

LOG	
SUMMARY	
SECRETARY	
	<i>MS</i>
05 MAY 1998	

Dear Dr. Scott,

GARY DORRICOIT, 147 INCHKEITH DRIVE, DUNFERMLINE KY11 4HR
D.O.B. 8.7.89

I reviewed Gary in Dr. Steer's Paediatric Outpatient Clinic today. As you know his EEG appears normal at present. The situation at school is still such that he only attends in the morning. The parents have read Christopher Green's book on attention deficit hyperactivity disorder and feel that this may well be Gary's problem. Gary's behaviour in the clinic started off impeccably, he mended the broken blood pressure machine for me, however, his behaviour became increasingly distractable, he was restless, fidgety, although cheery throughout. I discussed the possibility of a trial of medication with the parents. They had a lot of questions and hopefully I answered them.

We have started Gary on Methyl Phenidate 5mgs. with his breakfast and 5mgs. at lunch, with the possibility of a late afternoon dose if he is going to any activities in the evening. I note Gary has actually lost a little weight since the last clinic visit and I have explained that this may be exacerbated by the medication and mum will watch this.

Blood pressure today was 88/60.

We will review him in one month's time and in fact at that time I may discuss referring Gary to the Clinical Psychologist.

Yours sincerely,

AL A. Linnemann,
Clinical Assistant.

copy to Dr. D. Reid, Leslie



Awarded for excellence

Jan



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER
Fax:

Our Ref: 361814/CRS/LC Direct Dial:
Enquiries to: Mrs. L. Clyde
Ext: 4638

Dictated: 03/04/98
Typed: 03/04/98

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Scott,

GARY DORRICOTT, 147 INCHKEITH DRIVE, DUNFERMLINE KY11 4HR
D.O.B. 8.7.89

Further to previous correspondence, I now have Gary's check EEG result, which shows no obvious sign of epilepsy.

I will copy this note to Gary's mum for information and look forward to seeing Gary for review again in due course. There is no indication from this of course to alter management at present.

Yours sincerely,

C.R. Steer,
Consultant Paediatrician.

copy to Mrs. Dorricott, 147 Inchkeith Drive, Dunfermline

LOG	
SUMMARY	
SECRETARY	
	MRS
- 6 APR 1998	



Awarded for excellence



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER
Fax:

Our Ref: 361814/AL/LC Direct Dial:
Enquiries to: Mrs. L. Clyde
Ext: 4638

Dictated: 13/03/98
Typed: 19/03/98

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Scott,

GARY DORRIGOTT, 147 INCHKEITH DRIVE, DUNFERMLINE KY11 4HR
D.O.B. 8.7.89

I reviewed Gary today in Dr. Steer's Paediatric Outpatient Clinic. I have had the WHO attention deficit hyperactivity score back from the Headteacher at his school, where Gary attends part-time only and this indicates almost a full house of symptoms. I have, therefore, recommended Christopher Green's book on attention deficit disorder to the family. Gary is awaiting a CT scan and an EEG and I think it would be sensible not to start him on any medication until the investigations are complete.

Gary was well behaved today in the clinic. His parents say his behaviour has not deteriorated, but is no better. He is eating well, not taking much junk food. The parents again gave a description of odd behaviour when he is watching TV, Gary circles his head and rubs his eyes and looks rather dazed.

We will see him again in the clinic after he has had the CT scan.

Yours sincerely,

A. Linnemann,
Clinical Assistant.

copy to Dr. D. Reid, Leslie

LOG	
SUMMARY	
SECRETARY	
	MRS
31 MAR 1998	



Awarded for excellence

CE



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

PAEDIATRIC DEPARTMENT - CONSULTANT: DR. C.R. STEER
Fax:

Our Ref: 361814/AL/LC Direct Dial:
Enquiries to: Mrs. L. Clyde
Ext: 4638

Dictated: 13/02/98
Typed: 24/02/98

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

LOG	
SUMMARY	
SECRETARY	
	MRS
27 FEB 1998	

Dear Dr. Scott,

GARY DORRICOTT, 147 INCHKEITH DRIVE, DUNFERMLINE KY11 4HR
D.O.B. 8.7.89

Thank you for referring this lad with recurrence of his epilepsy, the parents brought reports from the school which show that Gary is a very restless, agitated boy who has difficulty making friends, is impulsive, on the go all the time and in particular has violent outbursts. These outbursts are often accompanied by a high temperature and his eyes have been noticed to roll, on two or three occasions he has actually fallen asleep in the class afterwards, however, he does seem to have a short fuse and can be quite violent and aggressive at other times, without these accompanying symptoms.

Gary was born at a birth weight of 6lbs. 9ozs., according to mum 8 weeks premature in Dunfermline Maternity Hospital after a normal pregnancy, during which mum smoked 20 cigarettes a day. He was not in special care nursery and his general development after this was good. At the age of 6 months he had a fit and at the age of 1½ years he was commenced on Sodium Valproate. He had no infectious diseases. At the age of 2 he had grommets inserted and an adenoidectomy.

He has no allergies and is fully immunised. At home they live in a ground floor flat. He eats a good diet and they have a rottweiler as a pet. In the family there is also a brother Chris, born in 1987 who used to take convulsions but is now fine. Mum, Susan, was born in 1970. She is healthy and has no problems. Father has recently been removed from the home for sexually abusing Chris, the brother and has no access. Gary appears not to be concerned about the lack of access but was very obviously upset for his brother about what went on. *access*

Gary is on Paracetamol twice a day to keep his temperature down, apart from this he has no other symptoms except he complains frequently of sore heads



Awarded for excellence

2

/and has glasses which do not help this. Gary himself admits to having some difficulty controlling himself.

He was a pleasant, well behaved boy in the clinic. On examination his height and weight were normal, although I do not have a height chart to check this on unfortunately. He was not anaemic, his cardiovascular system was normal, blood pressure 98/50. There was nil to find on central nervous system examination, FOG negative, he was well coordinated and had good power and tone and fundi were both normal.

The differential diagnosis with this lad is obviously whether epilepsy is precipitating the attacks or is this in fact due to an attention deficit hyperactivity disorder. I asked the parents to fill in the WHO criteria for ADHD and he came up very strongly in all three areas of inattention, hyperactivity and impulsivity. I will, therefore, write to the school and ask them to fill this in. I will also organise an EEG and consider referring him to a Dietitian, although mum does not feel this is the problem.

We will review him in the clinic when we have the EEG result.

Yours sincerely,



A. Linnemann,
Clinical Assistant.

copy to Dr. D. Reid, Leslie

QUEEN MARGARET

07.11.97

MEDICAL PAEDIATRIC

STEER

DORRICOTT

GARY

147 INCHKEITH DRIVE

08.07.89 0030

DUNFERMLINE

KY11 4HR

XX

GMH

1997

361814

MARY R SCOTT

Nethertown Surgery

Elliot Street

DUNFERMLINE KY11 4TF

Tel No: (01383) 623516

PRACTICE CODE: 20451

40 Trondheim Parkway D/Line

MRS/SIG

Dear Dr Steer

Thank you for seeing this lad who has a history of febrile convulsions and who was on Sodium Valproate till 1995. It was stopped on your advice partly because he apparently hadn't been given it and partly because there had been at least a year with no fits.

The current problem seems to be his severe behaviour problems and I enclose copies of school reports. He and his family have been seen by Graham Buchanan intermittently but Gary is currently refusing to co-operate with Graham.

His mother appears to feel that his tantrums at school involve shaking without being obviously fits but he comes home and is very sleepy afterwards.

I would be grateful for your opinion on whether these episodes may be fits and whether his Valproate should be restarted and for your opinion on the best way to treat these episodes.

Thank you.

Enc

Fife Council Education Service

LYNBURN PRIMARY SCHOOL
Nith Street, DUNFERMLINE, Fife KY11 4LU
Telephone: 01383 312879

Headteacher: Mrs A.M.Yarham

MRS
6/11/97



05.11.97

To Whom it may Concern

**GARY DORRICOTT
REPORT
LEARNING ABILITY**

Gary's ability gives no cause for concern. He can participate well in oral work and produce written work of a good standard. He reads fluently and displays a high level of comprehension.

BEHAVIOUR:-

Gary is almost constantly agitated and fidgety even while in the working mode. He is easily distracted and, unless reminded, finds it difficult to concentrate for sustained periods.

Our greatest concern lies in the fact that Gary has great difficulty controlling his temper which makes him volatile, resulting in outbursts of aggression, which can erupt at any time, sometimes inexplicably. It is this type of behaviour the school is working to rectify.

Yours faithfully,

M. Whetton

Mrs M. Whetton
Depute Headteacher

Fife Council Education Service

MES 6/11/97

BLACKLAW PRIMARY SCHOOL
Whitelaw Road, DUNFERMLINE, Fife KY11 4RL
Telephone: 01383 312368
Headteacher: Mrs. E.M. Shaw



SUPPORT CENTRE

OVERVIEW REPORT FOR OUTSIDE AGENCIES.

DATE: 5.11.97

Pupil's Name: GARY DORRICOIT
DOB: 8.7.89
Address: 199 Incheith Drive
Dunfermline
Base School: Lynburn

Completed by: M. Martinisdale Designation: Teacher

Academic Achievement

Gary is working to his ability in general. He works in one of the upper Maths, Reading & Language groups. He can settle to a task & will complete assignments.

Specific Learning Difficulties

None

Classroom Behaviour

Although Gary generally completes tasks, he is an extremely agitated boy - never still for long. He is constantly restless & appears incapable of controlling his impulsive movements.

Playground Behaviour

Gary's playground behaviour is becoming extremely worrying - he will attack other children and become so worked up that several adults may be required to calm him down.

PTO

Relationship with Peers

There is little evidence of any real friendships developing in class. Gary can enjoy the company of others, then flare up very quickly when a remark affects him.

Relationship with Adults

At the Liphoot Centre he is enjoying lots of positive attention & will respond well. However, when his anger overwhelms him he is almost impossible to get through to.

Attendance: out of

Additional Comments

Whilst Gary has a recent history of disturbing behaviours in school, his violent mood swings lately have meant he cannot sustain a whole day in school. He has been attending the Liphoot Centre 3 mornings a week since 22.9.97. Here he works in a small group setting with a high level of adult support. When his mood is settled he works very well through his own programme of work. However, when he explodes in anger he will kick furniture, lash out at adults, swear, run around / or out of the building & remain beyond control for up to one hour. If his anger is directed at another pupil, a place of safety has to be found for this other.

Signed M. Martinich Date 5.11.97

Please do not hesitate to call the Liphoot Centre if any more information is required.

Our Ref: GB/CAJ
Enquiries: Mr Buchanan
Tel: 01383 741031



CARNEGIE CLINIC
INGLIS STREET
DUNFERMLINE
FIFE KY12 7AX

TELEPHONE: 01383 741031
FAX: 01383 624202

15/09/97

PRIVATE & CONFIDENTIAL

**CHILD MENTAL HEALTH
SERVICE**

Dr Bagley
Nethertown Surgery
Elliot Street
Dunfermline
Fife

Dear Dr Bagley

**RE GARY DORRICOTT, 147 INCHKEITH DRIVE, DUNFERMLINE.
D.O.B.8.7.89**

Further to previous correspondence, just a note to let you know that I have now discharged the above case as they have not attended the appointments offered them and I have had no further contact.

I would be pleased to see them again in the future should any further difficulties arise.

Thank you for your instructions.

Yours sincerely


Graham Buchanan
COMMUNITY NURSE THERAPIST

LOG	
SUMMARY	
SECRETARY	
	✓ JE
17 SEP 1997	

**ACCIDENT AND EMERGENCY DEPARTMENT
Whitefield Road, Dunfermline KY12 0SU**

Queen Margaret Hospital NHS Trust

GP's NAME AND ADDRESS SCOTT, Mary NETHERTOWN SURGERY ELLIOT STREET DUNFERMLINE KY11 4TF		PATIENT DATA D.O.B. 08-JUL-89 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 Occupation Religion UNKNOWN Phone No. SUSAN HAY Consultant Next of Kin 40 TRONDHEIM PARKWAY DUNFERMLINE Home Phone Work Phone	
Date and Time of Attendance 01/06/97 12:18	Date and Time of Accident 01/06/97 00:01		
TYPE OF INCIDENT NOT SPECIFIED Name: Sport: Other (Specify)			
LOCATION	SOURCE OF REFERRAL		
ALLERGIES - Penicillin OTHER - (Specify)		ALERT	T. P. R. B.P.
CURRENT THERAPY - Insulin Steroids ATS Betablockers OTHER - (Specify)		INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS Blisters @ foot 12-25pm.		TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS	
TIME FIRST SEEN BY DOCTOR		Prescription Issued:	
HISTORY/CLINICAL DETAILS - Has blisters on foot + over 1 wk Smelling etc. Open wounds with erythema. Daltecin cream b.d.			
LOG TIME SUMMARY SECRETARY 4 JUN 1997		Signature <i>[Handwritten Signature]</i>	

Our Ref: GB/CAJ
Enquiries: Mr Buchanan
Tel: 01383 741031

08/04/97



HALDANE HOUSE
71 PRIORITY LANE
DUNFERMLINE
FIFE KY12 7DT

TELEPHONE: 01383 741031
FAX: 01383 624202

PRIVATE & CONFIDENTIAL

Mrs Dorricott
40 Trondheim Parkway
Dunfermline
KY11 4DG

Dear Mrs Dorricott

Dr Bagley has recently referred Gary to this Department. I would be pleased to see you and Gary at my Out Patient Clinic in Haldane House, Dunfermline on **THURSDAY 17TH APRIL AT 1.30 PM.**

I have enclosed a small street map in order for you to locate the building.

Should you be unable to attend on this occasion please do not hesitate to contact my secretary who will be pleased to make alternative arrangements.

Yours sincerely

Graham Buchanan
COMMUNITY NURSE THERAPIST

c.c. Dr Bagley Nethertown Surgery, Elliot Street, Dunfermline ✓

LOG	
SUMMARY	
SECRETARY	
10 APR 1997	

SB/cb

2 April 1997

Mr Graham Buchanan
Community Psychiatric Nurse
Haldane House
Friary Lane
DUNFERMLINE

Dear Mr Buchanan

GARY DOBRIKOTT 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4GG DOB: 08.07.89

I would be grateful for your help with this 8 year old child. He has been experiencing severe behavioural problems and this is having a disastrous affect on both his home life and also his education. He is on the point of being expelled from his current school due to his inability to behave well. There have been several conferences involving his Educational Psychologist as well as his Social Worker. The current arrangement is that his mother must attend school with him to try and supervise him. At home, he is having similar problems and on more than one occasion, his mother has had to call the Police when he has threatened to throw himself from the bannisters and such like. Over the last 3-4 weeks he has started wetting the bed again, having been dry for many years.

His mother is separated from his father and did this when he was about 2 or 3 years old - she cannot remember exactly. She has a new boyfriend who does not live with Gary's mother but who seems fairly stable. Gary's mother had a miscarriage last year and following this had a neonatal death 8 weeks after delivery of a newborn child. Both of these, I believe, were fathered by the current boyfriend.

Obviously his mother is becoming distraught at Gary's behaviour and would welcome any help that you can offer.

Yours sincerely

SIMON BAGLEY MB ChB

LR



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

Fax:

Direct Dial:

<u>CONSULTANTS:</u>	<u>REGISTRAR:</u>	<u>CLINICAL ASSISTANTS:</u>	<u>SISTER:</u>
Dr. P.K. Buxton	Dr. S. Allan	Dr. Catriona Duncan	U. Donaldson
Dr. V.R. Doherty		Dr. Fiona Collier	
		Dr. R. Robertson	

DEPARTMENT OF DERMATOLOGY - WARD 15 (In-patients/daily dressings/UVB/PUVA)

Our Ref: 361814/SA/LC
Enquiries to: Mrs. M. Henderson
Ext: 2215

Dictated: 04/08/95
Typed: 04/08/95

Dr. M. Scott,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Scott,

This boy did not attend the Dermatology Clinic today. A further appointment will not be sent unless at your request.

Yours sincerely,

SA

Sheena Allan,
Registrar in Dermatology.

c.c. Mrs. Dorricott, 40 Trondheim Parkway, Dunfermline

D361814M 08/07/89
DORRICOTT
GARY
40 TRONDHEIM PARKWAY
DUNFERMLINE KY11 4DG

LOG	
SUMMARY	
SECRETARY	
	<i>MS</i>
15 AUG 1995	

MRS/cb

29 May, 1995

Dermatological Clinic
Queen Margaret Hospital
DUNFERMLINE
KY12 0SU

Dear Mr Buxton,

**GARY DOERICOTT 40 TRONDHEIM PARKWAY, DUNFERMLINE DOB:
08.07.89**

Thank you for your letter of 18 April 95 informing us that this child was not brought to the clinic. The reason given for this was that he had chicken pox at the time. I'd be grateful if he could be sent out another appointment.

Thank you.

Yours sincerely

M. R. SCOTT M.B. CH.B.



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 01383 623623

Fax:

Direct Dial:

<u>CONSULTANTS:</u>	<u>REGISTRAR:</u>	<u>CLINICAL ASSISTANTS:</u>	<u>SISTER:</u>
Dr. P.K. Buxton	Dr. S. Allan	Dr. Catriona Duncan	U. Donaldson
Dr. V.R. Doherty		Dr. Fiona Collier	
		Dr. R. Robertson	

DEPARTMENT OF DERMATOLOGY - WARD 15 (In-patients/daily dressings/UVB/PUVA)

Our Ref: 361814/PKB/LC
Enquiries to: Mrs. M. Henderson
Ext: 2215

Dictated: 18/04/95
Typed: 18/04/95

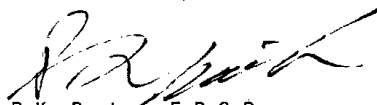
Dr. A. MacIsaac,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. MacIsaac,

GARY DORRICOIT, 40 TRONDHEIM PARKWAY, DUNFERMLINE KY11 4DG
D.O.B. 8.7.89

This patient did not attend the Dermatological Clinic today. I will not send him a further appointment meantime, but would be glad to do so at your request.

Yours sincerely,


P.K. Buxton, F.R.C.P.,
Consultant Dermatologist.

LOG	
SUMMARY	
SHARES	
24 APR 1995	

QUEEN MARGARET

23.03.95

DERMATOLOGY

DORRICOTT

GARY

40 TRONDHEIM PARKWAY

08.07.89

DUNFERMLINE

KY11 4DG

XX

GMH

1995

D361814

ALISON B MACISAAC
Nethertown Surgery,
Elliot Street
DUNFERMLINE KY11 4TF
Tel No: (0383) 623516
PRACTICE CODE: 20451

ABM/SIG

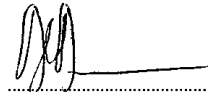
Thank you for seeing this patient who has a vascular lesion of the left side of his chest. It has been increasing considerably in size and weight.

Past medical history : febrile seizures.

No allergies.. No regular drugs.

Queen Margaret Hospital
NHS Trust

ACCIDENT AND EMERGENCY DEPARTMENT

Dr. A LOGAN DUNFERMLINE NETHERTOWN SURGERY NETHERTOWN BROAD STREET KY12 7P		PATIENT DATA Ref. - 000811/1 D.O.B. 08 Jul 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4D LYNBURN P.S. Religion Occupation - Phone No. - Consultant MRS DORRICOTT Next of Kin (MOTHER) 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4D Home Phone - Work Phone -	
Date and Time of Attendance 12/01/95 19:11	Date and Time of Accident 12/01/95 18:45		
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) HOME ACCIDENT			
LOCATION	SOURCE OF REFERRAL SELF REFERRAL		
ALLERGIES - Penicillin OTHER - (Specify)	ALERT EPILE.	T.	P. R. B.P.
CURRENT THERAPY - Insulin Betablockers OTHER - (Specify)	Steroids VALIUM	ATS X-ray	Cl. Chem. Haem. Hist. Urin. E.C.G.
PROVISIONAL DIAGNOSIS LAC TO SCALP TR 1920	TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS		
TIME FIRST SEEN BY DOCTOR	Prescription Issued:		
HISTORY/CLINICAL DETAILS This young boy was playing with his brother earlier today and has fallen backwards and hit the back of his head of a radiator. He now has just a minor 1.5cm long laceration on his occipital region of his scalp. This was closed with hair tying technique. Skull x-ray show no fracture. On examination he is well. GCS 15. He has not been knocked out or suffered any neurological symptoms. Power, tone, co-ordination and reflexes are normal and equal bilaterally. Discharged from casualty with head injury advice to care of mother. Dr D Duncan Casualty SHO DD/DG/13.01.95			
		Signature 	

A. & E. I.

PAEDIATRIC DEPARTMENT - DR. C.R. STEER



Our Ref: 361814/CRS/LC
Enquiries to: Mrs. L. Clyde
Ext: 4038

Queen Margaret Hospital
NHS Trust

Dictated: 3.11.94 Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 0383 623623
Typed: 4.11.94

Fax:

Dr. A. MacIsaac,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Direct Dial:

Dear Dr. MacIsaac,

GARY DORRICOTT, 40 TRONDHEIM PARKWAY, DUNFERMLINE KY11 4DG
D.O.B. 8.7.89

This lad with a history of pyrexial convulsions who was last hospitalised in December, 1993 has been absent from Outpatient review now over the course of this year. I hope this means that all is well. I did not think that regular Hospital clinic visits were absolutely necessary, although I do note that he was treated with Sodium Valproate and this would probably require to be monitored. I will, therefore, send his mother a copy of this note and ask her to bring Gary along to see you and if you feel that further input from this end would be contributory please let me know.

We would under normal circumstances keep a child on Valproate therapy for 18 months to 2 years past the time of their last seizure and also combine this with first aid advice regarding positional care during seizures and provide rectal Diazepam for use in the event of any seizures lasting more than 3 minutes. I also mentioned this non attendance to our liaison Health Visitor and she was going to make local enquiries.

Yours sincerely,

C.R. Steer,
Consultant Paediatrician.

c.c. Dr. D. Reid

LOG	
SUMMARY	
SECRETARY	
11 NOV 1994	

RW



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 0383 623623

Fax:

Direct Dial:

PAEDIATRIC DEPARTMENT - DR. C.R. STEER

Our Ref: 361814/CRS/LC
Enquiries to: Mrs. L. Clyde
Ext: 4038

Dictated: 19.5.94
Typed: 23.5.94

Dr. J. Egerton,
Locum,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. Egerton,

GARY DORRICOTT, 40 TRONDHEIM PARKWAY, DUNFERMLINE
D.O.B. 8.7.89

Thank you for taking the time to write back about this lad. I reviewed his casefile and there does indeed appear to be some confusion about any need for continuing Sodium Valproate therapy. I would be quite comfortable with him being off therapy given that he does have access to rectal Diazepam when required in the event of any fit. The parents should be well versed in first aid procedures and also the necessary cooling measures.

Could I then leave follow up to your own end with referral back over to me and the Paediatric team if necessary?

Yours sincerely,

C.R. Steer,
Consultant Paediatrician.

LOG	
SUMMARY	
SECRETARY	
30 MAY 1994	

JE/fls

13 May 1994

Dr C R Steer
Consultant Paediatrician
Queen Margaret Hospital
DUNFERMLINE
Fife

Dear Dr Steer

GARY DORRICOTT 40 TRONDHEIM PARKWAY DUNFERMLINE
DOB: 8.7.89. UNIT NO: 361814

Thank you for your letter dated 21st of April 1994 regarding this boy who has been a non-attender at your Clinic regarding febrile seizures. I wrote to his mother and asked her to bring him to the surgery to discuss these non-attendances and to see how Gary has been recently. Since his admission in December last year, he has had no further convulsions. There appears to be some confusion on his mother's side as to whether he should be on Sodium Valproate or not. According to the discharge letter, he was discharged on 100mg tid. She claims that Gary's father collected him from the hospital and said that he wasn't on any medication, other than Paracetamol as required. On the typed discharge letter, it has not been indicated that his regular medication was stopped. Nevertheless, he has been fit free since discharge and without Sodium Valproate therapy.

I would appreciate your advice as to whether it is wise to keep Gary off Sodium Valproate, in which case, I think GP review would be all that is required.

Yours sincerely

Dr Joan Egerton
LOCUM GP FOR DR MACISAAC

JE/fls

5 May 1994

To the Parent of
Gary Dorricot
10 Trondheim Parkway
DUNFERMLINE
Fife

Dear Parent

I would be grateful if you would make an appointment to
bring GARY to the surgery for a check-up.

With thanks.

Yours sincerely

Dr Joan Egerton
OCUM GP FOR LR MACISAAC

11/5/94
As Mum
phoned re letter
Asked to make appt
for Gary.



Queen Margaret Hospital NHS Trust

Whitefield Road, Dunfermline, Fife, KY12 0SU Tel: 0383 623623

Fax:

Direct Dial:

PAEDIATRIC DEPARTMENT - DR. C.R. STEER

Our Ref: 361814/CRS/LC
Enquiries to; Mrs. L. Clyde
Ext: 4038

Dictated; 21.4.94
Typed; 26.4.94

Dr. A. MacIsaac,
Nethertown Surgery,
Elliot Street,
DUNFERMLINE.

Dear Dr. MacIsaac,

GARY DORRICOTT, 40 TRONDHEIM PARKWAY, DUNFERMLINE KY11 4DG
D.O.B. 8.7.89

We arranged to see Gary for follow up in the clinic at the Queen Margaret because of a further febrile seizure in December, but he was a non attender again to the clinic here on the 21st April. The history seems to be repeating itself, further non attendances having been documented on 27.1.94 and previously when he was being followed up by Dr. MacMillan.

I would be most grateful for your views as to whether we should be seeing him here or whether you would be happy enough to continue follow up under your own wing.

Yours sincerely,

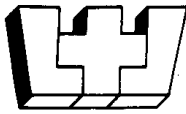
C.R. Steer,
Consultant Paediatrician.

c.c. Dr. D. Reid

LOG	
SUMMARY	
SECRETARY	
	AP
- 4 MAY 1994	

Make appt -
letter sent

Notes
please



Fife Health Board
Kirkcaldy Acute Unit

LF

PAEDIATRIC DEPARTMENT

Dr A.W. Blair
Dr M.G. MacMillan
Dr C.R. Steer

VICTORIA HOSPITAL,
Hayfield Road, Kirkcaldy.
Fife. KY2 5AH
Tel: 0592 643355 Fax: 0592 202248

Dictated: 31.12.93

NA/ML/V.359,428

10th January 1994

Dr Grant
Millhill Surgery
Woodmill Street *Nether town*
~~DUNFERMLINE~~
Fife

Name: Gary Dorricott D.O.B. 08.07.89
Address: 40 Tronheim Parkway, Dunfermline
Consultant: Dr C.R. Steer
Admitted: 08.12.93
Discharged: 09.12.93
Diagnosis: FEBRILE CONVULSION

P 86
10
17 Jan 94
h

HISTORY OF PRESENTING COMPLAINT: This 4 year old boy who is known to suffer from febrile convulsions became shivery last night with preceding coryza and cough over the last week. His appetite has been okay, there has been no vomiting or diarrhoea, no wheezing and no complaint of dysuria. At 10.30 a.m. on the day of admission he had had a generalised seizure with the jerking of arms and legs, this was atypical from his usual fits which mum describes as fine shaking. On this occasion the fit lasted 2 minutes, Diazepam was not given. He was taken to A & E in Dunfermline and was post ictal. His temperature was noted to be 38.5, his last seizure was 2 months previously and he was admitted to ward 5 at that time. His regular medication is Epilim 2.5 mls t.d.s.

ON EXAMINATION: His temperature was 37.5, he was alert and slightly flushed. Pulse 110, respiratory rate 30 per minute. There was no skin rash, he was well hydrated. There were no cervical nodes. He was equal and reactive to light. Tympanic membranes were healthy. There was a mucopurulent nasal discharge. Her posterior pharynx was slightly injected. There was no evidence of meningism and the chest was clear. Heart sounds were pure and abdomen was often non-tender with no organomegaly. Cranial nerves were grossly intact. Power, tone and reflexes were equal and/...

KIRKCALDY ACUTE UNIT: Forth Park and Victoria Hospitals, Kirkcaldy.

K45

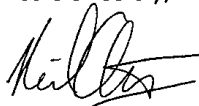
2.

and normal.

INVESTIGATIONS: Chest x-ray was clear, haemoglobin 13, white cell count 19.5 with a neutrophilia. MSSU revealed no growth. Valproate level was 278 just below the therapeutic range.

PROGRESS AND MANAGEMENT: He was observed overnight and had no further seizures. The following day he was well, his temperature settled and he was eating and drinking normally. He was allowed home and will be seen in out-patients as previously arranged.

Yours sincerely,



Dr N. Arnott
Paediatric S.H.O.

FIFE HEALTH BOARD

Distribution
 1st White - General Practitioner/Receiving Hospital
 2nd Pink - Pharmacy
 3rd Yellow - Patient's Record

HR

DISCHARGE AND PRESCRIPTION SHEET

Hospital..... VHK

Dear Dr V359428E

Your patient ... DORRICOTT GARY
40 TRONDHEIM PARKWAY

Address DUNFERMLINE KY11 4DG

Was in the care of Dr/Mr SCOTT

and was discharged on 9/12/93

Address

General Practitioner

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)

febrile convulsion (has recurrent problem)
R/V 4/62 (Dr. Scott)

He/she is likely to be housebound for days/weeks

A discharge letter will follow

The following medicine(s) is/are recommended:-

BY	MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
	<u>SODIUM VALPROATE 100mg</u>	<u>2.Smts</u>	<u>bid po</u>		<u>indefinite</u>
	<u>DIAZEPAM (STESOLID)</u>	<u>5mg</u>	<u>PR PRN for seizure > 3mins</u>	<u>2 OP</u>	
<u>22 DEC 1993</u>					
<u>22 DEC 1993</u>					

Perry Davis 9/12/93 MRS

Medical Officer

Date

Pharmacist

Date dispensed

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

FIFE HEALTH BOARD

Queen Margaret Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS Dr. A LOGAN DUNFERMLINE WETHERTOWN SURGERY WETHERTOWN BROAD STREET KY12 7P		PATIENT DATA Ref. - 016213/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4D PRE SCHOOL Occupation - Religion Phone No. - Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4D Home Phone - Work Phone -	
Date and Time of Attendance 08/12/93 11:39	Date and Time of Accident 08/12/93		
TYPE OF INCIDENT RTA.: Work: Home: Sport: Other (Specify) HOME ACCIDENT			
LOCATION	SOURCE OF REFERRAL EMERGENCY SERVICES		
ALLERGIES - Penicillin OTHER - (Specify)	ALERT	T	P R B.P.
		39-5.	
CURRENT THERAPY - Insulin Steroids ATS Betablockers OTHER - (Specify) EPILUM.		INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS FIT.		TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS	
TIME FIRST SEEN BY DOCTOR		Prescription Issued:	
HISTORY/CLINICAL DETAILS pt. D. Grand mal seizure lasting 2 mins this a.m. known epileptic occasional fits less severe than this. ② rigors for 12 hrs. ③ cough for 1 week => sputum but swallowing. PMH: SVD at 32 weeks. SH: lives w/ parents + brother. immunisations - epilepsy sed aged 15/11 Dr. Blair V6HK WS drug: epilum 225g 1day - on three divided doses. SI: otherwise unremarkable. OI: T: 39.7 GCS 9. rigors continuing - not fitting. US: PEMA Frigida, fundi not adequately visualised. CN - diff/rule to axen - no obvious palsy periph: tone generally ↑↑ power - impossible to assess. reflexes ↑ obs: p: 120 BP 110/70 HR 40 RS: 20+0.			
A. & E. I.		Signature	

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FIFE HEALTH BOARD

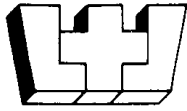
ACCIDENT AND EMERGENCY DEPARTMENT

Dunfermline & West Fife Hospital

GP's NAME AND ADDRESS Dr Missac Netherton Surg.		PATIENT DATA D.O.B. 8/7/89 Unit No. 361814 Surname Dornicott Forename(s) Gary Address 40 Trendhemi Parway D/LIVE Occupation Pro-school Religion Phone No. Consultant Next of Kin Parents S/A	
Date and Time of Attendance 13/8/93 11:50	Date and Time of Accident 13/8/93 11:15	TYPE OF INCIDENT R.T.A.: Work: Home: Sport (Other) (Specify)	
LOCATION	SOURCE OF REFERRAL ES	Home Phone	Work Phone
ALLERGIES - Penicillin OTHER - (Specify)	ALERT	T. 37.4 P. 120 R. 32 B.P. 80/60	INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray
CURRENT THERAPY - Insulin Steroids Beta-blockers OTHER - (Specify) Epilim, Calpol, Diazepam	ATS	TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS	
PROVISIONAL DIAGNOSIS Convulsion	TIME FIRST SEEN BY DOCTOR 12 ⁰⁰ ADAM.	Prescription Issued:	
HISTORY/CLINICAL DETAILS Presented following "fit" this am. (He of fits in past - on epilim 2.5mg tid + diazepam 5mg PR pm). Today = sleeping on couch; other child alerted parents he'd been vomiting x1. On arrival of parents he was shaking both arms & legs & not responding to speech. → gave 5mg PR diazepam Duration of fit ~ 10 mins (~ 3 mins after diazepam → settled). Very sleepy after recovery & as yet, not wakened by examination time Associated salivation; incontinence; tongue biting; obvious warning of fit. Hx of ep. fits since 6/12 old but nil for ~ 1 year now. Meds = Diazepam pm / Epilim 2.5 tid / Calpol pm for febrile convulsions FH = younger brother has fits SE = sore throat / cold / cough / SOB o dyspnoea / Aswell o diarrhoea o rash. o/e = febrile Chest clear P 120 = ESM. Unable to fully examine as sleeping but fit RR 28 "roaring" Signature Michelle Adam			

ABM

K4



Fife Health Board Kirkcaldy Acute Unit

PEDIATRIC DEPARTMENT

-A/LA/V. 359,428

VICTORIA HOSPITAL,
Hayfield Road, Kirkcaldy.
Fife. KY2 5AH
Tel: 0592 643355 Fax: 0592 202248

Dr Grant
Millhill Surgery
DUNFERMLINE

RE: Gary Dorricott V.359,428
40 Trondheim Parkway D.O.B. 8.7.89
DUNFERMLINE

ADMITTED: 13.8.93
DISCHARGED: 14.8.93
CONSULTANT: Dr Scott

DIAGNOSIS: Febrile seizure, ? erythema infectiosum

LOG	
SUMMARY	
23 SEP 1993	

Not Reg. es

HISTORY OF PRESENTING COMPLAINT: This wee lad has a history of infantile seizures but has been free of seizures for the last year on Sodium Valproate. Today while at a friends house he had what seems to be a further seizure. It was witnessed by the mother. Initially, he was seen lying half on, half off a chair and was thought to be sleeping; however, he had then vomited a small amount and began generalised shaking. This continued while his mother undressed him to give him Diazepam 5 mgs PR. The generalised shaking settled after 10 minutes. He had not been complaining of feeling unwell preceding this and has been taking his medication as usual. His mum said he was not left alone at any time today so therefore it is unlikely he has taken any noxious substance. There was no tongue biting and no incontinence of urine. He was not cyanosed throughout the attack.

PAST MEDICAL HISTORY: He was born SVD at 34 weeks gestation and weighed 6 lbs 9 ozs. He required a spell of monitoring for apnoeic episodes and was bottle fed. He has had no childhood exanthems and has had DTP and Polio X 3 as well as MMR. There have been no worries about him developmentally to date. He has a brother aged 6 who suffered febrile convulsions.

ON EXAMINATION: He was fully conscious and alert. Temperature 39 °C, pulse 110, regular respiratory rate 22 per minute. There was no evidence of rash and he was well hydrated with no lymphadenopathy. There was no nasal discharge and his palate and tympanic membranes were clear. There was no sign of meningeal irritation. Heart sounds I+II were heard with a soft systolic murmur at the left sternal edge. Examination of the lung fields revealed good air entry bilaterally, vesicular breath sounds and no adventitia. His abdomen was soft and non-tender with normal bowel sounds and no organomegaly. His genitalia were normal. Power, tone and reflexes were equal and physiological and there was no evidence of ataxia or nystagmus. Romberg's was negative.

In summary, there was no focus of infection found; however, it was later thought he was slightly flushed with circum-oral pallor in keeping with Fife disease.

PTO

KIRKCALDY ACUTE UNIT: Forth Park and Victoria Hospitals, Kirkcaldy.

K45

Continued

2

INVESTIGATIONS: White cell count 12.5 with 91% neutrophils, haemoglobin 13.4 and platelets 220.

PROGRESS AND MANAGEMENT: The following day he was generally well but was admitting to having a sore throat, his abdomen was soft and there was no rash present. He was coherent and moving normally and the only abnormality on discharge was a mild pharyngitis. He was allowed home and will be reviewed in the clinic in 4 weeks' time.

Yours sincerely



Dr Arnott
SHO

-A/LA/25 August 1993 X

06 SEP 93
④ 4 28 ④

 Fife Health Board
Acute Unit

KCB.

WEST FIFE DISTRICT GENERAL HOSPITAL,
Whitefield Road,
Dunfermline, KY12 0SU
Tel: 0383 623623

ENT DEPARTMENT - MR J TEVENDALE

Our reference: JT/KC/361814
Enquiries to: Kay Chisholm
Extension: 4038

Dictated 18th May 1993
Typed 21st May 1993

Dr A B MacIsaac
Nethertown Surgery
Elliot Street
DUNFERMLINE

Dear Dr MacIsaac

GARRY DORRICOTT 40 TRONDHEIM PARKWAY DUNFERMLINE
DOB 8.7.89

You will remember that Dr Hakim wrote to you about this child in January. He should have been here for review today but has not turned up. I hope this means all is going well and I shall make no further move unless I hear about him again.

Yours sincerely



J TEVENDALE
CONSULTANT ENT SURGEON

LOG	
SUMMARY	
SECRETARY	
27 MAY 1993	

MY



Fife Health Board
Acute Unit

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

ENT DEPARTMENT - MR J TEVENDALE

Our reference: SH/KC/361814
Enquiries to: Kay Chisholm
Extension: 3266

Dictated 19th January 1993
Typed 21st January 1993

Dr A B MacIsaac
Nethertown Surgery
Elliot Street
DUNFERMLINE

Dear Dr MacIsaac

Gary Dorricott 40 Trondheim Parkway Dunfermline
dob 8.7.89


Thank you for your new letter about 3½ year old Gary with regards to his hearing. In fact he had grommets inserted and he was under review at this clinic and then stopped attending for no reason since April 1991.

However, on examination today both tympanic membranes were intact but slightly dull. Audiogram showed satisfactory hearing on both sides. He will be reassessed again in a few months' time.

Yours sincerely



S HAKIM
Associate Specialist - ENT

SUMMARY	
SECRETARY	
	
28 JAN 1993	

ACUTE UNIT: Dunfermline Maternity, Dunfermline & West Fife, Forth Park, Hunter, Milesmark, Victoria and West Fife District General Hospitals and Acute services through Fife Health Board.

DUNFERMLINE & WEST FIFE 23.11.92.

ENT O.P.

DORRICOTT

Gary

40 Trondheim Parkway

DUNFERMLINE

KY11 4DG

8.7.89.

XX

DWF

1991

361814

63 Bute Crescent
Dunfermline

DR ALISON B MACISAAC
Nethertown Surgery
Nethertown Broad Street
DUNFERMLINE KY12 7EG
TEL NO: (0383) 721524
PRACTICE CODE: 20451

ABM/fls

Thank you for seeing this child, who has had 4 episodes of otitis media affecting both ears since August of this year. On the last occasion, he had an associated grand mal convulsion, lasting 1 minute.

PAST MEDICAL HISTORY

1990 Febrile convulsion x 2 (Secondary to otitis media.) Treatment with Sodium Valproate commenced.

Oct 90 Febrile convulsion secondary to tonsillitis.

Feb 91 Adenoidectomy and bilateral grommets. Did not attend follow-up.

No allergies.

CURRENT MEDICAL

Sodium Valproate 100mg tid.

I would be grateful for further assessment of this child and consideration of possible further grommets.

4

Fife Health Board **Acute Unit**

PAEDIATRIC DEPARTMENT

Dr. A.W. Blair
Dr. M.G. MacMillan
Dr. C.R. Steer

VICTORIA HOSPITAL,
Hayfield Road, Kirkcaldy,
Fife, KY2 5AH
Tel: 0592 261155 Fax: 0592 202248

AWB/IN

15 January 1992

Dr. Burt
Millhill Surgery
DUNFERMLINE

Dear Dr. Burt

Gary Dorricott
40 Trondheim Parkway
DUNFERMLINE

V.359428
D.O.B. 08.07.1989

CONSULTANT : DR.A.W.BLAIR

ADMITTED: 19.11.1991
DISCHARGED: 20.11.1991

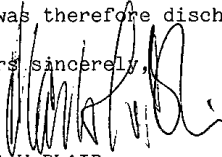
DIAGNOSIS: FEBRILE CONVULSION

LOG	
SUMMARY	<input checked="" type="checkbox"/>
SECRETARY	
	<i>AWB</i>
28 JAN 1992	

HISTORY OF PRESENTING COMPLAINT: This child was admitted as an emergency via the West Fife Hospital because of two febrile convulsions on the morning of admission. This was associated with lethargy and pyrexia and he has already been started on antibiotics before he arrived in the Ward. His temperature was elevated on arrival and he was treated with Panadol and observed. He slept well overnight. No fits occurred and his temperature settled.

He was therefore discharged the following day.

Yours sincerely,



DR.A.W.BLAIR
CONSULTANT PAEDIATRICIAN

JB *f* *85 y*
27 JAN 92

FIFE HEALTH BOARD

Distribution
 1st White - General Practitioner/Receiving Hospital
 2nd Pink - Pharmacy
 3rd Yellow - Patient's Record

DISCHARGE AND PRESCRIPTION SHEET

Hospital VICT

Dear Dr

Your patient GRANV DORRICOIT Age 8.78y Unit No

Address

Was in the care of Dr/Mr Mc MILLAN Ward 5

and was discharged on 20/11 to his/her home / alternative

Address

General Practitioner

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)


FEBRILE CONVULSION
2^o VIBRAL INF.

He /she is likely to be housebound for days/weeks

A discharge letter will follow

The following medicine(s) is /are recommended:-

Rx	MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
	<u>CALPOL</u>	<u>120mg</u>	<u>4-6 hourly PRN</u>		<u>2</u>
	<u>EPILIM (200mg/5ml)</u>	<u>2.5ml</u>	<u>TDS</u>		<u>1</u>
	<u>DIAZEPAM (5mg)</u>	<u>5mg</u>	<u>PR FIB. 2300</u>	<u>3</u>	<u>3</u>


20/11/91
Date
Pharmacist
Date dispensed

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP'S NAME AND ADDRESS DR. SANDRA GRANT MILLHILL SURGERY MILLHILL SURGERY 87 WOODMILL STREET KY114JW		PATIENT DATA Ref. - 064635/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 40 TRONDHEIM PARKWAY DUNFERMLINE KY11 4D PRE SCHOOL Occupation - Religion Phone No. Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 63 BUTE CRESCENT DUNFERMLINE Home Phone Work Phone	
Date and Time of Attendance 19/11/91 12:12	Date and Time of Accident 19/11/91 12:00	TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) OTHER	
LOCATION	SOURCE OF REFERRAL SELF REFERRAL		
ALLERGIES - Penicillin OTHER - (Specify)	ALERT	T. 40 -	P. R. B.P.
CURRENT THERAPY - Insulin Betablockers OTHER - (Specify) on Medication	Steroids ATS	INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS Fit	TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS		
TIME FIRST SEEN BY DOCTOR 12.25 pm GMS	Prescription Issued:		
HISTORY/CLINICAL DETAILS - Unwell for just 24 hours. feverish and vomiting. No Cough or nasal discharge No Earache or discharge No abdominal No diarrhoea no dyspnoea or signs of pericarditis Developed fit accompanied by drowsiness and lethargy - DE Temp 40°C. Throat - pale NOT dehydrated. No Neck Stiffness. RR, normal. No signs of respiratory difficulty. Ex - Drowsy/sad face Chest. good air entry Abdomen Soft. No tenderness Full Movement. hip knee. No palpable knee tenderness No swelling or tenderness of joints A.S.E.I. Chest X-ray Dr GMS Signature to Wards. met consultant 12.50 pm			

G.P.

**Fife Health Board
2 YEAR OLD EXAMINATION**

Surname WARRICKOTT Forename GARY
 DOB 8-7-89
 Address 40 TOTTENHAM PARKWAY
D LIME
 Name of Health Visitor ANISON LAMBIE
 Hospital Follow-up Yes / No ON EPILIM Clinic Attended R/M/E

PARENTAL CONCERN (Health, Speech and Understanding, Mobility)
 appt to be made again by H.V. - ENT - paed.
 Good sleeper.
 Good eater - not faddy - uses spoon, fork & knife.
 Keeps to hoovering, making bed.
 Pretend play ++.
 Clear speech - joins 2 or 3 words -
 Uses toilet himself by day -
 Mum queries ears - he has grommets in - he 'pokes' at them
 (Attention Seeking)
 PLEASE CHART

GROWTH
 Weight 15.1 kgs Length 94.0 cms OFC 50 cms
 (Clothing) (9 mths sp.)

EXAMINATION	NORMAL (✓)	FINDINGS-COMMENTS	ACTION
Appearance		robust boy - looks older.	
Muscle Power/Co-ordination Both arms	✓	draws circle with L hand.	
Eyes (Squint; Visual Difficulty)	✓		
Ears (Drums; Hearing Difficulty)	✓	No inflammation - grommets in situ.	
V.S.	✓		
S.	✓		
Abdomen	✓		
Genitalia	✓	Father's long foreskin - reassured NAD.	
Skin	✓		
Gait	✓		
Muscle Power in legs	✓		

Immunisation Completion (Triple; MMR) Safety Advice

RECALL AGE REFER

COMMENTS No fits since Feb 91.
 Big healthy boy today but enjoys being negative
 Signature R.M. Clark Date 13.11.91


Practice Stamp (if applicable)
 - Mother copes well with this.

MOUNT SHEET X-RAY AND PATHOLOGY INVESTIGATIONS	National Health Service Number	
	Surname (Block Letters)	Forenames (Block Letters)
	Address	Date of Birth

DORRICOTT

GARY

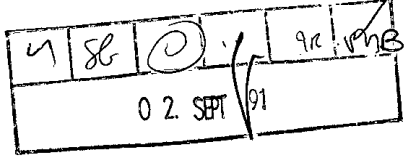
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FIFE AREA LABORATORY	4
DORRICOTT GARY D.o.B. 08/07/1989 Sex: AM Address: 63 BUTE CRES DUNFERMLINE Case No: D361814 Consultant/GP: Mr. B. Dean Address: Accident and Emergency A&E Dunfermline & West Fife Hosp.	3 2
CULTURE SENSITIVITY Staph aureus Fluocloxacillin	1
Send to GP please 	
MICROBIOLOGY Specimen: PUS Lab No: 06026F REPORT Collected: 29/08/91 Received: 29/08/91 Issued: 31/08/91	

FIFE HEALTH BOARD

ACCIDENT AND EMERGENCY DEPARTMENT

Dunfermline & West Fife Hospital

GP's NAME AND ADDRESS Dr. SANDRA GRANT MILLHILL SURGERY MILLHILL SURGERY 87 WOODMILL STREET KY114JW		PATIENT DATA Ref. - 058409/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 40 TRONDHEIM PARKWAY			
Date and Time of Attendance 27/08/91 13:22		Date and Time of Accident 25/08/91		DUNFERMLINE KY11 4D Occupation PRE SCHOOL Religion Phone No. -	
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) OTHER				Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 63 BUTE CRESCENT	
LOCATION		SOURCE OF REFERRAL SELF REFERRAL		Home Phone Work Phone	
ALLERGIES - Penicillin OTHER - (Specify)		ALERT		T. P. R. B.P.	
CURRENT THERAPY - Insulin Steroids Betablockers OTHER - (Specify) CASUAL EPILEPSY		ATS		INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS C/O @ FOOT		TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS			
TIME FIRST SEEN BY DOCTOR 1340 JS		Prescription Issued:			
HISTORY/CLINICAL DETAILS This 2 year old boy was brought in by his mother after she noticed a lesion on the sole of his left foot. They had apparantly just moved house and had some bare floorboards. He was difficult to examin but seemed to have a small puncture wound on the sole of his foot. An x-ray confirmed a small FB. We tried a Magnesium Sulphate dressing initially to see if this will draw this out and I have also given him some Ampicillin suspension as there is a small area of surrounding Cellulitis					
DR J JUSTICE/GR CASUALTY SHO					
					
Signature					

A.8.E.1.

MS 137

PLEASE USE BALLPOINT PEN

 Fife Health Board
Acute Unit

ENT DEPARTMENT - MR. G.G. SMITH

Our Ref: GGS/FO/361814
Enquiries to: Gillian Wilkie
Extension: 3244

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

Dictated: 23.05.91
Typed : 24.05.91

Dr. Burt,
Millhill Surgery,
Woodmill Street,
Dunfermline,
KY11 4JW.

Dear Dr. Burt,

GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE (08.07.89)

This little boy has now failed to keep two ENT review appointments, without the family contacting us. The problem here is that he had bilateral grommets inserted in February and follow-up is clearly essential, unless the family have been seeing you to have his ears checked. Perhaps you would consider having a health visitor call on them to reinforce the importance of follow-up in this case and if they agree to come to the clinic, could you let me know and I will have an appointment sent.

Many thanks.

Yours sincerely,

G.G. Smith

G.G. Smith, F.R.C.S.,
Consultant ENT Surgeon

31 MAY 91
y se @ f on 4R ms

2x No reply visits
recently - will continue
to follow up.

FIFE HEALTH BOARD

Dunfermline & West Fife Hospital

ACCIDENT AND EMERGENCY DEPARTMENT

GP's NAME AND ADDRESS Dr. SANDRA GRANT MILLHILL SURGERY MILLHILL SURGERY 87 WOODMILL STREET KY114JW		PATIENT DATA Ref. - 049678/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 63 BUTE CRESCENT DUNFERMLINE KY11 4E PRE SCHOOL Occupation - Religion Phone No. Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 63 BUTE CRESCENT DUNFERMLINE Home Phone Work Phone			
Date and Time of Attendance 07/05/91 10:52 Date and Time of Accident 06/05/91 18:00					
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) OTHER					
LOCATION		SOURCE OF REFERRAL SELF REFERRAL			
ALLERGIES - Penicillin OTHER - (Specify)			ALERT		T. P. R. B.P.
CURRENT THERAPY - Insulin Steroids ATS Betablockers OTHER (Specify) EPHELEIN, IRON, CALPOL			INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray		
PROVISIONAL DIAGNOSIS INFECT L EAR			TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS		
TIME FIRST SEEN BY DOCTOR			Prescription Issued:		
HISTORY/CLINICAL DETAILS This toddler agtened again today with pus comming from his left ear. This ear has already had a gromit inserted as does the other one. The present episode of ear infection commenced yesterday afternoon when mother noticed pus comming from this and this was quite irritable. On examination there is gromits seen in the ear and there is purulent discharg through this. Again this boy has a left ear infection. There is no history of any allergy to antibiotics and he was given a course of Amoxycillin 125mgs 3 times a day. MOTHER tells me he is due for review in the ENT Clinic in a fortnight I advised her to attend her own GP if there is any further problems but if she can't get an appointment she can re-attend here.					
DR A MATTHEWS CASUALTY SHO ARM/MW					
10. MAY 91 [Handwritten initials and marks]					
Signature <u>Matthews</u>					
A. & E. I.					

 Fife Health Board
Acute Unit

Our Ref: 361814/MGM/LC
Your Ref:
Enquiries to: Mrs. L. Clyde
Ext: 3246

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

Dictated: 1.5.91
Typed: 2.5.91

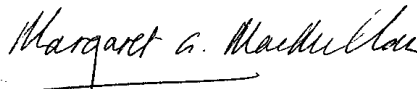
Dr. J.R. Burt,
Millhill Surgery,
Woodmill Street,
DUNFERMLINE.

Dear Dr. Burt,

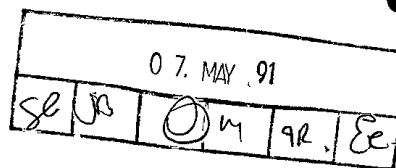
**GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE
D.O.B. 8.7.89**

This lad has failed to keep two review appointments since he was last seen here in January. I will try sending for him again as he is still on Epilim.

Yours sincerely,



Margaret G. MacMillan,
Consultant Paediatrician.



Fife Health Board **Acute Unit**

ENT DEPARTMENT - DR J TEVENDALE

Our Ref JT/GW/361814
Enquiries Gillian Wilkie
Ext 3244

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

Dictated 19th March 1991
Typed 20th March 1991

Dr Burt
Millhill Surgery
DUNFERMLINE

Dear Dr Burt


re GARY DORRICOTT 63 BUTE CRESCENT DUNFERMLINE (8.7.89)

? → Three month old Gary who had grommets fitted in both ears was seen today in the ENT clinic.

Apparantly a week after the insertion his left ear started to discharge and on examination today both grommets were seen. The right ear was dry and the left was full of mucus discharge.

He was given a course of Genticin ear drops and will be reviewed again in two weeks time.

Yours sincerely,


S. HAKIM,
ENT REGISTRAR.

28. MAR 91						LD
86	7	B	Q	1	4R	

FIFE HEALTH BOARD

ACCIDENT AND EMERGENCY DEPARTMENT

Dunfermline & West Fife Hospital

GP's NAME AND ADDRESS Dr. SANDRA GRANT MILLHILL SURGERY MILLHILL SURGERY 87 WOODMILL STREET KY114JW		PATIENT DATA Ref. - 045771/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 63 BUTE CRESCENT DUNFERMLINE KY11 4E PRE SCHOOL Religion - Occupation - Phone No. - Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 63 BUTE CRESCENT DUNFERMLINE Home Phone - Work Phone -			
Date and Time of Attendance 16/03/91 09:13	Date and Time of Accident 16/03/91				
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) OTHER					
LOCATION	SOURCE OF REFERRAL SELF REFERRAL				
ALLERGIES - Penicillin OTHER - (Specify)	ALERT	T.	P.	R.	B.P.
CURRENT THERAPY - Insulin Betablockers OTHER - (Specify) CANOL, EPILON	Steroids	ATS	INVESTIGATIONS - (Please tick) Bact. Cl. Chem. Haem. Hist. Urin. E.C.G. X-ray		
PROVISIONAL DIAGNOSIS DISCHARGE L. EAR POST OP.		TREATMENT - (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure - Analgesia Antibiotics ATS			
TIME FIRST SEEN BY DOCTOR ARM 0915	Prescription Issued:				
HISTORY/CLINICAL DETAILS <p>This young child had grommets inserted in both his ears about a month ago. Over the last few days he has been complaining of pain in his left ear and has had intermittent discharge from this. He has not been systemically unwell.</p> <p>On examination he is alert and undistressed, afebrile. He has obvious discharge from the left ear, this appears to be coming from the grommet. His hearing does not seem to be affected as he is turning his head to both sides.</p> <p>I discussed his case with the ENT SHO on-call in Kirkcaldy. He feels that this boy would be best managed by giving him an antibiotic and he will be seen at the ENT clinic on Tuesday afternoon. As a result of this I have given him a course of Amoxycillin 125mgs. three times a day to take for the next week and arrangements have been made for him to be seen in Mr. Tevendale's clinic on Tuesday.</p> <p>DR. A. MATTHEWS, CASUALTY SHO. AM/LC</p>					
A. & E. I.		Signature <i>A. Matthews</i>			

20. MAR 91

86 P B N 92

A. Matthews

 Fife Health Board
Acute Unit

EAR, NOSE AND THROAT DEPARTMENT

25th February 1991

VICTORIA HOSPITAL,

Hayfield Road, Kirkcaldy,

Fife, KY2 5AH

Tel: 0592 261155

Fax: 0592 202248

V/359428/CH/MB

Dr Burt
Abbothouse East
DUNFERMLINE

Dear dr Burt

Re: Gary Dorricott, 63 Bute Crescent, Dunfermline. (8.7.89)

Your patient was in theatre today and had his adenoids removed and grommets inserted to both ears.

He should be discharged tomorrow and followed up in the Out-patient Clinic.

Yours sincerely

C Heath

C Heath
ENT SHO

01 MAR 91					
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 Fife Health Board
Acute Unit

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

Our Ref: MGM/LS/361814

Dictated: 23.1.91
Typed: 23.1.91

Dr. Burt,
Millhill Surgery,
Woodmill Street,
Dunfermline.

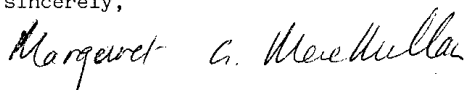
Dear Dr. Burt,

**Gary Dorricott, 63 Bute Crescent, Dunfermline
D.O.B. 8.7.89**

I saw Gary for review on 9th January, 1991. His father told me that he had been in the Victoria with another fit just before Christmas. He is still on Epilim 100 mgms. three times a day. He had apparently been a bit shaky in the week before he came to the clinic but had had no real fit. He is on the ENT waiting list. He says "mum" and "dad" - seems to hear alright. His mother says he had breathing funny the previous night but it seems to take him a while to get his breath at times although she says he is not wheezy.

When I saw him in the clinic his left ear looked quite pink although the right looked normal. His tonsils were red. His chest sounded clear. I gave him a prescription for five days of Augmentin. I did not check his epilim level on this occasion as I thought his level would have been checked while he was in the ward. When I checked with his Victoria notes, the last admission in fact appears to have been in October at that time his epilim level was 527 mmols/l which would certainly be in the therapeutic range. I have asked him to come back for review in three months.

Yours sincerely,



M.G. McMillan
Consultant Paediatrician

1	35	sl	Q	3	98
28 JAN 91					EC

 Fife Health Board
Acute Unit

ENT DEPARTMENT - MR. G.G. SMITH

Our Ref: AA/EA/361814
Enquiries: Mrs. Aitken
Ext. 3244

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777 Fax: 0383 741056

Dictated 13th December, 1990.
Typed 14th December, 1990.

Dr. S.M.T. Grant,
Millhill Surgery,
DUNFERMLINE.

Dear Dr. Grant,

re: GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE (8.7.89)

Further to Dr. Ferguson's communication Gary was reviewed in the clinic today. His mother said that he had an ear infection and he was fitting and was admitted to Ward 5 last month. Since then he has been fine and is on medication for convulsions but he has not had any attack since his discharge from Ward 5 four weeks ago.

Examination showed nose and throat healthy. Both drums were severely retracted.

I think this boy should be admitted for bilateral myringotomies and examination under anaesthesia of post nasal space and his mother would like to say with him.

Yours sincerely,


A. ALI,

ASSOCIATE SPECIALIST - ENT.

24 DEC 90					
Dr	ge	C	4	92	

ACUTE UNIT: Dunfermline Maternity, Dunfermline & West Fife, Forth Park, Hunter, Milesmark, Victoria and West Fife District General Hospitals and Acute services through Fife Health Board.

FIFE HEALTH BOARD

Distribution
 1st White - General Practitioner/Receiving Hospital
 2nd Pink - Pharmacy
 3rd Yellow - Patient's Record

DISCHARGE AND PRESCRIPTION SHEET

V. 359.428
 DORRICOTT GARY MASTER
 63 BUTE CRESCENT
 DUNFERMLINE

Hospital: VICTORIA

Dear Dr
 Your patient: WARD CONS. DR BURT WOODMILL SURGERY
 Address: DUNFERMLINE KY11 4JW

08.07.1989

Unit No.

Was in the care of Dr MacMillan Ward 5
 and was discharged on 27-10-90 to his/her home/alternative
 Address

General Practitioner

Diagnosis, treatment and comments (including details of appliances and drug sensitivities)

*Febrile convulsion
 Tonsillitis*

He/she is likely to be housebound for days/weeks

A discharge letter will follow

The following medicine(s) is/are recommended:-

Rx	MEDICINE, FORM OF PREPARATION AND STRENGTH	DOSE	DIRECTIONS FOR ADMINISTRATION	QUANTITY SUPPLIED	RECOMMENDED DURATION OF TREATMENT
	PENICILLIN V.	125mg	qid		5 days
	SODIUM VALPROATE	100mg	tid		cont.
	SYTRON	2.5mgs	bd		2 months
	DIAZEPAM	2.5mg	PR for fits 7-3 mins		

[Signature] 27.10.90 1/1
 Medical Officer Date Pharmacist Date dispensed

WHEN PRESCRIPTIONS CONTAIN CONTROLLED DRUGS THE ORIGINAL WILL BE RETAINED BY PHARMACIST

CHILD ADMITTED TO WARD 5, VICTORIA HOSPITAL, KIRKCALDY

Gary Dorricott . V.359428
63 Bute Crescent
DUNFERMLINE D.O.B. 08.07.89

Dr Burt
Abbot House East
Maygate
DUNFERMLINE

CONSULTANT Dr A W Blair

ADMITTED 25/10/90
DISCHARGED: 27/10/90

DIAGNOSIS FEBRILE CONVULSION AND TONSILLITIS

HISTORY OF PRESENTING COMPLAINT: Gary has had several admissions to ward 5 with febrile convulsions in the past and has recently been started on sodium Valproate. On the night of admission he had had a fit and his father had given rectal Diazepam. The fit had stopped about 30 seconds after this and in total lasted about a minute and a half. He had felt hot before the fit. He takes Sodium Valproate and has no known allergies.

PAST MEDICAL HISTORY: He was born at Dunfermline Maternity at 35 weeks gestation at 6lbs 9oz by spontaneous vertex delivery. No known neo-natal problems and he was bottle fed. Past medical history - he has had several admissions to ward 5 with febrile convulsions and he is being reviewed by the ENT department for a recurrent ear infections at present. He is fully immunised and developmentally normal.

FAMILY/SOCIAL HISTORY: Father is a 26 year old who works in school. His mother is a 20 year old housewife. They are both smokers. There is a 3 year old brother at home who himself has had 2 febrile convulsions. Systems enquiry revealed some ear infections but nil else of note.

ON EXAMINATION: He was conscious, fully alert. Central nervous system examination was normal. Pupils equal and reactive to light and accommodation. Fundi were not visualised. He was hot. Temperature of 38.5. Heart rate 150. Respiratory rate 27. He was well hydrated and there was no lymphadenopathy. On examination of the ear, nose and throat - the left ear was slightly red, but the tonsils and the nose appeared normal. Chest was clear. Heart sounds I+II present, no added sounds and abdominal examination was normal.

PROGRESS AND MANAGEMENT: Full blood count was taken which showed a 66% neurophilia. He was therefore commenced on Penicillin V. Further examination the following day showed his tonsils to be red. Sodium Valproate levels were taken, the result of which is not yet known but will be passed onto you when obtained. He became apyrexial and fit free on the ward. The full report of his full blood count showed that he had a microcytic anaemia and he was therefore commenced on Sytron 2.5ml bd. /...

Dr. D. O. 82-4R
15. NOV 90

2./...

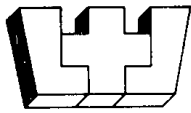
He remained well and was discharged home to complete his course of Penicillin V,
and to continue Sodium Valproate 100mg tid and Sytron 2.5ml bd.

Yours sincerely



Dr C McGinnes
Paediatric SHO

WOM 1.5



Fife Health Board Dunfermline Unit

ENT DEPARTMENT - MR. G.G. SMITH

Your Ref:
Our Ref:
Enquiries to: JDF/EA/361814
Mrs. Aitken
Ext: 3244

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777
Fax: 0383 741056

Dictated 19th October, 1990.
Typed 18th October, 1990.

Dr. S.M.T. Grant,
Millhill Surgery,
DUNFERMLINE.

26. OCT 90

Dear Dr. Grant,

re: **GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE (8.7.89)**

Thank you for referring this 15 month old boy who complains of recurrent earache. His mum feels that he hears well and there is no history of snoring or mouth breathing, nasal blockage or sore throat.

On examination he was well looking, his nose was clear and I was unable to visualize his pharynx. Both tympanic membranes were rather retracted looking and, in the first instance, I would suggest that he has a prolonged course of Sudafed for six weeks.

We will review him then at which point we may have to consider doing myringotomies.

Yours sincerely,

J.D. FERGUSON,
SHO - ENT.

30. OCT 90 SI
Use 1 4 9c

~~notes~~

FIFE HEALTH BOARD ACCIDENT AND EMERGENCY DEPARTMENT
 Dunfermline & West Fife Hospital

GP's NAME AND ADDRESS Dr. SANDRA GRANT MILLHILL SURGERY WOODMILL ROAD DUNFERMLINE		PATIENT DATA Ref. - 035878/1 D.O.B. 08 JUL 1989 Unit No. D361814M Surname DORRICOTT Forename(s) GARY Address 63 BUTE CRESCENT DUNFERMLINE KY11 4E PRE SCHOOL Occupation Religion Phone No. Consultant MR & MRS DORRICOTT Next of Kin (PARENTS) 63 BUTE CRESCENT DUNFERMLINE Home Phone Work Phone	
Date and Time of Attendance 13/10/90 11:11	Date and Time of Accident 13/10/90		
TYPE OF INCIDENT R.T.A.: Work: Home: Sport: Other (Specify) HOME ACCIDENT			
LOCATION	SOURCE OF REFERRAL SELF REFERRAL		
ALLERGIES— Penicillin OTHER—(Specify)	ALERT	T.	P. R. B.P.
CURRENT THERAPY— Insulin Steroids ATS Betablockers OTHER—(Specify) Sodium Valproate		INVESTIGATIONS— (Please tick) Bact. Cl.Chem. Haem. Hist. Urin. E.C.G. X-ray	
PROVISIONAL DIAGNOSIS CRUSH INJ. L. FINGER		TREATMENT— (Please tick) Dressing Bandage/Splint P.O.P. Suture Minor Procedure— Analgesia Antibiotics ATS Prescription Issued	
TIME FIRST SEEN BY DOCTOR			
HISTORY/CLINICAL DETAILS Gary trapped the fingers of his left hand in the door today. On examination there was no bruising or swelling of his hand. He was quite tearful and was reluctant to let me examine his left hand but he was able to move all fingers perfectly normally with no evidence of lacerations. Mum was reassured that in view of the lack of clinical findings it was very unlikely that he had broken any of his fingers and he had simply bruised them. Discharged. DR A STIRLING CASUALTY SHO AS/MW			
		24 OCT 90 Signature: A Stirling	

A. & E.I.

D. & W.F.

11:9:90

E.N.T.

DORRICOTT
Gary
63, Bute Crescent,
Dunfermline.
KY11 4EL

8:7:89

xx

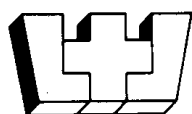
D. & W.F.
1990

361814

This little boy has had recurrent ear infections which have been slow to respond to antibiotic treatment. He has had several febrile convulsions and in consequence admissions to hospital and is currently on Sodium Valproate 300mg per day. I would be grateful if you could review his condition.

Yours sincerely,

Sandra M.T. Grant.



Fife Health Board Dunfermline Unit

Your Ref:
Our Ref: AM/DB/361814
Enquiries to: MRS. DOREEN BUCHAN
Ext: 3246

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777
Fax: 0383 741056

PAEDIATRIC DEPARTMENT

DATE DICTATED: 15.8.90
DATE TYPED : 16.8.90

Dr. J. R. Burt,
Millhill Surgery,
87 Woodmill Street,
DUNFERMLINE.

Dear Dr. Burt,

GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE
D.O.B. 08.07.89

I now have the results of Gary's blood test and this showed a normal liver function test profile and a Valproate level of 242mmol/l which is below the therapeutic range of 300-600 mmol/l. Would you therefore increase Gary's dose of Valproate to 300mgs per day.

I will be writing to mum to come to your surgery and pick up a prescription.

Yours sincerely,

A. MATHUR,
PAEDIATRIC REGISTRAR.

20. AUG 90				
CM	Q	A	SW	MB

 Fife Health Board
Dunfermline Unit

Your Ref:
Our Ref: MGM/SCR 361814
Enquiries to: MRS D BUCHAN
Ext: 3246

DUNFERMLINE & WEST FIFE HOSPITAL,
Reid Street,
Dunfermline, KY12 7EZ
Tel: 0383 737777
Fax: 0383 741056

9th August, 1990.
Dictated 8.8.90

Dr J.R. Burt,
Millhill Surgery,
Woodmill Street,
Dunfermline.


Dear Dr Burt,

GARY DORRICOTT, 63 BUTE CRESCENT, DUNFERMLINE DOB 8.7.89

I saw Gary for review on 8th August. His mother said he has been very unsettled for the last few nights and his parents have been walking the floor with him. He has been screaming, holding the back of his head and he has felt pretty warm. I gather that shortly after his discharge he was seen at the surgery and had his ears checked and had a further antibiotic course and some Paracetamol. He has had no further fits however. He is on Epilim 100 mg twice daily at present and Paracetamol.

On examination, his left ear was again very red, the right was slightly pink. His throat was normal, his chest was clear. Apart from a nappy rash the remainder of examination was normal. I have given him a further prescription for another week of Augmentin 2.5 mls three times a day and have taken blood for a Valproate level. We will review him again in two months.

Yours sincerely,


for Margaret G. MacMillan,
Consultant Paediatrician.

