

ASSESSMENT ORDER
MEDICAL REPORT IN RESPECT OF PERSON AWAITING TRIAL OR SENTENCE
Section 52D(2)(a) of the Criminal Procedure (Scotland) Act 1995

Note: This form is to be used at the first examination of a person who is not in prison custody, prior to an application for an Assessment Order being made to the court

PERSONAL DETAILS

(If unknown, please state unknown)

SURNAME:

SHAW

FIRST NAME:

ANDREW

OTHER / KNOWN AS:

MARTIN

TITLE:

MR

DATE OF BIRTH:

21/4/67

HOME ADDRESS:

80 DOUGLAS DRIVE

EAST KILBRIDE

G75 8JS

CHARGE / ~~CONVICTION~~
(delete where not applicable)

- 1) Fail to comply with red light
- 2) Dangerous driving
- 3) Driving while disqualified
- 4) Drive - drive with no insurance
- 5) Reset

MEDICAL PRACTITIONER DETAILS

SURNAME:

OKUDO

FIRST NAME:

UNOMA

PROFESSIONAL ADDRESS:

ROXBANK CLINIC

133 BALORNOCK ROAD

GLASGOW G21 8UC

GMC NUMBER

7072589

SUMMARY OF RELEVANT HISTORY

Mr Shaw has had previous contact with Fife's Mental Health services in Glasgow. Records show that he has been treated for depressive and psychotic symptoms in the past. His prescribed medication have included oral and depot antipsychotics, and antidepressants. It appears that he ^{care} was transferred to his local community mental health team in 2012, but has not engaged with them.

My nursing colleague Chris Oliver was asked to assess him, as court staff were concerned about his mental state. During the initial assessment, Mr Shaw presented as looking perplexed, frightened and distressed. My colleague noted that he appeared to be responding to external stimuli (unseen). He also voiced paranoid ideation.

During my interview, I found Mr Shaw to be guarded and wouldn't give much by way of history. He did admit to hearing 6-7 voices (auditory hallucinations) constantly. He mentioned that these voices had increased in intensity over the past 2 months. These voices, he said, were instructing him not to speak to myself and my colleague. At certain points, he would speak/mumble to himself and then say things like "I haven't done anything".

He spoke about wanting the voices to go ahead. However, he said that he would not go to hospital because the medication "did not work" in the past. He would not volunteer any more information.

Mr Shaw was casually dressed and seasonally well kept. He appeared dishevelled and tired at several points in the interview. There was evidence of psychomotor agitation. He would not speak much and appeared guarded. There was no evidence of thought disorder. He appeared to speak to himself at times and I wondered if he was responding to auditory hallucinations, which he admitted to hearing. There were some paranoid beliefs coming through in his speech, such as the belief that the voices were coming to get him. He told me that he would not consider taking medications as he believes that they do not work.

Given his presentation, there is enough evidence to suggest an ongoing psychotic process. I believe that Mr Shaw would benefit from further assessment as an inpatient.

**ASSESSMENT ORDER
SECTION 52D(2)(a) CRIMINAL PROCEDURE (SCOTLAND) ACT 1995**

OPINION

I am of the opinion that an Assessment Order should be made in respect of

ANDREW MARTIN SHAW

I have reasonable grounds for believing that ~~he/she~~ has a mental disorder in terms of section 328 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

(Give a brief description below of the salient features of the person's mental state)

Mr Shaw presents with features suggestive of ongoing psychosis including paranoid ideation, auditory hallucinations and associated distress.

I have reasonable grounds for believing that it is necessary to detain ~~him/her~~ in hospital to assess whether the following conditions are met:

- that ~~he/she~~ has a mental disorder
- that medical treatment which would be likely to prevent the mental disorder worsening, or alleviate any of the symptoms or effects of the disorder; is available for ~~him/her~~; and
- that if ~~he/she~~ were not provided with such medical treatment there would be a significant risk to ~~his/her~~ health, safety or welfare or to the safety of any other person.

I consider that it would not be reasonably practicable to carry out this assessment unless an Assessment Order were made.

*(*delete where not applicable)*

I consider that _____ Hospital is suitable for the purpose of assessing whether the conditions mentioned above are met in respect of the above named person.

(State whether the hospital named has agreed to admit the person in the event of an Assessment Order being made and the proposed date of admission)

I have reasonable grounds for believing that, were an Assessment Order not made, there would be a significant risk to the health, safety or welfare of the above named person or a significant risk to the safety of any other person.

This report is given on soul and conscience. I confirm that I am not related to the above named person and I have no pecuniary interest in his/her admission to hospital.

Signature: 

Designation: ST4 in Forensic Pathology

Qualifications: MBChB MRCPsych

Date: 27th January 2016

Note: For an Assessment Order to be made only one medical report is required from a registered medical practitioner who does not need to be approved in terms of section 22 of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act").

Within 28 days of an Assessment Order being made the patient's RMO must report back to the court in terms of section 52G(1) of the Criminal Procedure (Scotland) Act 1995 ("the 1995 Act"). RMOs should submit their report using the form "AO Review" so that it is with the court no later than by close of business on the day prior to the last working day of the court prior to the expiry of the 28-day period. This also applies where the RMO is requesting a 7 day extension to the Assessment Order in terms of section 52G(4) of the 1995 Act. The appropriate "last working day" on which the case will call in court will be specified in the Assessment Order.

Where an RMO is recommending that a Treatment Order be made they should arrange for a second opinion because the court will require two medical reports. One of the reports must be from a medical practitioner who is approved under section 22 of the 2003 Act.

Holligan, Fiona

From: Wong, Eugene - HM - Consultant Psychiatrist
<Eugene.Wong@lanarkshire.scot.nhs.uk>
Sent: 03 February 2016 11:06
To: Holligan, Fiona
Subject: RE: assessment order bed

Dear Fiona

I can confirm that a bed has been identified in Iona Ward, Caird Street, Beckford Lodge, ML30AL. It is available now. We have liaised with Dr Gow's secretary (Dr Gow, Consultant Forensic Psychiatrist, Glasgow, was unavailable - she will call me) to update her.

Eugene.

Dr Eugene Wong
Consultant Psychiatrist
Hairmyres Hospital
East Kilbride
G75 8RG
01355-584372 (secretary)
01355-584381 (reception)
01355-584359 (fax)
eugene.wong@lanarkshire.scot.nhs.uk

01698 540 182

Lanarkshire Forensic Mental
Health Service

IONA WARD
BECKFORD LODGE
CAIRD STREET
HAMILTON
ML3 0AL



Date: 8th February 2016
Our Ref: RJ/CB/P1518904
CHI No: 2104673933
Your Ref: - -
Enquiries to: Carole Barclay
Direct Line: 01698 456215
Facsimile: 01698 456217

MENTAL WELFARE COMMISSION FOR SCOTLAND
THISTLE HOUSE
91 HAYMARKET TERRACE
EDINBURGH
EH12 5HE

To Whom It May Concern

Dear Sir / Madam

ANDREW MARTIN SHAW, C/O IONA WARD, BECKFORD LODGE
DOB: 21/04/67

It is important that the above named patient is made subject to the measures outlined in his RES1 form, namely safety and security in hospitals, for the following reasons:

Mr Shaw is currently psychotic, guarded, paranoid and with limited insight and vulnerable to the influences of others.

Yours faithfully



A handwritten signature in black ink, appearing to be 'RJ' or similar, written in a cursive style.

Dr Regan Jonathan
Consultant Forensic Psychiatrist

Notification to the Mental Welfare Commission of the designation of a specified person

The following form is to be used:

to notify the Mental Welfare Commission of the designation of a specified person, in relation to restriction of correspondence, telephones, or other measures taken to ensure safety and security in hospitals. This notification is NOT required for patients in the State Hospital or the Orchard Clinic in relation to the implementation of safety and security measures.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known as

M A R T I N

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

DoB

dd / mm / yyyy

2 1 / 0 4 / 0 9 6 7

☐ Female

The patient is detained under the care of:

Hospital

B E C K F O R D L O D G E

Ward / Clinic

I O N A W A R D

The patient's RMO is:

Surname

J O N A T H A N

First Name

R E G A N

Title

D O C T O R

GMC Number

4 3 5 0 3 0 7

Hospital

B E C K F O R D L O D G E

Ward / Clinic
(if appropriate)

I O N A W A R D

Approved under section 22 of the Act by:

Health Board

NHS

G R A M P I A N



Date
dd / mm. / yyyy

$$\boxed{0} \boxed{8} / \boxed{0} \boxed{2} / \boxed{2} \boxed{0} \boxed{1} \boxed{6}$$

- ☐ Correspondence
- ☐ Use of Telephones
- ☒ Safety and Security in Hospitals

- ☒ The patient has been notified that s/he has been designated as a specified person; or
- ☐ it was the opinion of the RMO that it would be prejudicial to the patient's health or treatment to notify the patient that s/he has been designated as a specified person.

Surname

[illegible]

First Name

[illegible]

Job Title

F	O	R	E	N	S	I	C		S	E	C	R	E	T	A	R	Y						
---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Signed

C Barclay

Date
dd / mm / yyyy

0	8	/	0	2	/	2	0	1	6
---	---	---	---	---	---	---	---	---	---





Admission of Part 8 / Part 11 Patient

P 1578904

ICP
D PACK
MWC
S-GUT
MHO

ADM1

v6.0

The following form is to be used:

where a patient is admitted to the care of a hospital following the making of an assessment order, a treatment order, an interim compulsion order, a compulsion order, a compulsion order and a restriction order, a hospital direction, a supervision and treatment order, a probation order with a requirement of treatment of mental condition or a transfer for treatment direction.

Do not use this form:

following a transfer of a patient from another hospital where previously admitted under any of the above orders

There is no statutory requirement that you use this form but you are strongly recommended to do so. This form draws attention to some procedural requirements under the Mental Health (Care and Treatment) (Scotland) Act 2003. Failure to observe procedural requirements may invalidate the record.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

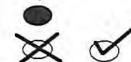
Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name (s)

A N D R E W

Other / Known As

M A R T I N

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male☐ Female

DoB

dd / mm / yyyy

2 1 / 0 4 / 1 9 6 7

Patient's home
address

N O F I X E D A B O D E

Postcode

Admission date

0 4 / 0 2 / 2 0 1 6

from court / prison / hospital to the care of:

Hospital

B E C K F O R D L O D G E

Ward / Clinic

I O N A W A R D

☐ This is NOT the hospital specified within the order/direction☒ The patient is being detained in the above named hospital☐ The patient is being treated in the community

The hospital named above is situated within:

Local Authority

S O U T H L A N A R K S H I R E C O U N C I L

eg Glasgow City, City of Edinburgh, Highlands, Scottish Borders, etc. The word "Council" may be omitted

The statutory provision under which the order or direction was made, is:

Patients with 'restricted' status although not subject to a restriction order

- ☒ Assessment order (section 52D of the 1995 Act)
☐ Extension to assessment order (section 52G of the 1995 Act)
☐ Treatment order (section 52M of the 1995 Act)
☐ Interim compulsion order (section 53(2) of the 1995 Act)
☐ Extension to Interim compulsion order (Section 53B of the 1995 Act)
☐ Hospital direction (section 59A of the 1995 Act)
☐ Transfer for treatment direction (section 136 of the 2003 Act)

Patients subject to a restriction order

- ☐ Compulsion order (section 57A (2)) and a restriction order (section 59 of the 1995 Act)
☐ Compulsion order (section 57(2)(a)) and a restriction order (section 57(2)(b) of the 1995 Act)

Non-restricted patients

- ☐ Committal to hospital (section 200 of the 1995 Act)
☐ Temporary compulsion order (section 54(1)(c) of the 1995 Act)
☐ Compulsion order (section 57(2)(a) of the 1995 Act)
☐ Compulsion order (section 57A (2) of the 1995 Act)
☐ Probation order (section 230 of the 1995 Act)

Surname

J O N A T H A N

First Name

R E G A N

Title

D O C T O R

GMC No:

4 3 5 0 3 0 7

Hospital

B E C K F O R D L O D G E

Ward / Clinic
(If appropriate)

I O N A W A R D

Telephone No.

0 1 6 9 8 4 5 6 2 1 5

E-mail address

Approved under section 22 of the Act by:

Health Board

NHS

G R A M P I A N

☒ The hospital managers have fulfilled their obligations under section 260 of the Act.

Completed by

C A R O L E B A R C L A Y

Job Title

M E D I C A L S E C R E T A R Y

Signed

Carole Barclay

Date

0 5 / 0 2 / 2 0 1 6

A copy of this form and the relevant order/direction should be sent to the Mental Welfare Commission
Copies should also be sent to the Scottish Ministers for patients subject to a restriction order, or with restricted status

Incident No: 1983 of 25/9/20

Incident 26/9/2019
NHS
Lanarkshire
Check (no reply calling card left)

MISSING PATIENT POLICY

DESCRIPTION FORM - MISSING PATIENT

asked for further welfare check
29/9/20 - 2073
Police Refused
Sgt Ian Baxter

Appendix 3

Patient Detail	Contact Person:
Name: 2104673933 21/04/1967	Name:
Home Address: SHAW Andrew 30 Douglas Drive East Kilbride Glasgow G75 8JS	Address: N/A
Telephone No:	Telephone Number:

Date of Admission: 25.8.20	Ward: 20
Time patient last seen: 1:55pm	Location patient last seen: Ward 20 front door
Voluntary / Detained: (if detained, please state which Section)	
Observation Status: General ☒ Constant ☐ Special ☐	

Patient Description:		
Date of Birth: 21.04.67 (53yrs)	Hair Colour: Mouse Brown	
Height: 5ft 10	Weight:	
Eye colour:	Dentures: Yes ☐ No ☒	
Build: Heavy	Spectacles: Yes ☐ No ☒	
Ethnicity: White Scottish	Cash: No But bank card in possession	
Distinguishing Marks:	Unusual Features:	
Description of Clothing: Black T-shirt Black trainers Grey shorts	Any other relevant information - Physical State / Mental State / Alerts:	
Time Police informed: 14:30pm	Staff Member Name: K. COLVEN	Signature: K. C.
Date: K. C.		
Has security been informed? Yes ☒ No ☐ Not Applicable ☐		
Has CCTV checks of exit doors been requested? Yes ☒ No ☐ Not Applicable ☐		
Has search of immediate clinical area been carried out? Yes ☒ No ☐ In progress ☐		
Once located inform:	Page site holder	Datix & Risk assessment updated ☐
Date Returned	Responsible / Duty SDM	Contact person notified ☐

12.46
Down
train station/ALDI?

Vera,

Its Andrew Shaw, a
friend of Allister. I am
in Ward 20 @ the
Hairmyres hospital.

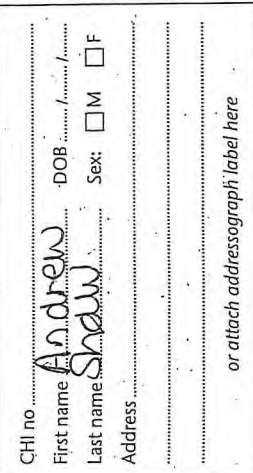
I would like to see
you if possible. Have
tried to call but
no answer. I would
appreciate it if you

did not say to
anyone, I need the
peace hospital is
bringing.

See you soon.

A.

Andrew Shaw
Ward 20
Spawmynes Hospital
East Jubilee



Ward/Unit name:

Pressure Ulcer Risk Assessment (PURA) and SSKINS Intervention Plan

For guidance see: [http://:www.](http://www.)

- Acute inpatient/Care Home - complete within 8 hours of admission to care area and **DAILY** thereafter.

Community - every 4 weeks if high risk, otherwise every 12 weeks.

- Record your answer in the grid below - 'Y' = Yes **OR** 'N' = No.
- If '**YES**' to all 4 questions assessment is complete, record entry.
- Questions 1 and 2: If the answer is '**NO**' to either question, commence on **SSKINS Bundle: SSKINS Intervention Plan and Record of SSKIN Care**.
- Questions 3 and 4: If the answer is '**NO**' to either question, use clinical judgement to consider if SSKINS Bundle required. If not required record reason in patient care record.

[illegible]

CHI no
 First name DOB / /
 Last name Sex: ☐ M ☐ F
 Address

 or attach addressograph label here

SSKINS Prevention of Pressure Ulcer Intervention Plan

Aim: to incorporate effective pressure ulcer prevention strategies to reduce or eliminate potential for pressure ulcer development or deterioration in partnership with the patient/carer/family.

Date/ Time plan commenced	S Skin Inspection	S Surface	K Keep Moving	I Incontinence/Moisture	N Nutrition	S Self Management /Shared Care	Comments/ Signature/ Designation
	Check: • Pressure areas: hourly • Skin under medical devices: (e.g. catheter) hourly • Specify medical devices used: hourly	Specify: • Mattress: • Cushion: • Off loading boots: • Additional pressure redistributing equipment:	Reposition: hourly bed hourly chair Overnight patient/carer has agreed to reposition: hourly Specify any manual handling equipment used:	Skin care to be carried out as per skin assessment: hourly Specify products for managing increased moisture risk, e.g. continence products: Barrier product required? ☐ Yes ☐ No If yes, specify product, frequency of use:	Optimise nutrition and hydration Refer to MUST appropriate action is taken, e.g. refer to Dietitian. Referred to Dietitian? ☐ Yes ☐ No	Discussed and agreed plan with patient/family/carer? ☐ Yes ☐ No Pressure ulcer prevention leaflet given to patient/family/carer? ☐ Yes ☐ No	Date and time reviewed/ discontinued: / /
	Check: • Pressure areas: hourly • Skin under medical devices: (e.g. catheter) hourly • Specify medical devices used: hourly	Specify: • Mattress: • Cushion: • Off loading boots: • Additional pressure redistributing equipment:	Reposition: hourly bed hourly chair Overnight patient/carer has agreed to reposition: hourly Specify any manual handling equipment used:	Skin care to be carried out as per skin assessment: hourly Specify products for managing increased moisture risk, e.g. continence products: Barrier product required? ☐ Yes ☐ No If yes, specify product, frequency of use:	Optimise nutrition and hydration Refer to MUST appropriate action is taken, e.g. refer to Dietitian. Referred to Dietitian? ☐ Yes ☐ No	Discussed and agreed plan with patient/family/carer? ☐ Yes ☐ No Pressure ulcer prevention leaflet given to patient/family/carer? ☐ Yes ☐ No	Date and time reviewed/ discontinued: / /



TEST VERSION

Hospital/Care Home/Locality:

Ward/Unit name:

NHS
Lanarkshire

Pressure Ulcer Risk Assessment (PURA) and SSKINS Intervention Plan

For guidance see: <http://www.>

CHI no:
First name: **ANDREW** DOB:
Last name: **SHAW** Sex: ☒ M ☐ F
Address:
or attach addressograph label here

Notes for completion:

- Acute inpatient/Care Home - complete within 8 hours of admission to care area and **DAILY** thereafter.
- Community - every **4 weeks if high risk**, otherwise **every 12 weeks**.
- Record your answer in the grid below - 'Y' = Yes **OR** 'N' = No.
- If 'YES' to all 4 questions assessment is complete, record entry.
- Questions 1 and 2: If the answer is 'NO' to either question, commence on **SSKINS Bundle**: SSKINS Intervention Plan and Record of SSKIN Care.
- Questions 3 and 4: If the answer is 'NO' to either question, use clinical judgement to consider if SSKINS Bundle required. If not required record reason in patient care record.

Date:	27/8	28/8	30/8	31/8	3/9	4/9	5/9	6/9	7/9	8/9	9/9	10/9	11/9	12/9	14/9	15/9
Time:	1530	11am	1355	1450	1030	1100	10:50	1442	11:00	19:00	1400	1430				
1. Person is fully mobile without assistance/mobile with a walking aid/able to move independently in bed?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
2. Skin inspected and intact with no markings, discolouration and/or existing pressure damage? (If person declines record in care record)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If 'NO' to questions 1 and 2 above, SSKINS Bundle commenced overleaf?																
3. Person is fully continent? Consider combination lesion risk	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Person appears well nourished and is able to eat? Consider what is normal for this person.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
If 'NO' to questions 3 and 4 above, think SSKINS Bundle. Record reason in care record if not commenced																
Special Risks - Neurological deficit. THINK CPR FOR FEET: remember to check, protect, refer to Podiatry	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot	Fractured Y foot
Initials:	BM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM	PM



CHI no:

First name: DOB:/...../.....

Last name: Sex: ☐ M ☐ F

Address:

.....

.....

or attach addressograph label here

SSKINS Prevention of Pressure Ulcer Intervention Plan

Aim: to incorporate effective pressure ulcer prevention strategies to reduce or eliminate potential for pressure ulcer development or deterioration in partnership with the patient/carer/family.

Date/ Time plan commenced	S Skin Inspection	S Surface	K Keep Moving	I Incontinence/Moisture	N Nutrition	S Self Management /Shared Care	Comments/ Signature/ Designation
	Check: • Pressure areas: hourly • Skin under medical devices: (e.g. catheter) hourly • Specify medical devices used:	Specify: • Mattress: • Cushion: • Off loading boots: • Additional pressure redistributing equipment:	Reposition: hourly bed hourly chair Overnight patient/carer has agreed to reposition: Specify any manual handling equipment used: hourly	Skin care to be carried out as per skin assessment: hourly Specify products for managing increased moisture risk, e.g. continence products: Barrier product required? ☐ Yes ☐ No If yes, specify product, frequency of use:	Optimise nutrition and hydration Refer to MUST Ensure any appropriate action is taken, e.g. refer to Dietitian. Referred to Dietitian? ☐ Yes ☐ No	Discussed and agreed plan with patient/family/carer? ☐ Yes ☐ No Pressure ulcer prevention leaflet given to patient/family/carer? ☐ Yes ☐ No	Date and time reviewed/ discontinued: / / / /
	Check: • Pressure areas: hourly • Skin under medical devices: (e.g. catheter) hourly • Specify medical devices used:	Specify: • Mattress: • Cushion: • Off loading boots: • Additional pressure redistributing equipment:	Reposition: hourly bed hourly chair Overnight patient/carer has agreed to reposition: Specify any manual handling equipment used: hourly	Skin care to be carried out as per skin assessment: hourly Specify products for managing increased moisture risk, e.g. continence products: Barrier product required? ☐ Yes ☐ No If yes, specify product, frequency of use:	Optimise nutrition and hydration Refer to MUST Ensure any appropriate action is taken, e.g. refer to Dietitian. Referred to Dietitian? ☐ Yes ☐ No	Discussed and agreed plan with patient/family/carer? ☐ Yes ☐ No Pressure ulcer prevention leaflet given to patient/family/carer? ☐ Yes ☐ No	Date and time reviewed/ discontinued: / / / /

2104673933
21/04/1967 M JF
SHAW Andrew
30 Douglas Drive
East Kilbride
Glasgow G75 8JS

☒ Hairmyres ☐ Monklands ☐ Wishaw
Ward: 20

Adult Risk Assessment for Venous Thromboembolism (VTE)

(Excludes Orthopaedics/Obstetrics who have specialty-specific policies)

(Adapted from GG&C VTE Risk Assessment Tool with permission)

- VTE Risk assessment must be completed for all patients on admission - sign and date as specified below
- Patients must be reassessed every 48 hours or sooner if condition changes
- Assessment must be documented in Medicine Prescription Form
- Provide patient with information leaflet on VTE prevention

Non-operative Patients Start Here (mainly medical)

Is the patient bed-bound or expected to have reduced mobility relative to normal state for ≥ 2 days?

☐ YES

☐ NO

Patients for Surgery

Does the patient have any **Risk Factors for Thrombosis?** (tick all that apply)

- | | |
|---|--|
| ☐ Age >60 | ☐ Use of oestrogen-containing contraceptive therapy |
| ☐ Active cancer or cancer treatment | ☐ Use of hormone replacement therapy |
| ☐ Dehydration | ☐ Pregnancy or <6 weeks post partum (seek specialist advice) |
| ☐ Known thrombophilias | ☐ Critical care admission, e.g. HDU/ITU |
| ☒ Obesity (BMI >30) | ☐ Varicose veins with phlebitis |
| ☐ Current significant medical conditions, e.g. diabetic keto-acidosis, serious infection, heart failure, respiratory disease, inflammatory disease | ☐ Total anaesthetic and surgical time >90 minutes |
| | ☐ Surgery involving pelvis or lower limb with a total anaesthetic and surgical time >60 minutes |
| | ☐ Acute surgical admission with inflammatory or intra-abdominal condition |
| | ☐ Hip fracture |
| | ☐ Personal history or first degree relative with a history of VTE |

- No thromboprophylaxis required
- Continue to reassess every 48 hours or sooner if condition changes
- Record all reassessments in Medicine Prescription Form

Risk Assessment Now Complete

Pre-assessment Nurse Signature: (if applicable)

Date: / /

☐ **YES**, 1 or more Risk Factors identified

☐ **NO** Risk Factors identified

Does the patient have any **Contraindications to Pharmacological Prophylaxis?** (tick all that apply)

- | | |
|--|--|
| ☐ Acute stroke | ☐ Neurosurgery, spinal or posterior eye surgery |
| ☐ Head injury with suspected intracranial bleed? | ☐ Day case thyroid surgery |
| ☐ Active bleeding, including suspected concealed bleeding | ☐ Lumbar puncture, epidural/spinal anaesthesia within the previous 4 hours OR expected within the next 12 hours |
| ☐ Acquired bleeding disorders, e.g. acute liver failure | ☐ Other procedure with high bleeding risk - discuss with senior if unsure |
| ☐ Thrombocytopenia ($<75 \times 10^9/l$) | ☐ Concurrent use of other anticoagulants including treatment dose heparin, Vit K antagonists e.g. Warfarin (INR ≥ 2), NOACs e.g. rivaroxaban, apixaban, edoxaban, dabigatran. |
| ☐ Uncontrolled hypertension (230/120 mmHg or higher) | ☐ Senior clinician decision not to prescribe pharmacological prophylaxis (specify reason in clinical notes) |
| ☐ Untreated inherited bleeding disorders, e.g. haemophilia or von Willebrands | ☐ Other, specify: |

*Contraindications to Anti-Embolism Stockings (AES):

- Peripheral neuropathy
- Peripheral vascular disease
- Cellulitis or gross oedema
- Leg deformity or fragile skin
- Leg/foot ulcers

☐ YES ☐ NO

☒ **NO** contraindications to Pharmacological Prophylaxis identified

☐ **YES** contraindications to Pharmacological Prophylaxis identified

- Medical patients - Enoxaparin 40mg***
- Surgical patients - Enoxaparin 40mg + Anti-Embolism Stockings (*unless contraindicated)**
- Prescribe Enoxaparin at 6pm (on the day of surgery, at the later of 4hr post-op or 6pm)
- Reduce Enoxaparin to 20mg if $<50\text{kg}$ or $\text{eGFR} <30$**

Discontinue at discharge or when returned to pre-morbid mobility

- Discuss with senior clinical staff before prescribing pharmacological prophylaxis
- Consider mechanical prophylaxis, e.g. Anti-Embolism Stockings (*unless contraindicated)
- Reassess patient every 48 hours or sooner if condition changes

Outcome of VTE Risk Assessment

VTE Risk Factors assessed? ☒ Yes ☐ No
Contraindications to pharmacological prophylaxis assessed? ☐ Yes ☒ No
Treatment prescribed? ☒ LMWH ☐ AES ☐ None
Patient informed of risks and benefits of VTE thromboprophylaxis? ☐ Yes ☒ Not applicable
Patient information leaflet provided? ☐ Yes ☒ No

Doctor Name: (PRINT)

HEATHERSON

Signature:

CT

Grade:

Date: 25/8/20



**NHS Lanarkshire
Mental Health
In-patient MiDIS Form Record**

Nursing staff to Complete	Started Date	On-Going	Completed
1. Check to see if patient has an open episode of care bar. If they DO.			
2. Check to see if patient has a transfer pending to the ward.			
3. If they do accept the patient to the ward.			
4. ~~If they don't DO NOT REGISTER WITH EPISODE~~			
5. Contact appropriate service and ask for care to be transferred.			
6. You can add, update all of the stages below in patients timeline while awaiting transfer into inpatient service.			
7. Service Core Form-Patient Information Service Core Form.			
8. Mental Health Assessment			
9. Mental Health Risk Assessment & Safety Assessment	26-8-20		
10. Observation & Engagement	26-08-20		
11. Person Centred Care Plan	26-8-20		
12. Progress Notes	26-8-20		
13. Clinical Measurements Added			
14. Waterlow Assessment			
15. MUST with Nutritional Profile			
16. Urinalysis			
17. Investigations			
18. Alerts – Added or Amend			
19. MDT Review Summary			
20. In-patient ICP Variance Analysis			
21. Inter Hospital Transfer			
22. Recovery & discharge Plan			
Medical Staff to Complete			
23. Medicine Reconciliation			
24. Medical Examination			
25. Physical Health Monitoring for Antipsychotics			

Nos 1–5 To be completed by Admin Staff between 9am-5pm

Nurses to complete as per local policy/process

Nos 6-11, 20-21 Must be completed as a priority as soon as patient is admitted to ward

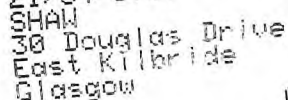
Nos 12–15 To be completed within 24 hours

Nos 16–17 To be completed as required

Nos 18–19, 22 To be updated as necessary and completed on discharge

Nos 23–25 To be completed by Medical Staff

The above process is for patients with an open episode of care.
Please refer to the ICP best practice guidance on Firstport.



G75 8JS

Signature Sheet

Instructions for use:
All professionals involved in the care of the patient must sign below before writing in this document.

Generic Mental Health Inpatient Assessment and Treatment ICF, created by Mental Health Services, NHS Lanarkshire, VERSION 3, UPDATED June 2013. Next review June 2016. Page 7 of 59

2104673933
21/04/1967
SHAW
30 Douglas Drive
East Kilbride
Glasgow
G75 8JS

NHS Lanarkshire Mental Health Services
Generic Integrated Care Pathway
**Nursing, AHP and Psychological
Therapy Notes**

Instructions for use:
Please use these notes sheets continuously, writing in chronological order and ensuring that the date, time (24 hour clock) signature and designation are detailed for all staff involved in the care of the patient. If separate professional notes are held elsewhere, staff should still write a summary of their contact below.

Sheet Number:
①

Date/Time (24 hour clock)	Nursing, Allied Health Professional, Psychological Therapy and Other Professional Notes	Discipline/ Designation
30/8/20 21:00	Andrew has spent most of duty in the side room. Did attempt to go to dayroom for evening meal but returned to room on account he reported he has had diarrhoea. A meal was taken to him. Kept a low profile today. Continues to be distal in presence of staff. No change to nsl or stryplm.	
16/9/20 09:20	Physiotherapy - Joint Ax & NCSW Sandra Lord 5 Referral received via OP physio - had been referred through internal mail. ⓔ stable distal fib # end July 20. Moon boot for 4/52. QECU notes stated varying compliance & physio initially & @ or point need hoist. D/W ward staff - now mob indep @ times wears moonboot. Mob in & outdoors - stairs ✓ Consent ✓ Pt had been sleeping, woken by NS good ROM - v minimal d/cn DF, PF & inv tight eversion t/fers ⓔ gait - wick base but equal WB, no c/o pain - mob around room. R active re no longer wearing moonboot ex sheet supplied & ex renewed. No issues & same. NS advised re ex/stretches x3 sets/day	
		CM Lindsay LINKSAY band 7 physio 4518

Patient name:	CHI number:
---------------	-------------

[illegible]

Integrated and Joint Working Involving Care and Support Agencies in Lanarkshire

CONSENT TO SHARE INFORMATION

Purpose of sharing	Community of Care ^{Improvement of mental health and well being}
What information will be shared	Community Care- Sharing Adult and Older People's Information Referrals, Assessments, Outcome Plan, Service Request Getting it right for every child – Sharing Children and Young People's Information Request for Assistance, Chronology, Assessments, Child's Plan
Agencies Sharing My Information (✓ or X as appropriate)	Health ☒ Social Work ☒ Education ☐ Housing ☐ Police ☒ The Scottish Children's Reporter Administration ☐ Other Agency Please detail ☐ Other Person Please detail ☐

Exceptions to my information being shared between the Agencies marked with a ✓
Please state specific exceptions e.g. I agree to Education, Social Work and Health working together and sharing my information. Exception - Education may not share information with Health.

I, (insert name) ANDREW SHAW agree to allow my information to be shared between the above agency(ies).

Or

I, _____ parent / guardian / legally appointed or welfare power of attorney

of (insert name) _____ agree to allow their information to be shared between the above agency(ies).

The reasons why this information is going to be shared, what is being shared and with whom have all been fully explained to me by

SUSAN POTTER STAFF NURSE Tel: 01355 585201
Insert practitioners' name and designation and phone number

I have also been provided with the leaflet

- The Adult's Leaflet – You and Your Information ☐
- Young People's Leaflet – You and Your Information ☐
- Information Sharing for Parents and Carers ☐

It has also been explained to me that my consent to share information will be reviewed at least annually, or at my request.

Signed [Signature] Date 31/9/20
Service User/Parent/Guardian/legally appointed or (welfare) power of attorney

Further information on Data Protection, information sharing and local contact details can be found in the accompanying leaflet.

Request for Psychological Consultation - Adult Inpatient Mental Health Wards

NAME: 		DATE OF REQUEST:	
CHI 2104673933	M	WARD:	
21/04/1967	Andrew	CONSULTANT:	
ADN SHAW		NAMED NURSE:	
30 Douglas Drive			
East Kilbride			
Glasgow	G75 8JS		
PRESENTING PROBLEMS - main difficulties and symptoms, onset, progression, impact on functioning: Traumatic past, trust issues Avoidance (use of illicit drugs)			
CURRENT INPUT & EXISTING DIAGNOSIS - are any other agencies or community teams involved; level of their input; current medication: previous engagement with forensics Hamilton PLNS - CREUH			
WIS & EXPECTATIONS OF PSYCHOLOGICAL INPUT - Staff team's expectations, achievable and defined goals, patient expectations of the referral & possible input? To address issues preventing moving on with life			
DISCHARGE/PASS PLAN - is discharge imminent/likely? Current level of passes or upcoming planned passes? No current plan for d/c			
PATIENT CONSENT - is the patient in agreement of referral, any capacity issues? No capacity issues			
RISK - risk to self or other; forensic history, anger/aggression, substance misuse. px substance misuse px hx forensics - (driving charges ? sexual offences)			
REQUEST FROM: Susan Rother			
DESIGNATION: StA Nurse			
OUTCOME: Accepted for assessment: ☐ Indirect Work: ☐ Not Suitable: ☐ If not suitable, why?			

NHS LANARKSHIRE MENTAL HEALTH

Request to professions allied to Medicine for Therapeutic
Assessment / Intervention

2903525307
29/03/1952
O'NEILL
1 East Avenue
Carluke
Lanarkshire
ML8 5TS

Health required discipline:

Nutrition & Dietetics
Physiotherapy
Occupation Therapy
Speech & language
Psychotherapy

☐
☒
☐
☐
☐

Patient Name <u>Mr H O'NEILL</u>	GP - <u>HIGH MILL HEALTH CENTRE</u>
Chi No <u>2903525307</u>	Consultant <u>DR ANNA</u>
DOB <u>29-03-1952</u>	Contact Name <u>JOSEPH O'NEIL</u>
Pims No.	Address <u>SAME AS HOME ADDRESS</u>
Home Address <u>1 EAST AVENUE CARLUKE LANARKSHIRE ML8 5TS</u>	
Ward <u>20</u>	Phone no. <u>01555 773277</u>
Status <u>CTO</u>	Relationship <u>HUSBAND</u>
Date of Referral <u>27-08-20</u>	Care Coordinator <u>LYNSEY CHESTER</u>
Source of Referral <u>WARD</u>	Others involved
Date of Admission <u>29-02-20</u>	
Reason for Referral:- <u>Duty doctor has requested for a functional assessment, due to poor mobility, varicose veins and ankle edema prior to upcoming discharge.</u>	
Diagnosis / relevant clinical information	
<u>Currently on a CTO. - General observations.</u>	
<u>Severe depression</u>	
<u>Varicose veins</u>	
<u>Ankle Edema</u>	

Signed Terri-Louise Toner

Print Name TERRI-LOUISE TONER

Designation STUDENT NURSE

Date 27.08.20

SHAW, Andrew (Mr)Date of Birth: **21-Apr-1967 (53y)**

30 Douglas Drive, East Kilbride, Glasgow, G75 8JS

CHI Number: 210 467 3933

Usual GP: WYLIE, Fraser (Dr)

Consultations

Date	Consultation Text
24-Aug-2020 10:30	Face to face consultation (Queen Elizabeth University Hospital) BURNEL, Adam (Consultant)
Comment	Review on ward 10c at QEUH. Ward had called earlier this am to say he was now fit from a surgical point of view. Discussion with attendant police officers and ward charge nurse. Nursing staff impression is that Mr Shaw has improved over the weekend. He has been up more and attempting to attend to ADLs. He has been able to take diet and fluids. PT has been ongoing. There have been no incidents over the weekend. At interview Mr Shaw was attired in hospital clothing and sitting up in bed. Much in his mental state was as I had seen on Friday. He did give more eye contact and there was some spontaneous speech. Again he was agitated whilst sitting but no abnormal movements. Speech still showed significant latency although this was more variable today. Speech was still quiet although more voluble than it had been. He described hearing "voices" for many years. Not 3rd party, but content unclear other than he found it upsetting most of the time although not always. He said he also saw his dead mum at times which he found comforting. He made reference to religious thought content naming Jesus and Allah although I could not determine in what context. He said that he did not want help, but also that he wanted to be with the police as they would help him. He answered questions about orientation incompletely. He knew he was in hospital and that he was in Glasgow. He knew it was 2020, but seemed to indicate he thought it was November as Christmas was coming. He made reference to taking "drugs, drugs, drugs" but whether recently or not I could not discern. Discussion with attending police indicated that he would remain in their custody and appear at court tomorrow. One officer indicated that the charges were likely to be significantly more serious than the current charge of driving whilst intoxicated. I indicated to ward charge nurse that from psychiatric perspective I would be admitting were he not in police custody. I discussed Mr McLean's current presentation with the attendant police officers in terms of risk based on his behaviour over the last few days. I discussed the case with Mr Gordon McNellis CPN with the Forensic service who is on call for courts assessments tomorrow. Discharge from Liaison Psychiatry.
Assessment	Risk assessment • Transition of Care • Harm to Self: No • Harm to Others: No • Harm to Children: No At risk for self neglect Harm from Self Neglect: Yes: Mr Shaw's current level of an=normal mental state would mean he would not be capable of adequate self care. Harm from Others: Unknown Mr Shaw hinted at interview that he is involved with people who may wish him harm. It is not clear if this relates to delusional thinking, reality or both. Falls: No Harm related to Cognitive Impairment: Unknown Mr Shaw's mental state abnormalities may be due to cognitive and other effects of substance withdrawal and/or intoxication [RFC] Physical health problems or physically unwell appears obese and daily cocaine use for long time. Absconding: No There has been no attempts to abscond during this admission a. Please summarise previous risk history with dates, severity and context. Are there any situations associated with increased risk? admitted to QEUH after BIBP having been driving under the influence of cocaine and other illicit substances leading to a RTA. Sustained left ankle fracture- conservative management. Under review with addictions liaison and on opiate withdrawal regime. Urine drug screen positive for cocaine, amphetamines, methamphetamines and opiates. Reports daily voice hearing and visual hallucinations of seeing his mother- for years with no recent change. Retains insight these experiences are not real however distressed by them. Daily cocaine use. Currently disorientated to time and partially orientated only to

time. Fluctuating consciousness. Likely delirium in context of substance with drawal. Clearly at increased risk when under influence of illicit drugs.

b. What are the principal risks? What are the current risk factors? What are the protective factors? risk of harm to others by misadventure. Risk of harm to self by misadventure. Risk of intoxication and impaired decision making. Risk factors: currently in acute substance withdrawal. Protective factors: under rv from addictions liaison and on opiate withdrawal regime. Agreeable to treatment plan.

Service user view of risks Appears largely unaware

Family / carer view of risks not contacted

a. Safety Plan ongoing addictions liaison review. Discharge from liaison psychiatry and ask ward to re-refer when completed withdrawal regime. update 24/08/2020: now medically fit for discharge from in patient team point of view. Will go to custody and then court tomorrow: Forensic CPN informed.

b. Risk management plan identify actions and timescale as above

Note of other professionals and teams and copies sent to: ward 10c staff, police scotland, GLPS staff, Forensic CPN service

Case No 1176191

Case Active 24/08/2020 17:30

Case Type Advice

Patient Andrew Shaw

D.O.B 21/04/1967

Age 53 years

Sex Male

Ethnicity

Current Address

30 DOUGLAS DRIVE

Home Address (if currently not at home)

EAST KILBRIDE

G75 8JS

Case Origin

Custody Sergeant

Callers Name

Cathcart

Callers Tel:

0141 532 4921

Own Doctor

Surgery

Case Questions

Fitness and Observation Level

Fitness And Observation Questions Required? - Required

Custody Or Log/Incident Number: - 545964

Case Referral

Consent Questions Required? - Required

Consent

Police Custody Service - Greater Glasgow & Clyde Police Custody Service

Patient Location

Fitness And Observation Questions Required? - Required

Fitness And Observation Questions Required? - Required

Fitness And Observation Questions Required? - Required

Fitness And Observation Questions Required? - Required

Fitness: -

Fitness: -

Fitness: -

Fitness: -

Location (GGC): - Cathcart Police Office

Patient Location

Examination Consent: - Informed Consent

Consent

Referral Type: -

Case Referral

Fitness: -

Fit To Be Detained: - Medically Fit To Be Detained

Healthcare (incl. Mental Health) - Yes

Case Referral

Fit For Court: - Not Medically Fit For Court

Fit For Court: - Not Medically Fit For Court

Fit For Court: - Not Medically Fit For Court

Fit For Court: - Not Medically Fit For Court

Reasons and Subsequent Actions (FFC): - due to mental health assessment.

Reasons and Subsequent Actions (FFC): - due to mental health assessment.

Reasons and Subsequent Actions (FFC): - due to mental health assessment.

Reasons and Subsequent Actions (FFC): - due to mental health assessment.

Patient Type: - Detainee

Case Referral

Fit To Be Interviewed: - Medically Fit To Be Interviewed

Fit To Be Released: - Medically Fit To Be Released

Fit To Be Detained: - Medically Fit To Be Detained

Fit To Be Detained: - Medically Fit To Be Detained

Fit To Be Detained: - Medically Fit To Be Detained

Fit To Be Detained: - Medically Fit To Be Detained

Appropriate Adult Consideration: - AA Recommended

Appropriate Adult Consideration: - AA Recommended

Appropriate Adult Consideration: - AA Recommended

Appropriate Adult Consideration: - AA Recommended

Appropriate Adult Consideration: - AA Recommended

Reason For AA Requirement: - depression

Reason For AA Requirement: - depression
Reason For AA Requirement: - depression
Reason For AA Requirement: - depression
Reason For AA Requirement: - depression
HCP Recommended Minimum Level Of Observations: -
HCP Recommended Minimum Level Of Observations: -
HCP Recommended Minimum Level Of Observations: -
HCP Recommended Minimum Level Of Observations: -
HCP Recommended Minimum Level Of Observations: -
Minimum Recommended Observation Level: - Standard (Hourly)
Minimum Recommended Observation Level: - Constant Observation
Minimum Recommended Observation Level: - Constant Observation
Minimum Recommended Observation Level: - Constant Observation
Minimum Recommended Observation Level: - Constant Observation
Reason, Special Instructions And Arrangement For Review: - due to mental health concerns.
Reason, Special Instructions And Arrangement For Review: - due to mental health concerns.
Reason, Special Instructions And Arrangement For Review: - due to mental health concerns.
Reason, Special Instructions And Arrangement For Review: - due to mental health concerns.
*This is the standard level of observations -
Medical Review Required? - No
*This is a significantly increased level of observation -
*This is a significantly increased level of observation -
*This is a significantly increased level of observation -
*This is a significantly increased level of observation -
Medical Review Required? - No
Medical Review Required? - No
Medical Review Required? - No
Medical Review Required? - No

Consultation	Consult By	Trainer, Ann	Consult Start	15:21
			Consult End	15:22

Following discussion with EK mental health service - they advised due to not being assessed in Lanarkshire he should go to Hairmyers ED.
I have attempted to find the least stressful option for the patient - however this is the route that would be taken according to Lanarkshire mental health services.
I have printed off the assessments from myself and DR Burnell consultant psychiatrist to be given to NHS ED. Tranfered by the police.
Andrew is agreeable to hospital admission.
I have spoken again with East kilbride mental health services as i have been dealing with this case since 11am. Kevin duty CPN is not aware that they would accept referrals form CMHT - when this has been accepted in the past.
Discussed this with Dr Ahmed several times and agree's with my assessment.

Examination Details**Clinical Codes**

No changes at present review.

OBS 2 -PCS

Systolic BP mmHg 167

Pulse bpm 88

Diastolic BP mmHg 87

Diagnosis

I attended the cell to discuss with Andrew again - the duty sergeant Paul attended - he agreed that he wasn't fit to remain in police custody.
Andrew stated his leg was painful - he was administered with x 2 500mg paracetamol at 14.30 hours - which he accepted reluctantly.

I have spoken to ED Doctor and they have taken my details to call back - i have left a copy of the assessments with police in the event ED or mental health services are willing to accept.
Will await direction.

Case No 1176191

Case Active 24/08/2020 17:30

Case Type Advice

I have since had a call from Liasion at Hairmyers - they will discuss the case also.

Treatment

I have spoken to ED Doctor and they have taken my details to call back - i have left a copy of the assessments with police in the event ED or mental health services are willing to accept.
Will await direction.

Consultation	Consult By	Trainer, Ann	Consult Start	13:08
			Consult End	13:20

Requested to attend to review mental health and fitness for court.
Andrew is a 53 year old male who has a hx of schizophrenia and had been treated in the past by East Kilbride mental health services - he hasn't been seen since 2017 to which he did not attend appointments.
He was seen by forensic services in 2013 following being in prison for sexual assault charges.
Andrew is not prescribed any medication with the exception of analgesia for pain. DHC & paracetamol.
He was arrested on the 11th August following an RTA of dangerous driving & previous warrant from 2019 - he has been in hospital since then - seen by ADRS due to concerns over drug withdrawals and treated with a reducing regime of diazepam. Admitted to the orthopaedics ward from HDU for a left ankle fracture after a RTA. He was BIBP heavily intoxicated. Diagnosis: Undisplaced left Weber A fracture of the ankle

His urine was positive for COC, AMP M-AMP, OPI. He was seen in QUEH by 2 consultant psychiatrists - the last assessment completed yesterday by Dr Burnel - stated if he wasn't in the presence of police custody he would require admission.

Andrew is currently single - states he lives with "bad men" and doesn't have any children. He is employed by these men to run errands. It was very difficult to gain this information - some of his family hx was obtained via Dr at QUEH.

Andrew denies any physical health issues.
Has a history of taking cocaine and diazepam - unable to quantify.
No physical symptoms in relation to drug withdrawals - this was treated at QUEH and deemed medically fit for discharge.
I have also discussed this case with Forensic CPN services in Glasgow - they advised to go through appropriate triage for mental health.

He has a previous diagnosis of schizophrenia and had been on a depot in 2016 - he stopped attending at this time and no follow up required as he is informal - hasn't been seen by services since.

Examination Details

Clinical Codes

AVPU - A
alert - disorientated to day and date - aware of place and person.
Manual pulse 80.
Refused machine to gain observations - due to mental health.
NO SOB no chest pain.
Appear very dry to his mouth - smelling ketones - refused BM.
Paranoid and food and drink incase its poisoned.

OBS 2 -PCS
Systolic BP mmHg 167
Pulse bpm 88
Diastolic BP mmHg 87

Diagnosis

Seen Andrew in the cell.
Dr Reddy had seen yesterday for fitness to be interviewed and advised appropriate adult.
However i have seen today and completed full mental health assessment.

Andrew has great difficulty in engaging in conversation - very distracted and evidence of responding to auditory hallucinations

Case No 1176191

Case Active 24/08/2020 17:30

Case Type Advice

- i sat with him for a lengthy period to obtain information. He was able to tell me he had lots of voices but couldn't describe it better as he struggled to answer questions.
His mood appeared flat - sometimes tearful - at other times would appear to be smiling in response to symptoms - evidence of mood lability.

He avoided eye contact - his speech was very low in tone and monosyllabic. When he eventually did its content consisted of "god has told me he wont save my soul as i have mixed with Allah and the Asians - because i went to them for drugs"
He hasn't been eating or drinking as he is paranoid people and going to kill him. He appears very agitated, restless, fidgety, unpredictable as he is not know to glasgow services.
He is very suspicious when answering questions - it took around 3 hours for him to gain my trust and say - promise you wont hurt me and take a sip of water.
His insight is poor - but he was able to say my mental health isn't well. When asked about receiving help he agreed.

My impression is that Andrew is having a relapse of his schizophrenia following being treated for drug withdrawals. He denies any plan or intent to harm himself. But is at risk of deteriorating further and responding to auditory hallucinations. No clinical symptoms in relation to drug withdrawals.
I have spoken to Duty CPN at East kilbride CMHT - & DR Black - they are seeking advice on best route of referral as i feel he requires admission.

Treatment

My impression is that Andrew is having a relapse of his schizophrenia following being treated for drug withdrawals. He denies any plan or intent to harm himself. But is at risk of deteriorating further and responding to auditory hallucinations. No clinical symptoms in relation to drug withdrawals.
I have spoken to Duty CPN at East kilbride CMHT - & DR Black - they are seeking advice on best route of referral as i feel he requires admission.

Not fit for court at this time.

Consultation	Consult By	Reddy, Gajendra	Consult Start	19:14
			Consult End	19:47

DC Lorna Lamont: To be interviewed for an incident which occurred last year, sexual assault allegations.

Detainee: Had fracture of left lateral malleolus, inpatient in QEUH since Aug 10th, treated conservatively, was receiving physio for mobility issues, lives by himself, denied using illicit substances, however in the hospital he was reveiwed by liaison psychiatry for auditory hallucinations and was diagnosed as withdrawal from illicit substances and was treated with diazepam , which was weaned off by the time he was discharged today, hospital has prescribed him dihydrocodiene and paracetamol, walking with the help of zimmer frame, denied that he is a smoker or alcoholic, unemployed, said he is not orientated to day and date because all thses days he was inpatient and lost touch.

Examination Details

Clinical Codes

OBS 2 -PCS
Systolic BP mmHg 167
Pulse bpm 88
Diastolic BP mmHg 87.

Diagnosis

conscious, disorientated to day and date, speech is low volume low rate but coherent, no psychosis, no hallucinations.

Treatment

fit to be interviewed with the help of an appropriate adult.

Prescriptions

Paracetamol 500mg tablets 2 x tablets at 14.30 hours. 2.00

Follow-up(s)

No Follow Up -



Greater
Glasgow &
Clyde

SUMMARY CARE PLAN Custody and forensic medical examination

OFFICIAL - SENSITIVE PERSONAL

Page 1 of 2

Number	1176191	Examinee name	Andrew Shaw	DOB	21/04/1967
Date	25/08/2020	Time called	17:26:43	Reason	Advice
Location	GGC: Cathcart Police Office	Start time	25/08/2020 15:21:55	End time	25/08/2020 15:22:59

Dietary, disability, language or diversity needs identified:

Dietary Details:

Disability Details:

Language Details:

Interpreter Required:

Homeless:

Vulnerable Adult:

Fit to be charged? ☐ YES ☐ NO

Fit for transfer? ☐ YES ☐ NO

Fit to be released? ☐ YES ☐ NO

Fit to Plead? ☐ YES ☐ NO

Fit to be interviewed? ☐ YES ☐ NO

Fit to be detained? ☒ YES ☐ NO

Fit for Court? ☐ YES ☒ NO due to mental health assessment.

Appropriate adult required? ☒ YES ☐ NO depression

Level of observations Constant Observation

NAME Trainer, Ann DESIGNATION SIGNED DATE 25/08/2020 15:23:17

* CONTACT HEALTHCARE PROFESSIONAL TO REVIEW IF ANY SIGNIFICANT CHANGE OR CAUSE FOR CONCERN

Page 1 of 2

Number	1176191	Examinee name	Andrew Shaw	DOB	21/04/1967
Date	25/08/2020	Time called	17:26:43	Reason	Advice
Reasons and special instructions due to mental health concerns.					
Medical review required? ☐ YES ☒ NO If YES when:					
Assessment of suicide risk Estimated Level of Risk:					
MEDICATION					
Allergies: Penicillin -class of antibiotic-					

Medication	type and strength	Dose	SSA	HCP	Time	Due	Sign	Corr	Due	Sign	Corr	Due	Sign	Corr
Paracetamol	500mg tablets	2 x tablets at 14.30 hours.												
					bkt									
					lun									
					tea									
					bed									

Special Instructions

Other comments, health recommendations or advice for custody staff for care in custody:

I have spoken to ED Doctor and they have taken my details to call back - i have left a copy of the assessments with police in the event ED or mental health services are willing to accept.
Will await direction.

NAME Trainer, Ann**DESIGNATION** SIGNED**DATE** 25/08/2020 15:23:17

* CONTACT HEALTHCARE PROFESSIONAL TO REVIEW IF ANY SIGNIFICANT CHANGE OR CAUSE FOR CONCERN

Certificate Of Consent To Treatment

Instructions

The following form is to be used:

where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatments under:

A: section 237(3): electro-convulsive therapy (ECT), vagus nerve stimulation (VNS), or transcranial magnetic stimulation (TMS).

B: section 240(3): any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; any other medicine given beyond a period of 2 months since the start of compulsory treatment; and provision, without consent of the patient and by artificial means, of nutrition to the patient

NOTE: where both A and B apply, two separate T2 forms are required

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

☐ Female

DoB

dd / mm / yyyy

2 1 / 0 4 / 6 7

Patient's home
address

3 0 D O U G L A S D R I V E

E A S T K I L B R I D E

Postcode

G 7 5 8 J S

The patient is detained in, or under the management / care of:

Hospital

B E C K F O R D C L I N I C L O D G E

Ward / Clinic

I O N A W A R D

The treatment covered by this certificate is:

Treatment covered
by section 237

- ☐ ECT under section 237(3)(a)
☐ VNS or TMS (being treatments specified in regulations under section 237(3)(b))

OR

Treatment covered
by section 240

- ☐ any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive
☐ any other medicine given beyond a period of 2 months since the start of compulsory treatment
☐ provision, without consent of the patient and by artificial means, of nutrition to the patient

Note: if treatments under sections 237 AND 240 are required, separate certificates must be completed

The treatment was first given to the patient on

0 8 / 0 2 / 2 0 1 6

Note: this is only required for medication beyond two months. The period of compulsory treatment should include any antecedant short term certificate or orders under the Criminal Procedure (Scotland) Act

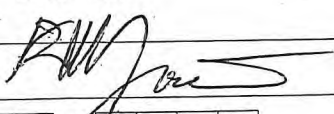
Description of the treatment(s) including frequency and duration of treatment

1. one antipsychotic medication regular oral within BNF limit.
 2. one anxiolytic (lorazepam) as required IM/oral for acute sedation within BNF limit
 3. one antipsychotic medication (haloperidol) as required IM/oral for acute sedation within BNF limit
 4. one hypnotic oral for nighttime insomnia as required
 5. one antidepressant oral regular within BNF limit
 6. one depot antipsychotic medication IM, regular, within BNF limit.
- Total dose of 1 and 6 to be up 100% of BNF limit for one antipsychotic

Certified by

☒ the RMO ☐ the DMP

Signature



Date

1 8 / 0 2 / 2 0 1 6

A copy of this form should be sent to the Mental Welfare Commission



CERTIFICATE OF CONSENT TO TREATMENT

FORM T2

NAME: ANDREW SHAW

DOB: 21/04/67

CHI NO: 2104673933

I confirm that I have consented to the treatment detailed in Form T2, as specified below:

1. one antipsychotic medication regular oral within BNF limit.
 2. one anxiolytic (lorazepam) as required IM/oral for acute sedation within BNF limit
 3. one antipsychotic medication (haloperidol) as required IM/oral for acute sedation within BNF limit
 4. one hypnotic oral for nighttime insomnia as required
 5. one antidepressant oral regular within BNF limit
 6. one depot antipsychotic medication IM, regular, within BNF limit.
- Total dose of 1 and 6 to be up 100% of BNF limit for one antipsychotic

SIGNATURE

PRINT NAME

DATE



ANDREW SHAW

18 Feb 2016

RMO SIGNATURE

PRINT NAME

DATE



REGAN JONATHAN

18/2/16

Certificate Of Consent To Treatment

v6.1

Instructions

The following form is to be used:

where the patient's RMO, or a DMP, certifies that the patient is capable of consenting to treatment and is not refusing consent for treatments under:

A: section 237(3): electro-convulsive therapy (ECT), vagus nerve stimulation (VNS), or transcranial magnetic stimulation (TMS).

B: section 240(3): any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive; any other medicine given beyond a period of 2 months since the start of compulsory treatment; and provision, without consent of the patient and by artificial means, of nutrition to the patient

NOTE: where both A and B apply, two separate T2 forms are required

This form is prescribed by regulations made under the Mental Health (Care and Treatment) (Scotland) Act 2003. The use of any other form for the purpose for which this form has been prescribed is invalid.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 MARKET ST

Shade circles like this ->

Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

2 1 0 4 6 7 3 9 3 3

Surname

S H A W

First Name(s)

A N D R E W

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

M R

Gender ☒ Male

☐ Female

DoB

dd / mm / yyyy

2 1 / 0 4 / 6 7

Patient's home
address

3 0 DOUGLAS DRIVE
EAST KILBRIDE

Postcode

G 7 5 8 J S

The patient is detained in, or under the management / care of:

Hospital

B E C K F O R D C L I N I C L O D G E

Ward / Clinic

I O N A W A R D

Details Of Treatment

The treatment covered by this certificate is:

Treatment covered
by section 237☐ ECT under section 237(3)(a)☐ VNS or TMS (being treatments specified in regulations under section 237(3)(b))

OR

Treatment covered
by section 240☐ any medicine (other than the surgical implantation of hormones) given for the purpose of reducing sex drive☐ any other medicine given beyond a period of 2 months since the start of compulsory treatment☐ provision, without consent of the patient and by artificial means, of nutrition to the patient**Note: if treatments under sections 237 AND 240 are required, separate certificates must be completed**

The treatment was first given to the patient on

0 8 / 0 2 / 2 0 1 6

Note: this is only required for medication beyond two months. The period of compulsory treatment should include any antecedant short term certificate or orders under the Criminal Procedure (Scotland) Act

Description of the treatment(s) including frequency and duration of treatment

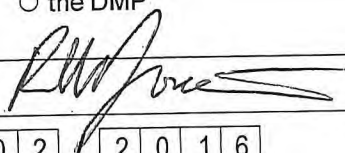
1. one antipsychotic medication regular oral (sulpiride) within BNF limit.
2. one anxiolytic (lorazepam) as required IM/oral for acute sedation within BNF limit
3. one antipsychotic medication (haloperidol) as required IM/oral for acute sedation within BNF limit
4. one hypnotic oral for nighttime insomnia as required
5. one antidepressant oral regular within BNF limit

Certification by RMO or DMP

Certified by

☒ the RMO ☐ the DMP

Signature



Date

0 9 / 0 2 / 2 0 1 6

A copy of this form should be sent to the Mental Welfare Commission



Dep PE

Lanarkshire Forensic Mental
Health Service

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA

Direct Line: 01555 777480 / 777481
Facsimile: 01555 777482

CERTIFICATE OF CONSENT TO TREATMENT

FORM T2

NAME: ANDREW SHAW

DOB: 21/4/67

CHI NO: 2104673933

I confirm that I have consented to the treatment detailed in Form T2, as specified below.

SIGNATURE

PRINT NAME

DATE


ANDREW SHAW
9 Feb 2016

SIGNATURE
RMO

DATE


9/2/16

DEP PE

Lanarkshire Forensic Mental
Health Service

Carluke Community Health Centre
Chapel Street
CARLUKE
ML8 4BA

Direct Line: 01555 777480 / 777481
Facsimile: 01555 777482

CERTIFICATE OF CONSENT TO TREATMENT
FORM T2

NAME: ANDREW SHAW

DOB: 21/4/67

CHI NO: 2104673933

I confirm that I have consented to the treatment detailed in Form T2, as specified below.

SIGNATURE

PRINT NAME

DATE


ANDREW SHAW
9 Feb 2016

SIGNATURE
RMO

DATE


9/2/16

Record Of Notification Following Urgent Medical Treatment

Instructions

v6.0

The following form is to be used:

to notify the Mental Welfare Commission of circumstances where it was necessary as a matter of urgency for medical treatment to be given to a patient subject to detention authorised by this Act or the Criminal Procedure (Scotland) Act 1995

There is no statutory requirement that you use this form but you are strongly recommended to do so.
This form draws attention to some procedural requirements under the Mental Health (Care and Treatment)
(Scotland) Act 2003. Failure to observe procedural requirements may invalidate the review.

Where not completing this form electronically, to ensure accuracy of information, please observe the following conventions:

Write clearly within the boxes in
BLOCK CAPITALS
and in BLACK or BLUE ink

For example

2 5 M A R K E T S T

Shade circles like this ->

Not like this ->



Where a text box has a reference number to the left, you can extend your response on plain paper where there is insufficient space in the box. Extension sheet(s) should be clearly labelled with Patient's name and CHI number, and each extended response should be labelled with the appropriate text box reference number.

Patient Details

CHI Number

2104673933

Surname

SHAW

First Name(s)

ANDREW

Other / Known As

'Other / Known As' could include any name / alias that the patient would prefer to be known as.

Title

Gender

☒ Male

☐ Female

DoB

dd / mm / yyyy

21 / 04 / 1967

Patient's home
address

Clona Woad

Beckford Lodge

Caira Street

Hamilton

Postcode

ML3 0AL

Patient's RMO

Surname

GIBB

First Name

ROBERT

Hospital

BECKFORD LODGE

Ward / Clinic
(If appropriate)

IONA WARD

Details of Treatment	
1	1.0 mg/kg/day
2	2.0 mg/kg/day
3	3.0 mg/kg/day
4	4.0 mg/kg/day
5	5.0 mg/kg/day
6	6.0 mg/kg/day
7	7.0 mg/kg/day
8	8.0 mg/kg/day
9	9.0 mg/kg/day
10	10.0 mg/kg/day
11	11.0 mg/kg/day
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92	92.0 mg/kg/day
93	93.0 mg/kg/day
94	94.0 mg/kg/day
95	95.0 mg/kg/day
96	96.0 mg/kg/day
97	97.0 mg/kg/day
98	98.0 mg/kg/day
99	99.0 mg/kg/day
100	100.0 mg/kg/day

I considered that it was a matter of urgency that medical treatment be given to the aforementioned patient (see notes below). The purpose of this treatment was -

- ☐ (a) saving the patient's life;
- ☐ (b) preventing serious deterioration in the patient's condition;
- ☒ (c) alleviating serious suffering on the part of the patient;
- ☐ (d) (i) preventing the patient from behaving violently; or
- ☐ (ii) preventing the patient from being a danger to themselves or to others

The treatment was first given to the patient on: Date

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 /

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 /

--	--	--	--

The treatment given to the patient was:

LORAZEPAM

Name of person authorising the treatment (if not the patient's RMO) -

Surname BRADLEY

First Name MARIE LOUISE

Job Title: SPECIALTY DOCTOR.

Signature Stolley

Confirmation / Notification by RMO

I, the RMO named on page 1, am an approved medical practitioner under section 22 of the Act. I confirm that the Mental Welfare Commission will be notified of the giving of medical treatment by virtue of section 243, before the expiry of 7 days beginning with the day on which the treatment was first given.

Signed _____
by patient's RMO

Date

 /

 /

Notes

Section 243 authorises the giving of medical treatment:

- a) for a purpose mentioned in any of options (b) to (d) above only if the treatment is not likely to entail unfavourable, and irreversible, physical or psychological consequences;

Section 243 does not authorise the giving of electro-convulsive therapy if the patient is capable of consenting, but does not consent to the treatment

