Continuation Note

Created by: [redacted] 2016-07-09 21:50:31.0

nhs 24 call 21.00

Called pt @ 21.15, pt at home alone.pt sounds upset and reports currently seeing a demon in the room, pt denies any alcohol or drug use.pt sounds distressed, he reports that the demon plans to take him to "hell" he sounds fearful.pt sobbing and states he has not "done anything to anyone " pt gives only limited interaction on phone and does not wish / not able to participate fully.

I have asked pt to present to A & E for further assessment, he refuses to leave his home due to fear.

It appears (As per Genysis) this man is currently under Forensic Psychiatry; pt gets depot injection 2/52 at Beckford Lodge. Midis electronic notes does not list pt as being on a caseload?? Pt last seen by psych June 2016, where a psychology referral was made (April 2016) and he is awaiting same.

Due to pts possible psychotic state a GP visit should be made, it would be advisable to ask police to attend with GP as pt has forensic history.

Pts phone - 07913004671

Continuation Note

Created by: [redacted] On: 2016-07-10 19:57:24.0

BACKSHIFT REPORT

SITUATION

Lay on top of bed throughout this duty refused all offers of nutrition

BACKGROUND

See previous relevant medical notes

ASSESSMENT

Engaging in conversation with fellow patients in dorn but mono sylabic when addressed by nursing staff

RECOMENDATION

Continue with current plan of care,risk assessment and safety plan remain relevant

Continuation Note

Created by: [redacted] 2016-07-10 00:46:02.0

PSYCHIATRIC LIAISON NURSE SERVICE

Assessment of this 49 year old man in the a&e department of hairmyres hospital. Andrew had contacted nhs 24 stating that demons were in his house and were going to get him. He sounded very distressed and possibly in an acute psychotic phase. OOH GP was requested to do a home visit with the police (due to forensic background) and escorted Andrew up to hospital for assessment. Andrew has a diagnosis of psychosis from 2005 and is on a fortnightly depot medication for this. His last hospital admission was to Iona Ward at Beckford Lodge following a court referral for many driving/motoring offences. He has been seen by forensic psychiatry recently and has been referred to psychology, with a possible pending personality disorder diagnosis. He lives alone and appears to be very isolated at times. Assessment was limited due to Andrews's presentation and responding to unseen stimuli throughout. He is fully compliant with his depot medication and attends Beckford Lodge for this. Iona ward report no evidence of any aggression or hostility whilst an inpatient there. Assessment was limited and due to presentation, informal admission to ward 20 for further assessment. Andrew was initially reluctant to be admitted but was able to acknowledge that he was not well at this time and agreed to come in.

Recommendations

Informal admissio to ward 20 for further assessment

General observations recommended but to be reviewed by admitting doctor and ward

Missing persons protocol to be utilised if required.

Continuation Note

Created by: [redacted] On: 2016-07-10 02:09:26.0

Night Duty Report

Synopsis of Admission

Situation

Admission of this 49yr old male via A&E at Hairmyres. Andrew had contacted NHS24 stating that demons were in his house and were going to get him. He sounded very distressed and possibly in an acute psychotic phase. OOH GP was requested to do a home visit with the police (due to forensic background) and escorted Andrew up to hospital for assessment.

Background

Andrew has a diagnosis of psychosis from 2005 and is on a fortnightly depot medication for this. His last hospital admission was to Iona Ward at Beckford Lodge for 7 months following a court referral for many driving/motoring offences. He has been seen by forensic psychiatry recently and has been referred to psychology, with a possible pending personality disorder diagnosis.

Assessment

Assessment was limited due to Andrew appearing guarded and suspicious and appeared to be responding to unseen stimuli. Andrew appeared anxious and tearful, reported to be feeling scared. Andrew gave very little information and wouldn't elude as to why he was in Iona ward and why there is no follow up to him being discharged from Iona ward. States he is happy to stay here for a period of assessment, no suicide plan/intent.

Recommendations

Informal Admission

General Observations

To be assessed by Dr at review

Continuation Note

Created by: [redacted] On: 2016-07-10 12:49:16.0

Early Shift Report

Andrew slept until late morning, fully clothed with hooded top pulled up over his head. Encouraged to attend the dayroom for something to eat but refusing of the same. Diet supplied in his room.

Andrew found difficulty in making eye contact during interaction, staring at unseen stimuli and responding to the same. He appeared awkward with interaction as body language was closed and he was guarded. He asked ' Can i go home'. Encouragement given to stay in the ward for treatment and engage with staff. Andrew has been offered a doctor to speak to if he continues to voice that he wants discharged. Duty Doctor aware of Andrew's wishes today as informed by phone. Weight obtained and BMI currently 46.8.

Recommendations

Care and treatment ongoing

Weight obtained today and MUST, Waterlow updated.

Risk assessment valid

Continuation Note

Created by: [redacted] On: 2016-07-11 19:40:25.0

nursing REPORT

SITUATION/ASSESSMENT Andrew went to the shop in the hospital this am and bought confectionary and fizzy juice.Spent duty on top of bed settled for the most part.[redacted]

took some hospital diet to his bed side and ate it.

Consultant reviewed him in the afternoon and discharged him after he recieved his depot medication.

Staff had advised him that his consultant was on the ward and would see him soon.[redacted]

Staff approached Andrew to administer depot and refused from author.It was explained that at that time author was the only person trained in deltoid administration.[redacted]

RECOMMENDATION Contact IOna ward to advise of same as Andrew said he will attend there on THursday.

Continuation Note

Created by: [redacted] n: 2016-07-11 17:33:06.0

REVIEW [redacted], LOCUM FORENSIC PSYCHIATRIST

I was informed that Andrew had been admitted to Hairmyres and came to assess him.

He reported that he had phoned the hospital because of the voices that he was hearing telling him "to go driving in motors", which he didn't want to do. He said that he didn't do it. He said that the hospital informed the police who then brought him into hospital.

On further enquiry, Andrew informed me that over the past few weeeks he has been harassed by friends wanting him to "drive motors" and participate in criminal activities. He said that he didn't want to do it, but that they were asking him repeatedly, and that this was stressing him. Currebntly he said that he was happy to return home. He denied any current or recent suicidal thoughts or thoughts of harming others.

I informed him that the PF had contacted me saying that there was an outstanding warrant for his arrest and that the police were loking for him. He was not aware if any ourstanding warrants for arrest.

Andrew presented as he often has in the past. Poor eye contact, scanning the room, agitated and fiddling with his fingers. He gave a coherant account of events. There were no objective signs of psychosis.

Andrew later confronted me in a hostile manner, asking me if I had told staff that he a terrible background. Before I could discuss this with him, he stormed off the ward, saying that he will go to Beckford for his depot. [redacted]

Plan: discharge in his absence

He has psychology appointment on 18th July.

Offer his another appointment when I return from leave.

Continuation Note

Created by: [redacted] On: 2016-07-11 13:39:24.0

Nursing Early Duty

Situation/Assessment

1:1 with Andrew where he presented as casually dressed however, unkempt in appearance unshaven etc. Andrew was orientated to T.P.P however, appeared restless with poor eye contact evident. Andrew stated "Ive just to go home they said" when asked to elaborate he repeated "I just want to go home". Andrew was asked if he is finding it difficult being an inpatient, and the circumstances leading to admission. To which Andrew replied "the voices wanted me to do stuff" however, at this point became tearful. I then enquired re Andrew's social circumstances to which he replied "they are all gone they have took them all away" Andrew was provided with re-assurances and was able to provide contact details re psychiatrist. writer then contacted [redacted] based at Iona ward (Beckford Lodge) who informs he will visit today or tomorrow. Andrew prompted to attend to his personal care etc and was accepting of of a sandwich for lunch.

Recommendations

Continue with current care plan

Liase with mdt & consultant re forward planning

Risk assessment remains valid

Continuation Note

Created by: [redacted] On: 2020-08-25 17:22:05.0

medical note

I took a phonecall on behalf of my on call colleague [redacted] who at the time was with an acutely unwell patient. PNLS [redacted] had been phoned by CMHT and then Hairmyres A&E regarding Mr Shaw- at the time she was informed that Mr Shaw was 'being sent to A&E for psychiatric admission'. I understand there have been numerous phonecalls between various members of the team today.

Mr Shaw has documented contact with psychiatric services, including forensic services. There are a variety of documented diagnoses, including EUPD, ASPD, paranoid schizophrenia; he has in the past been on a depot of risperidone but letters from 2012 suggest some query over the need for this and it was stopped. He appears to have been [redacted] to follow-up thereafter- potentially on account of jail sentences.

Mr Shaw was admitted to QUEH on 11/8 having sustained a fracture in his foot. Prior to this he had been arrested and charged with dangerous driving. He was seen by the local liaison psychiatry team a few times over that admission. I spoke to [redacted] specialty doctor for the team, who said that at his first assessment he presented with distress, was openly responding to visual and auditory stimuli, was grossly thought disoreder and was voicing thoughts of living with a group of men who were 'controlling him'. He admitted to cocaine and street valium use and he was initially treated with dihydrocodeine and diazepam for a presumed withdrawal state. However his symtpoms did not settle despite this and at his last contact with [redacted] (liaison consultant) there was ongoing concern about a potential relapse in his psychosis, with the main differential being a prolonged withdrawal state. He stated that had it not been for Mr Shaw's charges he would be seeking transfer for psychiatric admission. The risks of discharge to police custody were discussed and it was agreed that the forensic ANP for Cathcart prison would assess him prior to appearing in court today.

Mr Shaw was seen by [redacted] forensic ANP, today. She again felt he was presenting with psychotic phenomena and has documented her opinion that Mr Shaw was not fit to appear at his virtual court case today. [redacted] She also spoke to [redacted] duty AMP, who I

understand advised that a medical assessment for an assessment/treatment order would be needed if Mr Shaw continues to have charges outstanding. I spoke to [redacted] who informed me that this was the advice given to him by the duty forensic consultant for Lanarkshire, and I relayed this advice to [redacted] myself. [redacted]

I believe [redacted] an has since phoned [redacted] again to clarify the situation as it now stands. It has now been established that Mr Shaw's charges have been deemed of a severity that does not warrant an assessment order, and the Police are satisfied for him to be released for a psychiatric admission either under a civil order, or informally. [redacted] clinical director, has advised Mr Shaw be brought to Hairmyres A&E for an assesment by the duty doctor and PNLS.

This is my best understanding of the events of today and I acknowledge some of this is second-hand information.

[redacted]

Continuation Note

Created by: [redacted] On: 2020-08-25 23:39:16.0

PLNS

Situation:

Patient brought to ED UHH by Police. He was arrested on the 11th August following RTA of dangerous driving and previous warrant from 2019 - he has been in QEUH since then, been seen by ADRS due to concerns over drug withdrawals and treated by reducing regime of diazepam. Admitted to orthopaedic ward from HDU for a left ankle fracture after RTA. He was heavily intoxicated at the time of the accident. He has been assessed by two consultant psychiatrists last being yesterday by [redacted] stated had he not been in Police custody he would be seeking psychiatric admission. He was discharged from QEUH today with intent on attending virtual court today. He was assessed by [redacted] (ANP) who deemed him not fit to attend and was seeking psychiatric admission. There have been various calls of enquiry throughout the day- please see earlier continuation entry for details. He was essentially brought to ED for assessment for admission.

Andrew at time of my assessment, which was 20.30hrs appeared tired, scared and upset. He engaged minimally with myself during assessment and therefore some information detailed below is second hand from assessments earlier today and yesterday.

Background:

Mr Shaw has documented contact with psychiatric services. Was see by forensic services 2013 following being in prison for sexual assault charges. There are a variety of documented diagnoses, including EUPD, ASPD, paranoid schizophrenia; he has in the past been on a depot of risperidone but letters from 2012 suggest some query over the need for this and it was stopped. He appears to have been [redacted] to follow-up thereafter, potentially on account of jail sentences. He is currently not prescribed any medication with the exception of analgesia.

Andrew is currently single – doesn't have any children. Has disclosed that he lives with "bad men" and he is employed by these men to run errands [redacted]

Denies any physical health problems. – sustained left ankle fracture supportive boot and walking aide.

Drugs and alcohol

Urine positive for Cocaine , Amphetamines, Methamphetamines and Opiates. Heavily intoxicated at time of RTA. Record of daily cocaine use from previous assessment.

Forensic History.

Currently charged with RTA. Was see by forensic services 2013 following being in prison for sexual assault charges. Wanted by Police outstanding charges of assault, traffic offences and Police report he is under suspicion of sex offence not charge but is a suspect.

Assessment:

Andrew today wearing shorts and a t-shirt. [redacted] On arrival to ED was sitting with his back to Police, leg shaking and appeared anxious. He appeared anxious and guarded throughout my assessment and engaged very little.

His mood appeared very low, gave little in the way of eye contact. Occasional tear would trickle down his face. Tells me he is not going to heaven- would not elaborate much further other than to the things he's done in the past. When asked about thoughts of suicide or self harm he would shake his head but again did not elaborate. In terms of future planning he was agreeable to coming into hospital and showed some insight that he was unwell.

He appeared distracted during assessment and admitted that he was hearing voices, tells me hears voiced "all over" aware not real but remains distressed by them. Appeared suspicious and not keen to discuss voices being heard. Previous assessments he has disclosed daily voice hearing and visual hallucinations of his mother. Reports also he hadn't been eating or drinking and paranoid people were going to kill him. Also documented "God has told me he won't save my soul as I have mixed with Allah and Asians – because I went to them for drugs".

Impression:

Relapse in schizophrenia. Presenting with hearing voices and very distressed and disturbed. Requiring psychiatric inpatient treatment. Discussed with on call consultant Dr [redacted] legal status and should be placed under assessment / treatment order given he is currently under arrest by Police and pending charges. Advised to admit informally as least restrictive given patient is willing to come into hospital informally. Constant observations overnight until reviewed by RMO and should patient request discharge should be assessed by DDP for detention under EDC.

Recommendation:

-Requiring inpatient psychiatric admission

-Informal basis as least restrictive alternative.

-Constant observations.

-Requiring further psychiatric assessment.

-Review of psychiatric mediations.

-Education on detrimental effects of illicit drugs and alcohol.

-Should Andrew request discharge he should be assessed by DDP and consultant psychiatrist.

Charge Nurse

Continuation Note

Created by: [redacted] on On: 2020-08-26 21:25:31.0

Late shift report

Assessment/situation

Andrew continues to be nursed on CONSTANT obs this duty.He has mobilized around the ward attending the day room intermitttently.He left the day room at one point advising "the voices are too much" and that he was "being punished by god " for things he had done.Reassurance offered and Andrew was acceptant of Lorazepam PRN which appeared to settle him. [redacted] Andrew advises he has never been open to addictions and advises staff he is from GOvan.He remains in his room and appears settled at time of writing.Good diet accepted.Andy has complained of a rash under his arm.Staff will ask duty doc to review.No further concerns.

Background

Refer to previous medical notes

Recommendations

Continue with current treatment plan

Risk assessment remains relevant

Continuation Note

Created by: [redacted] On: 2020-08-26 01:13:50.0

Night Shift Report,

Situation,

Andrew was admitted to the ward at the commencement of duty, informed duty doctor of same.

Andrew is on constant observations until reviewed by Dr [redacted]

Background,

As documented in previous notes.

Assessment,

Upon arrival to the ward Andrew went to bed, duty doctor obtained bloods and ECG and he then fell asleep. Unable to complete admission paperwork. Andrew has had a restless sleep overnight.

Recommendations,

Admitted to the ward for a period of assessment and will be reviewed by [redacted] 28.08.20.

Risk assessment reviewed and remains ongoing.

Continuation Note

Created by: [redacted] On: 2020-08-26 23:51:51.0

[redacted]

ATSP re skin irritation

O/E eczematous area right armpit with multiple skin tags

skin dry

not excessively warm, no broken skin

Plan: regular emolient and short course topical hydrocortisone

If fails to resolve with above can trty anti-fungal prep.

Continuation Note

Created by: [redacted] On: 2020-08-26 02:07:06.0

[redacted] **:T1 Physical Examination**

Patient lying in bed, facing wall and appeared to be sleeping when I attended. Appeared startled by my arrival. [redacted] Wearing shorts and covered with a blanket. Moon boot in room and zimmer in room.

Eyes injected and gaze variable. Appeared to be responding to unseen stimuli. Reasonable eye-contact achieved. Appeared anxious and described being frightened.

Aware he was in hospital but unable to expand. Orientated to person. Unable to provide year. AMT 3/4

Conversation and verbal responses minimal. Slow to speak and often stopped speaking abruptly without completion. Speech quiet.

Reported unusual experiences however failed to elaborate. Reported hearing voices that 'never stop'. Advised these are 'saying horrible things about (him) and (his) mum going to hell'.

Appeared to be aware that these are not real. Unable to identify source of auditory hallucinations.

Reflexes sluggish. Impaired co-ordination noted with a degree of past-pointing. Patient describes excessive tiredness following events of day. May benefit from repeat examination.

NEWS: 96% RA, RR 16, BP 130/77 HR 66 Temp 37.4

ECG: **QTc 451**

Bloods awaited

Formal weight required for prophylactic LMWH calculation

Continuation Note

Created by: [redacted] On: 2020-08-26 02:26:09.0

[redacted]

Bloods updated

Na 143 K 4.4 Creat 90 eGFR>59

Bone profile and Mg NAD

TFTs NAD

Hb 15.9

WCC NAD, CRP 9

Lipids: Chol 5.6 Trigs NAD HDL 0.73 Chol/HDL 7.7

Iron 8, Tsats NAD, B12/folate NAD MCV 88.2

HbA1c 46

Plan

Consider statin therapy when current symptoms settle

note iron deficient without anaemia ?reliability of ferritin. Repeat ferritin with next routine bloods to assess deficieny.

Monitor HbA1c

Continuation Note

Created by: [redacted] On: 2020-08-26 13:45:57.0

EARLY DUTY REPORT

SITUATION/ASSESSMENT

1X1

Andrew was late to rise this duty, only had cup of tea in the morning. Acceptant of lunchtime diet of meal and pudding and adequate fluids.

No morning medications available from HEPMA.

Andrew reports Pain in shoulder and knee, had a fall. Scraped right knee, support boot on left foot.

Awaiting medications.

Writer attempted 1x1 interaction, enquired history Prior to being brought into ward 20 by police, Andrew looks around him, and offered no answer. Asked where he lives, Andrew states he lives in Glasgow with bad people, who are giving him drugs.

SLEEP

Andrew reports he Managed to sleep last night, does not normally sleep well. (Reported to student that he 'got the better of them' when asked to expand, he stated he meant the voices.

APPETITE

Andrew reports that he Sometimes eats, and sometimes has to watch what he is eating as does not know what is in it. States the best way is to eat something sealed and do not take off front of shelf.

When asked around family/friends Andrew intimates has some pals who are supportive - does not expand further.

Andrew states he has been in hospital before re mental health. Has diagnosis of schizophrenia.

Andrew enquires to writer Why asking things if GOD knows everything. Andrew states he betrayed GOD and did not mean to.

Andrew looks around the ward warily. Appears paranoid and guarded. Possibly responding to unseem stimuli, eyes wide at times, looking in corners of the room.

Unable to obtain detailed assesment of mental health as Andrew's engagement sporadic, and Andrew has spent most of this duty asleep.

[redacted] advised previous diagnosis of Schizophrenia changed to EUPD with complex trauma.

Forentic history, - see medics report.

PLAN

Refer to Physiotherapy

Obtain - CONSENT, FAST, URINALYSIS, WEIGHT, PURA

Commence medications per HEPMA.

Continue with CONSTANT observations.

Dr Roy to review 27/8/20 - PM

Weight to be obtained regarding prescribing Warfarin.

RISK UPDATED.

Continuation Note

Created by: [redacted]a On: 2020-08-26 14:33:04.0

Day shift duty d[redacted]a

Andrew's GP service has no records of which addictions team he was open to.

Patient is presently sleeping and would likely talk later in the evening .

Continuation Note

Created by: [redacted] On: 2020-08-26 12:40:33.0

[redacted]AY SHIFT DUTY DOCTOR

Andrew has been assessed by the Forensics team in Beckford Lodge in 2017 and had concluded that his presentation was consistent with a diagnosis of EUPD ([redacted] trauma resulting from abuse at the hands of his older brother).

They had prescribed Aripiprazole at that time, and most recently I can see on the ECS that his GP has prescribed him Citalopram.

Presently has come in with symptoms suggestive of Acute Psychosis and Persecutory Hallucinations.

Nurse In chrge [redacted] will call the GP for an update on his most recent Medications.

VTE prophylaxis after his weight is documented. However as per notes from QEH where he was treated for his Fracture L ankle, there is no reason why he cannot mobilise fully with some support safely.

He had been on a reducing dose of Diazepam while admited in the QEH, is known to the addictions team.

To be referred to Physiotherapy

Patient admitted on HEPMA, has allergy to Amoxicillin(Penicillin group)

PRN Lorazepam prescribed.

Continuation Note

Created by: [redacted]a On: 2020-08-26 14:31:30.0

[redacted]DAY SHIFT DOCTOR

I tried to speak to the Addictions covering East Kilbride, but the service said he was not open to them. I am trying to speak to his GP and hope the practice there might be able to shed some light on to which addictions team he is open to.

Continuation Note

Created by: [redacted] On: 2020-08-27 18:49:25.0

Late shift report

Assessment/situation

Andy was reviewed by [redacted] this duty.See previous note.He was markedly anxious durying assessment so unable to ascertain a correct history of events leading up to admission to QED.STaff will continue to engage with Andy daily in the hope he begins to open up about past issues. He has been started on promethazine for aggitation, Aripiprazole for potential psychosis and Sertraline for him mood [redacted] will review again next week.Andy was acceptant of a good diet this evening in the day room and has returned to his room at time of writing. Andy has been reduced to GENERAL observations this afternoon without issue. No further concerns.

Background

Refer to previous medical notes

Recommendations

Continue with current treatment plan

Risk assessment has been udated to reflect GENERAL observation status

Continuation Note

Created by: [redacted] On: 2020-08-27 05:58:30.0

Night Shift Report,

Situation/Assessment,

Andy remains on constant observations until he is reviewed by the consultant.

Andy was in bed at commencement of duty and has had a restless sleep, requested to speak to the duty doctor with regatds to a rash that he has under his right armpit. Cream prescribed and No other concerns raised.

Background,

As documented.

Recommendations,

Continue with current care and treatment plan.

Risk assessment reviewed and remains ongoing.

Continuation Note

Created by: [redacted] On: 2020-08-27 19:22:46.0

Early Duty Report

Review of observations

Andrew has been on Constant Observations over the past 36 hours. He has spent most of this time in his bed. He has been co-operative with staff and reported to me he feels safe on the ward. He denies suicidal thought plan and intent. He reports he is troubled by voices and they are upsetting for him but he feels that being in hospital will help with this. He came down to day areas for lunch and has spent time out of his room, although reports he struggles with TV as it makes voices worse.

I am happy to reduce observations to General today. He will be reviewed by RMO this afternoon and this discussed at that time.

Continuation Note

Created by: [redacted] on On: 2020-08-27 16:53:22.0

[redacted] introduced himself. Discussed GP states East Kilbride but Mr Shaw tell us he is currently residing in Glasgow. However unable to give a Glasgow address and eventually told us East Kilbride address.

When asked "how are things today" eventually responds "alright". Unable to tell us how long he stayed in QEUH. Tells us we are "going too fast" for him. "Too many things all going at once" and "too many questions all at once". Pointing to different parts of room stating "coming from there". Won't tell us what he sees as we cannot see it ourselves. Says "everyone is shouting at once". Started crying and saying he's "put his mum in heaven because he's betrayed them". [redacted] asked how long he has had these thoughts and he stated "too long". He feels he can't ever get away from them. Feels it is his fault what happened to his mum. Very tearful and upset. Feels multiple voices are coming from "everywhere". Knows some of them. Feels god took his mum because he was bad. Unable to tell us how his mum actually passed away.

Doesn't know how he ended up in QEUH. When [redacted] asked if he remembered being arrested for driving under influence he tells us he "doesn't like alcohol". Denies driving under influence. States he was not driving when accident happened. Doesn't remember what happened. [redacted] stated had looked at notes & had previous driving offences, looking around room, won't answer.

After long pause stated "sometimes you just want to die". When asked why he responded "why no?". When asked if he has any plans – no obvious plans, started discussing God/Jesus/betrayal. [redacted] asked if he would like medication to help calm his head down but he said no.

Appears breathless, wearing grey shirt [redacted]. Unkempt. Moon boot in situ. Fidgety, constantly moving hands. Poor eye contact. Appears distressed and anxious. Rubbing his leg and itching ++. Looking round room and staring at floor. Appear low/flat. States poor sleep.

[redacted] has explained that he will need to discuss the incident that led to him being admitted as well as past incidents during this admission. [redacted] has started promethazine, aripiprazole and sertraline. Currenlty informal patient

Continuation Note

Created by: [redacted] On: 2020-08-27 12:03:55.0

SUB REPORT

Received a call from [redacted] who had been contacted to call ward 20.

Dr advised he seen Andy recently following RTA, where he collided with traffic lights whilst driving a van, believed to be intoxicated, he was taken to QEUH. Due to being intoxicated addictions became inolved, however they believed there were further mental health issues underlying and referred onto [redacted] team. Andy went back into police custody from 24/8/20.

[redacted] left this number for [redacted] who is to review Andy 27/8/20.

[redacted]

Continuation Note

Created by: [redacted] On: 2020-08-28 21:46:14.0

Early/Late shift report

Assessment/situation

Andy noted to be sleeping at the start of this duty.Appeared disorienatted when the writer woke him for medications asking the writer to "meetme at the swimming pool"He was orienated to his surroundings and acceptant of prescribed medications.He did not attend for breakfast but returned to sleep risng at lunch time.Andy was acceptant of a good diet at lnch before returning to bed again.The writer entered his room this evening to request 1x1 interaction .Andy did not rise but started to fidget with his hands when the writer entered.He advised he had diarrohea today and was not feeling too good.He advised his mental health "isnt too good" but wouldnt elaborate and although pleasant offered little interaction.He walked to the day room for juice and was encouraged to approach staff should he have further diarrhoea.He advises he was on different medication in community and asked if it could be a side effect.He appears settled at time of writing.

Background

Refer to previous medical notes

Recommendations

Continue with currenttreatmenbt plan

Risk assessment remain srelevant

Continuation Note

Created by: [redacted] On: 2020-08-29 19:41:03.0

EARLY/LATE DUTY

SITUATION/ASSESSMENT

Andrew does not appear to have attended to his personal care today.He continues to wear a t-shirt and shorts.Spent entire day shift with in his room other than to ask for paper and envelope (and pen) twice.He has written a letter to a female (in paper light) [redacted]

When staff approach he experiences hyperstartle and unable to form coherant sentences,although able to communicate needs.

Andrew declined 1x1.

Andrew has not accepted any hospital food or fluid.

He was able to tolerate a small period of time in the dayroom in the evening, displayed agitated behaviours;legs restless,wiping his hand over his face and appears unable to focus on anything for even brief periods.

RECOMMENDATION

RISK ASSESSMENT UPDATED,SAFETY PLAN UNCHANGED.

Continuation Note

Created by: [redacted] On: 2020-08-30 13:50:11.0

Early Duty Report

Situation/Assessment

Andrew has spent this duty in bed space appearing to sleep. Andrew has been woken for medications which he has accepted as per HEPMA. Andrew did query what the medications where but after explanation, happy to accept same. Andrew has been encouraged to rise and attend to personal care and encouraged to attend day room for food and fluid however Andrew has not been accepting and returns to sleep. Unable to assess mental health or undertake 1x1 interaction due to same. Andrew has raised no concerns to nursing staff.

Background

As previously documented

Recomendations

Continue with current care and treatment plan

Risk assessment and saftey plan updated to reflect any changes

Continuation Note

Created by: [redacted]n: 2020-08-31 11:40:39.0

EARLY DUTY REPORT

SITUATION/ASSESSMENT

Andrew was late to rise this duty, Andrew has been acceptant of medications as per HEPMA. Acceptant of diet and adequate fluids.

Noted to spend most of time at bedspace.

Andew noted to have loose stools, and used all clothing available. [redacted]

Andrew has been provided with bariatric gowns in the meantime.

MDT [redacted]udents

[redacted]orensic psychiatrist knew before – [redacted]was trying to get hold of her for further information.

Andrew enters MDT (had to be wakened for same)

[redacted] states feedback has been that Andrew has been sleepy. Andrew states this could be the street valium and cocaine he has been taking. States pals supplying same. Peers having bad influence.

Does feel trapped in this peer group. Andrew states 'Im 53 and feel like ive been running and don't want to run anymore, or rely on drugs anymore'.

Andrew states this has been ongoing for some time and police involvement also.

[redacted] asks if Andrew blames, self ?– Andrew states if it wasn't for him then would not be happening. Been running all life, but it catches up with you.

Noted to be scratching legs and rubbing eyes fidgeting throughout interaction. Purposeful Leg shaking.

Wishes to gain from admission - to fix voices and guilt.

[redacted] states he notes Andrew was with psychologist 2017 but did not engage. This is the right profession to address these issues.

Andrew states If someone gives you tea and not thirsty will not drink. [redacted] asks then not ready?

Andrew states he finds it had to trust.

Andrew states that he has been let down/betrayed. Andrew states more like trust people but they do not stay.

[redacted] asks how he distracts? – Andrew states he sleeps.

[redacted] asks if he would like to speak in more detail? Referral to psychologist? Andrew agrees to same.

[redacted]

[redacted] asks is Andrew is aware of charges brought re driving under the influence. Andrew sttes he is not. No worker from criminal justice system.

[redacted] states there are driving offences we have been made aware of.

Andrew states he has not been in trouble for a long time last time 4 years ago, which was a breach of something?.

Andrew admits to being banned from driving. Denies driving recently. Denies having a vehicle in his name.

[redacted] asks why he feels need for taking illicit drugs. Adnrew states he has been in prison most of life for 'cars, cars, cars, cars,cars'.

[redacted] asks around hears things – Andrew states God says he has betrayed him. Andrew states 'Says going to put mum to heaven. I was bad.'.

[redacted] asks if Andrew blames self for what mum is going through? Andrew nods affirmation.

Re mood – Andrew noted to shake head, not answering for long period. Andrew states he 'is tired now#.

[redacted] states he has been taking meds for last few days, any side-effects? – diarrhea ,but had milk yesterday, and now resolved.

Carry on with medications.

[redacted] states he appreciates Andrew talking more and to speak more with nursing staff, which Andrew has agreed to.

PLAN

Refer to psychology [redacted]

Increase Sertraline to 100ml

[redacted] UHQE has been contacted for further information, will email [redacted] directly.

RISK REMAINS RELEVANT

Continuation Note

Created by [redacted] On: 2020-08-31 20:15:10.0

Late Shift Report

Situation/Assessment ; Andrew settled on the ward - spends most of his time in his room but does attend dayroom for meals. Pleasant when interacting with staff but tends to keep himself to himself in regards interacting with fellow peers.

Andrew was noted to be mobilising without his Moon boot - advised to put it back on as Orthopedics have advised him to keep it on for 4 weeks.

Background : As documented

Recommendation : Continue with current Care/Treatment Plan

Risk Assessment /Safety Plan updated

Continuation Note

Created by: [redacted] On: 2020-09-01 12:45:31.0

Situation

Andrew has spent majority of duty lying awake in bed, up on one occasion for tea. Spent time on telephone trying to discuss his think money account, however as he has no access to a mobile they cannot send him a new pin number. He has been provided with the address to write to them.

Assessment

1x1

Good eye contact maintained, posture fairly relaxed though tends to blow his jaws out on a frequent basis. Speech spontaneous and of normal rate, rhythm and tone. No delusional content evident. No overt signs of psychotic features and none reported.

Spoke of his drug misuse and how he needs to refrain from same, reports no recollection from recent RTA and how it all needs to stop.

Denied any plan or ongoing intent to harm himself. Rated mood as 7/10 (10-highest). Facially reactive.

Recommendation

Continue with current plan of care.

Risk assessment remains relevant.

Continuation Note

Created by: [redacted] On: 2020-09-01 20:24:09.0

Late Duty Report

Situation/Assessment

Andy attended day room at commencement of this duty. Andy appeared agitated (shaking legs, rubbing hands). Writer approached Andy, who reported 'it was the voices'. When asked to expand, he reported 'just the usual' but went on to explain 'they want me to stay in my room but im trying to challenge them by staying in day room'. Andy reports he was going to have dinner in day room then return to side room. Writer advised Andy that should he require further nursing support or PRN to approach staff. Andy agreeable to same. Andy accepting of good food and fluid intake and accepting of all medications as per HEPMA. Andy returned to side room after dinner and has remained there the rest of this duty.

No further issues to note at time of writing.

Background

As previously documented

Recomendations

Continue with current care and treatment plan

Risk assessment and saftey plan remains up to date at time of writing

Continuation Note

Created by: [redacted] On: 2020-09-02 21:51:20.0

Late Duty Nursing Report

Situation/Assesment

Andrew has maintained a very low profile on the ward this duty. Has not required any support from staff and appears relaxed when in his room area. Andrew does appear a little restless when he is within the company of others in the dayroom area. Andrew appears to shake his legs and touch his face a lot in a way to cope with same. Did attend for evening meal and toast and tea. No further concerns offered.

Background

As previously documented.

Recommendations

Continue with current care and treatment plan.

NHS Lanarkshire Risk Assesment remains valid.

Continuation Note

Created by: [redacted] On: 2020-09-02 11:11:57.0

Early Duty

Situation/Assessment: Andrew was late to rise, was only woekn when given his medicaitons. He did attend the day room for a cup of tea sat for a short time then went back to his bed where he remained for the rest of this duty, he did leave to ask for a telpehone number to be found and also to ask other questions which were recorded by staff nurse [redacted]

Andrew has had a small diet and accepting of all medications prescribed on HEPMA.

Background: See previous medical notes

Recommendations: Continue with current plan of care

Risk assessment and safety plan remain relevant.

Continuation Note

Created by: [redacted] On: 2020-09-02 13:12:53.0

COPIED FROM EMAIL SENT TO [redacted] 31/8/20

[redacted]

Admitted QEUH 10/08/20. Driver of a vehicle which crashed. He appeared intoxicated and was brought to QEUH by police. He remained in police custody throughout his stay. He was managed on orthopaedics ward as he had a displaced fracture of ankle although I do not recall the detail.

Ward referred to addictions liaison on 14/08/20, and note on our EMIS 17/08/2020. Notes long history of multi subs use â€“ cocaine, various amphetamines and benzos. Seemed guarded and hinted that he was at risk. He was disorientated and possibly hallucinated. He made reference to previously being diagnosed with schizophrenia at the age of 22 by [redacted] Forensic psychiatrist.

Same day he was referred to general liaison but it was not very clear for what purpose. Seen [redacted] 18/08/2020 who picked up that Mr Shaw had forensic follow up whilst on Risperdal consta possibly starting 2011 and was discharged in 2013 as informal and not wanting further contact. He had not taken antipsychotic medication for many years. MSE abnormal with mumbling and variably coherent speech. Appeared somewhat agitated but not hostile. Possibly hallucinated. Referred to hearing voices for 5 years approx.. [redacted] The impression then was of delirium due to withdrawal and or use of substances.

Addictions reviewed 18/08/2020 â€“ seen as still difficult to assess fully due to MSE. Start on reducing dose Diazepam.

Re-referred to Liaison 20/08/2020 â€“ we had said we would see once addictions were done with dealing with withdrawal.

I first saw 21/08/2020. Very abnormal MSE much as described [redacted]ut tearful at times. Eye contact very limited. Speech low volume and little content. Probably hallucinated. Pronounced speech latency. Answers often not relevant to questions put. He was presenting no management problems for the ward. He was not finished his reducing diazepam. I wondered if the presentation was more in keeping with a psychotic relapse than delirium.

24/08/2020 I reviewed him. Now seen as fit for discharge from ortho point of view. Nurses felt he had been better over the intervening weekend â€“ sitting up more, more interested in attending to ADLs. I thought he was much as before although with reduced latency a bit more eye contact. A little more speech including some odd references to Allah and Jesus but without any context, and I was not able to elicit anything more useful. I had a conversation with attending police officers who indicated that Mr Shaw was facing some serious charges and not simply the driving whilst intoxicated. We discussed appropriate risk management. I spoke with [redacted] the CPN from forensic service who was covering the courts on the 25th as police were confident he would go to court very quickly. He was then discharged into police custody.

25/08/2020 seen by request of police. Seen by [redacted]r Police Custody Health Care Practitioner who noted the abnormal MSE and referred to Hairmyres. He was a little more forthcoming with her and his references to Allah and Jesus were more clearly in the context of delusional thinking. He was not orientated then. She also found out that he had been open to EK services until 2017. She noted that he had not been eating or drinking due to paranoia. I do not know what time frame that is referring to, but he was eating and

drinking ok whilst at QEUH.

There is nothing else in the Glasgow psych record.

Acute notes CT scan of head 11/08/2020:

â€œCT Head :

Unenhanced acquisition. There is no prior relevant cross sectional imaging available for comparison.

No intra or extra-axial collection or haemorrhage. No established territorial infarction. Normal configuration of the ventricular system and basal cisterns. Normal cranio-cervical junction. The skull is unremarkable. Mucosal thickening within the right ethmoid sinus may reflect sinusitisâ€

As previously I am happy to discuss with you. Mobile is 

I hope this is of some help.

Dr [redacted]

Consultant Liaison Psychiatrist

Continuation Note

Created by: [redacted] On: 2020-09-02 13:27:45.0

SUB REPORT

Andrew enquired if he could transfer money into a 'patient account', as does not have bank card.

Writer advised we do not have this service, anfd that when he obtains cash we can store this in the safe.

Andrew is awaiting delivery of card and PIN.

Continuation Note

Created by: [redacted] On: 2020-09-03 21:22:09.0

LATE DUTY REPORT

Situation/Assessment

Andrew has spent the majority of the duty within his side room and has offered limited interaction with nursing staff and peers. Andrew attending the dayroom for meals and has accepted an adequate dietary intake this duty. No further issues voiced or noted at time of writing.

Background

See previous medical notes.

Recommendations

Continue with current plan of care and treatment.

Risk assessment and safety plan remain relevant at time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-03 15:33:46.0

EARLY DUTY REPORT

SITUATION/ASSESSMENT

Andrew arose late this duty, declining breakfast diet. Andrew has been acceptant of medications as per HEPMA and also good lunch diet and fluid intake.

Writer approached Andrew for further information as records have little regarding his current circumstances, however Andrew appeared very reluctant to divulge. Writer explained that if we knew his circumstances it would help with ongoing treatment. Writer asked who he lives with, and around family that support him. Andrew vaguely mentioned he had a brother, no longer in contact, and parents deceased, diverted from conversation stating 'you don't get it', writer asked Andrew to expand as wish to help him, however, Andrew declined.

Andrew did sign CONSENT to share.

Andrew appeared facially flat and euthymic in mood and manner. Minimal eye contact maintained throughout superficial interaction.

BACKGROUND

See midis notes.

RECOMMENDATIONS

To continue with current care and treatment plan.

RISK REMAINS RELEVANT

Continuation Note

Created by: [redacted] On: 2020-09-04 20:06:48.0

Late Duty Report

Situation/Assessment

Andrew has maintained a low profile in the ward. accepting of good diet at evening meal. Noted to use phone to call the bank and appeared agitated and restless during same. Andrew reports he requires a replacement card and has to do this online. Requested if this could be supported by staff tomorrow. settled in room at time of writing. no cocncerns raised this duty.

Continuation Note

Created by: [redacted] On: 2020-09-04 13:22:14.0

Situation

Andrew has spent majority of duty lying in bed facing the wall. Up once for tea. No diet accepted. Not wishing to attend to personal care needs.

Assessment

Subjectively reports everything is 'ok'.

Objectively appears overweight, unkempt appearance, depressed, blunted affect. Poor eye contact, appears distracted and reports auditory hallucinations which are telling him if he does not do as they say his mother will be put out of heaven- crying at this point. He appears guarded over what the voices are requesting of him and stated he would be better off not being here, when asked what he meant by that he shrugged his shoulders. Asked directly if he had any plans to harm himself or to complete his life he replied no but stated he sees no point in going on. He also spoke of a small lump he had found on his head and believes the voices are coming through this lump.

Recommendation

Continue with current plan of care.

Risk assessment updated.

Encourage diet/fluids.

Encourage attendance to personal care.

Daily 1x1 interactions to assess mood/level of risk and harm to self.

Continuation Note

Created by: [redacted] On: 2020-09-05 21:01:57.0

Late Duty Report

Situation/Assessment

Andy was supported by staff to go on internet banking to request new bank card as suggested by bank over phone yesterday evening. Andrew unable to recall passwords etc, however, reassured that nursing staff could help on another occassion which Andy accepted. Andy noted to appear agitated and restless prior to dinner. Reports feeling ok, however physical signs of anxiousness evident. 1x1 offered at this time, however, declined. Offered PRN medication, however, reported he did not require same. Dieted well at evening meal and accepted same in day room. returned to bed space and later approached staff for PRN, reporting 'they are shouting too loud tonight'. nursing staff report Andrew appeared to be responding to unseen stimuli stating 'please shut up'. Appeared frightened and was eyes wanfdering around the room. PRN Lorazepam 2mg administered with good effect and Andy remains settled at time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-05 15:38:15.0

Early Duty Report

Situation/Assessment

Andy continues to be isolative in room. encouraged to attend to personal care, however, appears to be dressed in same clothing. no dietary intake accepted this duty. accepting of fluids and medications as prescribed. encouraged to spend time out of bed and suggested activites to fill time. andy prefers own space and has remained in bed for most of the day. limited interactions with nursing staff.

background

as documented on MIDIS

recommendation

continue current care and treatment plan

risk assessment reviewed and remains relevant

Continuation Note

Created by: [redacted] On: 2020-09-06 14:32:58.0

Early Duty Report

Situation/Assessment

Andrew has maintained a low profile, isolative in side room. Encouraged to attend to personal care and reports taking a shower. accepting of medication as per HEPMA. Attended dining room at lunch time and accepting of small diet. offered to help with internet banking but Andrew asked to leave until later in the afternoon. no concerns raised this duty.

Background

as documented on MIDIS

Recommendation

conitnue current care and treatment plan

risk assessment reviewed and remains relevant

Continuation Note

Created by: [redacted] On: 2020-09-06 20:05:18.0

Late Shift Report

Situation/Assessment : Andrew continues to be isolative in his room area - mood appears low and offers little interaction to staff or peers. Good diet and fluids accept - he does attend the dayroom for his meals. Offering no concerns at time of report

Background : As documented

Recommendation : Continue with current Care/Treatment Plan

Risk Assessment /Safety Plan remain valid

Continuation Note

Created by: [redacted] On: 2020-09-07 20:30:51.0

late Duty

Situation/assessment

Andrew attended dinning room for meal however appeared on observation to be struggling with the noise level, left quickly after meal spending most of his time in his room.

Recommendation

Encourage Andrew to spend more time in day area .

RISK ASSESMENT AND SAFETY PLAN RELEVANT AT TIME OF WRITTING NOTES.

Continuation Note

Created by: [redacted] On: 2020-09-07 13:52:13.0

Early Duty Report

Situation / Asseessment

Andrew has maintained a low profile around the ward this duty, and has spent most of his time in his bed space. He was noted to be accepting of his prescribed medications, as per HEPMA. He did attend the diningroom for his breakfast and had an adequate diet and fluid intake but did not attend for his lunch. He has reported no concerns to nursing staff this duty. No other concerns to note at the time of writing.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-08 14:14:03.0

Early duty

Situation/Assessment: Andrew has spent all of this duty in his bed area. He took his medication which is prescribed on HEPMa because it was taken to him. He has only left his room to get juice, he was taken lunch so had a good diet at lunc h time. He was moved form side room 9 due to a possible covid patient needing to isolate. He is now in room 1 bed 1.

Andrews lawyer called and will visit him on the 15th.

Background: see previous medical notes

Recommendations: Continue with current plan of care

risk assessment and safety plan remain relevant

Continuation Note

Created by: [redacted] On: 2020-09-08 19:36:14.0

Late Duty Report

Situation/Assessment

Andrew has remained in his bed for majority of the duty. He attended the dayroom for evening meal and accepted a good diet intake. He returned to bed after mealtime where he has remained for the duty. On approach Andrew appears tobe lying on top of his bed area asleep. He has not voiced any concerns at time of writing notes.

Background

As previously documented

Recommendations

Continue with current care and treatment plans

Risk assessment remains valid

Continuation Note

Created by: [redacted] On: 2020-09-09 15:33:37.0

Late Duty Nursing Report

Situation/Assesment

Andrew has maintained a low profile on the ward this duty. Has spent majority of time laying on top of his bed. When approached by writer he was unwilling to engage in conversation; appeared to be anxious and did not give any eye contact. Call from physio regarding refferal for ankle. Andrew reports that he is still having slight pain in his ankle and can be sore and stiff at times. Physio have agreed to attend the ward tommorow or Friday to review same. Has not accepted any diet this duty despite prompts from writer. Advised that he will have a slice of toast at tea time. No further concerns noted at time of written report.

Background

As previously documented.

Recommendations

Continue with current care and treatment plan.

v

NHS Lanarkshire Risk Assesment remains valid at time of written report.

Continuation Note

Created by: [redacted] On: 2020-09-09 13:53:55.0

Early Duty Report

Situation / Assessment

Andrew has spent this duty at his bedspace, Andrew declined to attend for meals and also declined to sit within the day room. Andrew has accepted all medication as per prescribed on hepma although declined to attend to personal care, Towels provided to Andrew if wishes to attend to same at some point in the day.

Writer engaged in brief 1x1 with Andrew as this was the first time meeting as well as to build a theraputic relationship. Andrew appeared facially animated at start of conversation when introductions were being made although quickly as displayed lack of interest in conversation. Difficult to have conversation with Andrew as little eye contact given and minimal response given by Andrew. Andrew appeared aggitated and nervous when talking to writer, Andrew voiced no concerns or anything to report to writer at this time. When discussed suicidal ideation and self harm Andrew looked at writer, only noted eye contact throughout 1x1, and stated "why would I want to do something like that in here". Andrew declined having thoughts of suicide or self harm at this time although self rated his mood 3/10 (1 being the lowest and 10 being the greatest)

Background

as documented in midis

Recommendation

Continue with care and treatment plan

Risk assessment ans safety plan reviewed at this time

Continuation Note

Created by: [redacted] On: 2020-09-10 21:42:50.0

Late Duty Report

Situation

male friend of andrew visited ward this afternoon. initially referred to Andy as 'Alistair Adams', then changed to 'Andrew Shaw'. Noted not to be named visitor. explanation of ward policy including calling to make appointment which had not been done.
Friend reported his wife had previously visited. confirmed his wife as appointed visitor. Slightly disgruntled however accepted and left the ward.

Andy approached writer asking if male friend had left. confirmed this and explaned visiting policy. Andy reports he was hoping to send washing away with friend. Andy was unsure why he did not approach staff/friend at time when he was in the ward.

Andy supported to gain access to internet to arrange new bank card. unable to organise due to no mobile number for customer verification. Attempted to purchase new phone, however, unable to confirm card number. Advised Andy to contact bank to discuss circumstances tomorrow which Andy was accepting of.

Enjoyed takeaway meal with peers

Time spent in day room - unsettled and acutely anxious following dinner. see 1x1 below. PRN Lorazepam 2mg accepted with some effect

returned to bed space and has remained settled in bed space at time of writing.

Background

as documented on MIDIS

Assessment/1x1

When discussing Andy acquiring new bank card he reports he is unable to ask friend to access property when posted out. initially guarded, however, reports he no longer lives at this private let address. When approached re address, Andrew reports no fixed abode and discussed he is essentially homeless.

Discussed he was taking to many drugs at home but reluctant to discuss further.

further 1x1 following evening meal due to appearing acutely anxious in day room. shaking legs, fidgiting with hands, rubbing face and noted to be sweating. time spent with Andy who became tearful. PRN 2mg Lorazepam administered with maximum encouragement from writer.

Reports feeling he needed to sit in view of doors due to the 'fallen angel' coming to get him due to 'disrespecting god'. Andy reports hearing the voice of the 'fallen angel' who was telling him he was coming for him. reasurrance given re same and time spent facilitaiting distraction techniques. Quiet room utilised for low stimulus environment and appeared to be beneficial. Encouraged to return to bedspace, however Andy reporting it was 'too dark'. writer turned light on and made Andy aware of same. Andy returned to bed space and has remained settled at time of writing.

Recommendation

support/signpost Andy re aquiring replacement bank card/mobile phone.

Continuation Note

Created by: [redacted] On: 2020-09-10 12:48:19.0

Early Duty Report

Situation / Assessment

Andrew has maintained a low profile on the ward this duty, and has spent most of his time in his bed, asleep. Andrew has not attended the diningroom for his meals, and has had no hospital diet this duty so far - Writer has encouraged Andrew to get up for his meals on more than one occasion, however he has politely declined and states he will have a sandwich and tea soon. Andrew has attended to his personal care this morning, after writer prompted him. He has been accepting of his prescribed medications, as per HEPMA. Physiotherapy attended the ward around 9.30am to review Andrew's ankle and have documented in his paperlite - Physiotherapy have left Andrew exercises to be do daily (3 sets of 10). Andrew has allowed for the writer to obtain his vital obsevations, and there appeared to be no concerns with this. Andrew has reported no concerns this duty - Daily PURA has been completed. No other concerns to note at the time of writing.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by [redacted] On: 2020-09-11 15:49:54.0

Early Duty Report

Situation/Assessment

Andy woken to accept morning medication as per HEPMA. reported to have independently attended to personal care. Accepted dietary intake at lunch time. Andy made call to his bank and was able to obtain code to allow him to withdraw cash amount without card that would be valid for one day. advised he would have to access pay point service (at train station shop). raised concern over Andy physically mobilising due to recent injury, however, Andy felt confident he would be able to manage. Advised it would be discussed with nurse in charge and dependent on weather which Andy accepted. Andrew more settled in manner that previous evening and has maintained a low profile in bed space this duty.

Background

as previously documented on MIDIS

Recommendation

continue current care and treatment plan

risk assessment reviewed and remains relevant

Continuation Note

Created by: [redacted] On: 2020-09-11 19:19:38.0

Late Duty Report

Situation/Assessment

Andy unable to access money from pay point due to shop not facilitating this service. initially dissapointed and felt writer had let him down. reassurance given that alternative options available including contacting named visitor etc. Asndy reports that he ntends to contact visotor tomorrow to formulate plan to access finances. Appeared anxious during discussion surrounding difficulties accessing money. Has since settled. Ordered takeaway meal and enjoy same with peers in dorm - reminded and reqested to sit in dining room to eat same. Noted this to be second or third meal which Andy has paid for in full for himself and peers. Discussion with Andy who reports he will ask peers for money in future. Andy also reports he was given some financial contribution towards same last night. Has maintained a low profile at bed space this duty. offered peers some interaction at evening meal. no management concerns raised this duty.

Continuation Note

Created by: [redacted] On: 2020-09-12 19:37:36.0

Nursing Early/Late Duty

Situation/Assessment

Andrew did not rise until after lunch and has maintained a low profile in the ward over course of the day. Accepting of medications as prescribed and to purchase a take away which he shared among his peers. Andrew noted not to have worn boot to support ankle today staff have enquired with him regarding this. No significant chnage in presentation.

Recommendations

Continue with current care plan

Risk assessment remains valid.

Continuation Note

Created by: [redacted]n On: 2020-09-13 19:07:40.0

Late Duty

Situation/Assessment: Andrew has spent all of his time within his bed area this duty. he has been accepting of all medications prescribed on HEPMA. For dinner Andrew asked that he called for a pizza which was allowed. He had this and returned to his bed area.

No issues or concerns raised this duty.

Background: See previous medical notes

-

Recommendations: Continue with current plan of care

Risk assessment and safety plan remain relevant

Continuation Note

Created by: [redacted] On: 2020-09-13 14:13:57.0

Early Duty

Situation/Assessment: Andrew has been in his bed area all of this duty he has left for meal times and accepting of all medications as per hepma.

Andrew has raise dno management concenrs or issues today.

Background: See previous medical notes

Recommendations: Continue with current plan of care

Risk assessment and safety plan remain relevant.

Continuation Note

Created by: [redacted] On: 2020-09-14 15:24:03.0

Early Duty Report

Situation/Assessment

Andy early to rise due to dorm cleaning. Time spent in day room and noted to offer a small amount of interaction. returned to bed prior to lunch. Accepting of prescribed medication as per HEPMA. accepted hospital diet at meal times. no cocncerns raised.

MDT

Andy was reviewed by [redacted] Reports good sleep and appetite. During review, Andy was unable to sit at ease and very restless. Periods of rocking back and forth and fidgeting with hands and feet. Puffing on occasion. Eye contact poor, however, improved as MDT progressed. Discussed someone collecting washing this afternoon. Stated '20-30 people fighting in my head'. Later discussed this is linked to ruminating on memories of life events. Feels as if he has been 'running away' from this. He wishes team to help him and feels ready to address this now and would engage in psychology. Discussion surrounding distress/anxiousness.

Approached re housing situation. Reports moving to flinders place and confirmed this as his last address. Andy reports he is going will find a private let prior D/C and is confident of having means and finaces to do so unsupported.

Denies any charges re car offences. Reports he 'was supposed to have crashed a car'. Denies driving a car that crashes. Confirmed he is not legally allowed to drive. Andy reports he does not know how he injured his ankle. Implied he did not remember incidents due to being intoxicated. Reports use of cocaine and diazepam and 'everything'. Reports using drugs as negative coping strategy. Declined referral to addictions.

Plan

-Police should be informed upon d/c

-Psychology referral – confirm if this has been completed

-Planned D/C in 2 weeks – 29th Sept

-Commence Propanolol - 20mg twice a day

risk assessment reviewed and remains relevant

Continuation Note

Created by: [redacted] On: 2020-09-14 21:41:31.0

Late Duty Report

Situation/Assessment

Andy continues to maintain a low profile in bed space. Offers peers interaction in dorm. dieted well at evening meal. noted to call bank prior to dinner. no concerns raised this duty

Continuation Note

Created by: [redacted] On: 2020-09-14 11:18:27.0

[redacted] Ward Round

Attends the group room for meeting with [redacted]. Was sleeping prior to meeting.

[redacted] asked Andrew if he knows it is his responsibility to stay away from trouble/drugs/bad influencers when discharged. Patient states he knows it is his responsibility but it is ahrd when "20-30 people are fighting in my head". Wants help but when asked how we can help - could not give specific answer. States can only get help when he wants it. Feels like he is now ready to discuss previous issues now and attend psychology. Is taking his medications. Intends to stay in East Kilbride in a private let upon discharge.

States no charges have been brought against him from police. They were involved becuase he "was supposed to have crashed a car" but he denies this. Denies driving. Unable to tell us how he hurt his leg - police say this if from the car crash.

Declines referral to substance misuse.

Patient causally dressed. Very fidgety, cannot sit still, heavy breathing. Poor eye contact. Wringing hands. Speach normal rate and rhythm. No obvious abnormal perceptions & cognitively intact

Plan: Add in propranolol BD, planned discharge 29/09/2020

Continuation Note

Created by: [redacted] On: 2020-09-15 10:39:54.0

Email Received

Email from [redacted]ychologist who advised that now Andy has a discharge date a referral for should be straight into the East Kilbride team and they can send him an opt in which would at least give some measure of his motivation.

Continuation Note

Created by: [redacted] On: 2020-09-15 07:44:06.0

Sub Report

Email sent to [redacted] psychologist to discuss referral. nursing staff advised it had previous been rejected due to Andrew's previous non-engagement while a patient in Beckford Lodge. following on from MDT yesterday morning [redacted] request to contact and inform of Andrew's motivation to work with psychology.

Continuation Note

Created by: [redacted] On: 2020-09-15 13:12:06.0

Early Duty

Situation/Assessment

Andrew has spent the duty lying on his bed apart from attending the dining area for his meals. Accepting of a good diet and all medications as per Hepna. Very little interaction with staff or peers.

Recommendations

Current care plan and risk assessment relevant and valid at time of written report

Continuation Note

Created by: [redacted] On: 2020-09-15 20:41:16.0

Late Duty

Situation/Assessment

Andy has been settled this duty, again spending most of his time lying on top of his bed. He has attended the dining area for his meals and has been noted to be interacting with his peers in the dorm.

Andy was visted by his lawyer who informed staff that Andy will be seen by the police when discharged as there are outstanding criminal charges that he must face.

No nursing or mangement problems to note.

Recommendations

Current care plan and risk assessment relevant and valid at time of written report

Continuation Note

Created by: [redacted] On: 2020-09-16 13:29:08.0

EARLY DUTY REPORT

Situation/Assessment

Andrew has been settled in mood and manner this duty, spending time within the dorm area mostly on his mobile phone. Andrew noted to be interacting approrpiately with peers and has accepted adequate dietary intake and medication as per HEPMA. No further issues noted at time of writing.

Background

See previous medical notes.

Recommendations

Continue with current plan of care and treatment.

Risk assessment and safety plan remain relevant at time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-16 06:06:01.0

Night Shift Report

Situation/Assessment : Andrew refused prescribed night time medications last night informing that he was feeling "unwell" and was not wanting to take "anything" that would make him feel worse. Retired to bed and slept well throughout the night - no concerns at time of report

Background : As documented

Recommendation : Continue with current Care/Treatment Plan

Risk Assessment /Safety Plan remain valid

Continuation Note

Created by: [redacted] On: 2020-09-16 20:50:55.0

Sub - Report

1x1 interaction - 1x1 interaction with Andrew and he appeared willing to engage with same. He was casually dressed and was noted to have poor eye contact throughout. Andrew was unable to sit still and was noted to be breathing heavily. He was noted to stutter his words at times, but his speech and tone was of normal rate and rhythm. He states that "things are no bad". He voiced that he does not feel as bad as he did and self-rates his mood as 2/3 out of 10. He states that his diet is poor and recognises that he is having too many take-aways - making writer aware that he has had 8 in the last week and voiced that he is not having anymore. With regards to his sleep, he states he sleeps "to block things out" - Andrew spoke of voices and states at times they can be distressing, but made writer aware that he has 'lived' with these voices for 36 years. Andrew denies any current thoughts, plans or intent regarding suicidal ideation or deliberate self-harm - However Andrew voiced that he "probably" wouldn't speak with staff if he felt himself needing extra support. Writer re-assured Andrew that staff were here to support him. Andrew was noted to discuss his previous motoring offences and voiced "why do i always go for cars when i'm in the psychosis?" - He then continued to voice that [redacted] told him he would get to the 'bottom' of why he does this but hasn't and spoke of being discharged soon - Andrew apppeared disgruntled by this and highlighted this often throughout the interaction. Andrew was also noted to voice that he feels safe in hospital and feels this is his chance to "sort his head out". He spoke regarding the people he is involved with in the community as not being good for him - he states "they push you to be unwell" but would not appear to discuss this further. Andrew states that he wants a fresh start, wants to "sort his head" and build a new life but recognises that he has "things to deal with" - Noted to mention a warrant from 2017 for driving whilst disqualified. When discussing psychology in the community - Andrew states that he would attend 4 or 5 sessions then eventually not go - He was noted to mention that he would be worried about talking about his past. Andrew was noted to ask if he could open the window due to being too warm - Writer decided to terminate the 1x1 due to Andrew appearing overly restless, and unable to sit in the chair and he was agreeable. No other concerns to note at the time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-16 19:36:22.0

Late Duty Report

Situation / Assessment

Andrew has maintained a fairly low profile on the ward this duty - but has been noted to interact fairly well with fellow peer[redacted] He did not attend the diningroom for his evening meal, but was noted to order a pizza takeaway with fellow peer[redacted] He allowed for writer to obtain his vital observations and he was noted to score 1 due to his temperature being 35.7 - Andy was noted to voice that he was 'sweating'. Andrew has attempted to contact his friend[redacted] but was unable to reach her at the time. He has offered no nursing concerns this duty - Andrew is due a 1x1 interaction, which writer will try attempt to have done - if not, this will be forwarded in the diary. No other concerns to note at the time of writing.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by: [redacted]n On: 2020-09-17 20:18:20.0

Late Duty Report

Situation / Assessment

Andrew has declined all meals provided throughout the day. Andrew relucuant to engage with staff, although appears to be engaging well with peers in the dorm area. Andrew noted to be laying asleep at majority of fire board checks. No further concerns to record at this time. No changes in mood or presentation to record at this time.

Background

As documented on midis

Recommendation

Continue with current care and treatment plan in situ at this time

Risk assessment and safety plan remin intact at this time.

Continuation Note

Created by: [redacted]r On: 2020-09-17 12:12:36.0

Early Duty Report

Situation / Assessment

Andrew was later to rise this duty and has spent his time at his bedspace. Writer provided Andrew with two towels around 8.30am for him to attend to his personal care - Writer re-approached Andrew regarding this at 11.20am and he has since done this. He did not attend the diningroom for his breakfast, and has declined lunch - He has had no hospital diet this duty but been noted to have sweets instead. Andrew has allowed writer to obtain his vital observations and there were no concerns with this. Daily PURA has been completed. Writer approached Andrew regarding his housing situation - He states that he has not looked for any properties yet - Writer advised him that this is something he could do today and he was agreeable at the time. Andrew has offered no nursing concerns this duty - No other concerns to note at the time of writing.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-18 13:40:32.0

Early shift report

Situation/Assessment

Has been accepting of prescribed medications, spent this duty lying in bed. Was pleasant on approach, writer unable to have any meaningful interaction despite encourging him to get up.

Recomendation

No changes made to plan of care or risk assessment at this time.

Continuation Note

Created by: [redacted] On: 2020-09-18 20:24:30.0

Late Duty Report

Situation / Assessment

Andrew has spent this duty in dorm space, resting on top of bed. Andrew has made minimul interactions with staff or fellow peers. Andrew declined hospital diet and opted for take away meal. Andrew has raised no concerns this duty.

No further issues to note at time of writing

Background

As documented on midis

Recommendation

Continue with current care and treatment plan in situ at this time

Risk assessment and safety plan remin intact at this time.

Continuation Note

Created by: [redacted] On: 2020-09-19 22:07:03.0

Assessed by Night Duty Doctor

ATSP after fall on ward - patient appeared unwell. Helped back to bed by nursing staff. Pt tells me he fell because he felt dizzy but then states it was due to his foot/ankle not taking his weight. He now has a sensation of chest tightness and pain which is coming and going. Central. States does normally feel breathless but a bit worse than his usual. L hand feels numb. Feels heart is racing.

On attendance patient in bed sitting upright. Does appear breathless (not unusual for him). Appears sweaty & slightly pale. No obvious injuries from fall. Chest clear, SpO2 96%, RR 27, HS I+II+0, HR 80, BP 133/92. Abdo SNT. No focal neurology.

Imp: Need to rule out MI.

P: ECG done - no changes from prev (August 2020)

Bloods including trop sent urgently - bloods all normal and troponin negative

Monitor for now

Continuation Note

Created by: [redacted]: 2020-09-19 21:38:36.0

LATE DUTY REPORT

situation/assessment

around 21.00 hours fellow peer in dorm one alerted nursing staff that Andrew had fell on the floor with a thud. Staff attended and physical obs were taken and duty doctor contacted with same. Andrew appeared to be breathless while lying on the floor. Staff managed to assist Andrew to sit up and physical obs were taken and documented. Duty doctor attended shortly after.

background

as previously documented

recommendation

engage with duty doctor re any further treatment

risk assessment remains valid at time of writing report

Continuation Note

Created by: [redacted] on: 2020-09-19 19:52:34.0

LATE DUTY REPORT

SITUATION/ASSESSMENT

Andrew has appeared settled this duty. Andrew ordered takeaway, pizza which he has done often since admission. Writer has explained the importance of healthy balanced diet and benefits to mental health.

Andrew has spent most of this duty at bedspace, resting or socialising with fellow peers.

Andrew reports that he is awaiting delivery of a mobile phone by friend.

Andrew requested clothing to be taken to laundry, which writer will assist to facilitate.

Andrew appears facially bright and euthymic in mood and manner. Pleasant and appropriate on approach from staff.

No issues reported or observed.

BACKGROUND

See midis notes.

RECOMMENDATIONS

To continue with current care and treatment plan.

RISK REMAINS RELEVANT

Continuation Note

Created by: [redacted] On: 2020-09-19 12:57:20.0

Early Duty Report

Situation/Assessment

Andrew was encouraged to rise for breakfast this morning. Andrew declined same but attended corridor for medications. Andrew returned to dorm and spent the morning resting on top of bed, making minimal engagement and maintaining low profile. Andrew was again encouraged to attend day room for lunch but refused same. Andrew accepting of lunch time medications. Andrew appears euthymic in mood and manner and only engages when approached by staff. Andrew has raised no concerns regarding mental health to nursing staff.

No further issues to note at time of writing

Background

As previously documented

Recommendations

Continue with current care and treatment plan

Risk assessment and safety plan updated to reflect any changes

Continuation Note

Created by: [redacted] On: 2020-09-20 21:10:55.0

Late shift report

Situation/Assessment

Andy has spent the majority of this duty lying on his bed a lot of the time seemed to be asleep. Rose shortly before dinner, he declined meal and went back into the dorm. Noted to be interacting with others in the dorm, had a take away meal with some others in the dorm. Pleasant on approach, not voicing any concerns in relation to care/treatment. No concerns from staff in realtion to his presentation.

Recomendation

No changes made to plan of care or risk assessment.

Continuation Note

Created by: [redacted] On: 2020-09-20 12:58:50.0

Early Duty Report

Situation / Assessment

Andrew has spent this duty in his bed. Acceptng of medications and remained at bedspace this duty. Andrew has offered no interaction with staff and appears disinterested during conversation. Andrew has had no dietary intake this duty stating taht he is not hungry. No further concerns to recird at this time

Andrew reports no further falls this duty and reports no episodes of breathlessness. Writer approached andrew for a 1x1 this duty although Andrew was in a deep sleep and unable to wake up from same. Will inform backshift of same inable to maintain theraputic relationship.

Background

As documented on midis

Recommendation

Continue with current care and treatment plan

Risk assessment and safety plan reviewed at this time

Continuation Note

Created by: [redacted] On: 2020-09-21 21:06:14.0

Sub Report

Andrew approached [redacted] for chat; advised that he was struggling and felt as though admission was still required to help with current presentation. [redacted] reports that Andrew was anxious and a little guarded throughout. He reports that he has felt at times like he has not been listened to and does not feel like discharge to the community next week will be benfeicial to his mental health. [redacted] felt that Andrew was finding it difficult to communicate why he was feeling this way [redacted] approached writer as designated nurse for writer today.

Writer approached Andrew for 1x1. Andrew did appear adgitated throughout; he was quite disgruntled in manner surrounding the propsoed discharge date of 29/9/2020; Andrew disclosed that he is experiencing a lot of voices in his head. He describes this as 20 voices and 10 want to kill the other 10. States he has experienced these from an age of ten. Andrew states he has never disclosed same to any other staff however on conversation with the further nursing team it was founded that same had been documented and discussed with [redacted] at last review [redacted] has advised Andrew that these voices may relate to trauma and having the psychology input within the community would be beneficial. Andrew also stated that he feels like hospital is helping; did ask Andrew to identify exactly what aspect of hospital is helping. He states he is safe here and in community he will fall back in with 'bad crowds'. Andrew was reluctant to explore what he meant by this but did identify this was relatable to drug use. Andrew states that there was 'no point' speaking about how he was feeling and appeared to be unwilling to enagge any further with writer. Had asked [redacted] for pen and paper in order to write down his current thoughts and experiences in order to paint a better picture to staff. Andrew also advised that he does have a house at present despite advising writer earlier in the day he was going to seek a private let in East Kilbride. Will have to explore same further on next 1x1 interaction.

Continuation Note

Created by: [redacted] On: 2020-09-21 08:55:15.0

Long Day Nursing Report

Situation/Assesment

Andrew was earlier to rise this morning due to room being cleaned. Has spent sometime since between the dayroom area looking out the window and in the dorm area interacting with peers. Andrew also attended group walking activity to shop and appeared to enjoy same. Returned without incident. Spoken to Andrew regarding his accomodation upon discharge. Andrew intends to seek a private let; advised that his mobile phone willbe delivered tonight and will look for a tennancy in East Kilbride area. Andrew was encouraged to approach writer should he need any support with same. Andrew was reminded that discharge date will be 29/9/2020 and therefore should aim to have accomadation arranged for discharge on this date. Andrew was accepting of same. Andrew has advised that his bank card will also be delivered to the ward on Wednesday. Andrew has been fairly bright overall today; does appear anxious at times however will interact with staff when approached. Appears to be fidgeting with hands when in dayroom however Andrew does appear to be spending more time socializing than in recent weeks. Andrew did advise his foot was sore following walk but feels its important to exercise same. No further concerns offered at time of written report. Has accepted medications as prescrived on HEPMA. Good diet and fluid tolerated.

Background ; As previously documented.

MDT Review: [redacted] did not review Andrew and planned discharge remains in place for 29/9/2020

Recommendations

Continue with current care and treatment plan.

Encourage Andrew to seek accomadation for discharge.

NHS Lanarkshire Risk Assesment Remains valid at time of written report at time of

written report

Continuation Note

Created by: [redacted] On: 2020-09-22 18:51:36.0

Late Duty Nursing Report

Situation/Assesment

Andrew has spent majority of duty in dorm area - observed to be interacting appropriatley with peers. Andrew also thanked writer for 1x1 interaction from previous day. Andrew has been bright and pleasant on approach; no evidence of low mood or overt psychotic symptoms. Andrew has tolerated a light diet of a sandwich for evening meal. No medications prescribed for this duty. Andrew was supported with a walk on hospital grounds with [redacted] noted to enjoy same and returned without incident. No concerns noted at time of written report.

Background ; As previously documented.

Recommendations

Continue with current care and treatment plan.

Andrew has advised staff that he currently has a property for discharge on 29/9/2020

NHS Lanarkshire Risk Assesment Remains valid at time of written report at time of written report

Continuation Note

Created by: [redacted] On: 2020-09-22 13:14:30.0

Situation/Assessment

Andrew has attended dining room for meals, not yet attended to personal care.
Spent time lying asleep on bed, some communication noted with fellow males in dorm.

Recommendation

Continue with current plan of care.
Risk assessment remains relevant

Continuation Note

Created by: [redacted] On: 2020-09-23 19:20:20.0

Late Duty Nursing Report

Situation/Assesment

Andrew has continued to maintain a low profile on the ward this duty. Spent most of his time lying on top of bed and interacting with peers in dorm area. No overt symptoms of psychosis observed nor low mood. Writer approached Andrew to confirm accomadation for discharge (set for 29/9/2020). Andrew advised that he has a tenancy which he can utilize and refused any support from staff with regards to same. No further concerns noted at time of written report.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-23 12:37:58.0

Early Duty Report

Situation / Assessment

Andrew was later to rise and has been noted to spend most of his time at his bed space - Writer has provided Andrew with towels to attend to his personal care, however he has not done this at the time of writing. He was noted to miss breakfast, but attend the diningroom at lunch - At lunch, he did not have any hospital diet, as he made writer aware he was going to get a McDonalds. He has interacted well with fellow peers within his dorm. Andrew has allowed for his vital observations to be obtained and there were no concerns with this. Daily PURA has been completed. Andrew has also been noted to receive his new bank card today, which he has in his possession. Care plan review has also been completed. Andrew has reported no nursing concerns this duty - No other concerns to note at the time of writing.

Background

See previous notes documented

Recommendations

Continue with current care and treatment plan

Risk assessment remains valid at the time of writing.

Continuation Note

Created by: [redacted] On: 2020-09-24 14:56:07.0

Early/Late Duty Report - Long day

Situation / Assessment

Andrew has remained within his bedpsace and dorm area although does appear to be offering more conversation to staff on the passing. Andrew ordered a mcdonalds with peers within the dorm area for lunch. Accepting of all medication as per hepma. Andrew continues to present with no overt symptoms of psychosis observed or low mood. Ordered a further takeaway for evening meal. Requested PRN medication due to atmosphere and dynamic of the ward. Remains settled at time of writing

[redacted]

Background

As documented on midis

Recommendation

Continue with current care and treatment plan in situ at this time

Risk assessment and safety plan reviewed at this time

Continuation Note

Created by: [redacted] On: 2020-09-25 16:13:24.0

Early Duty Report

Situation/Assessment

Andy has maintained a low profile in the ward during the morning. accepting of medication as per HEPMA. reports poor sleep overnight due to disturbances in the ward. Ordered a takeaway and enjoyed with peer at lunch time. Andy became disgruntled that the ward dynamic did not allow for staff to accompant him to shop and Andy walked out of ward on own volition. When whereabouts became unknown and Andy did not return within 20 minutes, missing person protocol initiated. Security contacted, however, unable to give direction of travel on foot. Police contacted at 2.30pm. duty dr contacted to advise.

Telephone call received from [redacted] police station) who sought further information. Made aware that Andy due for d/c on Tuesday and also that detailed in risk assessment to inform police upon D/C to allow them to conduct questioning re charges and presentation that lead to hospital admission.

Further call received from [redacted] who advised that Andy would not be treated as a missing person due to upcoming D/C and no plan to be reviewed by consultant. she had advised that Andy is fit to be arrested/taken for questioning and officers have been tasked to do so. Police advised they would call ward with any updates. staff to cotact police via 101 to advise if any contact or if Andy returns to ward.

Duty contact on a further occassion to advise of updates. [redacted] emailed to inform.

Recommendation

-Andy AWOL

-Police to contact ward if Andy taken to police custody for questioning

Staff to contact police if he returns or makes contact to the ward

- Duty Dr and [redacted] informed of same

Continuation Note

Created by [redacted] On: 2020-09-26 20:42:14.0

LATE DUTY REPORT

situation/assessment

Andrew remains AWOL. Attempted to contact police (x3) however no contact made.

Note from early report that police will update staff re any further update. No contact made from police this duty.

background

as previously documented

recommendation

contact police if possible for any update

risk assessment remains valid at time of writing report

Continuation Note

Created by: [redacted] on: 2020-09-26 12:48:26.0

Early Duty Report

Contacted police following handover that police are taking no further action. therefore have not arrested him. but they where unable to inform staff if a welfare check has been carried out.

Contacted 101 to request welfare check on Andrew. They are unable to determine from yesterdays notes if police physically seen andrew.

Police attended ward and told staff that they are planning on arresting Andrew. Police informed staff that yesterday there appeared to be misscommuication. Police under the impression that we only contacted them to inform of his discharge and where not informed that nursing staff requested welfare check as patient AMA. Police now aware of same and will contact ward with any updates or should they require further infomation

Continuation Note

Created by: [redacted] On: 2020-09-27 19:35:01.0

LATE DUTY REPORT

situation/assessment

Andrew remains AWOL. No contact/update from police this du

background

as previously documented

recommendation

Liase with MDT

risk assessment remains valid at time of writing report

Continuation Note

Created by: [redacted] On: 2020-09-28 19:24:17.0

Late Duty

situation/assessment

Andrew remains AWOL. No contact/update from police this du

background

as previously documented

recommendation

Liase with MDT

[redacted]

Continuation Note

Created by: [redacted]: 2020-09-29 18:33:42.0

DISCHARGE SYNOPSIS

25/9/20 - Andrew asked to leave the ward, or be escorted to purchase some items from the shop. This was declined due to COVID guidelines and ward dynamics. Andrew then noted to have left the ward AMA without notifying staff and did not return.

At time of leaving Andrew had denied any suicidal ideation plan or intent. No overt signs of psychosis evident.

Leading up to the day Anmdrew left the ward Andrews mental health appeared to be at a good level, sleeping well and with good appetite.

Discharged was planned for 29/9/20.

Staff contacted Police 3 times re Welfare check, police did attend 26/9/20 however Andrew not at his address, Police left a card to contact them.

Further call made to police who attended the ward, where it was noted communication error, Police believed that no further action was needed, staff informed them that a welfare check was still required.

29/9/20 there had still been no word from Police and writer contacted them to request further update, they reported that a card had been left and no further contact made,

Further to discussion with SCN and [redacted]riter requested further welfare check. Writer received call from [redacted]o asked for details of the concern, then stated that a welfare check was not appropriate and advised to contact CPN or SW to makde checks.

Around 30 minutes later [redacted] called back into ward to say Andrew had presented at the Police Station with the card the police had left. [redacted] reports that all appears

well with Andrew and he states Andrew was advised to contact the ward to advise that he was OK.

Writer informed [redacted] was not required to contact the ward, so long as he had reproted to Police.

PLAN

Email to advise [redacted] of successful welfare check

Email Dr [redacted] who will liaise with GP re medications