NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr McKechanie
Springwell Medical Group
Springwell Medical Centre
39 Ardmillan Terrace
Edinburgh
EH11 2JL

Date: 22/02/2017

Inpatient Discharge Summary

Patient	Ronald McRobb 8/5 Northcote Street Edinburgh EH11 2HL	**CHI** **Date of Birth / Age** **UHPI**	**3012571450** 30/12/1957 (59 years) 600086642R
Specialty	General Medicine	**Admission Date**	17/02/2017
Ward	Ward 208 RIE		
Consultant	Dr Katharine F Strachan	**Discharge Date**	21/02/2017

Dear Dr McKechanie

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Diazepam Tablets	5 MG	As Required	Long Term	NEW changed from temazepam for insomnia. Take one tablet at night if required. 5 tabs supplied
Flucloxacillin Capsules	500 MG	FOUR times daily	4 Days	Last dose due»24/2/17 evening dose. 14 tabs supplied
Olanzapine Tablets	5 MG	At NIGHT	Long Term	NEW psychotic sx. 7 tabs supplied

PRINCIPAL DIAGNOSIS/PROCEDURE
1) Mild cellulitis
2) R knee pain ?secondary to osteoarthritis
3) Psychotic symptoms

Mr McRobb was admitted with a 1 day history of R knee pain of gradual onset, which was tender to touch. He also believed this to be caused by 'kerotene' being injected into his knee every night by 'kids'. He was able to weight bear. No systemic features of infection. BG: years history of intermittent auditory hallucinations of voices talking about him. No command hallucinations or suicidal/DSH thoughts/actions. He also reported the following to psychiatry in ED: Believes people are targeting him as he was seeing the ex wife of one of these people. Latterly states its 'druggies' who are doing this to him. Tells me Police have been on surveillance of him for several months. Feels he is going to be attacked. Describes tactile, olfactory, auditory hallucinations. Was informed by male voice his daughter and son were dead as were 9 members of his family.
PMH: anxiety/depression, without previous psychotic presentation. (dose of sertraline recently increased from 50mg to 100mg). Intermittent ETOH excess.
Bloods: Hb 135 WCC 13.5 PLT 285 Na 137 K4.1 Creat 89 eGFR>60 CRP 46 Normal liver function
O/E: Afebrile HS I+II+O Chest clear Abdo SNT BS+ Neurologically intact R knee no swelling, mild erythema. Joint crepitus. Tender along anterior joint line.
CXR: Nil acute ECG: Sinus tachycardia
Rt Knee XRay: No bone/joint abnormality No effusion/soft tissue swelling.

CT Head: Nil acute.

TREATMENT
He was treated with oral flucloxacillin for his cellulitis.

He was reviewed again by psychiatry who felt that there was no need for urgent review and have referred him to the intensive home treatment team, alongside starting low dose olanzapine. Before discharge Mr McRobb he developed more insight into his hallucinations. He also feels that his psychotic symptoms were caused by the sertraline, in particular after a recent dose increase, and he no longer wishes to take this medication. He stated that having tried several antidepressants with no success, he would continue to explore non-medical methods of managing his depression. Support for this and signposting would likely be of benefit.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
IHTT FU
CHANGES TO DRUGS SINCE ADMISSION
Addition of olanzapine. Short course of oral fluclox, temazepam changed to diazepam for sleep disturbance (pt aware diazepam is a short-term measure).
Sertraline stopped at patient's request.

ALLERGIES / ADVERSE DRUG REACTIONS
Diclofenac ?reaction
Various antidepressants including ?sertraline

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil
CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING
Nil
GP to please consider the following...Nil

Should you need further information please contact...Dr Strachan's Gen Med team Ward 208 RIE

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Emma Chisholm FY1 11.10 21/2/17

This is an immediate discharge letter and a further letter may follow.

RIE ED Nursing Care Plan

600086642R/E3488908 M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 EB McKcchanie

ssion Nurse Signature.....

sion Nurse Print Name.....

Date.....

Prese

Rash / cellulitis.

Date/ Time	Progress Notes	Signature
12PM	In care of cc. Family present. Obs as charted.	
	fluids as prd, diazepam given.	
13.45	Commenced Paramax. Obs unremarkable.	DHO.
		NA

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	✓	ECG completed	✓
Sews Score recorded	✓	CXR ordered	✓
BM Reading	✓	Alcometer Reading Recorded	
GCS assessed	✓	DNAR in situ	
Acuity parameters set	✓	LCP commenced / CP Aware	
Patient made comfortable	✓	Falls / Risk Assessment Require / Complete	
Name band Attached	✓	Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No	✓	Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home	✓	Language Assistance requested (Please inform NIC if applicable)	NA ONLINE
Spectacles : (please circle) NA In Situ At home	✓	Vulnerable Adult Concern (Please Inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware	✓	Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented	✓	4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted

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Time of Round	noon				
Clinical Area of ED	IC				
Initials of Care Round Leader	um				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	1d				
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)	0				
Mobility	✓				
Fully weight bearing					
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required	✓				
Patient is Self Caring and can walk to toilet					
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked	✓				
Nutrition / Hydration	✓				
Self Caring					
Patient requires assistance with feeding				I	
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink	P	P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	✓				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC	✓				
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes	✓				
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name	[illegible]	Nurse Name	[illegible]
Nurse Signature	[illegible]	Nurse Signature	[illegible]
Date	17/2/17	Date	17/2/17

Lothian University Hospitals Division

ADULT UNITARY PATIENT RECORD

NHS Lothian

ADMITTING HOSPITAL *Please circle	(R.I.E.)	W.G.H.	R.V.H.	LIBERTON
TYPE OF ADMISSION:	(Emergency)	Elective		LUHT Transfer

PRESENTING COMPLAINTS/REASON FOR ADMISSION

1 (R) knee erythema.
2 cellulitis
3
4 Depression & psychotic ?delirium.

Patient wishes to be known as: Ronnie / Ronald.

NAME & ADDRESS (Patient Label)		ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
CHI No: 600086642R/E3488908 M 30/12/1957 D.o.B: **McRobb, Ronald** Name: 8/5 Northcote Street, (59) Addres: Edinburgh, 07804894530 Midlothian, EH11 2HL **CHI** 3012571450 Telephone No: 71082 EB McKechanie	Ward No.	AMU7		
	Hospital Site	RIE		
	Admission Date	17/02/17.		
	Admission Time to Ward	1530		
	Admitting Nurse	C. Herriot		
	Consultant	KFS.		
Title - (Mr) / Mrs / Miss / Ms: Marital Status: Religion: None Ethnic Origin: Scottish	G.P. Details	Dr Lynch. Springwell Medical Group.		
	Tel No:	EH11 2JL.		

NEXT OF KIN RELATIONSHIP Address: Daughter. Contact No. 0787 5962469.	SECOND CONTACT NAME: Ross McRobb. Address: Son. Contact No. 07968054857
Patients Relative / Next of Kin Present on Admission (Y) / N IF NO: Date & Time of Notification: Signature:	
Other comments: eg. Night Call	

Allergies / Sensitivities: Ibuprofen.

CARDIO PULMONARY RESUSCITATION **Resuscitate/DO NOT Attempt Resuscitation (DNAR)**
(Delete as appropriate)

Rationale if DNAR:

Signature: **Print Name:** **Designation:** **Date & Time:**

Consultant Signature: (Within 24 hrs) **Print Name:** **Date & Time:**

	Date/Time	DNAR Status	Signature	Print Name	Designation	Consultant Signature
Change (1)						
Change (2)						

Please document rationale for change in the progress notes.

OCCUPATION	Sthx
	Lives alone
	Independent of
RECENT FOREIGN TRAVEL	ADLs + mobility

600086642R/E3488908 M 30/12/1957
Nam... **McRobb, Ronald**
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CHI ... EH11 2HL
CHI 3012571450
71082 ... EB McKechanie

HISTORY OF PRESENTING COMPLAINT *(Please complete this section in detail)*

59 ♂ ® knee pain + psychotic Sx

~~25~~ day Hx ® knee pain. Sore to bend. Gradual onset.

"Kenteine" has been injected into knee. Happens every night. 20-30x. Kids giving them into his knee.

Able to weight bear. No previous episodes.

Associated heat on knee today.

"Kenteine" in "arm muscles".

no fevers/chills.

Voices talking about him → insomnia for 1 month

(Multi-disciplinary) Few years history of has intermittent auditory hallucinations (no insight). ~~Does~~ Triggered by fatigue. Not been telling him to harm self/others.

PAST MEDICAL / SURGICAL HISTORY *(Please complete details and dates)*

Rheumatic Fever	☐	Epilepsy	☐	POTENTIAL THROMBO-EMBOLIC RISK FACTORS	
Hypertension	☐	Diabetes	☐	IHD/MI	☐
Asthma	☐	Jaundice	☐	Stroke	☐
TB	☐	Others	☐	COPD	☐
				Previous DVT/PE	☐
				Family History of DVT/PE	☐

Depression (managed by GP)
↳ prev on fluoxetine (poor response), now on sertraline

PREVIOUS OPERATIONS / PROCEDURES

Psoriasis

FAMILY HISTORY *(Please complete details and dates)*

IHD	Asthma
Hypertension	Epilepsy
Diabetes	

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Name:
D.o.B:

SMOKING
Yes ☐ Ex-smoker ☐ No ☑
If Yes, advise that 'best thing they can do for their health is stop smoking'

ALCOHOL CONSUMPTION *(UNITS PER WEEK)* 10-12x bottles beer weekend previously → 4x Sat 4x Sunday

DRUG HISTORY

Drug history obtained from (please tick): ☐ GP Letter ☐ Repeat Prescription ☐ GP Practice ☐ Patient's Own Drugs ☑ Patient ☐ Patient's Relatives ☐ N/H Admin Chart ☐ Previous discharge ☑ Other ECS

Drug history obtained by: Signature: ..... Print Name: Avery
Designation: CN Date: 17/2

Drugs on admission	Route / Form	Dose	Frequency	*patients own* drugs in use	Comments
Sertraline	50mg oral		OD		
Temazepam	10mg oral		nocte PRN		

Allergies/sensitivities must be noted on front cover. *Please also document if patient has no known* allergies/SENSITIVITIES. No allergies (Diclofenac on ECS)

PHARMACY

Drugs prescribed on admission checked and correct YES ☐ NO ☐
Patients own drugs stored YES ☐ NO ☐
Special devices required YES ☐ NO ☐ If yes, specify .....
Medicine supply problem YES ☐ NO ☐ If yes, specify .....
Details of counselling required ..... Date counselled .....
Comments .....
.....
Signature:..... Print Name: .....
Designation: ..... Date: .....

SYSTEMIC ENQUIRY

Affix Patient Label
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Central Vascular System	Central Nervous System
No CP No palpitations	Mood "fine" today
Respiratory	**Locomotor**
No SOB / cough	As per HPC. No joint swelling No other joint pain
GastroIntestinal	**Genitourinary Medicine**
No D+V E+D well. No abdo pain Bowels opened today	↑ frequency (4-5x) ↳ thinks this is 2° to sertraline No dysuria.

OBSERVATIONS ON ADMISSION Time: ~~19~~ 1800

Temp: 37.3 BP: 122/87 Pulse: 118.

RR: 18 Sats: 95% PEFR:

Height/Demispan: m Normal Weight: kg

Current Weight: kg BMI:

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GENERAL EXAMINATION *(please complete in detail)*

General Observations well. comfortable.

elbows, legs + abdomen

Lymphadenopathy Clubbing Pallor Cyanosis Skin Psoriatic patches on

Thyroid Breasts Jaundice slightly clammy hands

Tattoos on arm.

CARDIOVASCULAR SYSTEM *(please complete in detail)*

JVP ↔

Apex Beat

Heart Sounds/Murmur HIHO

Oedema – sacral
– leg/ankle } Nil

MMP, CRT <2s
HR regular, tachy
Calves symmetrical
+ SVT.

Pulses	Radial	Carotid	Femoral	Popliteal	Dorsalis Pedis	Posterior Tibial
Right	2	2				
Left	2	2				

0 absent 1 diminished 2 normal 3 bounding 4 Aneurysmal Please document presence of bruit

RESPIRATORY SYSTEM *(please complete in detail)*

Trachea

Expansion

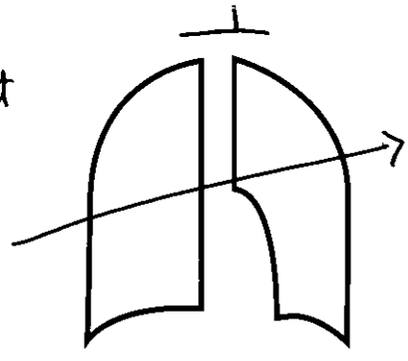
Percussion

Auscultation

Other Comments:

Quiet BS throughout
chest clear.

No cough Sx



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	McRobb, Ronald
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GASTROINTESTINAL SYSTEM *(Please complete in detail)*

Liver

Spleen

Kidneys

Masses

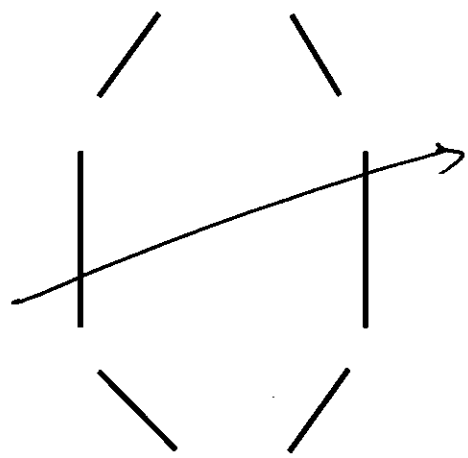
Hernia

Rectal Examination

FOB - positive / negative

Prostate

Abdo Soft
BS ⊕



Other comments: Slightly malodorous of urine.

GENITOURINARY SYSTEM *(Please complete in detail)*

Swelling
Masses
Other comments:
} not examined.

GENITOURINARY SYSTEM *(Please complete in detail)*

	Score out of 10	Comments
1. What is your present age (± 1 year)?	✓	
2. What is the time just now (± 1 hour)?	✓	
3. What year is it?	✓	
4. What is the name of this place? Please memorise this address – 42 West Street	✓	
5. When is your birthday (date & month)	✓	
6. When did the First World War begin?	✓	
7. What is the Queen's name?	✓	
8. Can you recognise two people?	✓	
9. Count backwards from 20 to 1	✗	
10. Can you remember the address I gave you?	✗ ½	62 west street

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600086642R M 30/12/1957
N. McRobb, Ronald
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Midlothian,
C. EH4 1 2HL
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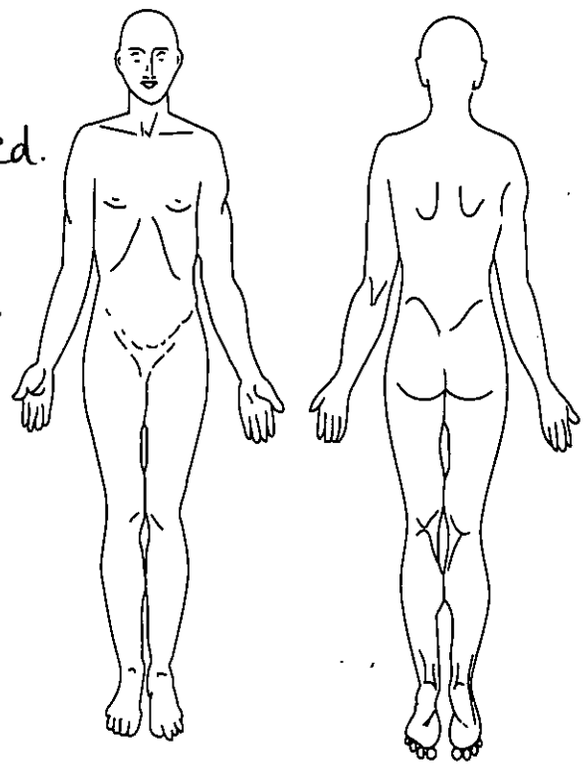
71082 EB McKechanie

CENTRAL NERVOUS SYSTEM

Cranial Nerves

I	
II	Fundoscopy
III IV VI	Nystagmus/diplopia
V	Motor/Sensory
VII	Bright + alert. Orientated.
VIII	Distracted
IX	
X	No facial asymmetry.
XI	PERRL 3mm
XII	ⓥ speech.



Tone Normal
Power 5/5
Co-ordination
Sensation Intact
Gait Normal.
Other comments:

REFLEXES	Biceps	Triceps	Supinator	Knee	Ankle	Plantar
Right						
Left						
Other						

Ⓡ knee

LOCOMOTORS *(Please complete in detail)*

Swelling
Tenderness
ROM
Ligaments/Tendons
Other comments:

No obvious swelling of Ⓡ knee. Mild erythema. No injection sites noted.
No ↑heat.
Tender along joint lines anteriorly (along patella) + laterally.
FROM in Ⓡ knee. Few crepitus. Painful passive flexion.

Affix Patient Label

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71082 EB-McKechanie

CLINICAL SUMMARY *(include all relevant diagnoses/active problems)*

59 M 1) ® knee pain
- ? osteoarthritis

2) Psychotic symptoms
- ? 2° infection < UTI / cellulitis / septic joint
- ? 2° depression.

TREATMENT/MANAGEMENT PLAN *(Please complete in detail)*

1) Chase bloods
2) MSU.
3) Collateral from family (see notes) →
4) Chase knee XR ✓
5) Analgesia ✓
6) Ψ R/V noted on TRAK

~~7) ABx~~ 7) C/W ABx as possible cellulitis, if MSU ⊕, switch to monotherapy.

ADMISSION INVESTIGATIONS

FBC ☑ U & E ☑ LFTs ☑ Amylase ☐ Blood Gases ☐ Group & Save ☐ Cross Match ☐

Glucose ☐ CXR ☑ AXR ☐ U-S ☐ ECG ☐ ® knee XR

Please document other Investigations relevant to admission

DVT PROPHYLAXIS: Assess Risk Low Medium High

Prophylaxis Required: TED Stocking ☐ Heparin ☐ Other ☐ Specify:

Reason for deviation from protocol:

Signature of Doctor: ..... Print Name: Cheng

Date: 17/2/A Time: 1845 Designation: SHO

INITIAL INVESTIGATIONS & RESULTS

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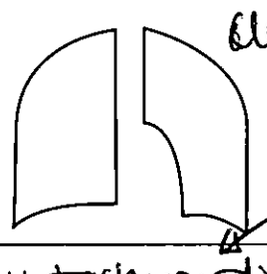
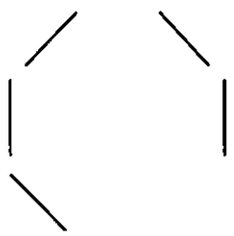
PREVIOUS RESULTS IF KNOWN	DATE & TIME OBTAINED	7/12/17 10:13								
	URINALYSIS Positive results									
	BM									
	Hb	135								
	MCV									
	WBC	13.5								
	Platelets	285								
	Urea	13.6								
	Na+	137								
	K+	4.1								
	CO^2	26								
	CREAT	87/760								
	Glucose	9.4								
	CK									
	LDH									
	Troponin I									
	Bilirubin	15								
	ALT	74								
	Alk. Phos	66								
	Gamma GT									
	Albumin									
	Amylase									
	PCO_2									
	PO_2									
	H+									
	HCO^3									

Date	Time
GLU	pH
BIL	PRO
KET	URO
SG	NIT
BLO	LEU

CXR



AXR



ECG

Sinus tachycardia.

OTHER ~~TESTS~~ REQUESTED & RESULTS

CRP 40.

BC in progress

Ⓡ knee xray: No bone or joint abnormality
No effusion
No soft tissue swelling

PRE ADMISSION INFORMATION

Affix Patient Label

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EH1 2HL
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DOMESTIC/FAMILY SUPPORT/FAMILY ISSUES

Lives alone	✓
Lives with partner	
Lives with family	
Family near by	
No family near by	
Support from other areas e.g. Crisis Care, Neighbours	
No support	
Meal Preparation	
Shopping/Domestic	

ADDITIONAL INFORMATION

Independent.

Family near by.

HOUSING

Flat	✓	Nursing Home	
House		Hostel	
Bungalow		No Fixed	
Sheltered Housing		2nd/3rd floor	
Residential/Part IV			

STAIRS

Inside Number	2 flights
Outside Number	3
Lift	
Stair Rail	
Left Descending	
Right Descending	

EQUIPMENT

Toilet Aids		Dressing Aids	
High Chair		Bed Rail	
Trolley		Wheelchair	
Bath Aids		Personal Alarm	
Commode		Walking Aid	
Other - specify		Specify	

Dentures	
Top	
Bottom	
Full	
Glasses	✓
Hearing Aid	

HOME SUPPORT *SPECIFY No. OF HOURS	MON	TUE	WED	THUR	FRI	SAT	SUN	N/A	DATE CANCELLED:
District Nurse									
Health Visitor									
Home Help									
Meals on Wheels									
Home Support									
Community Psychiatric Nurse									
Day Centre									
Day Hospital									
Other *(please specify)*									
Useful Contact Numbers									

INITIAL INVESTIGATIONS & RESULTS

600086642R M 30/12/1957
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Na 8/5 Northcote Street,
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PREVIOUS RESULTS IF KNOWN										
	DATE & TIME OBTAINED	7/2/17 10[illegible]								
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	K+	4·1								
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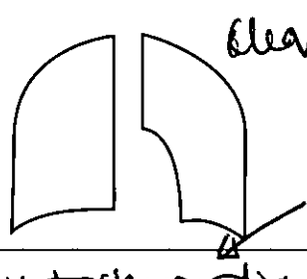
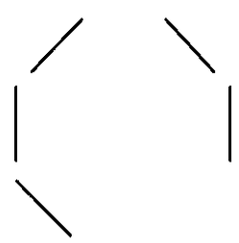
	CREAT	87/760								
	Glucose	9·4								
	CK									
	LDH									
	Troponin I									
	Bilirubin	15								
	ALT	74								
	Alk. Phos	66								
	Gamma GT									
	Albumin									
	Amylase									
	PCO_2									
	PO_2									
	H+									
	HCO^3									

Date	Time
GLU	pH
BIL	PRO
KET	URO
SG	NIT
BLO	LEU

CXR



AXR



ECG

Sinus tachycardia.

OTHER ~~TESTS~~ REQUESTED & RESULTS

CRP Hb.

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DOMESTIC/FAMILY SUPPORT/FAMILY ISSUES

Lives alone	✓
Lives with partner	
Lives with family	
Family near by	
No family near by	
Support from other areas e.g. Crisis Care, Neighbours	
No support	
Meal Preparation	
Shopping/Domestic	

ADDITIONAL INFORMATION

Independent.

Family near by.

HOUSING

Flat	✓	Nursing Home	
House		Hostel	
Bungalow		No Fixed	
Sheltered Housing		2nd/3rd floor	
Residential/Part IV			

STAIRS

Inside Number	2 flights
Outside Number	3
Lift	
Stair Rail	
Left Descending	
Right Descending	

EQUIPMENT

Toilet Aids		Dressing Aids	
High Chair		Bed Rail	
Trolley		Wheelchair	
Bath Aids		Personal Alarm	
Commode		Walking Aid	
Other - specify		Specify	
.....		.....	

Dentures	
Top	
Bottom	
Full	
Glasses	✓
Hearing Aid	

HOME SUPPORT *SPECIFY No. OF HOURS	MON	TUE	WED	THUR	FRI	SAT	SUN	N/A	DATE CANCELLED:
District Nurse									
Health Visitor									
Home Help									
Meals on Wheels									
Home Support									
Community Psychiatric Nurse									
Day Centre									
Day Hospital									
Other *(please specify)*									
Useful Contact Numbers									

ACTIVITIES OF DAILY LIVING
(Multi-disciplinary)

Affix Patient Label
600086642R M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 FB McKechanie

PHYSICAL ASSESSMENT	PRE-ADMISSION *Reflect Normal Status*	ADMISSION ASSESSMENT
BREATHING		
No. of Pillows Additional Information	Home Oxygen Home Nebuliser } None	No concerns.
PAIN		
Location Site Chronic/Acute	No hx of chronic pain	No c/o pain on admission.
NUTRITION / HYDRATION		
Appetite Likes/Dislikes	Poor due to meds. (But denies weight loss)	*Oral Health Assessment Required YES / (NO)*
Special Diet eg. Diabetic/Ethnic/ Religious	None	*Nursing Swallow Screen required YES / (NO)*
Supplements Difficulty with Swallowing Physical difficulty with eating/drinking	} Na	*Nutritional Screening to be completed YES / (NO)* If NO reason ..... If YES Score ☐☐
PERSONAL CLEANSING / DRESSING		
Independent Assistance required/equipment Teeth Hair Shaving	Independent	Independent.

ACTIVITIES OF DAILY LIVING
Continued

Affix Patient Label

Name: 600086642R M 30/12/1957
McRobb, Ronald
D.o.B: 8/5 Northcote Street,
Edinburgh,
CHI No Midlothian,
EH11 2HL
CHI 3012571450

PHYSICAL ASSESSMENT	PRE-ADMISSION *Reflect Normal Status*	ADMISSION ASSESSMENT
ELIMINATION - BOWELS/BLADDER		
	Normal Bowel Habit Regular.	
Continence Aids	↑frequency. Continent	Continence Assessment required YES / (NO)
MOBILITY/TRANSFERS		
<u>Mobility</u> Independent Assistance Required Equipment Required <u>Transfers</u> In / Out Bed In / Out Chair On / Off Toilet	Independent No walking aids	Mobility Chart Required YES / (NO) If NO, reason ..... Independent
SKIN		
		Risk Assessment Score (Waterlow) to be carried out within 6 hours of admission ☐
Pressure Damage	Yes / (No) If Yes – site(s) / grade (Torrence)	If Yes Commence Wound Assessment Chart
Wound (Surgical)	Yes / (No)	If Yes Commence Wound Assessment Chart
Leg Ulcers	Yes / (No)	If Yes Commence Leg Ulcer Assessment Chart
Dressings		
Specialist Equipment		

ACTIVITIES OF DAILY LIVING
Continued

Affix Patient Label

600086642R M 30/12/1957
D. McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
FR McKechnie

PHYSICAL ASSESSMENT	PRE-ADMISSION *Reflect Normal Status*	ADMISSION ASSESSMENT
COMMUNICATION / COGNITIVE		
Cognition	A+O –	Presented c. physcotic features ! delirium.
Low Mood	Hx of depression	Able to answer
First Language	English	
Communication aids	None.	
SLEEP		
Sedation	Temazepam.	Awake on admission.
Pattern	Good.	

REFERRALS GENERATED	DATE REFERRED	SIGNATURE OF REFERRER	DATE FIRST SEEN & INITIALS (to be completed by discipline)
Occupational Therapist			
Physiotherapist			
Social Worker			
Speech & Language Therapist			
Alcohol Liaison Nurse			
Dietitian			
Respiratory Nurse Specialist			
Stoma Nurse			
Nutrition Nurse Specialist			
Tissue Viability Nurse			
Infection Control Nurse			
Other			

Affix Patient Label

600086642R M 30/12/1957
Name: **McRobb, Ronald**
D.o.B: 8/5 Northcote Street,
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Midlothian,
CHI N EH11 2HL
CHI 3012571450
71082... ...FB McKechanie ...

OTHER INFORMATION (Relevant cultural/psychological/spiritual details) *Please complete in full detail)*

RELIGION: None Hospital Chaplaincy Service? Y / N

Does patient wish Church / Faith community contacted? Y / N

If Yes Name:
Address:

Tel No:

PATIENTS PROPERTY	ADMISSION WARD	DESTINATION WARD - 1st	DESTINATION WARD - 2nd
POLICY EXPLAINED	(Y) / N	Y / N	Y / N
VALUABLES State Location (Dentures/Hearing Aid/Glasses/ Walking Aid)	Mobile House Keys.		
MONEY State Location:.....	None (Pt states)		
PATIENT'S OWN DRUGS State Location:.....	meds. (Sertraline).		
PATIENT'S BELONGING REGISTER COMPLETED	Y / N	Y / N	Y / N

Signature of Admitting Nurse: ..... Print Name: L. Herriot

Date: 17/02/17 Time: 1540. Designation: RN.

Acute Medical Unit RIE
Post Take Ward Round (PTWR)

Affix Patient Label

600086642R M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450 [redacted] nted
71082 EB McKechanie Chart details completed

Mandatory Pre-PTWR Patient Safety Check List IF MATHS

IV Access	☐	site			
Fluid chart	☐	weight			
Medicines reconciliation		2 Sources	☐	Plan for each drug	☐
AKI?	☐	Nephrotoxics withheld	☐		
Thromboprophylaxis?	☐	Prescribed / crossed off	☐		
Hypotensive?	☐	Antihypertensives withheld	☐		
Sepsis?	☐	Sepsis 6 Completed	☐		

Junior Dr Responsible - Name Date & Time

Date 17/2/17 **Time** 2040 **Post Take Ward Round**

Consultant:- KFS. **Check Prompts**

Bloods ☐ CXR ☐ ECG ☐ Kardex ☐

(59) 1. Pain in R) knee.
2. Psychotic Sx. Recently started sertraline for depression (25/1/17) 2° intolerance of fluoxetine.
- Reports being 'shot' in knee (R) multiple times by 'kids' w/ 'kerosine' darts (note says agent was ketamine in ED). Denies any other sites for alleged inj.
- R) knee painful but able to full extend/flex & wt. bear.
- No headache. Denies other systemic Sx. No hx recent alcohol Xs
O/E/ Looks well. oriented TPP. Fixated about smelling of kerosine (not evident). Apyrexial. No signs meningism
Psoriatic plaques LL. R) knee - mild patch erythema, no

Impression: joint effusion. Mildly tender lateral joint line
1. Mild cellulitis R) leg.
2. Psychotic features. ? ? delirium. Note insomnia last few wks

Plan: 1. Oral ABx
2. ↓ CRP again mane.

Decision bundle	Escalation Level
	DNACPR
	Boarding

Signature (Print Name & Sign) [redacted] STATHAM Contact details:

Bleeps:- Front Bays Patient - SHO 2241 Back Bays Patient - SHO 2112 - Medical Registrar 4110

Date	Continuation / Progress Notes
	Patient: Name dob ward
17/02/17 1558	Nursing – Pt admitted to AMU7. Family (son and daughter) present. A/w physc. R/V and medical clerking. IVI insitu. —— + [signature] L. Herriot (RN)
17/2/17 1840	Collateral History from Son + daughter
	Symptoms only noted today – daughter phones him everyday & hasn't noticed anything untoward.
	Has been in 'good spirits' lately; motivated & going to gym & not had alcohol since before Christmas.
	↳ previous intermittent heavy drinker
	Son noted he had c/o cold not sniffing recently, but no congestion/coryzal Sx on seeing him.
	Daughter notes insomnia recently & nocturia – ? secondary to fluoxetine.
	No obvious systemic/infective Sx noticed by family recently.
	Unfortunately, Mr McRobb is an orphan/adopted and no FHx is available.
	No previous psychotic episodes.
	Normally 'keeps to himself'.
	Updated family on situation. [signature] 2241
	Treating possible skin/soft tissue infection & keeping in touch with Psych CHEN FY1

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600086642R/E3488908 M 30/12/1957
McRobb, Ronald
Name 8/5 Northcote Street,
Edinburgh,
Date (Midlothian,
EH11 2HL
CHI N CHI 3012571450
71082 EB McKechanie
Ward / Clinical Area

NHS Lothian

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
Each entry should be dated and timed

Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
17/2/17 Night staff	Late to settle, appears confused thinks people are looking for him - tried to get in bed with another patient.	
	Given diazepam as prescribed to settle then slept well	[signature]
18/2/17 11:50	WR Dr Strachan (cms)	NEWS 0.
	59 ♂ Paranoia	
	Auditory hallucinations.	
	~~Post~~ Ⓡ knee pain - possible cellulitis (↑WCC + CRP46)	
	Reports knee feels much better.	
	Still thinks knee pain started because ~~he~~ was shooting ketamine into Ⓡ knee	
	Required 1x diazepam o/n.	
	Insomnia worsens Paranoia.	
	Orientated. Seems to have some insight now	
	mood "good". ↳ + more lucid.	
	Thinks he may have been 'dreaming for days'.	
	Plan 1) Psychiatry review.	
	2) c/w oral flucloxacillin	
	3) Home later today after 4	[signature] CT2. 2241.

LOT 104 - December 2015 Version: 2 Review Date: December 2018

Author: Clinical Policy Advisor
Approved by: Clinical Policy, Documentation and Information Group

Name:	600086642R [illegible] M 30/12/1957 **McRobb, Ronald** 8/5 Northcote Street,
Date of Birth:	Edinburgh, Midlothian,
CHI No:	EH11 2HL **CHI** 3012571450 [illegible] 7.1082 EB McKechanie

NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
18/02/17	Nursing: Patient independent with ADLs.	
1810	Observations stable. States knee pain	
	is resolving. Still believes knee pain	
	is due to people injecting him with	
	horse sedative. Not displaying any	
	inapropriate behaviour or intention to	
	leave ward. Awaiting further psych	
	RIV. Anti-biotics administered as prescribed.	[illegible] SIN
18/2/17 1400	~~KBR~~ Discussion with psychiatry SpR	
	No risk to self or others at present	
	so not warranting urgent ψ R/V.	
	Advised CMHT referral in d/c.	
	d/w Dr Statham, plan	
	to keep patient in for MHAS RIV	
	review.	
19/2/17 0530	Pt had a settled night and slept	
	overnight, up to the toilet	
	independantly. Abx continued as px.	
	No issues to report at present.	SBL (SN)
19/2/17 Psych.	Requested to assess this gentleman	
	again today as medically fit. Due to	
	psychotic presentation and late onset	
	requested C-T head to rule out	
	any other form of organic insult.	
	Agreed with Dr Smyth (an. Psych.	

600086642R/E3488908 M 30/12/1957

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19/2/17 Boyd Cert	Discussed with Dr Strachan medical consultant who has agreed CT head. PLAN:- CT head - Re refer psych	PLN.
19/2/17 11:00	WR Dr Strachan (cons, acute med) Feels confused this morning but some insight (improving). Note psych team RFV & advise to scan head. CT head requested. Patient much more lucid today. Thinks paranoia + anxiety from change in antidepressant. knee – cellulitis completely resolved Plan:- CT head to exclude organic cause for psychosis. - If normal, rediscuss with psychiatry team to change antidepressants.	CITENA GP2 22/4.
19/2/17 st/n Psych	Reviewed by Y Liaison. Booth was lying in bed upon approach and seemed happy to engage	

600086642R/E3488908 M 30/12/1957
McRobb, Ronald
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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
	In Conversation with Ψ. Upon asking him about Psychotic Symptoms he told us that he was still hearing voices but was aware that these voices were a System of being unwell. Upon asking him about Friday's Presentation Ronald was aware that what he had experienced were hallucinations and not real. Ronald seemed distressed about the Situation and reiterated several times that that had never happened before. Ronald did mention that when he was put on paroxetine it did lead to an admission to hospital due to panic attacks. Ronald was re-assured that he was significantly better and that it can take time to fully recover from an episode of psychosis.	
	Plan 1) Await CT Results 2) Await MSU Results 3) Ψ Team to Review on 20/2/17	

Name:	600086642R M 30/12/1957 **McRobb, Ronald** 8/5 Northcote Street, Edinburgh, Midlothian,
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NHS Lothian

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
19/2/17	Nursing:	
1830	Pt has had a fairly settled day. No signs of psychosis throughout the day. Ate and drank well.	A Mills SN
20/2/17	WR Dr Strachan	
1130		
	Ψ rlv noted with thanks	
	CTB – no acute intracranial pathology Blood culture – negative	NEWS (1) Sats 95%
	Feels very down today Face – ?red rash; he reports this only comes on with stress.	
	Psoriatic skin changes noted on legs	
	Thinks he is in hospital because he has had "breakdown". He reports he was going to "jump out the window" to avoid voices. He has insight that he believed the delusions previously. Thinks this all due to sertraline.	
	Plan 1) Psychiatry review. 2) Repeat bloods. 3) MSW awaited	Strachan CT2 2241

Name: 600086642R M 30/12/1957
McRobb, Ronald
Patient 8/5 Northcote Street,
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EH11 2HL

Date of Birth: CHI 3012571450

CHI No: 71082 EB McKechanie

![NHS Lothian]

Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
20/2/17 1400	A/V CB ? HWNA [illegible]	
	S98 Presents with psychotic symptoms in the context of ? poor adherence ? recent ? in Schedule dose and Hx of recent depression.	
	Reports that he feels things are much improved but remains concerned that people may still wish to cause him harm "I don't know if people want to hurt me or not". Is engaging in ward activities + interacting. Less insightful but seems [illegible]	
	Reports ongoing auditory hallucinations "I'm going to kill you", "We're going to get you".	
	Inflammatory markers ✓ to within normal limits.	
	Imp/ ? Psychosis [illegible], [illegible] under [illegible].	
	P/ 1) D/W Dr Smyth re disposal 2) I will feedback to medical team 3) Ongoing [illegible] to O/P if D/C.	[signature] [illegible] CT #5376
20/02/17 1800	NURSING MOSTLY INDEP ? ADL EATING AND DRINKING WELL IN GOOD SPIRIT TODAY THOUGH COMPLAINT OF PINS AND NEEDLES ON (R) KNEE. AS REPORTED TO THE WARD DOCTOR. MOVING PSYCH - [illegible] ME ON WARD 208 C. NOK AWARE HANDOVER GIVEN.	[signature]

600086642R/E3488908 M 30/12/1957
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20/02/17	Note ? CTB Horne	
	D/W Dr Smyth, for ongoing ? F/U.	
	I have referred to 1477 who will assess tonight	
	in 1°	
	They have requested low dose Antipsychotic. With	
	this in mind I would kindly ask that Dr	
	D/C Mr McRobb is dispensed 5mg Olanzapine od.	
	F/U 1477 to assess tonight	
	→ then for D/C home	
	→ Commence Olanzapine 5mg nocte	
	[signature] Horne CT3 P.	
20/02/17 2045hrs	Donald Webster - Community psych intervention called - will do assessment on Mr McRobb Tues 21/02/17 once he has been deemed medically fit - Donald Webster's contact is 46445	
21/2/17	~~[illegible] (SHO)~~	
9:30 AM	A/W	BG - Depression
	- Psychotic Sx	- psoriasis
	- Knee pain	- lives alone (independent)
	"Still have voices. had the same voices long night	
	- was able to sleep long night with diazepam	

PTO

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PATIENT PROGRESS / COMMUNICATION SHEET

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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
	Zanyam ... review	
OE	NEWS: 0 Apyrexic On flucloxacillin D3	
— No	evidence of cellulitis	
	— flare up of psoriasis	
chest	clear AE↓, SNT	
HS	pure	
Bloods	20/2/17 Hb: (129) ↓ 135 Urea: 3.5	
	MCV: 89 Na: 140	
	WBC: 7.6 Scr: 63	
	CRP: 46 eGFR: >60	
	Glucose: (9.4)	
Xray	knee: No effusion, No bony abnormalities	
(I)	Improving cellulitis	
	— ongoing hallucinations ?↓ing in frequency.	
	— Not happy to go home	
(P)	D/w ψ	
	— Aim home today.	
21/02/17	D/W DAUGHTER on phone asked for update re: plan for d/c	[illegible signature]
10:59	Updated re: treated for mild cellulitis + ψ wish to r/v in community + have started a low dose antipsychotic.	
	Daughter happy with plan as concern her father has have further [illegible] from psychosis	[illegible signature]

Name:	600086642R - M 30/12/1957 McRobb, Ronald 8/5 Northcote Street, Edinburgh, Midlothian, EH11 2HL
Date of Birth:	
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Ward / Clinical Area

PATIENT PROGRESS / COMMUNICATION SHEET

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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
12[10] 21/2/17	pharmacist	
	Long discussion regarding medications with Mr McRobb. He came across as having full insight into the psychotic symptoms of this admission and is convinced that this set of problems started with the sertraline recently introduced by his GP, particularly after a dose increase. He tells me he has tried several antidepressants, all resulting in adverse effects of varying types. He is not willing to continue with sertraline. This should be added to his discharge letter.	
		Joanna Araujo 5124
21/02/17 1330	Assessed Ronnie today and agreed to take onto IHTT caseload. Ronnie continues to describe auditory hallucinations, hearing people "we are going to get you Ronnie" He appears to have some insight and no longer believes his family are deceased. He expressed a wish to stay one more night as he would feel more prepared to return home in the morning. Discussed with ward staff and he will be discharged today as he is medically fit. Risk → Denied any thoughts to harm himself or others.	

Patie [illegible] 600086642R M 30/12/1957

Name: **McRobb, Ronald**

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CHI No: EH11 2HL
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Ward / Clinical Are 71082 ER McKechanie

NHS Lothian

PATIENT PROGRESS / COMMUNICATION SHEET

State Action(s) taken After Exception Reporting
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Date & Time	Progress Notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
21/02/17 CONT.	PLAN	
	Ward staff to contact IHTT 0131 537 6008	
	to inform of time Ronnie is discharged.	C.H.Llyer
	IHTT staff will visit Ronnie at home	CLARE H.LLYER
	this evening on his return.	RMN 6.
		IHTT

Ward: Arm Site: RIE Date: 17/02/17

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____hrly (please circle/complete)

Print name and sign

Addressograph or
600086642R/E3488908 M 30/12/1957
McRobb, Ronald
Name 8/5 Northcote Street,
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OOB Midlothian,
EH11 2HL
CHI 3012571450
Unit no. 71082 EB McKechanie

HS Midlothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	1600	2000	0000	0400	1000	1400	1800	24	04	2100			
	08.00 am ← 24 hour period → 07.00 am												
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)	✓	✓	✓	✓	✓	✓	✓			✓		
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	NAD	NAD	NAD	NAD	✓	✓	H	H	H	R		
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?	y	I	I	II	y	y	Y	Y	y	y		
	Positioning (R) or (L) side (B) Back (C) Chair	C	C	C	L	C	B	B	B	B	B		
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?	N	I	I	II	✓	I	I	I	I	I		
	Is the patient continent of urine? (at time of Care Rounding)	y	y	y	y	y	y	Y	y	y	y		
	Continence product changed/offered?	N9	NA	NA	NA	✓	NA	NA	/	/	/		
	Catheter care performed?	N9	NA	NA	NA	✓	NA	NA	/	/	/		
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
	Is patient continent of faeces? (at time of Care Rounding)	y	y	y	y	y	y	Y	y	y			
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach	y	I	I	II	✓	y	N	I	I	I		
	Fluid Balance Chart (if clinically indicated)	N	N	N	N	N	N	Y	y	y	y		
	When did you last eat?	X	S	S	S	B	L	S	S	S	S		
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
	Oral Hygiene Performed (ref to risk assessment)	N	N	N	N	✓	y	Y	I	I	I		
Falls	Appropriate Footwear?	y	y	y	y	y	y	Y	y	y	y		
	Walking aid available(and within reach)	NA	NA	NA	NA	✓	y	NA	✓	N	N		
	Area de-cluttered?	y	y	y	y	y	y	Y	y	y	y		
	Chair and bed height assessed?	✓	✓	y	y	y	y	Y	y	y	y		
	Falls alarm in use and attached?	NA	NA	NA	NA	✓	NA	NA	na	Na			
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)	BY	y	y	y	y	y	Y	y	y	y		
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?	N	N	N	N	N	N	N	AS	N	N		
	Analgesia Given?	N	N	N	N	N	N	N	N	N	N		
General	Peripheral Venous Cannula observed?	y	y	y	y	y	y	Y	y	y	y		
	Observe for signs of inflammation/swelling at every CR session. Bundle/VIP score to be updated daily												
	Are you comfortable? Y/N	y	y	y	y	y	y	Y	AS	y	y		
	Anything else I can do for you?	N	N	N	N	N	N	N	N	N	N		
	Buzzer within easy reach	y	y	y	y	y	y	Y	y	y	y		
Personal Care *Type* _____ *(specify)* **Time Given** _____													
Initials ⇨ document at time of care delivery													

Ward: CA7 Site: RIE Date: 19/12/17

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____hrly (please circle/complete)

Print name and sign

Addressograph, or
600086642R M 30/12/1957
N McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
D Midlothian,
EH11 2HL
Un CH1 3012571450
71082 EB McKechanie

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Indepepdent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Oocument the exact time care rounding took place e.g. 0830	0820	1210	1645											
	08.00 am ← 24 hour period → 07.00 am													
Pressure Area Care — **Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review														
Waterlow 10+ - Visual Skin Check (tick)	✓													
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H	H	H											
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....													
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan														
Have you changed position since last CR?	Y	Y	Y											
Positioning (R) or (L) side (B) Back (C) Chair	B	B	B											
Mattress type / Cushion type	*please state type:*													
Elimination — Do you need the toilet?	I	I	I											
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y											
Continence product changed/offered?	NM													
Catheter care performed?	NM	NA	NA											
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact														
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y											
Bowel function monitored	Observe bowel function and update daily													
Food, Fluid & Nutrition — Would you like a drink? Ensure fluids are within easy reach	Ind	Y	Y											
Fluid Balance Chart (if clinically indicated)	✓													
When did you last eat?	B	L	L											
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required														
Oral Hygiene Pertormed (ref to risk assessment)	I	I	I											
Falls — Appropriate Footwear?	Y	Y	Y											
Walking aid available(and within reach)	N	N	N											
Area de-cluttered?	Y	Y	Y											
Chair and bed height assessed?	Y	Y	Y											
Falls alarm in use and attached?	X	N	N											
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	✓	Y	Y											
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐														
Pain — Are you in pain?	N	N	N											
Analgesia Given?	W	N	N											
General — Peripheral Venous Cannula observed?	✓	Y	Y											
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**														
Are you comfortable? Y/N	Y	Y	Y											
Anything else I can do for you?	N	N	N											
Buzzer within easy reach	Y	Y	Y											

Personal Care *Type* Bath *(specify)* **Time Given** 09.00

Initials – document at time of care delivery	RN													

Ward: AMU7 Site: RIE Date: 20-2-17

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____hrly (please circle/complete)

Print name and sign _____

600086642R M or 30/12/1957
McRobb, Ronald
Nam 8/5 Northcote Street,
Edinburgh,
DOB Midlothian, EH11 2HL
CHI 3012571450
71082 EB McKechanie

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	0000	04	08	06	10	1500	02						
	08.00 am ◄			24 hour period			► 07.00 am						

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review

Waterlow 10+ - Visual Skin Check (tick)	✓	N	N	N	N	✓							
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H			H	H	R							
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....												
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan													
Have you changed position since last CR?	Y/I			I	I	I	Y						
Positioning (R) or (L) side (B) Back (C) Chair	B			B	B	B	Turn						
Mattress type / Cushion type	*please state type:*												

Elimination

Do you need the toilet?	I	I	I	I	I	I	AS						
Is the patient continent of urine? (at time of Care Rounding)	Y	Y	Y	Y	Y	X	Y						
Continence product changed/offered?	NA	/	/	/	/	WAS							
Catheter care performed?													
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
Is patient continent of faeces? (at time of Care Rounding)	Y	Y	Y	Y	Y	X	Y						
Bowel function monitored	Observe bowel function and update daily												

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach	I	I	I	I	W	I	AS						
Fluid Balance Chart (if clinically indicated)	N	N	N	N	N	N							
When did you last eat?	D	D	D	B	B	B	/						
(B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
Oral Hygiene Performed (ref to risk assessment)	N	N	N	N	N	/	AS						

Falls

Appropriate Footwear?	Y	Y	Y	Y	Y	/	Y						
Walking aid available(and within reach)	NA	/	/	/	/	N	NA						
Area de-cluttered?	Y	Y	Y	Y	Y	X	Y						
Chair and bed height assessed?	Y	Y	Y	Y	Y	X	Y						
Falls alarm in use and attached?	NA	/	/	Y	Y	N	NA						
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y	Y	Y	Y	Y	N							
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													

Pain

Are you in pain?	N	N	N	N	N	N	AS						
Analgesia Given?	N	N	N	N	N	N							

General

Peripheral Venous Cannula observed?	Y	Y	Y	Y	Y	X							
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
Are you comfortable? Y/N	Y	C	C	N	Y	X	AS						
Anything else I can do for you?	N	N	N	N	N	N							
Buzzer within easy reach	Y	Y	Y	Y	Y	X	Y						

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery	SM	JP	JP	JP	JP	JP	JP						

Ward:	Site:	Date:

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly **2 hrly** **3 hrly** _____**hrly** (please circle/complete)

Print name and sign _____

Addressograph, or

Name

600086642R M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 EB McKechanie

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independen

Time of Care Rounding Document the exact time care rounding took place e.g. 0830	16											
	08.00 am ← **24 hour period** → **07.00 am**											

Pressure Area Care

Waterlow score less than 10 low risk requires only a daily skin review: Use codes for outcome of skin review												
Waterlow 10+ - Visual Skin Check (tick)	N											
Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister	H											
Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....											
If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
Have you changed position since last CR?	Y											
Positioning (R) or (L) side (B) Back (C) Chair	C											
Mattress type / Cushion type	*please state type:*											

Elimination

Do you need the toilet?	N											
Is the patient continent of urine? (at time of Care Rounding)	Y											
Continence product changed/offered?	N/A											
Catheter care performed?	N/A											
Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact												
Is patient continent of faeces? (at time of Care Rounding)	Y											
Bowel function monitored	Observe bowel function and update daily											

Food, Fluid & Nutrition

Would you like a drink? Ensure fluids are within easy reach	N											
Fluid Balance Chart (if clinically indicated)	N											
When did you last eat?	L											
(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required												
Oral Hygiene Performed (ref to risk assessment)	H											

Falls

Appropriate Footwear?	N/A											
Walking aid available(and within reach)	N/A											
Area de-cluttered?	Y											
Chair and bed height assessed?	Y											
Falls alarm in use and attached?	N/A											
Glasses available for use? (if worn) Hearing aid available for use? (if worn)	Y											
Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												

Pain

Are you in pain?	N											
Analgesia Given?	N/A											

General

Peripheral Venous Cannula observed?	Y											
Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
Are you comfortable? Y/N	Y											
Anything else I can do for you?	N											
Buzzer within easy reach	Y											

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery												

Ward: 208 Site: RIE Date: 21/02/17

This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.

1hrly 2 hrly 3 hrly _____hrly (please circle/complete)

Print name and sign ______________________________

600086642R M 30/12/1957
McRobb, Ronald McRobb
Na 8/5 Northcote Street,
Edinburgh,
DD Midlothian, 157
EH11 2HL
CHI 3012571450
Unit 71082 EB McKechanie
3012571450

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

	Time of Care Rounding Document the exact time care rounding took place e.g. 0830												
		08.00 am		←	24 hour period			→					07.00 am
Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review												
	Waterlow 10+ - Visual Skin Check (tick)												
	Outcome of skin review: (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister												
	Vulnerable areas? (circle areas of damage)	Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other................											
	If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan												
	Have you changed position since last CR?												
	Positioning (R) or (L) side (B) Back (C) Chair												
	Mattress type / Cushion type	*please state type:*											
Elimination	Do you need the toilet?												
	Is the patient continent of urine? (at time of Care Rounding)												
	Continence product changed/offered?												
	Catheter care performed?												
	Catheter bundle updated daily	position catheter below the bladder / no more than 2/3 full with connections intact											
	Is patient continent of faeces? (at time of Care Rounding)												
	Bowel function monitored	Observe bowel function and update daily											
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach												
	Fluid Balance Chart (if clinically indicated)												
	When did you last eat?												
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance	Update Food Chart if required											
	Oral Hygiene Performed (ref to risk assessment)												
Falls	Appropriate Footwear?												
	Walking aid available(and within reach)												
	Area de-cluttered?												
	Chair and bed height assessed?												
	Falls alarm in use and attached?												
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)												
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐												
Pain	Are you in pain?												
	Analgesia Given?												
General	Peripheral Venous Cannula observed?												
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**												
	Are you comfortable? Y/N												
	Anything else I can do for you?												
	Buzzer within easy reach												

Personal Care *Type* ______________ *(specify)* **Time Given** ____________

Initials – document at time of care delivery												

Ward:	Site:	Date:	Addressograph, or
This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency. 1hrly 2 hrly 3 hrly _____hrly (please circle/complete) Print name and sign _____			Name DOB Unit no. / CHI

NHS Lothian

Codes (Y) Yes, (N) No, (N/A) not applicable,(D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,

Time of Care Rounding Document the exact time care rounding took place e.g. 0830													
	08.00 am ←				24 hour period								→ 07.00 am

Pressure Area Care	**Waterlow score less than 10 low risk requires only a daily skin review:** Use codes for outcome of skin review													
	Waterlow 10+ - Visual Skin Check (tick)													
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	Positioning (R) or (L) side (B) Back (C) Chair													
	Mattress type / Cushion type	*please state type:*												
Elimination	Do you need the toilet?													
	Is the patient continent of urine? (at time of Care Rounding)													
	Continence product changed/offered?													
	Catheter care performed?													
	Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact													
	Is patient continent of faeces? (at time of Care Rounding)													
	Bowel function monitored	Observe bowel function and update daily												
Food, Fluid & Nutrition	Would you like a drink? Ensure fluids are within easy reach													
	Fluid Balance Chart (if clinically Indicated)													
	When did you last eat?													
	(B) Breakfast (L) Lunch (D) Dinner (S)Snack (NBM) Nil by Mouth (A) Assistance Update Food Chart if required													
	Oral Hygiene Performed (ref to risk assessment)													
Falls	Appropriate Footwear?													
	Walking aid available(and within reach)													
	Area de-cluttered?													
	Chair and bed height assessed?													
	Falls alarm in use and attached?													
	Glasses available for use? (if worn) Hearing aid available for use? (if worn)													
	Requires close observation for commode, toilet, bathing or showering Y ☐ N ☐													
Pain	Are you in pain?													
	Analgesia Given?													
General	Peripheral Venous Cannula observed?													
	Observe for signs of inflammation/swelling at every CR session. **Bundle/VIP score to be updated daily**													
	Are you comfortable? Y/N													
	Anything else I can do for you?													
	Buzzer within easy reach													

Personal Care *Type* _____ *(specify)* **Time Given** _____

Initials – document at time of care delivery													

600086642R M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 EB McKechanie

ADULT FLUID PRESCRIPTION CHART

NHS Lothian

Date	Sheet no
Ward	

IV fluids for adults: for more details, see pocket guideline or App

Consider volume status: Hypovolaemic / Euvolaemic / Hypervolaemic

Does your patient need IV fluids? If so, are they needed for:

Maintenance, Replacement, or Resuscitation?

Write in Maintenance requirements in next 24 hours:

Weight (kg) _____ Essential

Volume 30ml/kg	Sodium 1mmol/kg	Potassium 1mmol/kg (unless $K^+ > 5.0$)
ml	mmol	mmol

Estimated oral intake in the next 24 hours _____ ml. Oral intake will reduce the intravenous volume required

Never give more than 100 ml/hr of 0.18% NaCl / 4% Glucose: risk of hyponatraemia

If Sodium ≤132 mmol/l, then Plasmalyte 148 should be used for maintenance. Plasmalyte 148 not to be used for maintenance in other circumstances

Weight (kg)	Maintenance Fluid Requirement in 24hr	Rate (ml/hr)	Equivalent to 1000 ml over:
35-44	1200 ml	50	20 hr
45-54	1500 ml	65	16 hr
55-64	1800 ml	75	14 hr
65-74	2100 ml	85	12 hr
≥75	2400 ml	100 (max)	10 hr

Prescribe ***Maintenance fluids and diabetic fluids*** *here.* ***Max rate is 100ml/hr.***

Prescribe subcuteneous fluids using SC guidelines *Use seperate prescription chert if more bags are requlred Mark as 'Sheet 2'*

Type + Additions	***Vol (ml)***	***IV/ SC***	***Rate (ml/hr)***	Start time	Finish time	Prescribed by (Sign and Print)	Set up by (Sign and Print)

Use the box below to prescribe any additional fluids that are required for ***Replacement*** *or* ***Resuscitation***

PLASMALYTE	500 ~~1000~~	IV	250				

Resuscitation: *give Fluid Challenge 250 to 500ml Plasmalyte 148 over 5 to 15 min. Stop and assess before repeat. Request senior / ICU opinion if 2000ml insufficient*

Date___/____/____

Name: _____

CHI/Unit No.

ADULT FLUID BALANCE CHART

Today's PEG/NG Feed: _____ml/24hr TPN _____ml/24hr

Total Input Goal: _____ml in 24hr

Fluid Restriction: _____ml in 24hr

	IV FLUIDS or SC FLUIDS IV MEDICATION	Line 1	ORAL INPUT		ENTERAL: NG/ PEG / RIG	TPN/Other Line 2	URINE		GASTRIC	DRAIN 1	DRAIN 2 OTHER
	Type of Fluid a.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100 ml	Volume	Volume	Volume	Running Total	Volume	Volume	Volume
06.00							/				
07.00							/				
08.00							/				
09.00							/				
10.00							/				
11.00							/				
12.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
13.00							/				
14.00							/				
15.00							/				
16.00							/				
Stop and review. Escalate any concern to senior staff and document. Tick box to show review conducted, ☐ and Sign/Print											
17.00							/				
18.00							/				
19.00							/				
20.00							/				
21.00							/				
22.00							/				
23.00							/				
24.00							/				
01.00							/				
02.00							/				
03.00							/				
04.00							/				
05.00							/				
Totals		A		B	C	D	E		F	G	H
	Total input and output			A+B+C+D	Total in				E+F+G+H	Total out	
NOTES									24 Hr Balance		

See NHS Lothian Guidance for Intravenous Fluid and Electrolyte prescribing (on Intranet)

NHS Lothian

1318.

Royal infirmary of Edinburgh
DISCHARGE INFORMATION SHEET

DISCHARGE LOUNGE

- This form should be completed for items required for patient discharge where a labelled prepack or dispensed item is not available in the POD locker e.g. Controlled Drugs
- Please send the completed form to the Dispensary with the discharge prescription clearly identifying the items to be dispensed.

Patient details	
600086642R M 30/12/1957	
Patien McRobb, Ronald 8/5 Northcote Street, Edinburgh, Midlothian, EH11 2HL CHI 3012571450 71082 EB McKechanie	**Ward:** 208 **Base:** C **Extension Number:** 2088

Send to D/C Lounge? Yes (No)

Time required: am run (pm run) **rwr (ext):** **Bleep:**

Please circle item(s) required:

Page 1:	(1)	2	(3)	4	5	6	7	8	9	10
Page 2:	1	2	3	4	5	6	7	8	9	10
Page 3:	1	2	3	4	5	6	7	8	9	10

Name and designation of person completing the discharge information sheet:

JW McGA. (name) Pharmacist. (designation)

Comments

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
MCROBB RONALD	3012571450	30/12/1957	59	ENTWISTLE, COLIN	Springwell Medical Group	71082

Allergies

Description	Date Recorded	Comments
H/O: drug allergy	28/02/2011	Diclofenac 50mg dispersible tablets sugar free

Sources: [1] ECS [2] Patient [ ] Patient's Drugs [ ] Relative / Carer [ ] Referrer Kardex [ ] Referrer Letter [ ] GP Practice [ ] Comm Pharmacy [ ] TRAK [ ] Other - Specify .....

Actions: C: Continue W: Withhold S: Stop

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Temazepam 10mg tablets	14 tablet	1 OR 2 TAB BEFORE SLEEP			08/02/2017	1	✓					
Temazepam 10mg tablets	14 tablet	1 TAB BEFORE SLEEP			26/01/2017	1	2 ✓					
Sertraline 50mg tablets	28 tablet	1 TABLET ONCE A DAY			25/01/2017	1	✓					
Zopiclone 7.5mg tablets	14 tablet	1 TABLET AT NIGHT			25/01/2017	1						
Clotrimazole 1% cream	30 gram	APPLY TWO TO THREE TIMES DAILY			25/01/2017	1						
Eumovate 0.05% cream (GlaxoSmithKline UK Ltd)	30 gram	APPLY ONCE DAILY			25/01/2017	1						
Metronidazole 0.75% gel	40 gram	APPLY TWICE A DAY			25/01/2017	1						
Daktacort ointment (Janssen-Cilag Ltd)	30 gram	APPLY TWICE A DAY FOR 7 DAYS			11/01/2017	1						
Flumetasone 0.02% / Clioquinol 1% ear drops	7 ml	INSTIL TWICE A DAY FOR UP TO 10 DAYS			11/01/2017	1						
E45 emollient wash cream (Forum Health Products Ltd)	1000 ml	APPLY TO SKIN AS WASH			11/01/2017	1						
Sertraline 50mg tablets	28 tablet	1 TABLET ONCE A DAY			30/12/2016	1						
Fluoxetine 20mg capsules	60 capsule	ONE TABLET DAILY			29/11/2016	1						
E45 cream (Forum Health Products Ltd)	1000 gram	APPLY AS NEEDED			29/11/2016	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
MCROBB RONALD	3012571450	30/12/1957	59	ENTWISTLE, COLIN	Springwell Medical Group	71082

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
Mirtazapine 15mg tablets	56 tablet	1 TABLET ONCE A DAY AT NIGHT			16/11/2016	1						
Diazepam 2mg tablets	14 tablet	USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY			16/11/2016	1						
Betamethasone valerate 0.1% cream	100 gram	APPLY AT NIGHT Notes for patient: please make an appointment if you need this again soon			21/10/2016	1						
Mirtazapine 30mg tablets	56 tablet	1 TABLET ONCE A DAY AT NIGHT			19/10/2016	1						
Diazepam 2mg tablets	14 tablet	USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY			19/10/2016	1						
Dilatum cream (GlaxoSmithKline Consumer Healthcare)	500 gram	WHEN REQUIRED			19/10/2016	1						
Mirtazapine 15mg tablets	56 tablet	2 TABLET ONCE A DAY AT NIGHT			21/09/2016	1						
Diazepam 2mg tablets	14 tablet	USE WHEN REQUIRED FOR ANXIETY UPTO TWICE A DAY			21/09/2016	1						
Daktacort ointment (Janssen-Cilag Ltd)	30 gram	APPLY THINLY EVERY DAY WHEN REQUIRED			16/09/2016	1						
Betamethasone valerate 0.1% cream	100 gram	APPLY AT NIGHT			16/09/2016	1						
Coal tar extract 2% shampoo	250 ml	APPLY TWICE WEEKLY			16/09/2016	1						
Mirtazapine 15mg tablets	28 tablet	1 TABLET ONCE A DAY AT NIGHT			08/09/2016	1						
Diazepam 5mg tablets	15 tablet	TAKE ONLY WHEN NEEDED FOR ANXIETY			08/09/2016	1						

Patient Name	CHI	Date of Birth	Age	GP	GP Practice	GP Practice Code
MCROBB RONALD	3012571450	30/12/1957	59	ENTWISTLE, COLIN	Springwell Medical Group	71082

Acute Medication (including those greater than 30 days)

Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments

Repeat Medication

Originator	Drug ID	Formulation	Dose	Frequency	Medication Start Date	Prescription Date	Dispensed Date	Source 1°	Source 2°	Source 3°	Action C	Action W	Action S	Comments
No ECS data exists														

Compliance Device	Name and telephone number for community pharmacy

Completed by	Designation	Grade	Date	Time	Contact Number
Reviewed by	**Designation**	**Grade**	**Date**	**Time**	**Contact Number**

Key Information Summary

No KIS data recorded

PRESCRIPTION AND ADMINISTRATION RECORD
including the Warfarin Chart

NHS Lothian

Hospital/Ward: Consultant:	Name: 600086642R/E3488908 M 30/12/1957 McRobb, Ronald
Weight: Height:	CHI Num: 8/5 Northcote Street, Edinburgh, Midlothian,
If re-written, date:	D.O.B. EH11 2HL
DISCHARGE PRESCRIPTION	CHI 3012571450
Date completed: Completed by:	71082 EB McKechanie

OTHER MEDICINE CHARTS IN USE		PREVIOUS ADVERSE REACTIONS This section must be completed before any medicine is given		Completed by (sign & print)	Date
Date	Type of Chart	None known *(tick box)* ☐			
		Medicine / Agent / Food / Other	Description of reaction		
		Diclofenac	ECG	[signature]	17/2/13

Risk assessment for Venous Thromboembolism (VTE) has been completed MOBILE - ☐

Outcome: No action required ☐ TEDS ☐ LMWH/heparin (please prescribe) ☐

- Write clearly in block capitals, using a black ballpoint pen
- Use approved names for medicines
- Never alter a prescription
- Route of administration
  The only acceptable abbreviations are:

IV	- intravenous	SL	- sublingual	NG	- nasogastric
IM	- intramuscular	PR	- per rectum	ID	- intradermal
SC	- subcutaneous	PV	- per vagina	TOP	- topical
INHAL	- inhaled	NEB	- nebulised		

  Never abbreviate ORAL or INTRATHECAL
  Specify RIGHT or LEFT for eye and ear preparations

- Write the medicine dose clearly
  - The only acceptable abbreviations are:
    g - gram mg - milligram ml - millilitre
    all other doses must be written out in full eg. micrograms
  - Avoid decimal points eg. 100 micrograms (not 0.1mg). If unavoidable, write zero in front of the decimal point
  - Prescribe liquids by writing the dose in mg
  - For 'as required' medicines, state the symptoms to be relieved, the minimum time interval between doses and the maximum daily dose
  - Write units as 'units' not 'iu'

ONCE ONLY

Date	Time	Medicine (Approved Name)	Dose	Route	Prescriber - Sign + Print	Time Given	Given By
20/2	0030	DIAZEPAM	5mg	PR	N A FLETCHER	2440	AR

Name:.. D.O.B.:................................ CHI Number:................................

REGULAR THERAPY

CODES FOR NON-ADMINISTRATION OF PRESCRIBED MEDICINE

If a dose is not administered as prescribed, initial and enter a code in the column with a circle drawn round the code according to the reason as shown below. Inform the responsible doctor in the appropriate timescale.

1. Patient refuses
2. Patient not present
3. Medicines not available - CHECK ORDERED
4. Asleep / drowsy
5. Administration route not available - CHECK FOR ALTERNATIVE
6. Vomiting / nausea
7. Time varied on doctor's instructions
8. Once only / as required medicine given
9. Dose withheld on doctor's instructions
10. Possible adverse reaction / side effect

OXYGEN	Start Date	Start Time	Route Mask (%)	Route Prongs (l/min)	Prescriber - Sign + Print	Administered by	Stop Date	Stop Time

PRESCRIPTION	Patient's Own Medicine	Date → / Time ↓	17/2	18/2	19/2	20/2/17	21/2/17								
Medicine (Approved Name): SERTRALINE	For Use / Date	6				AR									
Dose: 50mg; Route: oral	Quantity	(8)	X	(3)	1	(1)	[illegible]								
		12													
Notes/Indication for antibiotic; Start Date: 17/2/17	Stop Date	14													
Prescriber - sign + print: [illegible]	Pharmacy	18													
		22													
Medicine (Approved Name)	For Use / Date	6													
Dose; Route	Quantity	8													
		12													
Notes/Indication for antibiotic; Start Date	Stop Date	14													
Prescriber - sign + print	Pharmacy	18													
		22													
Medicine (Approved Name): FLUCLOXACILLIN	For Use / Date	6		1	2	3	4	5	6	7					
Dose: 500mg; Route: PO	Quantity	(8)	—	[illegible]	✓	AR	[illegible]	-	-	-					
		12													
Notes/Indication for antibiotic: CELLULITIS; Start Date: 15/2/17	Stop Date	(14)	—	[illegible]	[illegible]	[illegible]	[illegible]	.	-	-					
Prescriber - sign + print: [illegible]	Pharmacy	(18)	—	[illegible]	[illegible]	[illegible]	.	-	.						
		(22)	—	[illegible]	AR	[illegible]	.	-	.						
Medicine (Approved Name): OLANZAPINE	For Use / Date	6													
Dose: 5mg; Route: oral	Quantity	8													
		12													
Notes/Indication for antibiotic; Start Date: 20/2/17	Stop Date	14													
Prescriber - sign + print: [illegible]	Pharmacy	18													
		(22)	—	—	—	[illegible]									

Name:.. D.O.B.:.............................. CHI Number:................................

WARFARIN CHART

Recommended target INRs and indications:

- INR 2-2.5 for prophylaxis of DVT including surgery on high risk patients.
- INR 2.5 for treatment of DVT and PE (or for recurrence in patients no longer receiving warfarin), AF, cardioversion, dilated cardiomyopathy, mural thrombus following MI, and for rheumatic mitral valve disease.
- INR 3.5 for recurrent DVT and PE (in patients currently receiving warfarin) and mechanical prosthetic heart valves.

Indication	Target INR	Duration of treatment	Signature	Date

Yellow anticoagulant booklet completed and issued:

Signature   Date

Date	INR	Warfarin Dose	Prescriber - sign + print	Administered by

Name:.. D.O.B.:............................ CHI Number:................................

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date→ Time↓															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
Dose	Route	Quantity	8															
			12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

Name:.. D.O.B.:................................ CHI Number:................................

REGULAR THERAPY

PRESCRIPTION		Patient's Own Medicine	Date → / Time ↓															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															
Medicine (Approved Name)		For Use / Date	6															
			8															
Dose	Route	Quantity	12															
Notes/Indication for antibiotic	Start Date	Stop Date	14															
Prescriber - sign + print		Pharmacy	18															
			22															

TURN OVER →

Name:.. D.O.B.:.............................. CHI Number:.................................

PRESCRIPTION		Patient's Own Medicine	AS REQUIRED THERAPY												
Medicine (Approved Name): TEMAZEPAM.		For Use	Date												
			Time												
Dose + frequency + max: 10mg nocte	Route: oral	Quantity	Dose												
			Initials												
Indication + notes: insomnia	Start Date: 17/2/17.	Date	Date												
			Time												
Prescriber - sign + print: Chem		Pharmacy	Dose												
			Initials												
Medicine (Approved Name): PARACETAMOL		For Use	Date												
			Time												
Dose + frequency + max: 1g 4-6° QDS	Route: oral	Quantity	Dose												
			Initials												
Indication + notes: PAIN/PYREXIA	Start Date: 17/2/17	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name): DIAZEPAM		For Use	Date	18/2/17	18.2.17	19/2/17									
			Time	5mg	5mg	5mg									
Dose + frequency + max: 5mg NOCTE	Route: ORAL	Quantity	Dose	0100	1245	2230									
			Initials	W	YC	AR									
Indication + notes: INSOMNIA. USUALLY HAS TEMAZEPAM 20mg	Start Date: 17/2/17	Date	Date												
			Time												
Prescriber - sign + print: NA		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												
Medicine (Approved Name)		For Use	Date												
			Time												
Dose + frequency + max	Route	Quantity	Dose												
			Initials												
Indication + notes	Start Date	Date	Date												
			Time												
Prescriber - sign + print		Pharmacy	Dose												
			Initials												

Royal Infirmary of Edinburgh
Emergency Department

NHS Lothian

Drug and Prescription Record

600086642R/E3488908 M 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 EB McKechanie

Previous Adverse Reactions	Weight	Date
NKDA	kgs Actual / Estimate	17.2.17

Once Only Prescription

Date	Time	Drug (Approved Name)	Dose	Route	Prescribers Signature	Time Given	Given by (Initials)	Checked by (Initials)
		Oxygen (NP/MASK/NRB)	%/L					
		Diazepam	10mg	PO	[signature]	12:00	KM	DM
17/02	1310	PABRINEX I+II	2pairs	IV	[signature] LEADBEATER	[illegible]	DM	LA
17/02	1310	FLUCLOXACILLIN	2grams	IV	[signature]			LA

Discharge Medication to Take Away

Drug (Approved Name)	Dose	Frequency	Duration	Prescribers Signature	Given by (initials)	Checked by (initials)

600086642R M 30/12/1957
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71082 FB McKechanie

NEWS Key (0, 1, 2, 3)			
	Date:	10 30	35.
	Time:	0415	
Blood Pressure	Enter value >220		
	220		
	210		
	200		
	190		
	180		
	170		
	160		
	150		
	140		
	130		
	120		A
	110	^	
	100		
If manual BP mark as M	90		
	80	∨	∨
	70		
	60		
	50		
	40		
	30		
	Enter value <30		
	Unrecordable		
Pulse Rate	Enter value >180		
	180		
	170		
	160		
	150		
	140		
	130		
	120		
	110	•	
	100		
	90		•
	80		
	70		
	60		
	50		
	40		
	30		
	Enter value <30		
Respiratory Rate	Enter value >40		
	40		
	35		
	30		
	25		
	20	•	
	15		•
	12		
	8		
	Enter value <8		
Temperature	Enter value >39		
	39°		
	38°		
	37°		
	36°		•
	35°	•	
	34°		
	Enter value <34		
SpO2	Chronic Hypoxia / Default		
	≥88 / ≥96		96
	94-95		
	86-87 / 92-93		
	≤85 / ≤91		
	Unrecordable		
O2	% or Litres		
Conscious Level	Alert		A
	V P U		
	New Confusion		

Total NEWS SCORE		1
If NEWS >5 contact Senior Dr or Nurse in Charge		
If Escalated (Tick)		
Initials of person undertaking Obs		[illegible]

THINK SEPSIS

NEWS SCORE

SCORE MORE THAN 4

Are any of the following Present?	
Clinical signs of infection	
Plus 2 of these:	
Temperature <36°c or >38°c	
Heart rate >90 bpm	
Respiratory rate > 20bpm	
New confusion	
WCC <4 or >12	
Blood sugar > 7.7 in non-diabetic	

*If hypo tensive or raised lactate with above indicators discuss with Consultant

Start Sepsis 6 - complete within 1 hour	
Oxygen to achieve saturations >94% (NB COPD 88-92%)	
Measure lactate and FBC	
Blood cultures	
IV Antibiotics (start time _____)	
IV Fluids (up to 20ml/kg)	
Measure urine output and start fluid balance chart	

*please tick box i.e Yes or No (do not require time)

Neurological Observations

GLASGOW COMA SCALE

			Time:						
Eyes Open	Spontaneously	4							
	To speech	3							
	To pain	2							
	None	1							
Best Verbal Response	Orientated	5							Endotracheal tube or tracheostomy = T
	Confused	4							
	Inappropriate words	3							
	Incomprehensible sounds	2							
	None	1							
Best Motor Response	Obey commands	6							Always record the best arm response
	Localise to pain	5							
	Flexion to pain	4							
	Abnormal flexion	3							
	Extension to pain	2							
	None	1							
Total GCS Score	14-15								
	12-13								
	9-11								
	<8								

		Time:						
Blood Sugar	>25							
	15-25							
	4-15							
	<4							

Think Analgesia

		Time:						
Pain Score	Very Severe 9 - 10							
	Severe 6 - 8							
	Moderate 4 - 5							
	Mild 1 - 3							
	None 0							

NEWS Score	Structured Response	Escalation Plan
NEWS 0 - 1	Commence on 1hrly observations	Report to Area Co-ordinator if score increases
NEWS 2 - 4*	Commence on 30mins observations	Report to Area Co-ordinator if score increases
NEWS 5 - 7	Commence on 15mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
NEWS >7	Commence on 10mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic
* score of 3 in one parameter	Commence on 30mins observations and screen for Sepsis	Report to Area Co-ordinator who must escalate to NIC and Senior Medic

Special Instructions

Right Pupil	Size								+ reacts - no reaction c. eye closed
	Reaction								
Left Pupil	Size								
	Reaction								
Initials of person taking GCS									

Pupil Scale mm

IV Fluid Prescription

Time Prescribed	Fluid	Volume	Duration	Prescribers Signature	Time Started	Given by (Initials)	Checked by (Initials)	Time Finished
1140	Plasmalyte	1L	1°	A Openshaw	1205	KM.		

Fluid Balance

INPUT						OUTPUT				
	IV Fluids or SC Fluids IV Medication	IV Line(s)	Oral Input		Input		Urine		Gastric	
Time	Type of Fluid e.g. 0.18% NaCl/4% Glucose /20mmolKCl	Volume	Type e.g. Tea	Volume e.g. 100ml	Running Total	Time	Volume	Running Total	Volume	Running Total

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Drug Infusion

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

Drug Name:

	Time													
	Rate (ml/hr)													
	Volume in Syringe													
Pump No	Total amount Infused													

National Early Warning Score (NEWS) Chart

NHS Lothian

N
D
C

600086642R/E3488908 **M** 30/12/1957
McRobb, Ronald
8/5 Northcote Street,
Edinburgh,
Midlothian,
EH11 2HL
CHI 3012571450
71082 EB McKechanie

Consultant: Date chart commenced:

This is chart number this admission

Weight: Actual kgs Estimated kgs

ASU: Ward:

Conscious Level Chart to be completed when clinically indicated

		Date	
		Time	
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4
		To speech	3
		To pain	2
		None	1
	Best Verbal Response	Orientated	5
		Confused	4
		Inappropriate words	3
		Incomprehensible sounds	2
		None	1
	Best Motor Response	Obey commands	6
		Localise to pain	5
		Flexion to pain	4
		Abnormal flexion	3
		Extension to pain	2
		None	1
		Total GCS Score	
		Right Pupil Size	
		Right Pupil Reaction	
		Left Pupil Size	
		Left Pupil Reaction	
LIMB MOVEMENT	ARMS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
	LEGS	Normal power	
		Mild weakness	
		Severe weakness	
		Extension	
		No response	
		Initials	

Endotracheal tube or tracheostomy = T

Always record the best arm response

+ reacts
- no reaction
c. eye closed

Record right (R) and left (L) separately if there is a difference between the two sides

Pupil Scale mm 1 2 3 4 5 6 7 8

REMEMBER
- **Record all observations** on NEWS chart
- **Document any** deterioration in the notes - remember the Structured Response Tool
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • Patent • At Risk • Obstructed	→ Suction if indicated → Head tilt, chin lift/jaw thrust → Airway Adjuncts → Administer Oxygen → Call 2222 if at risk
BREATHING	• Respiratory rate • SpO2 • Accessory muscle use • Noises +/- percussion, palpation & auscultation • Position / posture	→ Administer prescribed Oxygen to maintain saturations 94%-98% (NB COPD 88%-92%) → Monitor SpO2 / ABGs → Consider chest x-ray → Treat underlying cause → Call 2222 if not breathing
CIRCULATION	• Pulse • Blood Pressure • Capillary refill time • Core temperature / colour • Urine output • Consider 4 body cavities for fluid & blood loss (4 + on the floor) • Monitor drain losses	→ Obtain IV access → Obtain blood samples → Prepare fluid challenge → Initiate Fluid Balance Chart → Call 2222 if no circulation → Consider initiating Major Haemorrhage Protocol → Monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • Blood Glucose • Drugs	→ Re-assess GCS → Check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol → Check Drug Chart → Remember accurate documentation
EXPOSURE	• Top to toe examination • Look for evidence of blood loss / rashes / drains / wounds etc	→ Control bleeding → Treat any underlying conditions identified → Reassess → Maintain patient's dignity → Evaluate actions

Pain Assessment and Management Guidelines

Cancer-related pain: Always score worst pain in the last 24 hours or since last assessment: refer to Palliative Care Guidelines

Acute Pain: Score current pain on movement, e.g. deep breathing: refer to Acute Pain Guidelines

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	PALLIATIVE
Mon-Fri: Bleep Acute Pain Team Out of Hours: On-call Anaesthetist	Mon-Fri: Bleep Palliative Care Team Out of Hours: Via Switchboard

Pain Score	Nausea Score 0-3	Epidural Motor Block Score please do not √ motor block column
0 None Continue to assess pain at least daily	**0 - No Nausea**	0 - **Full Power**
1-3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs**
4-5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**2 - Able to bend knees**
6-10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**3 - Minimal movement** **4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or On-Call Anaesthetist if out of hours

Ref: MPS NHS Lothian 2016 Date of Publication - April 2016 Review Date - April 2017 LOT367

NEWS Key		Date	Time
0 1 2 3		17/02 … 21/02	

Respiratory Rate: ≥25 · 21-24 · 12-20 · 9-11 · ≤8

12-20: 18 16 16 16 14 17 16 20 18 18 18 18 17 17 17

Sp02 (Chronic Hypoxia / Default): ≥88 / ≥96 · 94-95 · 86-87 / 92-93 · ≤85 / ≤91 · Unrecordable

Medical Signature required to use scale for patients with Chronic Hypoxia

Sign

Inspired 02: % or litres

Temperature: ≥39° · 38° · 37° · 36° · ≤35°

NEWS SCORE uses Systolic BP: 230 · 220 · 210 · 200 · 190 · 180 · 170 · 160 · 150 · 140 · 130 · 120 · 110 · 100 · 90 · 80 · 70 · 60 · 50 · Unrecordable

[redacted]

If manual BP mark as M

[redacted]

Heart Rate: >140 · 130 · 120 · 110 · 100 · 90 · 80 · 70 · 60 · 50 · 40 · 30 · Regular Y/N

Conscious Level: Alert · V/P/U · New Confusion

Total NEWS score: 3 0 1 0 3 1 1 1 6 2 1 1 1 0 0

Urine output recorded Y/N · Blood Glucose · Frequency of Observations · Structured Response Tool Y/N · Escalation Y/N · Pain score (0-10) · Nausea score (0-3) · Motor Block score (0-4) · Circulation · Sensation · Movement · Initials

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CHI 3012571450 EB McKechanie
71082

Patient Name: | CHI:

Special Instructions - to be completed by Medical Team

A total NEWS score of ______ or individual parameter of ______ is acceptable for this patient because

Please escalate if

Print ______ Sign ______ Designation ______
Date ______ Time ______ (only valid if signed and dated)

***Regardless of NEWS always escalate if concerned about a patient's condition**

NEWS Score	Frequency of Observations	Clinical Response
Total 0*	Minimum 12 hourly / 4 hourly in admission areas	• Continue routine NEWS monitoring with every set of observations.
Total 1 - 4*	Minimum 4 hourly Consider Structured Response Tool Consider Fluid Balance Chart	• Inform registered nurse • Registered nurse assessment using ABCDE • Review frequency of observations • Inform Nurse in Charge • **If ongoing concern, escalate to Medical Team**
Total 5 - 6* or 3 in one parameter	Increase frequency to a minimum of 1 hourly Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse assessment • Inform Nurse in Charge • Escalate to Medical Team as per local escalation • Urgent medical assessment • Management plan to be discussed with Senior Trainee or above • Consider level of monitoring required in relation to clinical care
Total 7* or more	Continuous monitoring of vital signs Start Structured Response Tool Start Fluid Balance Chart	• Registered nurse to assess immediately • Inform Nurse in Charge • Request immediate assessment by Senior Trainee or above • Case to be discussed with supervising Consultant • If appropriate contact Critical Care for review

NEWS ≥4 Think Sepsis

Are any 2 or more SIRS criteria present?

RECOGNISE

Temperature	<36°c or >38°c
Pulse	>90 beats/min
White Cell Count	<4 or >12
Respiratory Rate	> 20 bpm
Mental State	New confusion
Blood Sugar	>7.7mmol/L in non-diabetic

and clinical suspicion of infection = SEPSIS

Apply Sepsis 6 within 1 hour

RESUSCITATE

1. Give oxygen to target saturation >94% (NB COPD 88%-92%)
2. IV fluids up to 20ml/kg
3. Take blood cultures
4. Measure lactate and FBC
5. Give IV antibiotics
6. Monitor urine output & start fluid chart

Patient & GP Information

UHPI Number	600086642R
CHI Number	3012571450
Episode Number	I0004869210
Surname/Forename	McRobb, Ronald
Date of Birth	30/12/1957
Sex	Male
Patient Address.	8/5 Northcote Street Edinburgh EH11 2HL
Registered GP	S Murray
GP Address.	Springwell Medical Group,Springwell Medical Centre,39 Ardmillan Terrace,Edinburgh EH11 2JL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Dr Pauline M McConville 12/01/2020 15:50 Caitlin Baird	Date of Ward Round,14/01/20,,Legal Status and Expiry Date,Informal,,Current Pass Status,Nurse Escort in grounds,,Nursing review,Ronnie continues to present as paranoid. Earlier in the week staff found cutlery in Ronnie's room that he had bent and reported that it was to protect himself in case he is attacked. Voicing thoughts that he will be attacked if he leaves hospital and believes that gangsters are out to get him. Warm and pleasant showing good humour at times when engaging with nursing staff. His skin has improved greatly which Ronnie is pleased about. Spends most of his time between communal areas watching television with peers and sleeping in his bedspace. Not keen to use escorted passes off ward.,,Patient/ Carer Review,,Completed by,C.Baird S/N,,Ward Round Attendants,Dr McConville Consultant, Dr Proven ST4, Mike Reed RMN, Zarah Swain Clinical Pharmacist,,Ward Round Discussion,Has been on home visit today, 14th Jan, has since found his near vision glasses. Has been reviewed by Dr Proven, continues to present with psychotic symptoms but is increasingly starting to doubt if these are true and actually happening. Open to reasoning behind his ideas. Has been out on an escorted pass within the grounds and was agreeable to go on a home visit. Flat is in really good shape. Organised and tidy. Is better during the day in terms of his symptoms. Continue to escort of the ward to challenge his ideas and beliefs.,,Working Diagnosis,- Late onset Schizophrenia,,Social Need,- Lives alone in his own home,,CMHT/IHTT,- Known to Dr Cooper and Tracy Johnston,,Assessments required,- Ongoing assessment of his mental health,,Mental health Act/ Legal work,- Informal,,Prescription Medication, High Dose Monitoring,T2/T3 & ECT,- Lorazepam PRN stopped. LIkely to be overusing. To offer quetiapine in place of lorazepam,- All other medication to continue and this can be reviewed next week and inreased if required.,,Engagement With Carers and Relatives,- No family that we are aware,,Risk Assessments and Review of Pass Plan,- Continue on Nurse escort passes off the ward.,,Estimated Discharge Date,,Delayed Discharge - No

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 12/01/2020 19:31 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronnie has spent most of the afternoon in his bedspace. Entered the communal area before dinner and returned to his bedspace after his evening meal. Little engagement with nursing staff but no signs of paranoia noted.,,Issues,None new,,Risk,None new,,Plans,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 13/01/2020 05:53 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronnie accepted night time medication. He spent a brief period in the communal area watching TV. Warm and pleasant when talking to staff. He complained of having felt lightheaded earlier in the day. Ronnie asked for PRN lorazepam in order to help him relax before going to sleep and retired to bed. Appears to have slept overnight.,,Issues,None new.,,Risk,None new.,,Plans ,Assess.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 13/01/2020 13:35 Michael Reed	Context General observations,,How are you?/Presentation Ronald has been evident around communal areas for much of time today. Pleasant, settled and appropriate in any interactions with staff and fellow peers. Was feeling anxious at one point so requested 1mg lorazepam which was taken with good settling effect. His skin is looking much better for having used his creams. Good food and fluid intake.,,Issues Nil new,,Risk Nil new,,Plans Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 03/01/2020 05:50 Ross Kinghorn	Context,Highly evident on ward,,How are you?/Presentation,Agitated and extremely paranoid. Observed putting butterknife from kitchen in his pocket. When asked why he did this, replied I might need it. Surrendered knife to staff when asked to do so. Later, noted to have been in bathroom for quite a while. It transpired that ronald was trying to seal door with plasic bag to prevent ingress of vapours . Then stood on chair in attempt to examine smoke detectors that are pouring out vapours . Desisted from inappropriate behaviours when asked to do so although continuing hypervigilant. Fell asleep after retiring to bed with much encouragement, at 0300. Continues asleep at time of report. ,,Issues,Weapons carrying. Paranoia and agitation,,Risk,Violence and aggression,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 13/01/2020 18:51 Anahita West	Escorted out for first escorted pass. Ronnie stated he had really enjoyed it, his only complaint being the weather as he had only got a thin coat to wear. Escort nurse noted no issues or signs of paranois and than Ronnie seemed relaxed throughout. On the ward, he has been sat in communal areas engaging in general conversation with a variety of staff and patients. Eating well. Plan to take home at nearest opportunity.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 14/01/2020 05:17 Louise Sellar	Night shift entry:,,Ronnie was in his room at the start of the night. Walked down and joined peers to watch television. Bright and reactive when interacting but voiced to writer he has been feeling very paranoid recently as well as dizzy and anxious but could not state a reason for this. Did not appear to be scanning the ceiling or appear paranoid in manner. Retired to bed after 10pm medication and has slept well overnight.,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 14/01/2020 09:12 Dr Iain Proven	Rapid run down,,Managed nurse escort pass around ground without issue yesterday,,Plan for nurse escort pass home today (at 1030). Review by Dr Proven prior to this.,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 14/01/2020 11:05 Dr Iain Proven	Medical review,seen in interview room on ward,,Ronnie informed me that he was still hearing whispering from the ceiling - derogatory comments and at times statements about what he is doing - as well as hearing footsteps from the ceiling too. He informed me that four or five other patients hear it too so it must be real. He denied any command nature to any whispering. He continues to feel under threat on the ward but stated he now feels relaxed around patients and staff. ,,Went out on nurse escorted pass within grounds yesterday. Worried before going that gangsters would take the opportunity to off me therefore he always had my eyes darting about but in the end nothing bad happened. Puts this down to people being around. Wants to visit home today with nurse escort as worried Gangsters will have trashed the place. ,,Ronnie accepted far more challenging of his delusional ideas today. When it was put to him that perhaps the bitter taste he gets at times comes from having a dry mouth secondary to medications he replied yeh...maybe, that's a good point. He also, at times, referred to this admission as this attack indicating that he in some way views it as similar to previous brief episodes which he has insight into. When this was put to him he replied I am beginning to wonder if it's maybe not real. Ronnie has found his glasses which were lost and he believed stolen by Gangsters. They were down the side of his bed. Now he has misplaced a bar of soap and thinks maybe they've stolen it so I need to use the hand dispenser soap which they'll have tampered with. ,,Sleep improving (less broken), appetite and concentration fine. Ronnie is utilising prn Lorazepam twice daily (consitently morning and at bed-time). Advised this will be stopped as not clinically indicated, if distressed secondary to psychosis can have prn Quetiapine.,,MSE:,Calmer and appeared less suspicious than on previous meetings. Seated throughout, no psychomotor agitation or depression. Coherent and spontaneous speech. Continues to experience auditory hallucinations and persecutory delusional beliefs however more accepting of challenging of these and there appears to be an ever increasing degree of doubt held by Ronnie now. ,,Imp - remains psychotic but improving with continued Quetiapine, reduction in Sertraline and time on ward,,Plan,1) Continue current regular doses of psychotropics,2) Stop PRN Lorazepam use ,- Ronnie is utilising this as a hypnotic,3) If anxious/distressed secondary to psychotic Sx then for prn Quetiapine 50mg,4) Nurse escort pass to flat today,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 14/01/2020 19:35 Lindsey Kettles	ALL DAY ENTRY ,,Context General Observations,,How are you?/Presentation Ronald spent the vast majority of the day resting/sleeping in bed other than up and about for several occassions. Otherwise visited his flat for an escort to view this and collected mail, appeared very calm during this visit with staff. Very jovial in manner, cracking jokes stated he needed his beauty sleep today. Settled when up and about, no issues voiced to nursing staff however reported issues to Dr. Proven, see previous entry. A fellow patient reported that Ronald corroborated their story about police being on the roof and the patient stated Ronald agreed he could hear the police running on the roof as well. ,,Issues Auditory Hallucinations, sleeping during the day - pattern disrupted. ,,Risk Poor sleep overnight? deterioration in mental state. ,,Plans Encourage out of bed during the day, involve in ward activities, assess how Ronald is at home in evening as reports hge is more concerned about people running on roof at night, Monitor and assess, assist and advise to change sleep pattern.

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Note Details	Clinical Notes
Third Party - DO NOT SHARE Episode/Ref: I0004869210 Nurse 14/01/2020 19:36 Lindsey Kettles	Fellow patient who Ronald corroborated story for about police on top of ward roof is Michael Maughan

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 15/01/2020 05:35 Zoe Bell	Robert was in bed at the start of shift. Woke up after 9pm and sat watching tv for about 30 minutes and then retired to bed and appears to have slept.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 15/01/2020 14:14 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronald was evident around the ward this morning at start of shift. Reports that he feels agitated and unsettled in the morning, he is unsure if this is after effects from his nighttime medication or because he has just woken up. Spent time in communal areas and attended for breakfast. Reported to staff after breakfast he was going for a lie down because he needed his beauty sleep. Attended for lunch. Requesting peptac shortly after for heartburn.,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 15/01/2020 19:34 Alexander Baxter	Complaining of tiredness and dizziness, and of heartburn. States that this has been the case since admission - vague as to whether or not he was experiencing these before admission. Physical ob's checked and all within normal range; no postural drop. Complaining also of dry mouth and itchy eyes. Advised to be sure he is adequately hydrated. Tried to sleep this afternoon but couldn't. This evening says his symptoms haven't changed. Not overtly paranoid.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 16/01/2020 06:32 Louise Sellar	Night shift entry:,,Ronnie had a broken sleep overnight as got up at around 2am complaining of feeling dizzy and “weird” as well as feeling “panicky”. Asked writer why there were flashing green lights above his bed as he appeared paranoid about this but accepted reassurance quickly. Ronnie accepted PRN quetiapine and then retired back to bed. Slept well from around 2:30am.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 03/01/2020 09:27 Dr Sarah Blue	Rapid Rundown:,1. Review today

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 16/01/2020 19:17 Catherine Chapman	All day entry,Context,1:1 on ward,,How are you?/Presentation,Ronnie is often pleasant and warm with others. In conversation he appeared paranoid, expressing vague concerns about the ward but he wouldn't clarify. He has physical worries as well saying he slept badly, and was experiencing episodes of dizziness, and heartburn. Tried to reassure him but he didn't seem to take this on board. He has spent some time watching television quietly in communal areas.,,Issues,Health concerns and some paranoia ,,Risk,No signs of aggression towards others,,Plans ,Assess,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 17/01/2020 05:48 Sandra Fraser	Ronnie maintained low profile this evening. Accepted regular medication without issue. approached staff at about 0100 stating that someone had been at his door, staff had just done a check and advised him it was probab;ly that. Appeared suspicious and stated he had seen a man run up the corridor. Returned to bedspace and appears to have slept since

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Sam Lowit 17/01/2020 12:27 Sam Lowit	OPEN MUSIC THERAPY GROUP | 10:00-11:00 | Merchiston,,Ronnie attended the open music therapy group for the last 10 minutes, because he said he had various phone calls to make. Ronnie appeared warm and pleasant, joking with others in the group. Ronnie asked me to play one particular song but did not want to play any instruments or sing along. Ronnie expressed interest in coming to the session next week.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 17/01/2020 13:38 Margaret Kuczera	Ronald has been evident for quite long periods in the communal areas. Attended music group (see previous notes). Warm and pleasant in manner. Engaging well with others. Requested quetiapine 50 mg after lunch for agitation. Attending for meals.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 17/01/2020 14:50 Dr Iain Proven	Medical review,Seen in interview room on ward,,Visit to flat went without issue on Tuesday. Ronald reports that flat was as I left it and that there was no sign of any break in etc (as per his delusional worries pertaining to Gangsters). States he felt relieved by this but continues to have worries that someone may have a copy of my key and thus needs to check his flat at least once a week. ,,On ward - continues to have some worries about people being in the roof space, hearing whispering etc. States he saw someone at his window looking in yesterday (twice overnight, at 0100 and 0600) however when he went to his door to confront them they had run away Broken sleep. At certain times on ward (usually just before lunch) Ronnie experiences dry mouth, a bitter taste and some dizzyness. His interpretation of these events is that this proves he is being poisoned by something coming through the air ducts in the ceiling. He does, as per review on Tuesday, accept some challenging however he asks the same questions as were answered on Tuesday and appears to not fully retain information from consultation to consultation. ,,Discussed his past briefly - in childrens home followed by Army. Identifies that both left him feeling somewhat institutionalised. Accepted rationale for us wanting to promote passes etc to avoid this transferring to hospital setting. Described himself as a happy go lucky guy prior to leaving the army aged 28. Roughly 2 years after leaving army describes issues with mood and anxiety. States for many years he has been worried people are following him and as such his routine when leaving the house is very regimented - I go from A to B to C to D then back home, no deviations from the plan. He describes periods of hypervigilence but denies any flashbacks to military service in NI. Has a Veterens support worker visiting next week (Denise Beck - 07827 883452) who plans to take Ronnie to visit his brother - this is okay.,,Ronnie states he feels deeply ashamed about the events prior to admission - chasing neighbours with a kitchen knife - and expressed worries about rumours being spread that I'm a mad man - these worries did not appear to be persecutory delusions but instead appropriate concerns. I informed Ronnie today that Police wanted to talk to him about these events prior to any discharge and he took this well. Denies any current thoughts to harm self or others.,,MSE:,As per previous reviews. Continues to appear more relaxed each assessment, baseline demeanor is straight back, arms crossed, direct responses. This would be in keeping with previous military training. Describes ongoing psychotic symptoms however challenging of these continues to be easier and better received by Ronnie. Insight fluctuates. Appears to struggle retaining information between consultations as well as information about medications given within same consultation.,,Plan,1. Can have 30 minute unescorted passes ,- Ronnie expresses that he would only walk within grounds,- If wants to go further Ronnie will request nurse escort,2. Increase regular Quetiapine XL to 700mg nocte,3. Continue Sertraline at 50mg - stop next week,,I Proven,ST4 PSychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 17/01/2020 18:39 Pringle Spure	Nursing,,Mental state remnains unchanged, some underlying paranoia,Has not reported any dizzy spells today.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 18/01/2020 05:47 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronnie has been evident in the communal area. Bright and pleasant on approach, nil evidence of paranoid delusion in conversation. Ronnie retired to bed shortly after 2200 and appears to have slept overnight.,,Issues,Nil new.,,Risk,Nil new.,,Plans ,Assess.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 18/01/2020 13:22 Caitlin Baird	Context,General observations 1:1 interactions,,How are you?/Presentation,Ronnie has largely kept a low profile on the ward this morning. Was awake early morning attended for breakfast, and washed some of his clothes. Ronnie asked staff if he could have an escort back to his flat tomorrow. Ronnie not keen to use 30 minutes unescorted passes at the moment as he reports that when he is at home he lives a rather recluse lifestyle, but still wishes to go and check his flat is okay. Staff advised this is acceptable but Ronnie will have to push himself to leave the ward, and advised he start with using passes initially on the hospital grounds. Spent much of the morning in his bedspace other than to attend for meals. Slightly less evidence of paranoia during conversation. However at lunchtime Ronnie felt that he was choking, staff advised Ronnie to go to his room and try to cough. No evidence of choking whilst staff observed Ronnie, but he continues to report a bad taste in his mouth when eating. ,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 18/01/2020 19:41 Margaret Kuczera	Ronald has been intermittently evident in communal areas engaging quite well with others. He complained about feeling generally unwell, feeling nauseous with vague pains and dizziness. Physical observations unremarkable. He voiced that he had had these symptoms for a while. Observed to be having paranoid ideation on occasion this a.m. Settled at time of writing.

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Note Details	Clinical Notes
Pharmaceutical Care Issues Episode/Ref: I0004869210 03/01/2020 09:34 Zarah Swain	Phar: 3,Med Rec completed: Yes,Sources used (min.of 2): ECS, OPD letter, Community pharmacy,Outstanding Med Rec issues: ,Outstanding/ ongoing care issues:,- Psorasis - check if requiring treatment. commenced on hydrocortisone 1% and E45. Dr Blue to review and change rx accordingly. Switched to zerobase cream. Also prescribed Enstilar Foam Once daily. For derm review,- MHA - informal,- switching from quetiapine to aripiprazole now on aripiprazole 15mg OD,- anxiety - ?commence fluoxetine,Changes to medication: sertraline stopped ?causing pyschosis, quetiapine stopped due to side effects, aripiprazole started,Discharge/Compliance information: Medication supplied weekly in a dosette with additional PRN supplied by Omnicare Ardmillian Terrace

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 19/01/2020 05:52 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronald was briefly evident in the communal area where he watched tv and engaged with fellow patients. Pleasant and warm on approach. Accepted medication and retired to his room. Slept at night., ,Issues,None new.,,Risk,None new.,,Plans ,Assess.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 19/01/2020 11:46 Lindsey Kettles	Key/Co worker 1:1 Lindsey ,,,Date of last 1:1,,,How are you? (Gather patients own perspective however consider pts presentation, mood, speech, thought content, cognition and insight) Ronald described feeling more unwell this morning attributing this to feeling groggy due to not feeling well when only in his bedspace relating to people on the roof, dry mouth - observed by scribe also, states he feels dizzy today and that his thoughts are speeding up including not being able to get some words out when talking (evidence of thought blocking noticed by scribe). Ronald described seeing a mist on the wall in his bedspace yestereday when the sun was shining in through his window- denies this as being dust and stated it was really misty and that a nursing assistant seen this as well. Ronald is feeling worried as he believes people are trying to kill him and disclosed he had cutlery a few days ago as a protective mecvhanism but understands and realises this goes against him and not a good idea. Ronald recognises in the past he has experienced psychosi but states this time what he is experiencing is real and a lot more intense. He is concerned about what the neighbours will think when he returns home that they will think he is a mad man, he doesn't want to lose his house as he has lived there for years and knows the neighbours only to say Hello. Ronald stated he was very isolated prior to admission and doesn't wish to live like this as he used to enjoy his life by going out walking and would like to do this again if he has support but worried for his life being followed by people who want to kill him and also by what the neighbours would think, but feels he is getting older now and doesn't want to live sitting in his house for the rest of it. Ronald denies any psychosis at present as other patients have confirmed the same beliefs that people are on the roof out to get him, when challenging these beliefs and relating it to being in hospital Ronald denied this as anything other than it being real. Ronald stated the Quetiapine as required isn't helping him despite taking this daily and when offered he refuses but scribe able to convince to have this as he requested something to flatten his thoughts. NEWS Score 1. ,,,Review of last few days, since last 1:1 (MDT and pt perspective) Ronald describes feeling worse over the last few days, aware that titrating off one medication and starting a new one may be side effects. ,,,What has gone well? (MDT and pt perspective) Ronald states he isn't feeling any better, reviewing medication at present therefore this will be monitored and assessed by nursing staff and the medical team. ,,,Plan until next 1:1 (consider pass review, activities, referrals) Monitor and assess, daily physical observations.,,,Any actions? by whom and by when? Regular 1:1's, assess efficacy of treatment, although understands he is titrating on sertraline and decreasing quetiapine.,,,Date of next 1:1 Monday 21/01/2020.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 19/01/2020 19:27 Lindsey Kettles	Context General observations and 1:1.,,How are you?/Presentation see previous entry for 1:1 discussion. Ronald was worried this morning attributing his poor health to people on the roof out to kill him, isolated self in his bed space for majority of the day, up for meals. Stated he was feeling goroggy, NEWS score was 1. Accepted as required Quetiapine this morning although Ronald reports this as unhelpful with no effect on symptoms-no change. Ronald did not report any further issues later in the day. Observed Ronald having a dry mouth repeatedly opening it with difficulty, he reported seeing a mist yesterday in his room which he found unusual and is certain his beliefs are real compared to previous admissions and episodes of psychosis. Ronald also feels he is being poisoned.,,Issues Deterioration in mental state.,,Risk Of non compliance although understands medication is changing. ,,Plans Encourage medication compliance, regular 1:1, monitor and assess physical and mental state.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 20/01/2020 05:16 Louise Sellar	Night shift entry:,,Ronnie voiced to writer that he felt weird but could not elaborate on what he meant by this. Writer offered to take vital observations but Ronnie declined stating that they had been taken earlier and were normal and he just wanted to go to bed. Ronnie accepted medication and retired to bed fairly early. Slept well overnight.,

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Nurse 20/01/2020 10:20 Lindsey Kettles	Date of Ward Round 21/01/2020,,Legal Status and Expiry Date Informal ,,Current Pass Status 30 Minutes Unescorted ,,Nursing review Ronald reports feeling more unwell. Evidence of paranoid ideas, visual hallucinations, thought disorder, feeling phsyically unwell, observations unremarkable, score 1 on News. Has felt anxious utilised as required lorazepam periodically prior to being changed to quetiapine, when offerinfg Quetiapine Ronald reports this isn't helping to relieve symptoms, possible confusion noted from Ronald regarding medication changes as story has changed over several days he is aware that he may be confused over this and forgetful. Had been on a home visit on 14/01/20 and requested a further visit for 19/01/20 however due to feeling unwell Ronald changed his mind.Broken sleep pattern noted. Agitated at times, panicky and observed motioning a choking sensation in his throat stating he wasn't feeling great during a conversation and gagged, utilises peptac frequently and feels he is being poisoned and has a funny taste in his mouth, not enjoying food for this reason but still eating well. Feels tired and dizzy daily. Not utilising unescorted passes ,,Patient/ Carer Review Ronald reports feeling more unwell in relation to medication changes, reports side effects - dry mouth, headache, complaints of sore heels and has to walk on the sides of his feet. Reports feeling he is being poisoned and people/police are on the roof out to kill him (paranoid delusions), observed thought blocking during interactions, perceptions of noises are altered attributing this to paranoid ideas. ,,Completed by Lindsey Kettles S/N,,Ward Round Attendants,Dr McConville Consultant, Dr BLue CT1, Zarah Swain Pharmacist, Pringle Spure RMN,,Ward Round Discussion,Seen by Dr Proven on the ward this morning. Increase in symptoms. Feels his food is being poisoned. Reducing quetiapine and starting aripiprazole,,Working Diagnosis,- Schizophrenia,,Social Need,- OT assessment,- Lives alone in his own flat,,CMHT/IHTT,- Known to Dr Cooper and Tracy Johnston,,Assessments required,- Home visit required,- Response to medication change,- Review ?eczema on back,,Mental health Act/ Legal work,- Informal,,Prescription Medication, High Dose Monitoring,T2/T3 & ECT,- Changing over from quetiapine to aripiprazole,,Engagement With Carers and Relatives,- No family that we are aware off,,Risk Assessments and Review of Pass Plan,- No changes to passes at present,,Estimated Discharge Date,,Delayed Discharge

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 20/01/2020 18:44 Lindsey Kettles	ALL DAY ENTRY,,Context General observations, 1:1 Cansas.,,How are you?/Presentation Ronald accepted prescribed medication this morning. Continues to report side effects such as dry mouth with a strange tatse- states he is still eating although his food tastes funny. Reports broken sleep overnight, anxiety which he feels is getting worse. Ronald describes hoping to achieve being able to go out for walks without feeling anxious or paranoid as this is preventing him from doing so. Robert continues to struggle with getting some words out when speaking possibly thought blocking or due to dryness of mouth? Observed drinking copious amounts of water in a jug provided to him from a few days ago which is helping him to remain hydrated but states it doesn't sort out the dry sore mouth issue. Ronald sat with scribe to identify his care needs stating that anxiety is a main symptom he would like to improve, social isolation is a major factor and hopes to be able to manage getting a train to see his daughter in Blackburn as he done this previously when he was well. His son Ross visits occassionally when he visits his mother in-law who lives nearby to Ronald. Ronald describes his strengths as being able to live independently and attending to all of his ADL's. Slightly more evident today than yesterday and hoping to do a home visit with staff tomorrow. Feels too unwell at present to use unescorted passes although feels he was unaware of having time out alone. Ronald felt dizzy this morning and observations were within range. Ronald offered complaints of dry sore painful cracked heels, to be reviewed by medical team and have been made aware of this. Ronald is requesting for hydrocortisone to be represcribed for his face.,,Issues Isolation, side effects. ,,Risk Social isolation,,Plans Graded exposure to use time out alone, monitor and assess and manage anxiety and side effects due to treatment changes at present.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 21/01/2020 05:17 Ross Kinghorn	Context,Seldom evident on ward,,How are you?/Presentation,Some time spent in company watching tv, but appeared ill at ease. Preoccupied and suspicious of others. Sleeping well,,Issues,Paranoid,,Risk,Violence/aggression,,Plans ,Assess

Surname/Forename	McRobb, Ronald
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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 21/01/2020 12:12 Dr Iain Proven	Medical review,Seen in meeting room on ward,,Ronnie presents with increasing persecutory delusional beliefs. He is experiencing multiple physical health complaints (headaches, periods of feeling dizzy, dry mouth, heartburn) and attributes these to eating or breathing in something toxic. He states that he can feel alright but if I sit for any length of time I get a dry mouth then start shaking. He believes there is something in the food or coming from the air ducts and that this is done by people to cause him harm. He states his lemon cake tasted really lemony yesterday and thus he knows it had lemon washing up liquid in.,Feels as if I keep getting one piece of a jigsaw...as they come to me I can start to get a clearer picture of what is going on.,States he continues to hear people whispering about him from the ceiling as well as seeing vapours at his window - states a nursing assistant has confirmed that they also have seen vapours.,,I put to him that some of these physical symptoms are likely side effects of the Quetiapine and Ronnie, to an extent, accepted this however retains the belief that he is otherwise being poisoned. He is agreeable to a change in antipsychotic medication and continues to remain happy for inpatient care.,,He has previously been trialled on Olanzapine (experienced significant weight gain and not felt to be fully effective) and Haloperidol (EPSEs) as well as now Quetiapine.,,Consideration of antipsychotic with minimal side effect profile with regards weight gain and anticholinergic properties.,,Plan,1. Reduce Quetiapine XL to 600mg,2. Commence Aripiprazole 5mg,3. Further reduction in Quetiapine and increase in Aripiprazole end of week,4. Stop Sertraline,5. Continue to encourage use of passes,6. OT assessment ,,I Proven,ST4 Psychiatry,,

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 21/01/2020 14:30 Catherine Chapman	Context,1:1 on ward,,How are you?/Presentation,Ronnie has spent time watching television, but does appear restless at times. He complained about physical symptoms, with dry mouth and heat burn. Fairly warm in interactions, but does appear suspicious at times. He has requested peptac which he says helps.,Encouraged him to use passes, which he seemed reluctant to do saying that he felt unwell. He voiced concerns that he has embarrassed himself in front of his neighbours.,,Issues,Encourage passes. Ronnie would like to do a home visit.,,Risk,None new,,Plans ,Assess

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UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 21/01/2020 19:05 Caitlin Baird	Context,General observations 1:1 interactions,,How are you?/Presentation,Ronnie approached staff early afternoon asking about a home visit. He appeared disgruntled at the fact this had not taken place this morning. Staff advised that it might not have been possible to do it in the morning due to staffing/work load ect but that there was staff to take him this afternoon. Ronnie did not appear to accept this however. Writer advised that Ronnie had visited his flat last week. Ronnie agreed with this but stated that this was a week ago and anything could have happened to his flat by now and it could have been broken into. Ronnie became abrupt and guarded during conversation. He then went on to say that he was no longer in the right frame of mind to go on a home visit today and would wait until his support worker came in tomorrow and that she would take him. Ronnie walked away from writer cursing saying fuck sake I'm being treated like a child I'm a grown man. ,,Issues,Paranoia,,Risk,Potential risk of aggression,,Plans ,Assess

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 22/01/2020 06:09 Zoe Bell	Evident watching tv at the start of shift. Sfaff asked how he was and he just shrugged and said the usual but this place is making me mental. Has been sleeping with his bedroom door wide open. During a check Robbie shouted who's that? and appeared very anxious. Explained that it was just the staff doing their hourly checks and asked if he wanted his door shut so that he could lock it. He said no he wanted it open to let air in. Appears to have slept.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 22/01/2020 09:24 Alexandra Morgan	RAPID RUNDOWN,,Facilitate home visit as able - including if with support worker,Remains unwell - changing antipsychotic at present,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 22/01/2020 18:41 Lindsey Kettles	ALL DAY ENTRY ,,Context 1:1 and general observations ,,How are you?/Presentation Ronald reported feeling generally unwell again today, no change in symptoms reported. Able to come out of his room, converse well with staff. Went out on an escorted pass with his support worker Denise Beck, to visit his brother in supported accommodation when returning to the ward he felt quite anxious as it has been a while but happy to have seen his brother and that his brother is doing well. Ronald spent some time in the communal areas and his bed space resting.Attended for meals. Continues to voice issues with his feet. ,,Issues ongoing side effects reported,,Risk of deterioration in mental state and isolation. ,,Plans Monitor and assess encourage using passes, waiting for a home pass.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 23/01/2020 05:59 Michael Reed	Settled and slept throughout

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 23/01/2020 14:35 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronald has been evident in the communal area this morning. Pleasant and polite on approach. He accepted his medication and attended meals. Ronald was escorted with a member of staff to his flat this afternoon and he was also planning to get a haircut at his local Barber shop, which he was looking forward to.,,Issues,None new.,,Risk,None new.,,Plans ,Assess.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 24/01/2020 06:05 Michael Reed	Settled and slept throughout

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 24/01/2020 12:27 Dr Iain Proven	Medical review,Seen in interview room on ward,,Ronnie continues to express delusional beliefs around people being in the ceiling as well as auditory hallucinations in the form of hearing whisperings from these people. He does feel that they have quietened down a bit but attributes this to him teeling them that they need to be more subtle as oppossed to any beneficial effect from medications.,,Ronnie is resistant to using passes by himself and appears stuck on the current step. He continues to request escorted passes home and states that this is because my home is my number one priority and that he will consider passes by himself once this is done. He has had two escorted passes home so far. Ronnie has previously spoken of being institutionalised by childs care home and subsequently military - it would appear important for us to push use of passes plus OT engagement.,,Sleep, appetite, concentration appear fine. Continues to experience dry mouth with periods of dizzyness. Cross-tapering from Quetiapine to Aripiprazole.,,Imp - continues to experience psychotic symptoms. Resistance to passes.,,Plan,1) Continue switch from Quetiapine to Aripiprazole,- reduce Quetaipine to 300mg nocte, increase Aripip to 10mg mane,2) Push for use of unescorted passes over weekend,- consider escorting to activities at HIVE and for Ronnie to make his own way back,,I Proven,ST4 Psychiatry

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 24/01/2020 14:06 Fredrick Onuora	Context,General observations.,How are you?/Presentation,Ronnie has been evident on the ward and attending to his needs and does not use his 30 minutes passes that much and appears settled around the ward.,Issues,None new.,Risk,None new.,Plans ,Assesment.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 03/01/2020 12:17 Zarah Swain	PHARMACY COMMENTS,,I have spoken with Ronald's community pharmacy, Omnicare Ardmillan Terrace, who have confirmed that he has a dosette delievered on a weekly basis on a Monday to his flat. In the dosette they have confirmed contains sertraline 200mg OM and Quetiapine 600mg ON. He also has had PRN diazepam 5mg and quetiapine 50mg daily recently as well. The quetiapine is to be used in place of the diazepam.,,They have placed a stop on his dosette until he is discharged. I will send a copy of his discharge prior to this with any changes to allow them to restart the dosette.,,Zarah Swain,Clinical Pharmacist bleep 7517

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 24/01/2020 18:52 Margaret Kuczera	Ronald has kept a low profile on the ward staying in his bedspace for much of the shift. In the quiet room for short periods. Quite brittle in presentation when requesting passes home and being reminded that he is not utilising his 30 minute passes on the ward. No paranoid ideation observed. Attending for meals.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 25/01/2020 05:14 Louise Sellar	Night shift entry:,,Ronnie kept a very low profile asking for medication as early as possible and then retired to bed. Minimal interaction with staff or peers. Also noticed by staff that Ronnie slept with his door wide open- wedged open by a bin- which is unusual for Ronnie as he usually has his door closed and locked. However, slept well overnight.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 25/01/2020 18:46 Catherine Chapman	Context,1:1 on ward,,How are you?/Presentation,Ronnie visited his flat this morning. Has some concerns about his neighbours still, but didn't see them and said he would avoid them if possible. He is worried that someone will break in as there are some local people who are desperate for a fix. He has spent some time socialising with others, watching television and played tabletop football with another patient.,,Issues,None new,,Risk,Home visit went well. None new,,Plans ,Assess,

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 02/01/2020 04:20 Ross Kinghorn	Admitted informally to ward at 23:50. Brought to MHAS in handcuffs by police. Had been armed with a knife when approaching neighbours, accusing them of harbouring terrorists, who were plotting to take me out. Police wish to be notified prior to Ronald's discharge. Very paranoid. Appears to be responding to hallucination. When asked by staff who he is conversing with, replies a friend. Volunteers that he thinks vapours are emanating from smoke detectors and that terrorists will break into ward and kill him. Would not take zopiclone as he felt that if he fell asleep he would be murdered. Reluctantly accepted Lorazepam 2mg x 2 and quetiapine 50mg to slow and partial settling effect. Remains hypervigilant. Refused to go to his room and try and sleep. That would be lethal. Highly suspicious of staff and patients, although not hostile. Looks exhausted. No time off ward presently.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 03/01/2020 12:18 Dr Iain Proven	Medical review,Seen in meeting room on ward,,Senior medical review and background noted,- 62 year old male under c/o Dr Cooper at CSH, organic psychosis. Treatment with Quetiapine XL and Sertraline. Admitted 01/01/20 - brought to REH by Police after confronting neighbours with a knife. Informally admitted. Accepting of all medications since admission. Lives alone. Two children (Son in Livingstone and daughter in Bathgate) who both have two daughters. Non-smoker. Denies ETOH or illicit substances.,,Assessment:,Ronald commenced the assessment by informing me that there's not much you can do to help me, I'm not psychotic, these things are actually happening. He informed me that Gangsters are out to shoot and kill him as they suspect he is another Ronald McRobb. He informed me the other Ronald has a middle name (Fraser) and is maybe 40 years old, also served in the military and that there was an article in the paper about him and his deviant behaviour. The Gangsters have been taking refuge in Ronald's neighbours flat during daytime and then enter the roof-space at night to shoot me through the ceiling. Believes they are hunting me and planned to drop a grenade on him. He knows this as he hears them talking saying that they are going to bump him off. He also believes that they make me believe things that aren't true such as his son being dead (thought insertion?) Due to these concerns Ronald hasn't left his flat for 33 days. His sleep has been poor and he has been living of Chinese delivery, ordering a chow mein and omelette every night (saves the omelette for breakfast). He stated his focus is gone with his head feeling like lead sand. Described his mood as fed up with moving room to room to avoid the gunmen getting a lock on. States he has had to get protection via the Debt who he states are a secret organisation but can't say anymore about them as they're always listening.,,On ward Ronald continues to believe the Gangsters can get him. He believes that any green flashing light in the ceiling indicates guns are locking on and a solid red light means target locked, ready to shoot. If he sees a red light he moves. States he can see vapour entering via ceiling vents and that this makes him physically ill. Felt a breeze in corridor yesterday and this further confirmed his suspicions. Worried that some people on ward may be involved but gaurded at disclosing who. Note seen trying to pocket butter-knife yesterday in case I need it - it would appear important to include this in risk assessments. States he is happy to be here as you're feeding me. Does not believe he is psychotic - able to recall not believing he was unwell when had previous episodes but knows this time it is real. Told me if I spoke to Police and Dr Cooper that they would confirm he is not psychotic. Agreeable to take antipsychotics.,,MSE:,62 year old Caucasian male wearing glasses with multiple tattoos on arms. Appeared gaurded and suspicious at times but responded well to open, inquisitive questionning. Suspicions increased at times of challenging delusional ideas. Offers coherent, spontaneous and goal directed speech of nomal r/r/t. No formal thought disorder. described mood as fed up. Objectively appeared gaurded, reactive affect. Prominant persecutory delusions as detailed above with evidence of auditory and visual hallucinations (seeing vapour). Possible thought insertion. Thoughts pre admission of retaliation which led to confronting neighbours with a knife - risk assessment regarding this expanding to include ward staff. No insight.,,Imp - symptoms in keeping with paranoid schizophrenia felt to be representative of an organic psychosis by treating community team,,Plan,1) Increase Quetiapine to 600mg XL,2) Remain on NTO,3) Informal at present,- neccessity not met in terms of criteria at present. If requests to leave will require medical review for MHA assessment,4) Named nursing staff to develop rapport with Ronald ,- I would anticipate he would likely become reclusive in bedspace without prompting,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 26/01/2020 05:32 Ross Kinghorn	Context,Evident on ward during evening. ,,How are you?/Presentation,Lorazepam 1mg as requested for anxiety at 2100. Watched tv for a short spell then retired to bed. Appeared to sleep well, with bedroom door held open by bin,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Nurse 26/01/2020 10:35 Catherine Chapman	Date of Ward Round,28.01.20,,Legal Status and Expiry Date,INF,,Current Pass Status,30 minutes,,Nursing review,Still showing evidence of paranoia . He seems to have concerns about his flat and that it will be broken into. He continues to hear voices from the roof, but they appear to be improving. He has not been using his passes despite reminders and prompting. He complains of physical symptoms such as headache and dizziness. Appears to generally sleep well. He spends some time watching television with other patients and is often warm and appropriate in interactions.,,Patient/ Carer Review,,Completed by,,Ward Round Attendants,Dr McConville Consultant, Dr Proven ST4, Dr Jacobsen FY2, CN West, RMN Spure, Zarah Swain Clinical pharmacist, Aneeqa Nadeem Pre-reg pharmacist,,Ward Round Discussion,Has been using passes to travel home by himself.,In one on one interactons on the ward appears bright with less objective evidence of psychosis however reports experience if these phenomena still during assessments.,Regimented routine in daily activities.,Memory at times appears to struggle - MOCA pre-admission 23/30.,,Working Diagnosis,Psychosis,Longer standing social anxiety,,Social Need,Nil outstanding - own tenancy,,CMHT/IHTT,Known to Dr Cooper and T. Johnstone (CPN),,Assessments required,OT,Dermatolgy review and response to treatment,Onging of mental state,ACE,,Mental health Act/ Legal work,Informal,,Prescription Medication, High Dose Monitoring,T2/T3 & ECT,Stop Quetiapine,Increase Aripiprazole to 15mg,Commence Fluoxetine 20mg,,Engagement With Carers and Relatives,Encourage Ronnie to make contact with son and/or daughter,,Risk Assessments and Review of Pass Plan,Increase passes to 1 hour,Risk of harming self or others appears low at present,,Estimated Discharge Date,,Delayed Discharge ,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 26/01/2020 13:31 Catherine Chapman	Context,General observations,,How are you?/Presentation,Ronnie was up early, showered and attended to laundry. Warm with others, but largely superficial conversation. He has spent some time socialising with others, and engaged in ward coffee morning.,,Issues,Encouraged to use passes, but still appears reluctant.,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 26/01/2020 18:58 Brendan P Mallon	Context,Had 1:1 interaction with nursing staff. Remains Informal wit 30 minute passes and general obs. ,How are you?/Presentation,Ronald has been interacting well with staff doing crosswords in several newspapers. Mood has been bright and reactive. Nil evidence of low mood. Told staff thay he will be happy to use public transport to get home to collect stuff from home. Spent time in the communal area watching TV with fellow patients. Maintaining food and fluid intake. ,Issues,Nil new issues,Risk,Nil new risks,Plans ,Continue to monitor,,Brendan Mallon C/N

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 27/01/2020 05:33 Ross Kinghorn	Context,Evident in communal area during evening,,How are you?/Presentation,Watching tv prior to retiring at 2230. Irritated by fellow patients arguing about what to watch on tv. Lorazepam 1mg as requested. Sleeping well overnight,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 27/01/2020 09:33 Alexandra Morgan	RAPID RUNDOWN,,Warmer and more independent in tasks after prompting by the NS,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 27/01/2020 13:37 Carley Morgan	Context,General observations ,,How are you?/Presentation,Evident early this morning. States he slept well overnight. Attended to personal hygiene and has had a shave. Keeping himself occupied on the ward by doing various tasks, e.g. cleaning the pantry. Spent time wathcing television in company of others. Plesant, polite and appropriate in interactions. Attended news paper group. Jovial and bright in interactions. Attending for meals with good food and fluid intake. ,,Issues,No new,,Risk,No new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 27/01/2020 19:29 Catherine Chapman	Context,1:1 on ward,,How are you?/Presentation,Asleep for part of the afternoon. In interactions he appears cheerful and warm. He is concerned about his skin getting worse and would like his cream to be prescribed even just for a few days. He continues to experience anxiety and still feels on edge around the ward. He has been using lorazepam but prefers to use it in the evening.,,Issues,Anxiety,Encourage passes,Gym referral done,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 28/01/2020 04:42 Ross Kinghorn	Context,Evident on ward ,,How are you?/Presentation,Watching tv in company during evening. Lorazepam 1mg as requested for agitation at 2100. Retired at 2230. Sleeping soundly overnight,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 03/01/2020 14:32 Catherine Chapman	Context,1:1 on ward,,How are you?/Presentation,Spoke to Ronnie in his room. He said that he could hear men crawling about on the roof. Quite adamant about this. He asked if staff could wait outside his room while he was having a shower. I pointed out that he could lock his door, but he didn't seem convinced that this would protect him. He mentioned being wary of some people on the ward, but didn't clarify. He has attended to his laundry and asked for a toothbrush. He has sat and watched television in communal areas with other patients. Appearing relaxed in manner and initiated superficial conversation about tattoos.,,Issues,Increase in quetiapine,,Risk,Expressing paranoia about people on ward, and has carried weapons recently. ,,Plans ,Assess,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 28/01/2020 12:26 Greta H Jacobsen	Discussion with dermatology on call, thank you. ,,,PLAN,1) To begin EnstilarFoam, once a day, up to four weeks. ,2) For urgent referral to dermatology: please email laur.dermatology@nhslothian.net - will do today. ,,GJacobsenFY2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 28/01/2020 13:04 Greta H Jacobsen	Discussion with Mr. McRobb on the ward. ,,Present: myself, gjacobsenFY2, Dr. Iain Proven, Psychiatry reg and Mr. McRobb. ,,Mr. McRobb still voicing that he can hear people talking about him in a threatening manner. ,Describes these voices to be those of gangsters or their hit-men. ,He says that the voices describe how they are going to abduct him, torture him and then despatch him. ,,Says that the voices are worse when he is on his own or at night, and less audible when he is around others or outside walking with nurse escort. When he is with others, he can't hear them as well because he is distracted. ,,He says that prior to coming into hospital he had not left his flat for 33 days. He described instances in which he had wrigged up wiring to his door so that if someone tried to open it, they would be electrocuted. He also had attached scissors in such a way to his door that one could not open it from the outside. He had in one instance, ordered a chinese takeaway, but then felt the delivery man had looked oddly to the right, as though he had seen someone. Simultaneously there hada been a van outside his house parked in such a way that it would be easy for him to be bundled away. He was so distressed by the van and the delivery man's behavior that he never retrieved the food that had been left at his door and didn't leave his house at all. ,,Mr. McRobb also described being able to see figures, usually men, in the trees when he is outside. He says that he also is concerned that if he goes outside, a sniper could get him. He did go outside with nurse escort to walk round the grounds yesterday, and said that reason that he was not shot as that those who wanted to killl him had not thought of an escape plan and also that perhaps it just wasn't his time yet. ,,He says that he has a very circumscribed life at home. He has a daily routine of making his bed, showering and shaving and doing the washing. He can't leave the house without doing this. He then goes to the same three places - the coop, asda and the barber if he needs a haircut. He doesn't associate with his neighbors and he doesn't go to any other places. He has also avoided seeing his children, not coming to christmas or new year and instead telling them that he was sick. He described the prospect of walking to Morningside as equivalent of going abroad. He said that he cannot take trains to visit his children as cannot cope with being on public transport. He also cannot go on buses. His only mode of transportation is taxis, which he admits, can get very expensive. ,,He states that he used to work out, and would like to do that more often as he is concerned about his weight gain. ,,He also discussed difficulty with verbal fluency and not being able to get out words. He also says that he has found himself doing odd things things such as putting the cups in the silverware drawer on occasions. ,,IMPRESSION,1) Psychosis,2) Social Phobia,,MSE,Subjectively feels quite scared, though does admit sometimes he questions whether or not his beliefs are true, but otherwise, accepts them. Objectively, appears quite paranoid. Appropriatly dressed. Neat and tidy. Concerned about the psoriasis on his face. Oriented to place but said that sometimes he feels very forgetful and confused regarding dates and time. ,,PLAN,1) ACE,2) Dermatology referral (see previous entry),3) To go along to gym, said that he would like to and used to enjoy working out. ,4) Encourage activities outside of ward. ,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 28/01/2020 18:47 Callan Ashcroft	Context - General Observation's ,,How are you?/Presentation,Ronald has spent most of his time this afternoon watching tv or interacting with other patient's, Ronald has appeared to have been well mannered and polite at all times during any interaction this afternoon. Attending all meal's. ,,Issues - Nil new ,,Risk - Nil new ,,Plans - Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 29/01/2020 05:26 Ross Kinghorn	Context,Evident in communal areas during evening,,How are you?/Presentation,Watching tv in company. Given lorazepam 1mg as requested for anxiety. I need it to chill me out . Retired at 2300. Sleeping well overnight,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 03/01/2020 18:26 Louise Sellar	Context,General observations on the ward,,How are you?/Presentation,Ronnie has been fairly settled in presentation today. Voicing some paranoid ideas at times asking staff about his blood results due to thoughts of being poisoned/having an STD. However, Ronnie has attended for all meals and requests PRN when feeling agitated. It has been noticed by staff that Ronnie has been walking around the ward with his hands down his trousers and every time a staff member is near him when he is doing this he looks embarrassed and says: Aw I'm just fixing my boxers. This has happened several times throughout the day. ?sexual disinhibition. Otherwise, Ronnie has been settled watching television engaging well with staff/peers. ,,Issues,Sexual disinhibition?,Paranoia,,Risk,Nil new,,Plans ,-Continue ongoing assessment process

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 29/01/2020 09:25 Alexandra Morgan	RAPID RUNDOWN,,Remains anxious about tmie off the ward - concerns about facial appearance and skin,Encourage to take a walk around the grounds, even if wishing to avoid social situations,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 29/01/2020 12:17 Alexandra Morgan	Feiya Hu, Y5 Medical Student,,I saw Ronald this morning to complete the ACE-III examination on Merchiston Ward. ,,Ronald was very friendly and cooperative, and completed the test without any distractions or much difficulty.,All instructions were understood and tasks were carried out appropriately and well. There was a deficit in memory, which Ronald acknowledged was a problem he struggled with regularly, but every other category was done perfectly.,,Summary of test:,- Total ACE-III score: 94/100,- Attention: 18/18,- Memory: 20/26,- Fluency: 14/14,- Language: 26/26,- Visuospatial: 16/16,,MSE:,Ronald was casually dressed and well kept. He reported a flare up of his psoriasis which could be seen covering the majority of his face. He made good eye contact; body language was open and had a range of appropriate facial expressions when talking. Speech was friendly and normal speed with no thought disorder or hallucinations. His mood is good, however he reports feeling a bit bored on the ward. He did not respond to any auditory or visual hallucinations at interview, is oriented to TPP. He has insight into his condition.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 29/01/2020 15:02 Pringle Spure	Nursing,,Appears happier now that he has been prescribed medication for his facial excema.,Has not expressed any paranoid thoughts this morning.,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 29/01/2020 19:35 Alexander Baxter	Settled and well humoured through the pm. Seen by a support worker this afternoon who helped him with his PIP application. No behaviours indicative of his experiencing paranoid ideation.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 30/01/2020 05:40 Michael Reed	Settled and slept throughout

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 30/01/2020 13:52 Anahita West	Ronnie has been very jovial this morning. Attended to his usual morning routine - shower, shave, change his bed, do laundry. accepted meds. Appearing very bright, no evidence of paranoia. Sat at length in the coffe group talking about current affairs and doing the word quiz. Engaging well with others. Remains reluctant to spend time off the ward.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 30/01/2020 19:02 Pringle Spure	Nursing,,Ronnie has been much better in mood this evening with little evidence of paranoia. Facial excema has imnproved somewhat.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 31/01/2020 06:02 Michael Reed	Settled and slept throughout.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Occupational Therapist 31/01/2020 11:52 Marcus Claridge	30/01/20 (1530-1630) Occupational Therapy (Retrospective note due to time constraint),Ronnie was motivated to meet with OT. He described himself as having strong willpower, having been able to abstain from drugs and alcohol despite previous addictions. He describes his motivation as being impacted by tiredness due to poor sleep, anxiety, and self-consciousness due to the skin condition affecting his face. These have been exacerbated by recent paranoia, leading to him spending most of his time at home, and ceasing previously valued activities such as swimming, running and gym use. He also enjoys cooking and reading, especially on military history. He would like to re-engage with these activities, but feels he might need some support to do so. , , Ronnie reports that he has not been in employment for a couple of years, having previously worked in Nairn's Oatcakes, from which he was made redundant due to mechanisation of processes. He has also worked as a gate security guard, but would not like to return to this, and was in the army in his youth. Ronnie's pattern of activity changed markedly with the onset of psychotic experiences, and he has self-isolated at home. He worked out quiet routes to the nearest shops, and has stuck to these, often using taxis for even short journeys. States he is unable to use buses and hasn't left Dalry for a long time. He became increasingly reliant on ready-meals or takeaways, having lost motivation to cook, but delivered food was often left on the doorstep as he was concerned that there may be people outside who wished him harm. He was very aware of loss of work, friendship, and family roles. Poor sleep has also impacted on his routines. , , Ronnie was polite, spontaneous and showed evident interest in conversation. He was observed to come through to the communal area and sit with fellow patients following interview. He reports having a few close friends in the past, but having lost contact with them. He has tended to avoid busy spaces due to believing that others are talking about him. , , Anxiety, paranoia and lack of motivation have all impacted on day-to-day functioning. In discussing a task such as meal preparation however, Ronnie was able to describe necessary ingredients and stages within the task, and was motivated to take part in a cooking session with OT through which practical functional skills can be assessed. , , , ,Ronnie has concerns about returning home due to feeling embarrassed about his behaviour prior to admission. He fears neighbours will be pointing him out as a nutter with a knife, and will avoid him. He expresses a wish to re-engage in activities such as gym use however, and has an Edinburgh Leisure card to access this. He sees little of family or friends. ,Plan: , · Assisted in downloading Feeling Good app to assist with anxiety symptoms and intrusive thoughts. · Functional assessment arranged for 3/2/20. · Engagement in hospital-based activity sessions. · Referred to Norrie Sloan, OT Technical Instructor to assist with community integration eg gym use or socially supportive environments post-discharge. ,Marcus Claridge, Lead Occupational Therapist ,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 31/01/2020 12:52 Brendan P Mallon	Context ,Remains informal with 1 hour pass and weekly ,,How are you?/Presentation,Ronald was presenting with high anxiety due to home visit, worried about his skin, reluctant to go on passes due to his appearance. ,Reported having sleep disturbance for last four nights because he worris about the future. ,,Issues,Anxious in presentation,,Risk,No new risk indentified,,Plans ,Keep pushing passes,,Anna Pieta ,ST/N ,Brendan Mallon C/N

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 31/01/2020 19:08 Margaret Kuczera	Ronald was evident for short periods in communal areas but spending most of the shift in his bedspace. Pleasant in manner on approach. Attended for evening meal.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 01/02/2020 05:56 Aimee C Mitchell	Context - Nursing, night shift entry.,,How are you?/Presentation,,Ronald was evident on the ward during the evening, chatting with staff and peers in the communal area. He requested 1mg Lorazepam before retiring to bed. Ronald awoke at around 0530 and appears jovial at time of writing ,,Issues,,None new.,,Risk,,None new.,,Plans,,Continue with care plans currently in place.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 01/02/2020 13:07 Carley Morgan	Context,General observations ,,How are you?/Presentation,Ronnie has been evident in communal areas of the ward since the start of the shift. Has attended to personal care as well as washing his clothing. Very pleasant, warm and jovial in interactions. Reports that he has not slept well recently and is contemplating asking for a sleeping tablet. Attending for meals. Utilizing passes to visit the hospital shop. Psoriasis on Ronnie's face appears to be settling down. Has not expressed any delusional / paranoid thought content. ,,Issues,Sleep hygiene ,,Risk,No new,,Plans ,Assess

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Nurse 01/02/2020 14:57 Louise Sellar	,WARD ROUND 4th February 2020,,Legal Status and Expiry Date: Informal ,Current Pass Status: 1 hour,,Nursing review: Ronnie continues to improve every day. Very bright in mood and engaging well in conversation with staff and peers. Warm and pleasant in manner throughout interactions and has not voiced any paranoid ideas/content. Much more settled in presentation since receiving new cream for face stating that it is the best treatment he has ever had. Spending more time out of the ward and utilising passes appropriately. Remains concordant with all prescribed medication and requests PRN lorazepam for agitation/distressing thoughts when he feels he needs it. Ronnie reports that his main issue is his poor sleep hygiene. However, during checks on nightshift he appears to sleep well. No new concerns at this time.,Patient/ Carer Review: Ronnie reports feeling much better but feels anxious about discharge whenever it is mentioned due to previous events with neighbours leading up to admission.,Completed by: Louise Sellar S/N,,Ward Round Attendants: Dr. Pauline McConville, Consultant Psychiatrist; Dr. Iain Proven, ST4; Dr. Sarah Blue, CT1: Justyna Ledzka, staff nurse; Laoise Carey, Y5 medical student. ,,Ward Round Discussion: Still subjectively complaining of initial insomnia due to hearing whispering but agrees he may be overthinking this and what he hears may be conversations between staff. His dry mouth, bitter taste and cracked lips have all resolved, he now attributes these may have been s/e of quetiapine rather than him being poisoned. ACE normal, no ongoing cognitive issues. Has been seen by OT, he prepared a curry, no difficulties identified at that assessment. He has been going to the Hive. He identifies that he feels safe in hospital and recognises that at home he is socially anxious and stuck in rather limited routines. He has gone as far as the hospital shop, but not into Morningside as he sees that as too novel. He is worried about another severe psychosis attack at home but wants this not to happen. ,,Working Diagnosis,,PLAN:,Social Needs: Has own home, which is suitable,CMHT/IHTT: Consider IHTT input to reduce the risk of rapid readmission. Note that the police want to interview him prior to discharge. ,Assessments required: Sleep, although evidence suggests he is sleeping from before 10 pm until about 5 am. Needs to do a bit more on pass. Is using a taxi to go to his flat, he doesn't use the bus. ,Mental health Act/ Legal work: Informal,Prescription Medication, High Dose Monitoring,T2/ T3 & ECT: On aripiprazole 15 mg and fluoxetine 20 mg, zerobase ointment and enstilar foam for his skin.,Engagement With Carers and Relatives: N/A. No-one to engage with at present,Risk Assessments and Review of Pass Plan: Escort to Morningside, as a first step in encouraging him to go further afield. Consider CMHT OT to do systematic desensitisation for social anxiety and avoidance ,,Estimated Discharge Date: Within a week,Delayed Discharge: No,,Dr. Pauline McConville,Consultant Psychiatrist

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 01/02/2020 18:55 Fredrick Onuora	Context,General obs,How are you?/Presentation,Ronnie has been evident on the ward and attending to his need around the ward. He spent some time in his room sleeping and later watched TV in the communal area with other Patients.,Issues,None new.,Risk,None new.,Plans ,Assesment.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 02/02/2020 04:47 Lisa Whitfield	evident around the ward sleep from 11pm remains asleep at time of writing

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 02/02/2020 13:20 Fredrick Onuora	Context,General observation.,How are you?/Presentation,Ronnie has been making good use of his passes and had been in good mood, attending to his meals; chatting to some of the patients and watching TV in the communal area.,Issues,None new.,Risk,None new.,Plans ,Continued assesmant.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 02/02/2020 18:33 Fern Courtney	Context,Interactions around the ward,,How are you?/Presentation,Ronnie has appeared settled around the ward this afternoon. Spending time in communal area watching tv with fellow patients. Attending for meals.,,Issues,No new issues,,Risk,No new risks,,Plans ,Continue with current care plan

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 03/02/2020 05:34 Lisa Whitfield	low profile in bed room requested PRN medication asleep from 11pm

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 03/02/2020 09:23 Dr Emily Nelson	,,RAPID RUNDOWN,,Aim discharge this week,Standard passes,,Emily Nelson, CT2

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Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004869210 Dr Pauline M McConville 03/02/2020 11:15 Dr Sarah Blue	DIAGNOSES / PROBLEM LIST,paranoid psychosis,,MENTAL HEALTH ACT STATUS,Informal,,TREATMENT ON THE WARD,Mr Robb was brought to MHAS by the police last night after approaching his neighbour with a knife. He reported various paranoid beliefs to the police and admitting doctor stating that he had been held hostage, that terrorists were planning to take him out. Very distressed on initial assessment feeling that his safety was under significant threat, stating that gas was being put into his house that was poisonous and that his food was also being poisoned. On admission to the ward Mr McRobb remained suspicious and on edge. Refused to sleep as believed that would be dangerous and instead kept watch.,,Mr Robb was restarted on his regular medications on admission, however, his Sertraline was reduced and stopped as it appears to have been played a role in 2x presentations to hospital. Queltiapine was initially increased, however Mr Robb remained paranoid and suspicous so it was decided to cross titrate this with Aripiprazole. ,,Mr McRobb has psoriasis which was discussed with on-call Dermatology while an in-patient, for psoriasis on face/neck/scalp. They recommended starting Enstillar Foam 1 app daily for up to four weeks and for an urgent dermatology appointment to be arranged, which has been done.,,Mr Robb's mental state appeared to improve on Aripiprazole and Fluoxetine. He engaged well with the ward team and utilised pass appropropriately. Mr Robb is now stable for discharge. ,,FUTURE INVESTIGATIONS,Referred for urgent dermatology outpatient appointment,,FOLLOW-UP BEING ARRANGED BY HOSPITAL,CMHT,,CHANGES TO DRUGS SINCE ADMISSION,Quetiapine stopped,Sertraline stopped,Aripiprazole started and increased to 15mg OM,Fluoxetine started at 20mg OM,Enstilar Foam started as per dermatology advice for psoriasis,Zerobase Cream commenced, BD,Melatonin 2mg commenced at night. ,,ALLERGIES / ADVERSE DRUG REACTIONS,Diclofenac,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,,DRVING ADVICE GIVEN: Written/Verbal/ Doesn't Drive/Not Done,,,GP PLEASE CONSIDER THE FOLLOWING,,,NAME:,,DESIGNATION:,,This is an immediate discharge letter and a further letter may follow.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 03/02/2020 13:39 Caitlin Baird	Context,General observations 1:1 interactions,,How are you?/Presentation,Ronnie has been evident about the ward this morning. Spent much of his time in communal areas of the ward. Attended the hospital gym this morning. Overhead a conversation between staff and another patient. Then informed staff that he does not feel ready to go home yet. Encouraged him that being given standard passes is a step toward working towards that. Engaged with OT for cooking which he appeared to enjoy when he returned. ,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Occupational Therapist 03/02/2020 15:44 Marcus Claridge	03/02/20 (1100-1215) Occupational Therapy Functional Assessment,Ronnie had remembered arrangement to meet with OT and was ready on arrival at the ward. Provided with ingredients to make a curry, Ronnie engaged in task with clear enjoyment and motivation, saying that he regularly used to make curry on a Saturday evening. He was able to gather equipment required, and quickly worked out how to use the electric cooker. Ronnie was very organised, clean and tidy throughout the task, taking care to clear surfaces at each stage. He reported that he is similarly neat and organised in his home, and that everything has its place, and attributed this to his army service. He demonstrated a good skill level, and no evident performance deficits. His communication was warm and appropriate throughout. Discussed what he would do with his standard passes, and he spoke of plans for re-engaging with gym use when he goes home. No further functional assessment required. Plan: Engage in activities available on hospital site, and begin to re-engage with community settings; review use of positive mental training app.,Marcus Claridge, Lead Occupational Therapist,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/01/2020 04:54 Ross Kinghorn	Context,Evident on ward,,How are you?/Presentation,Agitated and paranoid at start of nightshift. Standing on chair in an attempt to inspect smoke detectors for cameras and vapours. .Settled following lorazepam and quetiapine. Initially too paranoid to go to his room, preferring to dose in chair in communal area. Retired with persuasion around 0100. Sleeping well subsequently,,Issues,Paranoia. Agitation,,Risk,Violence/aggression. Misadventure,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 03/02/2020 18:53 Catherine Chapman	Ronnie appeared pleasant and sociable with others, and spent time watching television. He voiced some concerns about his health and feels his sleep is poor at the moment.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/02/2020 05:27 Ross Kinghorn	Context,Evident on ward,,How are you?/Presentation,Continues to complain of poor sleep. When asked how he is doing otherwise, states that he is still hearing voices. Lorazepam 1mg as requested at 2100. Appeared to sleep well overnight, although says otherwise when asked on rising at 0500,,Issues,Poor slleep. Auditory hallucination,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 04/02/2020 09:10 Dr Sarah Blue	RAPID RUNDOWN:,Dr Proven to discuss d/c this week

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/02/2020 14:11 Callan Ashcroft	Context - General Observation's, ,How are you?/Presentation,Ronald has spent the majoirty of the morning watching tv and interacting with staff or patient's, no concern's at all with interaction's, warm and well mannered at all times. Ronald is looking forward to planning something for his birthday on friday. Attending all meals.,,Issues - Nil new ,,Risk - Nil new ,,Plans - Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Occupational Therapist 04/02/2020 16:55 Marcus Claridge	04/02/20 (1615-1645) Occupational Therapy,OT met with Ronnie to orientate him to activity areas within the hospital grounds, and supply him with a hospital activity timetable. He presented in a warm, affable manner, intiating topics of conversation and able to discourse on a wide range of topics. Reported plans to attend the Hearing Voices support group and the Library tomorrow, as well as continuing gym use. He was encouraged to re-engage with using the gym in Dalry when he returns home, and stated that he thought he would be leaving hospital soon.,Marcus Claridge, Lead Occupational Therapist

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 04/02/2020 17:18 Dr Iain Proven	Medical review,Seen in iterview room on ward 1215-1245,,Ronnie reports feeling much better with regards psychotic symptoms however expresses issues with sleep and anxiety.,,His anxiety is a longstanding issue - prior to admission Ronnie describes many years of experienced social anxiety to the extent that his daily routine is significantly limited - he wakes, does his household chores and heads out on a trip to Scotmid, the barbers and then Lidl. If he has to do something outwith this he has to plan meticulously and will plan routes which will be the quietest with regards other people. He has been unable to travel on trains to visit his children who live in Fife secondary to this anxiety.,,With regards sleep Ronnie reports initial insomnia and wakening early (around 0500/0600). Nursing reports that he is asleep upon night-time checks. Ronnie describes over-thinking things when he hears staff or patients talking outside his room at night. He will become concerned that they are talking about him. The following morning he is able to rationalise these thoughts. His symptoms of dry mouth, cracked lips and bitter taste have stopped since reducing and stopping Quetiapine and Ronnie is now able to appreciate that these were side effects as opposed to being poisoned.,,Has engaged well with OT - no issues on kitchen assessment. Attending hearing voices group at the HIVE tomorrow.,,Feels in safe bubble in hospital. Anxious when home. Aware that next steps will be to push time at home and management will focus on psychological/community OT input. ,,Regards events prior to admission of chasing neighbours with knife - feels this was due to a severe psychosis attack. Fearful that if he experiences another it will grind me down and lead to further issues with neighbours. Doesn't want this to occur and feels confrontations were completely out of character for him. Aware Police want to discuss this with him - discussed at ward round - NS to liaise with Police re. this.,,Imp - psychosis resolving. Underlying anxiety (social),,Plan,1. IHTT review this week,2. Consideration of community OT/support worker in community,3. Continue standard passes,- feels anxious travelling by self outwith hospital grounds - next time someone being escorted to Mornigside consideration of Ronnie going along too as part of graded exposure,4. Aim discharge in next 7 days,- Ronnie in agreement with this target,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/02/2020 18:58 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronnie has been evident around the ward this afternoon. Appeared bright in mood. Discussing discharge soon with staff, though appearing positive still feels anxious about going home. Spent time in communal areas interacting well with staff and peers appearing in good humour. Attending for meals,,Issues,None new,,Risk,None new,,Plans ,Continue current plan,N/E to morningside tomorrow

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Note Details	Clinical Notes
Third Party - DO NOT SHARE Episode/Ref: I0004869210 Nurse 04/02/2020 19:24 Caitlin Baird	Telephone call to police Scotland to inform them of upcoming discharge for Ronald. Job number 3198. Call handler will pass this on to the relevant department

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 05/02/2020 06:11 Ross Kinghorn	Context,Evident on ward,,How are you?/Presentation,Anxious. Not sure about discharge. Very pleasant. Lorazepam 1mg as requested at 2130. Broken sleep and up and about at 0430,,Issues,Anxiety/poor sleep,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 05/02/2020 09:31 Alexandra Morgan	RAPID RUNDOWN,,Encourage to go further on passes - walk to Morningside with other patients who are on pass,OT involvement on D/C at Cambridge Street House,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/01/2020 13:58 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronnie has been evident around the ward this morning. Spent most his time in communal areas. Observed to be staring at the vents in the ceiling for much of the time, asked Ronnie about this and he reported that he used to work as a heating engineer and found looking at them interesting. Did not voice any paranoid thoughts about poison being let into the ward through them this morning. Had lost a pair of glasses which had been handed into the office by a fellow patients, but believes he had two pairs and the other pair are still missing. Pleasant and appropriate during interactions. ,,Issues,None new,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 05/02/2020 13:48 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronnie was awake at the start of shift sitting in the tv area. Accepted medication with no issues. Has appeared bright in mood throughout the morning. Engaged well with recreational nurse and coffee group that was taking place on the ward this morning. Appears slightly more positive about discharge today.,,Issues,None new,,Risk,None new,,Plans ,Continue current plan

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 05/02/2020 19:04 Zoe Bell	Ronald has been more evident in the communal areas and interacting well with fellow patients. Also observed using his mobile phone for long periods but not speaking on it. Warm and pleasant when interacting with others and heard singing in the pantry. Got over involved when a fellow patient (R.B) was becoming aggitated and aggressive but staff told Ronald to continue going up to his bedspace as he was already walking towards it. Atended for his evening meal and has not voiced any concerns.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/02/2020 04:51 Ross Kinghorn	Context,Evident on ward,,How are you?/Presentation,Watching tv in company. Lorazepam 1mg given as requested for anxiety. Broken sleep overnight; easily disturbed during routine checks. ,,Issues,Anxiety,,Risk,None new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 06/02/2020 09:29 Alexandra Morgan	RAPID RUNDOWN,,Discuss tomorrow re: sleeping - has been using lorazepam as night sedation ,- will review as will not get these on D/C,Encouage further passes as discussed in rundown yesterday,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/02/2020 13:31 Fredrick Onuora	Context,General obs.,How are you?/Presentation,Ronnie has been evident around the ward and attending to his needs and making use of his passes.,Issues,None new.,Risk,None new.,Plans ,Assesment.

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Note Details	Clinical Notes
Consultant Review Episode/Ref: I0004869210 Dr Pauline M McConville 06/02/2020 17:11 Dr Pauline M McConville	,CONSULTANT NOTE:,,Mr. McRobb continues to complain of poor sleep and has been asking for lorazepam, prescribed for agitation, every night around 8:30 - 10 pm. I discussed this with his out-patient consultant Dr. Cooper and we agreed to try melatonin 2mg nocte instead. I've explained to Mr. McRobb that this is instead of the lorazepam.,,Please give him an information leaflet about melatonin,,,Dr. Pauline McConville,Consultant Psychiatrist.,,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/02/2020 19:32 Catherine Chapman	Context,1:1 on ward,,How are you?/Presentation,Ronnie complained about his sleep pattern, saying he feels that his mental health is suffering because of this. In mood he still appears cheerful and bright in his interactions with others.,,Issues,To start melatonin,,Risk,None new,,Plans ,Assess,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 07/02/2020 09:16 Greta H Jacobsen	RAPID RUNDOWN,,Probably to go home this coming Tuesday. ,,gjacobsenFY2

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 04/01/2020 14:47 Dr Charlotte Clarke	FY2 Whittingham,,ATSP for psoriasis,Red flaky itchy skin over face with psoriatic plaques behind ears and on legs,Can see previous prescriptions for 1% hydrocortisone on ECS and Ronald says this usually helps,Pt also asking for zopiclone but I note his quetiapine has been increased just last night back up to his regular dose and notes say he slept well from 1am last night so have left off for now,,Plan,1. 7 day course of hydrocortisone 1% cream BD thinly applied to psoriasis on face,2. E45 cream to legs BD,,,CWFY2

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 07/02/2020 12:29 Dr Iain Proven	Medical review,Seen in intrview room on ward,,Ronnie presented as calm, well kempt and pleasant in manner throughout. Commenced assessment by stating plans to visit his brother today whom Ronnie described as an invalid. His brother resides in sheltered accomodation near Saughton prison. Ronnie does not express any anxiety around this trip and has no concerns of being assassinated whilst out (as seen earlier in admission).,,Has been to the gym this morning. Found Melatonin helped him get off to sleep last night but woke around 0100 and then again at 0400. Advised dose will stay the same at present. ,,Ronnie continues to express concern that at home his sleep will worsen and his psychotic symptoms will return. Aware that we need to progress with planned discharge and community follow up will be able to focus on this area. Identifies that when sleep deprived he can feel the psychosis coming on but during daytime does not experience any symptoms. Uses language indicitive of insight into events - it feels real at the time but it's just a wee attack of the psychosis when I've not slept. ,,Longer term - issues around social anxiety level and social isolation to be addressed. I will liaise with community teams about future plans.,,Re Police - Ronnie happy to meet with them, requests clearly that any meeting not take place at his home due to concerns as to what the neighbours will think and then the gossip that will follow.,,MSE:,Calm, relaxed. Skin clear of acne and psoriasis. Dressed in casual clothing. Jovial manner throughout. Succinct answering of questions. Appears anxious when discussing discharge and hesitant around moving on but recalls discussions held earlier in week and on-board with plan for discharge Tuesday. Mood fine on the ward, objectively appears euthymic and appropriately reactive albeit anxious when discussing discharge. Describes hearing whispering at night-time but reflects that this is just me over-thinking when I hear people outside talking - denies any symptoms during daytime and delusional ideas pertaining to Gangsters no longer held. Refers to presentation as one of my psychotic episodes, accepting of explanation of anxiety, un-checked worries, over-valued ideas evolving into psyhosis. ACE-III undertaken this admission - 96/100.,,Imp - long-standing anxiety. Psychotic episode resolving.,,Plan, 1. Continue standard passes ,2. I have emailed community team regarding planned discharge and follow up,3. IHTT review beginning next week for taking on for a well-defined time period (1 week),4. Chase Police re. their plans to review,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 07/02/2020 14:05 Zoe Bell	Ronald has been awake since the start of shift. Appeared a bit paranoid asking staff if they came to his door. Staff said that this was probably one of them doing the environmental check at 7am but Ronald was adament it was someone else. Did not seem to be fixated on this though. Attended for meals as well as attending the gym. After the music group Ronald attended the coffee group and was interacting well and making jokes. Appears bright in mood. Not voicing any concerns.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 07/02/2020 19:49 Fredrick Onuora	Context,General obs.,How are you?/Presentation,Ronnie has been settled on the ward and attending to his needs around the ward, he does make use of his standard passes and watched tv with other Patients in the tv area.,Issues,None new.,Risk,None new.,Plans ,Assesment.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 08/02/2020 14:25 Callan Ashcroft	Context - General Observation's ,,How are you?/Presentation,Ronald has spent most of his morning interacting with other patient's or staff, Watching tv or in his bedspace most of the morning, currently out on pass this afternoon, planning to see family. Attending all meal's. Brief interaction's are well mannered and polite at all interaction's. ,,Issues - Nil new,,Risk - Nil new ,,Plans - Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 08/02/2020 18:52 Caitlin Baird	Context,General observations and 1:1 interactions,,How are you?/Presentation,Ronnie spent part of the afternoon using his passes to visit his brother. Appeared bright and reactive during conversation. On return from pass he stated it had gone well and he enjoyed seeing his brother. Then spent time in the television area watching rugby with fellow patients. Enjoyed this interacting well with peers. Attended for his evening meal and ate well. ,,Issues,None new,,Risk,None new,,Plans ,Continue current plan

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Nurse 09/02/2020 04:41 Pringle Spure	Date of Ward Round 11 / 02 / 2020,,Legal Status and Expiry Date Informal,,Current Pass Status Standard,,Nursing review,,Much improved, some paranoia still present but can usually be explained such as nurses looking through the bedroom window when doing checks. Anxious about discharge on Tuesday. He knows he has to go home and get on with day-to-day tasks before he gets much better than this. Apprehensive that the same paranoid ideas will return in the flat. Social anxiety on ward not really noticable remains very reluctant to go home. When Ronnie does come back to the ward after being out on his own he never looks anxious or stressed. Skin much improved.,,Patient/ Carer Review,,Completed by Pringle Spure,,Ward Round Attendants,,Ward Round Discussion,,Working Diagnosis,,Social Need,,CMHT/IHTT,,Assessments required,,Mental health Act/ Legal work,,Prescription Medication, High Dose Monitoring,T2/T3 & ECT,,Engagement With Carers and Relatives,,Risk Assessments and Review of Pass Plan,,Estimated Discharge Date,,Delayed Discharge

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 09/02/2020 05:33 Lisa Whitfield	watching TV at the start of the evening went to bed for 10pm awake at time of writing attending to his washing at time of writing

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 09/02/2020 13:28 Caitlin Baird	Context,General observations ,,How are you?/Presentation,Ronnie was awake at the start of shift spending time in communal areas of the ward. Attended for breakfast and later attended to his personal hygiene. Used passes to go to morningside to try and buy a battery for his watch, he was not able to find one but returned to the ward in good spirits. Spent time in communal areas interacting well with other patients and staff.,,Issues,None new,,Risk,None new,,Plans ,Continue current plan

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 09/02/2020 20:12 Fredrick Onuora	Context,General obs.,How are you?/Presentation,Ronnie has been very interacting today to other Patients and members of staff, He spent much time in the tv area watching tv with other Patients and equally spent time in his room relaxing.,Issues,None new.,Risk,None new.,Plans,Assesment.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 04/01/2020 18:42 Callan Ashcroft	Context - General Observation's ,,How are you?/Presentation,Ronald has spent most of his afternoon in communal area's of the ward watching tv or walking about the ward corridors. Ronald after Lunch got frustrated and said to one of the staff that they had been eyeballing him and said to keep their eyes off him. Very anxious at times when interacting however after dinner Ronald settled down after something to eat. Attending all meals.,,Issues - Frustration,,Risk - Nil new ,,Plans - Continue to assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 10/02/2020 05:23 Lisa Whitfield	reading book at the start of the evening sat for short period in TV area went to bed for 10pm awake at time of writing settled

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 10/02/2020 09:36 Alexandra Morgan	RAPID RUNDOWN,,Continues to be avoidant of going home - went as far as Morningside over the weekend - has been collecting items but not spending time at home,Due for discharge tomorrow,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 10/02/2020 14:26 Anahita West	Ronnie has been on good form this morning. Went out after breakfast to do errands for himself and some of the men on the ward.,IHTT stating they are unsure if they will have time to assess Ronnie due to only getting the referral on Friday. ,The police are aware of his imminemt discharge.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 10/02/2020 19:27 Caitlin Baird	Context,General observations,,How are you?/Presentation,Ronnie was has maintained a low profile on the ward this afternoon. Used passes off the ward with no issues. Warm and pleasant during brief interactions with staff. Attended for meals,,Issues,None new,,Risk,None new,,Plans ,Due to discharge tomorrow

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 11/02/2020 05:26 Pringle Spure	Nursing,,Settled and slept

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 11/02/2020 14:16 Caitlin Baird	Context,General observatins and 1:1 interactions,,How are you?/Presentation,Ronnie has been evident around the ward area this morning. Approached staff to ask when he was going to be set free from the ward today. Later when staff asked him about how he felt about discharge and he reported that he did not feel good about it and that when he is positive it is a front he puts on for staff. Was reviewed by IHTT. Explained to Ronnie that his discharge medication may not be available until around 16:00 he was accepting of this.,,Issues,None new,,Risk,None new,,Plans ,Discharge today

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Matthew Senior 11/02/2020 15:13 Matt Senior	Contact: Reviewed for early discharge to IHTT,> Location - Interview room, Merchiston Ward,> Duration - 60 minutes ,> Type - face to face,> Present - Ronald McRobb, Matt Senior,,Current mental state: ,> Appearance and behaviour - casually dressed in grey sweatshirt, blue tracksuit bottoms, slippers. Good evidence of self care. Good eye contact throughout. Rapport easily established.,> Speech - Slightly monotonal, but otherwise normal in all domains. ,> Mood - (s) describes low mood and ongoing issues with anxiety (o) appears euthymic, with a reactive affect. Describes poor sleep and is worried that this may lead to a return of florid psychotic symptoms. ,> Thought - somewhat over inclusive. Describes misinterpreting things, thinking that others are talking about him when they are not. Describes good insight into this in that he is able to rationalise these thoughts after they have happened, though does get caught up in them in the moment,> Perception - states no current difficulty with auditory hallucinations. However described historical difficulties of both auditory and visual hallucinations. ,> Cognition - not formally tested. Appears intact. ,> Insight - Currently recognises that he becomes overwhelmed at times with anxiety and can develop intense paranoid beliefs,,,Current issues: ,Ronald described various situations where he has had paranoid psychotic beliefs and auditory and visual hallucinations. These all seem to have been transient and he is able to subsequently rationalise what has happened. There has generally been a militaristic themes to these beliefs. Ronald describes feeling that he had to hide for long periods of time in his flat, on one occasion in a stress position in his wardrobe. He stated that when these episodes end he is able to quickly rationalise what has happened. However he stated that he was in a state of some distress for around 30 days prior to his hospital admission, unable to leave his flat and surviving largely on Chinese takeaway food. ,,Ronald described a reversed sleep pattern currently, stating that he had slept on and off through the day yesterday and had consequently had a poor night sleep last night despite taking night sedation. ,,He describes a lack of activity during the day. Outside his flat he will only go to visit Scotmid, Lidl or his barber. Ronald describes significant anxiety outwith his flat and is unable to use public transport because of this. If he needs to travel he tends to use a taxi and so is somewhat limited by his finances. ,,,,Issues with/changes to medication:,Ronald is currently prescribed Aripiprazole and Fluoxetine medication, plus Melatonin for sleep. He believes the melatonin is too low a dose and is not helping him sleep. However, he stated that he will take his medication as prescribed on discharge. ,,,Risk assessment and management: ,Ronald described long standing risks to others based on his mental state. He talked about the situation that led to his hospital admission whereby he was picked up by the police for threatening his neighbours with a knife. In addition, he described a situation where he had wired his front door up to the mains so anyone trying to enter would be electrocuted. When I suggested tom him that I would be concerned about staff visiting him at home due to these risks, he downplayed them and said he would not be a risk to us. ,,Ronald described long standing thoughts of suicide. He stated that he sometimes does not feel that he can continue with his life as it is due to his persecutory thoughts. He stated that he would take an overdose of diazepam with alcohol. He described his children and grandchildren as protective factors. While the risk of self harm seems long standing and is not imminent, Ronald stated that he would be unlikely to contact anyone should he decide to go ahead with it. ,,,,,Views of others: ,Spoke with his CPN Tracey Johnstone. She feels that his problems are quite longstanding. She is happy to see him on Monday and we agreed a follow up appointment. She sees him at home and feels he is not s risk to health staff. ,,,Sharing of information:,,Interventions: ,,Plan: ,1. Ronald is due to be discharged today regardless of IHTT input and so is not an early discharge. ,2. Given the lack of a clear role for IHTT and our difficulties in managing his risks, he is not for IHTT,.,3. ,4.,Next contact is: Tracey Johnstone, Monday 17th February 15:30pm. ,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 05/01/2020 05:01 Carley Morgan	Context,General observations ,,How are you?/Presentation,Ronnie has been evident in communal areas of the ward. He has been watching television with fellow patients. Has appeared suspicious at points, for example staring at staff suspiciously before interacting. Appearing less suspicious than last night and not making any paranoid comments. Showing humour at times. Pleasant in interactions. Appears to be sleeping well from 23:00 hrs. At time of writing was found in the corridor staring at the ceiling stating that there's people talking up there. When asked if this was upsetting him, Ronnie stated that they are wanting to do me in. Accepting reassurance that staff would not allow this to happen and has returned back to bed. ,,Issues,No new,,Risk,No new,,Plans ,Assess

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Note Details	Clinical Notes
Ward Round Episode/Ref: I0004869210 Dr Pauline M McConville 05/01/2020 12:25 Caitlin Baird	,WARD ROUND 07/01/20,,Legal Status and Expiry Date:Informal,Current Pass Status: NTO,,Nursing review: Ronnie presents as paranoid and is often distressed by these thoughts. Believes that there is people in the ceiling and that they are there to do me in talks openly about this with staff and after some time can accept reassurance. Observed to be staring at the ceiling and has thoughts that he is being poisoned as people are letting gases into the ward through smoke detectors. Reporting poor sleep due to the people who are in his ceiling, spending time in his bedspace with the door locked and can be suspicious of staff. On one occasion asked writer if they were alone when they went to his room with medication. Accepting of medication with no issues.,,Patient/ Carer Review,,Completed by,C.Baird S/N,,Ward Round Attendants: Dr. Pauline McConville, Consultant Psychiatrist; Dr Iain Proven, ST4; Dr. Sarah Blue, CT1; Zarah Swain, clinical pharmacist; Brendan Mallon, charge nurse. ,,Ward Round Discussion: History presented by Dr. Proven. First episode was in 2017, diagnosed as a brief psychotic episode, but might have been mania (was on sertraline 200mg which was stopped), treated with olanzapine, but got significant weight gain so switched to quetiapine. Required an antidepressant, had mirtazapine, but got weight gain, so was switched back to sertraline and as this has been increased he has become more psychotic, and has also not been sleeping well. On the ward he is frankly paranoid with delusions about gangsters coming after him, he thinks the food is poisoned as the sugar tastes bitter, he has made two attempts to concel table knives and he has talked of hearing voices providing a running commentary. He is informal, but thinks he is in hospital to be protected from the gangsters and to prove to you that I am not mad. ,We are going to reduce and stop sertraline as this is the second time it has been associated with a psychotic episode in this patient. We will leave him on quetiapine 600mg XL,,Working Diagnosis: Psychotic episodes, more paranoid in nature, does not seem to be mania.,,PLAN:,Social Needs: Lives alone in his own home. Will need a home visit as says he hadn't left his home for 33 days prior to admissin. Find his near vision glasses, which he says were in his room. ,CMHT/IHTT: Known to SW CMHT, Dr Debbie Cooper and CPN Tracey Johnstone.,Assessments required: Psychotic symptoms, mood and skin lesions - does his psoriasis need something more than E45,Mental health Act/ Legal work: Informal but to be reviewed if he asks to leave. ,Prescription Medication, High Dose Monitoring,T2/T3 & ECT: Sertraline cut to 100mg and will be cut further and stopped over next week to ten days.,Engagement With Carers and Relatives: No family that we know about. He grew up in care. ,Risk Assessments and Review of Pass Plan: For nurse escort passes, although he is reluctant to go out. ,,Estimated Discharge Date: Early February,Delayed Discharge: No,,Dr. Pauline McConville,Consultant Psychiatrist,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 05/01/2020 13:14 Caitlin Baird	Context,General observations and 1:1 interactions,,How are you?/Presentation,Ronnie was awake early this morning. Writer approached his room where he was awake with the light on but door locked. Writer knoacked on Ronnie's door he asked who was there and then asked if writer was alone. Ronnie opened his bedroom door and let writer in accepted his medication with no issues. Looked worried and reported that there was people in his ceiling who were trying to hurt him, and that he was having trouble sleeping. Advised Ronnie that he could have a lie down in the quiet room but he wished to remain in his bedspace. Mid morning Ronnie entered the communal area and asked staff for his medication, staff reminded Ronnie that he was already that it this morning and he appeared to recall this with prompting.,,Issues,Paranoia ,,Risk,Risk of V&A if distressed by thoughts.,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 05/01/2020 18:29 Fern Courtney	Context,Evident around the ward,,How are you?/Presentation,Ronald has been evident around the ward this afternoon. Continues to express paranoid ideas about police being in his celling. Needing a lot of staff reassurance. Pleasant throughout conversations. Attending to meals and personal hygeine.,,Issues,No new issues,,Risk,No new risks,,Plans ,Continues current care plan

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/01/2020 06:15 Carley Morgan	Context,In evidence around the ward,,How are you?/Presentation,Ronnie has been in evidence around the ward this evening. Appearing very suspicious at times and spent half an hour in the bathroom. Refusing to leave the bathroom. Requiring a lot of reassurance from staff and continues to express paranoid ideas about police and people in the ceiling whom want to hurt him. Accepted night time medication along with 1mg of lorazepam with settling effect. Appears to be sleeping well from midnight. ,,Issues,Paranoia ,,Risk,No new,,Plans ,Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/01/2020 12:55 Michael Reed	Context General observations,,How are you?/Presentation Ronald has been evident around communal areas for much of time today. He continues to appear guarded, slightly suspicious of fellow peers and staff as well as voicing paranoid content about the police / his neighbours. He has approached staff to ask for basic needs to be met and has had good food and fluid intake.,,Issues Nil new,,Risk Nil new,,Plans Assess

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 06/01/2020 19:25 Joshua Owen Gorza	Context,,Back shift entry,,How are you?/Presentation,,Ronald remained fairly low profile on the ward throughout the evening. mainly spending time in the communla area watching tv with peers. Has been given hydrocortisone cream for his skin. Attended evening meal. ,,Issues,,No new,,Risk,,No new,,Plans ,,No new

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 07/01/2020 06:02 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronald was briefly evident in the communal area. He enquired staff about the assistance button in his bedroom, asking whether he could check if it is working. He was explained not to use it, as he would wake up other patients, and instead to approach staff if he needed assistance. Polite and pleasant on conversation, although still guarded and would not elaborate on why he would like to use the alarm button. Appears to have slept overnight.,,Issues,None new.,,Risk,None new.,,Plans ,Assess.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 07/01/2020 09:15 Dr Sarah Blue	Rapid Rundown:,Settled over the weekend but remains psychotic,1. NE pass ,2. OT referral,3. Dr Proven will r/v mane

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 07/01/2020 11:21 Dr Iain Proven	Medical review,Seen in meeting room on ward,,Review of past psychiatric history from TRAK,- relatively lengthy history of anxiety/depression treated with various SSRIs,- March 2017 - attended RIE with first presentation psychotic symptoms - precipitating factors felt to be cellulitis and insomnia secondary to Sertraline,- Taken on by IHTT - Sertraline stopped, commenced Olanzapine 5mg. Good response.,- Under SW CMHT follow up thereafter,- Inadequate response to Olanzapine up to 15mg,- Switched to Haloperidol (March '18),- Mirtazapine commenced (May '18),- Haloperidol switched to Quetiapine due to EPSEs (Aug '18),- Mirtazapine switched back to Sertraline due to weight gain (Apr '19),,Review today:,Ronald continues to present in a similar manner to his admission presentation. He continues to state that he can hear the Gangsters in the ceiling whispering about him. At times they comment on what he is doing, Ronald cited an example that this morning they provided a third person running commentary on his breakfast eating. He believes that they have entered the ceiling via trap doors in the vents. He has not told any of the other patients about his concerns as no-one will believe me. Ronald expressed view that the Gangsters have two options to get me. His first concern is that the will enter his room at night-time and shoot him. Despite these concerns he is able to get to sleep at night. He believes they are entering his room and removing some items - he has lost his glasses for near vision and believes the Gangsters have taken these to blind me when they come close. His second concern is that they plan to poison him. He had some packs of sugar in his pocket and informed me he had taken a dab of these and found them to taste bitter rather than sweet which proved to him that this indicates poison. When asked why the Gangsters would do this as others could come to harm he stated that they are callous people who don't care.,,Ronald has concerns that a couple of patients may be involved in the Gangster organisation. He described having an inclination that they were going to attck him yesterday and thus knew immediately they were involved. He would not tell me who the patients are. When it was put to him that no attack took place he informed me that it was cancelled as I kept moving. Agreeable to stay in hospital until you all believe that I'm not crazy. I did inform him that I feel his symptoms are in keeping with a psychotic illness and I put to him the symptoms I would identify as hallucinations and delusions as well as challenges with insight. Discussed plan for nurse escort passes in grounds - unsure about this as feels this will put him at risk of assassinaton.,,MSE:,Overweight 62 year old Caucasian male with prominant acne rosacia wearing glasses and appropriate clothing. Remained seated throughout assessment. Speech normal in all modalities bar delusional content. Describes auditory hallucinations including third person running commentary. Persecutary delusional beliefs as noted above. Does not have insight into being unwell at present but agreeable to remain in hospital and take antipsychotic medications. ,,Imp - psychotic - illness course appears to be in keeping with a diagnosis of late onset paranoid schizophrenia,,Plan,1. Discuss medications at ward round (? reduce at stop Sertraline given previous concerns in 2017),2. Nurse escort passes,3. OT input,4. Informal at present - if requests to leave then for medical review,,I Proven,ST4 Psychiatry

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 02/01/2020 10:47 Jennie Higgs	Senior Medical Review (Including: Changes to initial care plan, discharge criteria if relevant): Dr Higgs ST4,,62 year old man, brought in by the police last night after approaching his neighbour with a knife. Reported various paranoid beliefs to the police and admitting doctor stating that he had been held hostage, that terrorists were planning to take him out. Very distressed on initial assessment feeling that his safety was under significant threat. Stating that gas was being put into his house that was poisonous and that his food was also being poisoned. On admission to the ward Mr McRobb remained suspicious and on edge. Refused to sleep as believed that would be dangerous and instead kept watch. Due to level of agitation was offered and accepted 2mg Lorazepam and 50mg Quetiapine. ,,On interview Mr McRobb was markedly sedated and commented that he hadn't been sleeping and that he had then been given some blue pills. He stated he felt more relaxed. My view was that actually he was rather too drowsy and my interview was therefore shorter than it might have been. Mr McRobb was able to tell me he felt in danger at home. He told me that he knew he was at the Royal Edinburgh and that it was alright being here. He could not confirm with confidence whether he has been taking his medications regularly. ,,Background of psychosis not otherwise specified/ organic psychosis from Dr Copper's clinic letters. Has been having regular input from CPN Tracey Johnstone in the community. Last seen mid November as cancelled more recent appointment. Things appeared, from the notes, to have been relatively stable for the past few months. Content of delusions and hallucinations previous appear to be in keeping with current presentation in that he tends to be paranoid and believe he is in danger. ,,Note that when Mr McRobb is well enough to be discharged the police must be informed as he may be taken into custody due to the alleged offence with the knife. ,,MSE: slim man who looks his age, dressed in casual borrowed clothes. Polite and not overtly agitated in assessment, in fact was slightly drowsy at points. A little unsteady on feet but able to walk to the interview room. Speech a little hard to catch at times due to drowsiness but able to answer some simple questions. Not able to give a lot of background information or tell me much about admission as reported feeling too tired. No thought disorder. Delusional beliefs about being held hostage and his life being under threat. Possible auditory hallucinations but this is a little unclear from Mr McRobb this morning. Orientated to place and time. States he is safe here in the Royal Edinburgh but lacking insight into mental state and the delusional nature of his beliefs. Currently stating he is happy to remain here. ,,Working diagnosis: psychotic illness,,Has patient been informed of diagnosis and rationale for diagnosis? Yes ,,Plan:,1. Requires further assessment of mental state ,2. Given level of sedation from PRN I have reduced his Lorazepam dose to 1mg, continued Quetiapine 50mg PRN. , 3. I think it is unclear if Mr McRobb has been taken his medication at home and I would therefore be reluctant for him to have a full dose of Quetiapine, especially as he is sedated at present. He has had his Sertraline already this moring. However I would suggest he gets a half dose of Quetiapine tonight and that this is reviewed again on 3rd January. I have therefore prescribed 300mg for tonight. ,4. No time out at present until we have a clearer picture. If settled then nurse escort passes can be considered but no unescorted time out of the ward today,5. If Mr McRobb wishes to leave he will require further assessment and consideration of use of the MHA or return to police custody. ,6. Mr Mc Robb must not be discharged without discussion with the police as they may need to take him into custody ,,Does this person need referral to social work for assessment? No ,,CGI Severity Score (please delete as appropriate): ,,5=Markedly ill,,

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 07/01/2020 19:30 Michael Reed	Context General observations,,How are you?/Presentation Ronald has spent much of time in communal areas of the ward today. Appearing less suspicious / guarded around fellow peers. Attending for all meals.,,Issues Nil new,,Risk Nil new,,Plans Assess

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 08/01/2020 05:10 Louise Sellar	Nightshift entry:,,Ronnie was fairly settled at the start of the night but soon became increasingly suspicious staring up at the celing and eyes darting around looking for something. Asked by writer what was wrong to which he became guarded and replied Oh nothing, just admiring the ceiling and laughed it off. However, continued to stare at ceiling and looks very distressed. Warm and pleasant throughout all interactions with staff and peers but very paranoid in presentation. Ronnie accepted some PRN and then retired to bed. Has slept well overnight.

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 08/01/2020 09:21 Alexandra Morgan	RAPID RUNDOWN,,Calm and settled on late shift but more paranoid, staring at ceiling etc overnight,Remains very unwell,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 08/01/2020 13:33 Michael Reed	Context General observations,,How are you?/Presentation Robert has been evident around communal areas for much of time today. No evidence of paranoia / being guarded so far today. Good food and fluid intake.,,Issues Nil new,,Risk Nil new,,Plans Assess

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 08/01/2020 20:25 Alexander Baxter	Has remained subdued, but noteably less paranoid than previously. Unlikely to initiate conversation but reactive when approached. Evident about communal areas but not much in the company of others.

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UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 09/01/2020 05:15 Ross Kinghorn	Context,Evident on ward,,How are you?/Presentation,Some preoccupation evident; and suspicious of others during routine checks. As required lorazepam 1mg as requested at 20:20. Appeared to sleep from 2300,,Issues,None new,,Risk,None new,,Plans ,Assess

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 09/01/2020 12:27 Carley Morgan	Context,General observations ,,How are you?/Presentation,Appearing fairly settled on the ward. Upon rising attended to his personal hygiene. Warm and pleasant throughout interaction. Interacting well with select peers. Initiating conversation with staff - albeit superficial. Evident in communal areas and has not displayed any paranoid behaviours. Requested PRN lorazepam to help with anxiety with good effect. Attending for meals. ,,Issues,No new,,Risk,No new,,Plans ,Assess

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 09/01/2020 19:28 Anahita West	Ronnie has appeared relaxed and pleasant this afternoon, much less hypervigilant, watching TV for long periods and polite in any requests. Eating well.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 10/01/2020 04:57 Louise Sellar	Night shift entry:,,Ronnie was in communal area at the start of the shift. It was observed by staff that Ronnie was glancing up at the ceiling but this was less regular compared to previous days and he did not voice any concerns about there being people above him. No paranoia evident. Ronnie was warm and pleasant (aswell as in good humour) throughout all interactions with staff and peers whilst watching the film. Accepted medication and retired to bed early due to malodorous smell in sitting area which made him uncomfortable. However, slept well overnight. ,

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 10/01/2020 09:25 Alexandra Morgan	RAPID RUNDOWN,,Showing signs of improvement ,Will be reviewed today by Dr Proven,,,,

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 10/01/2020 14:12 Anahita West	Pleasant and appropriate this morning during brief interactions. No observed sign of paranoid symptoms. Ronnie does seem to get confused by the time of day (yesterday got up at dinner time thinkin it was morning) but lies in his room with the curtains closed which is likely disorientating. He aslo appears to be being a little crafty by attempting to acquire as many hospital issue clothes as possible. Occupied his time this morning watching TV.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Iain Proven 10/01/2020 16:39 Dr Iain Proven	Medical review,Seen in meeting room on ward,,Prior to review Ronald was asleep in bedspace. Room opened and entered alongside P. Spure (RMHN). Next to Ronald's pillow was a spoon with the head bent at a 90degree angle and wrapped in toilet paper to act as a handle. Ronald stated he had this in case I have to defend myself. Item removed - for daily room checks (discussed with nursing team afterwards).,,Ronnie informed me that he continues to hear the Gangsters in the ceiling whispering about him and banging around. It is worse at night time however he is able to sleep as he is re-assured there are people at hand to protect him if needed. He identifies that he was, and would continue to be, unable to sleep at home due to being alone thus having to keep guard. Ronnie has not experienced any further bitter tastes or new concerns about being poisoned however continues to used packets of sugar as the sugar left out on the ward is poisoned.,,Not utilised passes (escorted in grounds) yet as worried about possibility of being attacked. Appeared suspicious as one female member of staff was insistent I went out with her. States he suspects the worst case scenario and that there was every chance she's in cahoots with the Gangsters. Keen to visit his flat as he is worried that the Gangsters will have trashed the place. We discussed a plan to take an escorted pass in the grounds as going home is a big step and, given Ronnie's concerns off being attacked, may prove over-whelming. Ronnie seemed to accept this and stated intent to utilise escorted pass tomorrow.,,Sleep is good. Appetite fine. Watched hitory TV and film at 2100 - concentration fine and enjoys these activites.,,Whilst Ronnie continues to state adamantly that this is really happening to me there was a degree of 'challengability' to his language use. He used phrases such as part of me wishes this is all not true and if it's not real then the mind is a powerful thing. He also stated that whilst previous psychotic episodes were brief this one is longer indicating that at least on some level he idenitifies that this one is indeed also a psychotic episode.,,Brief discussion on memory - I note in community he had a MOCA score of 23/30 on 09/09/2019 . Ronnie identified that he sometimes forgets what day it is (orientated today) and that at home he found himself putting cups in the wrong place and at times losing pairs of glasses (although his current lost pair he believes have been stolen by Gangsters). It would be interesting at some stage in this admission once psychotic symptoms are better controlled to undertake a more detailed cognitive assessment.,,MSE: Seated throughout assessment. Acne much improved following course of topical hydrocortisone (day 6 of 7 today). Speaks with conviction that delusional ideas and hallucinatory experiences detailed above are real events. Speech offered is spontaneous, coherent and goal directed with no overt formal thought disorder noted. Appeared, at times, suspicious of certain lines of questionning as well as discussing taking passes although did agree with plan in order to build up to escorted home visit. Denied any thoughts to harm self. Has taken to keeping items of cutlery to protect himself and given suspicions he holds this needs to be monitored closely. Whilst insight remains very poor his language use appears to indicate a very subtle shift. Cognition not formally assessed today but would benefit.,,Plan,1. Continue regular meds at current doses,- Quetiapine XL 600mg,- Sertraline 100mg (reduced on 07/01/19 as now twice implicated in psychotic symptom presentations),2. Amend PRNs ,- use oral Quetiapine IR as first line (50mg, max 200mg in 24 hours),- Lorazepam as second line, reduce total allowance in 24 hours,3. Nurse escort passes,- continue to push for Ronnie to use these, 4. Daily room checks with particular focus on cutlery and/or other items designed for self defence,,I Proven,ST4 Psychiatry

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 10/01/2020 19:04 Michael Reed	Context General observations,,How are you?/Presentation Ronald has been evident around communal areas of the ward for much of time today engaging well with fellow peers and staff in a pleasant and appropriate manner. Good food and fluid intake.,,Issues Nil new,,Risk Nil new,,Plans Assess

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 02/01/2020 18:47 Lindsey Kettles	ALL DAY ENTRY ,,Context General observations,,How are you?/Presentation Ronald appeared very drowsy this morning at breakfast time when Doctor came to see him for senior medical review (see previous entry). After review scribe assisted Ronald along to his bedspace as appeared very sedated and unsteady on his feet, managed to get to room unaided and without issue. Once in bedspace Ronald struggled to get his shoes off, one sock was missing and found under bedroom chair where there was a pool of urine, appeared somewhat disorientated and confused at this point. Assisted into bed to sleep, has slept all day and up now at time of writing, had stated there was people who came in here for him last night, voice that there is something coming through the ceiling and during interactions appears distracted by this and looking up at the ceiling when chatting to him, is aware of being in the royal edinburgh hospital and stated he was compus mentos Ronald had also mentioned that there was a Black Man on his bed last night. ,,Issues Urinating in bedspace, unsteady gait, confused, disorientated and responding to unseem stimuli.,,Risk query organic issue, risk of non-compliance unable to elicit whether he has been taking medications prior to admission, risk of further deterioration in mental state.,,Plans Monitor and assess for improvements in mental state, mobility, Check urine for infection.

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Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 11/01/2020 05:28 Ross Kinghorn	Context,Evident in communal areas,,How are you?/Presentation,Settled. Pleasant manner. At ease watching tv in company during evening. Retired at 2200. Sleeping soundly overnight,,Issues,None new,,Risk,None new,,Plans ,Assess

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Nurse 12/01/2020 05:26 Justyna Ledzka	Context,General observations,,How are you?/Presentation,Ronnie has been evident in the communal area at the start of the shift. He was warm and pleasant when engaging with fellow patients and staff. Ronnie retired to bed at midnight and appears to have slept overnight.,,Issues,None new.,,Risk,None new.,,Plans,Assess.

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Episode Number	I0004869210

Note Details	Clinical Notes
Progress Notes Episode/Ref: I0004869210 Dr Pauline M McConville 12/01/2020 13:51 Brendan P Mallon	Context,Had brief 1:1 injteractions with nursing staff. Remains Informal with N/E on grounds only. ,How are you?/Presentation,Ronald has been evident on the ward today. Bright and reactive when engaging with staff. Nil evidence of low mood or reacting to any auditory or visual stimuli. Enjoyed jovial banter with fellow patients and staff. Compliant wiht medications and maintained good dietary intake. Facial skin continues to improve.,Issues,Nil issues,Risk,Nil risks,Plans,Continue to monitor.,,Brendan MAllon C/N

Patient & GP Information

UHPI Number	600086642R
CHI Number	3012571450
Episode Number	I0004164169
Surname/Forename	McRobb, Ronald
Date of Birth	30/12/1957
Sex	Male
Patient Address.	8/5 Northcote Street Edinburgh EH11 2HL
Registered GP	S Murray
GP Address.	Springwell Medical Group,Springwell Medical Centre,39 Ardmillan Terrace,Edinburgh EH11 2JL

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004164169

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: I0004164169 Claire Bashford 17/02/2017 15:18 Claire Bashford	CLINICAL NOTES: ,Clinical note: PSYCH: Seen in exam area of ED. Ronald called Police to say people were trying to break into his house. Reports various strange experiences initially saying couple weeks then a couple of days. People he knows using needles like darts to inject areas of his body with horse tranquiliser. Feels this has strong odour and was surprised I could not smell it. Released mouth breath several times to let me smell. Held his hand up on several occasions to quieten me as he was hearing people outside taking about his case. He experienced people saying 'what a pong'. Tells me he saw a man when on his way to ED and on seeing Ronald said 'that's interesting I'll need to get on the phone to John'. Believes people are targeting him as he was seeing the ex wife of one of these people. Latterly states its 'druggies' who are doing this to me. Tells me Police have been on surveillance of him for several months. Feels he is going to be attacked. ,Describes tactile, olfactory, auditory hallucinations. Was informed by male voice his daughter and son were dead as were 9 members of his family. ,,PPHx: Hx of anxiety/depression. Nothing like todays presentation before. Began sertraline at 50mg increased to 100mg last week. Has been on several SSRI's in the past. ,,Social circumstances: Lives alone. Has daily routine of shops then gym. Goes to bed at 5pm and watches the TV. Unemployed. Has son Ross lives in Livingston. Has daughter Lindsay lives in Bathgate with her two children. Both son/daughter arrived in ED today. ,,Substances: Nil drugs. Little alcohol.,,MSE: Casual dress, not malodorous, intermittent eye contact, looks perplexed at times. Muddled in thinking and time line (daughter latterly tells of memory concerns over a period of one year). Appears calm, however suspicious and paranoid at times i.e. refused to provide the name of the female he was seeing to me today. Sleep reports as poor for some time. Does look tired today. Tells me he has not eaten as horse tranquiliser has dulled his appetite (accepted tea and food from me twice in ED today). Reports concentration as poor. Limps on walking reporting pain from knee area in R leg in particular. Mood reported as low. Reactive to some extent. ,,Risks: Ronald has not reported any feelings/thoughts of suicidality nor thoughts to self harm today. He tells me he has never thought of this. ,,Impression: Blood results indicate an infection which is being treated on an inpatient basis at RIE with IV antibiotics. With hope this presentation will resolve with antibiotic treatment. Watchful waiting period esp post IV infusion. Psychiatric services can reassess after medical treatment indicates resolution of infection. ,,Plan:,1. Admit AMU7 for IV antibiotics.,2. Re refer to psychiatric services/MHAS when medically cleared if indicated. ,

Surname/Forename	McRobb, Ronald
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Episode Number	I0004164169

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004164169 Dr Katharine F Strachan 21/02/2017 10:51 Emma Chisholm	PRINCIPAL DIAGNOSIS/PROCEDURE, 1) Mild cellulitis,2) R knee pain ?secondary to osteoarthritis, 3) Psychotic symptoms,,Mr McRobb was admitted with a 1 day history of R knee pain of gradual onset, which was tender to touch. He also believed this to be caused by 'kerotene' being injected into his knee every night by 'kids'. He was able to weight bear. No systemic features of infection. BG: years history of intermittent auditory hallucinations of voices talking about him. No command hallucinations or suicidal/DSH thoughts/actions. He also reported the following to psychiatry in ED: Believes people are targeting him as he was seeing the ex wife of one of these people. Latterly states its 'druggies' who are doing this to him. Tells me Police have been on surveillance of him for several months. Feels he is going to be attacked. Describes tactile, olfactory, auditory hallucinations. Was informed by male voice his daughter and son were dead as were 9 members of his family. ,PMH: anxiety/depression, without previous psychotic presentation. (dose of sertraline recently increased from 50mg to 100mg). Intermittent ETOH excess.,Bloods: Hb 135 WCC 13.5 PLT 285 Na 137 K4.1 Creat 89 eGFR>60 CRP 46 Normal liver function,O/E: Afebrile HS I+II+O Chest clear Abdo SNT BS+ Neurologically intact R knee no swelling, mild erythema. Joint crepitus. Tender along anterior joint line.,CXR: Nil acute ECG: Sinus tachycardia,Rt Knee XRay: No bone/joint abnormality No effusion/ soft tissue swelling.,CT Head: Nil acute.,,TREATMENT,He was treated with oral flucloxacillin for his cellulitis.,, He was reviewed again by psychiatry who felt that there was no need for urgent review and have referred him to the intensive home treatment team, alongside starting low dose olanzapine. Before discharge Mr McRobb he developed more insight into his hallucinations. He also feels that his psychotic symptoms were caused by the sertraline, in particular after a recent dose increase, and he no longer wishes to take this medication. He stated that having tried several antidepressants with no success, he would continue to explore non-medical methods of managing his depression. Support for this and signposting would likely be of benefit.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,IHTT FU,CHANGES TO DRUGS SINCE ADMISSION,Addition of olanzapine. Short course of oral fluclox, temazepam changed to diazepam for sleep disturbance (pt aware diazepam is a short-term measure).,Sertraline stopped at patient's request.,,ALLERGIES / ADVERSE DRUG REACTIONS, Diclofenac ?reaction,Various antidepressants including ? sertraline,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,Nil,GP to please consider the following...Nil, ,Should you need further information please contact...Dr Strachan's Gen Med team Ward 208 RIE, ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Emma Chisholm FY1 11.10 21/2/17, ,This is an immediate discharge letter and a further letter may follow.

Surname/Forename	McRobb, Ronald
UHPI Number	600086642R

Episode Number	I0004164169

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0004164169 Dr Katharine F Strachan 14/03/2017 11:59 Susan Glass	DIAGNOSIS,Mild cellulitis,Right knee pain ?secondary to osteoarthritis,Psychotic symptoms,,Mr McRobb was admitted with a 1 day history of R knee pain of gradual onset, which was tender to touch. He also believed this to be caused by 'kerotene' being injected into his knee every night by 'kids'. He was able to weight bear. No systemic features of infection. BG: years history of intermittent auditory hallucinations of voices talking about him. No command hallucinations or suicidal/DSH thoughts/actions. He also reported the following to psychiatry in ED: Believes people are targeting him as he was seeing the ex wife of one of these people. Latterly states its 'druggies' who are doing this to him. Tells me Police have been on surveillance of him for several months. Feels he is going to be attacked. Describes tactile, olfactory, auditory hallucinations. Was informed by male voice his daughter and son were dead as were 9 members of his family. ,,PMH,Anxiety/depression, without previous psychotic presentation. (dose of Sertraline recently increased from 50mg to 100mg). Intermittent ETOH excess.,,Bloods: Hb 135 WCC 13.5 PLT 285 Na 137 K4.1 Creat 89 eGFR>60 CRP 46 Normal liver function,O/E: Afebrile HS I+II+O Chest clear Abdo SNT BS+ Neurologically intact R knee no swelling, mild erythema. Joint crepitus. Tender along anterior joint line.,CXR: Nil acute ECG: Sinus tachycardia,Rt Knee XRay: No bone/joint abnormality No effusion/soft tissue swelling.,CT Head: Nil acute.,,TREATMENT,He was treated with oral Flucloxacillin for his cellulitis.,,He was reviewed again by psychiatry who felt that there was no need for urgent review and have referred him to the intensive home treatment team, alongside starting low dose Olanzapine. Before discharge Mr McRobb he developed more insight into his hallucinations. He also feels that his psychotic symptoms were caused by the Sertraline, in particular after a recent dose increase, and he no longer wishes to take this medication. He stated that having tried several antidepressants with no success, he would continue to explore non-medical methods of managing his depression. Support for this and signposting would likely be of benefit.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,IHTT FU,,CHANGES TO DRUGS SINCE ADMISSION,Addition of Olanzapine. Short course of oral fluclox, Temazepam changed to diazepam for sleep disturbance (pt aware diazepam is a short-term measure).,Sertraline stopped at patient's request.,,ALLERGIES / ADVERSE DRUG REACTIONS,Diclofenac ?reaction,Various antidepressants including ? Sertraline,,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil,,CHANGES TO DNACPR STATUS OR ANTICIPATORY CARE PLANNING ,Nil,,,Should you need further information please contact Dr Strachan's Gen Med team Ward 208 RIE,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely,,,,,,Dr Makaka,FY2,,SG,FDL (14.03.17),