

Ward: William Gull-STH	Hospital Number: Z105073
Consultant:	NHS Number: 1231231232
Specialty:	Surname: ZZZ EPRTESTTWO
Date of Admission: 02/08/2013	Forename: ERNEST
Date of Discharge: 23/08/2013	DOB: 30/10/1920 Age: 93y
Name and Address of GP: NOT KNOWN GP PRACTICE NOT KNOWN	Sex: Male Address: DUMMY PATIENT FOR LAB TESTING SE1 7EH

Drug Allergy / Significant Adverse Reaction

<u>Type</u>	<u>Allergen / Intolerant to</u>	<u>Reaction</u>	<u>Description</u>
Food	Cow's Milk Protein	N/A	Test
None Known	None Known	N/A	

	Presenting Complaints
1	Gout R knee

	Principal Diagnosis	Comorbidities
1	Gout R knee	Hypertension
2		Diabetes
3		Delerium
4		cognitive impairment, dementia is possible, needs follow up in the community,
5		fracture NOF
6		macular degeneration
7		poor mobility
8		falls
9		poor vision

	Surgery / Other Procedures
1	R knee aspiration

Clinical Summary

Patient admitted with a fall and reduced mobility and confusion. Unable to walk, not able to do stairs at home. Diagnosed with gout in the R knee following aspirate. Improved with analgesia. Mobility improved with physiotherapy but patient not able to do the stairs on d/c hence one level living recommended and set up and rehabilitation support arranged so the patient will achieve doing stairs again once gout and delirium are fully settled which can take up to 6 weeks or sometimes longer. Cognitive impairment, MoCA 17/30. May be due to acute delirium. Unsure of background memory decline, needs follow up in the community.

Multidisciplinary Team Notes

Physiotherapy Comment

Physiotherapy Comment - patient has poor mobility - mobilising approx 2m with frame with assistance x 1. Report that patient can manage with assistance but high risk of falls therefore not safe on stairs.

Name and Designation - P Stark, senior physiotherapist

Occupational Therapy Comment

Occupational Therapy Comment - Occupational Therapy Comment - OT advised that because bathroom and toilet are upstairs we would advise one level living on the ground floor to minimise need to complete stairs. (Bed commode and chair downstairs - patient strip washes and uses commode to toilet) BUT acknowledge that as patient currently acutely confused may well attempt stairs anyway. Advised that patient requiring assistance of one to complete all transfers and requiring assistance with washing dressing and toileting. OT could minimise risk on stairs through installation of bilateral banisters. Discharged with supported discharge team and one level living after case conference with family. patient at risk of doing stairs anyhow.

Name and Designation - Name and Designation - Stella Soft, OT

Discharge Medicines:

Note: For questions about medicines given to your Patient by the hospital please call
The Medicines Helpline on 020 7188 8748. The helpline is open 9am to 5pm, Monday to Friday.

Drug Name	Dose	Route	Frequency	Duration	Additional Instructions	Drug Status	Pharmacy Use
Bendroflumethiazide [Tablets]	2.5 milligrams	Orally	every morning	to continue, from GP		As previously	
Ramipril [Tablets/Capsules]	2.5 milligrams	Orally	every morning	to continue, from GP		As previously	In dosette
Colchicine [Tablets]	500 micrograms	Orally	three times a day	to complete specified course	1 week	New	
Omeprazole [Capsules/Tablets]	20 milligrams	Orally	every morning	to continue, from GP		As previously	
Lantus® [Insulin Glargine Vial]	30 unit(s)	Subcutaneous Injection	every morning	to continue, from GP		As previously	
Prescription record approved by:	Date:	Dispensed by:	Date:	Checked by:	Date:		

Drug Status Key:

As Previously No deliberate changes to regimen
 Changed Regimen changed during this admission
 New Started during this admission
 Unsure Medicine reconciliation not complete

Pharmacy Use Key:

Diet kitchen Product from ward stock
 DISP Drug supplied from pharmacy
 POD Patient's own drug
 PODH Patient's own drug at home
 TTA Drug supplied during In-patient stay
 Other

GP Information (inc Meds Discontinued)

colchicine started for gout, please review once gout settled, consider stopping if diarrhoea

It is a little known fact that hospital-acquired venous thromboembolism (VTE) accounts for the majority of cases of VTE and can occur up to 90 days. Please remember that 80% of DVT have no clinical signs. GSTT would like to know if your patient develops a hospital-acquired clot- please phone 02071882736 or e-mail beverley.hunt@gstt.nhs.uk or vickie.mcdonald@gstt.nhs.uk so we can perform root cause analysis.

Information given to Patient

Patient information leaflets given with dispensed medicines and written information given on where to get additional pharmaceutical support (e.g. about side effects of medicines or a medicines use review) and about VTE prophylaxis.

gout, wife advised to avoid stairs, cognition to be reviewed in the community following d/c

Follow Up Arrangements

community visit arranged

Future Outpatient Appointments already Booked

No Future Appointments Booked

Functional Status on Discharge

Mobility: Walks with frame	Continence: Incontinent of urine due to poor mobility occasionally
Self-Care: Requires assistance	Hearing: No hearing impairment
Eyesight: Partially sighted - both eyes	Cognition: MoCA 17/30, delirium, ? dementia
Other:	

Services Arranged / Required for Discharge

	<u>Frequency</u>	<u>Purpose / Details</u>
District Nurse	daily am	administer insulin and monitor diabetes review gout in the R knee and resolution review cognition
Social Services	Social Services Referral - Yes	Known Social Worker - No Social Worker Details - SDT arranged

Discharge To: Usual Place of residence

Contact Details:

Letter Completed By: R Schock

Bleep Number: 2599

Extension Number:

Alternate Contact Name:

Trust Contact Email Address: r.schock@gstt.nhs.uk