Witness Name: Dr Gary Benson
Statement No.: WITN3082001
Exhibits: WITN3082002 - WITN3082014
Dated: 13 January 2020

INFECTED BLOOD INQUIRY

EXHIBIT WITN3082003

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

Discharge Date:	Discharged to:	Hospital No. / HCN:
10/03/14	Home	AH 165691 / 608 222 1898

GP:	Patient Details:
Dr Mccallion Cityview Medical 127 - 147 Spencer Road Waterside BT47 5AQ	Seamus Conway GRO-C GRO-C GRO-C Tel no. GRO-C DOB: GRO-C 1973

Dear Dr Mccallion

The above-mentioned patient was admitted to Altnagelvin Hospital from Home on the 02 March 2014 , Trauma & Orthopaedic Unit (2) under the care of Mr Charlwood.

Primary Diagnoses:
Intertronchanteric right NOF fracture

Secondary Diagnoses:

1	Severe haemophilia A	2	Hypochromic microcytic anaemia
3	Hepatitis C	4.	C2H5OH abuse
5	Early ALD	6.	

Primary Procedures (incl. dates):
04/03/14 Right dynamic hip screw

Secondary Procedures:

Relevant Investigations:

Outstanding Investigations:

Information (incl. diagnosis) given to:

Doctor's Comments:
This 40 year old gentleman was BIBA following a fall with C2H5OH on board. CT scan showed a right intertrochanteric NOF # for which a dynamic hip screw was place on 04/03. The patient has progressed well since, with nil acute problems and post op observations have been satisfactory.

The patient suffers from haemophilia A and recombinant factor VIII has been administered daily during his hospital stay under the advice of BCH Haematology. Regarding the patients' anaemia, the GI team advised that due to the absence of bleeding PR/haematemesis that an OGD is not indicated. If the patient has on-going anaemia in community or development of symptoms, GI should be contacted to arrange a scope. Observations stable and medically fit for discharge.

Hospital follow-up required: No *(if yes, please provide details)*

Clinic:		Weeks:	

Doctor's Signature: P SAVAGE
Date: 10.03.2014
cc.

DRAFT VERSION produced by FY1 Further letter to follow: Y ☐ N ☐

Ward: Trama & Orthopaedic Unit (2) **Discharge Date:** 10.03.2014
Patient: Seamus Conway, GRO-C
Hospital No. AH 165691 **HCN:** 606 222 1898

THIS SECTION MUST BE COMPLETED		
Date	**Medicine/Allergen**	**Type of Reaction**

Medication on Discharge	**Dose & Frequency**	**Route**	**Comments (inc. Stop Date)**	*** Qty Supplied**
FERROUS FUMARATE	305mg BD	PO		
LAXIDO	One sachet BD	PO		
PARACETAMOL	1G TID PRN	PO		
RECOMBINANT FACTOR VIII (?)	*2000 UNITS OD*	*IV*	*DO WE SEND THEM HOME ON THIS???????*	

***OSD: Patient admitted to a one-stop dispensing ward. 28 day supply on admission.**
***POD: Patient's own drugs returned on discharge**
***PODH: Patient's own drugs at home**

Oxygen Prescription		Applicable ☐ Not Applicable ☐	
LTOT ☐ Ambulatory ☐ Short Burst ☐	Flow Rate :	Device	Prescription changed this admission ☐
Target SpO2.	Ambulatory flow Rate:	Cylinder ☐ Concentrator ☐	Follow up with RNS ☐ Cc letter to RNS ☐
Comments :			

Medication stopped in hospital	**Reason (if known)**

Prescriber's Designation:	**F1**	**Clinical Check/Date:**	**N. Donnelly (10.3.14)**
Prescriber's Name:	**PSAVAGE**	**Labelled by:**	
Prescriber's Signature:		**Dispensed by/Date:**	
Date:	**10.03.2014**	**Final Check:**	

This patient may be suitable for repeat dispensing? Not applicable

Completed and Verified by:
Consultant's Signature:
NAME IN BLOCK CAPITALS: