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

INFECTED BLOOD INQUIRY

EXHIBIT WITN3082007

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

Discharge Date:	Discharged to:	Hospital No. / HCN:
17/10/16	Home	AH 165601 / 006 222 1898

GP:

Dr Leeson
Foyleside Fam Pract
Bridge St Med Ctr
Bridge St
BT48 6LD

Patient Details:

Seamus Conway
GRO-C
GRO-C
GRO-C Tel no. GRO-C
DOB: GRO-C 1973

Dear Dr Leeson

The above mentioned patient was admitted to Altnagelvin Hospital from Home on the 16 October 2016 , Ward 41 - Acute Medical Unit under the care of Dr Prabhavalkar.

Primary Diagnoses:

Left leg cellulitis

Secondary Diagnoses:

1	Chronic liver impairment	2	Chronic hepatitis C
3	Alcohol excess	4	Haemophilia A

Primary Procedures (incl. dates):

Secondary Procedures:

Relevant Investigations:

PT 14 WBC-3.4, CRP-8, U AND E NORMAL , Chronically deranged LFT- no new worsening

Outstanding Investigations:

Information (incl. diagnosis) given to:

Blood products/Components Used (include details and reasons for transfusion, adverse events, eligibility to donate blood):

Doctor's Comments:

Admitted with left leg cellulitis. Treated with IV Benzylpenicillin + IV Flucloxacillin for 24 hours. Significant improvement in 24 hours. Afebrile, hemodynamically stable at discharge. Discharged with XDP 0.95 but no clinical evidence of DVT. Discharged with 1 week course of oral Flucloxacillin. Asked to see GP if infection persists.

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

Clinic:		Weeks:	

Doctor's Signature:
Date:

FINAL VERSION produced by **FY1** **Further letter to follow:** Y ☐ N ☒

Ward: WARD 41 - ACUTE MEDICAL UNIT Discharge Date: 17/10/16
Patient: Seamus Conway, GRO-C
Hospital No. AH 165691 HCN: 606 222 1898

THIS SECTION MUST BE COMPLETED

Date	Medicine/Allergen	Type of Reaction
	NKDA	
Medication	Hold/Stopped in Hospital	Reason

Medication on Discharge	Dose & Frequency	Route	Comments (Inc. Stop Date)	* Qty Supplied
FLUCLOXACILLIN	1 GM ORAL QDS	O	TILL AND INCLUDING 23/10/16 (NEW)	52 x 500mg
REFACTO	2000 UNIT IV	IV	MON, WED, FRI	PODH

Controlled Drugs Required on Discharge Y [ ] N [X] (Prescriber to complete ALL sections)

Drug Name NB. Prescribe by brand e.g. Longtec, MST	Form e.g. tablets, capsules, patch, injection	Route e.g. oral, transdermal, subcutaneous	Strength	Dose & Frequency	Total amount required in FIGURES	Total amount required in WORDS	PHARMACY ONLY Quantity Supplied

Delete any unused lines. If a dose is prescribed which can only be met by two different strengths then the total quantity (words and figures) of each strength must be specified.
*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 [ ]
Target SpO2:
Flow Rate:
Ambulatory Flow Rate:
Device:
Cylinder Concentration:
Prescription changed this admission
Follow up with RNS [ ]
Cc letter to RNS
Comments:

Prescriber's Designation:	SPR		J GRIFFITHS/D DEVLIN 17/10/16
Prescriber's Name:	Amlan Bhattacharya	Labelled by:	
Prescriber's Signature:		Dispensed by/Date:	
Date:	17/10/16	Final Check:	

This patient may be suitable for repeat dispensing? Not applicable

Completed and Verified by: *Dr Siddhesh Prabhavalkar*
Consultant in Acute Medicine

Consultant's Signature: GRO-C
NAME IN BLOCK CAPITALS: *SIDDHESH PRABHAVALKAR*

DISCHARGE CONTROLLED DRUGS

DATE ISSUED:
ISSUED BY SIGNED:
DELIVERED BY SIGNED:

DISCHARGE CONTROLLED DRUGS

DATE:
ISSUED TO PATIENT BY:

PRINT NAME:	PATIENT/CARER SIGNATURE: .....
RECEIVED BY SIGNED:	