

14-6-85

Review

GRO-B

Left ankle still in cast. So comfortable that he can walk well without pain. Occasionally aches when he is sitting for a while.

Right chiropodist bleed in May appears to have been undertaken at first - settled on increasing dose from 480 to 960 daily.

Uses TNS stimulator for right wrist. Bled into right side of neck which has settled in the last day of two - required 4 treatments.

Has had only 4 other bleeds in the past year. Total no. of bleeds 6 No. of treatments 21.

Diminished A.I.D.S - he has read Peter Jones book & appears to have understood the modes of transmission & natural history of the condition very well. No sexual partners. Tended not to treat bleeds when he first became concerned about A.I.D.S but feels more relaxed now that he is on

best treated community.

Routine blood samples taken last month - LFT's mildly abnormal as before.

OK Wt. 78.6 Kg. (wearing light cast)

B.P. 150/100

Chest clear.

No lymphadenopathy. Mouth healthy

limbs & spleen not palpable.

Joints - see orthopaedic notes.

18-x-85

Discharge from scar of 16 (K) fibra. for last 2 1/2

No constitutional illness.

→ snrub

nucleox + pen v 250mg each x 4 10/7

Renew 10/7

Appl. for foot ortho clinic.

GRO-C

24/7
←

8
tender papular erythematous eruptions
on dorsum of both feet (R) & (L) (1st DC)

Small eruptions on (R) shankle.

or felt a hydrocortisone topical

→ no improvement

Q ?

→ skin referral

GRO-C

4.6.86.

6/12/86 interview general health good. wt & st. app good. smoking a pipe.

joints (1) knee - arthritic - intermittently still painful - but
much less since indomethacin supplemented. st ache/weakness
in afternoon

(2) ankle OK by & large

(3) knee. about the same.

bleeds about alternate weeks. 3 obvious targets.

dermat - irregular follow up.

job/st. not employed. lives at home still routine of going
out to video shop on only social visit.

NDS no ideas about HTLV3 antibody test & distinction between
Ab & virus. no ideas about mopping up of blood - discussed
at some length now seems clearer & happier.
wants HTLV3 test done & wants to know result - best to
be discussed at next review rather than posted I think

% wt 68.2 kg 2 nodes mouth.

skin st fungal infection webs of toes - on cream which
is improving

p90
RA 130/90

HTV + li + mid

chest clear. alveoli soft. OKS.

joints about 5°/minute in all directions in elbows (wrist)
hips OK

① knee arthralgic.

② ankle immovable

③ knee 90° flex full ext.

④ ankle 10° flex.

→ bloods. result of HTV3 NB 1.5 hr d/w pt + RM in 1/12.
average dentists
re 1/12

GRO-C

26 10 26

1/12 check.

Joints

① knee - arthralgic. NO pain.

② ankle - intermittently locked. (unlocks & pain relief).

③ ankle - drop foot. (pat RTA)

④ knee - OK.

Main bleed

① proximal forearm
usually traumatic
= 1/12.

Dental

no problems

not seen 1 1/2 yrs. - needs app.

Social

not employed. (trans 16 yrs).
lives C parents.

Generally well. act + (1 1/2 stone)

App ✓ NO upper Rt / lower Lt symptoms

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HISTORY SHEET (Continuation)

Hospital No.

Surname

GRO-B

First Names

GRO-B

DATE

(Each entry must be signed)

9/12/86

Rx FVIII 1000 U NOW
500 tonight
1000 morn'g

Anaesthesia ✓

GRO-C

11/12/86

leg no better
- pain at rest settle E walking
11/12/86 No change
XN - no new #

Rx over wile 1000 am 500 pm
are for Monday

GRO-C

26.2.87

Attended for review of easy bruising of ② leg + ② knee.

② lower leg very tender on tapping - previous compound # tibia/fib. 1968.
Pain present for years.

New change: easy bruising everywhere

: bruising occurs from minor trauma.

② knee stiffens up easily.

change in life style - new

dog - goes for walks etc.

Indomine

Takes Indomine supp + caps for
arthritis in ① ankle.

AIDS - worried ++.

- discussed significance of HIV Ab positivity.

Rash - volar ② arm

- vesicular.

① skin appt.

② Riva Miller.

22.4.87

Phoned

Very concerned about safety of FVIII - no longer prepared to have
FVIII, even if it means crippling arthropathy.

I have asked him to ring Riva Miller next week for an appt. He
is due to see the dermatologist on May 16th + also feels that rash on
his arm is all due to FVIII.

GRO-C

DATE

(Each entry must be signed)

12/4/87 ANNUAL REVIEW

GRO-B

GRO-C

Feel now stronger overall. No longer as afraid of AIDS. Doesn't let anyone touch him. More active. Came by public transport. Had a dog. Changed his life. Walks with family.

Soc Sci: Pa ill & chemotherapy. Lives with Pa, Ma, bro & 2 sisters. Says he just like to his sisters.

Assessment looks like. Not ok & some more trouble & setback than 1st year. The dog. Less work & less

GRO-C

12/8/87

Has been treating forearm bleed ^{not} for fall.

76 Bruised & swollen

Not tense

Not tender now

Less painful. Fingers flexion painful but most

OK

No further Rx needed

GRO-C

12

DATE	(Each entry must be signed)
14/10	<p>wt 67.2 kg ↑ kols ↓ well mouth clean slow neurally but vibration, inner lower lip no adenopathy chest clear ↓ Hs J+II TO P 100/min 100g BP 120/90 abd clear ○ L ○ S.</p>
	<p><u>Plan</u> 1. routine blood tests 2. see Feb 88 + dental apph <u>Imp</u> generally well but ① wt loss 2 ↓ Tk</p> <div data-bbox="1247 903 1360 976" style="border: 1px solid black; padding: 2px; display: inline-block;">GRO-C</div>
22-12-87	<p>Old 2 1/2 yrs. He developed nausea + vomiting which lasted 2 days. 18/12/87 found he was short of breath. Cough had persisted since his cold began. Saw G.P. on Friday + was prescribed Amoxic. Yesterday saw G.P. because he was no better. He was referred to Whiston Cross where he had a chest X-ray + was told that he should stay in hospital. Decided against admission because he felt they had no experience in Liverpool (Rang H/C last Thursday afternoon + was put through to the district by the receptionist who answered the phone in the unit? thought to wrong department at first. The district asked about his sugar levels + told him to see his G.P.)</p>
	<p>ok state dyspnoea on any exertion. Pale. Anxious + looks very unwell. Pale. Agitated. SOB in conversation T 37.2 P 132 Reg RR 28 at rest JVP → Hs L + 0 fast</p>

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DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No.
		Surname
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Mouth 1st fauces.

Few swollen lymphnodes 1 post Δ (largest)

Chest tender +

PV resonant

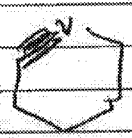
ES vertical with creps R base

anteriorly + in axilla

Joints - chronic arthropathy as before

Abas.

GRO-C



4 cm high

spleen

QR

GRO-B

interstitial shading

↳ Pneumocystis most likely diagnosis

We (Dr. Lee, Goldman, Jay + Musimua

Spoke with

GRO-B

+

GRO-B

at length

but

GRO-B

adamantly refused admission.

He understands this is almost certainly

AIDS and he could well die if he

doesn't come in to hospital.

Dr. J. Summerville = Pulmonary reabsorbed

paracetamol 1000g failed.

GRO-B

b to

fine but not better. TBs pd.

Revised make -

DATE

(Each entry must be signed)

28/7/87 Admitted today → GRO-B Ward

36 yrd Severe Asthma.

hiv (+) since 1984. Wt loss 2 stone 85 → 86. T4 ↓ 0.19

△ Prommed Pneumocystis Pneumonia

Hx Cxrd + chest infection 3/2/80
Persistent dry cough since.

↑ SOB since Friday 9/2/80.
No sputum

off food. Nausea ++. ↓ today by Septin tabs.

only fluids today

Bowels Bgular.

Today, Attributed SOB probably nausea + retching
↓ pleuritic pain → shoulder → L arm

Drug Thermomaxin Inj. for admission under
Septin tabs for yesterday.

Sx has come with mother

Q.E. Temp 37.8 P 120 R 20 BP 95/60 Dry
RR 32.

1000 mucus now more than yesterday

lymphadenopathy ↓ post Δ as before

Chest signs much the same except now crackles
at L base too.

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HISTORY SHEET (Continuation)

Hospital No.

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First Names

DATE

(Each entry must be signed)

CNS. JVP →
Hb L i^o menum.

Arterio lines 4cm.

Joints.
Circulation as before.

Resp. Clinically pneumoniae present.
Is. Aids.

Hb Septin / was bad ✓

FBC
(Hb 10.5, 15)

Urea 1.45 + Gmc ✓

BTC ✓
T/S ✓
M/Gn ✓

tehygiene ✓
Oxygen 35%

GRO-C

This patient is NOT for intubation
or Ventilation

Hb 14.8 W 4.3 P 75

Urea 3.4 K 4.1 Na 136 H₂O 21 Gmc 5.2

DATE	(Each entry must be signed)
24/1/82	<p>Coughing + Chest pain + Shoulder pain gone. Nausea + Temp ↓ 36.9 BP ↑ 115/70 P100 PR 28 Chest signs unchanged except ↑ creps L ant chest Agitated, distressed by coughing + Phas CXR today → Wrote Cap at L base. FBC Hb 13.0 WBC 4.5 (3.2) U+E T cell subsets Plate 266 Continue IV Septin GRO-C Follicle Acid ✓</p>
Overnight Respiratory	<p>Phas do FBC } Saturday (+ Monday) CXR } Phenylephrine</p>
GRO-B 87	<p>Breathless +. Mouth OK. Temp. swinging. Needs CXR + FBC today. No change in therapy. GRO-C</p>
8.30 am	<p>O₂ via nasal cannula Popped up - reasonably comfortable</p>
	<p>Fz - FBC } CXR } GRO-B 1/1 GRO-C</p>
GRO-B	<p>00.35 AM No spontaneous respiration No heart beat Pupil - fixed & dilated Certified as dead GRO-C Card. Res. 1/1 HIV infection + pulmonary pneumonia 11/82 Reg. - May 81</p>

HISTORY SHEET

Hospital No.

Surname

First Names

D. of B.

GRO-B

M/F
M/S/W

DATE

CLINICAL NOTES (Each entry must be signed)

GRO-B

87

Death certificate signed.

Cause of death 1) Pneumonia
2) HIV infection.
3) Haemophilia.

The relatives have agreed to a limited post-mortem.

GRO-C

Bacteriology have not received any pm specimens.

8.2.88

Results of PM now available.

Δ = pneumocystis pneumoniae.

GRO-C