

Dear Dr Toshman,

Thankyou for reviewing Mr Morrow.

This is a 65yr old chap who has cerebral

He is HIV+ve.

2° to hep C. I. He has severe factor 9 deficiency.

He has an arthropathy which affects his elbows, knees and ankles; the aetiology of this is unclear.

Mr Morrow's major problem is liver failure.

For the last few months he has been in and out of hospital & abdominal distension and on the occasion increasing confusion & probably 2° to constipation. It is taking less and less to precipitate a crisis at home and an admission to hospital.

At a meeting at the Haemophilia Centre we were concerned to try and find a way to manage him in the community. His devoted wife who lives with him is finding it difficult. He lives on a ground floor flat & has a lot of support. ~~Does~~ ^{Would} he be suitable for hospice care - we realise this is not a "standard" hospice pt. We would be grateful for any ideas you have.

Yours sincerely,

GRO-C

Haemophilia Unit

Thankyou,

Renewed on ward.

Appears audibly encephalopathic
I understand he is not mobile however
he says he is independent & wants to
be at home with minimal intervention.

His major problem is pains in hands
or he appears to have muscle fasciculation
+ carpal tunnel pain. — I suspect this
is a metabolic problem??

His long term care is a problem.

Suggest

① Home — with support team —
but this needs to be
Dad wife

② Hospice care is an option — I haven't
discussed this with him at
present. In practice we would
need to know your future plans
regarding management, especially
does he need factor X infusions

Once again ~~the~~ we need to see
wife first.

③ It may be worth
considering low dose
orally for
anxiety it won't affect his
encephalopathy.

GRO-C