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Royal Free Hospital

HAEMOPHILIA CENTRE & HAEMOSTASIS UNIT
FAX No: 071 431 8276

Director: Dr Christine A Lee MA MD MRCPath FRCP

Diane Brown
Social Work Team Manager
Social Work Department
Royal Free Hospital

1st November 1993

Dear Diane

Re: Michael MORROW (dob: GRO-A/29)

GRO-A

Currently in Langton Ward under Dr Christine Lee - Haemophilia
Medical Notes number - 11 50 01

Further to our conversation here are a few details about Mr Morrow which may be of some use to you in arranging for a care assessment to be done.

Medical situation: He has severe Christmas disease - haemophilia B - which means he can bleed spontaneously or from trauma. He gets his treatment at the hospital. IN addition he has hepatitis C with complications leading to ascites. The main physical problems are extreme immobility of very long standing which has now increased. Some of this is due to past bleeds and the rest is his way of coping over the years. His hepatitis has not been helped by alcohol intake over the years. The situation has now been complicated further as he seems to be developing dementia. He has for many years been attending the Psychiatric department and the main link is Geoff Halpren - Psychologist - 3661. He has been addicted to amphetamines and other things over the years and is a regular snuff taker. An opinion has been sort from the psycho-geriatricians and the bottom line is that it has been referred back to me to arrange discharge. Further medical details can be got from the Haemophilia Centre - either Dr Christine Lee or Sister Patricia Lilley - our Clinical Nurse Manager who is our Community Liaison for haemophilia. Extension: GRO-C

Social Situation:

Family: Mr GRO-A is married. His wife works part-time teaching and is at present very stressed between looking after her dementing husband and an ill mother in the south of England. There are two sons. One living in Switzerland and the other in Cardiff. His unmarried daughter is in London. Although they are around I don't think any of them can help on a day to day basis. Through the dementia with aspects of paranoia - the relationship between Mr MORROW and his wife has deteriorated severely. This is a very eccentric family and we have known them for many years - mainly offering bits of support here and there.

Accommodation: Ground floor flat which they own. Sister Lilley has details of this accommodation as she has been visiting quite regularly.

Occupation: Mr Morrow was a well known early musicologist. Renowned in his field. Prior to this episode and even earlier most of his work was done from bed!

Transport: His wife drives a car but Mr Morrow's mobility is so severely compromised that this is not a viable way of transporting him. He has two wheelchairs and electric one that has been broken for some time but the stage has been reached when he hardly seems to manage to get from bed to chair. Any mobility that there has been off his bed has been from the use of a Zimmer frame in the past. Further details of all this will be provided by an OT.

Finances: Liz Boyd can fill you in on these as she has been dealing with all his benefits. She has dealt with DLA etc and I am sure he is getting all that he is entitled to. Links can be made with Liz if not.

Community contacts: The main contact is through his GP and I enclose a recent letter written to him which was in fact sent the day before he was admitted to hospital.

Presenting problem: He has been in Langton ward for well over a week now and we need to consider urgently prospects of discharge. It seems appropriate that we try and get him home and if that doesn't work - residential care will have to be considered. The main problem about being at home now is his increasing dementia. In the past - although it was unsatisfactory - his wife could leave him during the hours she is away from home. It is very important for her mental sanity as well as their finances that she continues to work.

Action suggested:

1. The first step seems to be a full care assessment as to what he would need if he went home. Sister Lilley and myself consider the following:
 - (a) help with bathing and keeping clean
 - (b) some suitable arrangement for commode etc
 - (c) some supervisory help in terms of his mental state and the medication
 - (d) Sister Lilley will continue to come but can only visit to advise and help with the factor IX therapy when and if necessary. She is able and willing to be the liaison once the system has got going.
 - (e) District nurses depending on his physical state at the time of discharge and what is available
 - (f) I would imagine that Mrs Morrow can continue to leave food so that that should not be a pressing need. He is on a low salt diet.
 - (g) Liaison between hospital and GP should be close

In my absence I would be most grateful if this could be initiated and with back up from the Haemophilia team who will do anything that is needed in terms of letters, support etc. Unfortunately, Liz Boyd, who could help will be off on annual leave for two weeks until 22nd November.

I very much appreciate your offer of help.

Yours sincerely

Riva Miller (Mrs)
Senior Medical Social Worker

cc/Christine Lee
GP - Dr Tannen
Patricia Lilley
Geoff Halpren
Nurses