

Witness Name: Royal Free Hospital (Jennifer Moira Cross)
Statement No. WITN3095001
Date: 23 May 2019

EXHIBIT "WITN3095001/26"

This is the exhibit marked "WITN3095001/26" referred to in the first witness statement
of Jennifer Moira Cross dated 23 May 2019

William Spellman, 18/12/1943, NHS No.4227741688

14/04/2009

Filemaker TTA

Admitted following a decrease in GCS to 6/15 during dialysis. ?GI sepsis as causative factor. Started on cefuroxime and metronidazole empiracallyn for 2/7, treated with lactulose and enemas for his encephalopathy. Improved quickly. Anaemic and thus given 2 units of blood. Home with 5/7 course of augmentin.

COMORBIDITY:

Hepatitis C, Hepatic encephalopathy ?AML - Pancytopenia

FOLLOW-UP:

Haemodialysis unit

MEDICATIONS:

1-alfacalcidol 0.25micrograms x3/wk on HD

Augmentin 375mg Tds 5/7 course

Calcium acetate 1g tds with each meal

chlorpheniramine 4mg TDS PRN

Folic acid 5mg od po cont

Ketovite T tab od po cont

Lactulose 20 mls bd po

Midodrine 5mg pre dialysis

NeoRecormon 10,000iu 3x/ week sc cont

Omeprazole 40mg bd

Propranolol 40mg bd

Renagel 800mg Tds po

ALLERGIES:

Gabapentin

PLAN:

Complete augmentin course

PRIMARY DIAGNOSIS:

Hepatic encephalopathy ?GI Sepsis. Empirical treatment with cef /met

PROBLEM LIST:

AML (Numerous blood tranfusions)

1980s Hepatitis C genotype I - IFN and Ribavarin unresponsive

Also iron overload cirrhosis

Oesophageal Varices

Portal hypertensive gastropathy, GAVE, gastric ulcer: banded and injected

Portal hypertension with splenomegaly and thrombocytopenia

Raised AFP
Pancytopenia, transfusion-dependent for Hb
2008 and 2009 Recurrent hepatic encephalopathy
2000 Hep C related MCGN
ESRF on HD, left AVF
2000 Pseudogout
2000 Polyarthropathy with positive rheumatoid factor
Arterial calcification
2008 November bilateral foot ulcers - Abx Jan 09

WRITTEN BY:

Dr Mark Horowitz
SHO Nephrology

CC:

CC. Dr Cross/Dr Thompson
CC. Barnet Dialysis Unit
Barnet General Hospital
Well House Lane
Hertfordshire EN5 3DJ