
EXHIBIT WIT3175010

Exhibit D

HMP 4 A (Code 90-535)

UNIT No.

WKN 003 CSP Ltd. 1/08

HOSPITAL

HISTORY SHEET

SURNAME
(Block Letters)

BAKER

FIRST
NAMES

VINCENT

DATE

CLINICAL NOTES
(Each entry must be signed)

17/4/19

FI ENTRY

* OLD NOTES NOT available

He transferred from Birmingham today:

Admitted to Sandwell Hospital 9/4/19 following RTA
(was driving at time)

- Δ: ① Decompensated liver disease - encephalopathic
- gross ascites
- ② ① thigh cellulitis
- ③ Hep C +ve

Tx with IV Tigocin for 5/7.

Switched to oral Findex 16/4/19.

PMHx - Alcoholic liver disease
- Is prev. bandage for oesophageal varices.

SHx: Larry driver
Lives with wife + 5 children.
No alcohol since Xmas 2008.

DHx: (from transfer letter)

Lactulose 20mls TDS
Nicorette 1mg OD
Spironolactone 200mg OM + 100mg ON
Propanolol 20mg TDS
Vit B 100mg T.

Thiamine 100mg OD
Lansoprazole 15mg OD
Lorazepam 10mg ON
Fenns Fumarside 210mg BD
Flucloxacillin 1g QDS 7/7.

DATE

CLINICAL NOTES
(Each entry must be signed)HE:

not encephalopathic

A computer at rest.

Not diagnosed - cerebral time/place/person.

HS 1 + 11 + 0

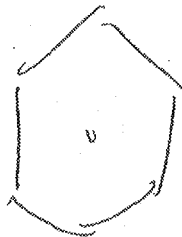
Bipedal edema to knees

JVP 3cm.

Lung

Min basal crackles

Good breath sounds lateral.

Abdo

Distended

Soft; non-tender

BT present.

shifting dullness - Ascites known

Skin: Examination marks all over limbs.

① thigh mid erythema - not hot.

- improved ++ according to pt.

Advised re-dressing

allow home

for infection

GRO-C

#228 (h)

GRO-C

Bloods and LC 14/4/99

Hb 9.8

WC 7.7

PUS 92

INR 1.16

LFT

Bil 50

ALT 25

ALP 186

ALT 57.

UTE: NAD

Imp: Alcoholic liver disease + ascites

No acute medical problems

① ① SpR to r/v later (after clinic)

is ? (+) today.

TTO's as per drug list in transfer