

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

EXHIBIT "WITN3095001/27"

This is the exhibit marked "WITN3094002/27" referred to in the first witness statement of Jennifer Moira Cross dated 23 May 2019

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

27/04/2009

Barnet Dialysis Review

Mr Spellman became profoundly unwell during his dialysis session on the 14/4/9. He was muddled and unable to speak.

On Examination Bp 145/90 quarter hourly BP 90/30 nadir. Orientated to place on arrival but profoundly obtunded towards the end of treatment.

He was transferred to the Royal Free Hospital renal unit for further care. I suspect he may be continuing to bleed. Our senior sister has discussed with his wife and next of kin his grave medical condition. I have in the past discussed his resuscitation status and the inappropriateness of escalation of his therapy to ITU.

PROBLEM LIST:

AML (Numerous blood transfusions)

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

MEDICATIONS:

NeoRecormon 10,000iu 3x/ week sc cont

Ketovite T tab od po cont

Folic acid 5mg od po cont

Omeprazole 40mg bd

1-alfacalcidol 0.25micrograms x3/wk on HD

Calcium acetate 1g tds with each meal

Midodrine 5mg pre dialysis

Lactulose 20 mls bd po

Propranolol 40mg bd

chlorpheniramine 4mg TDS PRN

Augmentin 375mg Tds 5/7 course

Renagel 800mg Tds po

TO:

Dr RJ MOBLEY

WALLACE HOUSE

9-11 ST.ANDREW STREET

HERTFORD SG14 1HZ

cc: WILLIAM SPELLMAN

GRO-C

FAO: Patients

Department of Health guidelines dictate that all patients are to be included in any correspondence between primary and secondary healthcare and vice versa. The medical terminology can be confusing, and we urge you that you discuss any queries with your general practitioner (GP) or your consultant at the next appointment.

FROM:

Dr Jenny Cross FRCPt