Date: 23 May 2019

EXHIBIT	"WITN3095001/1	7"

This is the exhibit marked "WITN3095001/17" referred to in the first witness statement of Jennifer Moira Cross dated 23 May 2019

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

30/08/2008

Filemaker TTA

Admitted with acute confusion following 2 doses of Gabapentin (according to Mr Spellman commenced for circulatory problems in the fingers). Normal CT head. Confusion settled following 3 spins of dialysis and treatment with laxatives. The day before discharge his MMSE score was 24/30, losing 3 points on orientation, 2 points on attention and 1 on construction. On the day of discharge blood cultures were sent. Please could repeat bloods including CRP and cultures be taken on dialysis. OP liver USS has been arranged to exclude mass lesions

MEDICATIONS:

1-alfacalcidol 0.25micrograms x3/wk on HD
Calcium acetate one tds with each meal
Folic acid 5mg od po cont
Ketovite T tab od po cont
Lactulose 20mls TDS
Lidocaine 2% gel prn to arthritic knuckles
Midodrine 5mg pre dialysis
NeoRecormon 10,000iu three times a week sc cont
Nystatin 1ml QDS for 7 days
Omeprazole 40mg bd increased 25.6.08
Propranolol 40mg bd po
Renagel 800 one tds with each meal

ALLERGIES: Gabapentin

PLAN: As above

PRIMARY DIAGNOSIS: Probable Gabapentin allergy

PROBLEM LIST:

AML (Numerous blood tranfusions)
1980s Hepatitis C genotype I
Iron overload cirrhosis
Oesophageal Varices
IFN and Ribavarin unresponsive
2000 Hep C related MCGN
Left AVF
GI bleed (Aspirin and Clopidrogel)
Melon stomach

June 2006 (Pegulated Interferon), poor response 2000 Pseudogout 2000 Polyarthropathy Chondrocalicnosis Positive rheumatoid factor Splenomegaly Arterial calcification Raised AFP PROBABLE GABAPENTIN ALLERGY

PROCEDURES:

Normal CT head

RESULTS:

OP liver USS requested
Blood cultures to chase
Repeat bloods including CRP and cultures on dialysis until CRP normalises

CC:

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