

Witness Name: Dr Roger McCorry

Statement No.: WITN3320001

Exhibits: WITN3320002 – WITN3320012

Dated:

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ROGER MCCORRY
EXHIBIT WITN3320008

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

Discharge Date: 19/9/14	Discharged to: Royal Victoria Hospital	Hospital No. / HCN: AH 165691 / 606 222 1898
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GP: Dr McCallion Cityview Medical 127-147 Spencer Road Waterside BT47 6AQ	Patient Details: Seamus Conway GRO-C GRO-C DOB: GRO-C 1973 Tel no. GRO-C
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Dear Dr McCallion

The above-mentioned patient was admitted to Altnagelvin Hospital from Home on the 15 September, 2014, Trauma & Orthopaedic Unit (2) under the care of Mr Ruiz.

Primary Diagnoses:

Displaced # left lateral femoral condyle

Secondary Diagnoses:

1. Haemophilia A	2. Hep C
3. Alcohol abuse	4. ALD
5.	6.

Primary Procedures (incl. dates):

Secondary Procedures:

Relevant Investigations:

X-ray- Displaced # left lateral femoral condyle

Outstanding Investigations:

Information (incl. diagnosis) given to:

Doctor's Comments:

41 yo female presents to ED after twisting injury to left knee on 15/9/14. X-ray showed displaced # left lateral femoral condyle. Suffering bleeding into knee. Mr Benson in City hospital recommended 2000units of factor 8 for this bleeding. Further haemophilia A management to be discussed with Mr Benson. Many thanks.

Hospital follow-up required: No (if yes, please provide details)

Clinic:	Weeks:
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Doctor's Signature: Patrick McAuley

Date: 19/9/14

cc.

DRAFT VERSION produced by FY1 Further letter to follow: Y ☐ N ☐

Ward: TRAUMA & ORTHOPAEDIC UNIT (2) Discharge Date: 19.9.14
 Patient: Seamus Conway, GRO-C
 Hospital No. AH 165691 HCN: 606 222 1898

Allergies/Medicine Sensitivities		
THIS SECTION MUST BE COMPLETED		
Date	Medicine/Allergen	Type of Reaction
19/9/14	Tramadol	Itch??

Medication on Discharge	Dose & Frequency	Route	Comments (Inc. Stop Date)	* Qty Supplied
REFACTO AF	2000units od	IV	As per Mr Benson City haematology while patient is bleeding	
FERROUS FUMARATE	305mg od	PO		
LONGTEC	20mg bd	PO		
LACTULOSE	10mls bd	PO		
LAXIDO	One dose bd	PO		
PARACETAMOL	1g QDS	PO/IV		
OXYNORM	5-10mg PRn	PO	Max 2-4 hourly	

*OSD: Patient admitted to a one-stop dispensing ward. 28 day supply on admission.

*POD: Patient's own drugs returned on discharge

*PODH: Patient's own drugs at home

Oxygen Prescription		Applicable <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
LTOT <input type="checkbox"/> Ambulatory <input type="checkbox"/>	Flow Rate :	Device:	Prescription changed this admission <input type="checkbox"/>
Short Burst <input type="checkbox"/>			
Target SpO2:	Ambulatory flow Rate:	Cylinder <input type="checkbox"/>	Follow up with RNS <input type="checkbox"/>
		Concentrator <input type="checkbox"/>	Co letter to RNS <input type="checkbox"/>
Comments :			

Medication stopped in hospital	Reason (if known)

Prescriber's Designation:	F1	Clinical Check/Date:	
Prescriber's Name:	Patrick McAuley	Labelled by:	
Prescriber's Signature:		Dispensed by/Date:	
Date:	19/9/14	Final Check:	

This patient may be suitable for repeat dispensing? Not applicable

Completed and Verified by:

Consultant's Signature:

NAME IN BLOCK CAPITALS:

Seamus Conway AH 165691 HCN: 606 222 1898 DOB:- [GRO-C] 973

Altnagelvin Area Hospital, Glenshane Road, Londonderry, BT47 6SB, Telephone 028 71 345171

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