

Witness Name: Dr Roger McCorry

Statement No.: WITN3320001

Exhibits: WITN3320002 – WITN3320012

Dated:

INFECTED BLOOD INQUIRY

**WRITTEN STATEMENT OF DR ROGER MCCORRY
EXHIBIT WITN3320007**

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

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| Discharge Date: 10/03/14 | Discharged to: Home | Hospital No. / HCN: AH 185691 / 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 Tel no. GRO-C DOB: GRO-C 1973 |
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Dear Dr Mccallion

The above-mentioned patient was admitted to Altnagelvin Hospital from Home on the 02 March.2014 , Trauma & Orthopaedic Unit (2) under the care of Mr Charlwood.

Primary Diagnoses:

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| Intertrochanteric right NOF fracture |
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Secondary Diagnoses:

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|-------------------------|-----------------------------------|
| 1. Severe haemophilia A | 2. Hypochromic microcytic anaemia |
| 3. Hepatitis C | 4. C2H5OH abuse |
| 5. Early ALD | 6. |

Primary Procedures (incl. dates):

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| 04/03/14 Right dynamic hip screw |
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Secondary Procedures:

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Relevant Investigations:

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Outstanding Investigations:

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Information (incl. diagnosis) given to:

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Doctor's Comments:

This 40 year old gentleman was BIBA following a fall with C2H5OH on board. CT scan showed a right intertrochanteric NOF # for which a dynamic hip screw was place on 04/03. The patient has progressed well since, with nil acute problems and post op observations have been satisfactory.

The patient suffers from haemophilia A and recombinant factor VIII has been administered daily during his hospital stay under the advice of BCH Haematology. Regarding the patients' anaemia, the GI team advised that due to the absence of bleeding PR/haematemesis that an OGD is not indicated. If the patient has on-going anaemia in community or development of symptoms, GI should be contacted to arrange a scope. Observations stable and medically fit for discharge.

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

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| Clinic: | Weeks: |
|----------------|---------------|

Doctor's Signature: P SAVAGE

Date: 10.03.2014

cc.

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

Ward: Trauma & Orthopaedic Unit (2) Discharge Date: 10.03.2014

Patient: Seamus Conway, GRO-C

Hospital No. AH 165691 HCN: 606 222 1898

| Allergies/Medications Sensitivities | | |
|-------------------------------------|-------------------|------------------|
| **THIS SECTION MUST BE COMPLETED** | | |
| Date | Medicine/Allergen | Type of Reaction |
| | | |

| Medication on Discharge | Dose & Frequency | Route | Comments (inc. Stop Date) | * Qty Supplied |
|-----------------------------|------------------|-------|--------------------------------------|----------------|
| FERROUS FUMARATE | 305mg BD | PO | | |
| LAXIDOL | One sachet BD | PO | | |
| PARACETAMOL | 1G TID PRN | PO | | |
| RECOMBINANT FACTOR VIII (?) | 2000 UNITS OD | IV | DO WE SEND THEM HOME ON THIS???????? | |

*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 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"/> | Ambulatory flow Rate: | Cylinder <input type="checkbox"/> | Follow up with RNS <input type="checkbox"/> |
| Target SpO2: | | Concentrator <input type="checkbox"/> | Cc letter to RNS <input type="checkbox"/> |
| Comments : | | | |

| Medication stopped in hospital | Reason (if known) |
|--------------------------------|-------------------|
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|---------------------------|------------|----------------------|-----------------------|
| Prescriber's Designation: | F1 | Clinical Check/Date: | N. Donnelly (10.3.14) |
| Prescriber's Name: | PSAVAGE | Labelled by: | |
| Prescriber's Signature: | | Dispensed by/Date: | |
| Date: | 10.03.2014 | 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