

Witness Name: Dr Roger McCorry  
Statement No.: WITN3320001  
Exhibits: WITN3320002 – WITN3320012  
Dated:

**INFECTED BLOOD INQUIRY**

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**WRITTEN STATEMENT OF DR ROGER MCCORRY  
EXHIBIT WITN3320009**

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**WESTERN HEALTH AND SOCIAL CARE TRUST**  
**Altnagelvin Area Hospital**

<b>Discharge Date:</b> 14/10/14	<b>Discharged to:</b> Home	<b>Hospital No. / HCN:</b> AH 165691 / 606 222 1898
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<b>GP:</b> Dr Mccallion Cityview Medical 127-147 Spencer Road Waterside BT47 6AQ	<b>Patient Details:</b> 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 Royal Victoria Hospital on the 02 October.2014 , Trauma & Orthopaedic Unit (2) under the care of Mr Ruiz.

**Primary Diagnoses:**

# left lateral femoral condyle 15/9/14

**Secondary Diagnoses:**

1. Haemophilia A	2. OA in left knee due to repeated bleeds into knee
3. Hep C	4. Alcohol abuse
5.	6.

**Primary Procedures (incl. dates):**

ORIF left lateral femoral condyle 26/09/14 in Royal Victoria hospital.

**Secondary Procedures:**

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**Relevant Investigations:**

X-ray left knee- # left lateral femoral condyle 15/9/14

**Outstanding Investigations:**

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**Information (incl. diagnosis) given to:**

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**Doctor's Comments:**

41 year old male admitted to TOU ward following a twisting injury to left knee on 15/9/14. Transferred to Royal on 19/9/14 for ORIF of left lateral femoral condyle on 26/10/14 because of his haemophilia A. Admitted back into ALT for physio and rehab with 2000units of factor 8/day which stopped on 11/10/14. Started on usual dose of factor 8 from 11/10/14. Fit to discharge. Many thanks.

Hospital follow-up required: Yes (if yes, please provide details)

<b>Clinic:</b>	# clinic	<b>Weeks:</b>	17/11/14
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**Doctor's Signature:** Patrick McAuley

**Date:** 10/10/14

cc.

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

Ward: TRAUMA & ORTHOPAEDIC UNIT (2) Discharge Date: 14/10/14  
 Patient: Seamus Conway, GRO-C  
 Hospital No. AH 165691 HCN: 606 222 1898

Allergies/Medicine Sensitivity		
**THIS SECTION MUST BE COMPLETED**		
Date	Medicine/Allergen	Type of Reaction
10/10/14	NKDA	

Medication on Discharge	Dose & Frequency	Route	Comments (inc. Stop Date)	* Qty Supplied
Tranexamic acid	1g TDS	PO		24
Refacto AF (factor 8)	2000units OD	IV	Last dose 11/10/14	PODH
Co-codamol 30/500	ONE or TWO every 4-6hours PRN	PO	Max 8 tablets/ 24 hours	30

\*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

<b>Oxygen Prescription</b>		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"/>	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)
Severdol	Received severdol while inpatient in RVH. Switched to oxycodone while inpatient in AAH. Discontinued on discharge.

Prescriber's Designation:	F1	Clinical Check/Date:	A Coulter 10/10/14
Prescriber's Name:	Patrick McAuley	Labelled by:	
Prescriber's Signature:		Dispensed by/Date:	
Date:	10/10/14	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