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

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF DR ROGER MCCORRY
EXHIBIT WITN3320012

WESTERN HEALTH AND SOCIAL CARE TRUST
Altnagelvin Area Hospital

Discharge Date:	Discharged to:	Hospital No. / HCN:
17/10/16	Home	AH 165691 / 606 222 1898

GP:

Dr Leeson
Foyleside Fam Pract
Bridge St Med Ctr
Bridge St
BT48 6LD

Patient Details:

Seamus Conway
GRO-C
GRO-C Tel no. GRO-C
DOB: GRO-C 1973

Dear Dr Leeson

The above-mentioned patient was admitted to Altnagelvin Hospital from Home on the 16 October.2016 , Ward 41 - Acute Medical Unit under the care of Dr Prabhavalkar.

Primary Diagnoses:
Left leg cellulitis

Secondary Diagnoses:

1.	Chronic liver impairment	2.	Chronic hepatitis C
3.	Alcohol excess	4.	Haemophilia A

Primary Procedures (incl. dates):

Secondary Procedures:

Relevant Investigations:
PT 14, WBC-3.4, CRP-8, U AND E NORMAL , Chronically deranged LFT- no new worsening

Outstanding Investigations:

Information (incl. diagnosis) given to:

Blood products/Components Used (include details and reasons for transfusion, adverse events, eligibility to donate blood):

Doctor's Comments:
Admitted with left leg cellulitis. Treated with IV Benzylpenicillin + IV Flucloxacillin for 24 hours. Significant improvement in 24 hours. Afebrile, hemodynamically stable at discharge. Discharged with XDP 0.95 but no clinical evidence of DVT. Discharged with 1 week course of oral Flucloxacillin. Asked to see GP if infection persists.

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

Clinic: **Weeks:**

Doctor's Signature:
Date:

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

Ward: WARD 41 - ACUTE MEDICAL UNIT **Discharge Date: 17/10/16**
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**
	NKDA	
Medication	**Held/Stopped in Hospital**	**Reason**

Medication on Discharge	Dose & Frequency	Route	Comments (Inc. Stop Date)	* Qty Supplied
FLUCLOXACILLIN	1 GM ORAL QDS	O	TILL AND INCLUDING 23/10/16 (NEW)	52 x 500mg
REFACTO	2000 UNIT IV	IV	MON, WED, FRI	PODH

Controlled Drugs Required on Discharge Y ☐ N ☒ **(Prescriber to complete ALL sections)**

Drug Name NB. Prescribe by brand e.g. Longtec, MST	Form e.g. tablets, capsules, patch, injection	Route e.g. oral, transdermal, subcutaneous	Strength	Dose & Frequency	Total amount required in FIGURES	Total amount required in WORDS	PHARMACY ONLY Quantity Supplied

Delete any unused lines. If a dose is prescribed which can only be met by two different strengths then the total quantity (words and figures) of each strength must be specified.
***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 ☐ Not Applicable ☐	
LTOT ☐ Ambulatory ☐ Short Burst ☐	Flow Rate :	Device:	Prescription changed this admission ☐
Target SpO2:	Ambulatory flow Rate:	Cylinder ☐ Concentrator ☐	Follow up with RNS ☐ Cc letter to RNS ☐
Comments :			

Prescriber's Designation:	SPR		J GRIFFITHS/D DEVLIN 17/10/16
Prescriber's Name:	Amian Bhattacharya	Labelled by:	
Prescriber's Signature:		Dispensed by/Date:	
Date:	17/10/16	Final Check:	

This patient may be suitable for repeat dispensing? Not applicable

Completed and Verified by: ***Dr Siddhesh Prabhavalkar***
Consultant in Acute Medicine

Consultant's Signature: GRO-C
NAME IN BLOCK CAPITALS: ***SIDDHESH PRABHAVALKAR***

DISCHARGE CONTROLLED DRUGS	DISCHARGE CONTROLLED DRUGS
DATE ISSUED:	DATE:
ISSUED BY SIGNED:	ISSUED TO PATIENT BY:
DELIVERED BY SIGNED:	

PRINT NAME:	PATIENT/CARER SIGNATURE: .....
RECEIVED BY SIGNED:	