GRO-B SF GRO-B 1960 61 Yrs Male Prof Michael P Eddleston CHI: GRO-B GRO-B

Date & Time Created	Full Notes	Type / Specialty / Care Provider	Date & Time Updated	Last Update User	Edit	Edit History
29/06/2021 00:49	Written in retrospect Fentanyl patch 12micrograms has picked by daughter GRO-B in AMU. Patient has discharged already before we start the night shift.	Progress Notes General Medicine Nurse	29/06/2021 00:49	Melissa Cruz		Edit History
28/06/2021 15:41	Palliative care Met SF for the first time today. He is sitting up at edge of bed, bright and chatty, he tells me he is more comfortable following the increased PRN Oramorph. His pain is predominantly in his left shoulder.Using Lidocaine plaster, Fentanyl patch 50mcg/hr, MST 5mgs BD and Oramorph increased from 5mgs to 10mgs. He has had 50mgs or Oramorph and feels his pain is improved. He was hoarse when speaking to him, tongue white and coated, altered taste. Impression: Oral candida/thrush. Soft tissue lump/mass on left clavicle- he says this has been present for a long time. Does not appear to be compressing. SF tells me he is seeing Dr Campbell regarding radiotherapy on Wednesday. He has no nausea/constipation. No side effects from opioids, although he has always had vivid dreams.Some ongoing fatigue. He still works although has been less hands on and involved in visiting sites to help with costings. I spoke about whether he is able to stop work, he said he will step back but is needing the money. He continues to drive. I spoke about his appointment on Friday with Dr Christie, he is aware there are no treatment options other than radiotherapy. He told me his daughters boyfriend had sought advice from orthopaedics about potential surgical options and they are seeking advice abroad. His wife joined and they were able to tell me about their plans to travel to thailand (where she is from) as there may be surgical options for his rib mets. Currently medics are reviewing scans there. I explained that I felt in view of his advanced disease, ascites, pleural effusions and liver mets he is unlikley to lengthen his life with surgery for his bone disease- which is their goal. His wife was clear that she would like to pursue ANY avenue as she is not willing to accept no treatment options. He did not want to talk about prognosis, but I was able to tell him that with progressive disease, should he have surgery, recovery from this would leave little time or quality of life	Specialty Review Palliative Care Prof Michael P Eddleston	28/06/2021 16:15	Edel O'Brien		Edit History