

Since his OD on 4/1/17 c/o CCP mainly after eating but also at other times.
PMH: nil
NKDA
Examination: ALert GCS 15/15
HR 102
SAO2 98%
Temp 36.6
RR 20
119 / 73mmHg
Investigation: ECG at nurse base

31 Jan 2017 22:22	Surgery: STAPYLTON, Felicity (Nurse Access Role) @ Urgent Care Centre Crawley SCFT
Triage category set to: 4 Standard	
31 Jan 2017 23:06	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT

c/o: chest pain
burning sensation with eating food
History: see hx as per triage
Examination: Alert, OBS stable, chest clear, CVS examined - NAD (2415.)ECG nil acute, Abdomen examined - NAD (2516.)
Diagnosis: Indigestion (1954.)
Treatment: reassurance given
discussed happy to try the oral meds
if any concern come back or see own GP.
Omeprazole 20mg gastro-resistant tablets - 28 tablet - take one daily
FP10: Printed On Tue 31 Jan 2017 23:27 By Dr Muhammad Shah

31 Jan 2017 23:31	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT
31 Jan 2017 23:31	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT

MIU Discharge Letter to Dr Ian Anderson

31 Jan 2017 23:31	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT
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Status Update for Referral In: Discharged From Care

05 Feb 2017 13:03	Surgery: KRAWCZYK, Krysia (Ms) (Receptionist Access Role) @ Urgent Care Centre Crawley SCFT
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Acrobat Document: kk ecg.pdf

01 Mar 2017 13:29	Surgery: OWENS, Eavan (Healthcare Assistant)
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Address Changed From: 'Brook House, Perimeter Road South, London Gatwick Airport, Gatwick RH6 0PQ'
Current Home Address: DPA

01 Mar 2017 13:29	Surgery: OWENS, Eavan (Healthcare Assistant)
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History: New admission from DPA area. States he has been diagnosed with PTSD as a result of being a victim torture in Sri Lanka when he was 16/17 (school age). Polite but reluctant to divulge details of torture. Experiences flashbacks, especially at night in the dark. Previously detained at Brook House 2 years ago. States he was prescribed mirtazapine 45mg by Saxon Brook GP after release. Since his release he has overdosed twice on medication. See notes from Crawley Urgent treatment centre. ACDT opened due to increased risk of self-harm. Hourly observations initially. NOT FOR IP MEDICATION. No known allergies.
Plan: Referred to doctors new arrival clinic this afternoon, appointment slip given. Referred to mental health team. ACDT to be reviewed.
Born in Sri Lanka (XaG5B)
Health information received from outside source (YX002)
Speaks English well (13Z67)
Fit to attend gym (XaKkp)
Main spoken language Tamil (XaG69)
Has no outstanding hospital/ Doctors appointments (Y07f8)
[V]Victim of torture (XaLQe) - States was a victim of torture in Sri Lanka when he was 16/17 (school age). States regular flashbacks. Did not wish to elaborate at this time.
Not disabled (Y3416)
Observation of appearance of skin (Ua1c1) - Skin appears hydrated
H/O: chickenpox (141A.)
Health related observations about the prisoners physical appearance (YX010) - No physical health concerns on admission

02 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 02 Mar 2017 09:32
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General Letter to Unknown

02 Mar 2017 09:41	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)
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History: missed arrivals clin yesterday

Plan: rebooked app for today

02 Mar 2017 11:10	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: ACDT review

Examination: Seen on wing for review.

Presents as anxious and vulnerable.

Still has his tag on.

Requesting medication.

Has both GP and mental health appointment.

Plan: Observation levels decreased to 3 hourly daytime and hourly at night with 2 conversations a day.

02 Mar 2017 15:18	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: Dr Belda

Examination: Seen with RMN and Beverly Baldwin, deputy director for adult services at SPFT.

He came to Brook House yesterday from his guardians' home in [DPA] where he was detained. He had an appointment to report consistent with his immigration bail conditions and had to default it because he was physically ill. His solicitor arranged for another appointment which was arranged for the 13th of March, but it was not registered with the HO and hence he was detained and brought here. He explained that he was here 2 years ago and he was released under Rule 35 and with a tag (The officers who detained him did not believe that the tag had been put in by immigration and believed that it was a police tag).

[D801]

came to the UK and was detained to Brook House in 2015. He was born and grew up in Sri Lanka.

When he was at school he was forced to "work" for the Tamil Tigers and at the age of 16 he was found out and detained twice. The 1st time he was detained it was only for 2 days but the second time was for 6 months and he was severely tortured.

He is experiencing flashbacks, overwhelming anxiety and high emotional arousal, insomnia, nightmares and severely low startled reaction. He has also experienced psychogenic fugues (on one occasion he was supposed to go to the report centre in [DPA] but he ended up waking up 3 days later at [Sensitive/irrelevant] hospital; he went to [DPA] and was found by the police in the middle of the road, but he does not remember how it happened).

He is residing in [DPA] with his guardians but they have small children and he was waking them up by shouting through the night. He was told to sleep in a summer house in the garden. He reports that he is so scared to go to the house at night time to use the toilet that he is urinating in his bed. (But it could be the case that he is urine incontinent due to the nightmares).

He is under the mental health services and was assessed by Dr Khan who diagnosed him with PTSD. After having been supported at Ildfield for a while he was transferred to the MHLP at Saxonbrook Surgery.

He is on Mirtazapine 45mg nocte (also on Sertraline ?dose).

He has had 2 suicide attempts (he tried to disguise the intentions and did not admit that he took 2 overdoses with suicidal intention; he was admitted to ESH and received treatment).

He is currently very distressed.

Diagnosis: PTSD F43.1

Plan: Section 48 to transfer to LGH.

Mirtazapine 45mg

In the meantime a request has been made to transfer to E Wing.

02 Mar 2017 15:29	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)
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History: Pt was on mirtazapine 45mg, advised to continue, prescribed not in possession. Not suicidal, but having depression. Continue mirtazapine and review if not improving.

Mirtazapine 45mg orodispersible tablets - 28 tablets - 1 tablet - admin times: 19:45 (Oral)

Custom script: Printed On Thu 02 Mar 2017 15:32 By Dr Saeed Chaudhary

02 Mar 2017 21:46	Surgery: SIHLALI, Grace (Staff Nurse)
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02 Mar 2017 21:46	Surgery: SIHLALI, Grace (Staff Nurse)
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Tue 04 Apr 2017 13:50
Confidential: Personal Data

[D801]

(8253250)

[DPA]

06 Mar 2017 22:05	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
06 Mar 2017 22:05	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
07 Mar 2017 11:38	Surgery: DOWD, Daliah (Mental Health Nurse)

History: **D801** was visited this afternoon by a mental health team (2 staff nurses) from **Sensitive/Irrelevant** Hospital, said a report will follow after their team discussion. **D801** was very anxious at the time of visit, he managed to talk, but **D801** had to be encouraged and reassured before he could engage.

07 Mar 2017 19:41	Surgery: DOWD, Daliah (Mental Health Nurse)
07 Mar 2017 21:44	Surgery: SIHLALI, Grace (Staff Nurse)
07 Mar 2017 21:44	Surgery: SIHLALI, Grace (Staff Nurse)
08 Mar 2017 08:32	Surgery: LITTLE, Ray (Staff Nurse)
08 Mar 2017 17:24	Surgery: NEWLANDS, James (Mr) (Staff Nurse)

History: RMN

Examination: Seen on E wing this afternoon, very quiet and anxious on approach however managed to settle down and relax after a few minutes of speaking with him.

Continued reassurance needed that he is safe here.

Plan: RMN review again tomorrow.

08 Mar 2017 22:23	Surgery: SIHLALI, Grace (Staff Nurse)
08 Mar 2017 22:23	Surgery: SIHLALI, Grace (Staff Nurse)
09 Mar 2017 15:43	Surgery: NEWLANDS, James (Mr) (Staff Nurse)

History: Dr Belda

Examination: Seen with RMN at E Wing. He was placed under Section 48 (emergency transfer) last week (02/03/2017). It was decided in light of the level of distress he is feeling and the risk level. He had taken 2 overdoses with suicidal intention (which he had played down) and did not ask for help, in the recent months. It was felt that it should have been more appropriate that he would be in a hospital environment than at Brook House. He was referred to the LGH team once the Section 48 was completed and he was transferred to E Wing. It was thought that he would feel more comfortable in a less stimulating environment. He has been assessed by 2 staff nurses from LGH who have deemed him to be unsuitable for an inpatient admission.

Today he presents as very upset and very anxious. He did not establish any eye contact. **D801** said that last night he could not sleep and that he felt desperate. He resorted to self-harm scratching his arm.

He did not deny feeling ashamed in front of people due to the kind of abuse and torture treatment he got when he was detained. He had described symptoms of PTSD arising from the torture he experienced. He says that he cannot talk about his trauma and hence he does not see the point in talking to therapists about it.

In terms of risk there is potential risk for self-harm, and he has denied being suicidal.

Diagnosis: PTSD

Plan: As his transfer to LGH has been refused by the LGH assessing team, there is no longer a role for the Section 48. Hence his Section 48 is no longer active.

I am adding **Sensitive/Irrelevant** nocte to his current medication as it could enhance the effect of the **Sensitive/Irrelevant** and will help him asleep.

He will be offered RMN sessions and I will review next week.

09 Mar 2017 16:22	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)
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History: called by Nurse, advised psych would like pt to start **Sensitive/Irrelevant** started now and issued. For review by psych next week.

Sensitive/Irrelevant tablets - 28 tablets - 1 tablet - admin times: 19:45 (Oral)

Stopped 03 Apr 2017 End of course by CHAUDHARY, Saeed (Dr)

Custom script: Printed On Thu 09 Mar 2017 16:25 By Dr Saeed Chaudhary

09 Mar 2017 22:06	Surgery: MAKUCKA, Mariola (Staff Nurse)
09 Mar 2017 22:07	Surgery: MAKUCKA, Mariola (Staff Nurse)
09 Mar 2017 22:07	Surgery: MAKUCKA, Mariola (Staff Nurse)
10 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role) Entered: 21 Mar 2017 16:00

General Letter to Unknown

10 Mar 2017 03:07	Surgery: MAKUCKA, Mariola (Staff Nurse)
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History: Back pain (XM1GI)

Plan: 2x Paracetamol given by officer 05/03/17 at 20.08

10 Mar 2017 19:16	Surgery: DOWD, Daliah (Mental Health Nurse)
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History: ACDT review attended by J. Beggs and D. Dowd. **D801** was very anxious when seen for his review. Said he was seen by Medical Justice this morning, but said the assessment was all over the place, there

Tue 04 Apr 2017 13:50

Confidential: Personal Data

D801 (8253250)

DPA

13 Mar 2017 22:09	Surgery: SIHLALI, Grace (Staff Nurse)
13 Mar 2017 22:09	Surgery: SIHLALI, Grace (Staff Nurse)
14 Mar 2017 09:41	Surgery: NEWLANDS, James (Mr) (Staff Nurse)

History: ACDT review

Examination: Seen this morning on E wing with DCM Shane Farrell and DCO Gary

Appeared more settled and relaxed than he was the last day I spoke with him. Informed me that he feels the medication he is being prescribed at the moment is helping him and although there are times he feels anxious and scared he stated that he is able to cope better. Still prefers to stay in his room on his own as he feels this is a safe place for him.

It was reported by the wing officers that he is eating and drinking on a regular basis.

Denies any thoughts of self harm at the moment and has agreed to speak with an officer should any of these thoughts return.

Plan: 1; Remain on an open ACDT however observation levels have been reduced to 1 every 2 hours.

2; Follow up appointment with the psychiatrist has been arranged for 16/03/2016. Another ACDT review will be done after this appointment.

3; Continue with daily RMN support.

14 Mar 2017 21:59	Surgery: SIHLALI, Grace (Staff Nurse)
14 Mar 2017 21:59	Surgery: SIHLALI, Grace (Staff Nurse)
14 Mar 2017 21:59	Surgery: SIHLALI, Grace (Staff Nurse)
15 Mar 2017 09:55	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: RMN

Examination: Seen on wing.

Was in bed asleep on approach.

States he is sleeping better since his medication was reviewed but his general mood remains static.

Appears guarded and uneasy about engaging with mental health team. Stating he does not require input at this time.

However will continue to monitor on a regular basis

Plan: Continue to monitor.

For review with Psychiatrist on 16/3/17

15 Mar 2017 21:48	Surgery: SIHLALI, Grace (Staff Nurse)
15 Mar 2017 21:48	Surgery: SIHLALI, Grace (Staff Nurse)
15 Mar 2017 21:48	Surgery: SIHLALI, Grace (Staff Nurse)
16 Mar 2017 15:22	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)

History: ACDT review

Examination: Seen on wing with DCM D. Robinson.

Presents as less anxious and willing to engage.

States he feels safe in his room but was encouraged to spend time in communal areas.

Watches TV and there is evidence that he has been writing.

States he is sleeping better.

Hurt his knee this morning when bending down to put his shoes on.

Advised to see GP when he visits tomorrow but to take Paracetamol regularly until then for pain relief.

Eating well.

Continues to have thoughts of self harm.

Plan: Continue on same observation regime.

17 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 20 Mar 2017 10:19
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Prescription or Medication details to Unknown

17 Mar 2017 09:23	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)
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History: knee pain on the left knee, no redness or swelling, able to bend and pain a bit better. No hx of trauma.

Advised to do stretches and also to take ibuprofen for a few days. Review in a few days.

Ibuprofen 200mg tablets - 16 tablets - 1-2 tablet - admin times: 08:30, 13:30, 19:45 (Oral)

Custom script: Printed On Fri 17 Mar 2017 09:27 By Dr Saeed Chaudhary

17 Mar 2017 16:02	Surgery: DOWD, Daliah (Mental Health Nurse)
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History: Dr Belda

Examination: Seen at E Wing with RMN. He is sleeping better and eating well, but keeping himself to himself in the room. **D801** acknowledges that there has been an improvement, but he still feels very anxious and would like to be released back to his guardians' house. When asked he denied any intentions of self-harm.

He denied any side effects from his medication.

Diagnosis: PTSD

Plan: This is a less than ideal placement for him as he needs intensive trauma therapy. Ideally he should be bailed and receive psychological therapy in the community.

17 Mar 2017 22:32	Surgery: O'DOHERTY, Lyn (Staff Nurse)
17 Mar 2017 22:32	Surgery: O'DOHERTY, Lyn (Staff Nurse)

Tue 04 Apr 2017 13:50

Confidential: Personal Data

D801

(8253250)

DPA

17 Mar 2017 22:32	Surgery: O'DOHERTY, Lyn (Staff Nurse)
17 Mar 2017 22:32	Surgery: O'DOHERTY, Lyn (Staff Nurse)
19 Mar 2017 03:15	Surgery: WATTS, June (Staff Nurse)

Examination: Written in retrospect

Went to give detainee his night meds at 00.30Hr and when his door was opened by staff we saw a ligature around his neck which was removed by staff.

Used a shoe lace which were taken from his room and plastic knives.

Observations

Had a small line mark at the back of his neck but no obvious marks to the front of his neck/throat.

Was sitting on the side of the bed.

No obvious swelling noted

No Difficulty in breathing noted

Now on constant watch.

19 Mar 2017 09:11	Surgery: DOWD, Daliah (Mental Health Nurse)
19 Mar 2017 09:11	Surgery: DOWD, Daliah (Mental Health Nurse)
19 Mar 2017 12:06	Surgery: DOWD, Daliah (Mental Health Nurse)

History: Saw **D801** this morning on E wing Room 04. He was placed on Constant Supervision after a ligature was found around his neck last night. Refused his prescribed medication (Ibuprofen), was informed that breakfast was being served, but refused. Said he did not need anything to eat. he also refused RMN support, said he want to be left alone, asked for the door to be locked so that he could get some sleep.

Was informed that the officer was there to promote his safety and advised to inform speak to the officer or request to see me if he finds it hard to cope at anytime

19 Mar 2017 19:06	Surgery: DOWD, Daliah (Mental Health Nurse)
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History: ACDT REVIEW.

Seen on E wing for his ACDT review with J. Williams and DCM's was slightly anxious during his review, guarded when he was questioned about his current thoughts. He states that last night was difficult night for him, further reports that he contacted the officers 3 times last night and asked for his medication, but did not get same at the time it was requested. He was informed that the nurse was busy attending to an emergency at the time has called.

Was asked why he put the ligature around his neck, says he cannot help himself sometimes, but "I am OK now".

Did not have breakfast, but confirm she would be having the rest of his meal. There was no active suicidal thoughts or self harm ideation thought reported. Said he struggled mostly at night. reassurance and support was given.

Plan: Hourly observation during the day.

Constant Supervision at night.

19 Mar 2017 22:03	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
19 Mar 2017 22:03	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
19 Mar 2017 22:03	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
19 Mar 2017 22:03	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	
20 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 21 Mar 2017 08:07

General Letter to Unknown

20 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 21 Mar 2017 10:31
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printed notes for medical visit

20 Mar 2017 13:12	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: ACDT review

Examination: Seen on wing with DCM S Webb.

States he is Ok however failed to mention his attempted self harm.

When questioned about this he stated it was because his medication was late.

It was pointed out to him that this may happen at times.

Explored coping mechanisms but could not identify how he would cope the next time this happens.

could not state that it would not happen again.

RMN to discuss.

Plan: Observation levels to remain in place.

20 Mar 2017 13:17	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Spoke after review and discussed the use of rubber bands for the relief of stress.

Showed how to use.

Discussed his reasons for self harm and other coping mechanisms.

he feels safe in this environment and finds the fear of moving overwhelming at times.

Plan: Continue with both RMN and Psychiatric support.

20 Mar 2017 22:24	Surgery: SIHLALI, Grace (Staff Nurse)
20 Mar 2017 22:24	Surgery: SIHLALI, Grace (Staff Nurse)
20 Mar 2017 22:24	Surgery: SIHLALI, Grace (Staff Nurse)

Tue 04 Apr 2017 13:50

Confidential: Personal Data

D801 (8253250)

DPA