

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
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Triage category set to: 4 Standard

31 Jan 2017 23:06	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT
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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
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31 Jan 2017 23:31	Surgery: SHAH, Muhammad (Dr) (Clinical Practitioner Access Role) @ Urgent Care Centre Crawley SCFT
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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

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D801

(8253250)

DPA

DPA

Reasons for prisoner to see the doctor (YX025) - Prescribed mirtazapine 45mg
 At risk state (Xa1qc) 6 - 1. patient has self-administered their prescribed medication in the community or another prison?: Yes
 2. The patient has understood and signed the IP medication compact?: Yes
 3. Has patient any learning disabilities, problems with reading labels or language difficulties?: No
 4. There is known history of medication related incidents e.g. trading, bullying, overdosing, non compliance, in the last 12 months recorded on the clinical IT system: Yes
 5. The patients has an open ACCT document or had one closed within the past four weeks?: Yes
 6. Is the patient confused or disorientated?: No
 7. Has the patient had a recent change in prison status (e.g. recently sentenced) or a recent life event?: No
 8. Is the patient under care of In reach or in the process of being referred?: No

Major: Not suitable for in-possession medication (XaYM6)

Interpreter not needed (Xa18Y)

No known allergies (1151.)

Not suitable for in-possession medication (XaYM6)

Seen by health professional (XaBfx) - E Owens

Sexual orientation not given - patient refused (XaWSA)

Prisoner has been in prison before (YX004) - Previously detained at Brook House

Adult male (Y3072)

Self medication assessment - high risk (Xalnj)

Medical/psychiatric report not required: no (Y09cb)

Fit for normal location, work and any cell occupancy (YX035)

Prison first reception health assessment completed (XaYXV)

O/E - **Sensitive/Irrelevant**

Referral for mental health assessment (XaLNF)

Does not misuse drugs (Ub0mq)

Refer to doctor at prisoners request (YX030)

O/E - **Sensitive/Irrelevant**

Educated at mainstream school (Ua0SC)

Second Reception Screening (Y0da6)

Able to write (XaAzO)

Able to tell the time (Xa3BE)

Able to read (XaBme)

Has not received medication for mental health problems (Y08e6)

Prisoner has not received treatment from a psychiatrist outside prison: no (Y09ce)

Prisoner has a psychiatric nurse or care worker in the community : no (Y09d1)

Prisoner has not tried to harm themselves (in prison) (Y09f9)

Prisoner has not tried to harm themselves (outside prison) (Y09fa)

Emotional state observations (Ua16B) - States suffers from PTSD as a result of torture in Sri Lanka. States prescribed mirtazapine 45mg in community.

Never smoked tobacco (XE0oh)

Prisoners alcohol intake week before custody (YX013) 0 Units / Week

No thoughts of deliberate self harm (Xaluw) - Two instances of over dosing on medication in last few months. No current means to overdose at present. ACDT opened. Hourly observations initially.

Has not stayed in a psychiatric hospital (Y08e2)

No suicidal thoughts (XaIJ7)

Referral to **D801**

Mobile telephone number: **DPA**

Medication In Possession Status: Not in possession

Not suitable for in-possession medication (XaYM6)

01 Mar 2017 13:29	Surgery: OWENS, Eavan (Healthcare Assistant)
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SystmOne Outgoing Record Sharing consent changed to: No

01 Mar 2017 15:55	Brook House - Healthcare, Surgery: DOCTOR, Brook House	Entered: 01 Mar 2017 16:25
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Did not attend for Arrivals Clinic appointment with Brook House Doctor

Did not attend (Xa1kG)

Reminder/Alert: Did not attend for Arrivals Clinic appointment with Brook House Doctor.

Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal

02 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 06 Mar 2017 09:12
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Prescription or Medication details to Unknown

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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 3hourly 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/relavent] 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 Ifield 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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03 Mar 2017 13:50	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Seen first thing on the wing this morning, however was just waking up.

Returned after lunch but with immigration.

Will try again later.

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

Examination: Informed that Langley green hospital will be coming to assess **D801** on Tuesday at 12 noon.

03 Mar 2017 17:14	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)
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History: RMN

Examination: Seen on wing. concerned that he had a slight nose bleed in the night.

Showed a small amount of watery blood on a towel that was covering his pillow. Advised to see doctor tomorrow if this continues.

Continues to present as anxious and timid.

Was asked how he felt regarding his section. Not sure if this is a good thing or not.

No thoughts of self harm or suicidal ideation.

Plan: Continue to monitor closely.

03 Mar 2017 22:03	Surgery: MAKUCKA, Mariola (Staff Nurse)	Entered: 03 Mar 2017 23:03
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03 Mar 2017 23:02	Surgery: MAKUCKA, Mariola (Staff Nurse)
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04 Mar 2017 11:09	Surgery: DOWD, Daliah (Mental Health Nurse)
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History: seen on E wing Rm 004 with D. Kellick for his ACDT review. Reports that he slept much better last night, said he slept for about 5 - 6 hrs and he is coping much better on E wing. **D801** states that he rather lay in bed and sleep than to sit in the communal area and watch television. Complains that he his nose was bleeding yesterday, a small spot of pale dry blood was seen on a towel that he used to cover his pillow. Was not complaining for headache cramps or numbness. Was advise to invite his family and friends with whom he is in contact to visit him

Confirms he ate breakfast and was watching television when seen. Did not appears anxious during his review,

Advised to speak to the doctor whenever he visits the wing this afternoon.

Angella (DCO) was asked to inform **D801** whenever when the doctor is on E wing. No suicidal thoughts or self harm ideation was reported.

Plan: 1 observation every 3 hrs.

04 Mar 2017 21:50	Surgery: MAKUCKA, Mariola (Staff Nurse)	Entered: 04 Mar 2017 22:30
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04 Mar 2017 22:30	Surgery: MAKUCKA, Mariola (Staff Nurse)
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04 Mar 2017 23:18	Surgery: MAKUCKA, Mariola (Staff Nurse)
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History: Stomach ache (XM03F)

Plan: 2x paracetamol given by officer at 15.00

05 Mar 2017 22:00	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)	Entered: 06 Mar 2017 00:12
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06 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 06 Mar 2017 13:09
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General Letter to Unknown

06 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 06 Mar 2017 13:10
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General Letter to Unknown

06 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 06 Mar 2017 08:25
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General Letter to Unknown

06 Mar 2017	Surgery: BOWERS, Pamela (Ms) (Admin/Clinical Support Access Role)	Entered: 06 Mar 2017 08:25
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single room allocation

06 Mar 2017 00:11	Surgery: MORLEY, Melissa (Miss) (Staff Nurse)
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06 Mar 2017 19:37	Surgery: DOWD, Daliah (Mental Health Nurse)
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History: Came to the talking therapy room With Wing officer Charlie with an appointment slip which states that he has an appointment this afternoon. He was seen although his name wasn't in the diary. Very anxious and reluctant to speak at the initial stage of the session. However, he was able to do so following the breathing exercise that was given.

He briefly talked about his experience of torture, before he said he cannot talk about his ordeal "I cannot go there. Became settled with the breathing exercises and relaxation techniques that was given, before he return to the wing.

Was reassured that he is in a safe environment.

Plan: RMN Support daily

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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 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 been suicidal.

Diagnosis: PTSD

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

I am adding Olanzapine 5mg nocte to his current medication as it could enhance the effect of the Mirtazapine 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 olanzapine, started now and issued. For review by psych next week.

Olanzapine 5mg 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

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D801 (8253250)
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was a note written by medical justice which states that they will be contacting his solicitor urgently, also that they will be coming to complete his assessment. Confirms that the taught of suicide and self harm ideation always comes and goes. Several superficial cuts was seen on his hands, declined to speak when questioned about them, said don't go there "I don't want to talk about it".

Was laying in bed watching television when seen, he was encouraged to leave his room even for a short while. Said his prescribed medication is helping his to sleep and he is eating and drinking. Support and reassurance given.

To remain on ACDT

Plan: 2 obs every hour during the day.

HOURLY OBS at night.

10 Mar 2017 21:25	Surgery: MAKUCKA, Mariola (Staff Nurse)	Entered: 11 Mar 2017 07:26
11 Mar 2017 07:14	Surgery: MAKUCKA, Mariola (Staff Nurse)	
11 Mar 2017 17:35	Surgery: NEWLANDS, James (Mr) (Staff Nurse)	

History: RMN support

Examination: Seen on E wing this afternoon, he was in his room lying on his bed watching television.

He did appear to be more settled in mood than he was the last day I spoke with him and he told me that he thinks the medication prescribed is starting to help him. However he did appear anxious at times wringing his hands when I asked him questions about having any further thoughts of self harm or cutting himself. He appeared embarrassed and guarded with his reply and tried to divert from this subject saying that he was okay.

He also mentioned that he had been seen by medical justice yesterday but felt it did not go well, however did not want to go into detail with me about why this happened.

Plan: 1; To remain on an open ACDT with no change to his present levels of observation.

2; I have advised wing staff that it may be beneficial for his plastic cutlery to be removed from his room when he has finished eating as this may cut down the risk of self harm.

3; Continue to monitor the progress of his new medication regime.

4; I have spoken with Michelle Brown Duty Director regarding the possibility of him being transferred to the Verne IRC tomorrow and that I did not think at the moment this would be suitable as the detainee has started treatment here and is due to be reviewed by Dr. Belda (psychiatrist) again on 16/03/2017.

5; Continue with daily RMN support.

11 Mar 2017 21:18	Surgery: MAKUCKA, Mariola (Staff Nurse)	
11 Mar 2017 21:18	Surgery: MAKUCKA, Mariola (Staff Nurse)	Entered: 11 Mar 2017 21:57
11 Mar 2017 21:18	Surgery: MAKUCKA, Mariola (Staff Nurse)	Entered: 11 Mar 2017 21:57
11 Mar 2017 22:05	Surgery: WADE, Katherine (Miss) (Healthcare Assistant)	

Clinical Letter to **D801**

12 Mar 2017 18:57	Surgery: DOWD, Daliah (Mental Health Nurse)	
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History: Attends his ACDT review inside the office on E wing with D. Farrell and myself. Said his prescribed medication is helping his, confirmed he slept well last night. Still reluctant to answer questions regarding his thought. Said "don't go there" I don't want to talk about that". easily frighten when anyone goes close to him, slightly anxious during his review, but no as when he was seen in his review couple days ago.. Was encouraged to leave his room at times for short periods. Was told that I would return to see him, but said he is fine at the moment, No issue re his diet reported, confirmed he is eating and drink well. Saw him collect his breakfast this morning.

Advise to come to the office to speak with an officer or request to speak with RMN whenever he need to talk or feel lonely. D. Farrell was informed that **D801** should not be transfer today by RMN yesterday and today because he is to be seen by Psychiatrist for his review and he has just started his medication.

No suicidal thought or self harm ideation was reported

Plan: Hourly observation with 3 conversation daily

12 Mar 2017 22:01	Surgery: SIHLALI, Grace (Staff Nurse)	
12 Mar 2017 22:01	Surgery: SIHLALI, Grace (Staff Nurse)	
12 Mar 2017 22:01	Surgery: SIHLALI, Grace (Staff Nurse)	
13 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 13 Mar 2017 10:24

General Letter to Unknown

13 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 14 Mar 2017 10:29
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13 Mar 2017 19:31	Surgery: DOWD, Daliah (Mental Health Nurse)	
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History: Saw **D801** earlier on E wing this morning, he was laying awake in bed and appears calm and settled in his mental state. did not appears anxious at the time he was seen. Said he was fine, got out of bed and collected his breakfast after he was told that breakfast was ready. Said he slept well last night, there was not issue or concern raised.

Plan: RMN review to continue.

13 Mar 2017 22:09	Surgery: SIHLALI, Grace (Staff Nurse)	
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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)

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D801

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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 wanted 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

21 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 22 Mar 2017 07:48
General Letter to Medical Justice		

21 Mar 2017 17:01	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	
notes printed for solicitor 21/3/17 cheque to follow		

21 Mar 2017 21:40	Surgery: SIHLALI, Grace (Staff Nurse)	
21 Mar 2017 21:40	Surgery: SIHLALI, Grace (Staff Nurse)	
21 Mar 2017 21:40	Surgery: SIHLALI, Grace (Staff Nurse)	
22 Mar 2017 13:13	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	

History: ACDT review

Examination: Seen on wing with DCM Conway.

Presents as a little more positive but still needs to be encouraged to spend time out of his room.

Continues to be in contact with friends via the phone.

Plan: Observation levels decreased to half hourly at night and every 2 hours during the day with 1 conversation.

23 Mar 2017 09:37	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)	
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History: Knee pain not improved in left knee difficult to bend, mentions has been exercising and also taking ibuprofen. Advised xray then review.

23 Mar 2017 16:10	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
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History: Dr Belda

Examination: Seen with RMN. I have been informed that over the weekend he put a ligature around his neck, but the following day he did not want to talk about it. Today he said that it was due to believing that his medication had been stopped because it was not brought to him on time and he saw that the nurses had brought medication to others and not to him, but he denied any current intentions of self-harm.

D801

cannot bring himself to talk about the trauma that he was victim of although he is aware that trauma therapy is the only way forward.

He has been in contact with his solicitor but has not news about bail.

Diagnosis: PTSD

Plan: EMDR plus trauma therapy are evidence based interventions for the treatment of his condition but they cannot be applied at Brook House. He will continue to have regular sessions with RMN.

24 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 24 Mar 2017 08:13
General Letter to Unknown		

24 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 24 Mar 2017 08:36
escort route order Monday 27 March 2017, walk in X-ray		

24 Mar 2017 21:57	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)	
24 Mar 2017 21:57	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)	
24 Mar 2017 21:57	Surgery: BATCHELOR, Donna (Miss) (Staff Nurse)	
26 Mar 2017 18:43	Surgery: DOWD, Daliah (Mental Health Nurse)	

History: Saw **D801** on E wing this morning. Said complains for pain in his foot and was walking with a limp. He was advised to speak with the doctor about same whenever he visits the wing during today. Confirm that his assessment with medical justice has completed. Slightly anxious when seen, reassurance was given.

26 Mar 2017 22:05	Surgery: SIHLALI, Grace (Staff Nurse)	
26 Mar 2017 22:05	Surgery: SIHLALI, Grace (Staff Nurse)	
26 Mar 2017 22:05	Surgery: SIHLALI, Grace (Staff Nurse)	
27 Mar 2017 13:20	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	

History: ACDT review

Examination: Seen on wing with DCM S Farrell.

Went to hospital to knee examined. Awaiting results.

Needs to be encouraged to spend more time out of his room.

Superficially engages with staff but pleasant and polite.

States he does not have any thoughts of self harm.

Plan: Observation levels reduced to 3hourly during the day and 2 hourly at night, with 2 conversations a day.

Review on 30/3/17

27 Mar 2017 22:16	Surgery: SIHLALI, Grace (Staff Nurse)	
27 Mar 2017 22:16	Surgery: SIHLALI, Grace (Staff Nurse)	
27 Mar 2017 22:16	Surgery: SIHLALI, Grace (Staff Nurse)	
28 Mar 2017 13:30	Brook House - Healthcare, Surgery: DOCTOR, Brook House	Entered: 29 Mar 2017 04:23

Did not attend for GP1 appointment with Brook House Doctor

Did not attend (Xa1kG)

Reminder/Alert: Did not attend for GP1 appointment with Brook House Doctor.

Tue 04 Apr 2017 13:50
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D801

(8253250)

DPA

Printed by BOWERS, Mary

Gatwick Immigration Removal Centre

15 of 55

Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal

28 Mar 2017 21:37	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
28 Mar 2017 21:37	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
28 Mar 2017 21:37	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
29 Mar 2017 22:38	Surgery: SIHLALI, Grace (Staff Nurse)	
29 Mar 2017 22:38	Surgery: SIHLALI, Grace (Staff Nurse)	
29 Mar 2017 22:38	Surgery: SIHLALI, Grace (Staff Nurse)	
30 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 03 Apr 2017 09:52

Prescription or Medication details to Unknown

30 Mar 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 03 Apr 2017 09:55
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Prescription or Medication details to Unknown

30 Mar 2017 09:38	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)	
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Mirtazapine 45mg orodispersible tablets - 28 tablets - 1 tablet - admin times: 19:45 (Oral)

Stopped 04 Apr 2017 Sentence Ended by BOWERS, Mary

Custom script: Printed On Thu 30 Mar 2017 09:38 By Dr Saeed Chaudhary

30 Mar 2017 15:42	Surgery: DOWD, Daliah (Mental Health Nurse)	
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History: Dr Belda

Examination: Seen at E Wing with RMN and Officer. No changes in clinical presentation from last week. Still feeling very anxious making very poor eye contact. Reporting no subjective changes. Today he could hardly spoke, maybe because there were 3 of us in the room.

He has been see by Dr Iona Steen (no psychiatric qualifications) from Medical Justice who has stated that he suffers from a psychotic disorder. I disagree as this patient does not present with any psychotic symptoms. She has written an accurate risk assessment in terms of self-harm and suicide.

He has reported nocturnal nose bleeds and the officer has encouraged him to report it to staff if it happens again.

Diagnosis: Severe PTSD

Plan: **D801** needs specific trauma therapy which cannot be provided within Brook House. I completed a section 48 transfer to Langley Green but when he was assessed by Langley Green staff deemed him to unsuitable for them. He is not fit to be at Brook House either as he cannot receive appropriate treatment.

He should be released on health grounds but it depends upon the HO. His solicitor is aware of the situation.

30 Mar 2017 21:40	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
30 Mar 2017 21:40	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
30 Mar 2017 21:40	Surgery: WINGERT, Janina (Mrs) (Staff Nurse)	
31 Mar 2017 21:35	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
31 Mar 2017 21:36	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
31 Mar 2017 21:36	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
31 Mar 2017 21:37	Surgery: O'DOHERTY, Lyn (Staff Nurse)	
01 Apr 2017 11:30	Tinsley House - Healthcare, Surgery: DOCTOR, Tinsley House	Entered: 01 Apr 2017 13:32

Did not attend for GP Appointments appointment with Tinsley House Doctor

Did not attend (Xa1kG)

Reminder/Alert: Did not attend for GP Appointments appointment with Tinsley House Doctor.

Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP. - Priority: Normal

01 Apr 2017 20:09	Surgery: DOWD, Daliah (Mental Health Nurse)	
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History: Supported Living Plan completed age given to D. Aldis (Oscar1)

01 Apr 2017 22:08	Surgery: SIHLALI, Grace (Staff Nurse)	
01 Apr 2017 22:08	Surgery: SIHLALI, Grace (Staff Nurse)	
01 Apr 2017 22:08	Surgery: SIHLALI, Grace (Staff Nurse)	
02 Apr 2017 06:41	Surgery: SIHLALI, Grace (Staff Nurse)	

History: no mirtazapine was left to be ordered some ago still noted not been ordered ,

Examination: Can m/o order please

02 Apr 2017 21:38	Surgery: SIHLALI, Grace (Staff Nurse)	
02 Apr 2017 21:39	Surgery: SIHLALI, Grace (Staff Nurse)	
02 Apr 2017 21:39	Surgery: SIHLALI, Grace (Staff Nurse)	
03 Apr 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 03 Apr 2017 14:14

General Letter to Unknown

03 Apr 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 03 Apr 2017 14:14
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Rule 35

Tue 04 Apr 2017 13:50
Confidential: Personal Data

D801

(8253250)

DPA

03 Apr 2017 08:08	Surgery: PARR, Emily (Miss) (Staff Nurse)	
	History: Above entry noted - E wing medication cupboard located 45MG mirtazapine tablets	
03 Apr 2017 09:35	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)	
	History: Patient not engaging, looking down, poor eye contact, withdrawn. Assessed and Rule 35 done for severe PTSD as per psychiatrist notes.	
	Clinical Letter to: D801	
03 Apr 2017 10:02	Surgery: CHAUDHARY, Saeed (Dr) (Doctor)	
	Olanzapine 5mg tablets - 28 tablets - 1 tablet - admin times: 19:45 (Oral)	
	Stopped 04 Apr 2017 Sentence Ended by BOWERS, Mary	
	Custom script: Printed On Mon 03 Apr 2017 10:06 By Dr Saeed Chaudhary	
03 Apr 2017 12:55	Surgery: CHURCHER, Karen (Mrs) (Mental Health Nurse)	
	History: RMN	
	Examination: Contact made with Sussex partnership community team - Charlie Freeman regarding impending release of D801	
	As requested by DR Belda.	
	Mr Freeman informed me that D801 is still an live case with thier team and he would notify Veronica, whom has taken over the case.	
	Veronica will make contact with D801 on discharge.	
	They are requesting information regarding medication on discharge to be emailed to the team.	
04 Apr 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 04 Apr 2017 11:45
	General Letter to Gatwick Immigration Removal Centre	
04 Apr 2017	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	Entered: 04 Apr 2017 11:45
	rule 35 response	
04 Apr 2017 10:55	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	
04 Apr 2017 13:50	Surgery: BOWERS, Mary (Admin/Clinical Support Access Role)	
	notes printed and sent to solicitor	

Medication

A = Acute P = Private I = Instalment Dispensed D = Dental H = Hospital O = Other

23 May 2015	Promethazine hydrochloride 25mg tablets	1-2 nocte prn	14 tablet	A
31 Jan 2017	Omeprazole 20mg gastro-resistant tablets	take one daily	28 tablet	H
02 Mar 2017	Mirtazapine 45mg orodispersible tablets	1 tablet	28 tablets	A
09 Mar 2017	Olanzapine 5mg tablets	1 tablet	28 tablets	A
Ended early on 03 Apr 2017: End of course by CHAUDHARY, Saeed (Dr)				
17 Mar 2017	Ibuprofen 200mg tablets	1-2 tablet	16 tablets	A
30 Mar 2017	Mirtazapine 45mg orodispersible tablets	1 tablet	28 tablets	A
Ended early on 04 Apr 2017: Sentence Ended by BOWERS, Mary				
03 Apr 2017	Olanzapine 5mg tablets	1 tablet	28 tablets	A
Ended early on 04 Apr 2017: Sentence Ended by BOWERS, Mary				

Repeat Templates

No information recorded

Drug Sensitivities

No information recorded

Allergies

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

01 Mar 2017	No known allergies (1151.)		
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Problem Substances

No information recorded

Recalls

No information recorded

Tue 04 Apr 2017 13:50
Confidential: Personal Data

D801 (8253250)

DPA

Reminders

01 Apr 2017	Did not attend for GP Appointments appointment with Tinsley House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
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Expires 24 Jun 2017

28 Mar 2017	Did not attend for GP1 appointment with Brook House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
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Expires 21 Jun 2017

01 Mar 2017	Did not attend for Arrivals Clinic appointment with Brook House Doctor. Please inform the patient that if they cannot attend an appointment in the future they should inform staff so that it can be cancelled ASAP.	Normal Priority
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Expires 24 May 2017

Vaccinations

No information recorded

Summary

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

01 Mar 2017	Not suitable for in-possession medication (XaYM6)	MS
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Pathology Results

No information recorded

Active Problem: Not suitable for in-possession medication (XaYM6) (01 Mar 2017 - Ongoing)

CS = Chronic Summary MS = Major Summary OS = Minor Summary S = Unspecified Summary NE = New Episode OE = Ongoing Episode

01 Mar 2017	Seen by health professional (XaBfx)	E Owens	
01 Mar 2017	Self medication assessment - high risk (Xalnj)		
01 Mar 2017	Interpreter not needed (Xal8Y)		
01 Mar 2017	At risk state (Xa1qc)	6	
01 Mar 2017	Not suitable for in-possession medication (XaYM6)		MS

Inactive Problems

No information recorded

Care Plans

No information recorded

Social Services Contacts

No information recorded

Admissions

Admission to Urgent Care Centre Discharged on 27 May 2015 01:00	SCFT	MIU): Referred on 26 May 2015 23:25
Admission to Urgent Care Centre Discharged on 02 Jun 2015 00:40	SCFT	MIU): Referred on 01 Jun 2015 23:24
Admission to Urgent Care Centre Discharged on 05 Aug 2015 01:28	SCFT	MIU): Referred on 05 Aug 2015 00:37
Admission to Urgent Care Centre Discharged on 31 Jan 2017 23:31	SCFT	MIU): Referred on 31 Jan 2017 21:46
Admission to Urgent Care Centre Discharged on 05 Jan 2017 00:18	SCFT	MIU): Referred on 04 Jan 2017 22:14