CHS1 CDP Ltd.

The Hammersmith Hospitals NHS
NHS Trust

CX HOSPITAL

HISTORY SHEET

HOSPITAL NUMBER: CC

SURNAME (BLOCK LETTERS) F

(AFFIX PATIENT ID LABEL)

FIRST NAMES(S): T

DATE & TIME	CLINICAL NOTES: ALL CLINICAL NOTES SHOULD BE WRITTEN IN BLACK, SIGNED AND YOUR NAME PRINTED UNDERNEATH. EACH ENTRY MUST BE DATED AND TIMED ENSURING THAT YOUR DESIGNATION AND BLEEP NUMBER ARE RECORDED IN THE APPROPRIATE COLUMNS	SIGNATURE/ PRINT NAME/ DESIGNATION/ BLEEP NUMBER
04/01/2008 10:00am	Medical Student Clerking 74 → PC Fit HPC - Fit observed by friend in Px's home on 15/12/2007. - Grand-mal, tongue bitten, urinary incontinence, eyes rolled back. - Fit lasted 5 minutes and stopped spontaneously. - friend called ambulance - Px arrived in A&E around 5pm. - 2 further fits in A&E - terminated by IV benzodiazepines. - 14/12/2007: fell in bedroom. Px says he "got out of bed too quickly", but didn't c/o dizziness. ↳ tried to steady himself, but fell and hit head against a bookcase. ↳ LOC for around 2 minutes. - Px had 2 other falls in the week prior to 15/12/2007. No head injury/ LOC with these. - c/o severe headache since fall on 14/12/2007. Worsening confusion & drowsiness towards end of Dec. 2007. ↳ Burr-hole operation (evacuation of subdural haematoma) on 31/12/2007. Symptoms now much improved. - fluid restricted since admission. Currently restricted to 500 ml/day.	

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PMH - AF (not on Warfarin since a series of falls in 2006).
- Asbestosis - O_2 not routinely required
- °TB/°HPT/RH fever/°Epilepsy/°Asthma/°DM/°MI/CVA

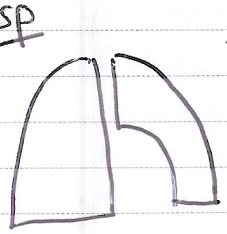
DH
Irbesartan	75mg OD
Aspirin	75mg OD
NKA	

FH °epilepsy

SH
- Lives alone
- Help from friends with ADLs.
- Etoh: around ½ bottle of spirits + 3 pints lager/day. Stopped drinking alcohol 8/7 prior to fit. c/o withdrawal symptoms (Delerium Tremens) 3/7 before fit.
- Non-smoker.

O/E
P: 80, irregularly irregular
BP: 180/80.
T: 37°C
RR: 20
Sats: 96% on air

Resp



Diffuse mild wheeze
↓ Transmitted sounds.
° cough, ° SOB.

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Neuro

Neuro inspection: expressive dysphasia

	RUL	LUL	RLL	LLL
T	N	N	N	N
P	5	5	5	5
C	N	N	N	N
R	B: +	B: +	K: +	K: +
	T: +	T: +	A: +	A: +
	S: +	S: +	P: ↑	P: ↓

Sensation

Light touch	N	N	N	N
Pain	N	N	N	N
Vibration	N	N	N	N
Proprioception	N	N	N	N

Summary

74 year old man presented with falling. Since admission he has required surgery to evacuate a SDH. He has AF, asbestosis, a long history of falls and alcohol misuse. On examination he is in AF, has dyspnoeic wheeze and transmitted sounds on auscultation of the chest. He has expressive dysphasia and upgoing plantar response on R. Burr-hole site is present & healing well.

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Ix

- Bloods - repeat U&E as in-patient has shown low Na^+
- CT on admission and at end of December showed SDH. First CT showed no midline shift, second CT showed Px had developed midline shift.

Impression

1. Seizures due to HI/Etoh withdrawal/ first epileptic seizure / SIADH.
2. HI => chronic SDH => SIADH.
3. Fall - ? due to alcohol withdrawal.

Plan

1. Repeat U&Es
2. Continue fluid restriction to correct Na^+
3. Demeclocycline to correct Na^+.
4. Physiotherapy.

K. MEGHAN
(MEDICAL STUDENT)