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OUTPATIENT LETTER STANDARD EXAMPLE LETTERS

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The Professional Record Standards Body

The independent Professional Record Standards Body (PRSB) was registered as a Community Interest Company in May 2013 to oversee the further development and sustainability of professional record standards. Its stated purpose in its Articles of Association is: “to ensure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social care records”. Establishment of the PRSB was recommended in a Department of Health Information Directorate working group report in 2012.

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Community Interest Company No 8540834

1 Introduction

1.1 Purpose of the letters

These letters were developed as part of the Outpatient letter standard project. The purpose of the letters is to demonstrate how the headings developed can be structured in different services for different types of appointments.

1.2 Audience

The letters were created primarily for the NHS digital messaging team to use in the creation of outpatient message specifications. As hospitals and GPs have different structures for their EPRs, the project has developed standards for communication of outpatient letters, ie a common standard to which local outpatient letter content can be mapped to enable the meaning to be retained when communicated to the recipient (ie semantic interoperability).

The examples provided are not intended as exemplars of the way in which outpatient letters should be structured but simply to provide varied content to illustrate mapping to the PRSB standard.

1.3 How the letters were developed

Clinicians from different specialties were asked to compose example outpatient letters to represent different types of appointments (initial and follow-up, doctor, and AHP led clinics) to demonstrate how the information might be best structured.

The letters were quality assured by the PRSB assurance committee.

2 Dietetics example

Community Nutrition and Dietetics Department, Adobe Health Centre, Donaldstown, DO1 4XP (01234) 567890
Susan Blight, Community Dietician cndd@adobehc.nhs.uk

Patient demographics <i>Patient name</i> Mr. Thomas (Tom) Linacre <i>Date of birth</i> 01/01/1960 <i>Gender</i> Male <i>NHS number</i> 123456789 <i>Hospital ID</i> TL98765 <i>Patient address</i> 29 Acacia Road BM9 6PL <i>Patient email address</i> thomas@linacre.net <i>Patient telephone number.</i> 077 7777 777	Attendance details <i>Date of appointment/contact</i> 01/05/2017 <i>Contact type</i> First appointment <i>Consultation method</i> Face-to-face <i>Seen by</i> Susan Blight, Community dietician (01234) 569870 <i>Outcome of patient attendance</i> Appointment to be made at a later date for follow-up by telephone within 1 month.
	GP Practice details <i>GP practice identifier</i> A111111 <i>GP name</i> Dr C. O'Reilly <i>GP details</i> Canvas Health Centre, 27 Acacia Road, BM9 6PM, (01234) 956412

Dear Dr. O'Reilly,

Diagnoses: Stroke

Problems and issues: Acquired swallowing difficulties

I had the pleasure of meeting Mr. Linacre at the Community Nutrition and Dietetics outpatient clinic on 1 May 2017, referred by Sugra Bibi, Hospital dietician at St Crispin's Hospital, Donaldstown, DO5 7TP.

History

Mr. Linacre attended the community nutrition and dietetics outpatient clinic for review of feeding.

Following a stroke Mr. Linacre acquired swallowing difficulties. During a recent admission to hospital Mr. Linacre was established on PEG tube feeding. The feeding tube insitu is a 15French PEG tube placed 05/04/17. The regimen being: 1000mls Energy Multifibre Feed at 100mls/hours for 10 hours (9am-7pm) with 1400mls water given as divided flushes (e.g. 10x140mls) throughout the day e.g. before and after feed and with medications. His weight is stable.

Examinations

Weight 80kg, Height 175cm, BMI 26cm/2,

Clinical summary

The estimated nutritional requirements for Mr. Linacre are Energy 1500kcal/day, Protein 80g/day, Fluid 2400mls/day.

Mr. Linacre is tolerating his feed and fluid flushes well as per his feeding regimen and he reports taking his medication. Mr. Linacre's peg site has healed and was clean and dry and exposed (no dressing) on assessment. Mr. Linacre's bowels are opening daily (with no bowel meds), all pressure areas are intact and his weight is stable.

Allergies and adverse reactions: No known allergies or adverse reactions.

Changes to medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medications and medical devices <i>(only changes to medications and medical devices as a result of the outpatient encounter are included)</i>	
Medication name	Energy fibre feed (ACBSindicator of dysphagia)
Form	Liquid
Route	Enteral
Site	PEG
Method	Pump
Dose amount	100mls
Dose timing	Per hour for 10 hours daily, 9am-7pm
Additional instructions	1400mls water given as divided flushes (e.g. 10x140mls) throughout the day e.g. before and after feed and with medications.
<i>Medication change summary</i>	
Status	Amended
Reason for medication change	Medication to be ongoing and prescribed by GP
Date of latest change	01/05/17
Medication change	GP to prescribe 28 x 1000ml bags per month, ongoing.
Comment/recommendation	Mr. Linacre has been supplied with a feeding pump. Prescription to be sent directly to the feed company who will deliver direct to patient.

Actions for healthcare professionals

A backpack has been ordered (05/05/17) so that Mr. Linacre can feed when he goes out during the day as he did not like feeding during the night when he was in hospital and feels restricted to stay at home at the moment. Feeding Company Nurse (Doug Sway) has been requested (05/05/17) to train Mr. Linacre on use of backpack.

Actions for patient or their carer

Mr. Linacre has been asked to continue on feeding regime.

Information and advice given

Given the clinic contact details and a copy of the feeding regime with Trust guidance.

Yours faithfully,

Person completing record

Susan Blight, Community Dietician

Date: 06/05/17: 16:42

Distribution list:

Mr. Linacre (patient),

Doug Sway, Feeding nurse, Company X

Sugra Bibi, Hospital dietician, St Crispin's Hospital, Donaldstown, DO5 7TP

Dr. Gerald McManus, Neurologist, St Crispin's Hospital, Donaldstown, DO5 7TP

3 Rheumatology example

Rheumatology Department, St Crispin's Hospital, Donaldstown, DO5 7TP
Dr H.H. Crippen, Consultant Rheumatologist

(01234) 567890
rd@stcrispins.nhs.uk

Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Miss Ophelia Gently	<i>Date of appointment/contact</i>	11/05/2017
<i>Date of birth</i>	01/04/1984	<i>Contact type</i>	First attendance
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	987654321	<i>Seen by</i>	Dr. H.H. Crippen, Consultant Rheumatologist (01234) 569879
<i>Hospital ID</i>	TL98764	<i>Outcome of outpatient attendance</i>	Appointment to be made at a later date
<i>Patient address</i>	22 Acacia Road, BM9 6PL	GP practice	
<i>Patient email address</i>	<u>ophelia@gently.net</u>	<i>GP practice identifier</i>	A111111
<i>Patient telephone number.</i>	077 7777 776	<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Thank you for referring Miss Gently to my rheumatology outpatient clinic.

Diagnoses

1. Multiple joint pain,
2. fatigue,
No evidence of inflammatory arthritis.
3. Type 1 diabetes
4. Hypothyroidism

Clinical summary

Symptoms are unlikely to improve until sleep disturbance is tackled. I suggest Amitriptyline is prescribed.

History

Miss Gently has had left wrist pain since December 2016. Since then she has also had right wrist pain and aching in the shoulders and knees. She describes tingling and burning in the forearms and in the calves and shins. Her symptoms are gradually worsening and they are now constant. She feels tired all the time and has broken unrefreshing sleep. She has been diagnosed with Type 1 diabetes and hypothyroidism.

Allergies and adverse reactions No known allergies or adverse reactions

Participation in research

Name of research study: APIPPRA

<http://www.kcl.ac.uk/lsm/research/divisions/dioid/departments/rheumatology/research/clinical/current/apippra/apip>

Social context

Occupational history Unemployed
Alcohol intake 10-12 units weekly

Smoking Ex-smoker

Review of systems

Poor sleep.

Examination findings

Musculoskeletal system Trapezius discomfort on elevation of the shoulders. Discomfort on active neck movements.

Patient and carer concerns, expectations and wishes

I just want to stop hurting all the time and to have some energy back.

Investigation results

Investigation:	Investigation result:
Antinuclear antibodies	Normal
Complement levels	Normal
Immunoglobins	Normal

Medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medication name	Amitriptyline
Form	Tablet
Route	Oral
Dose amount	1 x 10mg
Dose timing	Once per day
Additional instructions	To be taken one hour before bed
Status	Added
Start datetime	11/05/17
End datetime	23/05/17
Indication	Sleep disturbance
Link to indication record	
Comment / recommendation	Titration upwards according to response and tolerance. Patient given 2xweek prescription in clinic. GP to please review in 2xweeks and renew or amend prescription as necessary.

Plan and requested actions

Actions for patient or their carer

Should endeavor to take regular, gentle exercise in gradually increasing amounts.

Information and advice given

The patient was advised that previous abnormal blood results are not of any clinical significance other than reflecting known diagnosis of thyroid disease.

Person completing record:

Dr. H.H. Crippen, Consultant Rheumatologist, GMC: 2639598, Hawley.crippen@nhs.net

Date: 11/05/2017: 14:38

Distribution list:

Miss Gently (patient),

4 Orthoptic example

Ophthalmology/orthoptics clinic, St Crispin's Hospital, Donaldstown, DO5 7TP
Rupert Rigsby, Orthoptist

(01234) 567890
orthde@stcrispins.nhs.uk

Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Mr. Reginald Perrin	<i>Date of appointment/contact</i>	19/05/2017
<i>Date of birth</i>	01/04/1983	<i>Contact type</i>	First attendance
<i>Gender</i>	Male	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	982354321	<i>Seen by</i>	Rupert Rigsby, Orthoptist (01234) 569879
<i>Hospital ID</i>	TL23764	<i>Outcome of patient attendance</i>	Discharged
<i>Patient address</i>	5 Acacia Road, BM9 6PG	GP practice	
<i>Patient email address</i>	reginald@perrin.net	<i>GP practice identifier</i>	A111111
<i>Patient telephone number</i>	077 6677 7766	<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Diagnoses Right IV cranial nerve palsy

Dear Dr. O'Reilly,

I had the pleasure of meeting Mr. Perrin in the orthoptic outpatient clinic today, referred by Michael McMonagle, Occupational Therapist, Head Injury Team, St Crispin's Hospital, Donaldstown, DO5 7TP

History

Diplopia and ocular motility defect

Allergies and adverse reactions No known allergies or adverse reactions

Examination findings

Ocular motility testing Right hypertropia

Procedures Fitted a prism on patient's glasses (right side)

Clinical summary

Referred from the head injury team as patient experiencing diplopia. Diagnosed with a right IV nerve palsy. Fitted a prism on patient's glasses to relieve diplopia.

Plan and requested actions

Actions for healthcare professionals

Referred to ophthalmologist by Rupert Rigsby on 19/05/17

Actions for patient or their carer

Patient has been advised to inform the DVLA regarding the diplopia and fresnel prism

Yours sincerely

Person completing record: Rupert Rigsby, Orthoptist, HCPC no: 14569872 orthde@stcrispins.nhs.uk Date:
19/05/2017: 16:00

Distribution list: Mr. Perrin (patient), Michael McMonagle, Occupational Therapist

5 Gastroenterology example

Gastroenterology Department, St Crispin's Hospital, Donaldstown, DO5 7TP
Dr. Ruth Jones, Consultant Gastroenterologist

(01234) 567890
gd@stcrispins.nhs.uk

Outpatient letter to General Practitioner

Patient demographics	Attendance details
<i>Patient name</i> Ms. Agatha Critchard	<i>Date of appointment/contact</i> 01/05/2017
<i>Date of birth</i> 01/02/1964	<i>Contact type</i> First appointment
<i>Gender</i> Female	<i>Consultation method</i> Face-to-face
<i>NHS number.</i> 124356789	<i>Seen by</i> Dr. Ruth Jones, Consultant Gastroenterologist (01234) 562170
<i>Hospital ID</i> TL89765	<i>Care professionals present</i> Mrs. N Bryant, IBD specialist nurse
<i>Patient address</i> 30 Acacia Road, BM9 6PL	<i>Outcome of patient attendance</i> Appointment to be made at a later date
<i>Patient email address</i> frances@delatour.net	GP practice
<i>Patient telephone number.</i> 077 1234 7777	<i>GP practice identifier</i> A111111
	<i>GP name</i> Dr C. O'Reilly
	<i>GP details</i> Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Diagnoses: 1. Proctitis, 2. dyspepsia

Problems and issues: Bloody diarrhoea, weight loss

Thank you for referring Ms. Critchard to the gastroenterology outpatient clinic.

History

Ms. Critchard presents with ongoing symptoms of bloody diarrhoea, weight loss, and abdominal discomfort that are unresponsive to treatment. She has a 2 month history of bloody diarrhoea. Her bowels open 5-6 per day with 1-2 nocturnal episodes. Ms. Critchard has experienced weight loss of 1 stone over the same period. She experiences a crampy left iliac fossa pain intermittently.

She has no history of travel, unwell contacts or previous similar symptoms. She has longstanding mild dyspepsia for which she takes antacid as necessary. It has never been investigated.

Family history: Ms. Critchard has no family history of I.B.D.

Social context:

Household composition: Ms. Critchard lives with her boyfriend.

Occupational history: Baker

Smoking: Ex-smoker, stopped 2 years

Alcohol intake: 10-14 units of alcohol per week.

Allergies and adverse reactions

Causative agent: amoxicillin

Description of reaction: urticarial rash in the form of a generalised severe rash

Probability of recurrence: likely

Date first experienced: She first experienced a reaction aged 12

Examination findings: The abdomen was found to be soft but mainly tender in the left iliac fossa. There was no guarding or rebound and bowel sounds normal.

Investigation results: Faecal calprotectin levels were 247mcg/g faeces (normal <50)

Procedure

Procedure: Rigid sigmoidoscopy.

Comment: Performed to the limit of view at 20cm. It showed inflamed and ulcerated mucosa with contact bleeding to about 15cm. Proximally appears to improve.

Clinical summary

Findings are suggestive of IBD. Rigid sigmoidoscopy looks like Ulcerative Colitis. 5ASA treatment commenced today pending further investigation.

Plan and requested actions

Actions for healthcare professionals

A flexible sigmoidoscopy has been requested on an urgent basis by Ruth Jones on 01/05/17. FBC, U&E, LFT and CRP are to be measured, the patient was provided with a form at the appointment. Stool MC&S plus C. diff are to be taken, the patient was given forms and collections points at the appointment.

Changes to medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medication name	Asacol
Form	Tablet
Route	Oral
Dose amount	3 x 800mg
Dose timing	Once a day
Course details	
Status	Added
Start datetime	01/05/17
End datetime	Ongoing
Indication	Treat symptoms
Comment/recommendation	A 14xday course was prescribed in clinic, please renew in 2xweeks time.

Yours faithfully,

Person completing record Dr. Ruth Jones, Consultant Gastroenterologist Date: 01/05/17: 16:42

Distribution list: Ms. Agatha Critchard (patient)

6 Community paediatrics example

Community Paediatrics Clinic, Adobe Health Centre, Donaldstown, DO1 4XP
Arnold Rimmer, Community Paediatrician

(01234) 567890
cpc@nhs.uk

Outpatient letter to General practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Miss Mary Jones	<i>Date of appointment/contact</i>	01/05/2017
<i>Date of birth</i>	01/02/2013	<i>Contact type</i>	Follow-up
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	124352319	<i>Seen by</i>	Dr. Arnold Rimmer, Consultant paediatrician (01234) 564563
<i>Hospital ID</i>	TL56945	<i>Care professionals present</i>	Jenny White, Occupational therapist Sarah Hall, Health care assistant
<i>Patient address</i>	31 Acacia Road, BM9 6PL	<i>Person accompanying patient</i>	Sally Jones, mother
<i>Relevant contacts</i>	Sally and Ian Jones (parents)	<i>Outcome of outpatient attendance</i>	Appointment to be made at a later date
<i>Patient email address</i>	sally@jones.net	GP Practice	
<i>Patient telephone number</i>	077 1234 7777	<i>GP practice identifier</i>	A111111
<i>Educational establishment</i>	Greenacre School, Donaldstown DO5 6AA	<i>GP name</i>	Dr C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Diagnoses

1. Tonic-clonic seizures
2. Gastro-oesophageal reflux
3. Spastic quadriplegia secondary to birth asphyxia
4. Cortical visual impairment
5. Bilateral convergent squint
6. General learning difficulties

Problems and issues

1. Increased tonic-clonic convulsions
2. Problems with transport to school
3. Increasingly tight right hip

Dear Dr. O'Reilly,

I had the pleasure of seeing Mary and her mother Sally in my outpatient clinic today.

Clinical summary

Mary attended today for a scheduled review of tonic-clonic seizures and gastro-oesophageal reflux.

Mary has been well. However she is now having on average four tonic-clonic seizures a day. Her mother has had to give her rectal diazepam on two occasions but she has not needed to go to hospital. She had a PEG inserted in April 2017 and her reflux has reduced considerably since then. She has increasing spasticity of right hip and more frequent tonic-clonic convulsions.

Allergies and adverse reactions

No known allergies or adverse reactions.

Social context

Educational history Mary started at Greenacre School in September. She enjoys it and the teachers are pleased with her progress. Her mother has been bringing her to school by car but this is becoming an increasing problem as due to recent changes work she now has to start work at 8:30 AM. Unfortunately Mary is not eligible for free school transport until she is five years old. The home-school liaison teacher is trying to come to an agreement with the local authority to enable Mary to use school transport. The teacher for visual impairment has seen her in school and recommended that she use large print books and a magnifying glass.

Review of systems

Neurodevelopmental assessment

Mary can now sit unsupported for about 30 seconds. When lying prone she can draw her knees up underneath her but does not make any attempts to move. In clinic she was able to complete the circle and square form board but cannot do them reversed. She can say 10 words with meaning and her mother feels she can understand far more. She is able to finger feed and will drink from a cup if it is held for her. She is becoming more sociable and has a lovely smile.

Examination findings

Musculoskeletal system & nervous system Mary's ankles both dorsiflex to 90°. Her hips are very tight; the right hip only abducts to 30° and the left hip to 45°. The right hip has deteriorated.
Dental No evidence of dental caries.

Plan and requested actions

Actions for patient or their carer

Mrs. Jones to contact epilepsy nurse on 01226 730000 if she has and concerns regarding convulsions and medical change.

Actions for healthcare professionals

Request to orthopaedics for early appointment for advice on deteriorating right hip	Dr. Arnold Rimmer, 01/05/17
Letter of support to education regarding school transport	Dr. Arnold Rimmer, 01/05/17
Review medication with Sally's mother by telephone in two weeks.	Phil Brown, epilepsy nurse

Medication and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medication name	Lamotrigine
Form	dispersible tablets
Route	via gastrostomy
Dose	10mg
Dose direction	Twice a day
Status	Amended
Reason for medication change	Increasing tonic-clonic convulsions
Date of latest change	01/05/17
Medication change	increase to 10mg twice daily
Comment/recommendation	14-day prescription provided, please provide a new prescription on parent's request.
Total dose daily quantity	20mg

Yours sincerely

Person completing record: Dr. Arnold Rimmer, Consultant community paediatrician; Date: 01/05/17: 16:42

Distribution list: Sally & Ian Jones (patient's parents);
Dr. Charlotte Worth, Consultant orthopaedic physician, St. Crispin's Hospital;
Philip Brown, epilepsy nurse, St. Crispin's Hospital

7 Plastic and reconstructive surgery example

General Plastic Surgery Clinic, St Crispin's Hospital, Donaldstown, DO1 4XP
Shauna O'Casey, Consultant Plastic and Reconstructive Surgeon

(01234) 567890
cpc@nhs.uk

Outpatient letter to General practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Mrs. Sam Beckett	<i>Date of appointment/contact</i>	16/05/2017
<i>Date of birth</i>	02/03/1973	<i>Contact type</i>	First attendance
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	126952319	<i>Seen by</i>	Dr. Shauna O'Casey, Consultant surgeon Patricia Kavanagh, Skin cancer specialist nurse
<i>Hospital ID</i>	TL12945	<i>Care professionals present</i>	Jane Joyce, HCA
<i>Patient address</i>	34 Acacia Road BM9 6PL	<i>Outcome of outpatient attendance</i>	Appointment to be made at a later date
<i>Relevant contacts</i>	Mr. Samuel Beckett (husband)	GP Practice	
<i>Patient email address</i>	sam@beckett.net	<i>GP practice identifier</i>	A111111
<i>Patient telephone number.</i>	077 1234 7982	<i>GP name</i>	Dr. C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Diagnoses

1. Lesion on forearm
2. Hypertension

Dear Dr. C. O'Reilly

I had the pleasure of meeting Mrs. Beckett in my general plastic surgery clinic, referred by Dr. William Yates, Dermatology Consultant, St Crispin's Hospital, Donaldstown, DO1 4XP (01234) 567890

Clinical summary

This delightful lady has presented with a 10 month history of a left arm lesion that is rapidly growing and will require excisional biopsy to confirm the nature of the growth.

Plan and requested actions

Actions for healthcare professionals

Added to waiting list for excisional biopsy of lesion and direct closure on left forearm by Dr. Shauna O'Casey on

16/05/17.

Individual requirements

Polish national with limited English - needs an interpreter

History

Potential Squamous cell carcinoma to left forearm. Rapidly growing lesion to left forearm x 10 months. Has seen dermatologists who have assessed and referred on to Plastics for surgical excision and possible skin grafting after lesion is excised.

Family history

Mrs. Beckett's father died of melanoma at 62years old.

Examination findings

Mrs. Beckett is well. There are no skin lesions to the body other than left forearm. She has a 3x2cm scaly lesion which is centrally ulcerated. There was no evidence of left axillary or cervical node involvement.

Allergies and adverse reactions

<i>Causative agent</i>	<i>Description of reaction</i>	<i>Type of reaction</i>	<i>Severity</i>	<i>Probability of recurrence</i>	<i>Date first experienced</i>
Penicillin	Nausea and vomiting	Intolerance/Adverse	Minor	Likely	4 years ago

Social context

Household composition: Mrs. Beckett lives with her husband.

Occupational history: Factory worker

Smoking: does not smoke

Alcohol intake: rare.

Information and advice given

Patient seen by the skin cancer Specialist Nurse and has been reassured of outpatient unit place.

I have warned her of the risk of infection, bleeding, reoperation, scarring, wound dehiscence and the need for dressings. She understands this and is happy to be added to the waiting list.

Yours sincerely

Person completing record:

Dr. Shauna O'Casey, Consultant Plastic and Reconstructive Surgeon

Date: 16/05/17: 16:42

Distribution list:

Mrs. Beckett (patient)

8 Palliative care example

Department of Palliative Medicine, St Crispin's Hospital, Donaldstown, DO5 7TP
Dr. Doris MacKay, Consultant in Palliative Medicine

(01234) 567890
pm@stcrispins.nhs.uk

Outpatient letter to General Practitioner

Patient demographics		Attendance details	
<i>Patient name</i>	Ms. Margaret Walker	<i>Date of appointment/contact</i>	01/05/2017
<i>Date of birth</i>	01/02/1964	<i>Contact type</i>	First appointment
<i>Gender</i>	Female	<i>Consultation method</i>	Face-to-face
<i>NHS number.</i>	12435111	<i>Seen by</i>	Dr. Doris Mackay, Consultant in Palliative Medicine (01234) 562987
<i>Hospital ID</i>	TL89711	<i>Person accompanying patient</i>	Ms. Karen Walker (daughter)
<i>Patient address</i>	30 Acacia Road	<i>Outcome of outpatient attendance</i>	Appointment made for 01/06/2017
<i>Postcode</i>	BM9 6PL		
<i>Patient email address</i>	margaret@walker.net	GP Practice	
<i>Patient telephone number.</i>	077 1234 1111	<i>GP practice identifier</i>	A111111
		<i>GP name</i>	Dr C. O'Reilly
		<i>GP details</i>	Canvas Health Centre, 27 Acacia Road, BM9 6PM (01234) 956412

Dear Dr. O'Reilly

Diagnoses

1. Metastatic renal cell carcinoma
2. Secondary liver cell carcinoma
3. Necrotic subcutaneous soft tissue nodule (anterior to liver)
4. Type II diabetes
5. Osteoporosis
6. Hiatus hernia
7. Vertigo

Problems and issues

1. Pain
2. Nausea
3. Fatigue
4. Psychologically: tearful and upset

I had the pleasure of meeting Ms. Walker at the palliative care outpatient clinic today, referred by Susan Snodgrass from the community Macmillan team, Endowdown Centre, BM5 OTP on the 23 April 2017.

History

Ms. Walker was referred for review of symptom control. She has been on pazopanib since May 2017. She had a right nephrectomy for clear cell renal carcinoma in Sept 2016, and now has metastatic disease.

Pain: Ms. Walker struggles with pain predominantly around the right upper quadrant of her abdomen and this goes all the way round to the back, at worst described as 10/10. She has been reluctant to take full dose of Co codamol - she intermittently takes one tablet at a time (30/500mg). According to Karen, Ms. Walker clearly has a high pain tolerance level and tends to underplay her symptoms.

Fatigue: Ms. Walker finds herself tiring out by the second half of the day, particularly if she has done a bit more than usual earlier on.

Psychologically: According to Karen, she and Ms. Walker have been intermittently tearful and upset given news

of disease recurrence and are doing their best to deal with it. Ms. Walker wasn't expecting to hear about cancer recurrence in such a short period after her surgery.

Allergies and adverse reactions No known allergies or adverse reactions.

Patient and carer concerns, expectations and wishes

Ms. Walker is very clear that she wishes to have as much detail as possible and asked about her prognosis. She does not wish to be resuscitated in the event of a cardio respiratory arrest.

Information and advice given

We discussed the benefit of being able to do more through the day and having better psychological well-being when pain is better controlled. I have explained how we would use long acting Morphine preparation along with Oramorph to get control of background as well as breakthrough cancer pain. Given the degree of tenderness around the subcutaneous nodule on the right upper quadrant, we have discussed that radiotherapy may be helpful with the pain.

We discussed that Ms. Walker's fatigue is part of the cancer presentation, and we discussed being pragmatic - doing activities with gaps in between to allow herself to conserve energy whilst pacing herself through the day. I have encouraged her to cut back on tasks that are not as important as others such as her household chores and to delegate them to others, such as family where possible. We acknowledged that this is a significant change in her lifestyle given that she was independently managing everything for a long time.

I explained that while the speed at which disease recurrence has happened doesn't bode well, we will need to see how Ms. Walker is likely to respond to potential treatment options. We are likely to know more about prognosis following her appointment with the Oncologist in the next couple of weeks - we don't know how she will respond to treatment in itself. It may be that the treatment might be effective but that she might not be strong enough to cope with it on a long term basis; however we are hopeful that there will be some positive outcome with the treatment. I have encouraged her to proceed with planning ahead and deciding about what she would prefer to happen irrespective of her prognosis.

I have agreed that Ms. Walker's wish not to be resuscitated in the event of a cardio respiratory arrest was sensible and advised her either yourself or I could complete a community DNACPR form in the near future. Her son and daughter are aware that she could have an appointed LPA on matters of her health and well-being. She is considering funeral arrangement plans.

I have advised that Ms. Walker can get in touch with me if there are any concerns.

Legal information

Lasting Power of Attorney: Ms. Walker's son, Timothy and daughter, Karen have an LPA for handling her financial matters.

Plan and requested actions

Actions for healthcare professionals

Ms. Walker is to be supported to complete a community DNACPR form when she is ready (Doris MacKay or Dr. C. O'Reilly depending on timing).

Ms. Walker is to see Professor Hawkins for consideration of immunotherapy as it is hopeful that she will have some benefit from this treatment. Currently her performance status is around 1-2.

Professor Hawkins is requested to consider radiotherapy to help with pain as a result of degree of tenderness around the subcutaneous nodule on the right upper quadrant.

Kindly arrange for a blood glucose check next week as Dexamethasone might increase her BM levels. (She is

aware that this is likely to be temporary and will get better with stopping Dexamethasone).

Changes to medications and medical devices

Medications and medical devices

(only changes to medications and medical devices as a result of the outpatient encounter are included)

Medication name	MST
Form	Tablet
Route	Oral
Dose amount	1 x 15mg
Dose timing	Twice per day
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Pain relief
Comment / recommendation	Please renew the prescription in 2xweeks.

Medication name	Oramorph
Form	Tablet
Route	Oral
Dose amount	2.5-5mg -
Dose timing	As necessary
Additional instructions	Not to be taken more frequently than once every two hours.
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Pain relief
Comment / recommendation	Please review the prescription if necessary.

Medication name	Metoclopramide
Form	Tablet
Route	Oral
Dose amount	10mg
Dose timing	As necessary
Additional instructions	Not to be taken more frequently than three times a day
Status	Added
Start datetime	11/05/17
End datetime	24/05/17
Indication	Nausea
Comment / recommendation	Please review the prescription if necessary.

Medication name	Dexamethasone
Form	Tablet
Route	Oral
Dose amount	4mg
Dose timing	Once per day
Additional instructions	To be taken in the morning
Status	Added
Start datetime	11/05/17
End datetime	15/05/17
Indication	Increase energy levels and appetite

Yours sincerely

Person completing record: Dr. Doris MacKay, Consultant in Palliative Medicine 01/05/17: 16:42

Distribution list: Ms. Walker (patient)
Professor Hawkins, Medical Oncologist, St Crispin's
Mr. Bromage, Urologist, St Crispin's
Susan Snodgrass, Community Macmillan Team