



Insert your institutional logo here

Patient identified by: **idnum1 = 2**. Date range: $[-\infty, +\infty]$. The information will **only be valid** (i.e. will only be from only one patient!) if all contributing tablet devices use these identifiers consistently. The consistency check is below. The patient information shown below is taken from the first task used.

Forename: Consistent: TEST. Surname: Consistent: PATIENT. DOB: Consistent: 1983-11-23. Sex: Consistent: M. iddesc1: Consistent: NHS number. idnum1: Consistent: 2. idnum2: Consistent: None. idnum3: Consistent: None. idnum4: Consistent: None. idnum5: Consistent: None. idnum6: Consistent: None. idnum7: Consistent: None. idnum8: Consistent: None

PATIENT, TEST (M)
Date of birth: **23 November 1983**
(idnum1) NHS number: **2**

Start date for search: $-\infty$

Thu 28 November 2013, 11:49 +0000: Clinical contact log exists

Thu 28 November 2013, 11:52 +0000: Clinical contact log exists

Thu 28 November 2013, 23:14 +0000: Patient Health Questionnaire-9 exists

Thu 28 November 2013, 23:15 +0000: Psychiatric clerking (Clinician: Dr Joe Bloggs)

Location

Transplant HDU

Contact type (e.g. admission, referral, outpatients, etc.)

Referred by hepatology

Reason for contact (e.g. patient's reason, professional's reason)

Low mood following liver transplant.

Presenting issue(s) (history of presenting complaint)

Mr Patient felt well prior to transplant, with positive mood and no encephalopathy. He received his OLT (donor/recipient CMV-) four weeks ago. He suffered a pulmonary embolus on postoperative day 6. Graft function is good.

He reports low mood and feelings of hopelessness. He's worried that he will never recover and leave hospital. He thinks he will suffer another PE and die. He has some wound pain and low energy. He continues to enjoy visits from his family. He sleeps 7 hours per night, woken occasionally by ward noise. His appetite has returned to normal. He has no feelings of guilt, has some difficulty concentration, and is anxious about his recovery, with one panic attack yesterday. He has had no thoughts of self-harm.

Review of symptoms/systems

Unremarkable except some residual abdominal pain and mild exertional dyspnoea.

Collateral history

**Transplant team: doing well, mobilising.
Wife: never anxious before this; he's been tearful in the last three days.**

blahblah testing the input speed, perfectly fine.

Diagnoses — psychiatric (past psychiatric history)

Nil

Diagnoses — medical (past medical history)

**Primary sclerosing cholangitis
Cirrhosis, portal hypertension, variceal bleeds, diuretic-resistant ascites
Eczema**

PATIENT, TEST (M). DOB: 23 Nov 1983. NHS: 2.

Operations and procedures

Orthotopic liver transplant 29 Oct 2013
Ingrowing toenail excised 1994

Allergies and adverse reactions

NKDA

Medications

tacrolimus, variable, currently ~4 mg/day
azathioprine, variable
prednisolone, variable, currently ~10 mg/day
omeprazole
warfarin
paracetamol 1g qds
prn tramadol 50mg max tds

Recreational/illicit drug use (inc. tobacco, alcohol)

Nil

Family history (record of relevant illness in family relations)

Father: hypertension
Mother: generalized anxiety disorder

Developmental history

Unremarkable

Personal history

Born in Torquay. Only child. Happy childhood. Did well at school; began a degree course in marine biology. Developed symptoms of PSC aged 20. Married aged 19; no children.

Premorbid personality

Patient: happy-go-lucky, sociable
Wife: anxious, fretful

Forensic history

Nil

Current social situation

Lives with wife. Degree course on hold. Parents live nearby and are supportive.

Appearance and behaviour

Young Caucasian man in hospital clothing. Lying in bed. Good eye contact and rapport. Mostly calm though appeared anxious when discussing recent events.

Speech

Normal rate, volume, quantity.

Mood/affect (subjective)

6/10, worried

Mood/affect (objective)

Mildly anxious

Thought form

No formal thought disorder

Thought content

Worried that he'll have another PE and die.

Perception

Some postoperative hallucinations, settled within 2 days.

Cognition

Oriented; not formally assessed.

Insight

Good. Understands that the hepatologists are more positive about his recover than he feels at the moment.

General

Well. Afebrile. Thin.

Cardiovascular

HR 90 regular; BP 110/80; HS normal; JVP normal; no peripheral oedema.

Respiratory

SpO2 98% on air; RR 14, trachea central, chest clear, PN resonant.

Abdominal

Soft, healing wounds, mild wound tenderness.

Neurological

CN normal. Tone, power, coordination, sensation, reflexes normal all limbs.

Assessment scales

See PHQ9, GAD7

Investigations and results

CRP 6. TSH normal. Ca normal.

Safety alerts

-

Risk assessment

No thoughts of self-harm or harming others.

Relevant legal information (e.g. capacity, advocate, advance decision, Mental Health Act)

N/A

Current problems and issues

Anxiety, low mood, recent panic attack

Recent PE following liver transplant

Patient's and carer's concerns

Patient: worried he will die of another PE

Wife: worried he won't get better and come home.

Impression

Likely adjustment reaction on the background of mild previous anxiety.

Management plan

Reassurance.

Details of risks of recurrent PE, now warfarinized.

Psychoeducation and anxiety management techniques.

We'll continue to review.

Information given

PATIENT, TEST (M). DOB: 23 Nov 1983. NHS: 2.

As above.

Thu 28 November 2013, 23:38 +0000: Generalized Anxiety Disorder Assessment exists

Fri 06 December 2013, 23:06 +0000: Diagnostic codes, ICD-10 (Clinician: Rudolf Cardinal)

F43.22: Adjustment disorders: mixed anxiety and depressive reaction

Tue 07 January 2014, 00:32 +0000: Clinical progress note (Clinician: Rudolf Cardinal)

Doing very well. No longer anxious. Euthymic, positive.

PLAN: discharge.

End date for search: $+\infty$

The clinical text view uses only information from tasks that are flagged CURRENT. Sources (tablename, task server PK, patient server PK): (contactlog,3,8); (contactlog,4,8) — (diagnosis_icd10,6,8) — (gad7,3,8) — (phq9,5,8) — (progressnote,4,8) — (psychiatricclerking,12,8). Information retrieved from https://egret.psychol.cam.ac.uk/camcops_dev/webview at: 07 Jan 2014, 00:35:59 +0000.