

HANDOUT for CBD seminar: Notes transcript for JB, a 92-year old man

1-2-18, Dr Brian Trainee (ST1), Surgery	
History	Brought in by son. "Dad's tired and looks white as a sheet". Patient thinks he's not sleeping well, doesn't want a fuss. Not aware if lost weight, but son noticed clothes are loose. No dysphagia, not SOB, no chest pain, no fevers, PU OK.
Examination	Weight 50kg Height 1.82m Very pale. Purpuric rash of legs Cachectic, abdo soft non tender, no masses. Chest clear. No palpable lymph nodes
Impression	Wt loss ? cause?
Plan	Bloods FBC, U+E, CRP, ESR, INR, Bone Profile, PSA, LFT, Coeliac antibody, Rheumatoid Factor, Serum Electrophoresis, antibody screening, Hepatitis Screen. Rv next week.

Results:

Hb 98g/L

WCC 28, Neutrophils 4, Lymphocytes 22, Others 2

Platelets 120

U+E unremarkable

ALT 88

Alk Phos 170

Bil 18

Albumin 28

PSA 8.3

CRP 57

ESR 83

INR 1.1

Serum electrophoresis: raised IgG with monoclonal band

7-2-18, Dr Brian Trainee (ST1), Surgery	
History	As above, brought back by son. PSA raised Hep testing, antibody/RF testing and coeliac testing not back yet.
Examination	PR- large smooth prostate.
Impression	? Myeloma?
Plan	d/w supervisor given raised PSA. Unclear but potential to be leukaemia (?CLL?) Chat with pt, clearly upset. Doesn't want anything done. Hearing impaired but when carefully explained, understands what's

	<p>happening and demonstrates capacity to make his own decision. Son upset and does want things done. Difficulty managing upset here, discuss with supervisor. Supervisor agreed with son and with patient that they'd discuss this tonight at home, and come back to f/u discussion in 2d.</p>
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9-2-18, Dr Brian Trainee (ST1), Surgery, shared surgery with Trainer	
History	<p>As above, brought back by son. Patient aware that he's likely to have a significant/serious condition. Discussion about what he'd like to happen. If we were to find a cancer, he wouldn't want it to be treated. He wants to stay in his home and die at home. DNACPR discussed and completed. Preferences for care discussed- wants to remain at home. Son's opinion is that he really wants his dad to be investigated and treated, but understands it's his dad's decision. He can come back if he changes his mind.</p>
Examination	Not examined.
Impression	? undefined malignancy (haematological?)
Plan	Come back if/when wants to.

Coeliac antibody negative
Hepatitis screen negative
Borderline positive ANA,
Rheumatoid factor levels normal.

11-3-18 OOH Dr L.Ocum
Fall. Bruising.
Weak and doesn't leave house much.
No gross pathology, doesn't want more.
Will discuss EoLC with GP.

13-3-18, Dr Brian Trainee (ST1), Home visit	
History	<p>Weaker now. Chat about causes, still clear doesn't want stuff done. "I just want to be comfortable". RH arm bruised, laceration LH shin 4x1cm scabbed over- the latter will need dressing. Have done one with micropore/Elastoplast for now. Dishes ++ in sink "I don't have the energy" and clutter around the house. Washing up done for him.</p>
Examination	No scales but looks thinner. Physical examination otherwise declined.
Impression	? undefined malignancy (haematological?)
Plan	<p>Chat re EoLC drugs. Happy for me to prescribe, is unsure how to keep them. I will ask if DNs can come in to help with other tasks/care needs. Asked me to come back tomorrow to talk to his son.</p>

	EDIT: DN sister has agreed HV for leg dressing and wasn't happy re help for other household tasks, directed me to Soc Serv teams.
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14-3-18, Dr Brian Trainee (ST1), Home visit	
History	Chat with son about how managing at home. Pt adamant wants to stay. Son has asked his 2 brothers from up North to help him- he says he can only get so much time off work. Spent a long time discussing care and how to access it via soc services.
Examination	Not examined.
Impression	? undefined malignancy (haematological?)
Plan	Son agreed EoLC drugs to be kept in his own home. DNs coming to dress legs. I will come in tomorrow on my day off to check up on pt.

15-3-18, Dr Brian Trainee (ST1), Home visit	
History	Pt tells me soc services come tomorrow. Chat about things he'd like. Gift offered of a watch declined (discussed with trainer)
Examination	Not examined.
Impression	? undefined malignancy (haematological?)
Plan	I have dw trainer who tells me EoLC drugs should be kept in pt's own home. Rang son who told me he's kept the paperwork, EoLC drugs and DNAR form at his house but agreed he would keep it in bathroom cabinet at his dad's.

18-3-18, Dr Brian Trainee (ST1), Home visit	
History	Chat with pt, feels much the same. Had been advised soc services recommend care but he may not be eligible for it without paying for himself. Son cross about this, which I think is reasonable. DS1500 discussed.
Examination	Not examined.
Impression	? undefined malignancy (haematological?)
Plan	Agree palliative nurse contact- they will come tomorrow.

19-3-18 Palliative Care Nurse JR Thomas,

Plan agreed, see supplementary document.

When preferences expressed, interested in hospice when discussed but isn't sure, thinks he still wants to be at home.

Services explained to him. I will see him in 2 weeks again.

18-3-18, Dr Brian Trainee (ST1),	
History	Died overnight. Son thanked me for my care.

Examination	No signs of life. No HS, No BS, No pulse 1 minute, no pacemakers.
Impression	? undefined malignancy (haematological?)
Plan	<p>I will dw coroner given unknown cause of death and let son know if we need to do more. EDIT: Called coroner later on who is satisfied reasonable to write:</p> <p>1a Haematological malignancy, unspecified</p> <p>Son relived PM will not be required.</p> <p>Welcome to contact us if further help needed at any point.</p>