



**PATIENT, TEST (M)**

Date of birth: **23 November 1983**

NHS number: **2**

**Psychiatric clerking (Clerking)**

Created: **28 November 2013, 23:15 +0000** (patient aged 30)

Clinician's specialty:	<b>Liaison Psychiatry</b>
Clinician's name:	<b>Dr Joe Bloggs</b>
Clinician's professional registration:	<b>GMC# 111</b>
Clinician's post:	<b>Consultant psychiatrist</b>
Clinician's contact details:	<b>x1234, bleep 5678</b>

**Current contact**

*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.**

**Background**

*Diagnoses — psychiatric (past psychiatric history)*

**Nil**

*Diagnoses — medical (past medical history)*

**Primary sclerosing cholangitis**

**Cirrhosis, portal hypertension, variceal bleeds, diuretic-resistant ascites**

**Eczema**

*Operations and procedures*

**Orthotopic liver transplant 29 Oct 2013**

**Ingrowing toenail excised 1994**

*Allergies and adverse reactions*

**NKDA**

<i>Medications</i>	
<b>tacrolimus, variable, currently ~4 mg/day</b> <b>azathioprine, variable</b> <b>prednisolone, variable, currently ~10 mg/day</b> <b>omeprazole</b> <b>warfarin</b> <b>paracetamol 1g qds</b> <b>prn tramadol 50mg max tds</b>	
<i>Recreational/illicit drug use (inc. tobacco, alcohol)</i>	
<b>Nil</b>	
<i>Family history (record of relevant illness in family relations)</i>	
<b>Father: hypertension</b> <b>Mother: generalized anxiety disorder</b>	
<i>Developmental history</i>	
<b>Unremarkable</b>	
<i>Personal history</i>	
<b>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.</b>	
<i>Premorbid personality</i>	
<b>Patient: happy-go-lucky, sociable</b> <b>Wife: anxious, fretful</b>	
<i>Forensic history</i>	
<b>Nil</b>	
<i>Current social situation</i>	
<b>Lives with wife. Degree course on hold. Parents live nearby and are supportive.</b>	
<b><i>Examination and investigations</i></b>	
<i>Mental state examination</i>	
Appearance and behaviour	<b>Young Caucasian man in hospital clothing. Lying in bed. Good eye contact and rapport. Mostly calm though appeared anxious when discussing recent events.</b>
Speech	<b>Normal rate, volume, quantity.</b>
Mood/affect (subjective)	<b>6/10, worried</b>
Mood/affect (objective)	<b>Mildly anxious</b>
Thought form	<b>No formal thought disorder</b>
Thought content	<b>Worried that he'll have another PE and die.</b>
Perception	<b>Some postoperative hallucinations, settled within 2 days.</b>
Cognition	<b>Oriented; not formally assessed.</b>
Insight	<b>Good. Understands that the hepatologists are more positive about his recover than he feels at the moment.</b>
<i>Physical examination</i>	
General	<b>Well. Afebrile. Thin.</b>
Cardiovascular	<b>HR 90 regular; BP 110/80; HS normal; JVP normal; no peripheral oedema.</b>
Respiratory	<b>SpO2 98% on air; RR 14, trachea central, chest clear, PN resonant.</b>
Abdominal	<b>Soft, healing wounds, mild wound tenderness.</b>
Neurological	<b>CN normal. Tone, power, coordination, sensation, reflexes normal all limbs.</b>
<i>Assessment scales</i>	

<b>See PHQ9, GAD7</b>
<i>Investigations and results</i>
<b>CRP 6. TSH normal. Ca normal.</b>
<i>Risk and legal considerations</i>
<i>Safety alerts</i>
-
<i>Risk assessment</i>
<b>No thoughts of self-harm or harming others.</b>
<i>Relevant legal information (e.g. capacity, advocate, advance decision, Mental Health Act)</i>
<b>N/A</b>
<i>Summary and plan</i>
<i>Current problems and issues</i>
<b>Anxiety, low mood, recent panic attack Recent PE following liver transplant</b>
<i>Patient's and carer's concerns</i>
<b>Patient: worried he will die of another PE Wife: worried he won't get better and come home.</b>
<i>Impression</i>
<b>Likely adjustment reaction on the background of mild previous anxiety.</b>
<i>Management plan</i>
<b>Reassurance. Details of risks of recurrent PE, now warfarinized. Psychoeducation and anxiety management techniques. We'll continue to review.</b>
<i>Information given</i>
<b>As above.</b>

Created on device at: 28 Nov 2013, 23:15:04 +0000. Last modified at: 28 Nov 2013, 23:35:45 +0000. Table: psychiatricclerking. Task PK on client device: 1. Uploading device ID: ipad\_tpi\_7AF0A1DC-E675-4213-A4F6-E730F44577A8 (Rudolf iPad simulator 6.0). Tablet CamCOPS version at upload: 1.02. Uploaded at: 28 Nov 2013, 23:37:11 +0000. Adding user: rudolf. Server PK: 7 (predecessor None, successor None). Current? Yes. Preserved/erased from tablet? No. Patient server PK used: 8. Information retrieved from [https://egret.psychol.cam.ac.uk/camcops\\_dev/webview](https://egret.psychol.cam.ac.uk/camcops_dev/webview) at: 28 Nov 2013, 23:41:53 +0000.

Signature of author/validator	Print name	Date and time