X
DOB: 00/11/00

MEDICAL CHRONOLOGY

18/05/04	128 – 129	Attended A & E with strange sensation on right side of body, constant throbbing on right side of head & loss of co-ordination & balance on right side. Referred to neurologist by GP on 17/05/04 after pain on right side of head yesterday following 'sparring' session. For admission to MAU (Medical Assessment Unit).
18/05/04	221	**FBC =** HB – 15.9 & platelets normal at 247 (*normal range is 130 – 400).*
18/05/04	240	**Biochemistry Results = Creatinine high at 119 *(normal range is 40 – 110).***
18/05/04	130 – 138	Reviewed. States **initial funny turn lasted 30 seconds, 2 further episodes yesterday & 1 further episode today** with weakness in right eye this am. For 24 hour observations ***(no note of any neurological observation charts just BP & pulse charts on p.195).*** CT as outpatient & home tomorrow. No focal neurological deficit.
18/05/04	172	Nursing notes indicate **further episode of slurred speech this afternoon lasting for 30 seconds**. SHO informed.
18/05/04	182 – 183	Nursing care plan states he can become vacant at times with occasional slurred speech & may need some assistance with dressing due to **slight weakness on left side.**
19/05/04	172	Nursing notes indicate **further episode with numbness down right side & loss of speech. Residual dull pain on right side of face**.
19/05/04	124	Reviewed. Patient state had **3 further episodes**. No loss of consciousness, visual disturbances or headaches but has slurred speech & feels paralysed. For urgent CT brain scan.
20/05/04	171	Nursing notes indicate speech normal – no tingling in limbs – to inform staff of any changes.
20/05/04	247	**CT Brain scan – unenhanced** = No evidence of recent haemorrhage or infarction & no features suggestive of underlying space lesion. **If symptoms persist for enhanced CT scan or MRI.**
21/05/04	125 & 172	Reviewed. ? Vasovagal episodes. CT scan normal & observations normal. MRI scan as outpatient. Discharged.
22/05/04	141	Paramedic Services indicate shaking & palpitations are spasmodic & uncontrollable. Right sided head pain with slurred speech.
22/05/04	139 – 146	Attended A & E with palpitations & shaking - spontaneously resolved. Bloods sent. No focal neurological deficit? Paroxysmal arrhythmias. For ECG & 24 hour tape.
22/05/04	222	**FBC =** HB – 15.8 & platelets normal at 245(*normal range is 130 – 400).*
22/05/04	243	**Thyroid Function Test = TSH high at 3.17 *(normal range is 0.35 –2.75).***

22/05/04	177	24 hour tape commenced for arrhythmias.
22/05/04	179	**21.30pm –** Nursing notes indicate no further episodes this afternoon or evening. To advise staff if symptoms return.
23/05/04	179	**11.10am –** Nursing notes indicate **vacant attack.**
24/05/04	179	**13.30pm –** Nursing notes **indicate strange numbness down right side.** Reviewed by Registrar – observations within normal limits.
24/05/04	147	Reviewed. **Pins & needles in arms with palpitations**. ECHO performed. **(REPORT MISSING)** Awaiting result of Telemetry & for EEG to rule out petit mal fits. **(EEG REPRT MISSING)**? Hemiplegic migraine.
24/05/04	180	**17.00pm –** Nursing notes indicate **patient c/o sharp pain on right side of face travelling down back of head & mouth dropping slightly on left hand side.** Observations within normal limits. Patient wants to self discharge but persuaded to stay after review by Dr S.
24/05/04	180	**22.30pm –** Nursing notes indicate **2 further episodes of numbness that resolved spontaneously.**
25/05/04	245	**Biochemistry Results = Creatinine high at 124 *(normal range is 40 – 110)*.**
25/05/04	181	**10.30am –** Telemetry discontinued. Nursing notes indicate no reported episodes but **became dizzy on standing.** No problems at present. ? For MRI as outpatient.
25/05/04	213 – 217	**Telemetry Report –** sinus rhythm.
25/05/04	181	***(Time omitted)* Nursing notes indicate appears very lethargic. O2 commenced. Left arm remains weak & standing balance impaired. For CT this afternoon & MRI scan arranged.** For transfer to acute unit at Hope Hospital.
25/05/04	126	Reviewed. Neck pains. Transient dysarthria& unsteadiness. Vacant spells. Numbness on left hand side. For MRI, EEG, ECHO & Carotid Doppler's.
25/05/04	127	Reviewed by Dr S with right sided headache for 1 week. **10 episodes when goes weak on left side? TIA - , may suggest carotid dissection.** For CT & MRI through neck muscles. **(CT REPORT MISSING).**
25/05/04	83	Referral letter for Vascular studies for? TIA. For carotid Doppler studies.
25/05/04	218	**Carotid Artery Duplex Scan =** Bilateral carotid scan within normal limits – **no evidence of dissection seen.**
25/05/04	249 – 250	**MRI Brain & MR Angiogram = Right middle cerebral artery territory infarction with occlusion. No acute haemorrhage.**
25/05/04	81 – 82 & 327	**19.24pm =** Transferred to Hospital 2. Gets vacant spells for a few seconds? Demyelination.
25/05/04	303	**20.15pm =** Admitted to Hospital 2. Reviewed – **possible anterior circulation stroke secondary to carotid dissection**. Needs anti-coagulant therapy.

28/05/04	545 & 546 - 547	**MRI Brain & MR Angiogram neck muscles = Highly suggestive of dissection of right ICA origin** – confirmation with carotid Doppler's may be appropriate.
30/05/04	550	**CT Brain = Large right MCA territory infarction.**
07/06/04	265	Referral letter for rehabilitation.
15/06/04	317	Improving with physiotherapy. Not ready for discharge yet.
23/06/04	223	**Coagulation Screen at Hospital 2 = APTT – low at 27.9 (*normal range is 28 – 34 secs).***
23/06/04	225	**Prothrombin Variant – Heterozygous. May predispose patient to venous thromboembolism.**
29/06/04	322	Reviewed. Prothrombin result available. Patient informed.
06/07/04	323	Reviewed. Mobilises short distances independently. For home.
07/07/04	324	Reviewed by Dr S. **Still believes caused by minor dissection. States prothrombin gene has negligent effect on arterial stroke risk alone, but would increase the risk**. Needs ECHO (TOE) as outpatient to exclude paradoxical embolus. Follow up at Hospital 3 **(REPORT MISSING).**
09/07/04	84 – 86	Discharge summary states neck pain started after sparring 6 weeks before admission & transient dysarthria 1 week before admission. After discussion with Dr T – **evidence for dissection was weak & possibly due to artefact.**
10/08/04	330 – 331 & 469 - 470	Consent form for Transoesophageal Echocardiogram (TOE) **(ECHO REPORT MISSING).**
13/08/04	255	Discharged from physiotherapy department after 3 sessions as seeing a private practitioner – **(NOTES MISSING).**
31/08/04	87	Letter to GP states prothrombin variant **increases the risk of ischemic stroke by 4-5:1 & DVT by 2-3:1.** At present on Warfarin therapy for 3 months & then Aspirin for life.
05/10/04	92	Referral letter from Dr S to Dr R at W Hospital **(NOTES MISSING). No good evidence to state symptoms were due to dissection but a paradoxical embolism particularly with his thrombophilic tendency**.
22/11/04	93	Letter to Dr S from Dr R. Carotid artery trauma is clear potential cause for his stroke, but loath to undertake closure of his patent foramen ovale (PFO) as **no evidence to suggest a paradoxical embolism.**
22/11/04	94 – 95	Letter to Cardiologist at Hospital 3 stated that he hurt his neck, break dancing about 10 days before his stroke. Would not advise device closure at this time.
27/11/04	150 – 156	Attended A & E with feeling unwell with headaches.
27/11/04	227	**Coagulation Screen = APTT low at 23.4*(normal range is 28 – 34 secs*.**
27/11/04	160	Reviewed. ? TIA'S (Transient Ischemic Attacks)? For CT brain. No objective weakness. For discharge home. For Dr Sherrington referral via GP.

07/12/04	99	Letter to Dr R from Dr S. States that he may have had a carotid dissection prior to the actual stroke. But did not image any arterial abnormality but the prothrombin gene variant increases the risk of venous thrombosis.
17/12/04	251	**CT Brain (unenhanced) =** Old infarction right tempero-parietal region. Area of slightly less decreased attenuation - ? **More recent infarct or extension of previously documented infarction**. No other abnormality.
21/01/05	105	Letter to GP from Dr S states changes on recent CT scan are old rather than a recent event.
21/01/05	106	Letter to GP indicates developing some form of depression. Due to recent episode for EEG to check if events epileptic in nature.
07/02/05	220	**EEG =** Right hemispherical low frequency disturbance in keeping with left sided hemiplegia. No evidence of epileptiform activity but left focal lesion possibly associated with clinical symptoms.
08/03/05	231	**Coagulation Screen = APTT low at 25** ***(normal range is 28 – 34 secs.***
15/03/05	238	**Coagulation Screen = APTT low at 24.7*****(normal range is 28 – 34 secs.***