

RUDAKUBANA, Axel (Mr) Date of Birth: **07-Aug-2006 (17y 11m)**

Report Path: Local Record

10 Old School Close, Banks, Southport, PR9 8SB

NHS Number:	DPA	Home Tel:	
Usual GP:	FARRELL, Adele (Dr)	Work Tel:	DPA
Patient Type:	Regular	Mobile Tel:	DPA
Registered	31-Jul-2018	email	DPA
Language:	unknown	Dispensing:	No
Advocacy Needs:		Transport Needs:	

Problems

Active

17-May-2023	Autistic disorder	
02-Jul-2021	Anxiety disorder	- With avoidance behaviours
12-Feb-2021	Autism spectrum disorder	
28-Oct-2020	Reduced concentration	
21-Feb-2019	Urine protein test = ++	
19-Jan-2016	Vitamin D deficiency	

Significant Past

06-Nov-2023	Ritual circumcision	01-Feb-2024
03-Oct-2023	Dietitian	26-Dec-2023
08-Nov-2016	Tinnitus	Following RTA when airbag exploded. 11-Nov-2017 Reassured in ENT apt - dec;omed tommotis retraining.

Minor Past

03-Aug-2022	DPA	01-Sep-2022
14-Jun-2022	DPA	12-Jul-2022
09-May-2022	Excessive salivation	10-Jun-2022
11-Nov-2021	DPA	10-Dec-2021
05-Jul-2021	DPA	03-Aug-2021
05-May-2020	Anxiety	03-Jun-2020
07-Apr-2020	DPA	06-May-2020
19-Dec-2019	DPA	17-Jan-2020
11-Apr-2019	Anxiety states	10-May-2019
01-Apr-2019	Dysuria	30-Apr-2019
15-Feb-2019	DPA	16-Mar-2019
06-Nov-2018	Excessive salivation - symptom	04-Dec-2018
09-Nov-2017	Tinnitus	(Grouped with Tinnitus) 07-Dec-2017
19-Jan-2017	DPA	
27-Jul-2016	Motor vehicle traffic accidents (MVTA)	Corneal abrasions and painful neck

Medication

Acute

Repeat

Altrajuce liquid (Flavour Not Specified)	200ml to be taken twice daily apple, blackcurrant, and orange please	60 x 200 ml	04-Jul-2024
Melatonin 2mg modified-release tablets	Two To Be Taken At Night	56 tablet	07-May-2024

Allergies

No allergies recorded.

Health Status

13-May-2023	Standing height	175	cm
13-May-2023	Body weight	51.2	kg
13-May-2023	Body mass index	16.7	kg/m2
08-Sep-2022	O/E - blood pressure reading	121/83	mmHg
15-Nov-2021	Never smoked tobacco		

Immunisations

DPA

Planned Events

DPA

10-Mar-2110 Primary Care Group

Melatonin Drug Holiday Every 6m - task
pharmacist
Admin tag (DO NOT REMOVE)

Consultations

30-Jul-2024 14:22

Comment

Administration note (Christiana Hartley Medical Practice) WAREING, Shelley (Mrs)

Telephone encounter with Karen Garside Childrens safeguarding lead nurse DPA enquiring if this pt is registered @ the practice. Security checks complete. Karen advised that the police will likely be requesting information. Karen indicated pt involved in serious incident that took place yesterday in Southport, highly sensitive case. Informed Karen a radicalisation alert is on pt records, Karen stated it is not likely that this case involves radicalisation. Karen advised to ensure pt records are confidential from staff and are locked. Advised Karen I will lock records and advise ALF of situation

07-May-2024 10:48	Administration note (Christiana Hartley Medical Practice) Dagnall, Emma (Mrs)
Comment	Telephone encounter - Dad discussed for GP to prescribe melatonin has to agree to 2wk drug holiday every 6m he agreed to this needs a prescription takes 2 x melatonin 2mg tablets at night
Medication	(NOT ISSUED) Melatonin 2mg modified-release tablets Two To Be Taken At Night, 56 tablet
Follow up	Diary Entry Follow-up encounter (14-Oct-2024) Melatonin Drug Holiday Every 6m - task pharmacist
29-Apr-2024 17:21	Administration note (Christiana Hartley Medical Practice) Dagnall, Emma (Mrs)
Comment	Failed encounter - message left on answer machine to discuss melatonin & advise needs to agree to 6 monthly drug holiday for GP to prescribe it
16-Apr-2024	Inbound Document Woolley, Jordan (Mr)
Document	Entered By: EXTERNAL USER, () Inbound document CAMHS
Additional	Incoming mail processing task sent to ED - on appt page to discuss
18-Mar-2024 12:10	accuRx Consultation BEST, Harvey (Mr)
Comment	Patient mobile telephone number DPA SMS text message sent to patient Hi Axel, Please send any future prescription requests to us via our dedicated prescriptions email found below. prescriptions.christiana@nhs.net You can request a repeat of any of your medication up to 7 days before you run out in order to allow plenty of time for it to be processed and organised by your chemist. Thanks, Harvey Christiana Hartley Medical Practice
28-Feb-2024	Inbound Document Stoyanova, Sara (Mrs)
Document	Entered By: EXTERNAL USER, () Administrative procedure Community Paediatric Dietitian
Additional	Incoming mail processing Added to CP Admin
09-Feb-2024 08:53	Scanned document (Christiana Hartley Medical Practice) Woolley, Jordan (Mr)
Document	Entered By: JOHNSON, Courtney (Miss) Scanned document (06-Feb-2024) ADHD Referral Rejection
Additional	Incoming mail processing (14-Feb-2024) Task to DJ Referral rejected (08-Feb-2024)
17-Jan-2024 08:21	GP Surgery (Christiana Hartley Medical Practice) Turner, Caroline (Miss)
History	Telephone consultation with pt wants an appointment with urology asap informed pt referral was done in Nov pt is not experiencing any new symptoms explained he needs to wait for the appointment to be given
16-Jan-2024	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr)
myGP	Short message service text message sent to patient Appt reminder: 17 Jan at 8:20AM with Miss Caroline Turner at Christiana Hartley M/Prac. This is a telephone consultation, please be aware that due to the demand upon our services, your telephone call may not take place at the exact time that you have booked. Please ensure that you keep your phone with you so that the call is not missed but be mindful that the call may be within the hour before or after the allocated time slot. We thank you for your patience.
14-Jan-2024	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr)
myGP	Short message service text message sent to patient Appt reminder: 17 Jan at 8:20AM with Miss Caroline Turner at Christiana Hartley M/Prac. This is a telephone consultation, please be aware that due to the demand upon our services, your telephone call may not take place at the exact time that you have booked. Please ensure that you keep your phone with you so that the call is not missed but be mindful that the call may be within the hour before or after the allocated time slot. We thank you for your patience.
10-Nov-2023 19:50	Externally Entered Painter, Carla (Mrs)

	Entered By: , System User ()
Lab Results	Urinary MC&S (cpain) - 00.NORMAL
10-Nov-2023 14:10	Administration note (Christiana Hartley Medical Practice) WOOLLEY, Jordan (Mr)
Comment	++ protein no blood present sent off as per DJ
Test Request	Microbiology - Unknown specimen Test Request : Urine culture
08-Nov-2023 17:04	Outbound Referral (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
	Entered By: MAWSON, Nicole (Miss)
Document	e-RS Letter (08-Nov-2023) NHS e-Referral UBRN 000418695775 for Urology referral, NHS e-RS UBRN 000418695775 for Urology referral
Referral	Urology referral To: NHS e-Referral Service
08-Nov-2023 16:39	GP Surgery (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
Problem	DPA
History	
Examination	
Comment	
07-Nov-2023	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr)
myGP	Short message service text message sent to patient Appt reminder: 08 Nov at 4:30PM with Mr David Johnson at Christiana Hartley M/Prac. If you can't attend text back CANCEL.
06-Nov-2023 15:11	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
Problem	DPA
History	
Comment	
	tci
09-Oct-2023 15:49	Telephone consultation (Christiana Hartley Medical Practice) PAINTER, Carla (Mrs)
History	Telephone encounter - with patients carers Patients father has been thinking Axel has ADHD for 10 years He has seen physchiatrist several times in the past but he said they don't assess this they just medicate people His behaviour is getting worse Hyperactive and inpatient He is suppose to go to Presfield which is special school but due to behaviour doesn't go Suffers from anxiety Has diagnosis of Autisim already Father was told to complete ADHD referral for Alder Hey now has been toldd by them that they will not accept it and needs to be through GP Discussed with referral team and happy to refer to Adult pathway due to age and send

		forms with this to support it
03-Oct-2023		Inbound Document BEST, Julian (Mr) Entered By: EXTERNAL USER, ()
	Problem	Dietitian (First)
	Document	Inbound document 📄 nutrition and dietetics
	Additional	Letter from specialist dietetics and nutrition Incoming mail processing (04-Oct-2023) task created for phramacist - actioned by ED - altered dose & flavours of altrajuce
20-Jun-2023		Scanned document (Christiana Hartley Medical Practice) BARLOW, James (Mr)
	Document	Inbound document 📄 Alder hey ADHD Assessment Referral Form
24-May-2023 14:14		accuRx Consultation WOOLLEY, Jordan (Mr)
	Comment	Patient mobile telephone number DPA SMS text message sent to patient Hi Axel, Many thanks To view your attachment, please follow this link: (link will autogenerate here) Thanks, Jordan A Woolley Christiana Hartley Medical Practice Attachments: Inbound document RUDAKUBANA, Axel (Mr) 1410 24-May-2023.rtf
17-May-2023 09:34		Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
	Problem	Autistic disorder (First)
	History	call to Axel-permission given to s/w father re health and well being s/w father under CAMHS and comm paedcs- ASD/Anxiety last paedcs letter suggesdting referral father asking re referral for ADSD has had an email from his school-stating GP is the the person to make referral not the school advised father most referrals do infact come from the school as they are most familiar with axel and pick up on issues ealier. advised can s/r will send paperwork
	Document	Inbound document 📄 (24-May-2023) ADHD referral form Alder Hey
17-May-2023		Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr)
	myGP	Short message service text message sent to patient How was your recent experience with your GP surgery? Follow the link to leave anonymous feedback. Don't reply to this text. https://www.pcm.nhs.uk/fft/woz
16-May-2023		Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr)
	myGP	Short message service text message sent to patient Appt reminder: 17 May at 9:30AM with Mr David Johnson at Christiana Hartley M/Prac. This is a telephone consultation, please be aware that due to the demand upon our services, your telephone call may not take place at the exact time that you have booked. Please ensure that you keep your phone with you so that the call is not missed but be mindful that the call may be within the hour before or after the allocated time slot. We thank you for your patience.
13-May-2023		Scanned document (Christiana Hartley Medical Practice) BEST, Julian (Mr) Entered By: CULSHAW, Fleur (Mrs)
	Document	Scanned document 📄 Dietetics
	Additional	Body mass index 16.7 kg/m2 • Seen in dietician clinic • Body weight 51.2 kg • Standing height 175 cm
28-Feb-2023		Inbound Document WOOLLEY, Jordan (Mr) Entered By: EXTERNAL USER, ()
	Document	Inbound document 📄 CAMHS
	Additional	Seen by child and adolescent mental health service
26-Feb-2023		Inbound Document CROSS, Paula (Mrs) Entered By: EXTERNAL USER, ()
	Comment	Advice to stop taking a drug - sertraline - reduce dose & stop

	Document	Clinical document  CAMHS
	Additional	Incoming mail processing (27-Feb-2023) Task to Pharmacists Telephone contact by consultant • Body weight (28-Dec-2022) 60.4 kg
31-Jan-2023		Inbound Document: CROSS, Paula (Mrs) Entered By: EXTERNAL USER, ()
	Comment	see by CP no action req.
	Document	Clinical document  Paediatrics
	Additional	Telephone contact by consultant • Body weight (Jan-2023) 60.4 kg • Discharged from outpatients Incoming mail processing (01-Feb-2023) Workflow tray
11-Jan-2023		Inbound Document: BEST, Lily (Miss) Entered By: EXTERNAL USER, ()
	Medication	Sertraline 50mg/5ml oral suspension This is UNLICENSED - CAHMS prescribing - increasing weekly until on 75mg od 0 ml This medication has replaced Fluoxetine 20mg/5ml oral solution sugar free Reason: changed to sertraline by CAHMS
	Document	Inbound document  (09-Jan-2023) CAMHS
	Additional	Incoming mail processing task to pharmacy Seen by child and adolescent mental health service (09-Jan-2023)
01-Nov-2022 16:24		GP Surgery (Christiana Hartley Medical Practice) GLEAVE, Sheila (Mrs)
	Comment	Incoming mail processing task sent to pharmacist Altrajuce not longterm solution for him to meet his nutritional needs - short term whilst he makes positive dietary changes
	Document	Inbound document  PRESCRIPTION REQUEST
01-Nov-2022 10:14		Administration note (Christiana Hartley Medical Practice) DAGNALL, Emma (Mrs)
	Comment	Telephone encounter - his guardian re sip feeds using more than 1 sip feed per day as needs to have 3,000 calories per day advised we have prescribed what dietician has told us to prescribe advised they need to contact dietician to review this & then dietician needs to inform us if it is appropriate to give more than 32 x ensure juc for the month
26-Sep-2022		GP Surgery (Christiana Hartley Medical Practice) BEST, Lily (Miss) Entered By: MCKENNA, Ann (Miss)
	Medication	(NOT ISSUED) Altrajuce liquid (Flavour Not Specified) 200ml to be taken daily apple, blackcurrant, stawberry and orange please, 32 x 200 ml
	Document	Inbound document  Nutrician & Dietetics
	Additional	Incoming mail processing (27-Sep-2022) task sent to pharmacy Seen by dietitian
08-Sep-2022		Inbound Document: CROSS, Paula (Mrs) Entered By: EXTERNAL USER, ()
	Document	Inbound document  Paediatrics to Psychiatry
	Additional	Seen in paediatric clinic • Pulse rate 86 beats/min • Standing height 172.3 cm • Body weight 50.5 kg • O/E - blood pressure reading 121/83 mmHg
02-Sep-2022		Inbound Document: CROSS, Paula (Mrs) Entered By: EXTERNAL USER, ()
	Medication	Fluoxetine 20mg/5ml oral solution sugar free Prescribed by CAHMS - 4mg ie 1ml daily 0.001 ml This medication has replaced Sertraline 50mg tablets Reason: changed to fluoxetine by CAHMS
	Document	Inbound document  CAMHS
	Additional	Body weight (23-May-2022) 45.4 kg • Seen by child and adolescent mental health service • Body weight (01-Aug-2022) 48.4 kg

Incoming mail processing (05-Sep-2022) Task created for Pharmacists - Please see CAMHS
ltr 02.09.22

05-Aug-2022	myGP	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient How was your recent experience with your GP surgery? Follow the link to leave anonymous feedback. Don't reply to this text. https://www.pcm.nhs.uk/fft/woz
04-Aug-2022	myGP	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient Appt reminder: 05 Aug at 2:50PM with Mr David Johnson at Christiana Hartley M/Prac. This is a telephone consultation, please do not attend the surgery. Thank you.
03-Aug-2022 14:25	Problem History Comment Medication	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr) DPA
03-Aug-2022	Medication	GP Surgery (Christiana Hartley Medical Practice) BEST, Julian (Mr) Entered By: GLEAVE, Sheila (Mrs) (NOT ISSUED) Forceval capsules (Forum Health Products Ltd) One Capsule To Be Taken Daily In The Evening One Hour After A Meal, 30 capsule (NOT ISSUED) Colecalciferol 800unit capsules One To Be Taken Each Day, 30 capsule
	Document	Inbound document  NUTRITION & DIETETICS
	Additional	Incoming mail processing (08-Aug-2022) task created for pharmacists- please see nutrition and dietetics letter of the 8th august. thank you. Body mass index 16.1 kg/m2 • Body weight 48.5 kg • Standing height 173.8 cm • Seen by dietitian
03-Aug-2022	myGP	Christiana Hartley Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient How was your recent experience with your GP surgery? Follow the link to leave anonymous feedback. Don't reply to this text. https://www.pcm.nhs.uk/fft/woz
19-Jul-2022 15:33	Comment	Administration note (Christiana Hartley Medical Practice) WAREING, Jess (Miss) telephone encounter with mum- advised pt turning 16, mum and dads mobile numbers are currently on record. advised mum that parents number is not appropriate once pt turns 16. requested mobile number for pt. none given. advised mobile numbers will be removed. d/w sw. advised to remove mobile numbers.
23-Jun-2022	Document	Inbound Document CONNOLLY, Tracy (Mrs) Entered By: EXTERNAL USER, () Inbound document  CAMHS Copy ltr
	Additional	Body mass index 77.7 kg/m2 • Body weight 45.5 kg • Standing height 172 cm
14-Jun-2022	Problem Document Additional	Inbound Document CROSS, Paula (Mrs) Entered By: EXTERNAL USER, () DPA
01-Jun-2022 16:43		Administration note (Christiana Hartley Medical Practice) DAGNALL, Emma (Mrs)

Comment	Telephone encounter - Mum Vitamin D insufficiency advised needs to take Vit D OTC 800IU won't take tablet daily because he is autistic wished to have tablets prescribed that doesn't have to take every day will try to speak their son & will get back to us if refuses to take
31-May-2022 12:41	Administration note (Christiana Hartley Medical Practice) BEST, Lily (Miss)
Comment	previous EBV serology was in incorrect sample pot booked for bloods again Telephone encounter with pts dad informed re blood results discussed vit d deficiency advised OTC meds states pt will not take a tablet daily - despite this dad wants the colecalciferol prescribed > have sent task to pharmacy to discuss
Test Request	Serology - Unknown specimen Test Request : EBV serology Blood Sciences - Unknown specimen Test Request : Serum Iron Studies
31-May-2022 06:14	Externally Entered FARRELL, Adele (Dr) Entered By: , System User ()
Lab Results	Sample Not Processed (25-May-2022) (amck) - 18. Sample unsuitable for analysis - repeat
30-May-2022 15:44	Externally Entered HARKINS, Nicky (Dr) Entered By: , System User ()
Lab Results	Tissue transglutaminase IgA lev (26-May-2022) (Nicky.Harkins) - 00.NORMAL
28-May-2022 06:11	Externally Entered MUIR, Phil (Mr) Entered By: , System User ()
Lab Results	Serum prolactin level (26-May-2022) (pmu) - 00.NORMAL
27-May-2022 10:04	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Total white cell count (26-May-2022) (cpain) - 02. Acceptable result for this patient
27-May-2022 10:04	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Serum free T4 level (26-May-2022) (cpain) - 00.NORMAL Serum TSH level (26-May-2022) (cpain) - 00.NORMAL
27-May-2022 06:43	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Serum total 25-OH vit D level (26-May-2022) (cpain) - 07. Vitamin D insufficiency - advise OTC supplement
27-May-2022 06:43	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Serum alkaline phosphatase (26-May-2022) (cpain) - 00.NORMAL Calc + Alb (26-May-2022) (cpain) - 00.NORMAL eGFR (CKD-EPI) (26-May-2022) (cpain) - 00.NORMAL Liver function test (26-May-2022) (cpain) - 00.NORMAL Serum magnesium level (26-May-2022) (cpain) - 00.NORMAL Serum inorganic phosphate (26-May-2022) (cpain) - 00.NORMAL Urea and electrolytes (26-May-2022) (cpain) - 00.NORMAL
27-May-2022 06:34	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Serum lipids (26-May-2022) (cpain) - 00.NORMAL
27-May-2022 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Plasma glucose level (26-May-2022) (cpain) - 00.NORMAL
27-May-2022 06:14	Externally Entered PAINTER, Carla (Mrs)

	Entered By: , System User ()
Lab Results	Erythrocyte sedimentation rate (26-May-2022) (cpain) - 00.NORMAL
27-May-2022 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	! Full blood count - FBC (26-May-2022) (cpain) - 01. Minor Abnormality - no action needed
26-May-2022 14:54	Telephone consultation (Christiana Hartley Medical Practice) BOND, Mark (Dr)
Comment	ECG normal range
26-May-2022 14:17	GP Surgery (Christiana Hartley Medical Practice) MCLOUGHLIN, Jill (Miss)
Comment	urine sample pot and form given to patient ECG done advised Axel and mum any investigations out of range they will be contacted urine sample will be returned tomorrow for EBV advised we do not do blood test for Vit D advised PM of BP and happy for Axel to go home
Procedure	Tympanic temperature 36.6 degrees C • O/E - blood pressure reading 93/64 mmHg • Pulse rate 83 beats/min • O/E - pulse rhythm regular • Standing height 172 cm • Body weight 46 kg • Body mass index 15.55 kg/m2
Additional	Haematology test performed Comment note Appropriate PPE worn throughout consultation Consent given for blood test Patient given advice Patient advised to phone in 2 working days for blood results
26-May-2022	Christiana Hartley Road Medical Practice MCLOUGHLIN, Jill (Miss)
Additional	Attachment  ECG Test. PDF Report.
Examination	Standard ECG
25-May-2022 15:48	Administration note (Christiana Hartley Medical Practice) PEARCE, Claire (Mrs)
Examination	Standing height 172 cm • Body weight 45.5 kg • Body mass index 15.38 kg/m2
Comment	Email from Sam Steed Senior Mental Health Practitioner/Case Manager Sefton Specialist CAMHS Appointment to be arranged for Axel ASAP Requires: BP, Pulse, Temp, Height, Weight FBC, U&E's, TFT's, LFT's, Glucose, ESR, Bone Profile, magnesium and phosphate levels and Coeliac screen, Epstein Barr virus, vitamin D levels, prolactin levels and lipids) today. Baseline ECG
Document	Email received from third party  Email received from third party (25-May-2022)
Test Request	Blood Sciences - Unknown specimen Test Request : Serum Anti-tTG / ATTG / Coeliac Screen Test Request : Bone Screen (Calcium,Albumin,Phosph,ALP) Test Request : Serum calcium Test Request : Erythrocyte Sedimentation Rate Test Request : Full Blood Count Test Request : Plasma Random Glucose Test Request : Serum Liver Function Test / LFT Test Request : Serum Magnesium Test Request : Serum Phosphate Test Request : Serum Prolactin Test Request : Serum Random Lipids Test Request : Serum TSH / TFT / Thyroid Function Test Test Request : Serum UE: Urea&Electrolytes&Creatinine Test Request : Vitamin D Serology - Unknown specimen Test Request : EBV serology
25-May-2022	Inbound Document WOOLLEY, Jordan (Mr) Entered By: EXTERNAL USER, ()
Comment	Hospital prescription - re-start sertraline 50mg & increase to 75mg daily
Document	Inbound document  CAMHS
Additional	Incoming mail processing Task sent to pharmacy

Standing height 172 cm • Seen by child and adolescent mental health service • Body weight 45.4 kg

13-May-2022	Inbound Document	SCHOFIELD, Katrine (Miss)
	Entered By:	EXTERNAL USER, ()
	Document	Inbound document CAMHS
	Additional	Letter from consultant
12-May-2022 13:23	Telephone consultation (Christiana Hartley Medical Practice)	DEMPSEY, Angela (Mrs)
	Problem	Excessive salivation (Review)
	History	Telephone triage due to current outbreak covid-19 - pt details checked Spoke to dad Hypersalivation past 4 years Worse in social environment Last dental review recently - for dental pain/cavity No pain No oral lesions No problems with swallow - eating and drinking as normal No dysphagia Not drooling Not a problem inside the house - only occurring when outside Stops him from going to sleep/going out etc Under CAMHS No mobility problems No speech problems Takes sertraline as supplied by AHCH
	Comment	Up to date dental review Has upcoming psychologist review at AHCH next few weeks - will discuss with him re symptoms - likely related to anxiety - may need review of sertraline as provided by secondary care
09-May-2022 16:22	GP Surgery (Christiana Hartley Medical Practice)	MUIR, Phil (Mr)
	Problem	Excessive salivation (First)
	History	worse in school under camhs problem for 4 years no drooling dentist - a month ago - filling no pain
	Comment	advice Discussion about clinical red flag warning sign
09-May-2022 16:21	GP Surgery (Christiana Hartley Medical Practice)	MUIR, Phil (Mr)
	Comment	called no reply
06-May-2022 10:51	GP Surgery (Christiana Hartley Medical Practice)	MUIR, Phil (Mr)
	Comment	called no reply
06-May-2022 10:30	GP Surgery (Christiana Hartley Medical Practice)	MUIR, Phil (Mr)
	Comment	called no reply
06-May-2022 09:58	GP Surgery (Christiana Hartley Medical Practice)	MUIR, Phil (Mr)
	Comment	called no reply
05-May-2022 16:01	Administration note (Christiana Hartley Medical Practice)	BARLOW, James (Mr)
	Comment	Telephone encounter with pts dad pt is secreting excessive saliva advised not medical emergency, dad agreed, will call back tomorrow for appt
05-May-2022 15:31	Telephone consultation (Christiana Hartley Medical Practice)	DEMPSEY, Angela (Mrs)
	History	Failed encounter - no answer 15.33 (either mobile) Will need to re-book

05-May-2022 14:58	Telephone consultation (Christiana Hartley Medical Practice) DEMPSEY, Angela (Mrs)
History	Failed encounter - both mobiles 15.00
14-Apr-2022 14:33	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
History	called mob x 3 no answer
13-Apr-2022 09:42	GP Surgery (Christiana Hartley Medical Practice) RHODES, Susan (Mrs)
	Entered By: CULSHAW, Fleur (Mrs)
Comment	Task sent to pharmacist Advised to stop Altraplen Medication commenced - Forceval od for disease related malnutrition
Medication	(NOT ISSUED) Forceval capsules (Forum Health Products Ltd) One Capsule To Be Taken Daily One Hour After A Meal, 30 capsule
Document	Incoming mail  (11-Apr-2022) Dietetics
08-Apr-2022 12:37	Administration note (Christiana Hartley Medical Practice) SHOUKRY, Anthony (Mr)
Comment	Records updated to reflect letter from CAMHS Sertraline increased to 100mg daily for 2 months To be stopped if no benefit observed
07-Apr-2022	Inbound Document SCHOFIELD, Katrine (Miss)
	Entered By: EXTERNAL USER, ()
Document	Inbound document  CAMHS
Additional	Incoming mail processing (08-Apr-2022) Task sent to pharmacy team - please see CAMHS letter dated 07.04.2022 Letter from consultant
15-Mar-2022 15:18	GP Surgery (Christiana Hartley Medical Practice) CROSS, Paula (Mrs)
	Entered By: BARLOW, James (Mr)
Medication	(NOT ISSUED) Altrajuce liquid (Flavour Not Specified) 200ml to be taken daily, 28 x 200 ml (NOT ISSUED) Nutricrem dessert (Flavour Not Specified) 125g to be taken daily, 3500 gram
Document	Inbound document  Dietetics
Additional	Incoming mail processing Task created for Pharmacists - Please see Dietetics ltr of 15.03.22 Seen by dietitian
09-Mar-2022 15:39	GP Surgery (Christiana Hartley Medical Practice) WOOLLEY, Jordan (Mr)
Medication	(NOT ISSUED) Altraplen Compact liquid (Flavour Not Specified) 125ml to be taken twice a day - strawberry and vanilla flavour, 7000 ml
Document	Scanned document  Dietetics
Additional	Incoming mail processing task sent to pharmacy Seen by dietitian
26-Feb-2022	Inbound Document SCHOFIELD, Katrine (Miss)
	Entered By: EXTERNAL USER, ()
Document	Inbound document  Extended hours
Additional	Attended extended hours clinic
25-Feb-2022 14:34	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
Comment	Failed encounter - no answer when rang back
25-Feb-2022 14:26	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
Comment	Failed encounter - no answer when rang back
25-Feb-2022 14:25	Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
History	Failed encounter - no answer when rang back
22-Feb-2022 12:09	GP Surgery (Christiana Hartley Medical Practice) MUIR, Phil (Mr)
Comment	patient thinks he has adhd advice self refral through alder hey
13-Dec-2021 18:26	Administration note (Christiana Hartley Medical Practice) RHODES, Susan (Mrs)
Document	Medication requested  (11-Nov-2021) JMW Solicitors Subject access request completed  emailed to solicitors

Additional	Date report received: 11/01/21 Requester: JMW Law Reference Number: Medical Report LUM/7/JMAJ/665106C.1/Rudakubana Written consent received from patient: Yes Date verbal consent discussed 29/11/21 discussed with Axel, wants direct to solicitor What date range is requested? Full PASSWORD: DPA Does the patient want to see the report before being sent? No Where is the report to be sent? jessica.major@jmw.co.uk Date sent 13/12/21
13-Dec-2021 14:10	Christiana Hartley Medical Practice CROSS, Paula (Mrs) Entered By: CONNOLLY, Tracy (Mrs)
Document	Inbound document Dermatology
Additional	Seen in dermatology clinic
07-Dec-2021	Christiana Hartley Medical Practice WOOLLEY, Jordan (Mr) Entered By: HARRIS, Beth (Miss)
Document	Inbound document Paediatric Dietitian
Additional	Seen by dietitian • Body mass index 15.6 kg/m2 • Body weight 45.8 kg • Standing height 171.6 cm Follow-up (09-Dec-2021) Continue to monitor vitamin D and iron
22-Nov-2021 10:03	accuRx Consultation FARRELL, Adele (Dr)
Comment	Patient mobile telephone number DPA SMS text message sent to patient Hi Axel, Please reply to this text with a photograph of your condition, this will be reviewed by a clinician. By sending a photograph you are giving consent for it to be stored in your medical records. If you do not consent to the photograph being stored in your records please tell the clinician. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Adele Farrell Christiana Hartley Road Medical Practice
22-Nov-2021 10:00	GP Surgery (Christiana Hartley Medical Practice) FARRELL, Adele (Dr)
History	Telephone encounter with dad Scar on forehead Aged 2 years No AED attendance Healed on its own No sutures Right sided Above eyebrow 2cm raised light brown in colour Wants removing
Comment	advised PLCP asked for photograph - child declined absolutely not happy demanding referral refer dermatology routinely
Document	e-RS Letter (22-Nov-2021) NHS e-Referral UBRN 000375398597 for Referral to dermatologist, NHS e-RS UBRN 000375398597 for Referral to dermatologist
Referral	Referral to dermatologist To: NHS e-Referral Service
15-Nov-2021 13:40	GP Surgery (Christiana Hartley Medical Practice) BRADLEY, Pam (Mrs)
Comment	post vaccine advise given Informed consent for procedure no CI to live vaccine
Procedure	Standing height 174 cm • Body weight 45 kg • Body mass index 14.86 kg/m2 • Administration of first intranasal seasonal influenza vaccination Manufacturer: fluenz tetra , Expiry Date: 03-Jan-2022, Batch Number: Nj25238, GMS: GMS

	Social	Never smoked tobacco
15-Nov-2021	myGP	Christiana Hartley Road Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient How was your recent experience with your GP surgery? Follow the link to leave anonymous feedback. Don't reply to this text. https://www.pcm.nhs.uk/fft/woz
14-Nov-2021	myGP	Christiana Hartley Road Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient Appt reminder: 15 Nov at 1:30PM with Mrs Pam Bradley at Christiana Hartley M/Prac. If you can't attend text back CANCEL.
12-Nov-2021	myGP	Christiana Hartley Road Medical Practice MESSAGING, PATIENT CARE (Mr) Short message service text message sent to patient Appt reminder: 15 Nov at 1:30PM with Mrs Pam Bradley at Christiana Hartley M/Prac. If you can't attend text back CANCEL.
11-Nov-2021 15:24	Problem	Telephone consultation (Christiana Hartley Medical Practice) PAINTER, Carla (Mrs) Verruca plantaris (First)
	History	Child has developd a small verruca Making him anxious Advised re treatment and review sos
11-Nov-2021 15:14	Comment	accuRx Consultation PAINTER, Carla (Mrs) Online questionnaire completed by patient Hi Axel, Please reply to this text with a photograph of your condition, this will be reviewed by a clinician. By sending a photograph you are giving consent for it to be stored in your medical records. If you do not consent to the photograph being stored in your records please tell the clinician. Thanks, Mrs Carla Painter Christiana Hartley Road Medical Practice Response: Patient attached photo
	Additional	https://chain.accurx.com/api/patientupload/8179/10181608/v4ay6yxdy Attachment  Photo submitted by patient
11-Nov-2021 14:22	Comment	accuRx Consultation PAINTER, Carla (Mrs) Patient mobile telephone number DPA SMS text message sent to patient Hi Axel, Please reply to this text with a photograph of your condition, this will be reviewed by a clinician. By sending a photograph you are giving consent for it to be stored in your medical records. If you do not consent to the photograph being stored in your records please tell the clinician. TO RESPOND, please follow this link: (link will autogenerate here) Thanks, Mrs Carla Painter Christiana Hartley Road Medical Practice
11-Nov-2021 14:22	History	Telephone consultation (Christiana Hartley Medical Practice) PAINTER, Carla (Mrs) Telephone encounter - with mother Child has developed a spot on his foot Mother states he is really anxious about it Not painful
25-Oct-2021 14:40	History	GP Surgery (Christiana Hartley Medical Practice) FARRELL, Adele (Dr) parents say that CAMHS suggested referral to eating disorder services No record of any request or suggestion on review of clinic letters Discussed recent bloods - all essentially satisfactory On sertraline Autistic spectrum - with anxiety and depression Refuses to eat normal diet Refuses to eat at all some day Likes McDonalds, insists takeway food which he will eat declines home cooked food Picky eater Getting worse Not losing weight No forced vomiting Feels is underweight Wants to try and increase weight Looks tall and slim

		Lacks energy when not eating properly Walks around house Hardly goes out of the house No school attendance for 4 months No friends No hobbies
Examination		Body weight 45 kg • Standing height 171 cm • Body mass index 15.39 kg/m2 monosyllabic
Comment		Patient referral to dietitian Weight monitoring
Document		Refer to paediatric dietitian (26-Oct-2021) Paediatrics Childrens Community Dietitian
Additional		Administration note Task created
Comment		Referral letter sent by email
25-Oct-2021 14:32		GP Surgery (Christiana Hartley Medical Practice) FARRELL, Adele (Dr)
History		Telephone encounter with dad Regarding recent bloods
25-Oct-2021 14:23		GP Surgery (Christiana Hartley Medical Practice) FARRELL, Adele (Dr)
History		no answer
22-Oct-2021 18:24		Externally Entered BRADLEY, Pam (Mrs) Entered By: , System User ()
Lab Results		HbA1c lev - IFCC standardised (21-Oct-2021) (pbrad) - 00.NORMAL
22-Oct-2021 11:04		Externally Entered PARISH, Maria (Dr) Entered By: , System User ()
Lab Results	!	Total white cell count (21-Oct-2021) (MP12592) - 03. Discuss at routine appointment with clinician
22-Oct-2021 09:04		Externally Entered PARISH, Maria (Dr) Entered By: , System User ()
Lab Results		Serum free T4 level (21-Oct-2021) (MP12592) - 00.NORMAL Serum TSH level (21-Oct-2021) (MP12592) - 00.NORMAL
22-Oct-2021 06:14		Externally Entered FARRELL, Adele (Dr) Entered By: , System User ()
Lab Results	!	Full blood count - FBC (21-Oct-2021) (amck) - 03. Discuss at routine appointment with clinician
22-Oct-2021 06:14		Externally Entered FARRELL, Adele (Dr) Entered By: , System User ()
Lab Results		Calc + Alb (21-Oct-2021) (amck) - 00.NORMAL eGFR (CKD-EPI) (21-Oct-2021) (amck) - 00.NORMAL Serum ferritin (21-Oct-2021) (amck) - 00.NORMAL Serum folate (21-Oct-2021) (amck) - 00.NORMAL Liver function test (21-Oct-2021) (amck) - 00.NORMAL Urea and electrolytes (21-Oct-2021) (amck) - 00.NORMAL Serum vitamin B12 (21-Oct-2021) (amck) - 00.NORMAL
21-Oct-2021 17:09		GP Surgery (Christiana Hartley Medical Practice) HORN, Lynn (Mrs)
Additional		Haematology test performed - calc, fbc, fe, fola, glychb, lft, tsh, ue, vb12 Comment note Appropriate PPE worn throughout consultation Consent given for blood test Patient given advice Patient advised to phone in 2 working days for blood results
20-Oct-2021 10:37		Telephone consultation (Christiana Hartley Medical Practice) BOND, Mark (Dr)
Problem		Discussed with father.
History		Not eating and not gaining weight. CAMHS has told father needs referral to Eating Disorders Clinic. Needs bloods, father will make appointment
Test Request		Blood Sciences - Unknown specimen

Test Request : Serum calcium
Test Request : Full Blood Count
Test Request : Serum ferritin
Test Request : Serum folate
Test Request : HbA1c Diagnosis & Monitoring diabetes
Test Request : Serum Liver Function Test / LFT
Test Request : Serum TSH / TFT / Thyroid Function Test
Test Request : Serum UE: Urea&Electrolytes&Creatinine
Test Request : Serum Vitamin B12

13-Oct-2021	Inbound Document CROSS, Paula (Mrs) Entered By: EXTERNAL USER, ()
Comment	Drug treatment stopped - medical advice - propranolol
Medication	Sertraline 50mg tablets HOSPITAL PRESCRIBED & SUPPLIED > NOT TO BE PRESCRIBED BY GP > 75mg daily 0.001 tablet
Document	Inbound document [DPA] CAMHS
Additional	Incoming mail processing (20-Oct-2021) - Task created for Pharmacists - Please see CAMHS ltr of 13.10.21 Telephone contact by consultant Follow-up arranged few weeks
29-Sep-2021	Inbound Document SCHOFIELD, Katrine (Miss) Entered By: EXTERNAL USER, ()
Document	Inbound document [DPA] CAHMS
Additional	Seen by child and adolescent mental health service Follow-up arranged 4 weeks Incoming mail processing Task sent to pharmacy team - please see CAHMS letter dated 29.09.2021
22-Jul-2021 16:34	Telephone call to a patient (Christiana Hartley Medical Practice) AYRES, Jane (Mrs)
Comment	spoke to Mum who wanted reassurance over dose of vitamin d
20-Jul-2021 11:07	Administration note (Christiana Hartley Medical Practice) DAGNALL, Emma (Mrs)
Comment	Telephone encounter with Dad > started taking colecalciferol 10,000IU on 2.7.21 and stopped taking 2 days ago > wants tablets > fussy eater so won't be able to take it with food > had 16/17 days of treatment so needs 140/130 units of colecalciferol to make 300,000unit treatment course >wants to have tablets > colecalciferol 25,000IU > only licensed for total dose of 75,000IU over 6 wks in 12-18yrs > PanMersey states total 300,000IU can be issued if compliance is an issue > will request issue
Medication	(NOT ISSUED) Colecalciferol 25,000unit tablets Two To Be Taken Weekly For Two Weeks Then One To Be Taken For Third week, 5 tablet This medication has replaced Colecalciferol 10,000units/ml oral drops sugar free Reason: Refusing to take
Test Request	Blood Sciences - Unknown specimen Test Request : Serum calcium Test Request : Vitamin D
Additional	Administration note Task created for blds then review with clinicain
20-Jul-2021 10:04	Christiana Hartley Road Medical Practice DAGNALL, Emma (Mrs)
Comment	Patient mobile telephone number [DPA] SMS text message sent to patient Hi Axel,Have tried to speak to you regarding your Colecalciferol oral drops and would be grateful if you could please phone me back Thanks, Emma DagnallChristiana Hartley Road Medical Practice
20-Jul-2021 09:55	Administration note (Christiana Hartley Medical Practice) DAGNALL, Emma (Mrs)
Comment	wont take vitamin d oral as doesntlike taste can we change to tablets Currently prescribed colecalciferol 10,000IU daily for 8 weeks > issued on 1.7.21 so may have taken for 2.5 wks? Failed encounter - message left on answer machine - to find out how many days/weeks of colecalciferol 10,000IU he has completed

Could change to 25,000IU tablets two weekly to make total dose of 300,000

12-Jul-2021	Inbound Document BEST, Lily (Miss) Entered By: EXTERNAL USER, ()
Problem	Autism spectrum disorder (Review)
Comment	Consultation via video conference audio only Discharged from follow-up
Document	Inbound document [icon] (07-Jul-2021) developmental paediatrics
Problem	Anxiety disorder (Review)
05-Jul-2021 11:19	Telephone consultation (Christiana Hartley Medical Practice) BOND, Mark (Dr)
Problem	Iron deficiency (First)
Comment	Intolerant of liquid Fe. Keen to try tablets. Standard advice.
Medication	Ferrous fumarate 210mg tablets One To Be Taken Twice A Day 84 tablet
02-Jul-2021	Inbound Document BROWN, Tracy (Mrs) Entered By: EXTERNAL USER, ()
Problem	Anxiety disorder (New) - With avoidance behaviours
Medication	Propranolol 10mg tablets one to be taken twice a day - issued by the hospital 0 tablet
Document	Inbound document [icon] CAMHS
Additional	Incoming mail processing task sent to pharmacy team ?to add for notes/hospital Telephone contact by consultant
Problem	Autism spectrum disorder (Review)
01-Jul-2021 15:36	Telephone consultation (Christiana Hartley Medical Practice) HARKINS, Nicky (Dr)
History	Remote consultation carried out in line with government guidance on management of covid-19 pandemic spoke to mum re blood results Vit D deficient and low ferritin Very tired all the time Poor diet generally Discussed supplementation - happy to try
Comment	Prescribed colecalciferol 10,000 units daily for 8 weeks, as per PanMersey guidelines for paed's vit D supplementation Also issued script for iron supplements Will need review after 8 weeks
24-Jun-2021 11:04	Externally Entered STATHAM, Alison (Dr) Entered By: , System User ()
Lab Results	HbA1c lev - IFCC standardised (23-Jun-2021) (asta) - 00.NORMAL
24-Jun-2021 09:24	Externally Entered STATHAM, Alison (Dr) Entered By: , System User ()
Lab Results	Serum free T4 level (23-Jun-2021) (asta) - 00.NORMAL Serum TSH level (23-Jun-2021) (asta) - 00.NORMAL
24-Jun-2021 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	! Serum ferritin (23-Jun-2021) (cpain) - 03. Discuss at routine appointment with clinician Serum folate (23-Jun-2021) (cpain) - 00.NORMAL Serum vitamin B12 (23-Jun-2021) (cpain) - 00.NORMAL
24-Jun-2021 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	! Serum total 25-OH vit D level (23-Jun-2021) (cpain) - 03. Discuss at routine appointment with clinician
24-Jun-2021 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	! Full blood count - FBC (23-Jun-2021) (cpain) - 02. Acceptable result for this patient

24-Jun-2021 06:14	Externally Entered PAINTER, Carla (Mrs) Entered By: , System User ()
Lab Results	Calc + Alb (23-Jun-2021) (cpain) - 00.NORMAL eGFR (CKD-EPI) (23-Jun-2021) (cpain) - 01. Minor Abnormality - no action needed Liver function test (23-Jun-2021) (cpain) - 00.NORMAL Serum inorganic phosphate (23-Jun-2021) (cpain) - 00.NORMAL Urea and electrolytes (23-Jun-2021) (cpain) - 00.NORMAL
23-Jun-2021 17:24	GP Surgery (Christiana Hartley Medical Practice) HORN, Lynn (Mrs)
Additional	Haematology test performed - fbc, fer, fola, glychb, lft, tsh, ue, vb12, vitd Comment note Appropriate PPE worn throughout consultation Consent given for blood test Patient given advice Patient advised to phone in 2 working days for blood results
22-Jun-2021 09:10	Telephone consultation (Christiana Hartley Medical Practice) PAINTER, Carla (Mrs)
Problem	Vitamin D deficiency (Review)
History	Telephone encounter - with father Child has ADHD and doesn't eat much He never goes out in the sunshine Father is concerned he is low in vitamins and iron He is wanting some blood tests to prove this as he is refusing vitamins If we can prove from GP he will take them
Test Request	Blood Sciences - Unknown specimen Test Request : Full Blood Count Test Request : Serum ferritin Test Request : Serum folate Test Request : HbA1c Diagnosis & Monitoring diabetes Test Request : Serum Liver Function Test / LFT Test Request : Serum TSH / TFT / Thyroid Function Test Test Request : Serum UE: Urea&Electrolytes&Creatinine Test Request : Serum Vitamin B12 Test Request : Vitamin D
17-Jun-2021 15:51	GP Surgery (Christiana Hartley Medical Practice) MUIR, Phil (Mr)
Document	Letter from outside agency  Letterhead (with pt details)
31-Mar-2021 12:57	Administration note (ROE LANE SURGERY) RANDALL, Chris (Dr)
Problem	Autism spectrum disorder (Review)
History	FATHER IS QUERYING WETHER GENERTTIC TESTIN G FOR FRAGILE X POSSIBLE3 FOR HE And sons no fh he had read about it ? with asd team wiether this aspossible diagnosis then ndad needs ftf review with gp
Comment	Letter to Alder Hey - ASD Team
Document	Administration  (07-Apr-2021) RLS Letterhead (RE: Patient)
19-Mar-2021 16:01	ROE LANE SURGERY ZZZ-SOOKAR, Navin (Dr)
Comment	Patient mobile telephone number: DPA SMS text message sent to patient Hi Axel, Please find attached the details of your referral; read this document carefully and contact the hospital directly, on the number contained within the letter, if you do not hear from them within the specified time. Thanks, Dr Navin SookarPlease view your document here (link will expire in 28 days): floreys.accuorx.com/d/jsfxk523hh You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us.Roe Lane SurgeryAttachments: AR.pdf
19-Mar-2021 15:52	Telephone consultation (ROE LANE SURGERY) ZZZ-SOOKAR, Navin (Dr)
Problem	Reduced concentration (Review)
History	see previous consultation Discussion with Dad - is requesting F2F appointment Dad says he self-referred son to CAMHS unit in Formby ? name/unsure of name 1/52 ago He feels son will benefit from F2F appointment.

Main concerns: Short attention span

I note the letter from Alder Hay from February 2021 - a host of services are available to him and I have forwarded it to him on my last consultation. Father says he has not engaged with these resources

Father says he apparently was not aware of these services.

I again have forwarded the ADHD package to him and encouraged him to engage with these resources

Comment I have forwarded the ADHD Package to Father who agrees to phone these services available to him.

18-Mar-2021 15:22 Telephone consultation (ROE LANE SURGERY) REID, Mairi (Dr)

Problem **Reduced concentration (Review)**

History Remote consultation in line with govt guidance during covid 19 pandemic
Spoke to dad
This consultation was booked in Januray as f/up from MS consultation and they were not expecting it
NS has spoken to Axel last week
Dad says that he is having ongoing problems and didn't read the information sent to him
Says he won't read it because of lack of concentration
Axel is not with him at the moment
Aksing for face to face consultation so can be assessed properly
I asked dad if there were any new concerns since last week - dad says there are problems with his memory, when asked about these dad says he needs assessing in face to face consultation as it is too difficult for them to explain on phone

Comment NS has sent information re. ADHD for him to read last week
I have been unable to determine today if there is a referral being made to ADHD team via school
Dad has requested multiple times that he is seen face to face
Given I am unable to see patients face to face currently - I explained this to dad - I have booked him for further TC with NS tomorrow who can arrange ftf if clinically warranted
Please phone after 4.30pm when Axel is available

12-Mar-2021 15:03 ROE LANE SURGERY ZZZ-SOOKAR, Navin (Dr)

Comment Patient mobile telephone number DPA
SMS text message sent to patient Hi Axel, I have attached the information as requested. Thanks, Dr Navin Sookar Please view your document here (link will expire in 28 days): florey.accurx.com/d/uz53ynjqr You'll need internet on your phone (or you can open the link on a computer). If you cannot open it, please contact us. Roe Lane Surgery Attachments: AR.pdf

12-Mar-2021 14:49 Telephone consultation (ROE LANE SURGERY) ZZZ-SOOKAR, Navin (Dr)

Problem **Reduced concentration (Review)**

History Previous consultations with similar concerns.
Started school on Monday - for one hour. One on one with teacher - Maths/English.
Favourite subject - English.
Says he doesn't have any friends at school.
Lives with parents with brother - reports no issues.
Learning German at moment - podcasts/videos. Says he just wants to learn a new language.
Doesn't play any sports. Enjoys watching TV/movies.
Moods says feel stable at moment. No suicidal ideation.
Describes difficulty visualising words when he reads - has been ongoing for a few months.

Comment Information booklet forwarded to Axel with relevant contact numbers for further follow-up and support
Specifically - for mood disturbances/CAMHS Crisis team - for parenting advice
- Sefton ADHD Children's service

24-Feb-2021 Scanned document (ROE LANE SURGERY) ZZZ-CONNOLLY, Tracy (Mrs)

Entered By: LLOYD, Lynn (Mrs)

Document Sending of opt-in appointment letter  Sending of opt-in appointment letter 24-Feb-2021

16-Feb-2021	Inbound Document	WOOLLEY, Jordan (Mr)
	Entered By:	EXTERNAL USER, ()
	Document	Seen in developmental clinic @ ASD team
12-Feb-2021	Inbound Document	SCHOFIELD, Katrine (Miss)
	Entered By:	EXTERNAL USER, ()
	Problem	Autism spectrum disorder (First)
	Document	Copy of letter from specialist to patient @ Copy of letter from specialist to patient
27-Jan-2021 16:35	Telephone call to a patient (ROE LANE SURGERY)	SHARMA, Manasi (Dr)
	Problem	Reduced concentration (Review)
	History	Remote consultation done keeping in line with government guidelines for covid-19 outbreak Follow up call Spoke to Axel- he was happy he had spoken to me and did not feel like I needed to speak to his father (Father had given the phone to Axel at the start of the call) Spoke to social worker 2 days ago who advised re counselling before medication could be prescribed and he agreed with her that he would do counselling He feels that maybe there will be some progress once he has been commenced on medications No worsening of concentration Attending online school from home and feels he copes fine with it Did not try Kooth and doesn't want to engage in any other talking therapies Feels that speaking to GP isn't changing anything and medication will be a better way forward He feels safe in self. Denies any thoughts of self harm/harm to others/suicidal thoughts- says if he were to ever have such thoughts he would speak to his teacher about this- advised he can also speak to us/family/crisi line (has number)
	Examination	Remains difficult to engage with but has shown some positivity re progress when speaking about medications
	Comment	Safety netted as per my previous consultations Advised that he speak to us if he has any concerns I will task reception to contact Axel in 5-6 weeks as Axel doesn't feel being contacted more frequently is changing much
06-Jan-2021 20:34	Externally Entered	ZZZ-HARKINS, Nicky (Dr)
	Entered By:	, System User ()
	Lab Results	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection result positive (NH) - Positive
11-Dec-2020 16:45	Telephone call to a patient (ROE LANE SURGERY)	SHARMA, Manasi (Dr)
	Problem	Reduced concentration (Review)
	History	Rernote consultation done keeping in line with government guidelines for covid-19 outbreak Called Axel today as requested by his father last week He says he is fine Says has spoken to teacher re concentration issues and that has helped a little ASD team have been in contact and knows they will get back to him Feels he has had many counselling therapies and they don't help and doesn't want to try Kooth at the minute
	Comment	Difficult to engage Axel today Reminded him that I have sent details of Kooth to his father and encouraged to try Safety netted to his father as before and reminded them to contact GP Surgery for further concerns Will ask admin to arrange for a follow up in about 4-5 weeks
02-Dec-2020 13:47	ROE LANE SURGERY	SHARMA, Manasi (Dr)
	Comment	Patient mobile telephone number DPA SMS text message sent to patient Hi Axel, https://www.kooth.com/ This is the link we spoke about during consultation. Thanks, Manasi SharmaRoe Lane Surgery

02-Dec-2020 13:46	Telephone call to relative/carer (ROE LANE SURGERY) SHARMA, Manasi (Dr)
Problem	Reduced concentration (Review)
History	Remote consultation done keeping in line with government guidelines for covid-19 outbreak Follow up call Father picked up- Axel will be late coming home today from school but father advised mondays/thursdays are better or most days around 4.30 (except today) Ongoing issues but no new issues/concerns ASD team have been in contact with Axel and his father and they were told they will get back to them Father said when I spoke to Axel a few weeks ago it helped and he did as I advised so he would like for me to speak to Axel as well when possible next
Comment	Discussed with Dr Trevor Advised re Kooth as well while awaiting ASD Will speak to Axel next friday Advised his father if any new/further concerns to get back in touch with GP Surgery before then- he is happy to do so
02-Dec-2020 10:43	Administration note (ROE LANE SURGERY) SHARMA, Manasi (Dr)
Problem	Failed encounter
Comment	Unable to reach phone Noted ASD team planning further investigations so we can await those
17-Nov-2020	Inbound Document SCHOFIELD, Katrine (Miss) Entered By: EXTERNAL USER, ()
Document	Telephone consultation  Telephone consultation - 17.11.2020
28-Oct-2020 11:16	Telephone call to a patient (ROE LANE SURGERY) SHARMA, Manasi (Dr)
Problem	Reduced concentration (First)
History	Remote consultation done keeping in line with government guidelines for covid-19 outbreak Called number and dad picked up- dad asked I speak to patient directly Axel has been under CAMHS and also seen by ASD- seen end of august but letter dictated yesterday to Surgery- plan for MDT Axel feels this ahs not changed but he has been having poor concentration for many months Well in self otherwise Feels the anxiety is a little better now compared to May In school has been having one to one teacher which he says helps him a little- however, he has not spoken to the teacher regarding concentration issues Says has never had friends at school but is not being bullied and feels safe at school No thoughts of self harm/suicidal thoughts and says if were to have them he would speak to his teacher and understands he could speak to parents or contact GP Surgery
Examination	Difficult to engage with patient which is normal for him as noted on previous consultations A liyylr biy monosyllabic in responses but still responding- writing down numbers where needed
Comment	Advised this is an ongoing issue and symphatised with patient's ongoing frustration- provided number for contact which patient noted Patient did not feel need for me to talk to father today and father had also wanted me to speak to patient Advised speaking to teacher regarding ongoing concentration issue for additional help which patient is open to He is happy for me to call him in 3-4 week's time.
07-Sep-2020	Inbound Document ZZZ-CONNOLLY, Tracy (Mrs) Entered By: EXTERNAL USER, ()
Document	Telephone consultation  Telephone consultation 07-Sept-2020
Additional	Discharged from follow-up

28-Aug-2020	Inbound Document	ZZZ-CONNOLLY, Tracy (Mrs)
	Entered By:	EXTERNAL USER, ()
	Document	Consultation via video conference Consultation via video consultation 28-Aug-2020
02-Jul-2020	Inbound Document	SCHOFIELD, Katrine (Miss)
	Entered By:	EXTERNAL USER, ()
	Comment	(07-Jul-2020) I will put on ASD pathway
	Document	Telephone consultation Telephone consultation -02.07.2020
07-May-2020	Inbound Document	WOOLLEY, Jordan (Mr)
	Entered By:	EXTERNAL USER, ()
	Document	Seen by child and adolescent psychiatrist (07-May-2020) Clinical document
05-May-2020 16:51	Scanned document (ROE LANE SURGERY)	SCHOFIELD, Katrine (Miss)
	Document	Fax sent to: Fax sent to: (05-May-2020)
05-May-2020 11:57	Telephone consultation (ROE LANE SURGERY)	ZZZ-PARISH, Maria (Dr)
	Problem	Anxiety (First)
	History	Remote consultation and triage undertaken in line with Government advice on management of COVID-19 outbreak. initially with dad, says he thinks Axel is anxious and wonders if needs medication and then passed the phone to Axel Axel says he has been feeling nervous and having "social anxiety" when he goes out side or being near other people has been happening for a few years but has been getting worse since the beginning of "quarantine" feels nervous, "not sure if it shows", heart starts beating quickly, not stopping him from going out but feels as though he if he could go out and not meet anyone feels as though people are looking at him, wonders what theyre thinking about him, they think I'm weird, not sure why, feels nervous but not threatened, hasn't done anything about, doesn't feel that he wants to do anything about this other than just not go out, has not ha any thoughts to harm himself or anyone else at all never goes out on his own, always with family is known to CAMHS following forensic, has had "therapy" last seen 3/12 ago, was seen twice in Houghton Street, is now on the waiting list for assessment relating to Autism and ADHD, no f/up planned. Dad is concerned that Axel has been feeling very bored of late and he is worried that this is not healthy, isnt doing any education work, wants to play on the computer or look at TV. Can be aggitated if dad says no to anything or if triest to get him to do school work and smashes things, dad says they tend to clash. Dad thinks he has autism and his mind needs calming down, wonders if medication can be issued. Dad is not concerned that there is any thoughts or plans to harm himelf or anyone else and does not feel that Axel is unsafe in any way. He is concerned that things have escalated in the past and obviously wants to ensure that this never happens again.
	Examination	Axel calm and eloquent on the phone, good rapport, engages with questions well.
	Comment	I will contact CAMHS to ask them to see asap
		safety advive given to dad and Axel, both happy with ths.
	Document	Letter sent to outside agency Letterhead - letter re: patient
17-Apr-2020 10:23	Scanned document (ROE LANE SURGERY)	WOOLLEY, Jordan (Mr)
	Document	Administration Administration (17-Apr-2020)
17-Apr-2020 09:17	Administration note (ROE LANE SURGERY)	SCHOFIELD, Katrine (Miss)
	Additional	Patient allocated named accountable general practitioner • Informing patient of named accountable general practitioner
17-Apr-2020 08:24	Scanned document (ROE LANE SURGERY)	WOOLLEY, Jordan (Mr)
	Document	Administration Administration from Southport Hospital NHS Trust (17-Apr-2020)
07-Apr-2020 10:53	ROE LANE SURGERY	ZZZ-PARISH, Maria (Dr)

Comment Patient mobile telephone number DPA
SMS text message sent to patient Hi Axel, I'm ready to start our consultation via video.
Please enable audio and video. Click the link below to join and wait for me to connect. Dr
Parish Please click the link to begin: (link will autogenerate here) Roe Lane Surgery

07-Apr-2020 10:53 Consultation via video conference (ROE LANE SURGERY) ZZZ-PARISH, Maria (Dr)

Problem
History

Examination

Comment

DPA

19-Dec-2019 16:07 GP Surgery (ROE LANE SURGERY) ZZZ-HARKINS, Nicky (Dr)

Problem
History

Examination
Comment

DPA

13-Dec-2019 Inbound Document SCOTT, Patricia (TS)
Entered By: EXTERNAL USER, ()

Document Seen by psychologist  Stephanie Hallaron

16-Oct-2019 12:14 Telephone consultation (ROE LANE SURGERY) ZZZ-ARNOLD, Emily (Dr)
History still awaiting appointment for community paed
I referred this summer- he is on a waiting list I assume
task sent- admin please make sure he is on a list

13-Oct-2019 Inbound Document ZZZ-CONNOLLY, Tracy (Mrs)
Entered By: EXTERNAL USER, ()
Document Referral declined  Referral declined

07-Oct-2019 Inbound document SCHOFIELD, Katrine (Miss)
Entered By: EXTERNAL USER, ()
Document Seen in urology clinic  (07-Jan-2020) Seen in urology clinic - 07.01.2020
Additional Follow-up 6 months (07-Jan-2020)

12-Sep-2019		Inbound Document: SCHOFIELD, Katrine (Miss) Entered By: EXTERNAL USER, ()
	Document	Seen in urology clinic 23-Aug-2019 Seen in Urology - 23.08.2019
	Additional	Follow-up arranged (23-Aug-2019)
11-Sep-2019		Inbound Document: MEREDITH, Isabel (Mrs) Entered By: EXTERNAL USER, ()
	Document	Copy of letter from specialist to specialist 05-Sep-2019 (11-Sep-2019) Clinical document
21-Aug-2019 13:10		Scanned document (ROE LANE SURGERY) MEREDITH, Isabel (Mrs)
	Document	Fax sent to: 21-Aug-2019 Fax sent to: community paed (21-Aug-2019)
14-Aug-2019 18:18		GP Surgery (ROE LANE SURGERY) ZZZ-ARNOLD, Emily (Dr)
	Document	Letter sent to outside agency 21-Aug-2019 Letterhead - letter re: patient
14-Aug-2019 16:23		GP Surgery (ROE LANE SURGERY) ZZZ-ARNOLD, Emily (Dr)
	History	here with dad- concerned re ADHD diagnosis DPA
		clear historian
		says started in primary school but worse since at high school
		says he has little or no concentration
		his mind can wander
		he also gets detention for not concentrating or following tasks
		he says main issue is at school and he doesn't feel there is an issue at home
		dad feels at home - he is too quick to do jobs and often misses out steps/ stages
	Examination	poor eye contact actually
		clear historian
		bright child
	Comment	? ASD ?adhs
		i will refer
		he attends Range high school
30-Jul-2019		Inbound Document: MEREDITH, Isabel (Mrs) Entered By: EXTERNAL USER, ()
	Document	Seen in urology clinic 30-Jul-2019 (30-Jul-2019) Clinical document
08-Jul-2019		Inbound Document: SCHOFIELD, Katrine (Miss) Entered By: EXTERNAL USER, ()
	Document	Seen in urology clinic 08-Jul-2019 Seen in urology clinic 08.07.2019
	Additional	Follow-up arranged 3 months
12-Jun-2019		Inbound Document: MEREDITH, Isabel (Mrs) Entered By: EXTERNAL USER, ()
	Document	Referral to urology service 12-Jun-2019 (12-Jun-2019) Clinical document
12-Apr-2019		Inbound Document: ZZZ-CONNOLLY, Tracy (Mrs) Entered By: EXTERNAL USER, ()
	Document	Referral declined 12-Apr-2019 Referral declined
11-Apr-2019 15:20		GP Surgery (ROE LANE SURGERY) MOHAMMED, Raphael (Dr)
	Problem	Anxiety states (First)
	History	2yr hx anxiety on school and in crowded situations can start producing excess saliva in mouth and has to keep swallowing in school can happen if during a class he struggles and comes home upset no bullying
	Examination	well good eye contact no self harm suicidal ideation
	Comment	d/w him and dad in detail refer with consent form filled with both present also can go to school nurse as well and rv if any worse no better seek med attention

Document	Referral to child and adolescent psychiatry service @ CAMS Alder Hey
01-Apr-2019 17:14	GP Surgery (ROE LANE SURGERY) STEVENS, Octavia (Dr)
Problem	Dysuria (First)
History	3/12 h/o dysuria last urine culture NAD has to stop / start when PUs as sore but thinks otherwise no obstruction to flow urine looks clear no nocturia occ frequency but no urgency sx 1 episode of a small amount of blood at the end of PUing but nil since painful throughout micturition bowels OK no abdo pain
	DPA
Examination	Mum present during examination DPA Urine dip NAD
Comment	Adv given ongoing sx and no UTI for urology ref if change in sx in interim to r/v
Document	e-RS Letter (01-Apr-2019) @ NHS e-Referral UBRN 000325672759 for Urology referral, NHS e-RS UBRN 000325672759 for Urology referral
Referral	Urology referral To: NHS e-Referral Service
History	mentioned re mouth salivates when in crowds - anxious - has appt next week to discuss adv re keeping appt to explore in more depth re anxieties
26-Feb-2019 11:41	GP Surgery (ROE LANE SURGERY) ZZZ-WORDSWORTH, Samantha (Mrs)
Examination	Urine dipstick test all NAD
Comment	Actions sample discarded & added to dd for info
Procedure	Urine protein normal
25-Feb-2019 10:36	Administration note (ROE LANE SURGERY) ZZZ-PARISH, Maria (Dr)
Problem	Urine protein test = ++ (Review)
Comment	rpt dip one more time to ensure now clear
23-Feb-2019 06:10	Externally Entered ZZZ-PARISH, Maria (Dr) Entered By: , System User ()
Lab Results	Urinary MC&S (22-Feb-2019) (MP12592) - Normal
22-Feb-2019 12:35	GP Surgery (ROE LANE SURGERY) WOOLLEY, Jordan (Mr)
Comment	will send to lab as dr coghlan asked for repeat
Procedure	Urine dipstick test all clear
Test Request	Microbiology - Unknown specimen Test Request : Urine culture
21-Feb-2019 09:34	Administration note (ROE LANE SURGERY) COGHLAN, Tomas (Dr)
Problem	Urine protein test = ++ (First)
History	protein in urine dip, culture normal but needs repeat. Task sent
21-Feb-2019 06:14	Externally Entered COGHLAN, Tomas (Dr) Entered By: , System User ()
Lab Results	Urinary MC&S (20-Feb-2019) (Tom.Coghlan) - Abnormal Result
20-Feb-2019 11:41	GP Surgery (ROE LANE SURGERY) APPLEBY, Angela (Mrs)
Examination	Urine dipstick test for pain on passing
Comment	Protein + Urine sample sent to Lab
Test Request	Microbiology - Unknown specimen Test Request : Urine culture

15-Feb-2019 11:40 GP Surgery (ROE LANE SURGERY) RICKARDS, Ellie (Ms)

Problem
History

Examination

Comment

Medication

DPA

30-Jan-2019 Inbound Document MEREDITH, Isabel (Mrs)
Entered By: EXTERNAL USER, ()

Document Seen in ENT clinic (10-Jan-2019) Appointment letter Appointment letter

13-Nov-2018 Inbound Document MEREDITH, Isabel (Mrs)
Entered By: EXTERNAL USER, ()

Problem Excessive salivation - symptom (First) (06-Nov-2018)

Document Seen in ENT clinic (06-Nov-2018) Appointment letter Appointment letter

21-Sep-2018 11:10 GP Surgery (ROE LANE SURGERY) ZZZ-HARKINS, Nicky (Dr)

History Attends with dad
Worried re excessive saliva production over lasr few months
No pains in throat, no dental problems
Finds it embarrassing as having to swallow frequently in school etc
Also ongoing tinnitus
Is under audiology who have not found any problems yet
No ear pain
Bilateral symptoms

Comment Examinaiton NAD
Keen for referral so suggest ENT review

21-Sep-2018 11:08 Outbound Referral (ROE LANE SURGERY) ZZZ-HARKINS, Nicky (Dr)
Document e-RS Letter (21-Sep-2018) NHS e-Referral UBRN 000314499666 for ENT referral, NHS e-RS UBRN 000314499666 for ENT referral

Referral ENT referral To: NHS e-Referral Service

19-Sep-2018 11:07 Scanned document (ROE LANE SURGERY) MEREDITH, Isabel (Mrs)
Document Administration Administration brief medical summary (19-Sep-2018)

13-Sep-2018 13:21 Scanned document (ROE LANE SURGERY) MEREDITH, Isabel (Mrs)
Document Administration Administration request for medical records (13-Sep-2018)

11-Sep-2018 10:15 GP Surgery (ROE LANE SURGERY) MEREDITH, Isabel (Mrs)
Document Administration SAR Letter to Patients regarding Solicitor Letters

31-Jul-2018 15:58 Scanned document (ROE LANE SURGERY) MEREDITH, Isabel (Mrs)
Document Patient registered GMS1 Patient registered GMS1 (31-Jul-2018)

09-Nov-2017 Docman DOCMAN, Pcti (Mr)
Entered By: MEREDITH, Isabel (Mrs)
Additional Attachment Out of Hours seen in walk in centre
Scanned document

Problem	Tinnitus (New) (Grouped with Tinnitus)
03-Oct-2017 12:11	GP Surgery (Railway Rd Surgery) MOONEY, Rachel (Miss) Entered By: MEREDITH, Isabel (Mrs)
Additional	Patient allocated named accountable general practitioner 03.10.17 Informing patient of named accountable general practitioner 03.10.17
03-Oct-2017	Other report (Railway Rd Surgery) MOONEY, Rachel (Miss) Entered By: MEREDITH, Isabel (Mrs)
Document	Letter sent to patient  BPC Named GP Letter
14-Sep-2017	Docman DOCMAN, Pcti (Mr) Entered By: MEREDITH, Isabel (Mrs)
Additional	Attachment  Admin Letter new patient Scanned document

Values and Investigations

10-Nov-2023	Urinary MC&S - (cpain) - 00.NORMAL Micro White Blood Cells: 6 x 10 ⁶ /L (ref range 0-40) Epithelial Cells : 2 x 10 ⁶ /L (Ref range 0-55) No evidence of infection by flow cytometry. Culture not indicated.		
13-May-2023	Standing height	175	cm
13-May-2023	Body weight	51.2	kg
13-May-2023	Body mass index	16.7	kg/m2
Jan-2023	Body weight	60.4	kg
28-Dec-2022	Body weight	60.4	kg
08-Sep-2022	O/E - blood pressure reading	121/83	mmHg
08-Sep-2022	Body weight	50.5	kg
08-Sep-2022	Standing height	172.3	cm
08-Sep-2022	Pulse rate	86	beats/min
03-Aug-2022	Standing height	173.8	cm
03-Aug-2022	Body weight	48.5	kg
03-Aug-2022	Body mass index	16.1	kg/m2
01-Aug-2022	Body weight	48.4	kg
23-Jun-2022	Standing height	172	cm
23-Jun-2022	Body weight	45.5	kg
23-Jun-2022	Body mass index	77.7	kg/m2
26-May-2022	Haematology test performed		
26-May-2022	Body mass index	15.55	kg/m2
26-May-2022	Body weight	46	kg
26-May-2022	Standing height	172	cm
26-May-2022	Pulse rate	83	beats/min
26-May-2022	O/E - blood pressure reading	93/64	mmHg
26-May-2022	Tympanic temperature	36.6	degrees C
26-May-2022	ECG done		
26-May-2022	Tissue transglutaminase IgA lev - (Nicky.Harkins) - 00.NORMAL	0.8	u/ml
	Coeliac disease is unlikely if on gluten containing diet.		0.00 - 6.90u/ml
26-May-2022	Serum prolactin level - (pmu) - 00.NORMAL	154	miu/L
26-May-2022	! Total white cell count - (cpain) - 02. Acceptable result for this patient	3.7	10 ⁹ /L
			4.90 - 13.7010 ⁹ /L
26-May-2022	Serum TSH level - (cpain) - 00.NORMAL	0.72	miu/L
			0.49 - 5.23miu/L
26-May-2022	Serum free T4 level - (cpain) - 00.NORMAL	16.9	pmol/L
			10.70 - 18.40pmol/L
26-May-2022	! Serum total 25-OH vit D level - (cpain) - 07.	41	nmol/L
	Vitamin D insufficiency - advise OTC supplement		50.00 - 250.00nmol/L
	Indicates Vitamin D insufficiency, advice over the counter vitmain D supplement 800 IU daily www.panmerseyapc.nhs.uk		

26-May-2022	Urea and electrolytes - (cpain) - 00.NORMAL			
	Serum sodium	140	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	3.8	mmol/L	3.50 - 5.00mmol/L
	Serum urea level	3.7	mmol/L	2.50 - 6.50mmol/L
	AKI warning stage	NA		
26-May-2022	Serum inorganic phosphate - (cpain) - 00.NORMAL	1.13	mmol/L	0.90 - 1.80mmol/L
26-May-2022	Serum magnesium level - (cpain) - 00.NORMAL	0.84	mmol/L	0.70 - 1.00mmol/L
26-May-2022	Liver function test - (cpain) - 00.NORMAL			
	Serum ALT level	10	u/L	0.00 - 49.00u/L
	Serum total bilirubin level	9	umol/L	0.00 - 20.00umol/L
26-May-2022	eGFR (CKD-EPI) - (cpain) - 00.NORMAL			
	eGFR results not available for patients under 18 years old			
	Serum creatinine	71	umol/L	60.00 - 100.00umol/L
	eGFRcreat (CKD-EPI)/1.73 m*2	NA		
26-May-2022	Calc + Alb - (cpain) - 00.NORMAL			
	Serum calcium	2.36	mmol/L	
	Serum adjusted calcium conc	2.35	mmol/L	2.20 - 2.70mmol/L
	Serum albumin	48	g/L	30.00 - 50.00g/L
26-May-2022	Serum alkaline phosphatase - (cpain) - 00.NORMAL	158	u/L	60.00 - 425.00u/L
26-May-2022	Serum lipids - (cpain) - 00.NORMAL			
	Non-HDL Below 3.4 mmol/L is considered ideal for people at risk of heart disease.			
	If on statin therapy aim for a decrease of >40% in Non-HDL Cholesterol from baseline (NICE), or to an absolute target of <2.5mmol/L (JBS3)			
	Serum cholesterol	3.94	mmol/L	0.00 - 4.99mmol/L
	Serum triglycerides	0.86	mmol/L	0.00 - 1.99mmol/L
	Serum HDL cholesterol level	1.24	mmol/L	>0.99mmol/L
	Serum LDL cholesterol level	2.31	mmol/L	0.00 - 2.90mmol/L
	Serum cholesterol/HDL ratio	3.18		0.00 - 5.00
	Se non HDL cholesterol level	2.7	mmol/L	0.00 - 3.90mmol/L
26-May-2022	Plasma glucose level - (cpain) - 00.NORMAL	4.6	mmol/L	4.00 - 7.70mmol/L
26-May-2022	Erythrocyte sedimentation rate - (cpain) - 00.NORMAL	2	mm/h	0.00 - 10.00mm/h
26-May-2022	! Full blood count - FBC - (cpain) - 01. Minor Abnormality - no action needed			
	! Total white cell count	3.7	10*9/L	4.90 - 13.7010*9/L
	Red blood cell (RBC) count	4.86	10*12/L	4.00 - 5.2010*12/L
	Haemoglobin estimation	141	g/L	115.00 - 158.00g/L
	Haematocrit	0.414		0.34 - 0.47
	Mean corpuscular volume (MCV)	85.2	fL	76.00 - 92.00fL
	Mean corpusc. haemoglobin(MCH)	29	pg	25.00 - 33.00pg
	Mean corpusc. Hb. conc. (MCHC)	341	g/L	310.00 - 360.00g/L
	Red blood cell distribut width	12.4	%	11.60 - 14.60%
	Platelet count	265	10*9/L	150.00 - 450.0010*9/L
	! Neutrophil count	0.9	10*9/L	1.80 - 7.5010*9/L
	Lymphocyte count	2.3	10*9/L	1.90 - 7.6010*9/L
	Monocyte count	0.3	10*9/L	0.00 - 1.0010*9/L
	Eosinophil count	0.1	10*9/L	0.00 - 0.8010*9/L
	Basophil count	0	10*9/L	0.00 - 0.2010*9/L
26-May-2022	Standard ECG			
25-May-2022	Sample Not Processed - (amck) - 18. Sample unsuitable for analysis - repeat			
	Sample Not Processed			
	Sample: Serum			

Date/Time collected: 25.05.22 1553
Test requested: Serology
Unsuitable sample type received
for investigation requested.
Specimen received unlabelled.
Sample not processed.
Received boric acid for an EBV
Please repeat using a brown top serum.
Please give clinical details.

25-May-2022	Body mass index	15.38	kg/m2	
25-May-2022	Body weight	45.5	kg	
25-May-2022	Standing height	172	cm	
25-May-2022	Body weight	45.4	kg	
25-May-2022	Standing height	172	cm	
23-May-2022	Body weight	45.4	kg	
07-Dec-2021	Standing height	171.6	cm	
07-Dec-2021	Body weight	45.8	kg	
07-Dec-2021	Body mass index	15.6	kg/m2	
15-Nov-2021	Body mass index	14.86	kg/m2	
15-Nov-2021	Body weight	45	kg	
15-Nov-2021	Standing height	174	cm	
25-Oct-2021	Body mass index	15.39	kg/m2	
25-Oct-2021	Standing height	171	cm	
25-Oct-2021	Body weight	45	kg	
25-Oct-2021	Body weight	45	kg	
21-Oct-2021	HbA1c lev - IFCC standardised - (pbrad) -	38	mmol/mol	0.00 - 41.00mmol/mol
	00.NORMAL			

Northwest Coast Adult Diabetes Guidelines (2020)

HbA1c targets are individualised, comments below are for guidance:

HbA1c consistent with IGR (HbA1c 42-47)

HbA1c diagnostic of DM (HbA1c => 48) on 2 occasions

Target for T2DM on 1 OHA and no hypo risk (HbA1c <48)

Target for T2DM on max dose single OHA or more (HbA1c <53)

Target for Type 1 diabetes (HbA1c <53)

Target for frail or elderly patients (HbA1c <=64-69)

21-Oct-2021	! Total white cell count - (MP12592) - 03. Discuss	3.7	10*9/L	4.90 - 13.7010*9/L
	at routine appointment with clinician			
	RBCs show slight rouleaux.			
	Mild Neutropenia			
	Occasional reactive lymphocyte seen in blood film.			

21-Oct-2021	Serum TSH level - (MP12592) - 00.NORMAL	0.96	miu/L	0.49 - 5.23miu/L
21-Oct-2021	Serum free T4 level - (MP12592) - 00.NORMAL	15.9	pmol/L	11.00 - 22.00pmol/L

21-Oct-2021	! Full blood count - FBC - (amck) - 03. Discuss at routine appointment with clinician			
	! Total white cell count	3.7	10*9/L	4.90 - 13.7010*9/L
	Red blood cell (RBC) count	4.98	10*12/L	4.00 - 5.2010*12/L
	Haemoglobin estimation	145	g/L	115.00 - 158.00g/L
	Haematocrit	0.423		0.34 - 0.47
	Mean corpuscular volume (MCV)	84.9	fL	76.00 - 92.00fL
	Mean corpusc. haemoglobin(MCH)	29.1	pg	25.00 - 33.00pg
	Mean corpusc. Hb. conc. (MCHC)	343	g/L	310.00 - 360.00g/L
	Red blood cell distribut width	12.3	%	11.60 - 14.60%
	Platelet count	262	10*9/L	150.00 - 450.0010*9/L
	! Neutrophil count	1.2	10*9/L	1.80 - 7.5010*9/L
	Lymphocyte count	2.1	10*9/L	1.90 - 7.6010*9/L
	Monocyte count	0.3	10*9/L	0.00 - 1.0010*9/L
	Eosinophil count	0.1	10*9/L	0.00 - 0.8010*9/L
	Basophil count	0	10*9/L	0.00 - 0.2010*9/L

21-Oct-2021	Serum vitamin B12 - (amck) - 00.NORMAL	400	ng/L	211.00 - 911.00ng/L
21-Oct-2021	Urea and electrolytes - (amck) - 00.NORMAL			
	Serum sodium	141	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4.2	mmol/L	3.50 - 5.30mmol/L
	Serum urea level	2.8	mmol/L	2.50 - 6.50mmol/L
	AKI warning stage			
	NA			
21-Oct-2021	Liver function test - (amck) - 00.NORMAL			
	Serum ALT level	10	u/L	0.00 - 49.00u/L
	Serum alkaline phosphatase	208	u/L	60.00 - 425.00u/L
	Serum total bilirubin level	7	umol/L	0.00 - 20.00umol/L
21-Oct-2021	Serum folate - (amck) - 00.NORMAL	10	ug/L	>5.40ug/L
	Within normal limits			
21-Oct-2021	Serum ferritin - (amck) - 00.NORMAL	38	ug/L	22.00 - 322.00ug/L
21-Oct-2021	eGFR (CKD-EPI) - (amck) - 00.NORMAL			
	eGFR results not available for patients under 18 years old			
	Serum creatinine	77	umol/L	60.00 - 100.00umol/L
	eGFRcreat (CKD-EPI)/1.73 m*2			
	NA			
21-Oct-2021	Calc + Alb - (amck) - 00.NORMAL			
	Serum calcium	2.39	mmol/L	
	Serum adjusted calcium conc	2.39	mmol/L	2.20 - 2.70mmol/L
	Serum albumin	47	g/L	30.00 - 50.00g/L
21-Oct-2021	Haematology test performed			
	- calc, fbc, fe, fola, glychb, lft, tsh, ue, vb12			
23-Jun-2021	Haematology test performed			
	- fbc, fer, fola, glychb, lft, tsh, ue, vb12, vitd			
23-Jun-2021	HbA1c lev - IFCC standardised - (asta) - 00.NORMAL	37	mmol/mol	0.00 - 41.00mmol/mol
	Note New HbA1c guidance as of 04/05/21			
	Northwest Coast Adult Diabetes Guidelines (2020)			
	HbA1c targets are individualised, comments below are for guidance:			
	HbA1c consistent with IGR (HbA1c 42-47)			
	HbA1c diagnostic of DM (HbA1c => 48) on 2 occasions			
	Target for T2DM on 1 OHA and no hypo risk (HbA1c <48)			
	Target for T2DM on max dose single OHA or more (HbA1c <53)			
	Target for Type 1 diabetes (HbA1c <53)			
	Target for frail or elderly patients (HbA1c <=64-69)			
23-Jun-2021	Serum TSH level - (asta) - 00.NORMAL	0.76	miu/L	0.49 - 5.23miu/L
23-Jun-2021	Serum free T4 level - (asta) - 00.NORMAL	15.9	pmol/L	11.00 - 22.00pmol/L
23-Jun-2021	Serum vitamin B12 - (cpain) - 00.NORMAL	419	ng/L	211.00 - 911.00ng/L
23-Jun-2021	Serum folate - (cpain) - 00.NORMAL	8.9	ug/L	>5.40ug/L
	Within normal limits			
23-Jun-2021	! Serum ferritin - (cpain) - 03. Discuss at routine appointment with clinician	20	ug/L	22.00 - 322.00ug/L
	Consistent with Iron deficiency.			
23-Jun-2021	! Serum total 25-OH vit D level - (cpain) - 03.	24	nmol/L	50.00 - 250.00nmol/L
	Discuss at routine appointment with clinician			
	Indicates vitamin D deficiency, suggest giving vitamin D supplementation according to local guidelines: www.panmerseyapc.nhs.uk			
23-Jun-2021	! Full blood count - FBC - (cpain) - 02. Acceptable result for this patient			
	! Total white cell count	3.9	10*9/L	4.90 - 13.7010*9/L
	Red blood cell (RBC) count	4.7	10*12/L	4.00 - 5.2010*12/L
	Haemoglobin estimation	139	g/L	115.00 - 158.00g/L
	Haematocrit	0.397		0.34 - 0.47
	Mean corpuscular volume (MCV)	84.5	fL	76.00 - 92.00fL

	Mean corpusc. haemoglobin(MCH)	29.6	pg	25.00 - 33.00pg
	Mean corpusc. Hb. conc. (MCHC)	350	g/L	310.00 - 360.00g/L
	Red blood cell distribut width	12.6	%	11.60 - 14.60%
	Platelet count	257	10 ⁹ /L	150.00 - 450.0010 ⁹ /L
	! Neutrophil count	1.5	10 ⁹ /L	1.80 - 7.5010 ⁹ /L
	Lymphocyte count	1.9	10 ⁹ /L	1.90 - 7.6010 ⁹ /L
	Monocyte count	0.3	10 ⁹ /L	0.00 - 1.0010 ⁹ /L
	Eosinophil count	0.3	10 ⁹ /L	0.00 - 0.8010 ⁹ /L
	Basophil count	0	10 ⁹ /L	0.00 - 0.2010 ⁹ /L
23-Jun-2021	Urea and electrolytes - (cpain) - 00.NORMAL			
	Note elevated creatinine ?AKI ?CKD, suggest repeat.			
	Serum sodium	139	mmol/L	133.00 - 146.00mmol/L
	Serum potassium	4	mmol/L	3.50 - 5.30mmol/L
	Serum urea level	4.6	mmol/L	2.50 - 6.50mmol/L
	AKI warning stage			
	NA			
23-Jun-2021	Serum inorganic phosphate - (cpain) - 00.NORMAL	1.24	mmol/L	0.90 - 1.80mmol/L
23-Jun-2021	Liver function test - (cpain) - 00.NORMAL			
	Serum ALT level	11	u/L	0.00 - 49.00u/L
	Serum alkaline phosphatase	214	u/L	60.00 - 425.00u/L
	Serum total bilirubin level	9	umol/L	0.00 - 20.00umol/L
23-Jun-2021	! eGFR (CKD-EPI) - (cpain) - 01. Minor Abnormality			
	- no action needed			
	eGFR results not available for patients under 18 years old			
	! Serum creatinine	83	umol/L	45.00 - 77.00umol/L
	eGFRcreat (CKD-EPI)/1.73 m ²			
	NA			
23-Jun-2021	Calc + Alb - (cpain) - 00.NORMAL			
	Serum calcium	2.44	mmol/L	
	Serum adjusted calcium conc	2.35	mmol/L	2.20 - 2.70mmol/L
	Serum albumin	48	g/L	30.00 - 50.00g/L
06-Jan-2021	SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) RNA (ribonucleic acid) detection			
	result positive - (NH) - Positive			
	SARS-CoV-2-ORGY			
	PHE informed. No notifiable disease notification needed.			
26-Feb-2019	Urine protein normal			
26-Feb-2019	Urine dipstick test			
	all NAD			
25-Feb-2019	Urine protein test = ++			
22-Feb-2019	Urinary MC&S - (MP12592) - Normal			
	Micro			
	White Blood Cells: 8	x 10 ⁶ /L (ref range 0-40)		
	Epithelial Cells : 3	x 10 ⁶ /L (Ref range 0-55)		
	No evidence of infection by flow cytometry. Culture not indicated.			
22-Feb-2019	Urine dipstick test			
	all clear			
21-Feb-2019	Urine protein test = ++			
20-Feb-2019	Urinary MC&S - (Tom.Coghlan) - Abnormal Result			
	Micro			
	White Blood Cells: 27	x 10 ⁶ /L (ref range 0-40)		
	Epithelial Cells : 7	x 10 ⁶ /L (Ref range 0-55)		
	No evidence of infection by flow cytometry. Culture not indicated.			
20-Feb-2019	Urine dipstick test			
	for pain on passing			
15-Feb-2019	O/E - tympanic temperature	36.2	degrees C	

19-Jan-2016 I Serum vitamin D2 level 51 nmol/L

Referrals

Date	Term	Details	Clinician	Status
08-Nov-2023	Urology referral	TO: NHS e-Referral Service	JOHNSON, David (Mr)	Active
22-Nov-2021	Referral to dermatologist	TO: NHS e-Referral Service	FARRELL, Adele (Dr)	Active
01-Apr-2019	Urology referral	TO: NHS e-Referral Service	STEVENS, Octavia (Dr)	Active
21-Sep-2018	ENT referral	TO: NHS e-Referral Service	ZZZ-HARKINS, Nicky (Dr)	Active

Attachments

Date	Document Type	Details	Source
16-Apr-2024	Inbound document	CAMHS	
28-Feb-2024	Administrative procedure	Community Paediatric Dietitian	
06-Feb-2024	Scanned document	ADHD Referral Rejection	
08-Nov-2023	e-RS Letter (08-Nov-2023)	NHS e-Referral UBRN 000418695775 for Urology referral	
		NHS e-RS UBRN 000418695775 for Urology referral	
03-Oct-2023	Inbound document	nurtrition and dietetics	
20-Jun-2023	Inbound document	Alder hey ADHD Assessment Referral Form	
24-May-2023	Inbound document	ADHD referral form Alder Hey	
13-May-2023	Scanned document	Dietetics	
28-Feb-2023	Inbound document	CAMHS	
26-Feb-2023	Clinical document	CAMHS	
31-Jan-2023	Clinical document	Paediatrics	
09-Jan-2023	Inbound document	CAMHS	
01-Nov-2022	Inbound document	PRESCRIPTION REQUEST	
26-Sep-2022	Inbound document	Nutrician & Dietetics	
08-Sep-2022	Inbound document	Paediatrics to Psychiatry	
02-Sep-2022	Inbound document	CAMHS	
03-Aug-2022	Inbound document	NUTRITION & DIETETICS	
23-Jun-2022	Inbound document	CAMHS Copy ltr	
14-Jun-2022	Inbound document	Medloop	
26-May-2022	Attachment	ECG Test. PDF Report.	
25-May-2022	Email received from third party	Email received from third party (25-May-2022)	
25-May-2022	Inbound document	CAMHS	
13-May-2022	Inbound document	CAMHS	
11-Apr-2022	Incoming mail	Dietetics	
07-Apr-2022	Inbound document	CAMHS	
15-Mar-2022	Inbound document	Dietetics	
09-Mar-2022	Scanned document	Dietetics	
26-Feb-2022	Inbound document	Extended hours	
13-Dec-2021	Subject access request completed	emailed to solicitors	
13-Dec-2021	Inbound document	Dermatology	
07-Dec-2021	Inbound document	Paediatric Dietitian	
22-Nov-2021	e-RS Letter (22-Nov-2021)	NHS e-Referral UBRN 000375398597 for Referral to dermatologist	
		NHS e-RS UBRN 000375398597 for Referral to dermatologist	
11-Nov-2021	Attachment	Photo submitted by patient	
11-Nov-2021	Medication requested	JMW Solicitors	
26-Oct-2021	Refer to paediatric dietitian	Paediatrics Childrens Community Dietitian	
13-Oct-2021	Inbound document	CAMHS	
29-Sep-2021	Inbound document	CAHMS	
07-Jul-2021	Inbound document	developmental paediatrics	

02-Jul-2021	Inbound document	CAMHS	
17-Jun-2021	Letter from outside agency	Letterhead (with pt details)	
07-Apr-2021	Administration	RLS Letterhead (RE: Patient)	
24-Feb-2021	Sending of opt-in appointment letter	Sending of opt-in appointment letter 24-Feb-2021	Alder Hey Hospital
16-Feb-2021	Seen in developmental clinic	ASD team	(MFT) Alder Hey Hospital
12-Feb-2021	Copy of letter from specialist to patient	Copy of letter from specialist to patient	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
17-Nov-2020	Telephone consultation	Telephone consultation - 17.11.2020	Alder Hey Hospital at ALDER HEY CHILDREN'S NHS
07-Sep-2020	Telephone consultation	Telephone consultation 07-Sept-2020	Alder Hey Children's Hospital
28-Aug-2020	Consultation via video conference	Consultation via video consultation 28-Aug-2020	Alder Hey Children's Hospital
02-Jul-2020	Telephone consultation	Telephone consultation -02.07.2020	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
07-May-2020	Seen by child and adolescent psychiatrist	(07-May-2020) Clinical document	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
05-May-2020	Fax sent to:	Fax sent to: (05-May-2020)	
05-May-2020	Letter sent to outside agency	Letterhead - letter re: patient	
17-Apr-2020	Administration	Administration (17-Apr-2020)	
17-Apr-2020	Administration	Administration from Southport Hospital NHS Trust (17-Apr-2020)	Southport Hospital NHS Trust
07-Jan-2020	Seen in urology clinic	Seen in urology clinic - 07.01.2020	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
13-Dec-2019	Seen by psychologist	Stephanie Hallaron	Sefton Council
13-Oct-2019	Referral declined	Referral declined	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
05-Sep-2019	Copy of letter from specialist to specialist	(11-Sep-2019) Clinical document	ALDERHEY CHILDRENS HOSPITAL AT MANOR FARM PRIMARY CARE RESOURCE CENTRE
23-Aug-2019	Seen in urology clinic	Seen in Urology - 23.08.2019	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
21-Aug-2019	Fax sent to:	Fax sent to: community paed's (21-Aug-2019)	
14-Aug-2019	Letter sent to outside agency	Letterhead - letter re: patient	
23-Jul-2019	Seen in urology clinic	(30-Jul-2019) Clinical document	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
08-Jul-2019	Seen in urology clinic	Seen in urology clinic 08.07.2019	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
12-Jun-2019	Referral to urology service	(12-Jun-2019) Clinical document	
12-Apr-2019	Referral declined	Referral declined	ALDER HEY CHILDREN'S NHS FOUNDATION TRUST
11-Apr-2019	Referral to child and adolescent psychiatry service	CAMS Alder Hey	

RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Christiana Hartley Medical Practice
NHS Number: DPA

01-Apr-2019 e-RS Letter (01-Apr-2019)

NHS e-Referral UBRN 000325672759 for
Urology referral
NHS e-RS UBRN 000325672759 for Urology
referral

10-Jan-2019 Seen in ENT clinic

Appointment letter Appointment letter

UNIVERSITY HOSPITAL
AINTREE

06-Nov-2018 Seen in ENT clinic

Appointment letter Appointment letter

Southport and
Ormskirk Hospital NHS
Trust

21-Sep-2018 e-RS Letter (21-Sep-2018)

NHS e-Referral UBRN 000314499666 for ENT
referral
NHS e-RS UBRN 000314499666 for ENT
referral

19-Sep-2018 Administration

Administration brief medical summary (19-
Sep-2018)

13-Sep-2018 Administration

Administration request for medical records
(13-Sep-2018)

11-Sep-2018 Administration

SAR Letter to Patients regarding Solicitor
Letters

31-Jul-2018 Patient registered GMS1

Patient registered GMS1 (31-Jul-2018)

09-Nov-2017 Attachment

Out of Hours seen in walk in centre

03-Oct-2017 Letter sent to patient

BPC Named GP Letter

14-Sep-2017 Attachment

Admin Letter new patient

Care plans

RUDAKUBANA, Axel (Mr)Date of Birth: **07-Aug-2006 (17y 11m)**

Report Path: Local Record

10 Old School Close, Banks, Southport, PR9 8SB

NHS Number:

DPA

Usual GP:

FARRELL, Adele (Dr)

Medication**Repeat**

Drug	Dosage	Quantity	Last Issued On
Altrajuce liquid (Flavour Not Specified)	200ml to be taken twice daily apple, blackcurrant, and orange please	60 x 200 ml	04-Jul-2024
Melatonin 2mg modified-release tablets	Two To Be Taken At Night	56 tablet	07-May-2024

RUDAKUBANA, Axel (Mr)

Date of Birth: 07-Aug-2006 (17y 11m)

Report Path: Local Record

10 Old School Close, Banks, Southport, PR9 8SB

NHS Number:

DPA

Usual GP:

FARRELL, Adele (Dr)

Medication**Past**

Drug	Dosage	Quantity	Last Issued On
Altrajuce liquid (Flavour Not Specified)	200ml to be taken daily apple, blackcurrant, stawberry and orange please	64 x 200 ml	16-Dec-2022
Altraplen Compact liquid (Flavour Not Specified)	125ml to be taken twice a day - strawberry and vanilla flavour	7000 ml	15-Mar-2022
Colecalciferol 10,000units/ml oral drops sugar free	1ml daily for 8 weeks	30 ml	01-Jul-2021
Colecalciferol 25,000unit tablets	Two To Be Taken Weekly For Two Weeks Then One To Be Taken For Third week	5 tablet	20-Jul-2021
Colecalciferol 800unit capsules	One To Be Taken Each Day in The Morning	30 capsule	08-Nov-2022
Ferrous fumarate 140mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Twice A Day	200 ml	01-Jul-2021
Ferrous fumarate 210mg tablets	One To Be Taken Twice A Day	84 tablet	05-Jul-2021
Fluoxetine 20mg/5ml oral solution sugar free	Prescribed by CAHMS - 4mg ie 1ml daily	0.001 ml	02-Sep-2022
Forceval capsules (Alliance Pharmaceuticals Ltd)	One Capsule To Be Taken Daily In The Evening One Hour After A Meal	30 capsule	10-Aug-2022
Fusidic acid 2% cream	Apply Three Times A Day	15 gram	15-Feb-2019
Lactulose 3.1-3.7g/5ml oral solution	Three 5ml Spoonfuls To Be Taken Twice A Day	500 ml	08-Nov-2022
Nutricrem dessert (Flavour Not Specified)	125g to be taken daily	3500 gram	22-Mar-2022
Propranolol 10mg tablets	one to be taken twice a day - issued by the hospital	0 tablet	02-Jul-2021
Salicylic acid 16.7% / Lactic acid 16.7% paint	Apply Each Day	10 ml	11-Nov-2021
Sertraline 50mg tablets	HOSPITAL PRESCRIBED & SUPPLIED > NOT TO BE PRESCRIBED BY GP > increased to 75mg daily	56 tablet	13-Oct-2021
Sertraline 50mg/5ml oral suspension	This is UNLICENSED - CAHMS prescribing - increasing weekly unil on 75mg od	0 ml	11-Jan-2023

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☒ Mr ☐ Mrs ☐ Miss ☐ Ms Surname **RUDA KUBAYA**
 Date of birth **07/08/2006** First names **AXEL MUGANYVA**
 NHS No. **DPA** Previous surnames
☒ Male ☐ Female Town and country of birth **CARDIFF UK**
 Home address **10 OLD SCHOOL CLOSE**
BARRES
 Postcode **PR9 8SB** Telephone number **DPA** **(Mon)**

Please help us trace your previous medical records by providing the following information

Your previous address in UK

DPA
 Name of previous doctor while at that address **COURCHAMPTON MEDICAL CENTRE**
 Address of previous doctor **COURCHAMPTON**

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK,
date of leaving

Date you first came
to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or
Personnel number

Enlistment
date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

*Not all doctors are
authorised to
dispense medicines

☐ I live more than 1 mile in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☒ Signature on behalf of patient

Date **14.9.12**

082015_002

Product Code: GMS1

SIGNATURE

Please see overleaf re: Organ donation

NHS Organ Donor registration
 I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation _____ Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration
 I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register _____ Date ____/____/____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
 My preferred address for donation is: (only if different from above, e.g. your place of work) _____
 Postcode: _____

To be completed by the doctor

Doctors Name _____

HA Code _____

☐ I have accepted this patient for general medical services
☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above _____

HA Code _____

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above _____

HA Code _____

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval
☐ I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is _____

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature _____

Name _____

Date ____/____/____

Practice Stamp

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice



Beacon Primary Care

Sandy Lane Health Centre, Westgate, Sandy Lane, Skelmersdale, Lancs. WN8 8LA

Hillside Health Centre, Tanhouse Road, Tanhouse, Skelmersdale, Lancs. WN8 6DS

Railway Road Surgery, 11 Railway Rd, Ormskirk, Lancs L39 2DN

Tel: [DPA] Fax: [DPA] Email: admin@beaconprimarycare.org.uk

Website: www.beaconprimarycare.org.uk

3 October 2017

Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Dear Mr Rudakubana

Re: New service for patients

You may be aware that from April all practices are required to provide all their patients with a named GP who will have overall responsibility for the care and support that our surgery provides to them.

BONSOR, Rosalind (DR) will be your named GP.

The role of the named GP is to oversee the care that the whole practice provides for you. This does not prevent you from seeing any GP in the practice as you currently do.

You do not need to take any further action, but if you have any questions, or wish to discuss this further with us, please contact us on [DPA].

Kind Regards

Beacon Primary Care

Partners: Dr S Biswas & Dr R Bonsor Practice Manager: Mrs J Foster

Virgin Care

1 Patient Contacts for Beacon Primary Care Group

Page 1 of 3

NHS Confidential: Personal data about a patient

Patient : Axel Rudakubana

Case No

(Gender: Male) (DOB: 07/08/2006) (Age: 11 years) (NHS Number:)

Case No

Case Date 09/11/2017 16:36

Location Attended Ormskirk WiC

Own Dr Biswas, S

District Nurse

Dentist

Current Address

10 Old School Close

Banks

Southport

PR9 8SB

Current Phone

Patient Allergies

Patient Condition

Patient Medication

Patient notes attached to case

Reported Condition

Symptoms: ringing in ears

Adastra Consult by hamilton, pauline

Consult Start 16:38

Start Type Nurse Triage

End Type Base Doctor

Consult End 16:43

History

Examination

Diagnosis

Treatment

Clinical Code(s)

Prescriptions

Informational Outcome(s)

Advised - Contact own surgery -

Adastra Consult by hamilton, pauline

Consult Start 16:46

Start Type Base Doctor

End Type Base Doctor

Consult End 16:54

Report Statistics:

Report produced by Adastra Version 3 - 09/11/2017 18:06:35

NHS Confidential: Personal data about a patient**Patient : Axel Rudakubana****Case No** DPA**(Gender: Male) (DOB: 07/08/2006) (Age: 11 years) (NHS Number:** DPA **)****History**

been to school today - child states manages well
 Feels well in himself
 IMMS UTD

Examination

walked in - normal gait

Diagnosis**Treatment****Clinical Code(s)****Prescriptions****Informational Outcome(s)**

Advised - Contact own surgery -

Adastra Consult by

hamilton, pauline

Consult Start 17:01**Start Type** Base Doctor**End Type**Base Doctor**Consult End** 17:03**History**

been to school today - child states manages well
 unsure which ear ringing in or both
 Nil dizziness
 Nil nausea or vomiting
 nil visual problems
 Feels well in himself
 IMMS UTD

Examination

walked in - normal gait - good co-ordination
 speech clear - talking in full sentences
 Ears - NAD
 nil lymphadenopathy

Diagnosis

?? cause

Treatment

advised dad needs to see own GP for further investigations -
 Medical Procedure :

Clinical Code(s)

2125. Nil abnormal on examination

Prescriptions**Informational Outcome(s)**

Advised - Contact own surgery -

Report Statistics:

Report produced by Adastra Version 3 - 09/11/2017 18:06:35

NHS Confidential: Personal data about a patient

Patient : Axel Rudakubana

Case No DPA

(Gender: Male) (DOB: 07/08/2006) (Age: 11 years) (NHS Number: DPA)

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

RUDAKUBAYA (Child)

Date of birth 07/08/2006

First names

AXEL

NHS No.

Previous surname/s

CARDIFF

☒ Male ☐ Female

Town and country of birth

Home address

10 OLD SCHOOL CLOSE
BATLEY

Postcode

PR9 858

Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK

DPA

Name of previous doctor while at that address

Dr. BISWAS

Address of previous doctor

North West Medical
Centre, Broom Primary

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK,
date of leaving

Date you first came
to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or
Personnel number

Enlistment
date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

☐ I live more than 1 mile in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist

*Not all doctors are
authorised to
dispense medicines

☐ Signature of Patient

☒ Signature on behalf of patient

Date 27/07/2008

SIGNATURE

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

Date / /

For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0300 123 23 23

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date / /

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

HA use only

Patient registered for

☐ GMS

☐ CHS

☐ Dispensing

☐ Rural Practice

To be completed by the doctor

Doctors Name

HA Code

- ☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- ☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- ☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval
☐ I am claiming rural practice payment for this patient.

Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date / /

Practice Stamp

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
c) ☐ I do not know my chargeable status

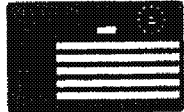
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:	Date:
Print name:	Relationship to patient:
On behalf of:	

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: ☐ NO: ☐	If yes, please enter details from your EHIC or PRC below:
 If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
PRC validity period	(a) From:	(b) To:
Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.		
How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.		
Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.		

ROE LANE SURGERY

172 ROE LANE
CHURCHTOWN
SOUTHPORT
PR9 7PN

Tel:
Fax:
Email: gp.n84611@nhs.net

Dr Niall Leonard
Dr Alison Trevor

To The Parents/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
PR9 8SB

NHS Number:

11-Sep-2018

Dear Mr Rudakubana

We are writing to you as your insurance company has requested access to your full medical record. You will already be aware of this as you have agreed for the insurance company to make a Subject Access Request (SAR) – as enclosed.

We understand that you have signed a form of consent, however, we need to be satisfied that you have provided specific and informed consent for your full medical records to be shared with the insurance company. This is because your medical records may include extremely sensitive information which you may not expect to be shared or may not need to be shared as part of your application for insurance or the assessment of any claim.

We also want to let you know that our representative body the BMA (British Medical Association) has questioned whether the law allows insurance companies to use Subject Access Requests to obtain confidential and sensitive personal data. The Data Protection Act 1998 states that only data which is sufficient for the purpose for which it is required should be disclosed

and sensitive personal data which is not relevant or excessive in relation to this purpose should not be disclosed.

The Information Commissioner's Office (ICO) has recently written to the insurance industry to confirm that they consider the use of subject access rights in this way is inappropriate and an abuse of that right.

As the guardian of your medical record we are responsible for ensuring only necessary and relevant information held on your record is shared with an insurance company, however we also have a duty to comply with a subject access request made by you as a patient and do not want to cause any delays to your application.

We are therefore giving you a choice:

1. We can ask your insurer to send a request a GP medical report from Roe Lane Surgery (instead of copies of your medical records). The GP medical report will only cover information in your record that is relevant to your insurance application. GP medical reports also exclude some information, in line with agreement reached with the insurance industry, such as genetic test results and certain information about sexually transmitted infections.
2. We can provide **you** with a copy of your full medical records under a Subject Access Request. This would not be considered as excessive as we are providing the information to you, not the insurance company. It is then entirely your decision whether you give your medical records to the insurance company in full or not.

Please complete the enclosed form 'Insurance company request for information - patient choice form' and return it to Roe Lane Surgery to let us know if:

1. You would like the surgery to request a GP medical report from your insurance company
2. You would like a copy of your medical records under a subject access request

Please note - You only need to complete the 'Patient Requesting Copies of Medical Records Subject Access Request (SAR) Form' enclosed if you choose Option 2.

The BMA has let the Association of British Insurers (ABI) and insurance companies know that we are offering patients this choice. If your insurance company expresses concern about this please ask them to contact the ABI.

Yours faithfully,

Dr Niall Leonard & Dr Alison Trevor
GP Partners

PILKINGTON SHAW

Solicitors

Dr Trevor
Roe Lane Surgery
172 Roe Lane
Churchtown
Southport
PR9 7PN

Date: 11th September 2018
Our Ref: 123273A/LC/Lisa Cairns
Telephone: DPA
No:
Fax No:
Email: Lisa.c@pilkingtonshaw.co.uk

BY Email - urgent request

Dear Dr Trevor

Our Client: Master Axel Rudakubana
Date Of Birth: 07/08/2006
Address: 10 Old School Close, Banks, PR9 8SB

We are acting for the above named in connection with injuries received in an accident which occurred on 26th July 2016.

Pursuant to the Access to Health Records Act 1990 and Data Protection Act 1998, we write to request copies of our client's medical records. We attach our client's signed authority. We confirm that we will pay your reasonable copying charges and that no action is contemplated against your practice.

In order that our client's claim is not delayed we should be obliged if you could action this request just as quickly as possible.

Yours sincerely

SIGNATURE

Lisa Cairns
Pilkington Shaw

Consent form
(Releasing health records under the Data Protection Act 1998)

About this form

If you are a patient with a personal injury, your solicitor may need to see your health records. Solicitors usually need to see all your records as they need to assess which parts are relevant to your case. (Past medical history is often relevant to a claim for compensation.) Also, if your claim goes ahead, the person you are making the claim against will ask for copies of relevant documents. Under court rules, they may see all your health records. So your solicitor needs to be familiar with your records.

Part a - your, the health professionals' and your solicitor's or agent's details

Your name

Master Axel Rudakubana

Your address

10 Old School Close
Barks

Date of birth

07/08/2006

Date of claim

26/07/2016

Solicitor's or agent's name and address

Pilkington Shaw, Castle Chambers, L2 9SU

GP's name and address and phone number, where

Dr. T. R. V. SURGERY
100-110-111-112

(Name for a address if known) of the hospital you want to claim from

Ormskirk District General Hospital Wigan Road Ormskirk
Lancashire L39 2AZ

If you have seen any other person or organisation about your injuries (for example a physiotherapist) or have had any investigations (for example X-rays) please provide details.

Part b - your declaration and signature

Please read the notes for the client over the page before you sign this form.

To health professionals

By signing this form and signing this form gives you permission to give copies of all my GP records, and any other health records, to the solicitor or agent whose details are given above.

I understand that the solicitor or agent will use my health records in line with the Data Protection Act 1998, within 40

The date when

11/11/16

Date

11/11/16

To the solicitor or agent's declaration and signature

Please read the notes for the solicitor or agent over the page before you sign this form.

To health professionals

By signing this form and signing this form gives you permission to give access to his or her health records. I confirm that I need the full health records to provide a good standard of care for getting access to records.

The date when

SIGNATURE

Date

11/9/18

MANAGER, RIs (NHS SOUTH SEFTON CCG)

From: Lisa Cairns <lisa.c@pilkingtonshaw.co.uk>
Sent: 11 September 2018 09:21
To: MANAGER, RIs (NHS SOUTH SEFTON CCG)
Subject: Urgent request for gp records
Attachments: SKM_224e18091108210.pdf

Importance: High

Dear Sirs

Please see attached form of authority from our clients litigation friend (Mother) in respect of their authority to release full medical records to us.

Axel needs to be re-examined by an audiologist and they will require the records prior to examination.

As such, it is extremely urgent that we obtain these as soon as possible.

Please take this email as confirmation that we will pay the relevant fee (up to a maximum of £50.00) for the records.

I look forward to hearing from you as soon as possible.

Kind regards

Lisa Cairns

From: copier@lynscan.co.uk [mailto:copier@lynscan.co.uk]
Sent: 11 September 2018 09:22
To: Lisa Cairns
Subject: Message from KM_224e

Lisa Cairns



Castle Chambers
43 Castle Street
Liverpool
L2 9SH

Tel: DPA
Mobile:
Email: lisa.c@pilkingtonshaw.co.uk
W: www.pilkingtonshaw.co.uk

Authorised and Regulated by the Solicitors Regulation Authority SRA number 533591 Pilkington Shaw is a trading name of Pilkingtons Solicitors Ltd Registered in England. Company Registration number 07111194 VAT registration number 938 8606 74

CHURCHTOWN MEDICAL CENTRE

137 Cambridge Road, Southport, PR9 7LT

Tel: DPA

Fax:

DPADr. M. P. McCormack
Dr. P. B. L. Giannelli1/11
Dr. D. R. Grenyer
Dr. R. J. G. Kidd**FACSIMILE TRANSMISSION**

F.T.A.O. 1227.

To: *Roe Lane Surgery.*From: *C.M.C*Date: *18/9/18*Re: *Axel Rudakubana*Message: *Full summary & attachments*..... *as requested.*

No. of sheets (incl.)



This transmission is confidential and intended solely for the person to whom it is addressed. If you are not that person you must not copy, distribute, or take any action against it. If you received this facsimile in error please notify us as soon as possible and return it to us by post. Thank you.

RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Churchtown Medical Centre
NHS Number: DPA

RUDAKUBANA, Axel (Mr)Date of Birth: **07-Aug-2006 (12y 1m)**

2/11

Report Path: Local Record

DPA

NHS Number: DPA
Usual GP: KIDD, R J G (Dr)
Patient Type: Regular
Registered: 18-Jan-2013
Language: unknown
Advocacy Needs:

Home Tel: DPA
Work Tel:
Mobile Tel: DPA
Email:
Dispensing: No
Transport Needs:

Problems
Active

Significant Past

Minor Past
19-Jan-2017

DPA

17-Feb-2017

Medication
No Current Medication
Allergies
No allergies recorded.
Health Status
14-Feb-2013

Notes summary on computer

Immunisations

booster

DPA**Family History**

DPA

Planned Events**DPA**

RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Churchtown Medical Centre
NHS Number: DPA

2/11

eyes
went to a&e rx chloramphenicol oint corneal abrasions scratches
left eye swollen this morning

Examination vision ok
no ulceration seen with pen torch but slight graze
can use a computer rest eyes while healing
neck hurt aswell
had blood out of mouth torn frenulum windscreen cracked airbag broke

Medication Ibuprofen 100mg/5ml oral suspension sugar free Two 5ml Spoonfuls To Be Taken
Three Times A Day After Food 100 ml
Paracetamol 250mg/5ml oral suspension sugar free Two 5ml Spoonfuls Every 4 To
6 Hours When Necessary. No More Than 4 Doses In 24 Hours 200 ml

26-Jul-2016 Docman: DOCMAN, Pct (MR)
Additional Attachment B Hospital Letter Southport & Ormskirk A&E
Scanned document

15-Jul-2016 Externally Entered: KIDD, R J G (Dr)
Entered By: System User (i)
Lab Results 1 Serum total 25-OH vit D level (14-Jul-2016) (RJK15844) - Just out of normal range -
ok

15-Jul-2016 Externally Entered: KIDD, R J G (Dr)
Entered By: System User (i)
Lab Results Serum alkaline phosphatase (14-Jul-2016) (RJK15844) - Normal - No Action
Serum calcium (14-Jul-2016) (RJK15844) - Normal - No Action
Serum inorganic phosphate (14-Jul-2016) (RJK15844) - Normal - No Action

15-Jan-2013 Docman: DOCMAN, Pct (MR)
Duration: 0 mins Travel time: 0 mins
Additional Attachment B CMC Administration CMC New Patient Questionnaire
Administration

Values and Investigations

19-Jan-2017	Pulse oximetry monitoring	98	%	
19-Jan-2017	O/E - pulse rate	78	beats/min	
19-Jan-2017	O/E - tympanic temperature	36.4	degrees C	
14-Jul-2016	1 Serum total 25-OH vit D level - (RJK15844) -	51	nmol/L	75.00 - 150.00nmol/L
	Just out of normal range - ok Adequate in healthy people but in at risk adults consider lifestyle advice or over the counter vitamin D supplement 400-800 IU daily			
14-Jul-2016	Serum inorganic phosphate - (RJK15844) -	1.24	mmol/L	0.90 - 1.80mmol/L
	Normal - No Action			
14-Jul-2016	Serum calcium - (RJK15844) -			
	Action			
	Serum calcium	2.44	mmol/L	
	Serum adjusted calcium conc	2.36	mmol/L	2.20 - 2.70mmol/L
	Serum albumin	49	g/L	30.00 - 50.00g/L
14-Jul-2016	Serum alkaline phosphatase - (RJK15844) -	385	u/L	50.00 - 425.00u/L
	Normal - No Action			

Referrals

Date	Term	Details	Clinician	Status
03-Oct-2016	ENT referral	TO: NHS e-Referral Service	COULTER, Wendy (Dr)	Active

Care plans

5/11

PAEDIATRIC GENERAL REFERRAL PROFORMA

Date of Referral: 3/10/16		Priority: routine	
Referring to: ENT PAEDS WITH HEARING TEST			
Patient Details:			
NHS No: DPA		Gender: M	
Surname: Rudakubana	Forename: Axel	Title: Mr	
Previous surname: Ruokubana	Date of Birth: 07-Aug-2006	Age: 10y 1m	
Address:		School: yes	
DPA		Home tel. No:	
		Mobile No: DPA	
		Overseas or temporary visitor: no	
Practice Details:			
Practice Address: Churchtown Medical Centre 137 Cambridge Road Churchtown Southport Merseyside PR9 7LT		GP Code: G9800405 Referring GP: locum dr coulter Practice Code: N84017 Tel. No: DPA Fax No: DPA	
Any disability:		no	

Interpreter Required/Language: No events found.

Main Spoken Language: No events found.

Read Language: No events found.

Ethnic Group: 18-Jan-2013 African - ethnic category 2001 census - No events found.

Religion: No events found.

DPA Axel Rudakubana

Proforma agreed by the North Mersey Clinical Reference Group v1.0
TAD WEB v2.6 December 2014

Page 1 of 4

6/11

Referral Information:

Dear Doctor

Diagnosis/Reason for referral: TINNITUS

HAD motor RTA JULY tinnitus since airbag exploded

**Past Medical History
Consultations**

Date	Consultation Text
03-Oct-2016	GP Surgery (CHURCHTOWN MEDICAL CENTRE) COULTER, Wendy (Dr)
History	Tinnitus symptoms not sure which ear it is-loud pitched ringing in ears

47/11

Clinical Information Summary

Patient: Rudakubana, Mr Axel
UBRN: 000283215862
NHS: DPA

Date of Birth: 07-Aug-2006
Age: 10y 1m
Gender: M

UBRN Information

Date:	03-Oct-2016	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	COULTER, Wendy (Dr)	Letter last modified	03-Oct-2016
Referring org:		Named clinician	
Address:	137 Cambridge Road Churchtown Southport Merseyside PR9 7LT	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure			

Patient Information

Patient Address

DPA

Registered practice:

Address

Churchtown Medical
Centre
137 Cambridge Road
Churchtown
Southport
Merseyside
PR9 7LT

Contact
Information

Contact details available when reviewing online

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

See attached referral letter

Requested action

Requested action	Management Advice
Request action Comments	

8/11

Medication**Medication**

No medication recorded / selected.

Clinical record details**Consultations**

Date	Consultation Text
03-Oct-2016	GP Surgery (CHURCHTOWN MEDICAL CENTRE) COULTER, Wendy (Dr)
History	Tinnitus symptoms not sure which ear it is loud pitched ringing in ears since had RTA in JULY accident airbag exploded loud impact acoustic shock
Referral	ENT referral To: NHS e-Referral Service
Examination	ears look ok right ear TM black-is black skinned ethnic origin left ear TM pink
Comment	refer paed's ent sdgh
14-Sep-2016	GP Surgery (CHURCHTOWN MEDICAL CENTRE) GIANNELLI, Paolo (Dr)
History	DPA
27-Jul-2016	GP Surgery (CHURCHTOWN MEDICAL CENTRE) COULTER, Wendy (Dr)
History	Motor vehicle traffic accidents (MVTA) 26/7/16 powder gas from airbag went in his eyes went to a&e rx chloramphenicol oint corneal abrasions scratches left eye swollen this morning
Examination	vision ok no ulceration seen with pen torch but slight graze can use a computer rest eyes while healing neck hurt as well had blood out of mouth torn frenulum windscreen cracked airbag broke
Medication	Ibuprofen 100mg/5ml oral suspension sugar free Two 5ml Spoonfuls To Be Taken Three Times A Day After Food 100 ml Paracetamol 250mg/5ml oral suspension sugar free Two 5ml Spoonfuls Every 4 To 6 Hours When Necessary. No More Than 4 Doses In 24 Hours 200 ml

Problems**Allergies and intolerances**

9/11

Allergies

Findings

All Patient Observations

Investigations And Values

Family History

Family History

Social Context

Alcohol Consumption

Smoking

Non-Therapeutic Drug Use

1810031644_Referral Letter.rtf

Medisec ref: I&S Patient: DPA NHS No: DPA - Page 1 of 1

**Southport & Ormskirk Hospital**

NHS Trust



Southport & Formby District General Hospital

Town Lane, Kew

Southport

Merseyside PR8 6PN

Tel: DPA

Our Ref: PA/JMM DPA

Date of Clinic: 08/11/2016

Date Dictd: 08/11/2016

Date Typed: 09/11/2016

Secretary:

Fax:

DPA

Email: joanne.elston@nhs.net

Dr GM Firth
Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside
PR9 7LT

PLANNED CARE DIVISION

MR T H J LESSER - CONSULTANT ENT SURGEON

CLINIC LETTER

15 NOV 2016

Dear Dr Firth

Axel RUDAKUBANA

DPA

D.O.B.

07/08/2006

Hospital No.

DPA

NHS No.

DPA

Diagnosis: Central tinnitus

Treatment plan: Reassurance

Thank you for referring this ten year old boy who came to the clinic with his mum. He was in a road traffic accident 2-3 months ago when his mum was driving and he was sitting in the passenger seat. Someone hit the car from the front and the airbags were deployed. He sustained minor facial injuries at that time but also noticed a buzzing noise within his ears, he cannot locate it to any particular side. There are no concerns with his hearing and he denies any ear bleeds or other injuries. He is not on any routine medications.

Examination reveals bilateral intact normal ear drums. Pure tone audiometry shows hearing within normal limits. Nasal mucosa and throat were healthy. Cranial nerves 2-12 were normal.

I have reassured him about the findings and have discussed tinnitus retraining therapy but he is not keen on this at the moment as he is able to carry out his routine activities and it has not been of too much concern for him. I am happy to discharge him back to your care. If the tinnitus becomes worrying could you please refer him to the community paediatric audiology services for tinnitus retraining therapy.

Yours sincerely

*Electronically checked and authorised by***MISS P ACHAR****SPECIALIST REGISTRAR IN ENT**

An integrated care organisation

Southport & Ormskirk Hospital
NHS Trust

10/11

Ormskirk & District General Hospital, Wigan Rd, Ormskirk, Lancashire L39 2AZ

Hospital Number: DPA

NHS Number: (03)

Date: 26 July 2016

Dr Firth
Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside

29 JUL 2016

Patients Details

GP name: Dr Gm Firth
GP Address: Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside

Name: Axel Rudakubana

Address: DPA

SOUTHPORT
Merseyside

PR9 7LT

D.O.B: 07/08/2006

Age: 9

School: St Patricks Inf & Jn

Occupation: School child

DPA

Telephone number:

Next of Kin: LAETITIA MUZAYIRE

Relationship: Mother

Notification of child attending the Accident & Emergency Department on 26/July/2016 at 16:50

Attendance Number: OH-16-016381

Accompanied by: Parent

Incident Location: Other

Clinician Seen: Dr Saleh Ali (Clinician)

Presenting Complaint: RTA

Diagnosis: Other

Investigations: None

Treatment:
injury/trends Guidance/Advice - Verbal, Observation/electrocardiogram, pulse oximetry/head

Disposal: Discharged - did not require any follow up treatment

Discharge Comments: ROAD TRAFFIC COLLISION TODAY, AIRBAGS DEPLOYED AND
SUSTAINED CORNEAL ABRASIONS BILATERALLY

Alerts:

Previous Attendances

SIGNATURE

Yours

68

Clinical Information Summary

Patient: Rudakubana, Mr Axel
UBRN: 000314499666
NHS: DPA

Date of Birth: 07-Aug-2006
Age: 12y 1m
Gender: M

UBRN Information

Date:	21-Sep-2018	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	HARKINS, Nicky (Dr)	Letter last modified	21-Sep-2018
Referring org:		Named clinician	
Address:	172 Roe Lane Southport Merseyside PR9 7PN	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	10 Old School Close Banks Southport PR9 8SB	Registered practice: Address	ROE LANE SURGERY 172 Roe Lane Southport Merseyside PR9 7PN
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

I Would appreciate your assessment of this 12 year old boy, who complains of several months history of excessive saliva production. There is no history of sore throat, dental symptoms, or any other associated symptoms. Axel finds his symptoms embarrassing due to constant swallowing whilst at school. He also mentions bilateral tinnitus over the last few months. He has been seen by audiology, but hearing tests are normal.

Examination is unremarkable, but Axel and his family remain keen to seek further advice from a specialist. I would be very grateful for your input into his care.

Requested action

Requested action
Request action Comments

Management Advice

Medication

Medication
No medication recorded / selected.

Clinical record details

Consultations

Problems

Active

Date	Problem	Associated Text	Date Ended
19-Jan-2016	Vitamin D deficiency		

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Family History

Family History

Social Context

Alcohol Consumption

Smoking

Non-Therapeutic Drug Use

Southport and Formby District General Hospital
Ormskirk and District General Hospital
North West Regional Spinal Injuries Unit



Southport and Ormskirk Hospital
NHS Trust

Our Ref: LD/je [DPA]

Date of Clinic: 06/11/2018
Date Typed: 07/11/2018

Southport & Formby District General Hospital
Town Lane, Kew
Southport
Merseyside PR8 6PN
Tel: [DPA]

Dr NJ Leonard
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: [DPA]
Fax: [DPA]
Email: joanne.elston@nhs.net

PLANNED CARE DIVISION
MR O AYOUB - CONSULTANT ENT SURGEON
CLINICS

Dear Dr Leonard

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Diagnosis: Raised saliva production – now settling

I reviewed Axel with his father in the ENT outpatient clinic today. For the last few months Axel has experienced increased saliva production but no drooling. He feels he has to swallow the saliva down quite a lot. Nevertheless this has significantly improved over the last few weeks. There are no other symptoms suggestive of sore throats, hoarse voice or any ear problems. His appetite is good and weight is increasing, although I do understand from Axel's father that there is some concern over his food intake and therefore you are referring him on to see a nutritionist.

On examination today mouth and oropharynx, including bimanual palpation, was entirely unremarkable. Neck examination was also normal.

We discussed the option of referral for speech and language therapy review, but at this point Axel would very much like to see whether his symptoms will completely resolve as they seem to be on the way out. I think this is entirely reasonable and therefore I have made another appointment to see us in two months' time when we will reassess him and decide whether or not to refer him on.

Yours sincerely

Electronically checked and authorised by MISS L DALTON

MISS L DALTON
SPECIALIST REGISTRAR IN ENT



Southport and Formby District General Hospital
Ormskirk and District General Hospital
North West Regional Spinal Injuries Unit



Southport and Ormskirk Hospital
NHS Trust

Southport & Formby District General Hospital
Town Lane, Kew
Southport
Merseyside PR8 6PN
Tel: DPA

Our Ref: IK/je/ DPA

Date of Clinic: 10/01/2019
Date Typed: 11/01/2019

Dr NJ Leonard
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: DPA
Email: joanne.elston@nhs.net

PLANNED CARE DIVISION
MR O AYOUB - CONSULTANT ENT SURGEON
CLINICS

Dear Dr Leonard

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Your patient was reviewed in the clinic today. He does not get any further drooling now, but he does produce a lot of saliva when he is stressed and in school, but when at home and relaxed he does not get any symptoms. He does swallow the saliva. He has got intermittent tinnitus regarding which I have given him some advice.

Axel has now been discharged back to your care.

Yours sincerely

Electronically checked and authorised by Mrs I Katira

Mrs I Katira
Associate Specialist in ENT



Clinical Information Summary

Patient: Rudakubana, Mr Axel
UBRN: 000325672759
NHS: DPA

Date of Birth: 07-Aug-2006
Age: 12y 7m
Gender: M

UBRN Information

Date:	01-Apr-2019	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	STEVENS, Octavia (Dr)	Letter last modified	01-Apr-2019
Referring org:		Named clinician	
Address:	172 Roe Lane Southport Merseyside PR9 7PN	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	10 Old School Close Banks Southport PR9 8SB	Registered practice: Address	ROE LANE SURGERY 172 Roe Lane Southport Merseyside PR9 7PN
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others
No risk to others recorded / selected.

Problem being referred

Please see this 12 year old boy with persistent dysuria for 3 months in the absence of a UTI. Please see attached urine culture and consultations.

Requested action

Requested action: Management Advice
Request action Comments:

Medication

Medication**Past**

Drug	Dosage	Quantity	Last Issued On
Fusidic acid 2% cream	Apply Three Times A Day	15 gram	15-Feb-2019

Clinical record details**Consultations**

Date	Consultation Text
01-Apr-2019 17:14	GP Surgery (ROE LANE SURGERY) STEVENS, Octavia (Dr)
Problem	Dysuria (First)
History	3/12 h/o dysuria last urine culture NAD has to stop / start when PUIs as sore but thinks otherwsie no obstruction to flow urine looks clear no nocturia occ frequency but no urgency sx 1 episdoe of a small amount of blood at the end of PUIing but nil since painful throughout micturition bowels OK no abdo pain
	DPA
Referral	Urology referral To: NHS e-Referral Service
Examination	Mum present during examination
	DPA
	Urine dip NAD
Comment	Adv given ongoing sx and no UTI for urology ref if change in sx in interim to r/v
History	mentioned re mouth salivates when in crowds - anxious - has appt next week to discuss adv re keeping appt to explore in more depth re anxieties
26-Feb-2019 11:41	GP Surgery (ROE LANE SURGERY) WORDSWORTH, Samantha (Mrs)
Examination	Urine dipstick test all NAD
Procedure	Urine protein normal
Comment	Actions sample discarded & added to dd for info

Problems**Active**

Date	Problem	Associated Text	Date Ended
21-Feb-2019	Urine protein test = ++		
19-Jan-2016	Vitamin D deficiency		

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
22-Feb-2019	Urinary MC&S - (MP12592) - Normal Micro			
	White Blood Cells: 8	$\times 10^6/L$	(ref range 0-40)	
	Epithelial Cells : 3	$\times 10^6/L$	(Ref range 0-55)	
	No evidence of infection by flow cytometry. Culture not indicated.			

Family History

Family History

Social Context

Alcohol Consumption

Smoking

Non-Therapeutic Drug Use

Alder Hey Children's NHS

NHS Foundation Trust

SINGLE POINT OF ACCESS

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES REFERRAL FORM

Providing detailed information on this form helps us to quickly allocate to the most appropriate agency/service/team and prioritise where necessary. If there is insufficient information we may return the referral to you, which will result in delay for the family. Please telephone if you would like to discuss the case before making the referral. Please also phone for more information on our consultation service to professionals. **Telephone:** **DPA**

Fax: **DPA**

1. Details of the child or young person

Name: Axel Rudakubana

Gender: M **Date of Birth:** 07-Aug-2006

Address:

10 Old School Close

Banks

Southport

PR9 8SB

Parent (s) Carer's names

Ethnicity:

NHS Number: **DPA**

Previous Surnames:

Main telephone number:

Other telephone number:

Who has parental responsibility? dad and mom

Parent's address if different from child:

Address:

Post Code:

Parent's contact number: **DPA**

Parent's alternative number:

School: range high school **Year group:** 8

Key School Contact:

Is there a statement of educational need? NO

☐ **Child In Need**

Is there a CAF – Yes/No If Yes please enclose

Legal Status

☒ **Care of Parent**

☐ **Care of Local Authority – Liverpool/Sefton/other**

☐ **Section 20 Voluntary Accommodated**

☐ **Full Care Order**

☐ **Interim Care Order**

☐ **Care Order places at home**

☐ **Child Protection Plan**

☐ **Other Carer – give details**

Details:

2. Professionals involved

Please list all professionals with current contact details (phone and email)

Gp Dr Mohammed

3. Consent

- Has the referrer met with the child or young person? Please circle YES
- Has child / young person given consent to referral? Please circle YES
- Has parent / guardian given consent to referral? Please circle YES
- Has the parent/young person consented to transfer of referral information to a CAMHS partnership agency if Please circle YES
assessed as more appropriate for their needs

Young person's signature **Parent signature**

Referrals can only be accepted if the referrer has met with the child, who has given their consent if Fraser competent, and full parental consent is obtained. If consent is not possible please phone to discuss.

4. GP Details (if not referrer)

Address:

ROE LANE SURGERY

172 Roe Lane

Southport

Merseyside

Doctor

Telephone Number: **DPA**

5a. Reason for Referral

Please give a detailed description of the child/young person's emotional/behavioural or mental health difficulties. Please indicate the severity and frequency of the difficulties and behaviours and how these impact on the young person and their family.

last 2 yrs especially in school and around crowd Axel feels nervous - startes producing excess saliva in mouth --

swallows. can get teary eyed

is upset at home when it happens at school.

sometimes cant concentrate at school when it happens -- can happen with in subjects he struggles with and feels

isolated with it

no Bullying at school.

5b.

What help and outcomes are the family or professional expecting from the CAMHS referral. improvement

5c.

Please list the impact the child or young persons diffculties are having on their education or nursery placement.

struggles around people and finds difficult to concentrate at school

Please continue on a separate sheet if necessary.

5d. Duration of the identified problems: 24months

6. Developmental Concerns

Please indicate if the child has any global learning disability or specific learning difficulties (state nature and severity). This may include reference to attention difficulties, social and communication difficulties and delays in reaching milestones.

no leanign difficulties

Axels older brother DPA

6a. Adaptations for appointments Does the child require adaptations for attending appointments? E.g. venue, time, translation.

7. Family Composition

Please detail all relevant family members

Name	Age	Relationship to child	Currently live with child?
Alphonse Rudakubana	43	dad	☒
Laetitia Muzayire	47	mother	☒
Dion Rudakubana	15	brother	☒
			☐
			☐
			☐

8a What interventions have the family already received?

none

8b What was the outcome?

Thank you for completing the for

All referrals are seen by an experienced clinician at referral.

Specialist CAMHS may assume duty of care re: Mental Health Issues,

at assessment. However referrals, once reviewed, may be signposted to CAMHS

partner agencies for appropriate on-going intervention. We will inform the referrer of our decision to do this and expect the referrer to continue to hold duty of care during this transition.

Has the possibility of the referral being signposted to one of our partner agencies been discussed with the family

☒ Yes ☐ No

Please return the form to Fax:

Post: Single Point of Access,
Alder Hey, Mulberry House
Eaton Road, Liverpool L12 2AP

Referrer Details

Name Dr mohammed

Address:

172 Roe Lane

Southport

Merseyside

PR9 7PN

Date: 11-Apr-2019

Profession:

Telephone Number:

Fax number:

E-mail

Referrer Signature:.....



Alder Hey Children's

NHS Foundation Trust

Single Point of Access

FRESH CAMHS Building,

Alder Hey Hospital, (retained estate)

Alder Road, Liverpool L12 2AP

www.alderhey.nhs.uk www.freshcamhs.org

Tel: CAMHS Reception: [DPA]

Our Ref: SPAC/jm/i [DPA]

Date Dictd: 12/04/2019

Date Typed: 12/04/2019

Dr Mohammed
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: Direct Dial [DPA]
Fax: [DPA]

Child and Adolescent Mental Health Service
Facebook: FRESH CAMHS & FRESH Plus Group
Twitter: @FreshCAMHS & @FreshPlusGroup

Dear Dr Mohammed

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Thank you for your referral of Axel to the Single Point of Access Team (Alder Hey CAMHS).

We looked carefully at the referral you sent and we have discussed the information within our Consultant led MDT Triage Referral Meeting.

We feel it would be more appropriate for Axel to access support from Parenting 2000.

Parenting 2000 provide therapeutic support to children and young people including counselling support, family therapy, support with anxiety and stress, bullying and harassment, domestic abuse and bereavement support.

Parenting 2000 accept self-referrals and can be contacted on the numbers listed below:

Crosby Centre Telephone: [DPA]
Litherland Centre Telephone: [DPA]
Southport Office Telephone: [DPA]

Further information can be accessed at www.parenting2000.org.uk.

We will therefore not be accepting the referral to Alder CAMHS at this time.

Yours sincerely

Electronically checked and signed

Duty Clinician
Single Point of Access Duty Team & Consultant Psychiatrist

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: [DPA]

Our Ref: KP/EW: [DPA]

Date of Clinic: 10/05/2019

Date Dictd: 10/05/2019

Date Typed: 16/05/2019

Urology Nurse Specialists
Alder Hey Children's NHS Foundation Trust

PCO Brenda Murray [DPA]

Department of Urology

Miss H Corbett

Consultant in Paediatric Urology

Dear Colleagues

REFERRAL

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006

Hospital No. [DPA]

NHS No. [DPA]

History/Current Symptoms

I would be grateful if you could meet Axel in your clinic and offer biofeedback to him. He is a 12 year old boy who has been troubled with dysuria for the past 2 months. He reports interrupted stream and he tells me that he has to use her abdominal muscles to initiate his voids. [DPA] He also reports some terminal haematuria as in a drop of blood at the end of his micturition but this does not occur every time he passes urine. He is dry day and night time. [DPA]

DPA

Of note, Axel is a very anxious young man and he is on the waiting list for parenting 2000 to discuss his anxieties. These mainly concern his perception but he has increased saliva production and he gets very nervous when this happens as he feels that everyone is looking at him and commenting.

Examination

DPA

Investigations, Procedures and Results

I therefore asked him to carry out a flow study to see if he maybe obstructed. He had to wait a little bit to be able to have his flow so there was some urgency. He produced 253mls of urine with a slightly urgent flow. The flow time was 14.5 seconds with a QMAX 28mls per second. The total time of voiding was 15 seconds.

Management Plan

I reassured Axel that there is no evidence of meatal stenosis and obstruction to justify his symptoms. I wondered whether he has posterior urethritis. I explained that this is very common in adolescents, and obviously can be exacerbating in children with anxiety.

I would be grateful if you could meet with him and offer some biofeedback. Hopefully, this will help him relax his pelvic muscles when he is voiding and his symptoms improve. I also advised him to take painkillers as required when he has exacerbations of the dysuria. I have request an ultrasound scan of his urinary tract to make sure there is no pathological finding.

Follow Up Arrangements

I will see him in clinic in a couple of months.

Kind regards,

Yours sincerely

Electronically checked and authorised by Miss Katerina Prodromou

Miss Katerina Prodromou
Fellow in Paediatric Urology

Copy to:

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB



Alder Hey Children's
NHS Foundation Trust
Alder Hey
Eaton Road
Liverpool
L12 2AP
www.alderhey.nhs.uk
Tel: DPA

Our Ref: KP/mb DPA
Date of Clinic: 08/07/2019
Date Dictd: 08/07/2019
Date Typed: 11/07/2019

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

PCO Brenda Murray DPA

Department of Urology
Miss H Corbett
Consultant in Paediatric Urology

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Diagnosis

Dysuria
Interrupted stream
Terminal haematuria
? Posterior urethritis
Anxiety

Acute / Suspected Problems:

No Acute / Suspected problems reported.

Chronic Problems:

No Chronic problems reported.

Past Problems:

No Past problems reported.

During transition from paper to full electronic records, the past problem table may not reflect all past patient problems

Known Allergies and Adverse Reactions

Allergy/Adverse Reaction	Type	Severity	Reaction	Status	Date/Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

History/Current Symptoms

It was lovely to meet Axel and his dad. Unfortunately he has not had his ultrasound scan yet and I apologised for this. I will try to arrange it for the 22nd July when he will come to the hospital for his first biofeedback session.

He tells me that he has been a little better since we last met. He drinks more and he tries to void more regularly although dad thinks that Axel tends to hold his urine for too long. He did another flow today and this was rather tower shaped with a voided volume of 89ml, a voiding time of 10 sec and max flow of 20ml/sec.

I will see Axel in 3 months and hopefully with biofeedback his symptoms will improve.

Investigations, Procedures and Results

No Laboratory Orders or Results recorded within this period:

Follow Up Arrangements

18 Week Outcome for this visit: Watchful Wait/Monitoring

Future Follow Up: Same Clinic

Follow Up Time Frame: 3 Months

Yours sincerely

Electronically checked and authorised by Miss Katerina Prodromou

Miss Katerina Prodromou
Fellow in Paediatric Urology

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Urology Nurse Specialists
Alder Hey Children's NHS Foundation Trust



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: DPA

Our Ref: ED/bm/ DPA }

Date Dictd: 23/07/2019

Date Typed: 26/07/2019

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: Urology Nurses PCO
Urology Nurse Appointments Clerk

Fax:

DPA

Department of Urology
Urology Nurses

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B.

07/08/2006

Hospital No.

DPA

NHS No.

DPA

Diagnosis **Dysuria**
 Interrupted stream
 Terminal haematuria ? posterior urethritis
 Anxiety

History and current symptoms

Axel attended with his dad today for a short appointment. He had missed some of his appointment yesterday with my colleague Kate Thompson and therefore was unable to complete the biofeedback session. He was therefore booked for a biofeedback session into my clinic today.

Axel was able to complete his first session of biofeedback showing excellent contraction of his pelvic floor muscles and relaxation of his abdominal muscles. I have advised him to continue to practice this at home and try to focus on relaxing and using these techniques when voiding.

Future management

I will request two more appointments for Axel to attend our clinic. I will of course keep you updated with all of Axel's progress.

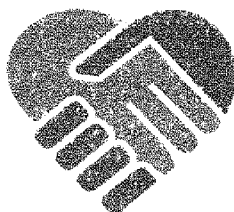
Yours sincerely

Electronically checked and authorised by Emily Dobson

Emily Dobson
Urology Nurse

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB



Roe Lane Surgery

Dr A.J Trevor J. Ayres

172 ROE LANE SOUTHPORT PR9 7PN

14 August 2019

Dear Community paediatrics,

Re: Mr Axel Rudakubana DOB: 07-Aug-2006 NHS No:
10 Old School Close, Banks, Southport, PR9 8SB

Thank you for reviewing my patient who is wondering (along with his family) if he has ADHD.

He had poor eye contact throughout my consult and indeed seemed quite fixated on things (school detention or his play station).

I would appreciate your review and advice on whether you think he may have ASD or ADHD.

Please see the attached patient summary and my consultation notes.

Yours sincerely,

ARNOLD, Emily (Dr)

TEL: FAX: Email: admin@gp-n84611.nhs.uk

Information for the public is available at: www.nhs.uk

TEL: FAX: Email: admin@gp-n84611.nhs.uk

TRANSMISSION VERIFICATION REPORT

TIME : 21/08/2019 11:51
NAME : ROE LANE SURGERY
FAX :
TEL : **DPA**

DATE, TIME
FAX NO. /NAME
DURATION
PAGE(S)
RESULT
MODE

21/08 11:50
DPA
00:01:08
03
OK
STANDARD
ECM

DPA



Roe Lane Surgery

Dr A.J Trevor J. Ayres

172 ROE LANE SOUTHPORT PR9 7PN

14 August 2019

Dear Community paediatrics,

Re: Mr Axel Rudakubana DOB: 07-Aug-2006 NHS No: **DPA**
10 Old School Close, Banks, Southport, PR9 8SB

Thank you for reviewing my patient who is wondering (along with his family) if he has ADHD.

He had poor eye contact throughout my consult and indeed seemed quite fixated on things (school detention or his play station). **DPA**

I would appreciate your review and advice on whether you think he may have ASD or ADHD.

Please see the attached patient summary and my consultation notes.

Yours sincerely,



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: DPA

Our Ref: KT/tm/ DPA

Date Dictd: 23/08/2019

Date Typed: 27/08/2019

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: Urology Nurses PCO
Urology Nurse Appointments Clerk

Fax:

DPA

Department of Urology
Urology Nurses

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B.

07/08/2006

Hospital No.

DPA

NHS No.

DPA

Diagnosis

Dysuria

Interrupted stream

Terminal haematuria

Posterior urethritis

? anxiety

History/current symptoms

Axel attended the urology nurse led clinic today with Dad. He was slightly late to today's appointment once again and he was able to carry out his biofeedback for 10 minutes. He showed excellent control of his pelvic floor with no use of his abdominal muscles throughout the session. Unfortunately he reports no real change in his symptoms however Dad has noticed that he has been able to notice a difference. He feels Axel is no longer spraying as much in the bathroom, as much as he was prior to starting his biofeedback.

Axel informs me that he carries out his exercises once daily in order to help maintain his pelvic floor training. He was unable to carry out a uroflow at today's appointment as he admitted he had not drunk very much today. He has a new appointment in the near future where a full assessment will be carried out and future treatment will be decided.

I look forward to seeing Axel in the near future and will of course keep you updated with all of his progress.

Yours sincerely

Electronically checked and authorised by Kate Thompson

Kate Thompson

Urology Nurse

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel:

DPA

Fax:

Secretary: Urology Nurses PCO -
Urology Nurse Appointments Clerk -

Miss K Prodromou
Fellow in Paediatric Urology
Alder Hey Children's NHS Foundation Trust

Department of Urology
Urology Nurses

Dear Miss Prodromou

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Diagnosis:

Dysuria.
Interrupted stream.
Terminal haematuria.
Posterior urethritis.
Anxiety.

Medication:

None taken.

Axel attended the nurse-led urology clinic on 5 September 2019 accompanied by dad.

Axel has attended today for a further session of biofeedback. Axel has admitted to not carrying the exercises out on a regular basis at home.

Axel does not have any issues with wetting and tells me that the dysuria is improving. Axel explains that occasionally his voiding will hurt a little but definitely not as much as previously. Axel also feels that the spraying is less than before.

Axel has done well to improve his oral intake and is now taking around 1 litre of clear fluid each day.

Axel was asked to perform a uroflow. He did not feel that he would be able to carry out a void, however with encouragement, he did manage to pass 38ml. The Q-mean was 5.3ml per second. Axel had emptied his bladder to completion.

I believe that you are due to review Axel again around October with a repeat ultrasound scan.

I have encouraged Axel to continue to improve his oral intake and practice his biofeedback at home.

I have not booked any further nurse-led follow up.

Yours sincerely

Electronically checked and authorised by Zoe Kavanagh

Zoe Kavanagh
Urology Nurse



Alder Hey Children's

NHS Foundation Trust

Single Point of Access

FRESH CAMHS Building,

Alder Hey Hospital, (retained estate)

Alder Road, Liverpool L12 2AP

www.alderhey.nhs.uk www.freshcamhs.org

Tel: CAMHS Reception: [DPA]

Our Ref: SPAC/jm/[DPA]

Date Dictd: 12/10/2019

Date Typed: 12/10/2019

Mr D Cregeen
Teacher
Range High School
Stapleton Road
Formby
Merseyside
L37 2YN

Secretary: Direct Dial [DPA]
Fax: [DPA]

Child and Adolescent Mental Health Service
Facebook: FRESH CAMHS & FRESH Plus Group
Twitter: @FreshCAMHS & @FreshPlusGroup

Dear Mr Cregeen

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Thank you for your referral of Axel to Alder Hey CAMHS. We looked carefully at the referral you sent and we have discussed the information provided within our Consultant Led MDT Triage Meeting.

In light of the information provided within your referral we would like to suggest Targeted Youth Prevention Team who works with young people to promote young peoples', personal and social development, enable them to be safer, have less opportunity for negative behaviour and enable them to have a role, influence and place in their communities and society. Further information can be found at <https://www.sefton.gov.uk/schools-learning/targeted-youth-prevention.aspx>

We would also like to suggest that the family liaise with school and ask what support they can put in place.

Axel's file will now be closed to our service.

Yours sincerely

Electronically checked and signed

Duty Clinician
Single Point of Access Duty Team & Consultant Psychiatrist

Copy to:

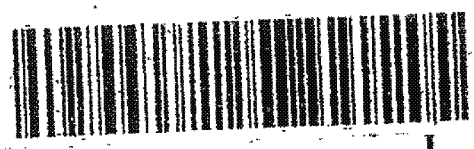
Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

NHS

MALE

Forenames



AXEL MUGANWA

Sex: (M)

QC7

Date Added: 18.01.13

P/DB15 GM FIRTH & PARTNERS
GP: RJG KIDD (D1070)

DPA

DOB: 07.08.2006

RUDAKUBANA

DPA

Surname

Date

Ad

Tel

Sub

Tel

NHS Number

Tracking Reference: PCS015503180

Surname:

RUDAKUBANA

Forename:

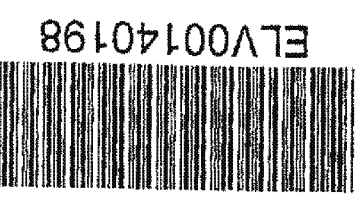
AXEL

Previous Surname:

RUDAKUBANA

DOB: 07 Aug 2006

Sex: M



Affix to the Medical Record Envelope if patient's details have changed.

SURNAME

Date of Death

Cause of Death

Doctor's Signature

*This column is provided for doctors to enter A, V or C at their discretion

[illegible]

THIS RECORD IS THE PROPERTY
OF THE NATIONAL HEALTH SERVICE

FORM FP5B
Version 1 09/08 2007-50249-EN-NHSBSA

RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Churchtown Medical Centre
NHS Number: DPA

RUDAKUBANA, Axel (Mr)

Date of Birth: **07-Aug-2006 (11y 1m)**

Report Path: Local Record

DPA

Number: DPA
Usual GP: KIDD, R J G (Dr)
Patient Type: Regular
Registered: 18-Jan-2013

Home Tel: DPA
Work Tel:
Mobile Tel: DPA
Email:

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Paracetamol 250mg/5ml oral suspension sugar free	7.5mls Every 4 To 6 Hours When Necessary. No More Than 4 Doses In 24 Hours.	100 ml	19-Jan-2017
Ibuprofen 100mg/5ml oral suspension sugar free	Two 5ml Spoonfuls To Be Taken Three Times A Day After Food	100 ml	27-Jul-2016
Paracetamol 250mg/5ml oral suspension sugar free	Two 5ml Spoonfuls Every 4 To 6 Hours When Necessary. No More Than 4 Doses In 24 Hours	200 ml	27-Jul-2016
Emla 5% cream (Aspen Pharma Trading Ltd)	Apply A Thick Layer And Cover With Dressing 1 to 5 Hours Before Procedure	10 gram	04-Jul-2016

Allergies

Vaccinations

Term	Associated Text
Feb-2010	DTP (triple)+polio vaccination booster
03-Sep-2007	Third pneumococcal conjugated vaccination
03-Sep-2007	Measles/mumps/rubella vaccn.
06-Aug-2007	Fourth DTP polio and Hib vaccination
06-Aug-2007	Single meningitis C vaccination
11-Dec-2006	Second meningitis C vaccination
11-Dec-2006	Third DTP polio and Hib vaccination

Printed 11:06am 18-Sep-2017

Confidential NHS Information – Includes sensitive or personal patient data

Page 1 of 7

MERP000490_0091



DPA

Consultations (all)

Date	Consultation Text
11-Aug-2017	Document CHURCHTOWN MEDICAL CENTRE BARNES, Karen (Miss) Letter encounter to patient ☐ Out of area letter
15-Feb-2017	Document CHURCHTOWN MEDICAL CENTRE BARNES, Karen (Miss) Letter sent to solicitor ☐ Photocopying receipt CMC
19-Jan-2017	GP Surgery (CHURCHTOWN MEDICAL CENTRE) PAISLEY, Elaine (Mrs) Problem History Examination Comment Medication
29-Nov-2016	Document CHURCHTOWN MEDICAL CENTRE BARNES, Karen (Miss) Letter sent to solicitor ☐ Photocopying request for payment CMC
08-Nov-2016	Docman: DOCMAN, Pcti (MR) Additional Attachment ☐ Hospital Letter Southport & Ormskirk ENT Scanned document
07-Nov-2016	Docman: DOCMAN, Pcti (MR) Additional Attachment ☐ Admin Letter Solicitor Administration
07-Nov-2016	Docman: DOCMAN, Pcti (MR) Additional Attachment ☐ Admin Letter Solicitor Administration
Oct 2016	GP Surgery (CHURCHTOWN MEDICAL CENTRE) COULTER, Wendy (Dr) History Tinnitus symptoms not sure which ear it is-loud pitched ringing in ears since had RTA i n JULY accident airbag exploded loud impact acoustic shock Referral ENT referral To: NHS e-Referral Service Examination ears look ok right ear TM black-is black skinned ethnic origin left ear TM pink Comment refer paed's ent sdgh



Document e-RS Letter (03-Oct-2016) NHS e-Referral UBRN 000283215662 for ENT referral,
NHS e-RS UBRN 000283215662 for ENT referral
Referral Letter (03-Oct-2016) NHS e-Referral UBRN 000283215662 for ENT referral

14-Sep-2016 GP Surgery (CHURCHTOWN MEDICAL CENTRE) GIANNELLI, Paolo (Dr)

History

DPA

14-Jul-2016 GP Surgery (CHURCHTOWN MEDICAL CENTRE) COULTER, Wendy (Dr)

History

Motor vehicle traffic accidents (MVTA) 26/7/16 powder gas from airbag went in his eyes
went to a&e rx chloramphenicol oint corneal abrasions stracthes
ledft eye swollen this morning

Examination

vision ok
no ulceration seen with pen torch but slight graze
can use a computer rest eyes while healing
neck hurt aswell
had blood out of mouth torn frenulum windscreen cracked airbag broke

Medication

Ibuprofen 100mg/5ml oral suspension sugar free Two 5ml Spoonfuls To Be Taken
Three Times A Day After Food 100 ml
Paracetamol 250mg/5ml oral suspension sugar free Two 5ml Spoonfuls Every 4 To
6 Hours When Necessary. No More Than 4 Doses In 24 Hours 200 ml

26-Jul-2016 Docman, DOCMAN, Peti (MR)

Additional

Attachment Hospital Letter Southport & Ormskirk A&E
Scanned document

15-Jul-2016 Externally Entered KIDD, R.J.G (Dr)

Entered By: System User ()

Lab Results

Serum total 25-OH vit D level (14-Jul-2016) (RJK15844) - Just out of normal range - ok

14-Jul-2016 Externally Entered KIDD, R.J.G (Dr)

Entered By: System User ()

Lab Results

Serum alkaline phosphatase (14-Jul-2016) (RJK15844) - Normal - No Action
Serum calcium (14-Jul-2016) (RJK15844) - Normal - No Action
Serum inorganic phosphate (14-Jul-2016) (RJK15844) - Normal - No Action

15-Jan-2013 Docman, DOCMAN, Peti (MR)

Duration: 0 mins Travel time: 0 mins

Additional

Attachment CMC Administration CMC New Patient Questionnaire
Administration

Values and Investigations (all)

Date	Description	Value	Units	Range
19-Jan-2017	Pulse oximetry monitoring	98	%	
19-Jan-2017	O/E - pulse rate	78	beats/min	
19-Jan-2017	O/E - tympanic temperature	36.4	degrees C	
14-Jul-2016	Serum total 25-OH vit D level - (RJK15844) -	51	nmol/L	75.00 - 150.00nmol/L
	Just out of normal range - ok			
	Adequate in healthy people but in at risk adults			
	consider lifestyle advice or over the counter			
	vitamin D supplement 400-800 IU daily			



AKUBANA, Axel (Mr)
 Date of Birth: 07-Aug-2006

Churchtown Medical Centre
 NHS Number: **DPA**

14-Jul-2016	Serum inorganic phosphate - (RJK15844) - Normal - No Action	1.24	mmol/L	0.90 - 1.80mmol/L
14-Jul-2016	Serum calcium - (RJK15844) - Normal - No Action			
	Serum calcium	2.44	mmol/L	
	Serum adjusted calcium conc	2.36	mmol/L	2.20 - 2.70mmol/L
	Serum albumin	49	g/L	30.00 - 50.00g/L
14-Jul-2016	Serum alkaline phosphatase - (RJK15844) - Normal - No Action	385	u/L	60.00 - 425.00u/L

Problems

Problem	Associated Text	Date Ended
---------	-----------------	------------

Significant Past

Problem	Associated Text	Date Ended
---------	-----------------	------------

Minor Past

Date	Problem	Associated Text	Date Ended
19-Jan-2017	Viral sore throat NOS		17-Feb-2017

Code History (all)

Date	Description	Value	Units	Range
29-Aug-2017	Encounter administration			
	Deducted as patient has moved to 10 Old School Close, Banks, Southport, PR9 8SB			
29-Aug-2017	Letter encounter to patient			
	Out of area letter			
29-Aug-2017	Telephone encounter			
	With Patient's Mum - Patient has moved to 10 Old School Close, Banks, PR9 8SB, have advised Mum needs to move GPs, but wants to write in to GPs to discuss Awaiting change of address in writing			
29-Aug-2017	Medical report sent			
	Letter for copy of notes signed by GP and ready to be sent in post - REC DEL - 8Z 6286 1193 6GB			
14-Mar-2017	Failed encounter			
	tried to call Kiss Medical (DPA Rachel or Helen) to say that the report will be sent out to them as a matter of urgency - bj			
07-Mar-2017	Telephone encounter			
	call from Kiss Medical (Rachel DPA) wanting to know when they can expect medical report - I said the letter was done on 15th Feb but couldn't see it in the post book - I will need to ask KB when she comes back - bj			
15-Feb-2017	Letter sent to solicitor			
	Photocopying receipt CMC			
31-Jan-2017	Solicitors report-fee paid			
	Kiss Medical Ph/c			
19-Jan-2017	Pulse oximetry monitoring	98	%	
19-Jan-2017	O/E - pulse rate	78	beats/min	
19-Jan-2017	O/E - tympanic temperature	36.4	degrees C	
19-Jan-2017	Viral sore throat NOS			

Printed 11:06am 18-Sep-2017

Page 4 of 7

Confidential NHS Information - Includes sensitive or personal patient data

MERP000490_0097



Jan 2017 Informing patient of named accountable
 general practitioner

Jan-2017 Telephone encounter
 With Patient's Dad we have not tried to ring him, informed of named GP

Nov-2016 Letter sent to solicitor
 Photocopying request for payment CMC

21-Nov-2016 Telephone encounter
 spoke to Jade at Kiss Medical Ltd to advise still no clarification of signature on consent form .advised
 parent would need to come in to sign if wishes to proceed with ph/c job

11-Nov-2016 Medical report received
 Kiss Medical - ph/c job - DG

08-Nov-2016 Scanned document

08-Nov-2016 Attachment
 Hospital Letter Southport & Ormskirk ENT

07-Nov-2016 Administration

07-Nov-2016 Attachment
 Admin Letter Solicitor

Nov-2016 Administration

Nov-2016 Attachment
 Admin Letter Solicitor

Oct 2016 Tinnitus symptoms
 not sure which ear it is-loud pitched ringing in ears since had RTA i n JULY accident airbag exploded
 loud impact acoustic shock

Oct-2016 e-RS Letter (03-Oct-2016)
 NHS e-Referral UBRN 000283215662 for ENT referral
 NHS e-RS UBRN 000283215662 for ENT referral

03-Oct-2016 Referral Letter (03-Oct-2016)
 NHS e-Referral UBRN 000283215662 for ENT referral

03-Oct-2016 ENT referral

27-Jul-2016 Motor vehicle traffic accidents (MVTA)
 26/7/16 owder gas from airbag went in his eyes

26-Jul-2016 Scanned document

26-Jul-2016 Attachment
 Hospital Letter Southport & Ormskirk A&E

14-Jul-2016 Serum total 25-OH vit D level - (RJK15844) - 51 nmol/L 75.00 - 150.00nmol/L
 Just out of normal range - ok
 Adequate in healthy people but in at risk adults
 consider lifestyle advice or over the counter
 vitamin D supplement 400-800 IU daily

Jul-2016 Serum inorganic phosphate - (RJK15844) - 1.24 mmol/L 0.90 - 1.80mmol/L
 Normal - No Action

Jul-2016 Serum calcium - (RJK15844) - Normal - No
 Action

Serum calcium 2.44 mmol/L

Serum adjusted calcium conc 2.36 mmol/L 2.20 - 2.70mmol/L

Serum albumin 49 g/L 30.00 - 50.00g/L

14-Jul-2016 Serum alkaline phosphatase - (RJK15844) - 385 u/L 60.00 - 425.00u/L
 Normal - No Action

20-Jun-2016 Blood test requested
 Blood Form Plain CMC

08-Sep-2015 Patient allocated named accountable general
 practitioner
 Patient allocated named accountable GP



RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Churchtown Medical Centre
NHS Number: **DPA**

an-2015 Implied consent for core Summary Care
Record dataset upload
Added by SCR consent migration process
Notes summary on computer
DPA
an-2013 African - ethnic category 2001 census
an-2013 Administration
an-2013 Attachment
CMC Administration CMC New Patient Questionnaire

14-May-2010
16-Feb-2010

23-Oct-2007
03-Sep-2007
03-Sep-2007
06-Aug-2007
06-Aug-2007
11-Dec-2006
11-Dec-2006
11-Dec-2006

Nov-2006
Nov-2006
10-Oct-2006
12-Oct-2006
14-Oct-2006

DPA

Referrals (all)	Term	Details	Clinician	Status
Date				
03-Oct-2016	ENT referral	TO: NHS e-Referral Service	COULTER, Wendy (Dr)	Active

Documents (all)	Document Type	Details	Filename	Source
Date				
29-Aug-2017	Letter encounter to patient	Out of area letter	Letter encounter to patient RUDAKUBANA, Axel (Mr) 1441 29-Aug-2017.rtf	
15-Feb-2017	Letter sent to solicitor	Photocopying receipt CMC	Letter sent to solicitor RUDAKUBANA, Axel (Mr) 1021 15-Feb-2017.rtf	
29-Nov-2016	Letter sent to solicitor	Photocopying request for payment CMC	Letter sent to solicitor RUDAKUBANA, Axel (Mr) 1608 29-Nov-2016.rtf	
28-Nov-2015	Attachment	Hospital Letter Southport & Ormskirk ENT	D7_00486157.TIF.XX2	
15-Nov-2015	Attachment	Admin Letter Solicitor	D7_00498870.TIF.XX2	
07-Nov-2016	Attachment	Admin Letter Solicitor	D7_00498214.TIF.XX2	



RUDAKUBANA, Axel (Mr)
Date of Birth: 07-Aug-2006

Churchtown Medical Centre
NHS Number: DPA

03-Oct-2016	e-RS Letter (03-Oct-2016)	NHS e-Referral UBRN 000283215662 for ENT referral	1610031644_NHS e-RS Letter.rtf
03-Oct-2016	Referral Letter (03-Oct-2016)	NHS e-Referral UBRN 000283215662 for ENT referral	1610031644_Referral Letter.rtf
03-Jul-2016	Attachment	Hospital Letter Southport & Ormskirk A&E	D7_00473739.TIF.XX2
03-Jun-2016	Blood test requested	Blood Form Plain CMC	Blood test requested RUDAKUBANA, Axel (Mr) 0922 20-Jun-2016.rtf
15-Jan-2013	Attachment	CMC Administration CMC New Patient Questionnaire	D7_00320435.TIF.XX2

Planned Events

Date	Description	Associated Text
------	-------------	-----------------

DPA



Southport & Ormskirk Hospital



NHS Trust

Ormskirk & District General Hospital, Wigan Rd, Ormskirk, Lancashire L39 2AZ

Hospital Number:

NHS Number: (03)

Date: 26 July 2016

Dr Firth
Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside

29 JUL 2016

Patients Details

GP name: Dr Gm Firth

GP Address: Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside

Name: Axel Rudakubana

Address:
SOUTHPORT
Merseyside

PR9 7LT

D.O.B: 07/08/2006

Age: 9

School: St Patricks Inf & Jn

Occupation: School child

Telephone number:

Next of Kin: LAETITIA MUZAYIRE

Relationship: Mother

Notification of child attending the Accident & Emergency Department on 26/July/2016 at 16:50

Attendance Number: OH-16-016381

Accompanied by: Parent

Incident Location: Other

Clinician Seen: Dr Saleh Ali (Clinician)

Presenting Complaint: RTA

Diagnosis: Other

Investigations: None

Treatment: Guidance/Advice - Verbal, Observation/electrocardiogram, pulse oximetry/head injury/trends

Disposal: Discharged - did not require any follow up treatment

Discharge Comments: ROAD TRAFFIC COLLISION TODAY, AIRBAGS DEPLOYED AND SUSTAINED CORNEAL ABRASIONS BILATERALLY.

Alerts:

Previous Attendances

SIGNATURE

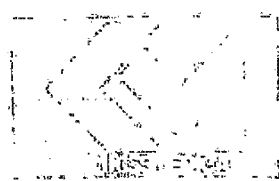
Yours

6





1/4



P11233739/000002

Churchtown Medical Centre
137 Cambridge Road
Southport
PR9 7LT

Mon, 7 Nov 2016

Dear Sirs,

Re: Request under the data protection act for access to medical records.

Our Client: Master Axel Rudakubana
Address:
Date of Birth: 07/08/2006
Date of Accident: 26/07/2016

We act for the above named patient in connection with their personal injury claim.

We enclose a signed form of consent authorising you to release copies of their medical notes, records, correspondence and any associated X-rays/Scans.

We confirm that no action is contemplated against you and that we will be responsible for your reasonable charges for providing us with the information requested.



There is a prescribed maximum fee under the Data Protection Act 1998 of up to £50.00 for the of copies of all the medical records you hold.

We appreciate the pressures on your time and understand that a resource request such as this be time consuming, however, it will not be possible to progress the case without the records.

Please send the requested documents and any invoice to:
Central Scanning Services, Kiss Medical, 157 Woodsend Road, Flixton, Manchester, M41 8GN

Yours Faithfully

Kiss Medical

Kiss Medical Limited
Direct Dial:



Kiss Medical 157 Woodsend Road | Flixton | Manchester | M41 8GN
T: | E: kiss@qualitas.co.uk | W: www.kissmedical.co.uk

Kiss Medical Limited is a registered company. Co Reg No. 09965873.



DPA

Direct Dial: DPA



Kiss Medical 157 Woodsend Road | Flixton | Manchester | M41 8GN
 DPA | E: Kiss@qualitas.co.uk | W: www.kissmedical.co.uk

MERP000490 0110



3/4

APPLICATION FOR THE PRODUCTION OF MEDICAL RECORDS

Client Name	Master Axel Rudakubana
Address	DPA
Date of Birth	07/08/2006
Date of Accident	26/07/2016
National Insurance No.	

Important: You cannot be paid compensation without your National Insurance Number

Please provide details of your GP	
Name	Dr. R. Kidd
Address	CHURCHTOWN MEDICAL CENTRE CHURCHTOWN, 139 CAMBRIDGE RD.
Postcode	PR9 7LT
Telephone Number	DPA
Date Attended	SEVERAL incl. 28/07/16

Please provide details of the Hospital you visited	
Name	SOUTHPORT & ORMSKIRK HOSPITAL
Address	ORMSKIRK HOSPITAL, WIGAN ROAD
Postcode	L39 2AZ
Telephone Number	DPA
Date Attended	26/7/16

Consent

I HEREBY AUTHORISE AND REQUEST YOU to release all notes, records, X-rays and other documentation held by you relating to me, or copies thereof, to my Solicitors Medical Agents. My Solicitors Medical Agents are:-

Kiss Medical of 157 Woodsend Road, Flixton, Manchester, M41 8GN

Signed	SIGNATURE	Dated	28/10/16
--------	------------------	-------	----------



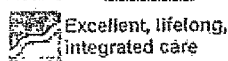


SIGNATURE

Laethra Muzayire

To whom it may concern,
I Laethra Muzayire, Travel
mother give consent to medical
report share with Miss Clark
with regard to the car accident
that happened on 26/27/16.

4/4



Southport & Ormskirk Hospital

NHS Trust



Southport & Formby District General Hospital
Town Lane, Kew
Southport
Merseyside PR8 6PN
Tel: [DPA]

Our Ref: PA/JMM [DPA]

Date of Clinic: 08/11/2016
Date Dictd: 08/11/2016
Date Typed: 09/11/2016

Secretary: [DPA]
Fax: [DPA]

Email: joanne.elston@nhs.net

Dr GM Firth
Churchtown Medical Centre
137 Cambridge Road
Churchtown, Southport
Merseyside
PR9 7LT

PLANNED CARE DIVISION
MR T H J LESSER - CONSULTANT ENT SURGEON
CLINIC LETTER

15 NOV 2016

Dear Dr Firth

Axel RUDAKUBANA

DPA

D.O.B. 07/08/2006

Hospital No. [DPA]

NHS No. [DPA]

Diagnosis: Central tinnitus
Treatment plan: Reassurance

Thank you for referring this ten year old boy who came to the clinic with his mum. He was in a road traffic accident 2-3 months ago when his mum was driving and he was sitting in the passenger seat. Someone hit the car from the front and the airbags were deployed. He sustained minor facial injuries at that time but also noticed a buzzing noise within his ears, he cannot locate it to any particular side. There are no concerns with his hearing and he denies any ear bleeds or other injuries. He is not on any routine medications.

Examination reveals bilateral intact normal ear drums. Pure tone audiometry shows hearing within normal limits. Nasal mucosa and throat were healthy. Cranial nerves 2-12 were normal.

I have reassured him about the findings and have discussed tinnitus retraining therapy but he is not keen on this at the moment as he is able to carry out his routine activities and it has not been of too much concern for him. I am happy to discharge him back to your care. If the tinnitus becomes worrying could you please refer him to the community paediatric audiology services for tinnitus retraining therapy.

Yours sincerely

Electronically checked and authorised by

MISS P ACHAR
SPECIALIST REGISTRAR IN ENT

An integrated care organisation



DPA

038474

Full Report**Mr Axel Rudakubana****07/08/2006****Male****DPA****Transferred Out**

03/11/2006 issued Nasal Drops sodium chloride 0.9%
REQUIRED TO NOSE
01/09/2006 issued FUCIDIN crm 2% w/v
TIMES/DAY

Supply: (10) ml dropper bottle

WHEN

Supply: (15) gram(s)

APPLY 3

Recall

05/04/2007 Recall on 05/04/2007 for Child dev:- 1st call with Dr Paul Gill

Status: Outstanding

8 MONTH CHECK

21/09/2006 Recall on 21/09/2006 for Child dev:- 1st call with Dr Common Room Bd Dr

Status: Outstanding

1ST 8WK CHK

Consultation

01/12/2008 Emergency Consultation
29/10/2008 Emergency Consultation
11/05/2008 Out of hours, Non Practice
23/10/2007 Emergency Consultation
03/09/2007 Surgery consultation
06/08/2007 Surgery consultation
14/05/2007 Emergency Consultation
12/05/2007 Out of hours, Non Practice
11/05/2007 Other
10/05/2007 Surgery consultation
19/04/2007 Out of hours, Non Practice
19/04/2007 Emergency Consultation
05/04/2007 Other
30/03/2007 Administration
27/03/2007 Emergency Consultation
27/12/2006 Surgery consultation
11/12/2006 Surgery consultation
13/11/2006 Surgery consultation
03/11/2006 Emergency Consultation
17/10/2006 Administration
16/10/2006 Other
12/10/2006 Surgery consultation
12/10/2006 Surgery consultation
21/09/2006 Other
11/09/2006 Administration
07/09/2006 Administration
01/09/2006 Emergency Consultation
23/08/2006 Administration
14/08/2006 Letter from Outpatients
13/08/2006 Results recording
09/08/2006 Administration
09/08/2006 Letter from Outpatients

Dr J A Scholey
Dr M H EvansSister Andrea Mulholland
Sister June Wilson
Sister Marianne Pesticcio
Dr J A ScholeyMrs Karen Brown
Dr H C M LydonSister Andrea Mulholland
Mrs Karen Brown
Mrs Diane O'Connell
Dr J A Scholey
Dr Paul Gill
Sister June Wilson
Sister Marianne Pesticcio
Dr J A Scholey
Mrs Merle McCarthy
Mrs Karen Brown
Sister Marianne Pesticcio
Dr Paul Gill
Mrs Karen Brown
Mrs Michala Pritchard
Mrs Michala Pritchard
Dr Jonathan Carrell
Mrs Mary HammondDr R P Edwards
Dr R P Edwards**Referrals****DPA**

Brynnderwen Surgery, Crickhowell Road, St Mellons, Cardiff, South Glamorgan, CF3 0EF

Tel: **DPA**

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MERP000490_0119



Full Report

Mr Axel Rudakubana

07/08/2006

Male

DPA

Transferred Out

DPA

Advice Given

03/11/2006 Advice to patient - subject
(‘Snuffles’)

Leaflet and advice

Blocked Nose in Babies

Immunisation consent

03/09/2007 Consent status for immunisats. by mum

Sister June Wilson

CHS examination

10/05/2007 Child development examinations
no probs
12/10/2006 Child development examinations
all well

Seen by:

Clinician: Dr H C M Lydon

Seen by:

Clinician: Dr Paul Gill

Perinatal problems

03/11/2006 Neonatal snuffles breast feeding, thriving, no concerns re breathing, o/e mild nasal congestion, looks v well, t37, chest clear, p reg
hs nad, uag n saline

Biochemical Screening Tests

13/08/2006 Neonatal screening test Normal

Brynderwen Surgery, Crickhowell Road, St Mellons, Cardiff, South Glamorgan, CF3 0EF

Tel: DPA

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MERP000490_0121

Scanned Letters/Attachments (Removals)

Letter on: 14/08/2006 type: Clinical UHW-NEWBORN SCREENING WALES- TEL 20744085

Screening test for phenylketonuria: Normal

Screening test for hypothyroidism: Normal

Screening test for cystic fibrosis: Normal*

Screening test for Duchenne muscular dystrophy: Normal**

* This test detects about 95% of infants with cystic fibrosis

** This test detects most cases of Duchenne muscular dystrophy

Letter on: 09/08/2006 type: Clinical UHW-NEWBORN HEARING SCREENING-TEL 20 743568

its baby showed clear responses on the hearing screening test, carried out on 09-AUG-06, in one or both ears. A checklist has been provided for the parents to monitor the baby's responses to sound as the baby grows. If there are any worries about this baby's hearing or you require further information please phone the local Paediatric Audiology Service.

Teledermatology Photographs /All Attachments

No data recorded.



Full Report

Master Axel Muganwa Rudakubana

07/08/2006

Male

DPA

Transferred Out

Address

DPA

Address Type: Main address

Communication numbers

Mobile phone
Telephone - home

DPA

Problems

Currently Relevant

Started: 13/11/2009

Ended:

Medical History

DPA

Consultation

14/03/2012	Surgery consultation	Dr Michael Bloomfield
29/06/2011	Third Party Consultation	Miss Kate Monsell
15/06/2011	Surgery consultation	Dr Tony Cheeseman
12/01/2011	Surgery consultation	Dr Haydn Mayo
03/09/2010	Third Party Consultation	Mrs Suzanne Jones
29/07/2010	Third Party Consultation	Dr Clinician Neme
19/05/2010	Surgery consultation	Dr Farah Emberton
01/03/2010	Emergency Consultation	Dr Rebecca Hunter
16/02/2010	Third Party Consultation	Miss Claire Baker
16/02/2010	Surgery consultation	Mrs Emma Cain
03/02/2010	Administration	Miss Claire Baker
18/01/2010	Administration	Mrs Jill Woodhead
24/12/2009	Administration	Miss Claire Baker
08/12/2009	Administration	Ms Sally Griffin
20/11/2009	Administration	Mrs Susan Tucker
16/11/2009	Administration	Ms Jo Samuels

Immunisations

16/02/2010	POLIO	Stage: B	Given	Routine Measure	Due 16/02/2020	Batch: D0568-2 Exp4-11
Mrs Lisa Williams						
16/02/2010	PERTUSSIS	Stage: B	Given	Routine Measure	Due	Batch: D0568-2 Exp4-11
Mrs Lisa Williams						

North Cardiff Medical Centre, Excalibur Drive, Thornhill, Cardiff, South Glamorgan, CF14 9BB

Tel: DPA

Page 1/3.

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Full Report

Master Axel Muganwa Rudakubana

07/08/2006

Male

DPA

Transferred Out

16/02/2010	PERTUSSIS	Stage: B	Given	Routine Measure	Due	Batch: D0568-2 Exp4-11
Mrs Lisa Williams						
16/02/2010	TETANUS	Stage: B	Given	Routine Measure	Due 16/02/2020	Batch: D0568-2 Exp4-11
Mrs Lisa Williams						
16/02/2010	DIPHTHERIA	Stage: B	Given	Routine Measure	Due 16/02/2020	Batch: D0568-2 Exp4-11
Mrs Lisa Williams						
16/02/2010	MUMPS	Stage: B	Given	Routine Measure	Due	Batch: A69FB692A mmr
exp9-10 Mrs Emma Cain						
16/02/2010	RUBELLA	Stage: B	Given	Routine Measure	Due	Batch: A69FB692A mmr
exp9-10 Mrs Emma Cain						
16/02/2010	MEASLES	Stage: B	Given	Routine Measure	Due	Batch: A69FB692A mmr
exp9-10 Mrs Emma Cain						
03/09/2007	MUMPS	Stage: 1	Given	Routine Measure	Due 03/09/2010	
Ms Jo Samuels						
03/09/2007	RUBELLA	Stage: 1	Given	Routine Measure	Due 03/09/2010	
Ms Jo Samuels						
03/09/2007	MEASLES	Stage: 1	Given	Routine Measure	Due 03/09/2010	
Ms Jo Samuels						
03/09/2007	PNEUMOCONJ	Stage: 3	Given	Routine Measure	Due	
Ms Jo Samuels						
06/08/2007	MENC	Stage: B	Given	Routine Measure	Due	
Ms Jo Samuels						
06/08/2007	HIB	Stage: B	Given	Routine Measure	Due	
Ms Jo Samuels						
11/12/2006	MENC	Stage: 2	Given	Routine Measure	Due 11/08/2007	
Ms Jo Samuels						
11/12/2006	PNEUMOCONJ	Stage: 2	Given	Routine Measure	Due 11/09/2007	
Ms Jo Samuels						
11/12/2006	HIB	Stage: 3	Given	Routine Measure	Due 11/08/2007	
Ms Jo Samuels						
11/12/2006	POLIO	Stage: 3	Given	Routine Measure	Due 11/12/2009	
Ms Jo Samuels						
11/12/2006	PERTUSSIS	Stage: 3	Given	Routine Measure	Due 11/12/2009	
Ms Jo Samuels						
11/12/2006	TETANUS	Stage: 3	Given	Routine Measure	Due 11/12/2009	
Ms Jo Samuels						
11/12/2006	DIPHTHERIA	Stage: 3	Given	Routine Measure	Due 11/12/2009	
Ms Jo Samuels						
13/11/2006	MENC	Stage: 1	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
13/11/2006	HIB	Stage: 2	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
13/11/2006	POLIO	Stage: 2	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
13/11/2006	PERTUSSIS	Stage: 2	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
13/11/2006	TETANUS	Stage: 2	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
13/11/2006	DIPHTHERIA	Stage: 2	Given	Routine Measure	Due 11/12/2006	
Ms Jo Samuels						
16/10/2006	HIB	Stage: 1	Given	Routine Measure	Due 13/11/2006	
Ms Jo Samuels						
16/10/2006	POLIO	Stage: 1	Given	Routine Measure	Due 13/11/2006	
Ms Jo Samuels						
16/10/2006	PERTUSSIS	Stage: 1	Given	Routine Measure	Due 13/11/2006	
Ms Jo Samuels						
16/10/2006	TETANUS	Stage: 1	Given	Routine Measure	Due 13/11/2006	
Ms Jo Samuels						
16/10/2006	DIPHTHERIA	Stage: 1	Given	Routine Measure	Due 13/11/2006	
Ms Jo Samuels						
12/10/2006	PNEUMOCONJ	Stage: 1	Given	Routine Measure	Due 12/12/2006	
Ms Jo Samuels						

Hearing (6 weeks)

09/08/2006 Child exam.: hearing. Satisfactory. Showed clear responses in one or both ears

Dr Richard Jones

Immunisation consent

16/02/2010 Consent status for immunisations. Full consent given by mum for immuns advised to wait for 10 minutes.

Mrs Emma Cain

North Cardiff Medical Centre, Excalibur Drive, Thornhill, Cardiff, South Glamorgan, CF14 9BB

Tel: DPA

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Full Report

Master Axel Muganwa Rudakubana

07/08/2006

Male

DPA

Transferred Out

Immunisation consent

16/02/2010 Consent status for immunisats. Full consent given by mum for imms advised to wait for 10 minutes. Mrs Emma Cain

Total patients for report 1

North Cardiff Medical Centre, Excalibur Drive, Thornhill, Cardiff, South Glamorgan, CF14 9BB

Tel: DPA

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales

Heath Park,
Cardiff, CF14 4XW
Phôn
Ffôn
Minicom

Parc Y Mynydd Bychan,
Caerdydd, CF14 4XW
Ffôn
Ffacs
Minicom

Eich cyf/Your ref
Ein cyf/Our ref
Welsh Health Telephone Network 1872
Direct line/Llinell uniongyrchoi

17 JUN 2011

Emergency Unit - University Hospital of Wales - Tel.

DR HG MAYO

67 THORNHILL ROAD
LLANISHEN
CARDIFF
S GLAM
CF4 6PE

Re:
Surname: RUDAKUBANA
Forename: AXEL
Address:

DPA

Postcode:

Arrival Date: 15-JUN-2011
Arrival Time: 18:36
Date Of Birth: 07-AUG-2006
EU Number: 200002204026
NHS Number:

Initial Complaint: LAC TO HEAD

Diagnosis

Site

Side

Investigation

Treatment

Remarks For GP

Disposal: Home

Follow Up:

P.W.RICHMOND F.R.C.S. R.J.EVANS F.F.A.E.M. H.DOWD F.R.C.S(I) J.MOWER F.F.A.E.M. Z.JEDAAR F.C.E.M.
CONSULTANTS IN EMERGENCY MEDICINE

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board



UHW129X



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Ysbyty Athrofaol Cymru
University Hospital of Wales

Heath Park,
Cardiff, CF14 4XW
Phone: DPA
Fax: DPA
Minicom: DPA

Parc Y Mynydd Bychan,
Caerdydd, CF14 4XW
Ffôn: DPA
Ffacs: DPA
Minicom: DPA

Eich cyf/Your ref
Ein cyf/Our ref
Welsh Health Telephone Network 1872
Direct line/Llinell uniongyrchol

Emergency Unit - University Hospital of Wales - Tel: DPA

DR HG MAYO

67 THORNHILL ROAD
LLANISHEN
CARDIFF
S GLAM
CF4 6PE

Re:
Surname: RUDAKUBANA
Forename: AXEL
Address:

DPA

Postcode:

Arrival Date: 19-JUN-2010
Arrival Time: 16:08
Date Of Birth: 07-AUG-2006
EU Number: 200002081770
NHS Number: DPA

Initial Complaint: **HEAD INJURY**

Diagnosis

Soft Tissue Injury - Abrasion/Bruise

Site

Head

Side

Investigation

Treatment

Remarks For GP

Disposal: Home
Follow Up: Emergency Unit - Revisit if Necessary

P.W.RICHMOND F.R.C.S. R.J.EVANS F.F.A.E.M. H.DOWD F.R.C.S(I) J.MOWER F.F.A.E.M. Z.JEDAAR F.C.E.M.
CONSULTANTS IN EMERGENCY MEDICINE

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yw enw gwethredo! Bwrdd Iechyd Lleol Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board is the operational name of Cardiff and Vale University Local Health Board



UHW129X

MEDDYGFA GOGLEDD
CAERDYDD

Excalibur Drive
Thornhill
Cardiff
CF14 9BB

Ffon: **DPA**
Ffacs:

THE NORTH CARDIFF
MEDICAL CENTRE

Excalibur Drive
Thornhill
Cardiff
CF14 9BB

Phone: **DPA**
Fax:

Dr Michael C Bloomfield, Dr Haydn G Mayo, Dr Jacq N Ogden,
Dr Richard G Jones, Dr Alison M Woolf, Nurse Practitioner Sally A Worsley

E-mail Address: nmc@gn-w97015.wales.nhs.uk Website: www.northcardiffmedicalcentre.com

IMMUNISATION CONSENT - ROUTINE CHILD IMMUNISATIONS

Patient Name: _____ Date of Birth: _____
DOB 07/08/2006
Address: _____
DPA
RUDAKUBANA
AXEL MUGANWA
M
DPA
Date: _____
Time: _____

TO BE SIGNED BY PARENT OR GUARDIAN:

I have discussed the DoH childhood immunisation programme of my child with the health care professional whose signature appears below and have been given the opportunity to ask any questions that I may have.

I give my consent to my child being given the vaccinations that I have initialled:

SIGNED: ☒ **SIGNATURE** DATE: 16/2/10

VACCINATION	PARENT INITIALS
Dip/tet/pert/polio/Hib	
Pneumococcal	
MMR *	SIGNATURE
Meningitis C	
Meningitis C/Hib	
Dip/tet/pert/polio *	SIGNATURE
Dip/tet/polio	
Hepatitis B	

REPEVAX ®

Batch: D0568-2
Expiry: 04-2011

TO BE SIGNED BY HEALTH CARE PROFESSIONAL:

I have discussed the benefits and potential side effects of immunisation with the parent/guardian of the above named child

SIGNED: **SIGNATURE** DATE: 16/2/10

THE PRACTICE POLICY STATES THAT YOU SHOULD REMAIN ON THE PREMISES FOR 20 MINUTES AFTER THE VACCINATION HAS BEEN GIVEN.



MEDICAL EXAMINATION FORM

CARDIFF AND VILLENS TRUST

TRUST 170

Child's Name & Address	RUDAKUE MA, MEL		Date of Birth	27-06-2006	Sex	MALE
	DPA		Postcode	DPA	Tel.	DPA
			N.H.S. No.	DPA	Serial No. 000012	

EC/School	0110	BYNDEPVEN SURGERY	Special Educ. Needs	Advice to School
G.P.	241934	DR. R.P. EDWARDS	Handicap / Disability	
H.V./S.N.	3306	HY-MISS S LIVERICK	Special Frs Location	
			Agencies Involved	

Birth Information

Ranking 1/1 Birthweight 2.26 gms. Birthlength cms. Head Circumference 36 cms.

Local Options

Exam Due 2 WEEK Conclusions Abn. Behaviour 231000 Gestation Age (Exam) 32 wks. Gestation Age (Date) 33 wks.

Exam Due 2 WEEK on 17-SEP-2006 Page 2 Line 2 Next Exam Due OCTOBER 2006 03-OCT-2006

SIGNIFICANT CONDITIONS						SIDE	S	O.C.	D.S.	R.E.	DATE REC.	I.C.D. CODE

Previous Examinations				Immunisation Intent	Pneumo D
Exam Name	PRIMARY			Diph D	Pert D
Date of Exam	18-AUG-2006			Tet D	Pol D
Parent Present	1			Hib D	MMR D
HEIGHT / LENGTH				Immunisation History	Men C D
WEIGHT					
HEAD CIRCUMFERENCE					
PHYSICAL EXAMINATION					
VISION	SATISFACT.				
HEARING					
LOCOMOTION					
MANIPULATION					
SPEECH / LANGUAGE					
BEHAVIOUR					
HIP CHECK					
TESTICULAR P.C.S.					
N.W. SUMMARY					
REFERRALS (See Reverse)					
REASON FOR NON EXAM					
EXAMINER (See Reverse)	2				

VISION		W/o Glasses		With Glasses		AUDIO		Frequency (Hz)	
Date of Test		R	L	R	L	B	Date of Test	TYMP	250 500 1000 2000 4000 8000
Height	cms	%ile						Right	
Weight	kg	%ile	Ref. Fr.	Ref. To	Curr. Tr.			Left	
Col. Test	Col. Res	Test Type	Cover	Oc. Mvl.	Bin Ret.	Stereo	Ref. Fr.	Ref. To	Curr. Tr.

Child's Name / Enw'r Plentyn: RUDAKUE MA, MEL

Serial No. / Cylresnod: 7469719

Examination Number 2 - 010 2-2 WEEK examination/assessment Rhif Archwilio

From 0 to 110 weeks of age / wythnos oed

Date of exam 12.10.06 Dyddiad yr archwilio

Parent Present 1 (See Reverse) / Rhifant yn Bresiennol (gweler drosoddi)

Height/Length / Taldra/Hyd cms

Weight / Pwysau KG 4.95

Head circumference / O amgylch y pen cms 13.0

Physical Examination / Archwiliad Corfforol

Vision / Golwg 3/0 T P H

Hearing / Clyw 3/0 T P H

Locomotion / Symud

Manipulation / Defnyddio'r dwylo

Speech/Language / Lleferydd/lath

Behaviour / Ymddygiad

HIP CHECK

TESTICULAR P.C.S.

N.W. SUMMARY

Reason for non exam (See reverse)

N.B. Please note that some of these aspects of development may not be tested on every occasion

D.S. Sylw na fydd pob un o'r agweddau hyn ar ddatblygiad plentyn a anghenradd yr eidd eu profi bob tro

Examiner: Category: Number

Archwilydd: Categori: Rhif

SIGNATURE

Parental Consent / Cytundeb (enter Y) (trench Y)

P

V

H

L

M

S

B

1

2

3

4

Please Recall in Galwch yn ôl ymhen weeks / wythnos

To / I

SIGNIFICANT CONDITIONS

SIDE - L = LEFT, R = RIGHT, B = BOTH
S (SEVERITY) - A = MAJOR, B = MINOR
O/C = OUTCOMES (See Codes)
D.S. - D = DENTALLY SIGNIFICANT
R.E. (RE-EXAM) - R = YES

EXAMINER (SCHOOL)

Enter:

- | | |
|----------------------------|---------------------------|
| 1 - Doctor | 8 - School Nurse |
| 2 - Health Visitor | 9 - SCMO |
| 3 - Health Visitor at Home | A - G.P. Surgery |
| 6 - Other Medical Officer | B - G.P. as CMO |
| 7 - Other Examiner | C - C.M.O. / School Nurse |
| | D - Dentist |
| | E - G.P. / H.V. |
| | F - Midwife |

EXAMINER (PRE-SCHOOL)

Enter:

- | |
|----------------------------|
| 1 - Doctor |
| 2 - Health Visitor |
| 3 - Health Visitor at Home |
| 6 - Other Medical Officer |
| 7 - Other Examiner |
| 9 - SCMO |
| A - G.P. Surgery |
| B - G.P. as CMO |
| E - G.P. / H.V. |
| F - Midwife |

SPECIAL EDUCATIONAL NEEDS

Enter:

- | |
|--|
| 1 - No special education needs |
| 2 - Additional health needs - no statement |
| 3 - Statement, no health needs |
| 4 - Statement, with health needs |
| 5 - Statement, special needs |
| 6 - Referred to Education Authority for consideration of statement |
| 7 - Final statement not yet issued |
| 8 - Statement ceased |
| 9 - No statement |

HANDICAP / DISABILITY

Enter:

- | |
|---------------------------------|
| 1 - Physical - Motor Disability |
| 2 - Learning Difficulty |
| 3 - Multiple |
| 4 - Hearing |
| 5 - Vision |
| 6 - Language / Communication |
| 7 - Emotional / Behavioural |
| 8 - Longstanding Illness |
| 9 - Specific Learning |
| 0 - Other |

ADVICE TO SCHOOL (TO COMPLEMENT DISCUSSIONS WITH THE SCHOOL DOCTOR)

SENSORY

- | |
|---|
| 01 - should use spectacles - constantly |
| 02 - should use spectacles - for close work |
| 03 - wears contact lenses |
| 04 - colour blindness - consult doctor |
| 05 - visual disability - consult doctor |
| 06 - needs to sit near teacher |
| 07 - needs to sit near teaching material |
| 08 - should use hearing aid - constantly |
| 09 - should use hearing aid - in class |
| 10 - hearing disability - recurrent |
| 11 - hearing disability - consult doctor |

AIDS AND APPLIANCES

- | |
|--------------------------------|
| 15 - should use calipers |
| 16 - should use wheelchair |
| 17 - should use urinary bag |
| 18 - should use prosthesis |
| 19 - should use some other aid |

ACTIVITY

- | |
|---|
| 22 - requires assistance on stairs |
| 23 - unable to climb stairs |
| 24 - should have restricted physical activity |
| 25 - can take part in games until feels unable to do so |
| 26 - may take part in non competitive games |
| 27 - may swim under close supervision |
| 28 - should not swim |
| 29 - must not climb heights |

PHYSICAL

- | |
|---|
| 33 - needs special diet |
| 34 - requires to carry sugar - consult doctor |
| 35 - requires assistance at toiletting |
| 36 - takes medication during school hours |
| 37 - should avoid exposure to pollen |
| 38 - should avoid dusty atmosphere |
| 39 - should avoid direct sunlight |

CONSULTATION

- | |
|--|
| 43 - school to consult doctor before child uses machinery |
| 44 - school to consult doctor before overnight stays |
| 45 - school to consult doctor before school outings |
| 46 - school to consult school doctor |
| 47 - school to consult general practitioner |
| 48 - should receive medical counselling before choosing a career
(N.B., Code 48 indicates that the form Y9 or Y10 may be completed) |

CONTINUING HEALTH SERVICE SUPPORT REQUIRED AT SCHOOL

- | |
|--|
| 52 - requires continuing dental treatment |
| 53 - requires occupational therapy |
| 54 - requires periodic observation by a member of the psychiatric team |
| 55 - requires periodic observation by a nurse |
| 56 - requires physiotherapy |
| 57 - requires speech therapy |
| 58 - requires supervision and periodic examination by an audiologist |
| 59 - requires supervision of medication by a nurse |
| 60 - requires periodic observation by an orthoptist |
| 61 - requires periodic treatment by a chiropodist |

CURRENT EXAMINATION

PARENT PRESENT

Enter:

- | |
|-------------------|
| P - Parent |
| F - Foster Parent |
| R - Relative |
| O - Other |
| N - No |
| Y - Yes |

OUTCOMES

Enter:

- | |
|------------------------------|
| S - Satisfactory |
| P - Problem |
| C - Continue Observation |
| T - Treatment being received |
| R - Referred |
| N - Not examined |

REASON FOR NON EXAMINATION

Enter:

- | | |
|--------------------------------------|---|
| 1 - Not required | 6 - Refused all medical examinations |
| 2 - Did not attend - reason given | 7 - Refused all examinations / screenings |
| 3 - Did not attend - no reason given | 8 - No consent received |
| 4 - Unco-operative child | 9 - No longer at this school / moved away |
| 5 - Refused examination | |

EXAMINER (SCHOOL)

Enter:

- | | | |
|----------------------------|------------------|---------------------------|
| 1 - Doctor | 8 - School Nurse | C - C.M.O. / School Nurse |
| 2 - Health Visitor | 9 - SCMO | D - Dentist |
| 3 - Health Visitor at Home | A - G.P. Surgery | E - G.P. / H.V. |
| 6 - Other Medical Officer | B - G.P. as CMO | F - Midwife |
| 7 - Other Examiner | | |

EXAMINER (PRE-SCHOOL)

Enter:

- | | |
|----------------------------|------------------|
| 1 - Doctor | 9 - SCMO |
| 2 - Health Visitor | A - G.P. Surgery |
| 3 - Health Visitor at Home | B - G.P. as CMO |
| 6 - Other Medical Officer | E - G.P. / H.V. |
| 7 - Other Examiner | F - Midwife |

AGENCIES INVOLVED / REFERRALS

- | |
|---|
| 59 - neuro surgeon |
| 60 - plastic surgeon |
| 61 - home advisory service |
| 62 - clinical psychologist |
| 63 - growth clinic |
| 64 - peripatetic teacher for the hearing impaired |
| 65 - aids assessment centre |
| 66 - artificial limb and appliance centre |
| 67 - audiology centre/clinic |
| 68 - audiometrist - for further hearing tests |
| 69 - child guidance clinic |
| 70 - child psychiatrist |
| 71 - chiropodist |
| 72 - clinical medical officer |
| 73 - community mental handicap team |
| 74 - consultant ENT surgeon |
| 75 - consultant ophthalmologist |
| 76 - consultant orthopaedic surgeon |
| 77 - consultant paediatrician |
| 78 - consultant surgeon (general or paediatric) |
| 79 - consultant (other) |

- | |
|---|
| 60 - dentist |
| 81 - district handicap team (multiple - professional assessment team) |
| 82 - educational psychologist |
| 83 - general practitioner |
| 84 - health visitor |
| 85 - occupational therapist |
| 86 - optician |
| 87 - orthoptist |
| 88 - physiotherapist |
| 89 - school eye clinic |
| 90 - school nurse |
| 91 - senior clinical medical officer |
| 92 - social services |
| 93 - speech therapist |
| 94 - other |
| 95 - otitis clinic |
| 96 - dietitian |
| 97 - special needs |
| 98 - teacher |
| 99 - parental choice |

NHS CONFIDENTIAL

Local Services Division
South Sefton Magistrates Court
Merton Road
Bootle
Liverpool
Merseyside
L20 3XX

Tel: DPA
Fax:

Our Ref

13 December 2019

PRACTICE PARTNER(S)
ROE LANE SURGERY
172 ROE LANE
SOUTHPORT
MERSEYSIDE
PR9 7PN
Method: eComms

Dear Practice Partner(s)

Re: Mr Axel Mugarwa RUDAKUBANA DOB: 7 Aug 2006
Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB
RIO Number: 2229175 NHS Number: DPA

Please find below details of my assessment completed on 11.12.19. Axel is currently open to PREVENT due to possible Radicalisation and has also been arrested. The context and concerns about his risk are documented below.

Yours sincerely,

Kind Regards

Stephanie Hallaron
Criminal Justice Liaison and Diversion Practitioner
Criminal Justice Liaison and Diversion Team
South Sefton Magistrates Court
Merton Road
Bootle
Merseyside
L20 3XX

DPA

Stephanie.Hallaron@merseycare.nhs.uk
Secure: stephanie.hallaron@nhs.net

Reason for Referral / Assessment

Axel was arrested and produced at St Anne street police station in regards to a charge of possessing a bladed article in a school premises.

Nature of offence DP is an ex pupil of The Range high school and attended the school today with a hockey stick and used it to hit another student. Police called and spoke with DP who admits to having a knife also. Knife recovered, c&a, no reply.

Please see previous entries for further details of the nature of offence and reported circumstances of this.

Confidentiality and role explained and Axel was able to provide examples of when I may need to breach this. He was informed that I would be asking questions relating to his arrest and acknowledged that this information would need to be shared with Police. Grace Hatton also present.

CN: C19150552

Carer Involvement – I met with Mum and she has provided consent for me to speak with Axel.

Presenting Problem and History of Presenting Problem / Complaint

Axel reports that the student he went to see at The Range today is a male who had assaulted him a number of weeks ago. He reported that this took place at school and that the student had pulled him to the ground and hit him. This was observed by other students and Axel reports they helped him and that he has not been bullied since leaving the school. Axel reports he has found this distressing. Axel reports that he wouldn't have felt sad if he hurt him. He reports not planning to use the knife but states that he would have if the Hockey Stick did not work. Axel states that he had wrapped tissue paper around the handle to get a better grip. Axel was asked if he was planning on killing the student and he replied "I did want to kill him but I don't think I would. Ideally, I wish I did it. But they were in assembly so it wouldn't have happened". He is clear this was revenge. We explored his decision making around going to school etc and Axel reports that he has not been thinking about this for a long time but he had a

random thought on Saturday. He then decided that he would book a taxi for today as he normally gets a taxi to school so this would not be out of the ordinary for him and that he would simply ask for the taxi to take him somewhere else. I asked if the male he had assaulted was involved in the original bullying and Axel stated he was not. When asked why he had assaulted him, Axel responded by saying "the Head Teacher and someone else was chasing me and I'm not going to get taken to the Police Station for nothing so I thought I would hit him". Axel reports that he liked the student he hit and had never had any problems with this boy. Axel reports it doesn't bother him that he assaulted the boy as he didn't get hurt that bad. We discussed the consequences of his action and Axel demonstrated an awareness of going to Jail, however, he appears to struggle with abstract concepts and did not fully understand what this would mean. His response was I would probably be less bored in Jail.

Axel firmly denies any thoughts of harm to himself or others and has no history of this. We discussed the possibilities of him harming the male who had assaulted him. Axel reports that he is unlikely to do anything now. He reports that school is too protected. I asked what would happen if he saw this male in the street and Axel responded by saying that he doesn't carry weapons so nothing would happen.

Psychiatric History

Reported 2 referrals to CAMHS over the past few months but neither have been accepted. No other history known and Axel denies ever undergoing any assessments. Axel reports that he has never been tested for ASD and his Dad has discussed this with him but Axel believes he has ADD. He does not believe he has ADHD because he is not hyperactive.

Social History

Axel was born and raised in Cardiff until approx. 5 years ago. He reports being excluded from The Range High School due to having a knife on his person. He reports that he is not involved in any out of school activities and has no friends. Axel believes that this is due to his school recent school move as he now attends Acom School for those with behaviour difficulties. He reports he has friends previously but that he has never socialised outside of school with them. Axel does report frequently playing on Fortnite and does talk to people he does not know through this site. He also reports enjoying watching YouTube. He denies ever meeting anyone face to face but acknowledges talking to strangers. He reports that he does not watch violent videos.

Family History

Family Composition:

Dad – Alphonse Rudakubana

Mum – Laetia Muzayire

Brother – Dion Rudakubana Aged 15. It is reported that Dion [DPA] and is in a wheelchair.

Axel reports he and his Brother were both born in Cardiff and his parents have been in the UK for about 20 years. He reports they are from Rwanda. Axel reports he still has family there but denies having any personal contact with them. He reports his parents have regular contact with them. Axel would like to go to Rwanda one day. Axel was able to tell me about the recent War there and informed me that 800,000 people died in 100 days, some of which he believes were his family. He reports this makes him sad but he does not think about it a lot. He reports difficult relationships with both his parents and his Brother. His parents used to be Catholic's but are now Evangelical Christians. He tells me that he does not like this religion and he was made to go to Church. He reports he does not have to attend anymore. He reported that he didn't like it due to the noise. Axel reports that his parent's are strict. He states he does not like his Brother very much and feels that his parents sometimes give him more attention. He alleges that he does not believe that his Brother is actually [DPA] and that he is putting him on. Axel reports that his parents also "allude" to this. Axel did not report any extended family. Axel is unaware of any mental health problems or drug and alcohol issues within the family.

Physical Health History

Nil

Current Service Involvement

Further clarification required. It appears that the family are involved with Lancashire Care PREVENT Team but due to location of GP, will fall to Merseycare/Liverpool CAMHS for mental health support. I was initially unaware of Lancashire address so all enquires have only been made with Sefton Services and therefore there may be further information to be gained.

Not known to Sefton YOT

PREVENT – Paul Harrison Community Safety Team West Lancashire

Social Care – Not previously open to services but will undergo assessment as a result of this offence

Acom School

Activities Of Daily Living Skills

Axel is well kempt and attends school. He reports no engagement in social activities and states that his Mum and Dad do not really let him socialise with other children outside of school.

Current Medication and Compliance

Nil

Forensic

No history of offending. This is Axel's first offence. However, Axel has been excluded from the Rarige High School for being in possession of a knife.

Mental State Examination

Appearance/behaviour – Axel was dressed appropriately with no on going signs of self neglect. Axel did not make contact with myself or Grace at any point during the assessment. He was calm and engaged well in assessment. Rapport was established and Axel was able to respond to humour at times.

Speech – Normal rate, rhythm and tone.

Mood – Axel denies any issues with his mood. He reports his mood is a 7 now (1 being worst, 10 being best) and this is due to not being bored whilst in the Police Station. He reports his mood was a 5 when he woke up. He reports that sometimes he feels sad but he is happy more than sad and normally his sadness is related to issues at school. Objectively, Axel presents as euthymic.

Perceptions – Axel understood what hallucinations were and denies this in any modality. We discussed paranoia and Axel reports that sometimes he feels paranoid. Axel reported that he has had a thought that when he eats out in restaurants that he thinks people may be poisoning him. We explored this further and Axel did not display any level of delusion of this and this appears to be a random and exploratory thought rather than any belief that he is at risk. He denies feeling afraid of people or a belief that people are out to get him.

Thoughts – Axel firmly denies any thoughts of harm to self. He denies ever having these thoughts. He firmly denies any homicidal ideation or watching of video games. Axel has no thoughts about harming his family and reports he has never done this previously. There is no evidence of formal thought disorder.

Substance use – Denies any substance or alcohol misuse.

Cognition – Fully orientated to time, place and person.

Capacity – Appears in tact. However Axel's ability to fully comprehend the enormity of his actions and the consequences of this is questionable.

Eat – Axel reports not eating well as his parents give him food he does not particularly like.

Sleep – No issues noted or disclosed.

Traits of ASD displayed during assessment:

- Inability to form and maintain stable peer relationships
- Interaction to achieve specific goals
- No eye contact
- Use of overly complex/awkward language
- Flat voice tone
- Black and White thinking style
- Difficulties with abstract concepts
- High intellectual ability (not formally assessed)
- Increased fixation on computers i.e. playing and building
- Poor problem solving skills
- Sensory difficulties i.e. loud noise, touch, smells i.e. Church singing, noise in corridors at school, doesn't like strong smells
- Difficulty concentrating when not specifically interested in a topic – limited understanding of its relevance to his life
- Lack of empathy

Risks –

To self: SA10 low – Has no history of this and denies any current thoughts.

To Others: SA10 Medium – Axel has no history of previous offending or violent behaviour. Initial context of offence suggests this was retaliation. However, Axel's response to why he assaulted a different child is of concern along with his lack of empathy/remorse. Axel has already been excluded from school for carrying a knife and his current offence also includes the use of weapons and a direct statement that he was intending to seriously harm someone. This appears related to poor problem solving ability consistent with a possible ASD diagnosis. There are also serious concerns about Axel's use of the Internet and the nature of the information he has been accessing. Axel is currently open to the PREVENT Team around possible radicalisation.

From Others: SA10 Medium. – Axel reports previous bullying. Due to Axel's limited ability to understand relationships and vulnerability, Axel may be at risk of harm from others through the internet/radicalisation.

Impression – Axel is a pleasant young male with a Rawandan heritage. He presents as a bright young man who displays limited understanding of the consequences of his behaviour. Whilst Axel can describe the consequences of his behaviour, his level of understanding around this remains unclear. Axel has demonstrated multiple indicators of ASD which would suggest a formal assessment is required however, due to the risk Axel currently poses to others, a Forensic CAMHS referral will be made in addition to this. This will also support management of the risk posed to him from others and possible radicalisation. At this time, Axel does not display any evidence of SMI that would warrant diversion from custody at this time however he does require some additional support and through risk management in the community. He is clear that he does not plan on trying to harm this young man again and has no history of harming others until today.

Immediate risk management plan:

- Lancashire Social Care are fully involved in the case and Sergeant 3088 has informed me that they do not have concerns about him returning home this evening and will be sending out a Social worker in the morning to begin assessment of the family.
- Case has been discussed with SPR On Call Dr Anwar and Sadie Canning Dosser CJLT Operational Manager who agree that Axel does not appear to be detainable under the act but does require some further input from services. Dr Anwar advised sharing information with the family to ensure they are updated of all risks and feel they are able to keep themselves and others safe
- Axel to be released from Police Custody on bail to return to St Anne's Street Police Station at 2pm on 12.12.19
- Custody contact completed
- Discussed with Dad who is aware of the content of what Axel said. I have suggested that Axel does not attend school tomorrow to give time for agencies to create a safe and robust risk management plan of the risk he presents to others

Further risk management plan:

- Contact to be made with Lancashire Social Services to share assessment – Submit MARF
- Refer for Asperger's/Autism assessment
- Refer to Forensic CAMHS for management of offending behaviour in the context of forensic risk to others
- CJLT to obtain outcome of interview and support as required
- Email sent to update Merseycare Safeguarding Team
- Discuss with Band 7 Annie Kelly if a SAVRY assessment is appropriate
- DATIX to completed

NHS No:
DPA

Patient name: Mr Axel Muganwa
RUDAKUBANA

Hospital No: DPA



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel:

Secretary: PCO:

Fax:

DPA

Department of Urology

Our Ref: KP/bm/[DPA]

Date of Clinic: 07/10/2019

Date Dictd: 07/10/2019

Date Typed: 09/10/2019

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006

Hospital No. [DPA]

NHS No. [DPA]

Diagnosis

Dysuria

Interrupted stream

Terminal haematuria

? Posterior urethritis

Anxiety

It was lovely to meet Axel and his dad in clinic. I am happy to report that after his biofeedback sessions, his urethral pain has resolved. He tells me that he practices his pelvic floor exercises at home and I have encouraged him to continue to do so and on a regular basis. His ultrasound scan showed normal kidneys, a normal bladder with a volume of 470ml and good emptying.

Once again I explained that posterior urethritis usually self-resolves with time. I believe that biofeedback has indeed helped Axel with his dysfunctional voiding.

I have offered him one last appointment in 6 months and if he remains well I will discharge him back to your care.

Yours sincerely

Electronically checked and authorised by Miss Katerina Prodromou

Miss Katerina Prodromou
Fellow in Paediatric Urology

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Urology Nurse Specialists
Alder Hey Children's NHS Foundation Trust

Request for GP information

Niemiec, Ramon <Ramon.Niemiec@lancashire.gov.uk>

Wed 15/04/2020 10:25

To: N84611, Gp (NHS SOUTH SEFTON CCG) <gp.n84611@nhs.net>;

Dear Madam/Sir,

Re: AXEL RUDAKUBANA (DOB 07/08/2006) 10 OLD SCHOOL CLOSE, BANKS, LANCASHIRE. PR9 8SB. NHS #

DPA

I recently undertook a health assessment for Axel. Could you please confirm if you have GP records for the following vaccinations and inoculations? Could you also confirm if Axel has been referred to CAMHS & whether you have any CAMHS letters.

Immunisation Status: Verify that immunisations and immunisation series have been completed. For each state YES or NOT KNOWN (if YES include date/age). Where vaccinations have not been received add to Care Plan.						
Immunisation Schedule	1st	2nd	3rd	First Booster	Second Booster	
Td/IPVa (Diphtheria/Tetanus/Polio)						No Record
Men Cb						
Men ACWY						
MMRc						
Females aged 12-18 ONLY						
HPVd						

Regards

Ramon Niemiec

CHAT ASSESSOR – Lancashire Youth Offending Team

DPA

ramon.niemiec@lancashire.gov.uk

This e-mail contains information intended for the addressee only.

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Request for GP information

Niemiec, Ramon <Ramon.Niemiec@lancashire.gov.uk>

Wed 15/04/2020 10:25

To: N84611, Gp (NHS SOUTH SEFTON CCG) <gp.n84611@nhs.net>;

Dear Madam/Sir,

Re: AXEL RUDAKUBANA (DOB 07/08/2006) 10 OLD SCHOOL CLOSE, BANKS, LANCASHIRE. PR9 8SB. NHS #

DPA

I recently undertook a health assessment for Axel. Could you please confirm if you have GP records for the following vaccinations and inoculations? Could you also confirm if Axel has been referred to CAMHS & whether you have any CAMHS letters.

Immunisation Status: Verify that immunisations and immunisation series have been completed. For each state YES or NOT KNOWN (if YES include date/age). Where vaccinations have not been received add to Care Plan						
Immunisation Schedule	1st	2nd	3rd	First Booster	Second Booster	
Td/IPVa (Diphtheria/Tetanus/Polio)	Yes	Yes	Yes	Yes		No Record
Men Cb	Yes	Yes	Yes			
Men ACWY	Yes	Yes	Yes			
MMRc						
Females aged 12 -18 ONLY						
HPVd						

Regards

.....
Ramon Niemiec

.....
CHAT ASSESSOR – Lancashire Youth Offending Team DPA
ramon.niemiec@lancashire.gov.uk

.....
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Alder Hey Children's

NHS Foundation Trust
Single Point of Access
FRESH CAMHS Building,
Alder Hey Hospital, (retained estate)
Alder Road, Liverpool L12 2AP
www.alderhey.nhs.uk www.freshcamhs.org

Tel: CAMHS Reception

DPA

Secretary: Direct Dial

DPA

Fax:

DPA

Child and Adolescent Mental Health Service
Facebook: FRESH CAMHS & FRESH Plus Group
Twitter: @FreshCAMHS & @FreshPlusGroup

Our Ref: SPAC/jm/ DPA

Date Dictd: 12/04/2019
Date Typed: 12/04/2019

Dr Mohammed
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Dear Dr Mohammed

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Thank you for your referral of Axel to the Single Point of Access Team (Alder Hey CAMHS).

We looked carefully at the referral you sent and we have discussed the information within our Consultant led MDT Triage Referral Meeting.

We feel it would be more appropriate for Axel to access support from Parenting 2000.

Parenting 2000 provide therapeutic support to children and young people including counselling support, family therapy, support with anxiety and stress, bullying and harassment, domestic abuse and bereavement support.

Parenting 2000 accept self-referrals and can be contacted on the numbers listed below:

Crosby Centre Telephone: DPA

Litherland Centre Telephone: DPA

Southport Office Telephone: DPA

Further information can be accessed at www.parenting2000.org.uk.

We will therefore not be accepting the referral to Alder CAMHS at this time.

Yours sincerely

Electronically checked and signed

Duty Clinician
Single Point of Access Duty Team & Consultant Psychiatrist

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

RUDAKUBANA, Axel (Mr)

ROE LANE SURGERY

RUDAKUBANA, Axel (Mr)

Date of Birth: **07-Aug-2006 (13y 8m)**

Report Path: Local Record

10 Old School Close, Banks, Southport, PR9 8SB

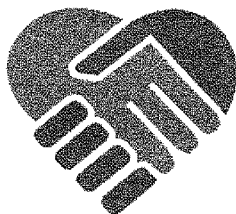
NHS Number:

DPA

Usual GP: TREVOR, Alison (Dr)

Clinical Codes

Date	Description	Value	Units	Range
16-Feb-2010	DPA			
15-Feb-2010				
03-Sep-2007				
03-Sep-2007				
06-Aug-2007				
11-Dec-2006				
11-Dec-2006				
13-Nov-2006				
13-Nov-2006				
13-Nov-2006				
12-Oct-2006				
12-Oct-2006				
04-Oct-2006				



Roe Lane Surgery

Dr A.J Trevor J. Ayres

172 ROE LANE SOUTHPORT PR9 7PN

CAMHS
Single Point of Access
Fax:

URGENT

5 May 2020

Dear CAMHS Team,

Re: Mr Axel Rudakubana DOB: 07-Aug-2006 NHS No:
10 Old School Close, Banks, Southport, PR9 8SB

I would be grateful if the above named patient could be seen as a matter of urgency by the CAMHS team.

Axel's dad contacted the surgery as he is concerned about his anxiety and behaviour of late and feels that he needs medication.

Axel was assessed by Stephanie Halloran as part of a forensic psychology assessment in December, I enclose her assessment, and CAMHS input was deemed appropriate at that point but (perhaps due to COVID) does not appear to have progressed.

At the moment Axel is struggling with feelings of nervousness, "social anxiety" and that people are watching and judging him when he goes out. Axel thinks that people look at him and think he is weird; this makes him feel nervous, his heart races and he wants to go back inside. At present Axel is only leaving the house when accompanied by a family member, he has not had any thoughts to harm anyone or himself but feels that this "social anxiety" has become worse since "quarantine" / lock down.

Axel's father says that he has no interest in doing school work but engages with computer games and TV. Axel can be agitated and aggressive if he's

TEL: FAX: Email: admin@gp-n84611.nhs.uk

asked to do something that he doesn't want to do or if his dad say no to something; in the last week he has smashed things when asked to do School work etc for example.

Axel is calm and eloquent on the phone but I could hear some tension between him and his father during our phone call. Axel's dad feels he needs some medication to calm him and help with stress, at present he has no safety concerns but is obviously alert to the fact that things deteriorated last year to the point of Axel carrying a weapon and as this, in his opinion, occurred without much warning, is keen to ensure this doesn't happen again.

I would welcome your urgent assessment of Axel's mental state and intervention to assist him and his family. Axel has consented to this referral and is willing to engage with any help offered.

Kind regards,

Dr Parish.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: SM/sm/[DPA]

Date Dictd: 07/05/2020
Date Typed: 07/05/2020

Child and Adolescent Mental Health Service

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Dear Parent/Guardian of Axel Rudakubana

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

I am just writing to let you know that your previous practitioner is not currently working with Sefton CAMHS so we have reallocated you a new case manager to carry on your care plan.

You have been allocated: Sam Coppard, Assistant Clinical Lead.

Sam has just started with us and is looking forward to catching up with you over the next couple of weeks. Our primary way of contact at the moment is by phone or email so if you think your details might be out of date can you please call to update.

In the meantime if you want to speak to a member of our duty team please call [DPA]
[DPA]

Our colleagues at Crisis Care can respond to urgent queries on [DPA] or 08081 963 550 (Freephone). They are available 24 hours a day, 7 days a week.

Sefton has also commissioned KOOOTH which is an online therapy resource that many young people find helpful to use and may be of use to you.

I am sorry if there have been delays in contacting you due to staff changes and the COVID 19 pandemic. Please do not hesitate to contact me if you would like to share any feedback.

I hope this letter finds you well and I hope that you can reach your goals with Sam.

Best wishes

Yours sincerely

Dictated but not signed

Dr VICKY KILLEN
CLINICAL PSYCHOLOGIST / SERVICE LEAD

Copy to:

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

paediatrics

Tel: DPA

Secretary: DPA

PCO: Diane Powell

Repeat Prescriptions: DPA

Fax: DPA

Department of Developmental Paediatrics

Southport

Our Ref: JA/gb/i DPA

Date Dictd: 02/07/2020

Date Typed: 03/07/2020

<https://alderhey.nhs.uk/parents-and-patients/services/developmental-paediatrics>

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Dear Dr Arnold

TELEPHONE CONSULTATION

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

This letter is following my telephone consultation with Axel's dad in replacement of a face-to-face consultation due to COVID-19 pandemic.

History/Current Symptoms

Axel was referred by his GP because there was concern about whether he has ADHD or ASD.

Family Background

He lives with his mum Letitia and dad, Alphonse. Mum works for the NHS as a medical scientist in Preston and dad is self-employed. They both are well and Axel's brother Dion who is 16 DPA is wheelchair bound DPA

Birth History

There are no major concerns about birth or pregnancy.

Concerns

They are concerned about his social interaction, communication difficulties while he was in nursery.

I gather from information from father that from a physical health point of view Axel is fine. He is not allergic to anything and he is not taking any medication. He is fully vaccinated. His hearing and vision are fine.

This patient interaction took place during the Covid-19 pandemic.

His toileting is fine as well as his sleeping but eating can be difficult. He eats only burger and chips and very unhealthy food and is very rigid eating the same foods all the time.

Social Interaction

Dad tells me that Axel does not always show good eye contact and he will speak to people with his head down, has only a few friends and he finds it difficult to make long term friendships.

Social Communication

He doesn't always understand what is going on around his surroundings although he has good language. He finds it very difficult to communicate and express himself and he doesn't always understand circumstances.

Rigidity

He is very rigid and inflexible in his thinking. He mainly plays with computer games and he collects games.

He also has other sensory issues.

School

School are concerned about these issues as well. He attends Acorn School but these issues are more obvious now he has gone to high school. In nursery there were some concerns but he is more rigid, inflexible and has social interaction and communication difficulties which are more obvious now.

Summary

In summary Axel is a boy who has [DPA] and is presenting with social interaction, social communication and some rigidity in thinking.

Management Plan

I have agreed with the parents that we need to do a further assessment. I promised father that I will put Axel on the ASD Pathway and the ASD team will get in touch with them.

Yours sincerely

Electronically checked and authorised by Dr Jamuna Acharya

Dr Jamuna Acharya
Locum Consultant in Community Paediatrics

This patient interaction took place during the Covid-19 pandemic.

Copy to:

The Parent/Guardian of
Mr Axel Muganwa Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

ASD Pathway
Alder Hey Children's NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: [DPA]

Our Ref: ASDT/dh/[DPA]

Date Dictd: 27/10/2020

Date Typed: 27/10/2020

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Department of Developmental Paediatrics
ASD Team

ASD PATHWAY SPEECH AND LANGUAGE THERAPY REPORT
DIGITAL CONSULTATION
(Private & Confidential)

Date of Video Consultation: 28.08.2020

[DPA]

NAME: Axel Rudakubana	D.O.B: 07/08/2006	ADDRESS: 10 Old School Close, Banks, Southport, PR98SB	SETTING: Acorns School Ormskirk
---------------------------------	-----------------------------	---	--

BACKGROUND INFORMATION

Axel was referred to the Autism Spectrum Disorder (ASD) Pathway and was seen for an initial speech and language assessment as part of the ASD Pathway process on 28/08/20. A video assessment with Axel and discussion with Mum took place via NHS Attend Anywhere.

Axel was aware that the assessment was in relation to Autism. Axel does not think that he has Autism.

Mum reported that her main concerns are around the incident late last year, but Mum feels that Axel has improved since he has been at home.

In school Axel is 1:1 with his teacher.

SOCIAL COMMUNICATION & INTERACTION SKILLS

Conversation:

- Axel did not greet or say goodbye to the assessor during the assessment. On one occasion Axel stood up saying "wait a minute" and disappeared, when he returned he gave no explanation why he had got up until he was directly asked.
- Axel would answer direct questions, and was reluctant to give additional information.
- Axel reported that he likes YouTube and TV, he likes to watch history videos and videos which are factual or "informative".
- Axel demonstrated inconsistent understanding of others emotions when looking at pictures, for example he could recognise that people were "sad" in a funeral scene, but when shown two boys fighting over a game Axel stated "they're playing...they're having fun", the assessor then suggested the boys were fighting and Axel said "well, why are they smiling?". When looking at a picture of a girl who looks worried, Axel was asked how the girl was feeling and said "traumatized... actually I didn't see her other hand, I think just out of breath".

- Axel found it difficult to think of anything that would make him feel happy or excited. Axel feels "worried" about "going outside" he explained, "I don't like being near other people" because "I feel like other people are judging me". Axel stated that he didn't have specific worries about what others thought of him, but felt it was "generally bad things", Axel thinks that most people will think these things except "close friends".
- It was very difficult to engage Axel in two-way conversation, though this was impacted by the signal during the video assessment, however a conversation was had with Mum following the assessment via the same platform indicated that in part this issue was due to Axel's difficulties with social communication.
- Mum reported that Axel struggles with talking to people, because he always wants to "win the debate" and if the conversation does not go his way, he will start arguing.
- Mum reported that Axel will invite her to watch television with him. Axel will enjoy discussing with the other person the topic of the shows he is watching.
- During the assessment Axel was observed to put his head down on the desk while the assessor was speaking because he wanted to change topic.
- Mum stated that if she was talking about something Axel is not interested in then he will ask her to stop. Axel will listen to information about other people, for example about their day.

Non-verbal communication:

- Axel had a neutral facial expression throughout the assessment.
- Mum reported that when Axel looks at someone he just looks at "one point", and will avoid looking at the person.
- During the assessment Axel appeared to be looking round the room at times, or to the side of the computer.
- Axel was not observed to use gesture during the assessment.

Friendships and relationships:

- Axel reported that he doesn't have any friends in his school.
- Axel stated that he had friends in his old school. When asked if he had any best friends he said "I don't really know, I don't think so". Axel reported that a best friend is someone you are "always with" and "always talking" to. Axel stated that he wouldn't be allowed to see his friends outside of school, but that he wasn't "really bothered" either way.
- Axel stated that he has not kept in contact with his friends from previous schools, he is unsure why. Axel stated that he doesn't miss these friends.
- Axel reported that a good friend is being "friends with them" and "you speak to them a lot".
- Axel stated that his brother is "annoying" because "he just likes to argue". Mum stated that Axel will not tolerate other people "winning" a discussion or argument.
- Mum reported that Axel will often refuse to go out.
- Mum stated that when Axel was in primary school he was very popular, and was good with friends. Mum reported that since going to high school Axel did not show much of an interest in others.
- Axel stated that he is "bullied" by his Dad, because his Dad will say things that are "annoying" on purpose. Axel was asked what kind of thing he finds annoying, but was unable to say what annoys him. The assessor then asked if Axel thought his Dad would know what is "annoying" for Axel, but Axel was unsure. Mum reported that Axel's Dad has been on communication courses because he was finding it difficult to communicate with Axel in a way which wasn't perceived as arguing or bullying.

RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOUR, INTERESTS OR ACTIVITIES

- Mum reported that Axel can often take what has been said as an offence, and struggle to interpret it in a different way.
- Mum reported that Axel is literal.
- Mum stated that Axel will refuse to engage in something that he is not very interested in. This can have an impact on Axel in school, for example Axel can find it very difficult or impossible

to engage in an activity or piece of work that he is not actively interested in. Mum is concerned that this will impact Axel academically.

- Mum reported that when Axel was in primary school and the beginning of high school, he would play tennis with other children, enjoyed swimming, gymnastics and other activities. Axel then began quitting everything and stated he didn't like it anymore. Axel preferred to play computer games which were his main interest at the time. Axel has since stopped playing games, and now only tends to watch YouTube and shows on television about History, animals, and shows rooted in fact.

SUMMARY & RECOMMENDATIONS

It was a pleasure to meet Axel who presented with appropriate speech and language skills but difficulties in the areas of social communication, social interaction and flexibility of thought. This report will now be discussed at a multi-agency meeting in order for these findings to be viewed in the context of assessments and observations from other agencies.

Recommendations:

- It may be useful to maintain communication between home and school, as Axel may not always update his parents on what is taking place in school, and consistent strategies can be shared.
- Support with social communication through access to social communication group may be useful for Axel to help to develop his social communication skills, in particular his understanding and awareness of emotions, friendships and turn taking within conversation.
- It may also be useful for Axel to have a named member of staff within school to discuss when he feels he is being bullied. This can help to identify how Axel is interpreting the behaviour of others as at times he may misinterpret others disagreeing with him as bullying.
- As part of Axel's routine or structure it may be helpful to have a specific time identified for when Axel can raise his concerns, or for him to use a diary so that he can communicate in some way when he feels that bullying is taking place and be supported to consider how he can respond to this or seek support of adults if necessary.

If you have any questions or require any further advice, please do not hesitate to contact me on the e-mail address above.

This patient interaction took place during the Covid-19 pandemic

Yours sincerely

Katherine O'Dempsey
Highly Specialist Speech & Language Therapist
ASD TEAM
NEURODEVELOPMENTAL PATHWAY

Copy to:

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

SENCO SENCO
The Acorns School
43 Ruff Lane
Ormskirk
Merseyside
L39 4QX

CAMHS
2nd Floor Burlington House
Crosby Road North
Liverpool
Merseyside
L22 0PJ



Our Ref: KP/mb/[DPA]
Date of Clinic: 07/09/2020
Date Dictd: 07/09/2020
Date Typed: 08/09/2020

Alder Hey Children's
NHS Foundation Trust
Alder Hey
Eaton Road
Liverpool
L12 2AP
www.alderhey.nhs.uk

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Tel: [DPA]
Secretary: PCO: Brenda Murray:
Fax: [DPA]

Department of Urology
Miss H Corbett
Consultant Paediatric Urologist

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Diagnosis

Dysuria
Interrupted stream
Terminal haematuria
Likely Posterior urethritis **now resolved after biofeedback training**
Anxiety, behavioural issues, now on ASD pathway

Known Allergies and Adverse Reactions

Allergy/Adverse Reaction	Type	Severity	Reaction	Status	Date/Time
NO KNOWN ALLERGIES	Allergy			Verified	10/05/19 13:10

I had a telephone consultation with Axel's mum today in view of the covid 19 pandemic. Axel has been well from a urological point of view. He has not had any further symptoms or signs of posterior urethritis. He occasionally makes a mess on the toilet when he voids and his mum thinks that this happens when he defers his voiding and he has to rush to the toilet. He is dry day and night time.

Lately he has been assessed and placed on the ASD pathway. I explained that children with ASD usually have difficulties with toileting and this could explain the mentioned behaviour. I however have no urological concerns. I would be grateful if you could keep an eye on things and re-refer Axel to us if his symptoms recur.

Plan

I have now discharged him back to your care.

Investigations, Procedures and Results

No Laboratory Orders or Results recorded within this period:

Follow Up Arrangements

This patient interaction took place during the Covid-19 pandemic.

18 Week Outcome for this visit: Discharge

Yours sincerely

Electronically checked and authorised by Miss Katerina Prodromou

Miss Katerina Prodromou
Fellow in Paediatric Urology

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Miss H Corbett
Consultant Urologist
Alder Hey Children's NHS Foundation Trust

Urology Nurse Specialists
Alder Hey Children's NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

Department of Developmental Paediatrics

Tel: DPA

Our Ref: KM/jh/ DPA

Date Dictd: 17/11/2020

Date Typed: 19/11/2020

<https://alderhey.nhs.uk/parents-and-patients/services/developmental-paediatrics>

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Secretary: DPA
PCO: Danielle Kelly & Emma Carey
PCO: Janet Riddell

Department of Developmental Paediatrics
ASD Clinic

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Due to the new clinical working conditions implemented as a result of Covid-19, it was not possible to complete a face-to-face appointment with Axel's parent / carer. The appointment was therefore completed over the phone with parent / carer's agreement.

The purpose of this appointment was to complete a neurodevelopmental assessment as part of the ASD pathway process. The information was obtained from Dad on 17/11/2020 and additional information added from Dad on the 18/11/2020

Future/Action Plan

The information gathered today has been recorded and documented on the Alder Hey electronic records; this along with any other information available will be discussed by the ASD team. It will be decided which further assessment is required before a decision can be made on whether Axel meets the criteria for an ASD diagnosis.

Currently the Community Paediatrics / ASD service are receiving an extremely high volume of calls. We understand the frustration this is causing to families trying to contact us and are working on a solution to remedy this. If you need to contact the service please email commpaedsqueries@alderhey.nhs.uk. We are aiming to respond to all emails within 2 working days of receipt.

Yours sincerely

Electronically checked and authorised by Kate Murphy

Kate Murphy
Community Nurse Practitioner

This patient interaction took place during the Covid-19 pandemic.

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Alder Hey
Eaton Road
Liverpool
L12 2AP
developmental-
paediatrics

Our Ref: ASDT/kf/[DPA]

Date Dictd: 12/02/2021
Date Typed: 12/02/2021

<https://alderhey.nhs.parents-and-patients/services/developmental-paediatrics>

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Tel: [DPA]
Repeat Prescriptions: [DPA]
Fax: [DPA]

Department of Developmental Paediatrics
Knowsley Contact: [DPA]
Liverpool Contacts: [DPA]

Alder Hey Autism Spectrum Disorder Assessment Pathway

Name: Axel Rudakana
Address: 10 Old School Close, Banks, Southport, PR9 8SB
DOB: 7.8.06
AH: [DPA]
Chronological Age: 14
Setting: The Acorns School, 43 Ruff Lane, Ormskirk
Date of MDT Meeting: 30.12.20

Axel was referred to the Alder Hey Autism Spectrum Disorder (ASD) Pathway for a more detailed assessment of his social and communication development following concerns that he was displaying features of an Autism Spectrum Disorder.

Autism Spectrum Disorder is a lifelong developmental disability. People affected by an Autism Spectrum Disorder are likely to have broad areas of impairment with:

- Persistent difficulties in social communication and interaction
- Restricted, repetitive patterns of behaviour, interest or activities

These impairments are present from early development of the child, affecting how a person communicates with and relates to other people and how they experience the world around them. These difficulties would cause clinically significant impairment in social/educational settings and other areas of current functioning.

Axel was discussed at the ASD Multidisciplinary Team Meeting (MDT) on: 30.12.20

The MDT team consists of practitioners with expertise in Autism Spectrum Disorders. This may include: Consultant Community Paediatrician or Consultant Child & Adolescent

Psychiatrist, Speech and Language Therapist and a Clinical Psychologist. The team meets to consider all the information available about a child or young person to assess if they meet the criteria for an Autism Spectrum Disorder.

If the MDT team has sufficient information, it will aim to reach a conclusion regarding the question of Autism Spectrum Disorder. The aim of this process is to avoid duplication through re-assessment and to avoid long waiting times for families.

Professionals Involved in MDT:

- Consultant Community Paediatrician – Dr. Sultan
- Advanced Speech & Language Therapist – Ruth Mitchell
- Physician Associate – Dawn Devine

Reports Available at MDT:

- Developmental history
- Assessment by a Speech and Language Therapist
- Information from school professionals
- Educational Psychology report

Summary:

Having reviewed all of the information available, the assessment team agree there is sufficient evidence that Axel does meet the criteria for an Autism Spectrum Disorder (ASD).

Recommendations:

- A referral will be made, by way of this letter to the Sefton ADHD/ASD Children's Service. Please use the following telephone number to contact the team for any advice on [DPA]
- ASD information pack to be sent to parents.
- Follow up appointment from Community Paediatrician
- Axel's social communication needs and behaviour should be considered within the context of their ASD diagnosis and supported as appropriate by relevant strategies which may be identified by the various professionals working with them. It is advised that parents and school should stay in regular contact to ensure that any support is consistent across both the home and school environments.

- Visual support should be implemented consistently as an integral part of the whole day both at home and school. Visuals would support a) active listening skills b) attention to task and c) independent learning skills. Visuals don't have to be picture based. Pictures do help but for older children, who have good reading skills, a well-placed written visual timetable will also work well. It is sometimes presumed that verbal children 'don't need' or 'grow out' of a visual timetable. However, many children with ASD can be anxious about 'what will happen next', but don't always express this anxiety. A timetable would serve to support this type of potential hidden anxiety. School should also actively provide support if there are any unplanned changes or at other times where normal routine is altered (e.g. exams / school events / trips, changes between year groups and changes of teachers). Transition strategies could include resources such as photo transition books, Social Stories, staggered starts and practice / preparation visits.
- In certain situations, either at home or at school, it may be helpful to explicitly teach a specific social skill or strategy. Social situations may need to be explained more clearly. Writing down information in a Social Story or Comic Strip Conversation format rather than explaining things verbally is sometimes recommended for these situations. Advice on Social Stories and Comic Strip Conversations can be found on the National Autistic Society Website www.autism.org.uk and www.carolgraysocialstories.com.
- Families may wish to seek advice and guidance from the Social Communication Team via e-mail socialcom@sefton.gov.uk or via the Local Offer <https://www.seftondirectory.com/>
- ADDvanced Solutions is a service that provides support and information to families. They run training courses for parents and groups for young people. They can be contacted on: [DPA]
- Families can self-refer to organisations such as Parenting 2000 <https://parenting2000.org.uk/> for talking therapies to support emotional well-being and mental health.
- For support and advice around mental health, parents and young people can self-refer to FRESH CAMHS via the Single Point of Access in the first instance. Please call [DPA] to discuss. Additionally, **the CAMHS Crisis Team offer a dedicated crisis telephone line 24 hours a day**, which aims to help children, young people, families and carers who are very worried about the mental health of anyone with a GP in Liverpool or Sefton up to their 18th Birthday. For support regarding presenting risks, children, families and professionals can contact the CAMHS Crisis Line to speak directly to a mental health practitioner. Their contact number for the service is (free phone) 0808 196 3550 or [DPA]
- Should you or your child require information or support regarding their education and related health and social care issues advice can be sought from: Special Education needs & Disability Information Advice & Support Service (SENDIASS). This was formally known as 'Parent Partnership'. Telephone: [DPA] E-mail: seftonsendiass@sefton.gov.uk
- Applying for Disability Living Allowance (DLA) may help to support daily living needs such as mobility and care costs.

- Our social communication skills change all the time. Choosing how best to help and support your child with this will take time and there may be elements of trial and error.

The content of this report has been agreed between the professionals involved in this team.

ASD TEAM
NEURODEVELOPMENTAL PATHWAY

Copy to:

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Sefton ADHD/ASD
Children's Service: Formby Health Centre, Phillips Lane, Formby, Liverpool,
L37 4AY



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: [] DPA []

Our Ref: ASDT/ko/[] DPA []

Date Dictd: 16/02/2021

Date Typed: 16/02/2021

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Secretary: [] DPA []

PAULINE BLOXSOME

Email: janice.wilson@alderhey.nhs.uk

Department of Developmental Paediatrics

JAN WILSON

Alder Hey Autism Spectrum Disorder Assessment Pathway

Dear Parent/Guardian of Axel Rudakubana

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. **07/08/2006**

Hospital No. [] DPA []

NHS No. [] DPA []

Setting: The Acorns School, 43 Ruff Lane, Ormskirk

Date of MDT Meeting: 30.12.20

Axel was referred to the Alder Hey Autism Spectrum Disorder (ASD) Pathway for a more detailed assessment of his social and communication development following concerns that he was displaying features of an Autism Spectrum Disorder.

Autism Spectrum Disorder is a lifelong developmental disability. People affected by an Autism Spectrum Disorder are likely to have broad areas of impairment with:

- Persistent difficulties in social communication and interaction
- Restricted, repetitive patterns of behaviour, interest or activities

These impairments are present from early development of the child, affecting how a person communicates with and relates to other people and how they experience the world around them. These difficulties would cause clinically significant impairment in social/educational settings and other areas of current functioning.

Axel was discussed at the ASD Multidisciplinary Team Meeting (MDT) on: 30.12.20

The MDT team consists of practitioners with expertise in Autism Spectrum Disorders. This may include: Consultant Community Paediatrician or Consultant Child & Adolescent

Psychiatrist, Speech and Language Therapist and a Clinical Psychologist. The team meets to consider all the information available about a child or young person to assess if they meet the criteria for an Autism Spectrum Disorder.

If the MDT team has sufficient information, it will aim to reach a conclusion regarding the question of Autism Spectrum Disorder. The aim of this process is to avoid duplication through re-assessment and to avoid long waiting times for families.

Professionals Involved in MDT:

- Consultant Community Paediatrician – Dr. Sultan
- Advanced Speech & Language Therapist – Ruth Mitchell
- Physician Associate – Dawn Devine

Reports Available at MDT:

- Developmental history
- Assessment by a Speech and Language Therapist
- Information from school professionals
- Educational Psychology report

Summary:

Having reviewed all of the information available, the assessment team agree there is sufficient evidence that Axel does meet the criteria for an Autism Spectrum Disorder (ASD).

Recommendations:

- A referral will be made, by way of this letter to the Sefton ADHD/ASD Children's Service. Please use the following telephone number to contact the team for any advice on [DPA]
- ASD information pack to be sent to parents.
- Follow up appointment from Community Paediatrician
- Axel's social communication needs and behaviour should be considered within the context of their ASD diagnosis and supported as appropriate by relevant strategies which may be identified by the various professionals working with them. It is advised that parents and school should stay in regular contact to ensure that any support is consistent across both the home and school environments.

- Visual support should be implemented consistently as an integral part of the whole day both at home and school. Visuals would support a) active listening skills b) attention to task and c) independent learning skills. Visuals don't have to be picture based. Pictures do help but for older children, who have good reading skills, a well-placed written visual timetable will also work well. It is sometimes presumed that verbal children 'don't need' or 'grow out' of a visual timetable. However, many children with ASD can be anxious about 'what will happen next', but don't always express this anxiety. A timetable would serve to support this type of potential hidden anxiety. School should also actively provide support if there are any unplanned changes or at other times where normal routine is altered (e.g. exams / school events / trips, changes between year groups and changes of teachers). Transition strategies could include resources such as photo transition books, Social Stories, staggered starts and practice / preparation visits.
- In certain situations, either at home or at school, it may be helpful to explicitly teach a specific social skill or strategy. Social situations may need to be explained more clearly. Writing down information in a Social Story or Comic Strip Conversation format rather than explaining things verbally is sometimes recommended for these situations. Advice on Social Stories and Comic Strip Conversations can be found on the National Autistic Society Website www.autism.org.uk and www.carolgraysocialstories.com.
- Families may wish to seek advice and guidance from the Social Communication Team via e-mail socialcom@sefton.gov.uk or via the Local Offer <https://www.seftondirectory.com/>
- ADDvanced Solutions is a service that provides support and information to families. They run training courses for parents and groups for young people. They can be contacted on: [DPA]
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- Applying for Disability Living Allowance (DLA) may help to support daily living needs such as mobility and care costs.

- Our social communication skills change all the time. Choosing how best to help and support your child with this will take time and there may be elements of trial and error.
- School to complete referral to ADHD pathway.

The content of this report has been agreed between the professionals involved in this team.

Yours sincerely

ASD TEAM
NEURODEVELOPMENTAL PATHWAY

Copy to:

Dr EE Arnold
Roe Lane Surgery
172 Roe Lane
Southport
Merseyside
PR9 7PN

Tel: DPA

NHS No: DPA

Date: 24 February 2021

101 MAR 2021

Parent/Carer of: Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Dear Parent/Carer

We have received a referral from the ASD pathway team and you are therefore invited to opt in to our service.

PLEASE COMPLETE AND RETURN THE ATTACHED OPT IN FORM, in order to be seen by our service. If the opt in is not returned by 12 March 2021 we will assume you do not wish to receive support from our service and Axel will be discharged. A new referral will be needed for future access.

We have enclosed a service leaflet for your information.

Once we have received the opt in form, your name will be placed on our waiting list for a home/clinic appointment. Your child does not need to be present for this appointment.

If you have any queries, please do not hesitate to contact us on the above telephone number.

Yours Faithfully

Helen McCarthy
Specialist Nurse
ASD/ADHD Children's Team

Cc: GP ✓
File

Enc: Service Leaflet

Please note there is further information about our service at Alderhey.nhs.uk. Please click onto our services where you will find an alphabetical listing and you can then choose the Sefton ADHD/ASD Nurses. You will also find links to other services and relevant information on the ADHD/ASD page that you may find helpful.



Roe Lane Surgery

172 Roe Lane, Churchtown, Southport, PR9 7PN
Dr Alison Trevor & Jane Ayres

For the attention of:

Department of Developmental Paediatrics
Alder Hey Children's Hospital
Eaton Road
Liverpool
L12 2AP

7 April 2021

RE: Mr Axel Rudakubana

DOB: 07-Aug-2006

NHS Number:

Address: 10 Old School Close, Banks, Southport, PR9 8SB

RE: ASD Team – Advice regarding genetic testing

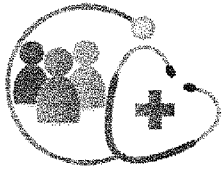
Dear ASD team,

Axel's Father is asking if he can have genetic testing for fragile x syndrome for him and also his two sons – Can I ask is this a potential diagnosis for Axel?

I have included Axel's most recent consultations.

Yours Sincerely,

Dr Chris Randall



Christiana Hartley Medical Practice

5 Curzon Road
Southport
PR8 6PL



  christiana.hartley@nhs.net

Mr RUDAKUBANA, Axel (Mr)

10 Old School Close, Banks, Southport, PR9 8SB
Southport
PR9 8SB

Axel has been unable to attend school as of week commencing 14.06.2021 due to extreme hay fever.

Regards

Phil Muir

Bsc (hons), Msc



Alder Hey Children's

NHS Foundation Trust

Sefton CAMHS

2nd Floor, Burlington House

Crosby Road North

Liverpool

L22 0PJ

Tel: [DPA]

Our Ref: LR/kd/[DPA]

Date Dictd: 02/07/2021

Date Typed: 02/07/2021

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Diagnoses:

- Autism Spectrum Condition- recently diagnosed by the ASD Pathway
- Anxiety Disorder with avoidance behaviours

I offered a telephone consultation for Axel in my new patient clinic on the 1st of July.
I initially spoke with Axel's mother Latisha and then with Axel.

I was informed that Axel has been struggling with chronic anxiety, since primary school and that this has now become quite entrenched. Axel's anxiety is impacting on his daily living and is also affecting his overall functioning.

Axel was able to eloquently describe physiological symptoms of anxiety when social demands were placed on him such as dizziness, palpitations, sweating and he resorts to avoidance of activities as a result.

Axel does not have symptoms of depression.

Axel described to me that he spends most of his time at home in his bedroom where he finds himself to be safe. He said that he does not have any friends.

Axel appeared keen to consider medication to treat his anxiety and that this will also enable him to make use of therapeutic work from CAMHS.

I have discussed the benefits of a Beta blocker- Propranolol on the Flight Fright Fight reaction that one experiences from anxiety and that Propranolol will help reduce the physiological effects of anxiety and thereby help him to deal with anxiety better.

I spoke with Axel's mother again and explained the rationale for treatment with Propranolol- Axels' mother wondered about addictive and dependence on medication- I explained that

This patient interaction took place during the Covid-19 pandemic.

Propranolol is not a psychotropic agent and can be discontinued gradually at any time without major withdrawal effects. She consented.

I have sent a prescription for:

- Propranolol tablets 10 mg bd for 60 days

I have also sent a leaflet on Propranolol.

I will review Axel's response to Propranolol and his progress in a few week' time.

Yours sincerely

Dictated but not signed by

DR LAKSHMI RAMASUBRAMANIAN

CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Alder Hey
Eaton Road
Liverpool
L12 2AP

Tel: [DPA]

Our Ref: ZS/ha/[DPA]

Date of Clinic: 07/07/2021

Date Dictd: 07/07/2021

Date Typed: 10/07/2021

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Sonya Brumskill - PCO [DPA]
<http://www.alderhey.nhs.uk/repeat-prescriptions>

Department of Developmental Paediatrics
Southport

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Problems:

Autistic spectrum disorder (diagnosed 16/02/2021)
Anxiety disorder with avoidance behaviour

School: The Acorns school

I had a video consultation with Axel today. His father Alphonso was also present. They did not switch on the video as Axel does not like to be on the video. I was talking to them through the audio only.

Axel was started on propranolol 10mg twice daily by the CAMHS team on the 02/07/2021. Axel said that he is not taking these medications because he has read on the NHS website, and he does not have any physical symptoms.

His general health has remained well. His appetite is okay. He usually sleeps anytime from 2am to 11am. He is usually watching Youtube till he goes to sleep.

Plan:

1. I have suggested arranging an appointment with the CAMHS team to discuss about the medications.
2. I have explained to him and to Alphonso that supports for the Autism come from the support organisations and the education departments. As a Community Paediatrician we have no role in it. Therefore, I am discharging him from the Community Paediatrics. They agreed.

Currently the Community Paediatrics / ASD / ADHD service are receiving an extremely high volume of calls. We understand the frustration this is causing to families trying to contact us and are working on a solution to remedy this. If you need to contact the

This patient interaction took place during the Covid-19 pandemic.

service please email commpaedsqueries@alderhey.nhs.uk. We are aiming to respond to all emails within 2 working days of receipt.

Yours sincerely

Electronically checked and authorised by Dr. Zaffar Sultan

Dr. Zaffar Sultan
Consultant Community Paediatrics

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: AS/kd/[DPA]

Date Dictd: 29/09/2021
Date Typed: 29/09/2021

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B.	07/08/2006
Hospital No.	DPA
NHS No.	DPA

Axel attended clinic along with his mum on 15/09/21.

Case manager Samantha Steed was also present during the consultation.

Background information:

Axel has a diagnosis of ASD. He has been experiencing anxiety symptoms since past 12-18 months.

Presenting complaints:

1. Anxiety about leaving house since past 12-18 months.
2. Difficulties in social interactions and anxiety in social situations since past 12 months.

History of presenting complaints:

Axel tells me he started experiencing worries about leaving his house since September 2019.

This was related to Axel being bullied at his old school 'Range high' which is a mainstream school. Due to this he was noted to attend school carrying a knife in his bag which led to his permanent exclusion from the school. There was no history of Axel being physically aggressive towards anyone at school.

He then joined special needs school Acorn since November 2019.

Axel reports missing his friends at his old school. He reports enjoying playing football with his school friends in the past which he has not been able to do since change of his school.

This patient interaction took place during the Covid-19 pandemic.

He attended online school during the lockdown. He has not felt going out to the park or speaking to his friend since past 12 months.

In the past he has also enjoyed bike riding and watching television, which he has not been able to do.

He also reports feeling anxious going out in public and interacting with new people. He finds it embarrassing to eat outside.

He reports feeling 'nervous' about social situations. When nervous, he feels he is salivating more and his hands and legs shake.

He reported feeling angry when he becomes hungry.

On trying to explore the triggers for anger outbursts, Axel reported difficult interpersonal relationship with his family, especially his dad. He mentioned his dad did not cook food of his choice because of which he is put off from eating meals.

He also does not interact much with his older brother. Reports 'ok' relationship with mum.

He tells me that frequent arguments with his dad can make him feel sad in his mood.

He reports his mood as 'nervous and angry'.

His appetite is poor. He has disturbed sleep due to reversed sleep pattern.

He reports feeling hopeless due to his anxiety symptoms and wants help with it.

He does not express thoughts of hurting himself or others.

Past psychiatric history:

Axel has a diagnosis of ASD.

He was prescribed Propranolol for anxiety symptoms which he reports taking regularly.

Past medical history:

Not significant. Previously prescribed iron and vit D.

Drug history:

Denies drinking alcohol or using illicit substances.

Personal history:

Axel lives at home with mum, dad and older brother 17 years old.

Attends Acorn school and is currently in year 11.

Observation in the clinic:

Axel is a 15 years old boy of Afro Caribbean, thin built, casually dressed with reasonable personal hygiene. Initially reluctant to engage, which improved later. Axel did not give an eye contact.

There was no evidence of agitation or psychomotor retardation.

There was no evidence of responding to unseen stimuli.

His speech was normal in rate and volume, his tone was low. He spoke coherently with good articulation.

This patient interaction took place during the Covid-19 pandemic.

He reported his mood as 'nervous and angry'.

There was no evidence of formal thought disorder or perceptual abnormalities.

Did not express thoughts of hurting himself or others.

His cognitions were grossly intact, and he was insightful of his difficulties.

Impression:

Axel is a 15 years old boy with a diagnosis of autism. He has been experiencing anxiety symptoms leading to inability to leave his home or attend school. His difficult interpersonal relationship with family member especially dad is negatively impacting his mood.

These symptoms are also affecting his daily functioning and his sleep and appetite.

Diagnosis:

ASD with moderate degree of social anxiety

Management Plan:

I have discussed with Axel and mum regarding the role of medications and also psychological support in treating anxiety symptoms.

Also explained the role of psychosocial stressors/ triggers in maintaining these symptoms.

I have prescribed Sertraline 25mg OD for 3 weeks, increased to 50mg for 1 week.

Explained the side effects and benefits of medications. Also explained the need for follow up to monitor the side effect and response to medications.

I have also given information leaflet on Sertraline.

He will continue to take propranolol as prescribed.

Axel to continue engaging with case manager Samantha Steed.

A follow up appointment will be arranged in four weeks

Yours sincerely

Dictated but not signed by

Dr Aesha Aseri

ST4 to Dr Katrin Russell

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: LR/sk [DPA]

Date Dictd: 13/10/2021
Date Typed: 19/10/2021

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Further to the very detailed assessment letter from Dr Aseri, I am writing to inform you that I offered a follow up appointment for Axel on the 13th of October 2021. This was a virtual appointment.

I was able to speak with Alphonse, Axel's father and also Axel.

Alphonse expressed that he still does not fully understand why Axel would not return to education and told me that Axel was at home at the time of the appointment.

Axel felt that Sertraline has not made much difference to how he is feeling. Axel was initially on 25 mg mane and has been on 50 mg for just 1 week. We acknowledged that it is very early days with Sertraline therapy and that he is not on a therapeutic dose.

Axel said that he has not been out of the house and that he has not been to school.

Axel did not report any thoughts of self-harm and wished to continue Sertraline. I have suggested;

1. Sertraline to be increased to 75 mg mane
2. I have spoken with Mr Rudakubana to update him.
3. Axel is no longer on Propranolol tablets.

This patient interaction took place during the Covid-19 pandemic.

I will offer a follow up appointment in a few weeks time.

Yours sincerely

Dictated but not signed by

DR LAKSHMI RAMASUBRAMANIAN
CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.

		Date referral received:																													
Childs Surname: Rudakubana First Name(s): Axel	Address: 10 Old School Close Banks Southport PR9 8SB	Other referrals made to: ☐ ASD/ADHD ☐ Audiology ☐ Complex Care ☐ Community Nursing ☐ Continence ☐ Diabetes ☒ Dietetics ☐ O/T ☐ Physiotherapy ☐ SALT ☐ Special Needs Health Advisor																													
Childs DOB: 07-Aug-2006	Male/Female: Male																														
NHS No: DPA																															
Ethnic Code: Black British - ethnic category 2001 census	Language: unknown																														
Country of Birth: Wales	Interpreter Required: Yes ☐ No ☒																														
Parent/Carers Surname:	Who has Parental Responsibility?																														
First Name(s):																															
Consent for Referral: Yes ☒ No ☐	Telephone No: Mobile No: DPA Email address:																														
G.P Name: Dr Farrell	Main Consultant/Hospital:	Other Services involved: ☐ BICS ☐ CAMHS ☐ Dental ☐ Paediatrician ☐ SEPPS ☐ SAIS ☐ Social Care																													
Address: Christiana Hartley Medical Practice 5 Curzon Road Southport Merseyside PR8 6PL																															
Health Visitor/School Nurse:	School/ Nursery/Playgroup:																														
Base/Tel No:																															
Diagnosis: Problems Active <table border="1"> <thead> <tr> <th>Date</th> <th>Problem</th> <th>Associated Text</th> <th>Date Ended</th> </tr> </thead> <tbody> <tr> <td>02-Jul-2021</td> <td>Anxiety disorder</td> <td>- With avoidance behaviours</td> <td></td> </tr> <tr> <td>12-Feb-2021</td> <td>Autism spectrum disorder</td> <td></td> <td></td> </tr> <tr> <td>02-Dec-2020</td> <td>Failed encounter</td> <td></td> <td></td> </tr> <tr> <td>28-Oct-2020</td> <td>Reduced concentration</td> <td></td> <td></td> </tr> <tr> <td>21-Feb-2019</td> <td>Urine protein test = ++</td> <td></td> <td></td> </tr> <tr> <td>19-Jan-2016</td> <td>Vitamin D deficiency</td> <td></td> <td></td> </tr> </tbody> </table>				Date	Problem	Associated Text	Date Ended	02-Jul-2021	Anxiety disorder	- With avoidance behaviours		12-Feb-2021	Autism spectrum disorder			02-Dec-2020	Failed encounter			28-Oct-2020	Reduced concentration			21-Feb-2019	Urine protein test = ++			19-Jan-2016	Vitamin D deficiency		
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19-Jan-2016	Vitamin D deficiency																														

Please return the completed form to: The Children's Community Dietitian,
52 Hoghton Street, Southport PR9 0PN
Tel:
Secure email: paediatric.dietetics@nhs.net

Minor Past			
Date	Problem	Associated Text	Date Ended
05-Jul-2021	DPA		03-Aug-2021
05-May-2020	Anxiety		03-Jun-2020
19-Dec-2019	DPA		17-Jan-2020
Birth history & general development:			
Identified risk: e.g. Domestic violence, known infections e.g. MRSA, Measles, Gastroenteritis			
Is this a Looked After Child (LAC)			☐ Yes ^x ☒ No
IS THIS CHILD SUBJECT TO:			
1. A Child Protection Plan			☐ Yes ☒ No
2. A child in Need Plan			☐ Yes ☒ No
3. A Common Assessment Framework (CAF)			☐ Yes ☒ No
Referred by: Dr A Farrell		Designation: GP	
Address: Christiana Hartley Medical Practice, 5 Curzon Road, Southport, Merseyside, PR8 6PL			
Contact Telephone No: DPA		Date: 26-Oct-2021	
Referrer's Signature:			

Name: RUDAKUBANA, Axel (Mr)	DOB: 07-Aug-2006	NHS No: DPA												
Reason for Referral:														
BACKGROUND INFORMATION	COMMENTS													
Family Structure:														
Medical Information:														
Medication:	<table border="1"> <thead> <tr> <th>Medication</th> <th>Dosage</th> <th>Quantity</th> <th>Last Issued</th> </tr> </thead> <tbody> <tr> <td>Acute</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Drug</td> <td></td> <td></td> <td>On</td> </tr> </tbody> </table>		Medication	Dosage	Quantity	Last Issued	Acute				Drug			On
Medication	Dosage	Quantity	Last Issued											
Acute														
Drug			On											

Please return the completed form to: The Children's Community Dietitian,
52 Houghton Street, Southport PR9 0PN
Tel: 
Secure email: paediatric.dietetics@nhs.net

	Sertraline 50mg tablets	HOSPITAL PRESCRIBED & SUPPLIED > NOT TO BE PRESCRIBED BY GP > 75mg daily	0.001 tablet	13-Oct-2021
Vision:				
SERVICE SPECIFIC INFORMATION	COMMENTS			
Height:	25-Oct-2021 Standing height : 171 cm			
Weight:	25-Oct-2021 Body weight : 45 kg			
Current dietary concerns:	See consult			
Seen/referred to a Dietitian in the past:	None known			
Additional Information:				

Please return the completed form to: The Children's Community Dietitian,
52 Hoghton Street, Southport PR9 0PN
Tel:
Secure email: paediatric.dietetics@nhs.net



Our Ref: LUM/7/JMAJ/665106C.1/Rudakubana

Your Ref:

11 November 2021

FAO: PRACTICE MANAGER

Christiana Hartley Medical Practice
5 Curzon Road
Southport
PR8 6PL

JMW Solicitors LLP
Registered Office:
1 Byrom Place
Spinningfields
Manchester M3 3HG

DX. 14372 Manchester 1
T: DPA
W: jmw.co.uk

BY EMAIL ONLY TO: christiana.hartley@nhs.net

Dear Sirs

Our Client: Master Axel Rudakubana (by his Father and Litigation Friend, Mr Alphonse Rudakubana)
Address: 10 Old School Close, Banks, Southport, Merseyside, PR9 8SB
D.O.B: 07/08/2006

We act on behalf of the above named in connection with a proposed clinical negligence claim for damages for injuries and consequential losses suffered as a result of alleged negligent medical treatment provided by Dr Anwar Khan in 2008.

For the avoidance of doubt no legal action is contemplated against your practice or any of its employees.

For the purpose of our investigations, we require copies of all medical records that you hold in relation to **Master Axel Rudakubana** in both hard and electronic formats. These may include, but not be limited to, correspondence, test results, his computerised printout, and Lloyd George cards.

Please find enclosed with this letter a Form of Authority signed by Mr Alphonse Rudakubana (as Axel's father and Litigation Friend) authorising the disclosure of his son's records to this firm.

We make this request under the Data Protection Act 2018.

In light of current circumstances, we would be grateful if you could please endeavour to provide copy records by secure email / portal in the first instance.

We thank you in anticipation of your assistance and look forward to receiving copies of Master Rudakubana's records as soon as possible.

Yours faithfully

SIGNATURE

JMW Solicitors LLP

In your corner

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MERP000490_0190

Direct Dial:
Email: lucy.mellor@jmw.co.uk

Enc: Form of Authority

FORM OF AUTHORITY

To: [INSERT ADDRESS OF GP BELOW]

CHRISTIANA HARTLEY MEDICAL PRACTICE & POE LANE
SURGERY
5 CURZON ROAD, SOUTHPORT
PR8 6PL

I, MR ALPHONSE RUDAKUBANA, of 10 Old School Close, Banks, Southport, Merseyside,
PR9 8SB, as the father and Litigation Friend of MASTER AXEL RUDAKUBANA (DOB:
07.08.2006)

HEREBY AUTHORISE the disclosure of AXEL'S GP notes and records including
correspondence and test results to my solicitors, JMW Solicitors LLP of 1 Byrom Place,
Spinningfields, Manchester, M3 3HG.

(Ref: LUM/665106C.1/Rudakubana)

Signed

SIGNATURE

Dated

18/10/2021

WE CONFIRM THAT NO ACTION IS CONTEMPLATED AGAINST YOU OR ANY OF
YOUR EMPLOYEES

SARS/REPORT REQUESTED

AXEL RUDAKUBANA

Date report received

11/11
JMW.

Requester

Date report to be completed

Written consent received

Date verbal consent discussed

29/11/21

What date range is requested

Does the patient want to review report before being sent

NO

Where is the report to be sent

To Solicitor

Report started

29/11/21

Report complete

13/12/21

Report sent

PASSWORD

Comments

Clinical Information Summary

Patient: Rudakubana, Mr Axel
UBRN: 000375398597
NHS: DPA

Date of Birth: 07-Aug-2006
Age: 15y 3m
Gender: M

UBRN Information

Date:	22-Nov-2021	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	FARRELL, Adele (Dr)	Letter last modified	22-Nov-2021
Referring org:		Named clinician	
Address:	Christiana Hartley Medical Practice 5 Curzon Road Southport Merseyside PR8 6PL	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	10 Old School Close Banks Southport PR9 8SB	Registered practice:	Christiana Hartley Road Medical Practice
		Address	Christiana Hartley Medical Practice 5 Curzon Road Southport Merseyside PR8 6PL
Contact Information	Contact details available when reviewing online		

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Please see attached information to support dermatology letter - with thanks

Requested action

Requested action	Management Advice
Request action Comments	

Medication

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Salicylic acid 16.7% / Lactic acid 16.7% paint	Apply Each Day	10 ml	11-Nov-2021
Sertraline 50mg tablets	HOSPITAL PRESCRIBED & SUPPLIED > NOT TO BE PRESCRIBED BY GP > 75mg daily	0.001 tablet	13-Oct-2021

Past

Drug	Dosage	Quantity	Last Issued On
Colecalciferol 25,000unit tablets	Two To Be Taken Weekly For Two Weeks Then One To Be Taken For Third week	5 tablet	20-Jul-2021
Ferrous fumarate 210mg tablets	One To Be Taken Twice A Day	84 tablet	05-Jul-2021
Propranolol 10mg tablets	one to be taken twice a day - issued by the hospital	0 tablet	02-Jul-2021
Ferrous fumarate 140mg/5ml oral solution	Two 5ml Spoonfuls To Be Taken Twice A Day	200 ml	01-Jul-2021
Colecalciferol 10,000units/ml oral drops sugar free	1ml daily for 8 weeks	30 ml	01-Jul-2021

Clinical record details

Consultations

Date	Consultation Text
22-Nov-2021 10:00	GP Surgery (Christiana Hartley Medical Practice) FARRELL, Adele (Dr)
History	Telephone encounter with dad Scar on forehead Aged 2 years No AED attendance Healed on its own No sutures Right sided Above eyebrow 2cm raised light brown in colour

Comment Wants removing
 advised PLCP
 asked for photograph - child declined
 absolutely not happy demanding referral
 refer dermatology routinely

Problems

Active

Date	Problem	Associated Text	Date Ended
11-Nov-2021	DPA		
02-Jul-2021	Anxiety disorder	- With avoidance behaviours	
12-Feb-2021	Autism spectrum disorder		
28-Oct-2020	Reduced concentration		
21-Feb-2019	Urine protein test = ++		
19-Jan-2016	Vitamin D deficiency		

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Family History

Family History

Social Context

Alcohol Consumption

Smoking

Date	Description
15-Nov-2021	Never smoked tobacco

Non-Therapeutic Drug Use

Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

Department of Nutrition and Dietetics

Hoghton Street Clinic
52 Hoghton Street
Southport
PR9 0PN

Tel:

Fax:

DPA

7 December 2021

Email: Paediatric.dietetics@nhs.net

Dear Doctor,

Patient Name: **Axel Rudakubana** DOB: **07-Aug-2006** NHS Number: **DPA**
Address: **10 Old School Close, Banks, Southport, Lancashire, PR9 8SB**

Axel had been referred for dietary assessment and was seen in clinic on 07/12/2021 with dad present. Conagh Ellis (Paediatric dietitian) also present.

In Clinic

Weight: 45.8 kg	Centile: 0.4 th -2 nd
Height: 171.6 cm	Centile: 50 th -75 th centile
BMI: 15.6kg/m ²	

Growth Patterns: Axel does appear to be underweight when his BMI is calculated. He is currently sat with his BMI <0.4th centile.

Diet history and subsequent dietetic input:

Axel managing 1-2 main meals daily, with occasional snacks. He does not enjoy dad's cooking, so he is opting for takeaways & fast food when unable to eat a meal, this is placing a lot of strain on dad. Sensory issues are playing a part in this, however, he does have a good appetite and reports he looks forward to food, as long as he is interested in it.

No fruit/vegetables/yoghurts included in diet at present. Axel is willing to make some changes and become more involved in food prep and increasing variation of food options/preferences.

We advised of the link between reduced dietary intake and his weight. Whilst making these changes, is important to ensure that Axel maintains optimal nutritional status, so will be sent ONS samples to trial and encouraged to commence on a multivitamin, especially one containing Vitamin D and Iron.

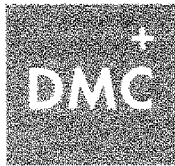
Care Plan: : 1) Trial samples of different ONS & commence on preferred one OD-BD. 2) Become more involved in family food shopping and cooking. 3) Write a list of food preferences. 4) Commence on multivitamin, containing Vitamin D & Iron. 5) Monitor weight 6) Monitor bowels. 7) Monitor nutritional bloods (iron & Vitamin D).

Written information and a contact number were provided and a follow up arranged in 3 months. I will keep you informed of their progress.

Yours sincerely
Megan Maguire (student dietitian)

Signed by
Conagh Ellis
Community Paediatric Dietitian

This patient interaction took place during the Covid-19 pandemic.



Community
Services



Providing NHS Services

Delivering Healthier Outcomes

Private and Confidential

Mr Axel Rudakubana
10 Old School Close
Banks
Southport
PR9 8SB

Date of Clinic: 13 Dec 2021

Date of Letter: 13 Dec 2021

Correspondence Address:

Community Services
Iwade Health Centre
1 Monins Road, Sittingbourne
ME9 8TY

Private and Confidential

Christiana Hartley Medical Practice
5 Curzon Road
Southport
PR8 6PL

Dear GP,

Re: Mr Axel Rudakubana - DOB: 07 Aug 2006 - NHS: [DPA] - Address: 10 Old School Close, Banks, Southport PR9 8SB

Thank you for referring the above patient to the DMC Community Dermatology Service. I saw this patient in clinic. Please see below the details and outcome of the consultation:

Type of Appointment: Initial Appointment

Smoking Status: Not Applicable

Have you given smoking cessation advice or asked the patient to visit the GP?:

Allergies Recorded: N/A

Presenting Complaint: long standing scar to right forehead

Affected Body Area: Face

Examination & Dermoscopy Findings: hardly noticable slightly risen scar.

Diagnosis: Other

Other Diagnosis: Elevated scar

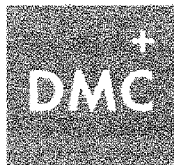
Clinical Management Plan: Haelan tappe
discussed intralesional injections

DMC Healthcare
60 Chadwick Road
London
SE15 4PU

* [DPA]
* dmc.admin@nhs.net
* www.dmchealthcare.co.uk
* @dmc_healthcare

healthwatch
Sefton

Registered in England 06745192 - Registered Office: 81 Bellegrove, Welling, Kent, DA16 3PG



Community
Services



Providing NHS Services

Delivering Healthier Outcomes

Prescription Given: Yes

Drug name	Dose	Start date	End date	Quantity	Script notes
Fludroxycortide 4micrograms/square cm tape 7.5cm	once every 12 hours	13 Dec 2021	12 Jan 2022	80 cm	

Tests Requested: No

Follow up & Discharge Information

Outcome: Follow up with DMC

Follow Up with DMC Required By: Follow up 3 Months

RTT Clock Start Date: 22 Nov 2021 12:26

Thank you for using our service. Your patient has been instructed to DMC if there is any change or concerns to their skin condition.

DMC welcome all feedback. If you would like to follow the link you can leave independent feedback with Healthwatch Sefton.

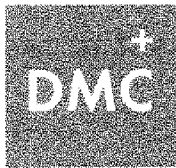
healthwatchsefton.co.uk/services/DMC-Healthcare/

DMC Healthcare
60 Chadwick Road
London
SE15 4PU

- ☐ DPA
- dmc.admin@nhs.net
- www.dmchealthcare.co.uk
- @dmc_healthcare

healthwatch
Sefton

Registered in England 06745192 - Registered Office: 81 Belle Grove, Welling, Kent, DA16 3PG



Community
Services



Providing NHS Services

Delivering Healthier Outcomes

Yours sincerely,
Unsigned to avoid delay

Dr Said Ramadan
Consultant Dermatologist
GMC: 6159040

DMC Community Services
www.dmchealthcare.co.uk

DMC Healthcare
60 Chadwick Road
London
SE15 4PU

-  DPA
- dmc.admin@nhs.net
- www.dmchealthcare.co.uk
- @dmc_healthcare

Registered in England 06745931 - Registered Office 81 Pellegrove, Welling, Kent, DA16 3PG

healthwatch
Sefton

HARTLEY, Christiana (NHS SOUTH SEFTON CCG)

From: HARTLEY, Christiana (NHS SOUTH SEFTON CCG)
Sent: 13 December 2021 18:29
To: jessica.major@jmw.co.uk
Subject: [secure] Medical Report LUM/7/JMAJ/665106C.1/Rudakubana
Attachments: SAR-A-Rudakubana-29-Nov-2021-14-47-24.pdf

Your reference number: LUM/7/JMAJ/665106C.1/Rudakubana

Attached to this email is a PDF report that has been requested by yourselves.

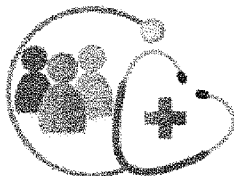
The report is encrypted with a password.

Please contact the surgery on [redacted DPA] and ask any member of staff for the password to open the file.

Many thanks

Susan Rhodes

Christiana Hartley Medical Practice
5 Curzon Road
Southport
PR8 6PL
Tel: [redacted DPA]
Web: christianahartleymedicalpractice.co.uk
Email: christiana.hartley@nhs.net



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Sue Rhodes

DIRECT NUMBER: [redacted DPA]

Christiana Hartley Medical Practice
5 Curzon Road

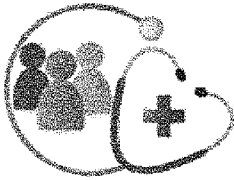
Southport

PR8 6PL

Tel: DPA

Web: christianahartleymedicalpractice.co.uk

Email: christiana.hartley@nhs.net



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For more information and to find out how you can switch, <https://portal.nhs.net/help/joiningnhsmile>

Southport and Formby 7-Day GP Service

107 Liverpool Road

Southport

PR8 4DB

Tel: **DPA**
 Fax:

Christiana Hartley Medical Practice

Dear ,

Re: RUDAKUBANA, Axel Muganwa (Mr) D.O.B: 07-Aug-2006
10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

NHS: **DPA**

Today your patient was seen at Southport and Formby 7-Day GP Service in .

Consultations

Date	Consultation Text
26-Feb-2022 10:28	accuRx Consultation MATTHEWS, Tracey (Mrs)
Comment	Patient mobile telephone number DPA SMS text message sent to patient Hi Axel,family surgery PR84DBThanks, Tracey MatthewsSouthport & Formby Health
26-Feb-2022 10:25	GP Surgery (7-Day GP Service) MATTHEWS, Tracey (Mrs)
Problem	DPA
History	
Comment	
Examination	

Medication Salicylic acid 26% solution Apply Once A Day As Directed 10 ml

Medication

Acute

Drug	Dosage	Quantity	Last Issued On
Salicylic acid 26% solution	Apply Once A Day As Directed	10 ml	26-Feb-2022

Yours sincerely,

ANP T Matthews.

Southport and Formby 7-Day GP Service.



Alder Hey Children's
NHS Foundation Trust

Community Nutrition and Dietetics

Hoghton Street Clinic
52 Hoghton Street
Southport
PR9 0PN

Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

Tel:

Email: paediatric.dietetics@nhs.net

Date: 9 March 2022

PATIENT PRESCRIPTION REQUEST

Dear Doctor,

Re: Name: Mr Axel Rudakubana, D.O.B: 07-Aug-2006, NHS No: , Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

GP ACTION REQUIRED:

I would be grateful if you could please prescribe the following for the above patient:

Product: Altraplen Compact (Strawberry and Vanilla Flavour) 125mls

Dose/day: BD. 60/ month.

Length of prescription: Ongoing, to be reviewed by dietitian

ACBS indication: Underweight

please keep on repeat prescription until further notice

If you have any questions, please contact me at or paediatric.dietetics@nhs.net

Yours sincerely

Conagh Ellis
Community Paediatric Dietitian

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust

Community Nutrition and Dietetics

Liverpool Innovation Park
Kilby House, First Floor
Digital Way
Liverpool
L7 9NJ

Tel:

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

DATE

Date: 15 March 2022

PATIENT PRESCRIPTION REQUEST

Dear Doctor,

Re: Name: Mr Axel Rudakubana, D.O.B: 07-Aug-2006, NHS No: , Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

GP ACTION REQUIRED:

I would be grateful if you could please prescribe the following for the above patient:

Product: Altrajuce (variety of flavours please) 200ml OD

Nutricrem (variety of flavours please) 125g OD

Length of prescription: please repeat whilst under dietetic review

ACBS indication: Underweight

please keep on repeat prescription until further notice

If you have any questions, please contact me at ahc-tr.liverpoolcommunitydietitians@nhs.net

or

Yours sincerely

Community Paediatric Dietitian

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ

Tel: DPA

Our Ref: LR/kd/ DPA

Date Dictd: 07/04/2022
Date Typed: 07/04/2022

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

I am writing to inform you that I have been offering regular follow up appointments for Axel to review his mental state and response to Sertraline. The appointments have included a mixture of telephone and video calls.

Unfortunately, all the appointments have been made telephonically as Axel had very clearly stated that he will not join video calls.

During the last few months, it has become clearer that Axel does not need specific help to go out. We offered specific work from a Keyworker from Sefton CAMHS with whom Axel engaged well initially, but during the last few weeks, he has stated that he no longer wishes to work with her as he does not need any help to go out.

Axel's school attendance has also been patchy, this does not appear to be due to anxiety of leaving home.

During the latest appointment with Axel on the 7th of April, Axel informed me that he is able to go out if he chooses to and that he does not experience any anxiety symptoms. I explored about low mood symptoms, and he denied having any. Axel has always reported that he does not experience any symptoms of low mood or thoughts of self-harm.

So, I wondered about the role of medication- SSRI medications with Axel. He agreed that he does not need them, but he has anxiety about talking to people. I informed him that the more he exposes himself to people and situations, he will be able to talk to people and that since there is no evidence of social anxiety or Generalised Anxiety Disorder, SSRI medications would not be indicated for him.

Axel wanted to try a different SSRI medication and I have strictly advised him against it for the above reasons.

This patient interaction took place during the Covid-19 pandemic.

We agreed that a slightly higher dose of Sertraline 100 mg will be tried for 2 months, and should Axel not benefit from it, we will be able to conclude that medication is not the right approach for Axel and it will be stopped. I will then be discharging Axel from my care as Axel does not present with any evidence of a mental health disorder.

Yours sincerely,

Dictated but not signed by

DR LAKSHMI RAMASUBRAMANIAN

CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Ms S Steed
Mental Health Practitioner
Alder Hey Children's NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust

Community Nutrition and Dietetics

**Department of Nutrition and
Dietetics**

Hoghton Street Clinic
52 Hoghton Street
Southport
PR9 0PN

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

Tel:

Date: 11 April 2022

Email: Paediatric.dietetics@nhs.net

PATIENT PRESCRIPTION REQUEST

Dear ,

Re: Name: Mr Axel Rudakubana, D.O.B: 07-Aug-2006, NHS No: , Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

GP ACTION REQUIRED:

I would be grateful if you could please prescribe the following for the above patient:

Product: Forceval Capsules

Dose/day: 1 capsule per day = 30 x capsule per month

Length of prescription: Monthly

ACBS indication: Disease related malnutrition

Please stop the prescription for the nutritional supplements - Altraplen

please keep on repeat prescription until further notice

If you have any questions, please contact me on the e.mail address or phone number above.
Axel will be reviewed in clinic within the next 6 months.

Yours sincerely

Community Paediatric Dietitian

c.c. Axel and Family.

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: LR/kd [DPA]

Date Dictd: 13/05/2022
Date Typed: 13/05/2022

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

I am writing to update you on the treatment plan for Axel.

I received a call from Mr Rudakubana, Father of Axel to inform me that since Axel stopped his medication Sertraline without medical advice, he has been displaying anger and some challenging behaviour. Axel is also reported to refuse to engage with school.

Mr Rudakubana felt that this could be attributed to Axel stopping his medication.

I have advised as follows:

- Axel to restart Sertraline at 50 mg dosage for 1 week and thereafter increase to 75 mg mane.
- Axel to take Sertraline in the morning after food
- Mr Rudakubana to monitor and supervise Axel's medication and Axel to not be given access to all his medication like he used to.

Yours sincerely,

Dictated but not signed by
DR LAKSHMI RAMASUBRAMANIAN
CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

This patient interaction took place during the Covid-19 pandemic.

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Ms S Steed
Mental Health Practitioner
Alder Hey Children's NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: LR/kd/[DPA]

Date Dictd: 25/05/2022
Date Typed: 25/05/2022

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

I am writing to update you on the treatment plan for Axel.

I met with Axel and his father Mr Alphonse at Burlington House on the 23rd of May 2022. We were joined by Samantha Steed, Case Manager.

Since my last clinic letter to you, Axel has stopped taking Sertraline yet again. He felt that Sertraline was causing his heartburn. We explored this in detail.

Axel does not have regular eating habits. Due to his poor sleep pattern and as he does not go out or to school, he often misses breakfast. We were informed that he has cereal or toast made by his mother on some days. Axel does not have a fixed meal time and eats McDonalds at least on 3 days a week and does not eat cooked dinner made by his mother as he says he does not like it.

In addition, on the day he experienced heart burn, he took sertraline in empty stomach and in a lying posture in bed. We discussed how all these could cause acid reflux and contribute to heart burn.

We also discussed about Axel's main concern- salivating excessively and tummy rumbling. Axel and his father Alphonse told us that Axel has never drooled but perceives that he has to swallow saliva in his mouth whenever he feels anxious. This does not happen at home. It only happens in situations when he has to speak to people such as school. Axel says that sometimes he does not have any saliva to swallow but he does the swallowing movements. Following this, he says that his tummy makes rumbling noises. Axel is very conscious of people noticing this. I explained how swallowing can stimulate reflex movements in the tummy and acid production and reassured him that none of us have heard any rumbling noises.

This patient interaction took place during the Covid-19 pandemic.

Axel denied any low mood or risks to self or others.

Axel was also interested in how alcohol can help- we offered psychoeducation on how self-medicating with alcohol could be dangerous and explained the adverse effects of misuse of alcohol.

Axel has not taken Sertraline for a while. He agreed to restart Sertraline. I suggested that he starts 50 mg and after 1 week this could be increased to 75 mg.

There were significant concerns around an adult monitoring his medication. Unfortunately, Axel wants to take it himself and there is no consistent adult monitoring it due to work related commitments. So for Axel's safety, we suggested that Alphonse only gives Axel 1 strip of Sertraline at a time and locks away the rest. This was agreed.

Physical Health

This appears to be an area of significant concern. Axel appears to have lost weight. His weight today was 45.4 kgs and his height was 172 cms. Axel has nutritional deficiencies and has been referred to the dietician who has prescribed shakes and enriched drinks, but he has not been drinking it. He has Vitamin D deficiency.

Mr Alphonse was unclear about the follow up arrangements with the dietician and we urged him to follow this up.

Plan

Axel to restart Sertraline at 50 mg dosage for a week and then increase to 75 mg mane
Mr Alphonse and Axel have consented to a professionals meeting with School to discuss next steps for Axel re facilitating school attendance.

Axel happy to attend school tomorrow and this has been facilitated with school.

Axel is awaiting CBT and Family Therapy from CAMHS.

Yours sincerely,

Dictated but not signed by

DR LAKSHMI RAMASUBRAMANIAN

CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.

Ms S Steed
Mental Health Practitioner
Alder Hey Children's NHS Foundation Trust

C Smith
Presfield Special School
Preston New Road
Churchtown
Southport
PR9 8PA

This patient interaction took place during the Covid-19 pandemic.

HARTLEY, Christiana (NHS SOUTH SEFTON CCG)

From: Steed Samantha <Samantha.Steed@alderhey.nhs.uk>
Sent: 25 May 2022 15:14
To: HARTLEY, Christiana (NHS SOUTH SEFTON CCG)
Subject: Axel Rudakubana NHS [DPA]

Importance: High

Categories: Dealing with

This message originated from outside of NHSmail. Please do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear All, please can I request urgent appointment I met Axel jointly with Dr Ramasubramanian. You will have received a letter from her dated 25.05.22. As you know we met jointly - during this meeting I was struck by dramatic weight loss in Axel and his general presentation.

Weight 45.5kg 172cm - Weight for Height approx 77. BMI 15. Axel is complaining of chest pain. Not eating regularly. His diet has been an ongoing concern Parents buy take out for Axel each day which is of little nutritional value. Axel has not left the home for some time but has attended school today for a short period. Axel's presentation will mean that he will find it hard to engage in learning at present and this will explain his presentation at school. School noted that he did not eat with them today. Axel has been sleeping during the day and awake at night and his routines are out.

Please can the following checks be carried out URGENTLY. Dad is aware of this request.

BP, Pulse, Temp, Height, Weight

FBC, U&E's, TFT's, LFT's, Glucose, ESR, Bone Profile, magnesium and phosphate levels and Coeliac screen, Epstein Barr virus, vitamin D levels, prolactin levels and lipids) today.

Baseline ECG

We would be grateful if you could advise of outcomes.

Please do not hesitate to get in touch if you require more information.

Many thanks,

Sam Steed
Senior Mental Health Practitioner/Case Manager
Sefton Specialist CAMHS
Alder Hey Children's NHS Trust
Second Floor
Burlington House
Crosby Road North
Liverpool
L22 0PJ
Office # [DPA]

Sam Steed
Senior Mental Health Practitioner/Case Manager
Sefton Specialist CAMHS
Alder Hey Children's NHS Trust
Second Floor
Burlington House
Crosby Road North
Liverpool
L22 0PJ
Office #

DPA

Currently reading: Girl, Woman, Other ~ Bernadine Evaristo ~ Womens Prize for Fiction 2020
Favourite Children's book: Danny, the Champion of the World ~ Roald Dahl ~ 1975

3x4 Simultaneous ECG Report

Patient Details

Name: Angel Muganyizi Rudakubana
ID: DPA
Gender: Male
Date of Birth: 07/08/2006 (15 years)
Height: 0 ft 0 in
Weight: 0 lbs

Recording Details

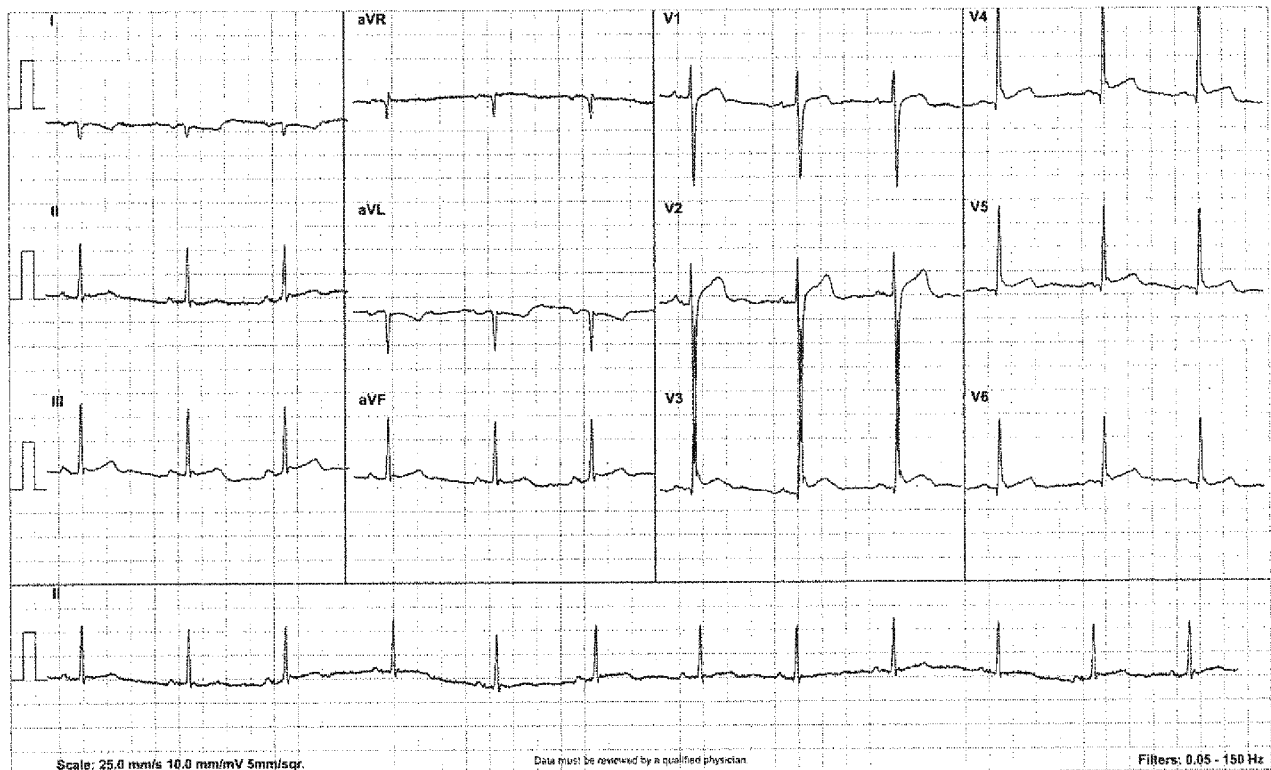
Recorded: 26/05/2022 14:36:10
Device: CL 2017-D10777-S

Measurements

Heart Rate: 71 bpm
P Duration: 86 ms
PR Interval: 142 ms
QRS Duration: 64 ms
QT Interval: 376 ms
QTc Interval: 409 ms (Bazett)
P,QRS,T Axis: 118°, 102°, 129°

Interpretation (Unconfirmed)

Comments:





medloop

Medloop Ltd.
Mandeville Pl., Marylebone,
London W1U3AY
info@medloop.co
14 June 2022

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice, 5 Curzon Road, Southport, Merseyside, PR8
6PL

Dear Dr Farrell,

Re: RUDAKUBANA, Axel Muganwa (Mr) D.O.B: 07-Aug-2006 NHS: DPA

DPA

10 Old School Close, Banks, Southport, PR9 8SB
Southport and Formby PCN/Medloop consultation information

Your patient was seen in Southport and Formby PCN/Medloop today. Please find below the notes from today's consultations.

14-Jun-2022 10:16	Telephone consultation (Sefton PCN Formby) ROWLEY, Glen (Paramedic)
Problem	Tonsillitis (<i>First</i>)
History	Background (Let the patient talk for the first minute) sore throat since Saturday red inflamed and exudate Affect (How is it affecting the patient?) painful to swallow Thoughts (What does the patient think is going on?) throat infection Expectation (What was the patient hoping for?) abx Decrease in appetite Time of last oral fluid intake Last two hours No fever • Mentally alert • No coryzal symptoms • Sore throat • No hoarse voice • No cough • No wheeze • Chest pain not present
Medication	Phenoxymethylpenicillin 250mg/5ml oral solution Two 5ml Spoonfuls To Be Taken Four Times A Day 200 ml
Comment	Advice to return if problem persists or deteriorates

Kind regards,
ROWLEY, Glen (Paramedic)
Southport and Formby Medloop PCN



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: DPA

Our Ref: LR/sk DPA

Date Dictd: 23/06/2022
Date Typed: 30/06/2022

Dr F Verhoeff
Consultant General Paediatrician
Alder Hey Children's NHS Foundation Trust

Child and Adolescent Mental Health Service

Dear Dr Verhoeff

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. DPA
NHS No. DPA

Diagnoses

Autism Spectrum Condition
Anxiety Disorder
Avoidant behaviours
School Refusal

I would like to refer 15-year-old Axel to you for your expert opinion on his physical health.

Axel has been known to the ASD team and to CAMHS for over 2 years and presents with significant avoidant behaviours and anxiety.

Axel's avoidant and selective eating is impacting on his physical health and on his nutritional needs.

Axel has responded well to Sertraline 75 mg mane although his compliance remains patchy. Axel's eating is described as very restricted and limited. He does not wake up in the mornings and so does not have his breakfast as he should. He eats part of what he is given- such as toast or eggs and misses breakfast on the other days as he is asleep. Axel refuses to eat cooked food made by his family and eats McDonalds or Nando's food on at least 3 days a week. He has been noted to have become very controlling of his food more recently.

We noted a significant deterioration in his physical health presentation during a face-to-face appointment on the 23rd of May 2022 and referred him to his GP for blood tests.

We carried out his height and weight the parameters were as follows:

BMI of 77.7% - Moderate High Risk on Junior MARSIPAN (Weight: 45.5kg, Height: 172cm).
The blood pressure recorded at the GP surgery the next day was 93/64 mm of Hg.

This patient interaction took place during the Covid-19 pandemic.

We requested the following blood tests:

FBC, U&E's, TFT's, LFT's, Glucose, ESR, Bone Profile, magnesium and phosphate levels and Coeliac screen, vitamin D levels and lipids.

Due to very restricted eating behaviour, Axel has previously been referred to the community dietician as he was noted to have Vitamin D and other vitamin deficiencies and was prescribed enriched drinks and multi vitamin supplements. Axel has refused to have the enriched shakes.

The ECG and blood tests on the 24th of May were reported to be within normal limits.

We consulted with Dr Rob Woodhouse, EDYS, following this and were informed that Axel should be referred to you for further work up and for your advice.

I would be very happy to share other information from my clinic letters if needed.

I would very grateful if Axel could be seen at the earliest in your clinic.

Yours sincerely

Dictated but not signed by

DR LAKSHMI RAMASUBRAMANIAN
CONSULTANT CHILD AND ADOLESCENT PSYCHIATRIST

Copy to:

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

Department of Nutrition and Dietetics
Hoghton Street Clinic
52 Hoghton Street
Southport
PR9 0PN

Tel: DPA

Email: Paediatric.dietetics@nhs.net

3 August 2022

Dear Doctor,

Patient Name: **Axel Rudakubana** DOB: **07-Aug-2006** NHS Number: DPA
Address: **10 Old School Close, Banks, Southport, Lancashire, PR9 8SB**

It was lovely to meet Axel and his Dad in dietetic clinic on the 2/8/22.

In Clinic

Weight: 48.5 kg	Child weight 3rd - 8th centile
Height: 173.8 cm	Child height 50th centile
BMI: 16.1 kg/m2	

Growth Patterns: Axel was tall and very slim. He looked well and engaged in the discussion with me about his intake and suggested changes.

Diet History: Axel tends not to leave the house except if necessary, such as our clinic appointment. He doesn't have set mealtimes and doesn't have snacks. He eats only when he is hungry. There is a reliance on fast food and ready meals. His parents do make egg bread and pasta with sauce but Axel will not eat anything else that's made at home.

It was difficult to get a clear picture of how much / how many meals are eaten in any 24hr period. Axel was vague – I suspect because eating is not his top priority. He is aware that he is underweight and has been counting calories to ensure he has 2000kcal per day to help with his weight gain.

His intake is deficient in several minerals and vitamins. Axel has agreed some changes but with limited prospect of changing Axel's food intake to meet all requirements – I recommend starting both a multivitamin and mineral supplement and a separate vitamin D supplement.

Dad asked if there was any way of helping Axel accepting new foods. There seems to be a heightened sensitivity to some smells and textures, which has an affect on food acceptance and intake. Axel does not think this is a problem. Unfortunately, progress can't be made here unless Axel wants this to change.

Care Plan:

1. Axel agreed to have 300ml milk per day - timing and type of milk (full cream or semi skimmed are irrelevant).
2. Forceval capsule x 1 per day in the evening.

3. Separate Vitamin D supplement - aim 20mcg -800IU per day taken in the morning. Axel is at high risk of vitamin D deficiency as he seldom leaves the house and has a limited diet.
4. I've advised involvement in cooking. To develop life skills and learning to make food as Axel would eat it. Axel stated he'd rather eat raw meat as this was less effort, I've advised great care with raw meat due to risk of food poisoning.
5. The energy recommendation for a 16year old young man is SACN (2011) = 2964kcal - Axel thinks this is ridiculous amount of calories to try to consume. I have suggested his weight would be better if he did.

GP prescription request:

Product: Forceval Capsules
Dose/day: 1 capsule per day
Length of prescription: 30 x capsules per month
ACBS indication: Disease related malnutrition

Product: Vitamin D
Dose/day: 800 IU or 20micrograms per day
Length of prescription: Monthly
ACBS indication: Disease related malnutrition

I look forward to seeing Axel again in 3 months. Please contact me on the above phone number or e.mail address with any questions.

Yours sincerely

Marianne Croft
Community Paediatric Dietitian

Cc: Axel & Family. After receipt of this letter – please contact your GP after 5 working days to see if there is a prescription waiting. See you in 3months.

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ

Our Ref: AM/kd/[]

Date Dictd: 02/09/2022
Date Typed: 02/09/2022

Tel: []

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold,

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. []
NHS No. []

I write to update you as regards Axel's care from a psychiatric point of view since taking over as his psychiatrist here at Sefton CAMHS back in July from my colleague, consultant child and adolescent psychiatrist Dr Lakshmi Ramasubramanian.

As you will no doubt be already aware of the relevant details of Axel's background history, I will not recapitulate those details here.

Suffice to say, the essential problem latterly has evidently related to concerns around Axel's weight and restricted eating, coupled with his significant reluctance to engage with professionals – part of his reluctance more broadly over the last couple of years to leave the house, and to tend to spend long periods of time in his bedroom.

Prior to my seeing Axel just recently, Dr Ramasubramanian's last weighing of Axel back on 23rd May was 45.4kg; since then, Axel's willingness to engage with professionals had evidently been particularly poor and so there were understandable concerns that if in the meantime his restricted eating had worsened, putting his weight on a downward trajectory, he may obviously be at risk of becoming quite unwell.

There was thus a clear need for a face-to-face medical review of Axel, something that he himself initially remained reluctant to participate in: He cancelled his first scheduled appointment with me on 19th July; when I then carried out a home visit on 28th July, he had evidently retired to his room just prior to my arrival, and refused to come out or to allow me to come in.

Still, it was possible to spend some time getting a good and complete update from Axel's parents, who were very helpful, and provided some reassurance that there had been somewhat of an uptick in Axel's eating since May, in line evidently with his reported latter ***This patient interaction took place during the Covid-19 pandemic.***

embrace of the idea that healthy eating for him at present means eating considerably more than previously.

With the assistance of a one-off dose of diazepam 5mg stat that I was happy to prescribe for the occasion, I was able to arrange to see him for a face-to-face appointment at the Southport Centre for Health and Wellbeing ("The Hub") the following Monday 1st August.

At that appointment I was much reassured both to see Axel looking physically stable as well as registering an objectively improved weight of 48.4kg – which obviously bore out his parents' reporting of his improved food intake over recent months.

It was also encouraging to experience Axel engaging really well with the session, and demonstrating acute stability in his mental state in this way, his longstanding quite reduced comfort zone notwithstanding.

We discussed the option of a further trial with an alternative SSRI medication, namely fluoxetine, given that he felt that sertraline had not really suited him when he tried this previously; moreover, for the same reasons I felt it was probably best to proceed quite cautiously in terms of starting dose.

SUMMARY OF CAMHS MEDICATION FOLLOWING THIS REVIEW – MONDAY 1ST AUGUST

- Fluoxetine 4mg (i.e. 1ml of fluoxetine liquid of concentration 4mg/ml) od, mane (newly commenced)

Today, 1st September, I spoke over the phone with Axel's dad Alphonse, and am delighted to report that he spoke of a visible improvement in Axel's presentation since starting the fluoxetine, namely in terms of being more willing now to talk, and thereby evidently to talk through his problems with his parents.

Moreover, Axel was reportedly keeping up with his increased and thereby healthier food intake. I am aware that Axel has an upcoming paediatric appointment on 8th September with my colleague, Dr Elaine Weir; I am grateful to Alphonse for reminding me of this.

I have arranged to review Axel's progress again over the phone in three months' time, on Thursday 1st December, at 11:30am.

In the meantime, if you have any further queries regarding Axel's care, please do not hesitate to contact me.

Yours sincerely,

Dictated but not signed by
Dr Anthony Molyneux
Consultant Child & Adolescent Psychiatrist

Copy to:

This patient interaction took place during the Covid-19 pandemic.

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Dr S Coppard
Senior Practitioner, FRESH CAMHS
Alder Hey Children's NHS Foundation Trust

Dr E Weir
Consultant Paediatrician
Alder Hey Children's NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: [DPA]

Our Ref: EW/sw/[DPA]

Date of Clinic: 08/09/2022

Date Dictd: 09/09/2022

Date Typed: 13/09/2022

Dr L Ramasubramanian
Consultant Child & Adolescent Psychiatrist
Alder Hey Children's NHS Foundation Trust

Secretary: [DPA]

Fax: [DPA]

Email: ciara.o'shea@alderhey.nhs.uk

Department of Paediatrics
Dr E Weir - Consultant Paediatrician
PCO: Ciara O'Shea

Dear Dr Ramasubramanian

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

Diagnoses:

1. ASD.
2. Anxiety.
3. Avoidant behaviours.
4. Previous school refusal.
5. Previously reduced food intake.

Medication:

Fluoxetine 3 mg once daily.

Allergies:

None known.

History:

It was lovely to meet Axel in clinic along with his dad. He had been referred as he had reduced the amount of food he was taking and his weight had reduced. After meeting with his Psychiatrist and with the Dietitian, Axel has now increased the amount that he is eating. He is tending to have McDonald's and ready meals at home. He will also eat things like pasta, spaghetti Bolognese and egg on toast and will also drink some smoothies. He told me that yesterday he had two pies in the morning, a pasta meal from the Co-op and some muffins and in addition tries to drink plenty of water.

He tells me that around six months ago he was not eating very much at all and only eating small amounts when he was very hungry. Currently, he is aiming to have around 3000 calories per day and does want to gain weight. Axel himself feels he can continue to do this. I note when talking to Axel that he does not have much dairy in his diet and have suggested that he add in at least a glass of milk per day, which he thinks he would be able to do.

This patient interaction took place during the Covid-19 pandemic.

Previously, he tells me he was experiencing dizzy episodes but these have now settled and he is not experiencing any physical symptoms. Axel is generally otherwise fit and well from a physical health perspective, he currently is on 3 mg of Fluoxetine per day, has no known drug allergies and his immunisations are up to date.

His dad tells me he was born at 8 months' gestation but weighed a reasonable weight and was with mum the whole time. He was fit and well in the newborn period. He lives at home with his parents and 18 year old brother [DPA] and is wheelchair dependent.

Axel's dad tells me he has not been in school since 2019, although has previously tried education in referral units and special schools and they did not suit him. Currently, he tends to spend his day watching TV and YouTube videos.

Examination:

Height 172.3 cm, weight 50.5 kg increase of 5 kg since last recorded weight, blood pressure 121/83 mmHg, pulse 86, percentage median BMI 85.3 kg/m²

On examination today, Axel appeared alert and well with no evidence of any jaundice, anaemia, clubbing or lymphadenopathy. Examination of his heart, chest and abdomen were all normal.

Investigations:

Blood tests requested for full blood count, ferritin, iron studies, liver function tests, lipid profile, selenium, thyroid function tests, renal profile, bone profile, vitamin A&E, vitamin D and zinc. Bloods as yet not received.

Management:

Axel has made great improvements to his dietary intake, which is resulting in a good weight gain, I would suggest that he has a multivitamin, Axel did not like the Forceval tablets and I have suggested that he have a look around the supermarket and take any multivitamin, which he feels he could tolerate.

I will also send a copy of our calcium dietary fact sheet so he and his parents can look together to see how to maximise the amount of calcium in his diet. I will arrange further follow-up in around four months in my telephone clinic but will have arrangements made for him to be weighed before this appointment.

Yours sincerely

Electronically checked and authorised by Dr Elaine Weir

Dr Elaine Weir
Consultant Paediatrician

Copy to:

This patient interaction took place during the Covid-19 pandemic.

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

This patient interaction took place during the Covid-19 pandemic.

Calcium : Fact Sheet

Calcium is important at all ages for having strong bones and teeth. This information sheet lists the recommended amounts of calcium for different groups of people and the foods and drinks that are high in calcium. Be sure to choose a wide variety of foods to get all the nutrients your body needs.

Table of Calcium Requirements:

Group	Age	Calcium (mg)	No. of 50g portions/day
Children	7-10	550	11
Adolescents	11-18	1000	20

The following tables list foods in groups from highest to lowest calcium content.

Foods providing 6 portions of calcium/day:

Food	Amount	How many did you have today?
Edam, Gouda or Feta cheese	2 miniature cheeses	
Paneer or parmesan cheese	About the size of 2 thumbs	
Cheese omelette	1 serving	
Quiche (with cheese & egg)	1 serving	
Macaroni cheese/Lasagna/Moussaka	1 serving	
Total times 6:		

Foods providing 4 portions of calcium/day:

Food	Amount	How many did you have today?
Milk/milk drink (e.g. hot chocolate) - with any type of cow's milk	1 glass/mug	
Calcium fortified soy milk	1 glass/mug	
Cheddar cheese	Matchbox size	
Yoghurt (dairy or fortified soya)	1 pot /3 large tbps	
Porridge (made with milk)	1 bowl	
Halloumi cheese	2 slices	
Cauliflower cheese	1 serving	
Pizza (including a cheese topping)	¼ of a large pizza	
Tofu	½ a block	
Canned sardines	1 can	
Rice Pudding	1 pot/3 large tbps	

This patient interaction took place during the Covid-19 pandemic.

Total times 4:

This patient interaction took place during the Covid-19 pandemic.

Foods providing 2 portions of calcium/day:

Food	Amount	How many did you have today?
Cottage cheese	3 tbps	
White pitta bread	1 (large)	
Naan bread	1/3 (large)	
Baked beans	1 can (small)	
Sausages (meat or vegetarian)	2	
Canned salmon	1 can	
Custard Pot	1 pot	
Fortified breakfast cereals	6 tbsp/lg bowl	
Mars Bar	1 (standard size)	
Ice Cream	2 scoops	
Total times 2:		

Foods providing 1 portion of calcium/day:

Food	Amount	How many did you have today?
Fortified Fromage frais	1 mini pot	
Muesli	1 serving (50g)	
White bread	1 medium slice	
Wholemeal bread	1 thick slice	
Boiled pasta	10 tbsp	
Boiled rice	10 tbsp	
Veggie Burger	1	
Canned tomatoes	1 can	
Broccoli/ green beans	3 large tbsp	
Dried apricots	8	
Oranges	1 whole/1 glass of juice	
Almonds	10/ small handful	
Cheese triangle	1	
Milk chocolate	3 squares	
Total:		

Sum of all totals: _____

If you are not meeting the daily requirement for calcium on most days of the weeks you may need a calcium supplement.

References:

- Royal Osteoporosis Society website
- British Dietetic Association website
- Nutrition.org website

This patient interaction took place during the Covid-19 pandemic.

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's

NHS Foundation Trust

Department of Nutrition and Dietetics

Ainsdale Centre for Health and Wellbeing

164 Sandbrook road

Ainsdale

Southport

PR8 3RJ

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

Tel: DPA

Email: Paediatric.dietetics@nhs.net

Date: 26 September 2022

PATIENT PRESCRIPTION REQUEST

Dear Doctor,

Re: Name: Mr Axel Rudakubana, D.O.B: 07-Aug-2006, NHS No: DPA
Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

Axel is reported to be trying hard to improve his micro and macronutrient intake. He has not tolerated the Forceval vitamin and mineral supplement, which is too large. I have recommended some other options such as Centrum Advance – an over the counter supplement (smaller tablets – 2 per day), Forceval Soluble (strong taste & 150 – 200ml drink per day). Axel is also drinking the oral calorie supplements that were sent as samples previously.

GP REQUEST:

I would be grateful if you could please prescribe the following for Axel:

Product: Nualtra Altrajuce – Apple, Blackcurrant, Strawberry and Orange flavours.

Dose: 32 x 200ml per month

Please prescribe 8 of each flavour per month.

Length of prescription: Ongoing

ACBS indication: Disease related malnutrition.

please keep on repeat prescription until further notice

I look forward to reviewing Axel again in clinic, in November 22. If you have any questions, please contact me on the above e.mail address or phone number.

Yours sincerely

Marianne Croft
Community Paediatric Dietitian

Cc Axel & Family.



Alder Hey Children's
NHS Foundation Trust

Community Nutrition and Dietetics

Liverpool Innovation Park
Kilby House, First Floor
Digital Way
Liverpool
L7 9NJ
Tel:

Christiana Hartley Medical Practice
Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

DATE

Date: 1 November 2022

PATIENT PRESCRIPTION REQUEST

Dear Dr ,

Re: Name: Mr Axel Rudakubana, D.O.B: 07-Aug-2006, NHS No: , Address: 10 Old School Close, Banks, Southport, Lancashire, PR9 8SB

GP ACTION REQUIRED:

Following a request from Axel's parents to increase his prescription of Altrajuce to TDS I have advised the following care plan:

Increase Altrajuce to BD until his appointment with our service 20/12/2022
Have an additional homemade fortified drink daily.

Oral nutrition support is not a long term solution to meeting Axels estimated nutritional requirements for growth and therefor should be used short term whilst he has the opportunity to make positive dietary changes.

I would be grateful if you could please increase Axel's current prescription of Altrajuce from 32 per month to 64 per month until his review with our service on 20/12/2022.

Product: Altrajuce
Dose/day: BD – 64 X 200ml
Length of prescription: 2/12
ACBS indication: Disease related malnutrition.

If you have any questions, please contact me at ahc-tr.liverpoolcommunitydietitians@nhs.net
or

Yours sincerely
Betty Deary
Community Paediatric Dietitian



Alder Hey Children's
NHS Foundation Trust

This patient interaction took place during the Covid-19 pandemic.



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: AM/kk/A [DPA]

Date Dictd: 09/01/2023
Date Typed: 11/01/2023

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

It was great to catch up with Axel in our Southport Hub clinic recently, on 29th December.

The first thing to say is that Axel looked healthier again than when I saw him last time, which was great to see.

Axel expressed that he had not found the fluoxetine medication I started for him at the beginning of August particularly helpful, and so had stopped taking it some time ago.

On the other hand, Axel did say that he would like to try sertraline again. He did try this previously when he was under the care from a psychiatry point of view of my colleague, consultant child and adolescent psychiatrist Dr Lakshmi Ramasubramanian, although as he was taking it off and on, he does not feel that he gave the medication a fair trial at that time.

Therefore, I was happy this time to discuss a re-titration of sertraline for Axel. My proposed plan, to which Axel gave informed consent, was as follows:

CAMHS MEDICATION PLAN

- Sertraline liquid 25mg (i.e. 2.5ml of concentration 50mg/5ml) for the first week, followed by 50mg (i.e. 5ml of concentration 50mg/5ml) for the second week, followed by 75mg (i.e. 7.5ml of concentration 50mg/5ml) thereafter
- [Fluoxetine formally STOPPED now]

I have arranged to review Axel's progress, again at the Southport Centre for Health and Wellbeing ("the Hub"), on Monday 6th February 2023, at 3:30pm.

In the meantime, if you have any further queries regarding Axel's care, please do not hesitate to contact me.

Kind regards

Yours sincerely

Dictated but not signed

Dr Anthony Molyneux
Consultant Child & Adolescent Psychiatrist

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Kate Morris
CAMHS Case Manager



Alder Hey Children's

NHS Foundation Trust

Alder Hey

Eaton Road

Liverpool

L12 2AP

www.alderhey.nhs.uk

Tel: DPA

Our Ref: EW/je/ DPA

Date of Clinic: 31/01/2023

Date Dictd: 31/01/2023

Date Typed: 31/01/2023

Dr EE Arnold
Christiana Hartley M/prac
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PR8 6PL

Secretary: DPA

Fax: DPA

Email: ciara.oshea@nhs.net

Department of Paediatrics

Dr E Weir - Consultant Paediatrician

PCO: Clara O'Shea

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006

Hospital No. DPA

NHS No. DPA

Diagnosis:

1. ASD
2. Anxiety
3. Previously reduced food intake – now improved

Medication:

Sertraline liquid 25mg on an increasing dose

History:

It was lovely to speak Axel's dad on the telephone today as part of a virtual clinic. I understand that Axel had gone to bed late last night so was not available for today's consultation. His dad tells me his eating has much improved, both in quantity and that he is now trying new things. He has recently been seen by the dietitian around a month ago and weighed 60.4kg at that time and is due to see them again. His dad is happy that he has continued to put on weight although notices that his appetite has possibly slightly decreased since starting sertraline. He is aiming for 64kg and is currently having 3 meals during the day mostly plus snacks.

His dad did mention that they are concerned regarding Axel's attention span and would like to be considered for an ADHD assessment, I wonder whether this could be reviewed by his CAMHS team or his GP?

Management:

As Axel is doing well with his eating and is gaining weight and remains under the care of the dietitian, I am happy to discharge him from my clinic today.

Yours sincerely

Electronically checked and authorised by Dr Elaine Weir

Dr Elaine Weir
Consultant Paediatrician

Copy to:

The Parent/Guardian of
Mr Axel Rudakubana
10 Old School Close
Banks
Southport
Lancashire
PR9 8SB

Dr A Molyneux
Consultant Child and Adolescent Psychiatrist
Alder Hey Children's NHS Foundation Trust



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Our Ref: AM/kk [DPA]

Date Dictd: 06/02/2023
Date Typed: 24/02/2023

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
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PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

As always, it was a pleasure to speak to Axel's dad, Alphonse, over the phone today as part of Axel's scheduled medication review with me.

In actual fact, I had anticipated to see Axel face-to-face here at the Southport Centre for Health and Wellbeing, although we received a message shortly prior to the appointment indicating that seemingly that Axel was either refusing and/or was considered not well enough to attend today.

Therefore, as I say, the review of necessity had to be carried out over the phone.

From what Alphonse told me when I spoke to him, seemingly Axel had been weighed back on 28th December just gone by the dietician and seemingly subsequently reacted to the weight reading of 60.4kg by reducing his food intake significantly over the weeks following the appointment, such that since then he has evidently only been thought to have been eating around a third to a half as much in terms of food volume.

Alphonse did not have a more up-to-date weight reading for Axel since then, although estimated his weight from looking at Axel as being around 58kg.

Alphonse also described Axel as low in mood latterly and once again reluctant to emerge from his bedroom.

As regards Axel's medication, Alphonse reported that Axel had indicated himself to be experiencing some side effects from the sertraline medication, namely a sense of numbness in the tongue.

Alphonse was of the opinion that Axel was continuing to take the sertraline medication at the 7.5ml (75mg) OD dose, although acknowledged that Axel was being left to his own devices in terms of taking the medication, evidently for fear of riling him due to too close a level of scrutiny.

During the call Alphonse evidently went up to Axel's room and tried to involve Axel himself in the call, although seemingly Axel flat refused this.

All in all, it would appear that Axel's overall presentation has reverted to the situation – psychologically speaking – that pertained when I first met him some 6 or 7 months ago.

In terms of a sense of how Axel has been on the sertraline medication as compared with when he was on the fluoxetine medication and also compared against when he was on no medication at all, Alphonse gave the opinion that seemingly Axel had been at his best when he was on no medication; I would not disagree with this at all. Alphonse described how on the fluoxetine Axel had been somewhat over-talkative; conversely on the sertraline he has evidently been quite argumentative from what Alphonse described.

Therefore I would be happy for the sertraline medication to be weaned down and stopped, and so have advised Alphonse to reduce the sertraline dose down to 5ml (50mg) once a day for the first 7 days, followed by a further reduction down to 2.5ml (25mg) OD for the following 7 days, before stopping.

SUMMARY OF CAMHS MEDICATION FOLLOWING THIS REVIEW:

- Sertraline liquid reducing course as above; 50mg i.e. 5ml of sertraline liquid (concentration 50mg/5ml) OD for the first 7 days, followed by 2.5ml (25mg) OD for the following 7 days, before stopping

I am rather concerned about Axel's presentation as described by Alphonse today, and so have arranged a further face-to-face appointment for 3 weeks' time, on Monday 27th February at 5pm here at the Southport Centre for Health and Wellbeing; as I have done previously, I have indicated to Alphonse that if Axel refuses to attend for this I will attend for a home visit shortly after.

I think given the above it is important that Axel is weighed once again, and sooner rather than later. I am unsure whether Axel has any upcoming dietetic appointments, although if so that would be the ideal setting for a timely weight measurement; failing that then if you yourselves could weigh him that would be great – the thing to do here would be for Alphonse to contact yourselves with a view to arranging an appointment with you to get this done.

In the meantime, if you have any further queries regarding Axel's care please do not hesitate to contact me.

Kind regards

Yours sincerely

Electronically checked and authorised by Dr A Molyneux

Dr A Molyneux
Consultant Child & Adolescent Psychiatrist

Copy to:

The Parent/Guardian of
Mr Axel Muganwa Rudakubana
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Case Manager
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Dr S Coppard
Senior Practitioner, FRESH CAMHS
Alder Hey Children's NHS Foundation Trust



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Our Ref: AM/kk/[DPA]

Date Dictd: 28/02/2023
Date Typed: 09/03/2023

Dr EE Arnold
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5 Curzon Road
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PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

It was good to see Axel and his dad, Alphonse, in clinic at the Southport Centre for Health and Wellbeing yesterday.

To be honest, it seemed as though Axel and Alphonse were at loggerheads quite a bit about their respective ideas of how helpful the sertraline medication was for Axel during his time on it.

You will no doubt recall that at my most recent telephone review appointment, during which I spoke to Alphonse alone, there was a strong sense from him that the sertraline had been unhelpful for Axel and so we planned to wean down and stop it.

This time, with Axel himself being present for the appointment face-to-face, he himself was adamant that the sertraline had been helpful for him, although on the other hand he was also asking about whether he could try other medications such as a monoamine oxidase inhibitor (MAOI) or a serotonin and noradrenaline reuptake inhibitor (SNRI) – neither of which option would be available to prescribe in CAMHS for reasons of safety etc in the younger age group.

On balance, and although Alphonse reiterated his legitimate and understandable concerns around the prescribing of sertraline, given that Axel is 16 and is telling us that sertraline was helpful for him as regards his anxiety during his time on the medication, I think we have to take Axel at his word and give him another chance on the medication, particularly given how, pharmacologically speaking, we can expect that it would be helpful in terms of motivation as well as dampening anxiety symptoms in view of the need for Axel to integrate with the education process and so on.

Indeed, Axel is to be commended I think for demonstrating a will to get his life back moving in this way, and so, as I say, I do think that we need to give him a chance with the sertraline medication.

I am pleased to report that, all things considered, Alphonse was ultimately amenable to hearing Axel's position also.

Therefore, through discussion, we came up with a consensus plan to commence a re-titration of sertraline medication as below.

SUMMARY OF CAMHS MEDICATION FOLLOWING THIS REVIEW, MONDAY 27TH FEBRUARY:

- Sertraline liquid 25mg (2.5ml of concentration 50mg per 5ml) OD for the first 7 days, followed by 50mg (i.e. 5ml) OD for the next 7 days, followed by 75mg (7.5ml) OD thereafter.

Looking at Axel this time I did not feel that he looked unhealthily thin and indeed I would probably describe him as healthily slim; I see that Axel's case manager, my colleague Kate Morris, is due to see him for a face-to-face appointment at Burlington House later this week; I intend to ask Kate to check his weight when she sees him.

I myself have arranged to see Axel again in clinic to review his progress, again at the Southport Centre for Health and Wellbeing, in 4 weeks' time, on Monday 27th March 2023, at 5:30pm.

In the meantime, if you have any further queries regarding Axel's care, please do not hesitate to contact me.

STOP PRESS – UPDATE, FRIDAY 10TH MARCH 2023

Between the time of this letter being typed and it being returned to me for authorisation prior to posting out, I was contacted by Alphonse by phone on the afternoon of Friday 10th March.

Alphonse relayed to me that Axel was asking whether the sertraline medication could be changed to tablet form, as Axel was reporting altered sensation on his tongue with the liquid preparation.

When I asked Alphonse where Axel was up to with the retitration that we had agreed last time, Alphonse understandably indicated that he was unclear about this seeing as Axel was managing his own medication and refusing for his dad (or his mum, evidently) to have any involvement with it; moreover, Alphonse indicated that his impression was that Axel's pattern of compliance with the medication had been inconsistent; when Alphonse attempted to clarify the matter with Axel whilst on the phone to me, he was unable to do so as Axel evidently remained under his blanket in his bedroom, indicating that he did not wish to speak to me.

In view of the above, through discussion Alphonse and I both agreed that the safest way to proceed would be to commence the retitration again from scratch, though of course this time with sertraline in tablet form:

SUMMARY OF CAMHS MEDICATION FOLLOWING THIS AD HOC REVIEW, FRIDAY 10TH MARCH:

- Sertraline (tablet form) 25mg od for the first 7 days, followed by 50mg od for the next 7 days, followed by 75mg od thereafter.

As above, I will see Axel again, by way of a face-to-face appointment at the Southport Centre for Health and Wellbeing, on Monday 27th March 2023, at 5:30pm.

In the meantime, if you have any further queries regarding Axel's care, please do not hesitate to contact me.

Kind regards

Yours sincerely

Electronically checked and authorised by Dr A Molyneux

Dr A Molyneux
Consultant Child & Adolescent Psychiatrist

Copy to:

The Parent/Guardian of
Mr Axel Muganwa Rudakubana
10 Old School Close
Banks
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Lancashire
PR9 8SB

Kate Morris
Case Manager
Sefton CAMHS

Christiana Hartley Medical Practice
5 Curzon Road
Southport
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PR8 6PL

Department of Nutrition and Dietetics
Ainsdale Centre for Health and Wellbeing
164 Sandbrook road
Ainsdale
Southport
PR8 3RJ

13 May 2023

Tel: DPA
Email: Paediatric.dietetics@nhs.net

Dear Doctor,

Patient Name: **Axel Rudakubana** DOB: **07-Aug-2006** NHS Number: DPA
Address: **10 Old School Close, Banks, Southport, Lancashire, PR9 8SB**

It was lovely to see Axel and his Dad in dietetic clinic on the 9th May 23.

In Clinic

Weight: 51.2 kg	Child weight = 2-9 th centile
Height: 175 cm	Child height = 50 th centile:
BMI: 16.7 kg/m2	

Growth Patterns: Having gained a large amount of weight ~11kg (to 60.4kg in Dec 22), Axel has now lost 9.2kg. He appeared tall and slim. He looked healthy. We looked at parental centiles and predicted growth potential if Axel eats well.

Diet History: I discussed with Axel how he felt about his current weight and his rapid weight gain last year. Axel feels he probably needs to start gaining weight again. He gained weight very well last year, but found this hard work. He is now not trying to gain weight and has lost weight as food is not his priority – tending to only eat when he is hungry. Axel thinks the predicted calorie requirements for his age don't represent his life as he has a fairly sedentary life. I have recalculated his requirements with this in mind – 1900kcal per day seems a reasonable starting point.

Axel is eating a variety of foods. All meals contain protein, there seem to be three meals per day and no snacks. Red meat seems to be consumed once per day. Calcium intake appears to be low. He takes a vitamin D supplement regularly but has stopped taking his general multivitamin and mineral supplement.

Care Plan:

1. AIM - Calcium intake - 1000mg per day – I will send out a calcium factsheet to show requirements and how to achieve these. A supplement can be considered if Axel can't manage with dietary changes although calcium supplements are often not absorbed well. We discussed splitting the dose and taking it separately from mealtimes.
2. Ensure good protein sources continue in all meals.
3. To check Vit D adequacy – aiming for a minimum of 10mcg / 10ug / 400IU per day.
4. Predicted BMR for a sedentary lifestyle - 1900kcal
5. Try to eat little and often rather than trying to have bigger meals less often.

6. Restart the general multivitamin and mineral supplement.
7. Axel's choice re: Altrajuce - which is not a great source of calcium but does contain other vitamins and minerals. Achieving the daily calorie aim from food is preferable.
8. Consider having fortified breakfast cereal and milk as a meal or snack – this is a quick meal / snack and an excellent source of vitamins and minerals including calcium

Follow up has been arranged for 1st August at 12:00. Please contact me on the above phone number or email with any questions.

Yours sincerely

Marianne Croft
Community Paediatric Dietitian

Cc: Axel & Family.
Cc: Dr Molyneux – CAMHS

IN CONFIDENCE

Alder Hey ADHD Assessment Referral Form		Date 20/06/2023	
This form is to be completed by a SENCO or an appropriate member of teaching staff in liaison with parents/guardians.			
Patient Details	NHS No/ AH number if known	DPA	
Name	AXEL RUOKUBANA		
DOB	07/08/2006	Age	16
		Gender	M
Address	10 OLD SCHOOL CLOSE, BANKS PR9 8SB		
Postcode	PR9 8SB	Telephone	DPA
Language (if not English)		Translator Needed	☐
Parent/Carer Email Address	DPA		
Does the Parent/Carer have readily available internet access in a private setting? N.B. Parts of our assessment service will endeavour to use virtual appointments, however we can accommodate alternative arrangements if these are not possible		Yes ☒	No ☐
Do any of these apply:	Looked After Child ☐	Child Protection Plan ☐	Child In Need ☐
			EHAT ☐

GP Name	DR REID	Practice Name	CHRISTIANA HARTLEY
Address	CHRISTIANA HARTLEY MEDICAL PRACTICE, 5 CURZON ROAD SOUTHPORT		
Postcode	PR8 6PL	Telephone	DPA

Referrer Details of SENCO/School Nurse/Relevant Professional			
School Name	PRESFIELD HIGH SCHOOL + SPECIALIST COLLEGE	Year group	12
Your Name	HAYLEY DAWSON	Role	TEACHER
Postcode	PR9 8PA	Telephone	DPA
Named School Nurse (if known)		Contact Details	



	Home				School			
Attention Questions	Not at all	Just a little	Quite a bit	Very Much	Not at all	Just a little	Quite a bit	Very Much
Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities	☐	☐	☐	☒	☐	☐	☐	☒
Comment/Example: <u>HOME</u> : AXEL FINDS IT VERY HARD TO READ HELPFULL INSTRUCTIONS GIVEN TO HIM BEFORE MEETINGS WITH EARLY HELP CAMHS. HE NEVER READS THEM. HE USED TO RETURN HOMEWORK BECAUSE IT REQUIRED TOO MUCH WRITING UP AT RANGE HS & ACCORDS RU <u>SCHOOL</u> : Axel struggles to engage in tasks.								
Often has trouble holding attention in tasks or play activities. (e.g. has difficulty remaining focused during lessons, conversations or lengthy reading)	☐	☐	☐	☒	☐	☐	☐	☒
Comment/Example: <u>HOME</u> : YESTERDAY HE WAS HAPPY TALKING BUT WHEN IT WAS MY TURN, HE STARTED LOOKING AT IMAGINARY WATCH IN MY SECOND SENTENCE. HE HAS VERY SHORT PATIENCE <u>SCHOOL</u> : for the brief times Axel has been in he has struggled to hold attention.								
Often does not seem to listen when spoken to directly (e.g. mind seems elsewhere, even in the absence of any obvious distraction)	☐	☐	☐	☒	☐	☐	☐	☒
Comment/Example: <u>HOME</u> : FOR EXAMPLE, YESTERDAY WHEN I WAS READING HIM AN EMAIL FROM SCHOOL, HE TOLD ME HE DIDN'T HEAR ANYTHING I SAID AS HE WAS DAY DREAMING & WAS NOT DOING ANYTHING ELSE <u>SCHOOL</u> : Axel struggles to concentrate during conversations.								
Often does not follow through on instructions and fails to finish schoolwork, chores, or tasks (e.g., loses focus, side-tracked).	☐	☐	☐	☒	☐	☐	☐	☒

Comment/Example:

HOME: AXEL BECOMES BORED WHEN GIVEN WRITTEN INFO TO READ AND LIVES UP AFTER A PARAGRAPH IF IT IS NOT SOMETHING THAT HE CHOOSES TO DO. WHEN ASKED TO DO SOMETHING AT HOME HE NEEDS REMINDING OF STEPS OR HE GIVES UP.

SCHOOL: Axel has not been engaged in any learning opportunities.

Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).

☐	☐	☐	☒	☐	☐	☐	☒
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Comment/Example:

HOME: I REMEMBER HIM DOING HOMEWORK FROM SCHOOL BUT WAS SURPRISED WHEN HE WAS GIVEN TIME OUTS & DETENTIONS BECAUSE HOMEWORK WAS INCOMPLETELY DONE OR NOT ATTEMPTED WHEN I ASKED HE SAID THE QUESTIONS/ ANSWERS WERE TOO LONG

SCHOOL: Axel has stated that he has no interest in learning and struggles to engage.

Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).

☐	☒	☐	☐	☐	☐	☐	☐
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Comment/Example:

HOME: WHEN AXEL WAS IN THE MAINSTREAM SCHOOL, HE KEPT HIS STUFF IN ONE PLACE (SCHOOL BAG). HE WOULD NOT SOME OF HIS HOMEWORK BUT WOULD KEEP HIS SCHOOL STUFF

SCHOOL: Unable to comment on this section as Axel has not attended school for long periods of time.

Is often easily distracted, even from things they enjoy doing

☐	☐	☐	☒	☐	☐	☐	☐
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Comment/Example:

HOME: WHEN AXEL IS DISCUSSING HIS FAVOURITE TOPICS SA HISTORY, HE WOULD JUMPS FROM A TOPIC TO ANOTHER BECAUSE OF SOMETHING I SAID - A CONVERSATION CAN TAKE EASILY SEVERAL HOURS BECAUSE OF BEING DISTRACTED.

SCHOOL: We do not have experience of this.

Often has trouble organising tasks and activities. (e.g. difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet

☐	☐	☐	☒	☐	☐	☐	☐
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deadline)								
Comment/Example: <u>HOME</u> : AXEL AVOIDS TASKS THAT REQUIRE MORE THAN 2 SEQUENCES / STAGES - HIS ROOM & CLOTHING ARE DISORGANISED. HE FORGETS THE TIME / DAY AND AVOIDS TASKS REQUIRING TIME MANAGEMENT / DEADLINES <u>SCHOOL</u> : Unable to comment due to low attendance.								
Often is forgetful in daily activities (e.g. doing chores, running errands)	☐	☐	☐	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : IT HAS BEEN A LONG TIME NOW SINCE AXEL ACCEPTED OUR INSTRUCTIONS TO DO CHORES & ERRANDS. HE SEEMS ANXIOUS IF THERE IS HE HAS TO DO AND ENDS UP ABANDONING THE TASK AND REFUSING IT ALL TOGETHER <u>SCHOOL</u> : Unable to comment due to low attendance.								

	Home				School			
Hyperactivity and Impulsivity Questions	Not at all	Just a little	Quite a bit	Very Much	Not at all	Just a little	Quite a bit	Very Much
Often fidgets with or taps hands or feet, or squirms in seat.	☐	☐	☐	☒	☐	☐	☐	☒
Comment/Example: <u>HOME</u> : AXEL FIDGETS WHEN BEING TALKED TO, PLAYS WITH HIS FINGERS OR PUT HIS HEAD BETWEEN HIS HANDS OR ON THE TABLE. OFTEN REPORTS THAT HE DIDN'T HEAR ANYTHING (DAYDREAMING) <u>SCHOOL</u> : Axel does move around in his chair frequently.								
Often leaves seat in situations when remaining seated is expected. (e.g. leaves his or her place in the classroom)	☐	☐	☐	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : I HEARD THAT HE STOOD UP & MOVED AROUND TO TALK TO HIS CLASSMATES AND ENDED UP BEING PUT IN DETENTION IN RANGE HS (WHEN HE WAS IN MAINSTREAM) HE DOES THE SAME AT HOME BUT WE ARE QUITE INFORMAL <u>SCHOOL</u> : Axel only attends for up to an hour at a time so we do not see this.								
Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).	☐	☐	☐	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : AXEL DOES NOT LIKE TO STAY IN ONE PLACE WHEN HE TALKS MOVING AROUND DOING LINEAR MOVEMENTS TO BOTH ENDS OF THE ROOM. <u>SCHOOL</u> : Unable to comment as we have not seen this.								
Often unable to play or take part in leisure activities quietly.	☐	☐	☐	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : WHEN PLAYING BOARD GAMES, HE IS ANIMATED AND LOUD - HE LIKES TO TALK LOUDLY. <u>SCHOOL</u> : Unable to comment as we have not seen this.								
Is often "on the go" acting as if "driven by a motor". (e.g. is unable to be or uncomfortable being still for extended time such as in restaurants; may be experienced by others as being restless or difficult to keep up with).	☐	☐	☐	☒	☐	☐	☒	☐

Comment/Example: <u>HOME</u> : AXEL IS RESTLESS, SPEAKS FAST AS IF TO GET ALL HE KNOWS OUT OF HIS SYSTEM. HE THINKS FAST, ACTS FAST AND GET QUICKLY BORED WHEN SOMEBODY ELSE IS TALKING TO HIM.									
<u>SCHOOL</u> : Axel reported he was bored easily and does not want to work on long tasks.									
Often talks excessively	☐	☐	☐	☒	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : YESTERDAY AXEL TALKED TO ME FOR OVER 3 HOURS NON STOP AND FOLLOWED ME IN BED. HE GETS OFFENDED WHEN TOLD TO END THE CONVERSATION & CARRY ON TOMORROW.									
<u>SCHOOL</u> : Axel does not talk a lot to school staff.									
Often blurts out an answer before a question has been completed. (e.g. completes people's sentences; cannot wait for turn in conversation).	☐	☐	☐	☒	☒	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : AXEL DOES NO WAIT HE SHOWS UNBELIEVABLE IMPATIENCE SO I STOP TO ALLOW HIM TO TALK. HE INTERRUPTS BEFORE I MAKE A POINT BUT I AM USED TO THIS.									
<u>SCHOOL</u> : Axel does not answer questions when asked long answer questions.									
Often has trouble waiting his/her turn. (e.g. while waiting in line)	☐	☐	☐	☒	☐	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : YES BUT AT HOME ONLY AND THIS GOES UNNOTICED THERE ARE NO OCCASIONS TO SEE THIS BEHAVIOUR IN PUBLIC BECAUSE HE DOESN'T LIKE TO GO OUT.									
<u>SCHOOL</u> : Unable to comment on this question.									
Often interrupts or intrudes on others (e.g., butts into conversations or games; may start using other people's things without asking or receiving permission)	☐	☐	☐	☒	☐	☐	☐	☐	☐
Comment/Example: <u>HOME</u> : HE INTERRUPTS US IN OUR CONVERSATIONS WHICH IS NORMAL FOR HIM.									
<u>SCHOOL</u> : We have not seen this at all.									

ADDITIONAL QUESTIONS

1	Does the student present with any difficulties when transitioning to the classroom? Yes ☒ No ☐	Comment/Example Axel only wants to work 1:1 in a 1:1 environment.
2	Is the student often late for lessons/class? Yes ☒ No ☐	Comment/Example Axel's attendance to school is a big concern.
3	Does the student have/prefer a specific seating place within the classroom? Yes ☒ No ☐	Please give the reason for this. Axel will only work in a room on his own.
4	Does the student attend smaller student work groups? Yes ☐ No ☒	Please give the reason for this. Axel will not work with other students. Axel does not attend school regularly.
5	Does the student receive any extra support within the classroom for example one-to-one? Yes ☒ No ☐	Please give the reason for this. Axel will only work or attempt to attend school if provided with 1:1 support. Axel's attendance to school is a huge concern.
6	Does the student depend on the support of staff more than his/her peers? Yes ☐ No ☐	Comment/Example Axel wants 1:1 support but does not currently engage in this. Axel does not have a 1:1 in terms of official guidance.
7	Does the student depend on the support of their peers (please consider whether the student will observe their peers to see what they are doing before they are able to get on task or whether they can do this independently)	Comment/Example Axel does not engage with other students.

	from the instructions from the teacher). Yes ☐ No ☒	
8	Is the student able to wait patiently or queue in situations that they are expected to, for example lunch times; waiting for equipment, waiting for their turn during a fun activity? Yes ☐ No ☒	Comment/Example Axel does not attend school enough to encounter these situations.
9	If the child or young person is given a number of tasks at the same time, would they complete them all? Yes ☐ No ☐	Comment/Example Unable to comment (School).
10	Were there any concerns raised in the student's last school report from previous teachers? Yes ☐ No ☐	Comment/Example Attendance is a huge concern. Other agencies involved in supporting Axel.
11	How many students are there normally in the classroom?	10 max - Axel never experiences this.
12	How many staff are there normally in the classroom?	3 max - Axel never experiences this.
13	Is there evidence of Low Mood, Anxiety or Emotional Difficulties? Yes ☒ No ☐	Brief Description (if yes) Axel finds attending school very difficult. He has been unable to engage with the provision and support.
14	Please list any other concerns that may be relevant to this referral, such as sleep difficulties, trauma, significant life events etc. SLEEP DIFFICULTIES	AXEL DOES STRUGGLE TO SLEEP IN THE NIGHT AND TO KEEP AWAKE DURING DAY TIME
15	Please include any interventions you may have tried to mitigate behaviours or any parental courses you have attended. I ATTENDED SLEEP WORKSHOP	I ATTENDED SLEEP WORKSHOP AT HIS CURRENT SCHOOL. * I ALSO ATTENDED TRIPLE P PARENTING GROUP COURSE DELIVERED BY LANCAHIRE LA.

IN CONFIDENCE

Parent/Carer Consent

I/We (print parent's name)

ALPHONSE RUDAKURANA

Parent/carer of (print child's name)

AXEL RUDAKURANA

I understand that my/our child has been referred to the Alder Hey ADHD Service and this referral has been fully explained to me/us.

I/We give permission for the Alder Hey ADHD Service to undertake assessments as appropriate. Permission is also given to gather, discuss & share applicable information in respect to my/our child's ADHD assessment within the team & appropriate outside agencies. Where applicable, this may include:

School and SENCO; including School observations	Speech and Language Therapy Service
Clinical Psychology	Health Visitor/School Nurse
Paediatrician	Social Worker, Social Services
Educational Psychology Service	Child and Adolescent Mental Health Services
GP	Learning Disability Team
Alder Hey/Hospital Contact	ADHD Training Team
Occupational Therapy Service	Other e.g. Children's Centre, Children's Services

I can confirm I have read the above and give my consent as legal guardian.

Signed:

SIGNATURE

Date:

20/06/2023

Referrer Consent



I can confirm that the child's parent/carer has given me verbal consent for a referral to the Developmental Paediatric Service and that the department can request information from other agencies involved prior to the first appointment.

Signed:

SIGNATURE

Date:

23/6/23

I have also enclosed copies of the following reports or assessments that may support the assessment and any relevant information regarding the child or young person from other agencies with this consent form. Please tick those that apply:

EHCP



Educational Psychology Report



QB Check



From ADHD Rating Scale-IV: Checklists, Norms, and Clinical Interpretation. ©1998, George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Reprinted with permission from The Guilford Press, New York.

IN CONFIDENCE

If the Young person is aged 16 and over, do they give consent for ADHD team to progress with the assessment?

Young Person Axl Rndakwana

Any other comments:

Signed: SIGNATURE

Date: 20 June 2023

IN CONFIDENCE

Support Agencies

Please note that there is more information around support on our website.

<https://www.alderhey.nhs.uk>

<u>Liverpool Specific</u>	<u>Sefton Specific</u>
SENDIASS Tel. 0800 0129066 LivPaC (Parent Carer Forum) Tel. DPA ADHD Foundation Tel. DPA SEND local offer https://fsd.liverpool.gov.uk/kb5/liverpool/fsd/localoffer.page	SENDIASS Tel. DPA Sefton Carers Tel. DPA Sefton Parent Carer Forum, seftonparentcarerforum@gmail.com Tel. DPA SEND local offer https://www.seftondirectory.com/kb5/sefton/directory/localoffer.page?localofferchannel=0
CAMHS - Tel. DPA (Mon-Fri 9am – 5pm) ADDvanced Solutions Community Network - Tel. DPA YPAS - Tel. DPA CAMHS Crisis Line - Tel. DPA (Mon-Fri 8am to 8pm and on weekends/Bank Holidays from 10am – 4pm)	

Reason for Referral

Neurodevelopmental Behaviour Disorder – Concerns regarding the possibility of:			
ADHD ☒			
Does the child/young person have any of the confirmed diagnosed conditions below:			
Autism ☒	Genetic Syndrome ☐	Developmental Delay ☐	Other ☐
Other Agencies Involved:	EHAT/Early Help ☒	CAMHS ☒	Speech and Language ☐
Educational Psychology ☒	Physiotherapy ☐	Occupational Therapy ☐	Social Services ☐
Other			

Department of Nutrition and Dietetics

Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

3 October 2023

Dear Doctor,

Patient Name: **Axel Rudakubana** DOB: **07-Aug-2006** NHS Number: DPA
Address: **10 Old School Close, Banks, Southport, Lancashire, PR9 8SB**

Unfortunately I have not seen Axel for several months due to appointment cancellation and more recently Axel being unable to attend due to anxiety levels.

Growth Patterns: I am unsure regarding current weight and growth as have not seen Axel since May 23.

My advice remains the same until he is reviewed again. Dad is keen that I review Axel every 1-3 weeks, however I do not have the capacity to do this due to my clinical workload. It is possible that Axel and I have an email conversation leading up to the next face to face review, but this can only happen every 3-4months. Axel will also be transferred to the adult service when he is 18years old.

Care Plan:

1. AIM - Calcium intake - 1000mg per day – I did send out a calcium factsheet to show requirements and how to achieve these. A supplement can be considered if Axel can't manage with dietary changes although calcium supplements are often not absorbed well. We discussed splitting the dose and taking it separately from mealtimes.
2. Ensure good protein sources continue in all meals.
3. To check Vit D adequacy – aiming for a minimum of 10mcg / 10ug / 400IU per day.
4. Predicted BMR for a sedentary lifestyle - 1900kcal
5. Try to eat little and often rather than trying to have bigger meals less often.
6. Restart the general multivitamin and mineral supplement.
7. Axel's choice re: Altrajuce - which is not a great source of calcium but does contain other vitamins and minerals. Whilst achieving the daily calorie aim from food is preferable – at this stage these supplements are being required longer term. I would be very grateful if they could be put onto repeat prescription.
8. Consider having fortified breakfast cereal and milk as a meal or snack – this is a quick meal / snack and an excellent source of vitamins and minerals including calcium.

Liverpool Community Dietetic Service, Liverpool Innovation Park, 1st Floor Kilby House, Digital Way, Liverpool, L7 9NJ
Tel: DPA

Sefton Community Dietetic Service, Ainsdale Centre for Health & Wellbeing, 164 Sandbrook Road, Ainsdale, Southport, PR8 3RJ
Tel: DPA

Email: communitydietitians@alderhey.nhs.uk Secure External Email: ahc-tr.liverpoolcommunitydietitians@nhs.net
Fax: DPA

Prescription request:

Please continue to prescribe:

Product: Altrajuce (Nualtra) – Blackcurrant, Apple or Orange flavours

Daily requirements: 2 x 200ml per day – 60 x 200ml per month

Please keep on repeat prescription to support Axel's weight gain whilst his food intake remains restricted.

Follow up will be arranged for the next available early slot as I noted in the email from Axel's Dad that a slot around 9am would be a better option. Please contact me on the phone number or email below with any questions.

Yours sincerely

Marianne Croft
Community Paediatric Dietitian

Cc: Axel & Family.
Cc: Dr Molyneux – CAMHS

Clinical Information Summary

Patient: **Rudakubana, Mr Axel**
UBRN: **000418695775**
NHS: **DPA**

Date of Birth: **07-Aug-2006**
Age: **17y 3m**
Gender: **M**

UBRN Information

Date:	08-Nov-2023	UBRN Created	
Priority:	Routine	Referral letter created	
Referred by:	JOHNSON, David (Mr)	Letter last modified	08-Nov-2023
Referring org:		Named clinician	
Address:	Christiana Hartley Medical Practice 5 Curzon Road Southport Merseyside PR8 6PL	Allocated clinician	
Clinical Context:	NHS e-Referral Service		
Location:			
Problem:			
Requested procedure	-		

Patient Information

Patient Address	10 Old School Close Banks Southport PR9 8SB	Registered practice:	Christiana Hartley Medical Practice
		Address	Christiana Hartley Medical Practice 5 Curzon Road Southport Merseyside PR8 6PL

Contact Information Contact details available when reviewing online

Risk to others

Risk to others

No risk to others recorded / selected.

Problem being referred

Please see attached.

Many Thanks,
David Johnson
Christiana Hartley

Requested action

Requested action **Management Advice**
Request action Comments

Medication

Medication

Repeat

Drug	Dosage	Quantity	Last Issued On
Altrajuce liquid (Flavour Not Specified)	200ml to be taken twice daily apple, blackcurrant, and orange please	60 x 200 ml	06-Oct-2023
Colecalciferol 800unit capsules	One To Be Taken Each Day in The Morning	30 capsule	08-Nov-2022
Lactulose 3.1-3.7g/5ml oral solution	Three 5ml Spoonfuls To Be Taken Twice A Day	500 ml	08-Nov-2022

Past

Drug	Dosage	Quantity	Last Issued On
Forceval capsules (Forum Health Products Ltd)	One Capsule To Be Taken Daily In The Evening One Hour After A Meal	30 capsule	10-Aug-2022

Clinical record details

Consultations

Date	Consultation Text
08-Nov-2023 16:39	GP Surgery (Christiana Hartley Medical Practice) JOHNSON, David (Mr)
Problem	DPA
History	
Examination	

Comment

DPA

06-Nov-2023 15:11

Telephone consultation (Christiana Hartley Medical Practice) JOHNSON, David (Mr)

Problem

History

DPA

Comment

tci

Problems

Active

Date	Problem	Associated Text	Date Ended
06-Nov-2023	DPA		
03-Oct-2023	Dietitian		
17-May-2023	Autistic disorder		
02-Jul-2021	Anxiety disorder	- With avoidance behaviours	
12-Feb-2021	Autism spectrum disorder		
28-Oct-2020	Reduced concentration		
21-Feb-2019	Urine protein test = ++		
19-Jan-2016	Vitamin D deficiency		

Allergies and intolerances

Allergies

Findings

All Patient Observations

Investigations And Values

Date	Description	Value	Units	Range
08-Sep-2022	O/E - blood pressure reading	121/83	mmHg	

Family History

Family History

Social Context

Alcohol Consumption

Smoking

Date	Description
15-Nov-2021	Never smoked tobacco

Non-Therapeutic Drug Use



Alder Hey Children's

NHS Foundation Trust

Alder Hey
Eaton Road
Liverpool
L12 2AP

06/02/2024

Copy to:



Presfield High School
77 Preston New Road
Southport
PR9 8PA

www.alderhey.nhs.uk

NHS No:

Hospital No:

Contact Telephone No:

Dear Presfield High School ,

Re:Axel Rudakubana
10 Old School Close
Banks
Southport
PR9 8SB

We recently received a referral sent for the above patient Axel Rudakubana for ADHD.
Following a clinical review a decision has been made that this referral was not accepted
because;

Following a review of the information in the referral, it has been identified that this young person presents with difficulties, however the DSM-5 criteria outlines that these must be at a significant level at both home and school, causing impairment. In this case, the evidence reviewed by the team does not meet the minimal range of difficulties for an assessment of ADHD to be considered. If this young person's struggles become more evident or new behaviours causing impairment become evident, then please request a new referral to our ADHD service with relevant supporting information.

Please do not hesitate to contact us on the above number if you wish to discuss further.

Thank You
The Outpatient Department

Copy to:

The Parent/Guardian of
Axel Rudakubana
10 Old School Close
Banks
Southport
PR9 8SB

Department of Nutrition and Dietetics

Christiana Hartley Medical Practice
5 Curzon Road
Southport
Merseyside
PR8 6PL

27 February 2024

Dear Doctor,

Name: Axel Rudakubana **DOB:** 07-Aug-2006 **NHS No:** DPA
Address: 10 Old School Close, Banks, Southport, Merseyside, PR9 8SB

Thank you for referring Axel for dietetic support in 2021. He has been reviewed several times over the past 3 years. Axel's progress was last reviewed on the 20th February 24. Unfortunately Axel could not attend the clinic so I spoke with his parents on the phone. Axel was in the background.

I am really impressed with Axel, he has done everything I have suggested and is reported to feel more confident in his ability to achieve nutritional stability.

I have now discharged Axel as he is nutritionally stable; however, he is required to continue to implement the advice given and therefore the following care plan should be continued.

Care Plan:

1. AIM - Calcium intake - 1000mg per day (800mg per day over 18 years old) – Axel does take a 400mg calcium supplement and has cheese regularly. I suggested to his Mum on the phone that a 400mg supplement + cheese in a meal + milk on cereal would achieve his requirements.
2. Axel ensures good protein sources in most of his meals.
3. Vitamin D intake is adequate – Axel routinely has a minimum of 10mcg / 10ug / 400IU per day.
4. Predicted BMR for a sedentary lifestyle - 1900kcal. At present Axel is aiming for 3000kcal per day to gain weight. Should be restrict his intake again he should aim for no less than 1900kcal per day.
5. Continue to eat little and often rather than trying to have bigger meals less often.
6. Axel has restarted a general multivitamin and mineral supplement.
7. The Altrajuce is a good source of protein and micronutrients – taking these supplements makes the 1900kcal – 3000kcal intake achievable for Axel. I would be very grateful if they could be kept on repeat prescription.

Liverpool Community Dietetic Service, Liverpool Innovation Park, 1st Floor Kilby House, Digital Way, Liverpool, L7 9NJ
Tel: DPA

Sefton Community Dietetic Service, Ainsdale Centre for Health & Wellbeing, 164 Sandbrook Road, Ainsdale, Southport, PR8 3RJ
Tel: DPA

Email: communitydietitians@alderhey.nhs.uk Secure External Email: ahc-tr.alderheycommunitydietitians@nhs.net
Fax: DPA

8. In the future, I hope that Axel will learn to prepare some food at home – ultimately this will give him more control over the food he chooses to eat and is a skill for being more independent.

Prescription request:

Please continue to prescribe:

Product: Altrajuce (Nualtra) – Blackcurrant, Apple or Orange flavours

Daily requirements: 3 x 200ml per day – 90 x 200ml per month

Please keep on repeat prescription to support Axel's weight gain.

Please contact me on the phone number or email below with any questions. Axel's family are aware that if dietetic support or a review of his supplements is required in the future, he will be referred to the adult dietetic service.

Yours sincerely

Marianne Croft
Community Paediatric Dietitian

Cc: Axel & Family.
Cc: Dr Molyneux – CAMHS



Alder Hey Children's
NHS Foundation Trust
Sefton CAMHS
2nd Floor, Burlington House
Crosby Road North
Liverpool
L22 0PJ
Tel: [DPA]

Our Ref: AM/kk/[DPA]

Date Dictd: 16/04/2024
Date Typed: 17/04/2024

Dr EE Arnold
Christiana Hartley M/prac
5 Curzon Road
Southport
Merseyside
PR8 6PL

Child and Adolescent Mental Health Service

Dear Dr Arnold

Axel RUDAKUBANA
10 Old School Close
Banks, Southport PR9 8SB

D.O.B. 07/08/2006
Hospital No. [DPA]
NHS No. [DPA]

I write to inform you of the discharge from CAMHS psychiatry for Axel, whom I understand remains open to my colleague, outgoing Sefton CAMHS ACL/family therapist, Sam Coppard, although I understand the therapy will shortly be concluding in due course.

Axel has been on my psychiatry caseload for the last couple of years, although it is certainly fair to say that engagement with Axel himself has been very challenging and indeed Axel's parents have been the family members who have been much more open to engaging with family therapy input as I say.

Sertraline medication has been tried for Axel in the past, as I am sure you will recall, although lack of consistency in taking this medication led to a situation whereby I didn't feel it could continue to be safely prescribed until or unless Axel himself engaged in a consistent manner with follow-up appointments, which of course he did not, as I say.

On the other hand, Axel has responded well to melatonin medication and with this being a much safer and uncomplicated medication to prescribe I do not see any reason why this cannot continue, although there would be an expectation of 6-12-monthly follow-up appointments going forward if he wished to continue on the medication (see below).

Many thanks then for taking over prescribing and monitoring responsibilities in accordance with local guidelines on transition of medication to GPs following discharge from CAMHS for the over 16-year-old population.

In terms of the melatonin, I would have no objection with you continuing to issue repeat prescriptions for this going forward, if you were happy to do so.

My general advice would be that there does not appear to be any evidence to show any problem with long term prescribing of melatonin, although common sense would indicate that notwithstanding its very safe side-effect profile it is probably in general not a good idea for somebody to stay on any medication for years and years on end, unless absolutely necessary.

These days melatonin prescribers tend to recommend periodic "melatonin holidays" – brief periods of time off the melatonin every so often. This tends to lend itself well of course to the fact that melatonin tends to be prescribed on a PRN basis anyway, rather than regularly.

Therefore, my general advice would be that Axel tries to aim towards a situation whereby he comes off the melatonin as soon as he feels able to do so; on the other hand, as I say, it does appear to be very safe in terms of its side-effect profile.

In terms of regular monitoring and review of melatonin this only needs to be done once every 6-12 months.

If you have any further queries as regards melatonin prescribing for Axel, I would be only too happy for you to get in touch.

SUMMARY OF CAMHS MEDICATION ON DISCHARGE:

- Melatonin (Circadin) 2-6mg nocte PRN (latter increased from 2mg nocte PRN, as per dad Alphonse's recent reasonable request)

All that remains is for me to wish Axel and his family all the best for the future.

If you require any further information regarding axel's care, please do not hesitate to contact me.

Kind regards

Yours sincerely

Electronically checked and authorised by Dr A Molyneux

Dr A Molyneux
Consultant Child & Adolescent Psychiatrist

Copy to:

Kate Morris
Outgoing CAMHS Case Manager
Sefton CAMHS

Sam Coppard
Outgoing CAMHS Family Therapist
Sefton CAMHS