

IN THE PROPOSED MATTER

BETWEEN

JO DOE

Claimant

-v-

GENERAL HOSPITAL NHS FOUNDATION TRUST

Defendant

CHRONOLOGY OF JO DOE'S MEDICAL RECORDS

(Prepared 15.02.2013)

Claimant's Date of Birth:	11 May 1987
Claimant's Current Age:	25 years
Date of Accident:	1 st October 2008
Claimant's Age at Injury:	21 years
Type of Proceedings:	Personal Injury - RTA

Summary of Claim/Timeline:

The Claimant was a passenger in a vehicle involved in a road traffic accident on 01.10.2008. The estimated speed of the vehicle at the time of collision was 40mph.

The Claimant was transferred by air ambulance to General Hospital. He removed initial treatment in the Emergency Department and then was transferred to the ward.

The Claimant remained an inpatient at General Hospital for 20 days until 20.10.2008. During this time he underwent two operations, the first for Debridement and suturing of facial lacerations and the second for removal of sutures.

The Claimant suffered ongoing symptoms and discomfort which were not assisted by physiotherapy and on 17.06.2009 he underwent further surgery for removal of non-united posterior talar fragment. This was followed by further surgery on 08.10.2009 for removal of bone fragment from avulsion fracture of lateral epicondyle (right elbow).

The Claimant was referred by his GP in August 2010 to a Rehabilitation Clinic for symptoms of memory disturbance and increased aggressiveness following his RTA. The Claimant failed to attend clinic appointments and was discharged from follow up.

The Claimant currently reports ongoing symptoms of headaches and increased aggression.

Injuries sustained:

1. Severe traumatic brain injury with prolonged PTA.
2. Fractured left clavicle.
3. Fractured lateral epicondyle right elbow.
4. Fractured right 5th metatarsal.
5. Multiple facial lacerations.
6. Subcutaneous haematoma right flank.
7. Subsequent memory disturbance and increased aggressiveness post RTA

Operations performed:

02.10.2008: Debridement & suturing of laceration (Page B6/1 to B6/13)
12.10.2008: Removal of sutures (Page B6/14 to B6/15)
17.06.2009: Excision posterior talar fragment (right ankle) (Page B6/26 to B6/28)

Medical Records considered in chronology:

A. GP RECORDS

(High Street Medical Centre)

(Dated 07.07.1987 until 11.08.2011 – Page No's A1/1 to A4/143)

B. GENERAL HOSPITAL NHS FOUNDATION TRUST RECORDS

(General Hospital)

(Dated 01.10.2008 until 23.05.2011 – Page No's B5/1 to B14/2)

Pre-existing Medical History:

Date	Comment	Page
1990	Childhood febrile fits.	A4/1
1992	Laceration right hand.	A4/3
1993	Tender little toe metatarsal	A4/5
1993	Special educational needs – behavioural problems at school. Sudden outbursts of aggression.	A2/6 A4/5
1995	Assessment of Special Educational Needs: Suffers from seizures suggestive of absence attacks. He still has aggressive outburst and rather violent behaviour. He requires no medical or paramedical support. His educational provision needs to address his learning and behavioural problems.	A4/19
1995	Referred to Educational Psychologist and subsequently consultant paediatrician for severe behavioural difficulties .	A4/27
31.01.1996	CT brain scan shows small cystic lesion in right hemisphere adjacent to the lateral ventricle. Likely porencephalic cyst . Diagnosed with Epilepsy – Focal with secondary generalisation, absences & myoclonic epilepsy. Severe behaviour disorder. ? attention deficit disorder. (report not in records)	A4/34
1997	Moderate Learning difficulties – cause unknown.	A4/47
1998	Hard lump left cheekbone.	A4/60
1999	Referred to Child Psychiatrist for formal assessment of Claimant's mental state. "Claimant is "out of control" and constantly in trouble with the police...He seems a pleasant bovine child of limited intelligence and very poor education...". Referred to anger management for uncontrollable outburst of anger.	A4/62

2000	Referral by GP to Child and Family Consultation Unit. "[mother's name removed] insists that [Claimant's name removed] is getting worse in his behaviour. He is in trouble with the police as usual. She insists that [Claimant's name removed] problems are due to a medical condition, that he has an IQ of a 6 year old, as she repeatedly tells him in front of me, and that his behaviour is neither his fault nor hers. He has, she insists, got "ADHD" and she wants this "recognised".	A4/78
24.05.2000	MRI Brain Scan – cystic area remains static. "As it is in the temporal lobe, perhaps this might account for some of [Claimant's name removed] aggressive outbursts".	A4/84 B7/1
2000	Asthma.	A2/6
15.08.2006	Migraine. Job affected.	A2/2
17.03.2008	Panic attacks. Agoraphobia.	A2/2

CHRONOLOGY OF TREATMENT

Date	Comment	Page
01.10.2008 1748 hours	<u>Air Ambulance Record:</u> Air ambulance arrived at accident scene. GCS 13/15 in aircraft and at hospital.	B5/1
01.10.2008 1830 hours	<u>Arrived at A&E at General Hospital:</u> <u>History:</u> 20 year old passenger in front seat of car travelling at high speed. Impact drivers side – driver killed. Arrived air ambulance. Maintaining own airway...GCS 10/15...pupils reactive. <u>On examination:</u> 1cm laceration left parietal Laceration right ear Face – 5cm laceration (horizontal) right frontal 2 cm laceration lateral to right nose Glass +++ Multiple superficial lacerations right cheek Elbows – contusions bilaterally Fracture left clavicle Right elbow fracture med & lat epicondyles. Admitted to hospital.	A4/108 B5/2
01.10.2008	<u>CT Head Scan:</u> Superficial soft tissue swelling noted overlying the left frontal bone. Tiny haemorrhagic contusions are noted at the anterior pole of the left temporal lobe and at the anterosuperior aspect of the right temporal lobe.	B7/1-B7/2

01.10.2008	<u>Right elbow x-ray:</u> Slightly avulsed fracture to the lateral epicondyle of the distal humerus.	B7/4
01.10.2008	<u>Chest x-ray:</u> Fracture left mid clavicle noted.	B7/5
01.10.2008 2315 hours	<u>Seen by orthopaedic & max-fax on call doctor:</u> <u>Injuries noted as:</u> 5cm laceration right eyebrow. 2cm laceration lateral to right nostril. Multiple superficial lacerations right cheek. Contusion of elbows bilateral. Fracture left clavicle. Tiny haemorrhagic contusion anterior pole of left temporal lobe and anterosuperiorly right temporal lobe.	B5/15
02.10.2008	<u>Operation:</u> Debridement and suturing of facial lacerations.	B6/1
02.10.2008	<u>CT Brain Scan:</u> Stable brain appearances. No new haemorrhage identified. Scalp injury evident superior to the right orbit. <u>CT Scan of Thorax, abdomen and pelvis:</u> Subcutaneous haematoma is noted over the right flank. No fractures identified.	B7/7
12.10.2008	<u>Operation:</u> Removal of sutures.	B6/14
20.10.2008	<u>Discharged home:</u>	4114
21.10.2008	<u>GP telephone encounter:</u> "Discharged and staying at mum's home".	A2/2
06.11.2008	<u>Outpatient appointment at the Rehabilitation Medicine Clinic at General Hospital:</u> "Reviewed this young man with his mother. She reports that he is irritable and difficult. He himself has no complaints except for some discomfort on walking. I have given her some advice about decreasing the degree of supervision she and her ex husband put in. He is not depressed. I suggest leaving the Carbamazepine unchanged - this is not being used for epilepsy but mood...".	A4/116

14.01.2009	<p><u>GP attendance:</u></p> <p><i>"Pain in elbow following fracture in October, also ankle following fracture. Refer fracture clinic to review both. Encouraged paracetamol rather than diclofegan now for pain".</i></p>	A2/1
19.01.2009	<p><u>GP referral to fracture clinic:</u></p>	A2/1
26.01.2009	<p><u>Right Elbow x-ray:</u></p> <p>Lateral humeral condyle has united with moderate residual deformity.</p> <p><u>Right Ankle x-ray:</u></p> <p>No bone or joint abnormality is seen.</p>	B7/8
26.01.2009	<p><u>Orthopaedic outpatient clinic appointment at General Hospital:</u></p> <p><i>"...He presented today with persistent pain in the right elbow and ankle and described the pain in the ankle as a dull ache with occasional stabbing pain mainly over the posterior aspect of the ankle, usually intermittent but can be severe at times. The pain in the elbow is a dull ache and clinically associated with some stiffness..."</i></p>	A4/117
05.02.2009	<p><u>Right Elbow CT Scan:</u></p> <p>Well corticated separate fragment at lateral humeral epicondyle consistent with old avulsion but the joint appears normal.</p> <p><u>Right Ankle CT Scan:</u></p> <p>Irregular almost separate fragment at posterior end of talus.</p>	B7/9
19.03.2009	<p><u>Orthopaedic Clinic outpatient appointment at General Hospital:</u></p> <p>Reviewed with results of CT scan of elbow and right ankle.</p> <p><i>"According to him both of these remain painful; his right elbow is stopping him doing any strenuous activity like lifting heavy weights. Physical examination of his elbow confirms 10-95° of flexion limited because of pain. He has virtually full forearm range of movement. There is slight tenderness on the lateral epicondyle. CT scan confirms an avulsion fracture of the lateral epicondyle. Examination of right ankle also confirms pain on hyperplantar flexion of left ankle signifying impingement...we are going to list him as a day case procedure for excision of non united talar fracture fragment...Regarding his elbow...referral to out specialist upper limb consultant..."</i></p>	A4/121
14.04.2009	<p><u>Letter to GP from orthopaedic outpatients at General Hospital:</u></p> <p><i>"Pain in the lateral aspect of his elbow really since the accident. It is much worse if he puts any significant stress</i></p>	A4/122

	<p><i>on his arm and he struggles to lift anything heavy...he has a small avulsion fragment from the lateral epicondyle and I suspect that he has got a fibrous non-union affecting the lateral ligament complex...".</i></p> <p>On waiting list for avulsion fragment repair.</p>	
17.06.2009	<p><u>Operation:</u></p> <p>Removal of non united posterior talar fragment right ankle.</p>	B6/26
19.06.2009	<p><u>Discharge summary:</u></p>	A2/10
01.07.2009	<p><u>GP consultation:</u></p> <p>For removal of suture from ankle.</p>	A2/10
23.07.2009	<p><u>Orthopaedic outpatient clinic appointment at General Hospital:</u></p> <p><i>"The wound has healed nicely and he is steadily improving. I have referred him to have a starter course of physiotherapy to get rid of any residual pain".</i></p>	A2/10
24.08.2009	<p><u>GP Consultation:</u></p> <p>Tension headache over weekend.</p>	A2/10
14.09.2009	<p><u>Letter from Physiotherapist at General Hospital:</u></p> <p>Claimant was assessed but failed to complete their course of physiotherapy.</p>	B8/24
08.10.2009	<p><u>Elective admission to General Hospital for surgery:</u></p> <p>Removal of bone fragment from avulsion fracture of lateral epicondyle (right elbow).</p>	B5/28
09.10.2009	<p><u>Discharged home:</u></p>	A4/131
13.10.2009	<p><u>GP consultation:</u></p> <p><i>"Pain in elbow after fixing avulsed lateral epicondyle".</i></p>	A2/9
19.10.2009	<p><u>Orthopaedic out-patient appointment at General Hospital:</u></p> <p><i>"We removed a large bony fragment. The elbow was quite stable and there did not appear to be any damage to the ligament. It has healed well and he has got full range of movement back. I have told him and his mother that can gradually mobilise his elbow and get back to normal activities".</i></p>	A4/133
07.12.2009	<p><u>DNA Orthopaedic Outpatient Clinic:</u></p> <p>Discharged from clinic.</p>	A4/134
29.04.2010	<p><u>Home visit by Fylde Coast Medical Service:</u></p> <p>For severe headache.</p>	A4/135

16.08.2010	<u>GP consultation:</u> <i>"Stopped olanzapine/carbamazepine beginning 2009, taken for increased anger since RTA...would like to restart".</i>	A2/9
17.08.2010	<u>GP referral to Rehabilitation clinic:</u> <i>"He has been complaining of memory disturbance and increased aggressiveness after an RTA".</i>	B8/30
19.11.2010	<u>DNA rehabilitation clinic appointment:</u>	A2/8
13.01.2011	<u>DNA rehabilitation clinic appointment:</u> Discharged.	A2/8
31.03.2011	<u>GP attendance:</u> Tension headache. Anger issues noted since RTA.	A2/8

Further medical records to consider requesting:-

1. Physiotherapy records post ankle surgery from General Hospital. (initial assessment).
2. Pre-injury paediatric records from General Hospital (if considered relevant).
3. Operation notes for 08.10.2009 elbow surgery.
4. Pre-injury Brain MRI images taken at General Hospital on 31.01.1996 and 17.05.2000.