South Western Ambulance Service NHS
NHS Foundation Trust

Acute Care Referral Form

1. Incident

Incident Number	12045283	**Incident Date**	30/06/2018 18:21
Incident Postcode	SP4 7GN	**Incident Location**	9, , MUGGLETON ROAD, AMESBURY SALISBURY, WILTSHIRE
Source of Call	999 Call		
Vehicle Call Sign	7710	**Crew1 PIN**	26361103
Crew2 PIN	21229007		

Patient Forename	CHARLIE	**Patient Surname**	ROWLEY
Patient Address	9, , MUGGLETON ROAD, AMESBURY SALISBURY, WILTSHIRE	**Patient Postcode**	SP4 7GN
		Age (Years)	40
Gender	Male		
Religion/Belief	Not stated		

NoK / Primary Contact	unknown

Time of Call for Performance	30/06/2018 18:21	**Dispatch Time**	30/06/2018 18:36
Time Crew Mobile	30/06/2018 18:36	**At Scene**	30/06/2018 18:47
		Left Scene	30/06/2018 21:00
t Hospital	30/06/2018 21:11		

2. Primary Survey

Presenting Condition Category	Poisoning (accidental)	**Presenting Condition Chief Complaint**	Poisoning Other

Presenting Condition Free Text
unusual behaviour making odd noises, pt stated feels like he had been poisoned.

Date & Time of Onset 30/06/18 21:03

On Arrival/HPC Free Text
Called to attend a gentleman who was reported to behaving strangely. Salivating perfusely and making strange noises. Alerted on arrival that a female at this property today was taken to hospital in respiratory arrest due to unknown cause. ? Drug related.

Approached with caution and due to recent events within Salisbury and the nerve agent attack, crew decided to don PPE by way of suits, masks and shoe protection

Steps 1-2-3 followed as per HAZMAT guidelines.

Arrived to find gentleman GCS 11, increased tone to upper limbs, making incomprehensible sounds, leaning up against a wall. Patient was not responding to commands, had pinpoint pupils, was sweating and salivating perfusely. Initial observations were as recorded.

No drug parephenalia present initially, drugs use was denied by the occupant.

EOC informed, HART requested. Critical care requested. Bronze Requested.

19:25 patient slowly collapsed to floor, became gcs 8.

Airway management and ventilatory support as noted.
Naloxone given Intra-nasally.
IV acces attempted but failed.
IO access achieved

A- Bilateral NP airways, Trizmus present. Perfuse salivation. Suctioning required.
B- Self ventilating, assisted at times. SPO2 and ETCO2 remained within safe limits at all times.
C- Haemodynamically stable. Nil acute ECG changes.
D- Pupils pinpoint and non reactive, upwards right gaze
E- Normothermic, normoglycaemic, No obvious signs of assault or acute head injury.

Treated such as a nerve agent incident with Atropen as charted.

Drugs as given, Index of suspicion for drug overdose.

Discharge Summary

Provisional Diagnosis Free Text
? Drug overdose.
Condition of Patient Handover/Discharge
Spontaneous respirations, Spontaneous circulation, Responds to pain

Treatment Summary

Assessment, Management of symptoms as documented. Responded to benzodiazepines.
Stabilised and extricated.

Drug totals- 1.2 atropen im
600mcg atropine io
1600mcg naloxone io
7.5mg io diazepam.

Police and fire also in attendance.

All communications through tactical and bronze commander.

Hospital confirmed earlier attendance of partner was not nerve agent therefore major incident response scaled back en-route to ed.

SDH ED pre alerted.

ABC managed en-route, pt remained stable and self ventilating throughout.

Catastrophic	No

Haemorrhage

A - Airway

Clear & Patent	Yes
Time	**30/06/2018 18:47**
Status	Obstructed
Free Text	secretions

B - Breathing

Adequate & Effective	Yes
Time	**30/06/2018 18:47**
Assessment of Breathing	Rapid
Inspection	Equal Rise and Fall, Equal Air Movement

C - Circulatory

Adequate Perfusion	Yes

D - Disability

Alert	Yes
Time	**30/06/2018 18:47**
Pupil Assessment; Reaction Left	No
Pupil Assessment; Reaction Right	No
Pupils Left Size	2 mm
Pupils Right Size	1 mm
Facial Weakness	Unable
Arm/Leg Drift	Unable
Speech	Unable

IO Access Attempted? Yes

Time	**30/06/2018 19:10**
Cannulation Success?	Yes
Cannulation Site	L TIB
Cannulation Size?	25

Vital Signs

Time	**30/06/2018 18:58**	**30/06/2018 21:00**	**30/06/2018 21:20**
Sepsis	Sepsis Not Indicated		
Eyes	4		
Verbal	2		
Motor	5		
GCS Type	Adult		
GCS	11		
Pulse			136
SpO2 (on air)			73
$EtCO_2$		4.4	5.2
Systolic BP	125		
Diastolic BP	74		

Unable/Refused	Unable

4. Status/History

Medications Allergies / Intolerances Free Text
not known

Free Text
not known

5. Secondary Survey

Time	**30/06/2018 18:47**
Cardiac Rhythm	Sinus Tachycardia

6. Drug Intervention

Time	**30/06/2018 18:47**	**30/06/2018 18:53**	**30/06/2018 19:00**	**30/06/2018 19:23**	**30/06/2018 19:25**
Drug	Naloxone	Oxygen	Atropine	Atropine	Naloxone
Dosage	400	15	2.1	600	400
Dosage Oxygen Mechanism		Non-rebreather			
Unit	mcg		mg	mcg	mcg

Time	**30/06/2018 19:27**	**30/06/2018 19:33**	**30/06/2018 19:43**	**30/06/2018 19:50**	**30/06/2018 19:55**
Drug	Diazepam emulsion	Naloxone	Diazepam emulsion	Diazepam emulsion	Naloxone
Dosage	2.5	400	2.5	2.5	400
Unit	mg	mcg	mg	mg	mcg

Time	**30/06/2018 20:55**
Drug	Naloxone
Dosage	400
Unit	mcg

7. Treatment

Intervention	NP

BVM	Yes

8. Discharge

No information recorded by Ambulance Crew (relevant to the form output)

ED MAJORS - Adult CAS Card

Salisbury
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Emergency Department

Bloods taken:	
Yellow	U+E CRP LFT AMY CK HCG Paracetamol Salicylate
Purple	FBC
Blue	Clotting INR - on warfarin D-Dimer
Pink	Sent Sample: 1st 2nd
Tr[illegible]in	0hr 3hr 6hr
Others	VBG Cultures
Sign:	
Time:	

Peripheral cannula insertion documentation record

Date: Time:

Gauge: 24 22 20 18 16 14

Number of attempts:

Reason for insertion: IV Fluids / IV antibiotics / Surgery / Blood / Chemotherapy / Other

Adhered to:

- Aseptic technique
- Hand hygiene
- Wearing of disposable apron and gloves
- Skin prep 2% chlorhexidine in 70% alcohol
- Clean for 30 seconds and allow to dry
- Sterile semi permeable transparent IV dressing
- Successful post insertion flush using 0.9% sodium chloride for injection (3 - 5 mils)

Please indicate insertion site

Please circle

Print Name: Signature:

Date		Time		Clinician		Grade	
Specialty referred to:				Referral Date/Time:			

Clinical Notes: 30/6/18 2115

Russon - Mucho cons/CBen cons.

Called by Dr Jawori @ 1945

- Patient admitted earlier today with signs and symptoms compatible with organophosphate poisoning.
- Known IVDU.
- Second patient (this patient) en route. From the same address with similar presentation.
- Both known IVDU. No other "positive" history.
- Information from police suggestive of heroin use.

Clinical Notes continued:

- O/E - pinpoint pupils
  - No excessive salivation. Slightly sweaty but department very warm.
  - No lymphadenopathy.
  - HR 90 regular. BP 127/86
  - Resp rate 12-20. Spontaneous. Airway protected. Started on NP airway.
  - No muscle fasciculation

Impression that this is a recreational drug related issue

- HALT can stand down
- No hazard to staff - but ensure contact details and safety net
  - ↳ Advice from BBVS
- Blood and urine to biochemistry for for toxicological analysis

DPA

DPA

30/6/2018

- 10:30 start fitting
- Gv Lorazepam 4mg IV.
- Anaesthetist fast bleeped.
- Intubated
- CT booked
- CXR.

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Inpatient Record

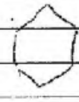
To be used by all clinical specialists on all wards. New sheet required for each I/P admission.

Entries to be made in strict date order regardless of speciali

Colour-coded history sheets to be used for outpatient activity only.

NHS No:
Charlie ROWLEY
ID No: DPA
DoB: 01/01/1900
9 Muggleton Road Amesbury
SALISBURY SALISBURY
SP4 7GY
GP

Consultant: SHAMA
Ward: RADNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY of each entry
2/7/18	ITU review - Stanley FY2 (cont)
1500	
(cont)	D Sedated on 10 ml/hr Propofol
	2 ml/hr Fentanyl
	3 ml/hr Midazolam
	Pupils - pinpoint, no obvious reaction.
	Eyes clearly fix on me when open.
	E  SNT NG feed - 20 ml/hr
	Moderate aspirates
	BNO
	Renal Good UO 110/170/60/100
	Lines (R) arterial art line d2
	(L) IJ CVC d2
	(R) wrist cannula d3
	(L) ACF cannula d3
	(L) thigh SC d2
	Micro —
	Bloods CRP 162 Na+ 140 Bili 19
	K+ 4.5 ALT 99
	Hb 127 Ur 1.0 ALP 147
	WCC 15.7 Cr 39 INR 1.0
	Imp ? Drug OD } ? contaminated drugs
	? Organophosphate poisoning } ↳ possible public health implications
	Plan 1) CID to liaise c Porton
	2) Await EEG report
	3) Continue support & pralidoxime/atropine/midaz
	4) Await formal acetylcholinesterase testing results.

DPA

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Hospital No	DPA
Name	CHARLIE ROWLEY
Date of Birth	DPA 73
GP	

Consultant: SHAMEL Ward: RADNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
3.7.18 00.15	Blood sample (2 x citrate bottles) taken 22.15 2.7.18 and collected at request Provisionally redacted by Provisionally redacted at 00.03 to be transported to DSTL for testing. Police leg 90 of 2.7.18 S. Clark Senior Sister
3.7.18 0745	Night Reviews/ · ACh Inhibitor · Cause? — Pesticide · · Pesticide c illicit drugs · Organophosphate - ?? Mushrooms.
	Clinically stable.
	P 74/min SR T 36.1
	BP 144/76
	FiO_2 0.35 RR 12/5 SpO_2 97%
	Chest clear Secretions ↓
	NG fed ↑ rate No diarrhoea
	Not vomiting
	Good renal output.
	Plan · Aim pulse 50–60/min Stop background fluids.

Patient: Consultant: Ward: RADNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
4/7/18 Wednesday	Problems: Possible Novichok poisoning diarrhoea, drooling, seizures, collapse IAV
	PS, good gas exchange HR = 70 on minimal atropine + lyosine no vasopressors warm, perfused atropine stopped, await liver U/S good UO Sedated c̄ prop, midaz 3, fentanyl also phenytoin started due to seizures over weekend magnesium supplementation not following command. Not fixing/following pupils 1mm R=L Pyrexial yesterday but CRP ↓ ? green sputum
	Drugs reviewed + IV pralidoxime Abx day 5
	Lab awaited γGT 290, CRP 223, WBC 15
	Imp) await confirmation of agent Plan) await AChE activity result from Birmingham check ECG repeated intubation ?if possible agent id bowel management system see virology screen D/w relatives / NOK DPA Dennison
4/7/18 13.15	? Seizure movement - flexion right arm tachypnoea eyes open briefly plan: IV midazolam bolus ECG repeat + Keppra DPA Dennison

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NHS No: DPA
Mr Charles William ROWLEY
9 Muggleton Road Amesbury
SALISBURY
SP4 7GY
GP

ID No: DPA
DoB: DPA 1973
Dr DOMINEY

Consultant: Shamel. Ward: Rodor.

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
4/7/18 14.30	**Provisionally redacted** Russell (RN)
	Surface marks of skin taken for oncologist at POW. Water based - thumb - Hand, forearm - face, neck - mouth, Nasopharynx
	DPA Provisionally redacted
4/7/18 15.15	Physiotherapy Seen @ 12.30 but notes unavailable ∴ written in retrospect A/ ETT - patent - app ↑ B/ Vent on Sport 12-18, 35% O_2 Tv 800≥ RR 13, PaP 20, Reg Salivia reks AVOC: Coarse crackles throughout Palpable crepitus all areas C/ HR 69, BP 125/65, Apyrexic, hourly u.o 90/50/195 ml/hr ↓ Atropine off D/ A V (P) U Coughing on Sx, Prop (3.5) E/ Catheter, BMS ✓ Fent (3), Midaz (3) Art line, (E) CVC
12.30	Rx ⁞ (R) sd lying, Sx × 10 ⁞ copious thick yellow secretions ↑ Min on final Sx. Passive UL + LL movements ⁞ NAD
15.00	(L) sd lying, Sx × 8 ⁞ Sputum specimen ↑, copious thick yellow secretions ↑, Nil on final Sx → Sats 99%. → Avoc ↓ AIE (L) base
	Imp ⁞ Copious yellow secretions clearing ∴ Sx ++. Seems to ↑ RR & sputum load ↑
M. Gray 16.9.7 PT (4)	Plan ⁞ - Reg neks, turns + Sx. - Send off sputum spec. C - RV chest ricare

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Hospital No
NHS No: [redacted]
Mr Charles William ROWLEY
9 Muggleton Road Amesbury
SALISBURY
SP4 7GY
or

ID No: [redacted]
DoB: [redacted] 1973
Dr DOMINEY

Consultant:

Ward: Radnor.

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
5/7/18.	D. TUNNEY Night r/v.
0030am.	Hx noted.
	Likely NOVichok poisoning.
	Propofol 40 ml/hr.
	Midaz 4 ml/hr
	Fentanyl 4 ml/hr
	Pabrinone 15 ml/hr.
	Atropine 1.0 ml/hr.
	Hyoscine 200ng. S/C TDS
	Pantop 40 mg OD.
	A - ETT
	B - TS 12/8 FiO_2 35% SaO_2 100%. RR 32.
	C - NO vasopressor. HR 79 BP 130/80
	ABD - NG - 45ml/hr. Soft. Bowel Abs System. Type 7 stool.
	Renal. Catheter. Good u/o. 180-1/hr.

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Patient: CHARLES ROWLEY | Consultant: | Ward: RADNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
	(P) Continue current Mx.
	Note pt seems only lightly sedated currently BP & RR spiking with interventions despite Propofol @ 40 ml/h + Fent 4 + Midaz 4
	Consider ↑ Midaz rather than increasing propofol further.
	DPA
	Nil else to change currently
5/7/18 10⁰⁰	MCA advice
	- still no family / friends identified
	I will refer for IMCA
	I will also d/w DOLS Team re need for DOLS due to Police guard + restricted visiting.
	DPA
	X2814 COBAN
5/7/18 Thursday 1130	Day 5 Radnor [illegible] methadone [illegible]
	Sensitive/irrelevant
	Problems: Novichok poisoning + [illegible] [illegible] + [illegible] further [illegible]
	[illegible]
	Sensitive/irrelevant
	Chest AE L=R, Good [illegible] Apex + [illegible]
	HS [illegible], cool peripheries, HR 77, BP 160/70
	abdomen soft, NG feed, diarrhoea + [illegible]
	UO 70-160 ml/h
	+ ve 416 today
	Cumulative tve balance +6.5 litres
	Pupils 1mm
	looks towards voice
	moves hands up to head appropriately
	[illegible] [illegible] agitated
	sedated & propofol, midazolam
	+ Atropine 100 mcg per hour
	Hyoscine 200 mcg 1 hrs sub cut

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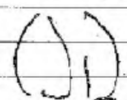
Hospital No	DPA
Name	Charles Rowley
Date of Birth	DPA 73
GP	

Consultant: GHOSH **Ward:** Radnor

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
5/7/18 3:35pm	Clinical Neurophysiology
	Nerve conduction / EMG studies
	Principal findings:
	1) He has a peripheral neuropathy
	2) No double / repeater CMAPs
	3) No decremental ~~motor response~~ response on repetitive nerve stimulation
	4) Single fibre EMG studies appear abnormal — but need to be confirmed by detailed analysis
	Full report to follow. DPA
	/ cons. Personal Data
Conference Call 5/7/18 18:40	(1) JH, SE, BG, LW
	plan: Kepra 1g bd stop phenytoin
	↑ midazolam
	↑ seizures last night
	↑ propofol
	over next hours
	Continue vasopressor until Saturday
	Aim for extubation Sunday / Monday
	if appropriate
	Send bloods to DSTL
	Monday & Thursday
	Purple bottle
	RSF — DPA
	Porton Down
	at 10 am Monday & Thursday

Dr [illegible] CO1 [illegible]

Patient: CHARLES ROWLEY   Consultant: GHOSH   Ward: RAYNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
5/7/18	plan: inform gastro re: Sensitive/irrelevant [illegible] to RIDL
	DPA
	Dawn (Lor)
5/7/18 1850.	Provisionally redacted
	decortication with RPSL [illegible] hands & feet (L) & (R)
	No [illegible]
	DPA
	DPA
5/7/18 @ 2115pm	D. TURNER? Night r/v.
	Hx noted - Known to me.
	Nurse reports no new problems. Requiring sedation boluses to keep settled. [illegible]
	A - ETT
	B - PS 11/7 35% O₂ SaO₂ 100% RR 24.
	
	C - Atropine @ 2ml/hr HR 80
	Hyoscine TDS.
	Ø vasopressor. BP 136/63
	Abdo.
	Type 7 stool ++
	NG absorbing.
	bowel Mx system
	Renal catheter
	Good U/O ~ 400 ml +ve.

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Hospital No	DPA
Name	Charles Rowley
Date of Birth	DPA -1972
GP	

Consultant: Stand   Ward: Radnor

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
	CNS Sedated — Propofol
	— Midazolam
	— Fentanyl
	- Opens eyes to command
	Marked ptosis ō L > R
	- Not obviously [illegible] fingers
	- Pupils 3mm R=L reactive
	- Obeys commands
	weak grip R + L hands
	moves toes to command
	Imp. Anticholinesterase poisoning
	- Appears clinically stable -
	[illegible] had fitting activity ? ??
	yesterday
	- Still miosis / cool peripheries (probable atropine effect)
	but diarrhoea ↓↓
	temp ↑
	HR ↑
	secretions ↓
	Tolerating atropine / hyoscine well
	at moment
	- Note slight ↑ LFTs ALT 47

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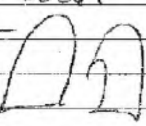
Patient: CHARLES RAWLEY   Consultant: Ghosh   Ward: Radnor.

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
6/7/18	SIR Dietitian
12.35	Note events from last review, no longer on phenytoin ∴ feed break not required.
	Feeding as per regime, absorbing ✓ BO++.
	Est reqs: 1825-2190kcal, 94.9-109.5g protein
	Propofol 14Oml/h, providing 960kcal
	Plan, - Nutrison Protein Plus 40ml/h x 24/24
	+ ProSource TF bolus tds
	- 1335kcal, 93.5g protein
	- Ongoing review. DPA
	DPA
7/7/18	Billingham-TG - night r/v
02.22.	
	issues - bg NOH, Sensitive/irrelevant
	- admitted c ↓ responsiveness / seizure
	↳ antiepileptic toxicity
	(renal agent expertise).
	progress/issues - stable.
	- many ... autonomic activity
	(↓ diarrhoea, ↓ secretions).
	A - COETT
	B -  FiO2 0.35 PS 9/7. PEO2 99.1. pH 7.4 pCO2 6.4 pO2 9.67 BE 5.2
	C - HR 80
	BP 147/68 - no support.
	lac 0.4
	airspace ?
	D - phenytoin IT + ...
	midazolam &
	fentanyl
	propofol
	- requiring boluses to remain tube tolerant
	E.  soft
	300ml diarrhoea last 24
	NG feed - 40ml/hr - absorbing
	DPA

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Inpatient Record

NHS No: DPA
Mr Charles William ROWLEY
9 Muggleton Road Amesbury
SALISBURY
SP4 7GY

ID No: DPA
DoB: DPA/1973
Dr DOMINEY

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Date of Birth

GP

Consultant: Shamd / Ghosh Ward: Radnor

Date & Time	Clinical Record: legible signature & grade MANDATORY for each entry
7/7/18 Bloods confirm	Renal – UO 140/10/110
	Na 139
	K 4.2
	U 4.6
	C 4.9
	mcv – Afebrile
	99
	WCC 10.9
	Hb – Hb 123
	plt 350.
	INR – LJ ALC
	DPA [illegible]
	P – continue to [illegible] / [illegible]
7/7/18	Dr Cook ICU Cons Daily Round
	Anticholinesterase Poisoning
	– Convulsions
	– Known IUDU
	Sensitive/irrelevant

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Hospital No	DPA
Name	Charlie Kowley
Date of Birth	
GP	

Consultant:

Ward: Radnor

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
	I/P Marked progress • Symptoms of poisoning appear improved on RX • Somewhat deranged LFT's, • Time to work towards extubation Plan 1) for sedation hold & assess for agitation / compliance / strength / fatigueability & cough If build a) Stop propofol b) Reduce midazolam to 6mg/h c) Reduce fentanyl to 2ml/h 2) Wean ventilator towards CPAP 3) Stop Lyosine 4) In view of LFT's, to reduce paracetamol to 6mg/kg/24h = 10.8g/24h = 1.8g every 4h Watch for diarrhoea sweating HR ECG changes 5) Complete 7 day antibiotics 6) Line change (D8) DPA

Patient: Consultant: Ward:

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
9 JUL 18	Provisionally redacted
1415	Skin swabs taken from hand and forearm for analysis at PHE (agreed)
	No complications
	DPA
	Provisionally redacted
9/7/18	Dr Cook
	14[22] Since extubation
	↑ secretion load - oral ++
	∴ some response to atropine
	↳ 100 mcg hyoscine s/c
	+ regular hyoscine 100 mcg 3
	(?) may need to ↑ to 200 mcg
	- Some fasciculations - cheek + tongue
	∴ ↑ Pralidoxime to 45 ml/h for ??
	approx 500 mcg bolus
	restart 10 mg/kg/h following bolus
	DPA
	COOK
9/7/18	Dr Green neurology consultant
	Above noted. Extubated.
	Some fasciculations in tongue + cheek + ↑ salivation - pralidoxime increased + atropine ↑ + hyoscine re-started
	O/E. bilateral ptosis.
	no ophthalmoplegia (no diplopia)
	power 5/5 but incoordinated in arms + (R) leg

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Hospital No	DPA
Name	CHARLES ROWLEY
Date of Birth	DPA 73
GP	DEMINEY

Consultant: Ghosh. Ward: Radnor

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
10/7/18	MURRAY (ST1 CONS
19.00.	Written in retrospect.
	Since Mr Rowley had his proposed discontinued yesterday morning and was subsequently extubated he has consistently demonstrated that he has mental capacity. He is able to communicate clearly and demonstrates ability to assimilate & retain information.
	He has agreed to speak to the police and knows that he is under no obligation to do so.
	DPA
10/7/18 19.40	Provisionally redacted
	ESDL Applied to radial artery
	3cm L/R hand forearm
	No complications
	Application time 15min
	Pre and post radial pulses taken
	DPA Provisionally redacted

Patient: Consultant: Ward:

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
	knows circumstances of his admission & of partners death had been watching himself on the news can tell me about other current events eg. football.
	reflexes all brisk, except absent ankle jerks. not witnessed mobility at this time
	IMP continues to improve but remains on medication as detailed above
	DPA
	Consultant.
11/7/18 16.00	Clinical Psychology
	Sensitive/irrelevant
	* Told me he "knows who did this to him + I'm going to kill him when I get out." I will discuss with me team x2105 DPA Dr Kate Jenkins Clinical Psychologist
	* Will review tomorrow DPA
12/7/18 0815	**Provisionally redacted** Shobo (agency) L x R Buttock and thigh No problems DPA Provisionally redacted

NHS
Salisbury
NHS Foundation Trust

Inpatient Record

NHS No: DPA
Mr Charles William ROWLEY
Muggleton Road Amesbury
SALISBURY
SP4 7GY

ID No: DPA
DoB: DPA 1973
Dr DOMINEY

GP

To be used by all clinical specialists on all wards. New she
required for each I/P admission.

Entries to be made in strict date order regardless of spec

Colour-coded history sheets to be used for outpatient activity only.

Consultant:

Ward: BADNOR

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
15/7/18	Clinical Psychology Came in response to call from Helen Aldridge as Charlie was suffering a lot of distress in response to learning of the bodies of Novichok in his house. He has had to reorganise his idea about what happened and is struggling with this - although he says this is easier as it means he won't end up in prison for killing Sam.

Sensitive/irrelevant

DPA

x2105

Dr Kate Feeney
Clinical Psychologist

OF00526 SAL011 lgd

NHS
Salisbury
NHS Foundation Trust

Inpatient Record

To be used by all clinical specialists on all wards. New sheet required for each I/P admission.

Entries to be made in strict date order regardless of specialit

Colour-coded history sheets to be used for outpatient activity only.

NHS No: DPA
Mr Charles William ROWLEY
9 Muggleton Road Amesbury
SALISBURY
SP4 7GY

ID No: DPA
DoB: DPA 1973
Dr DOMINEY
GP

Consultant: Ghosh

Ward: Rodney

Date & Time	Clinical Record - Legible Signature & Grade MANDATORY for every entry
	reducing regimen +/- Remove CVC. DPA TS 16/7
16/7/18 Monday 11:47	Visit from OPCW Patient taken for blood sample collection Blood taken via CVC. DPA Dr Nanlan
16/7/18	Charlie has also given verbal consent for the OPCW inspectors to access his medical records. DPA Dr Nanlan
16/7/18	

Sensitive/irrelevant

0-005526 SALOP1 lgd

Patient: Consultant: Ward:

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
16/7/18	well [illegible]
	Sensitive/irrelevant
	I will ask [illegible] to [illegible]
	DPA
16/7/18	Provisionally redacted
	[illegible] R Hand [illegible]
	+ L & R forearms
	Water-based [illegible]
	DPA
	Provisionally redacted
16/7/18 15:15	Dr [illegible]
	Sensitive/irrelevant
	DPA
16/7/18. 16:15	Dr [illegible] Neurology Consultant [illegible]
	Sensitive/irrelevant

Patient: Consultant: Ward:

Date & Time	Clinical Record - legible signature & grade MANDATORY for each entry
16/7/18	Dr Cook ICU Consultant Discussion regarding consent for publication of relevant medical information & enrolement into the study into nerve agents. With regards to publication of medical information I explained this is for the purpose of spreading the knowledge to medical practioners around the world. We could not need to divulge his past medical history, instead we could focus on his presentation, symptoms, treatments and subsequent staying. He is happy with this. He would attempt also to anonymise information I attended to explain the reason of study. This will involve testing blood samples & bodily fluids etc that have been taken during his stay. We could not be planning any additional tests on himself. The good is to learn as much as we can about the effects of the nerve agents on his body and how the agent can be detected. Charlie was not interested in going into further depth at all. He certainly appreciated the test were going to be performed at Porton Down. I gave him a eight hour window to think about it all. Again Charlie was not interested in further discussion or detail. He could recount our earlier discussion and was happy to participate. I did emphasise that there was no necessity to be involved and that he could withdraw his consent at anytime

provisionally redacted

DPA DPA DPA

* I have left a patient information sheet with Charlie *

INQ004173-00026

Chemical, Biological and Radiological Division

Dstl Porton Down
SP4 0JQ

T: DPA 386
F:

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Salisbury NHS Foundation Trust
Intensive Care Unit
Salisbury
SP2 8BJ

Our Ref:ChE clinical assay
Your Ref:

Date: 10 July 2018

Name	Hospital number	D.O.B.	Indication
C. Rowley	DPA	DPA 1973	? Toxin
Sample date		**Sample time**	
09/07/2018		11:40	
Whole blood ChE activity	14.1		
Plasma ChE activity	6.8		
Comment: Results at or near limit of detection indicating minimal ChE activity			

Units = µkat/L
Female population typically: whole blood 90 µkat/L, plasma 35 µkat/L
Male population typically: whole blood 110 µkat/L, plasma 42 µkat/L
Lower limit of detection: whole blood 11.0 µkat/L, plasma 5.0 µkat/

Caveat: This is not a clinically accredited assay. Conforms to ISO 9001.

DPA
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DPA
Provisionally redacted

Chemical, Biological and Radiological Division

Dstl Porton Down
SP4 0JQ

T: DPA 386
F:

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Salisbury NHS Foundation Trust
Intensive Care Unit
Salisbury
SP2 8BJ

[dstl]

Our Ref:ChE clinical assay
Your Ref:

Date: 12 July 2018

Name	Hospital number	D.O.B.	Indication
C. Rowley	DPA	DPA 1973	? Toxin
Sample date		**Sample time**	
12/07/2018		?A.M.	
Whole blood ChE activity	15.8		
Plasma ChE activity	5.9		
Comment: Results remain at or near limit of detection indicating minimal ChE activity			

Units = µkat/L
Female population typically: whole blood 90 µkat/L, plasma 35 µkat/L
Male population typically: whole blood 110 µkat/L, plasma 42 µkat/L
Lower limit of detection: whole blood 11.0 µkat/L, plasma 6.0 µkat/

Caveat: This is not a clinically accredited assay. Conforms to ISO 9001.

DPA
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DPA
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Chemical, Biological and Radiological Division

Dstl Porton Down
SP4 0JQ

T: DPA 386
F:

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Intensive Care Unit
Salisbury
SP2 8BJ

Our Ref:ChE clinical assay
Your Ref:

Date: 16 July 2018

Name	Hospital number	D.O.B.	Indication
C. Rowley	DPA	DPA 1973	? Toxin
Sample date		**Sample time**	
16/07/2018		10:00	
Whole blood ChE activity	16.8		
Plasma ChE activity	6.2		
Comment: Results remain at or near limit of detection indicating minimal ChE activity			

Units = µkat/L
Female population typically: whole blood 90 µkat/L, plasma 35 µkat/L
Male population typically: whole blood 110 µkat/L, plasma 42 µkat/L
Lower limit of detection: whole blood 11.0 µkat/L, plasma 5.0 µkat/

Caveat: This is not a clinically accredited assay. Conforms to ISO 9001.

DPA
Provisionally redacted

DPA
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Chemical, Biological and Radiological Division
Dstl Porton Down SP4 0JQ
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F:
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Salisbury NHS Foundation Trust
Intensive Care Unit
Salisbury
SP2 8BJ

Our Ref:ChE clinical assay
Your Ref:

Date: 19 July 2018

Name	Hospital number	D.O.B.	Indication
C. Rowley	DPA	DPA 1973	? Toxin
Sample date		**Sample time**	
19/07/2018		10:15	
Whole blood ChE activity	18.2		
Plasma ChE activity	10.6		
Comment: Results remain at or near limit of detection indicating minimal ChE activity.			

Units = µkat/L
Female population typically: whole blood 90 µkat/L, plasma 35 µkat/L
Male population typically: whole blood 110 µkat/L, plasma 42 µkat/L
Lower limit of detection: whole blood 11.0 µkat/L, plasma 5.0 µkat/

Caveat: This is not a clinically accredited assay. Conforms to ISO 9001.

DPA
Provisionally redacted

DPA
Provisionally redacted

Salisbury District Hospital

Intensive Therapy Unit Communication Record

Salisbury Health Care NHS Trust

Name:- Charles Rowley Hosp No:- DPA

Date	Persons Present	Description of Communication	Sign
12/7/18	SN [illegible] + Mr Charles Rowley	Telephone conversation with Brother post, Brother confirming password given by Police. Stated phone call 19:15 - end 19:40. Spoken about various subjects, the loss of the partner, Sensitive/irrelevant, missing home and upset with the person who did this. DPA	MG Roi-co
12/7/18 2300	Sue Cocombe Charlie Rowley	Charlie told me he knew who poisoned him. He said "It was an evil person who came into my house". I asked him if he had told the police + Charlie replied "They know". Footnote: Charlie kept repeating this + his demeanour caused me to question whether he was psycho psychologically imbalanced.	DPA
13/7/18 1800	Gemma Alcock Charles Rowley	Police have told pt re: Container Update - TV on, I asked if he would like me to turn it off (Breaking news BBC report) Charlie was crying, said no reassurance offered he said "I could have ~~[illegible]~~ killed the wrong person." I suggested again that maybe turning TV off might make him less upset - he declined looks withdrawn. I discussed support available —	DPA Alcock
2000	John + Charles R. pt	Sensitive/irrelevant	

(6)

Intensive Care Diary

Admission Day - What happened? Why am I here?

Saturday evening (30/06/18) an ambulance was called to your address because you presented a different behaviour, salivating a lot, making funny noises. After the paramedics arrived your consciess level dropped gradually so they quickly brought you to Salisbury A&E. While on A&E you became even less conscious, so the doctors decided to sedate you and introduce a breathing tube to keep you safe. They then took you to CT scan so they could understand what cause these symptoms. Afterwards, you were admitted to the Intensive care Unit for close monitoring and specific treatment.

Salisbury NHS
NHS Foundation Trust

Department of Clinical Neurophysiology
The Glanville Centre
Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ
Tel: 01722 336262 ext DPA
Fax: 01722 429064
Email: neurophysiology@salisbury.nhs.uk

Clinical Neurophysiology Referral for Nerve conduction and EMG studies

Patient Details:

Hospital no.	DPA	NHS no.	DPA
Surname	ROWLEY	Forenames	CHARLES
Previous Surname	—	Title	MR
Date of Birth	DPA 73	Sex	Male ☑ Female ☐
Address	9 MIDDLETON RD SALISBURY	Home tel. no.	—
		Work tel. no.	—
Post code	SP1 7QY	Mobile tel. no.	—

Referral Details:

Named Consultant/GP	DR DONNISON	Date of referral	4/7/18
GP Practice/ Department	RADNOR ITU		
Patient Type	Out Patient ☐	In Patient ☑ Ward	RADNOR

Communication needs

Intubated & ventilated

Clinical Information:

Length of time since symptoms began	3 - 4 days
Description of symptoms	Ambulance called as pt c/o 'being poisoned', found making strange noises, hypersalivating, sweating, miotic. Subsequent seizure in ED. Suspected organophosphate poisoning. Confirmed ++ inhibition AChE.
Provisional Diagnosis	Suspected organophosphate poisoning.
Is the patient diabetic?	Yes ☐ No ☑
Is the patient taking an anticoagulant?	Yes ☐ No ☑
Mobility	Ambulant ☐ Chair ☐ Bed ☑
Medication / Treatment received:	**Relevant PMH:**
Pralidoxime, Fentanyl, Atropine, Hyoscine, Midazolam, Propofol	[redacted] IVDU

Incomplete request forms will be returned

Ver 1.1

Salisbury NHS
NHS Foundation Trust

Department of Clinical Neurophysiology
The Glanville Centre
Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ
Tel: 01722 336262 ext DPA
Fax: 01722 429064
Email: neurophysiology@salisbury.nhs.uk

Clinical Neurophysiology
Referral for EEG

Patient Details:

Hospital no.	DPA	NHS no.	UNKNOWN
Surname	ROWLEY	Forenames	CHARLIE
Previous Surname	—	Title	MR
Date of Birth	UNKNOWN	Sex	Male ☒ Female ☐
Address	? 9 MARGLETON RD SALISBURY	Home tel. no.	—
		Work tel. no.	—
		Mobile tel. no.	—
Post code	SP4 7GY		

Referral Details:

Named Consultant/GP	JAKES	Date of referral	2/7/12
Ward/ Practice/ Department	RADNOR		
Patient Type	Out Patient ☐	In Patient ☑ Ward RADNOR 5400	
Test required	Routine ☑	Sleep-deprived ☐	Ambulatory ☐

Communication needs

Intubated & ventilated.

Clinical Information:

Length of time since symptoms began	~36 hours.
Description of events (seizure semiology and frequency)	Found collapsed, low GCS. Given naloxone & atropine for suspected drug OD. Tonic-clonic seizure terminated with Diazepam. Initial presentation of miosis, sweating salivation + Post-ictal cone rashes suggestive of cholinesterase inhibition. Failed extubation. Possible organophosphate poisoning ? seizure activity
Family history	Unknown
Past history of head injury? If yes please give details	Yes ☐ No ☑
Relevant results from other tests MRI /CT scan CSF studies etc	CSF Normal
Provisional Diagnosis	? Organophosphate poisoning ? drug OD
Mobility —	Ambulant ☐ Chair ☐ Bed ☐
Medication: Propofol, Fentanyl, Midazolam, Pralidoxime, Atropine, Diazepam, Ranitidine, Phenytoin, Hyoscine	**Relevant PMH:** IVDU, Nil else known

Incomplete request forms will be returned

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Salisbury
NHS Foundation Trust

DATE	CLINICAL NOTES (Each entry must be signed)
	now.
	Rv tomorrow DPA
11/7/18	More awake. Tearful
3.30	talking about Dawn &
	loss of house
	Slow info processing, needs
	time to answer.
	Stated "I know Sam Hobson
	poisoned Dawn - he brought
	something into my house &
	I'm going to kill him" - fed
	this back to Helen Aldridge
	who told Police - they are
	aware. DPA
12/7/18	Brighter - discussed daughter
10am	Name redacted - be prepared for
	her Mum to say No to contact.
	Executive function tests -
	some impairment - fed this
	back to liaison officers re: interview.

DPA