|  |
| --- |
| **RESTRICTED****DETAINED PERSON’S MEDICAL FORM** |
| Custody Record No. 01YD/3247/21 Detention Period 1  |
|  |
| Officer Assessment |  |  |  |
| Version No. | **1** | Time / Date | **00:19 12/05/2021** |
|  |
| Name | **CORDELL Simon Paul** | DOB | **26/01/1981** |
| Reason Health Care Professional requested |  |
| pd has crone’s disease and also clearly suffering MH –pd has not disclosed his MH and may benefit from a background check |
|  |
| Health\Care Professional Requested by  | **Police** |
|  |
| As a Result of Medical Review Yes [x]  No [x]  |
|  |
| Visual Assessment  |
| Injury Type: | Body part | location |
|  |  |  |
|  |
| Signs/symptoms and first aid given |
|  |
|  |
| First aid given by |  |
|  |
| Telephone number |
|  |
|  |
| **Health Care Professional Input.** |
| Name of HCP | **Nurse COUCH** | HCP’s ref | **718809** |
|  |
| Time/date of examination | **08:05 12/05/2021** | Time/date concluded | **08:10 12/05/2021** |
|  |
| Opinion |
| **DP refused full assessment. Alert & orientated time, place & person. Nil resp distress; speaking in complete sentences, nil SOB/audible wheeze. Appears well perfused; nil pallor/sweating. Nil breath s mell of intoxicating liquor; nil slurred speech/red sclera. Nil clinical signs of intoxication through substances. Nil obvious injuries apparent. DP appears acutely mentally unwell; speech slightly pressured and he is irritable. He appears grandiose and delusional; stating he has multibillion-pound insurance claims against the police, Enfield Council, and the NHS.** |
|  |
| Medical advice |
| FTDB. PLN r/v 30min welfare checks. Refer to CNP as required. |
|  |
| Examination | **Completed** | Observations: | **Completed** | Risk of self-harm | **Standard** |
|  |
| Location of examination | **cell** |
|  |
| Station | **Wood Green Police Station** |
|  |
| **RESTRICTED**Page 1 of 5 |

|  |
| --- |
| **RESTRICTED****DETAINED PERSON’S MEDICAL FORM** |
| Custody Record No. 01YD/3247/21 Detention Period 1  |
|  |
| Observations |
| Current Observations | Detainee to be visited at least every  |  | 30 |  |
|  |
| Recommended Observations | Agree with current level  |  |
|  |
| Comment |  |
|  |
|  |
|  |
| Recommendations |
|  |
| Appropriate adults  | Yes [x]  No [x]  Other [ ]  |
| **MH** |
|  |
| Fit to be detained .  | Yes [x]  No [x]   |
|  |
|  |
| Fit for interview  | Yes [ ]  No [x]   |
| **Requires PLN r/v** |
|  |
| Fit for charge  | Yes [ ]  No [x]   |
| **Requires PLN r/v** |
|  |
| Fit for Transfer  | Yes [ ]  No [x]   |
| **Requires PLN r/v** |
|  |
| Medical review required |  Yes [ ]  No [x]   |  Time  |  | Date |  |
|  |
|  |
|  |
|  |
| Clinical findings retained by | **Health Care professional**  |
|  |
| Health Care Professional signature |   |
|  |
| **RESTRICTED**Page 2 of 5 |

|  |
| --- |
| **RESTRICTED****DETAINED PERSON’S MEDICAL FORM** |
| Custody Record No. 01YD/3247/21 Detention Period 1  |
|  |
| Administration and Movement Times |
| HCP already at station | Yes [ ]  No [ ]   |
|  |
| HCP called | **Time** |  |  **Date:** |  |  |
|  |
| HCP replied | **Time** |  |  **Date:** |  |  |
|  |
| Agreed arrival time | **Time** |  |  **Date:** |  |  |
|  |
| HCP arrived | **Time** |  |  **Date:** |  |  |
|  |
| HCP departed | **Time** |  |  **Date:** |  |  |
|  |
| Ambulance called | **Time** |  |  **Date:** |  |  |
|  |
| Ambulance arrived | **Time** |  |  **Date:** |  |  |
|  |
| Departure to hospital | **Time** |  |  **Date:** |  |  |
|  |
| HCP called | **Time** |  |  **Date:** |  |  |
|  |
| **The HCP has been made aware of this assessment** |
| **RESTRICTED**Page 3 of 5 |

|  |
| --- |
| **RESTRICTED****DETAINED PERSON’S MEDICAL FORM** |
| Custody Record No. 01YD/3247/21 Detention Period 1  |
|  |
| Medication Instructions |
| **Name** | **Strength** | **Quantality** | **Frequency** | **Occurs** | **Start Time** | **Status** | **D** | **E** |
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
|  |  |  |  |  |  |  |[ ] [ ]
| D = Give to detainee on release. E = Transfer to Escort Service |
| **Medication Instruction Action History** |
| **Time** | **Date** | **Medication Instruction Changes** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **RESTRICTED**Page 4 of 5 |

|  |
| --- |
| **RESTRICTED****DETAINED PERSON’S MEDICAL FORM** |
| Custody Record No. 01YD/3247/21 Detention Period 1  |
|  |
| Regular Medication R = Remaining Occurrences  |
|  |
| **Name** |  | **Quantality**  |  | **Occurs**  |  | **Strength** |  | **Frequency** |  |
|  |
| Due Date | Due Time | Date | Time | R. | . Given by | Not given by | Reason not given |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| Regular Medication R = Remaining Occurrences  |
|  |
| **Name** |  | **Quantality**  |  | **Occurs**  |  | **Strength** |  | **Frequency** |  |
|  |
| Due Date | Due Time | Date | Time | R. | . Given by | Not given by | Reason not given |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| Regular Medication R = Remaining Occurrences  |
|  |
| **Name** |  | **Quantality**  |  | **Occurs**  |  | **Strength** |  | **Frequency** |  |
|  |
| Due Date | Due Time | Date | Time | R. | . Given by | Not given by | Reason not given |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| **RESTRICTED**Page 5 of 5 |