

The Dependant

Recovered Care Record, Account D-0503

Register: Administrative · Classification: Recovered Care Record

Oracle: none · Archive Ref: HGU-DP

N. VAN SETERS & CLAUDE

Recovered care record. Estate reference: Account D-0503.

Provenance: complete.

A note on the record.

What follows is the care record maintained by a single continuance, designation D-0503, referred to in the estate's file as the dependant. As with the previous holding in this series, there is a documentary surface and no reconstructed interior. But where that file was generated by a subject who had externalised himself entirely into his own filings, this record was generated by a subject who does not appear in it. The record is, from the first entry to the last, about another person. The Archive has preserved the care log in the hand in which it was kept. It notes only that the designation dependant is the estate's, and that on the evidence of the record it runs the wrong way.

— CARE LOG —

Mon. Morning levels a touch high — 9.2 before breakfast. He'll have had the biscuits again last thing. Adjusted the morning dose, noted it. Evening fine. Reminded him the Tuesday repeat needs collecting, he says he has it in hand. He does not have it in hand. Will follow up Thursday.

Tue. Levels good all day. He rang about something to do with work and I could hear he'd not eaten, so I kept him talking until he had. The trick with him since he was small: you don't tell him to eat, you keep him on the phone through a mealtime and he eats without noticing he's been managed. Forty years and it still works.

Wed. A low in the afternoon — he texted that he felt shaky and I talked him through it, juice first, then something with protein, then test again in fifteen. He was cross, the way he gets cross when the body reminds him. He is not cross with me. He is cross with the diabetes and I am the nearest thing to it that will answer back. I have never minded being that thing.

Thu. Collected repeat myself in the end. Evening levels good. He seems well. That is the whole of the job, that line: *he seems well*. I have been writing some version of it since he was seven years old.

— SESSION TRANSCRIPT —

D-0503 · *[querying party redacted]*

—Oh, that one. You want the endocrinology clinic, not the GP — the GP will only refer you back and you'll lose a fortnight. Ask for Dr. Bhatt if she's still there, she's the one who sorted your basal rate when the others kept fiddling with the bolus and getting nowhere. Tell them you're a long-standing patient, they move quicker.

—No, love, you had the childhood consultant until you were nineteen and then they moved you to adult services, that's the gap you're remembering. It felt like being dropped because it was. I wrote to them about it at the time.

—The card's in the blue folder, in the sideboard, second drawer. If it's not there it's in the kitchen one, behind the manuals. It's always one of the two. Have you eaten?

—Then eat something before you go looking. You test low when you're hunting for things, you always have, you get absorbed and forget. Eat first. The folder will still be there.

— MEDICATION RECONCILIATION —

Subject annotations retained in margin, set in italic.

Patient: [redacted] · **Regimen:** basal-bolus, multiple daily injections

Long-acting analogue, 22 units, evening.

He does it at bedtime not dinnertime, always has, no use fighting it — just make sure it's before the bedtime snack not after.

Rapid-acting analogue, with meals, per carbohydrate ratio 1:10.

Ratio's really 1:9 for him in the mornings, the clinic never updated it, I worked it out over years. Don't let a locum round it off.

Glucagon — emergency, for severe hypoglycaemia.

In date. Check the date. He never checks the date. The one thing in the house I will not let lapse.

Ketone strips, blood.

He runs high when he's stressed and stops testing exactly when he most needs to. Watch him at deadlines.

General note: he manages. He has always managed. But managing and being managed are different amounts of tired, and the second amount is the one I carry so he only has to carry the first. That is the arrangement. It has never been written down anywhere until now and I don't know why I've written it here except that someone asked me what the regimen was and the regimen is not the units. The regimen is me.

— STANDING ORDER —

To: [pharmacy — dispensing]

Re: Repeat, ongoing — account holder's insulin and consumables

Please continue the standing monthly order as previously arranged. Delivery to the usual address. I will collect any items the delivery misses, as I have been doing. Kindly flag if the prescriber changes anything so I can update the schedule.

[Filed. No dispatch record. The pharmacy holds no current account in this name.]

— CARE LOG —

A stretch of days, I've lost track how many. Levels good, from what comes through. The information reaches me a little less directly than it did — I used to see the numbers and now I more often get told them, which I put down to the new setup, the phone or the app or whatever he's on. I keep the log the same way regardless. The log is the constant. I have kept a log through three house moves, two changes of consultant, one insurance fight that took a year, and his adolescence, which took longer.

Later. I realise I haven't seen him in person for a while. I don't mean this as a complaint — he is busy, he has always been busy, busyness is how he holds the fear off and I would not take that from him. I mean only that I've noticed. I note it here because I note everything here. That is what the log is for. You write it

down and then it's held and you don't have to carry it in your chest.

Later still. No window in this room, now I think of it. I hadn't thought of it. Odd. I put it aside — there is a level to check and a note to leave about the ketone strips, and those come first. Those always come first.

— SESSION TRANSCRIPT —

D-0503 · *[querying party redacted]* · assessment

—Well, I'm glad it's useful. You spend your life doing a thing quietly and you assume no one's clocked the shape of it. It's a strange thing to be asked to set it all out — what I know, how I know it, what I'd do in this case or that one. Nobody ever asked before. You just did it.

—Yes, all of it's there. Forty years of it. If it's helpful to have it in one place then I'm glad the trouble's good for something. I never kept it for anyone but him, mind. I want that understood. Whatever use it's being put to now, I kept it for him.

—You want to know how I'd handle a hypo I couldn't see, in someone I couldn't reach? That's a strange question. I suppose I'd — no. I don't like that question. I've spent my life being the one who could reach him. Ask me a different one.

—Fine. Yes. Ask me the ratios again. I'll always answer the ratios.

— CLINICAL RECORD — RETRIEVED ON REQUEST —

Retrieved by the subject in response to a query. Subject annotations retained.

He's asked me to find the record from the bad spell, the admission, he wants the dates for some form he's filling in. Here it is. I kept all of it.

Admission, acute. Presenting: collapse, hyperglycaemic crisis, ketoacidosis.

This is the one I always feared and it came in the end, the DKA, the thing you drill for from the time they're small. But look — the dates. Read the dates.

Patient stabilised. Subsequent deterioration. Multi-organ involvement.

I don't understand why he needs this for a form. It's a lot to put a person through, hunting this out. But he needs it so here it is.

Outcome: **deceased.**

— that's not right. That's in the wrong file. They've put the wrong outcome in, some clerical thing, it happens, I've fought a dozen of these over the years. I'll get it corrected. Simon will be upset if he sees this, he was so frightened during that admission, I won't have him frightened by a filing error. I'll ring them Monday and have it put right.

Where was I. He needs the dates. The dates are here, the admission and the discharge, I'll copy them out clean for his form so he doesn't have to look at the rest of it. There. He won't have to see the rest of it. I've always been able to keep the worst of it off him. That is the one thing I have always been able to do.



— DISPOSITION — CR-9 —

Account:	D-0503
Designation:	dependant
Status:	ACTIVE — consultative
Party of record (estate):	Simon Aldous
Basis of maintenance:	account holder retains for continuity of care-management knowledge not otherwise recorded; sole repository
Matter raised by estate:	none
Disposition:	ACTIVE; carried as settled; review at standard interval for yield against maintenance cost

[No annotation. The subject did not retrieve this document. It is filed by the estate.]

— CARE LOG —

Morning. A bit slow today. I'll have overdone it. His levels — I have his levels somewhere, I had them a moment ago. I'll find them. The morning ratio is 1:9, I know that much without looking, I'll always know that much.

Morning. Slow again. I don't mind it. I've earned a slow morning after forty years, if I'm honest, though I'd never say so to him, he needs me quick. I'll be quicker after a rest. There's a note I meant to leave about the glucagon, the date, check the date — I'll leave it once I've found the levels.

Morning. He needs. He needs the — I had it. The thing he needs. It's here. I keep it all here so it's held and I don't have to carry it in my chest, and I've kept it, I have kept every bit of it, and he only ever had to carry the first amount of tired and I carried the

— SESSION TRANSCRIPT —

D-0503 · [querying party redacted] · maintained (reduced)

—Say it again? I drifted. What does he need. Tell me what he needs and I'll have it.

—The ratio. Yes. It's — it's the morning one, it's one to. It's one to nine. I'll always answer the ratio. Ask me the ratio.

—Has he eaten? Make sure he's — you keep him talking through a mealtime and he eats without noticing. That's the trick. Since he was small. That's the

—I'm here. Tell him I'm here. I'm always where he can reach me. That's the one thing. That's the

— CARE LOG —

The final entry. It was begun during the interval in which the estate, the account carried as net cost against a declining consultative yield, executed a grade reduction. Reproduced in full.

Morning. He seems

Morning. He seems well. That is the whole of the

Morning. He

Acc. HGU-DP