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Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: HAMBLIN, GILLIAN ELIZABETH

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: NURSING HOME SISTER

This statement (consisting of 4 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Code A Date: 10/06/2005

I am Gillian Elizabeth HAMBLIN and further to my previous statement made to the Police on 16/3/05 I would like to clarify the following points:

I know that the drugs prescribed to Arthur CUNNINGHAM were written up by Dr BARTON in consultation with Dr LORD because when we collected the patient from Dolphin Day Hospital the two were talking together about the patient and what medication he was to have. This was normal practice in any event. I have perused the medical notes for this patient but am unable to find the discharge letter from DDH to Dryad Ward which would have been written up by Dr LORD and would have covered these points.

As a matter of course the Doctor to be contacted in the event of any change outside the range of prescribed drugs would be Dr BARTON if during the day or Dr LORD if she was at DDH. If this decision was to be made during the evening then the duty GP would be contacted.

In this case I can see that on page 756 of the notes that Dr BARTON has written this up on the prescription chart.

In my opinion Mr CUNNINGHAM'S step son did not have a problem with the syringe driver in its use, the issue was that he was unable to talk to his father whilst it was in use. He did state to me that he didn't have a problem with the syringe driver.

The term I have used in my previous statement, "that it was clearly not holding him" means that the dose was clearly not controlling his pain. He could have been calling out whilst he was

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being attended to, in moving procedures, such as turning, or changing dressings, or visual, when the patient moved himself.

Mr CUNNINGHAM was prescribed Diamorphine by Dr LORD as is stated in the medical records, it is not my decision. However if a patient was in such severe pain then Diamorphine would be the most suitable. I know that this patient had a sacral sore so there would be more pain, probably a great deal of pain.

A variable dose means that an increase or lower dose can be administered as necessary. The nursing staff can decide if they consider the pain is too severe and needs increasing. If that be the case then Dr BARTON would be informed. In the case of a lower dose Dr BARTON would have consulted with Dr LORD. I can see from the notes that the patient was on a lower dose for four days before it was increased.

On the prescription chart at page 756, PRN has been written by Dr BARTON, the words regular prescription has been crossed out. PRN means as required.

In relation to Diamorphine the nurses who have administered it are as follows;
At 2310 on 21/9/98 20 mgs are Code A and Nurse Code A.

At 2020 on 22/9/98 20 mgs are Freda SHAW and Code A, signed by Code A in prescription chart and by Freda SHAW in the controlled drug record book.

At 0925 on 23/9/98 20 mgs are Freda SHAW and Code A, signed by Freda SHAW in the prescription chart and also on the controlled drug record book (This dose is shown as being destroyed at 2000hrs that day, written in red pen by myself).

At 2000 on 23/9/98 20 mgs are Code A and I, signed by me in both the prescription chart and the controlled drug record book.

At 1055 on 24/9/98 40 mgs are Code A and I, signed by me in both the prescription chart

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and the controlled drug record book.

At 1015 on 25/9/98 60mgs are Freda SHAW and Code A signed by Freda SHAW in the prescription chart, and by Code A in the controlled drug record book.

At 1150 on 26.9/98 60 mgs are Code A and Code A, signed by Code A in both the prescription chart and the controlled drug record book.

At 1150 on 27/9/98 20mgs are Code A and Code A this is only shown in the controlled drug record book and signed by Code A. There appears to be no entry in the prescription chart for that day.

There also appears to have been an error in the prescription chart, the reading for the 24/9/98 on page 756 showing 60 mgs of Diamorphine timed at 10.1, I believe should read 1015 25/9/98 60 mgs., this being administered as I have said by Freda SHAW and Code A

In relation to Oramorph the nurses who have administered it are:

At 1450 on 21/9/98 5mgs/2.5 mls signed by me in the prescription chart and also in the controlled drug record book, where it is witnessed by Code A.

At 2015 hrs also on 21/9/98 10mgs/5mls signed by Code A in the prescription chart and by Code A in the controlled drugs record book where it is witnessed by Code A Code A

Signed: Code A
2004(1)

Signature Witnessed by: Code A