Jill Hamblin Questions

- You state my Mother was a patient on Mulberry Ward. My Mother had never been a patient on Mulberry Ward or previously a patient at the Gosport War memorial Hospital; her very first time in Hospital was the QA and then the GWH. My Mother had never been a visitor or patient to a psychiatric ward in any hospital.
- You further state that my Mother was unable to do stairs. This is also untrue. My Mother lived in a 5 bedroom home and her bedroom was up stairs. She was admitted to the Queen Alexander with symptoms of sudden confusion from urinary tract infection. She had got up in the night gone down stairs to the kitchen and made tea for everyone this being totally out of character,that is why the doctor was called and he admitted her into the Q.A. She would climb them regularly each day without assistance, she was also able to catch a bus.
- On the 11th November 99 my Mother was given a urine check and as I understand for the first time since she had been in the GWH. And on that same day at 0800 Trimethoprim was commenced for treatment of a presumed urinary tract infection. There is no record on the nursing notes of who gave my mother the urine check and why after 4 weeks? The results were returned after the full course of antibiotic had been given on the 15th – this result was normal.
- Are you aware of the effect Trimethoprim has on the kidneys and the creatinine level. It causes a **false reading of increased creatinine**, which does not affect the GFR and is reversible. **This is clearly researched and written as part of the patient drug information.**
- On the same day, the 11th November 99 you commenced my Mother on Thirodazine, anti-psychotic drug my mother would not have known what she was being given and nothing was ever discussed with the family, why was this?
- Are you aware of the side affects of Thirodazine? You gave my Mother this as a calming medicine… correct. In what way did she need calming?
- If my Mother's behavior was not controlled or worsening by this drug why did you reduce the dosage on the 16th and 17th?
- It has been stated that my Mother's aggression was a sign of her terminal pain, but I fail to understand then why you **did not** administer the Thirodazine twice daily on the 16th/17th. This can only show that she was less agitated/aggressive. The family never saw this aggressiveness had we done so we would have spoken to staff and asked the questions, we would have been concerned for our Mother, and you clearly were not as you never discussed this with the family.
- My Mother was bathed on the 15th/16th and 18th November, 18th being the very day you bathed her at PM when you had already administered the Fentanyl patch at 0830 to this confused, agitated elderly lady who was in chronic pain?
- How did you manage to bath my Mother and wash her hair being as she was allegedly in the terminal stage?

- You state that it was practice in 1999 to record times for "significant events". You give examples as fits, vomiting, heart attacks, visits by consultants, or social workers. However regarding my Mother Elsie Devine you **did not** sign the time when the psychiatrist visited on the 18th Nov 99 a very significant event. Can you elaborate why my Mother needed a visit from the psychiatrist for her confusion, agitation – a behaviour that was not witnessed by the family or friends?

- On the 18th November 1999 at 0830 you administered a Fentanyl Patch (which is the equivalent to 135mg dia-morphine)
- Do you know the effects regarding this patch?

8) There can be no doubt that the superficial femoral artery was injured during the course of the gamma nailing procedure. It is notable that the gamma nail used was rather short leading the proximal locking screws at the level of the distal third of the femoral shaft rather than in the femoral metaphasis. When the locking screws are inserted a drill is first passed through the femur under image intensifier control and the screw is then inserted. The medial femur at this level is closely related to the adductor canal through which passes the distal part of the superficial femoral artery. The artery is, therefore, quite closely related to the medial femur at this level. Mr Neary, in his operation note, does indicate a hole in the femoral artery which he felt had been caused by a drill. The vascular imaging confirmed that the level of vascular injury is very close to the level of the proximal of the 2 distal locking screws.

When drilling the femur, the surgeon should always be aware of the structures related to the medial part of the femur and avoid the drill going too far through the bone. On this occasion the surgeon has either allowed the drill to pass too far through the bone or has missed the bone or the nail, allowing the drill to penetrate the soft tissues medially and injure the artery.

It is notable that the operation note is silent on any intra-operative complications. It does appear that the note itself was written by the supervising consultant rather than the surgeon himself. It is possible that the person writing the note was not aware that anything had occurred during the drilling for the distal locking.

- Why did you administer this very strong opiate to my mother who had not received even a paracetamol?
- If my Mother was in so much pain why did you not treat her with paracetamol first? The patch takes up to 23 hours to take effect. Surely you would titrate a pain relief so that my Mother had 'immediate' relief?
- Fentanyl is an opiate and requires dual signature, this is missing on my Mother's prescription sheet
- You state that my Mother refused her oral medication on the 18th, but at 0600 she took her amiloride, it appears the night nurses had no, issues with this. My Mother had complained of a sore mouth, as I understand from Dr Wilcox report. Why on the first refusal of medication did administer a fentanyl patch, although it does not state **refused** on the medical file simply a cross and crosses against this until the 29th November. Why have the night staff not continued in the same fashion, in fact on the 19th November at 0600 a nurse "CE" initials the administration of Amiloride and then crosses it out, this same nurse initials "CE" writes up 10mgs Temazapan on the 11th and writes written in error. There is no comment of this being done in error or refused on the 19th November. My mother died 21st November and had been stopped taking oral medication on the 18th November 99.
- My Mother wasn't in terminal pain or aggressive she told the psychiatrist that the tablets administered to her made her mouth sore; she knew what was going on. Surely if she was in chronic pain she would have dually mentioned that. She had two visitors that day, the 18th November 1999, Mrs. Briggs who had tea with her, dried her hair after she had returned from a bath, they chatted together, my Mother signed her pension book. My brother visited her that evening, chatted and kissed her goodbye, he told her I will see you tomorrow Mum? Not one member of the staff including you notified my brother or Mrs. Briggs that you had administered a Fentanyl Patch 25mg and that my mother was now in your opinion the Terminal stages.
- That morning after the Fentanyl patch had taken full affect, she woke at 5.30 dress herself she then according to your statement in the IR Report, (no notes in the medical file) my frail Mother allegedly threw one nurse up against a book case and another nurse across the room she also tried to get a patient out of bed. Seems strange to me that all this going on that my Mother was accused of is not in the medical notes.
- Did you not consider this to be an overdose of Diamorphine?
- Are you aware of the analgesic ladder?
- Are you aware of the Wessex Protocol? (GH states in her statement that she is not aware of the Wessex Protocol)
- Why did you fail to use either in the care of my Mother?
- You did not make any entry in my Mothers nursing notes that you considered my Mother is in the terminal phase and that she was in severe pain to require the administration of a fentanyl patch with no other pain relieve before. The morning of the 19th November 99 when the Fentantly had taken it's full effect you also make no note as to her aggression which is significant enough that it is now require to administer I.M. anti-psychotic drug 50mg Chlopromazine and then further 55mins later the syringe driver administered with 40mg Diamorphine and 40mg Midazolam. And still you do not call the family to inform them it is an emergency.
- Are you aware that Fentanyl was only licensed in 1999 in the treatment of patients with chronic terminal Pain?
- intractable pain dying from Cancer?
- J.H. state she was not aware of the Wessex Protocol but aware of the certain protocols. What are these and why did you fail to use them in my Mother's care. (stated in Sheila Gregory's

I am of the view that the vascular injury can only have occurred as a result of the drill directly injuring the artery during the distal locking. I would be of the view that this represents treatment which falls below normally accepted standards.

SUMMARY ON NEGLIGENCE

1) An appropriate decision was made to treat Mrs O'Connor's proximal femoral fracture with a gamma nail.

2) From a mechanical point of view this was carried out to an appropriate technical standard, apart from the nail being too short, resulting in satisfactory union of the fracture.

3) On the balance of probabilities the superficial femoral artery has been damaged in the adductor canal during drilling for distal femoral locking. This represents treatment which falls below normally accepted standards. The doctors failed to take due care and attention to avoid damaging the artery which they should have known was closely related to the medial femur at that level.

4) Her post-operative orthopaedic management was appropriate.

5) There are concerns about the delay in organising the duplex scan which needs further investigation.

case on the 15 09 05) Gill Hamblin states that she is unfamiliar with the name Wessex Protocols, Form PG11(t)page 3of 8 and then on the 17/2/06 Gill Hamblin states in 1999 she would follow the Wessex protocol and the analegesic ladder, at that time the protocols and the ladder were very similar Form MG11(t)page 5of14

- How many times have you used this drug?
- It took me 18 months to discover what exactly happened to my dear Mother by taking the Portsmouth Healthcare Trust to I.R, which you are aware of as you made a statement.
- Seeing my mother in this confused state Friday 19th Nov 1999 you state you telephoned Dr Barton for advice, is that correct?
- You then administered a concoction of drugs/opiates, is that correct?
- Over the telephone Dr Barton gave you advice to administer 50mg Chlorpromazine, is that correct? (Barrett states that Barton was present and witnessed this)
- Are you aware that this is a strong anti-psychotic drug and that the dose you gave my Mother would have been excruciatingly painful?
- Are you aware that this injection causes hypertension and patients should remain horizontal after administration? **Why then did you walk my Mother?(I.R. states this)**
- 55 minutes later after the chlopromazine you administered 40mg/40mg Midazoalam/ diamorphine. Why did you see this higher dose as appropriate knowing that my Mother already had 135mg Diamorphine in her system from the Fentanyl patch?
- Was Doctor Barton present when you administered the syringe driver?
- Why did it take you 3 hours before the removal of the Fentanyl. Is this correct practice in your protocols?
- Two nurses walked my mother after the administering of the syringe driver for several hours until lunchtime when she was settled her in an armchair before transferring her to a bed at 12-30. You say she was able to take some fluids but 30mins later at 1pm when my brother arrived my mother was unconscious. My brother arrived at 1pm and was informed by Dr Barton my Mother had 36hrs to live. (In the Independent Report Barton states she did not state that but did not know whether Mrs. Devine would die or get better) At 0830 when you spoke to his wife on the telephone you never mentioned that it was an emergency, yet you were aware that she was dying, taking away the only opportunity for the family to speak to her if that was the case!
- However Nurse Barrett tells a different story, she states she was physically abuse by my 88year old Mother, who slapped her round the face and knocked her glasses off, kicked her, put nail marks in her arms. Yet you record nothing in the accident book to protect your staff for accident compensation and nor did Nurse Bell/ Debbie Barker who were her named nurses, whose jobs were to notify the family and liaise. In the IR report it states nothing about my mother pulling patients out of **bed at night.** It states she woke that morning dressed herself and started to pull a patient out of bed, threw two nurses across the room.
- You state that on the 19th November 99 there was a marked deterioration over the last 24hours. How did you see this? It would have been the fentantyl Patch and nothing else.
- You state my Mothers kidneys were failing and you were aware of this from a blood test received on the 18th. But when you applied the Fentanyl patch you did not have the blood results. Blood results arrived lunchtime. People can have creatinine as high as 800 and they don't consider dialyses until it is 450 or more.
- You state that Hyoscine was written up, but not given. On my Mother's prescription sheet there is no Pharmacy number, I have been informed that this was because it was not drawn from the Pharmacy. Can you explain this since there is also no pharmacy number for the diamorphine or midazolam and these were administered? There is a pharmacy number for the oramorph and temazapan, written up on admission, which is thus drawn against my Mother's name, but not

6) I am a bit concerned that the duplex scan should have shown the pseudoaneurysm and this may need further investigation.

7) Her management following admission on 23/6/06 and subsequent vascular reconstruction would appear entirely appropriate as confirmed by Mr Parvin.

8) The Defence may take the view that a vascular injury is a recognised complication of this procedure. Indeed, the consent form includes indication that this possibility was discussed. As indicated above, on this occasion I would consider that the complication to have arisen as a result of substandard treatment rather than representing a recognised complication of the procedure.

OPINION ON CAUSATION

Following uncomplicated fixation of the fracture I would normally have expected the patient to progress towards full bone union over the course of 6 months or so and to regain more or less normal function. Patients sometimes have some loss of mobility following this type of injury. She might have experienced discomfort around the hip and thigh with more strenuous activities, her walking ability may have been limited and she may have needed a stick. She would, however, required no additional help prepared to her pre-operative level of dependence.

given.

- You state that the side effect of diamorphine is sedation are you then also aware that heavy sedation is a side effect of overdose.

- **The death certificate first stated kidney failure but the registrar refused to accept. It went back to Barton and glomerulonephritis was added**

In the event, the vascular injury has resulted in a pseuroaneurysm permanently destroying the sciatic nerve. Records indicate that she now has neuropathic pain in the lower leg with altered sensation and loss of function of the leg below the knee. This requires her to use a foot drop splint. She will always be at risk of developing trophic ulceration as a result of the altered sensation.