

PORTSMOUTH
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Statement by S.N J Brewer

Re: Mrs Gladys Richards - Patient Room 3 Daedalus Ward
Gosport War Memorial Hospital

On Monday 13th August 1998 I reported at 12.15 for duty on Daedalus Ward for a late shift. From 15.30 hrs I would be the Nurse-in-Charge when S.N Joice went off duty the only RGN on duty for that shift.

On passing the office door I noted that Mrs Richards who was in the room next door was agitated and calling out. I asked the Support Workers who were serving the dinner at the time to investigate the reason and to maybe try comoding her or change her position. Mrs Richards was sitting in a chair by her bed, she was commoded and then sat back in the chair. During report I was briefed on the two new patients who had just arrived and about information for Dr Lord for the Stroke Round also generally any changes to other patients care.

During the report Mrs Richards continued to be agitated even though she had taken her diet and been made comfortable and checked for pain. Dr Barton had arrived to clerk in the new patients and was informed of the situation, she prescribed a p.r.n dose of haloperidol 0.5 mls as a backup to the b.d doses already prescribed. Mrs Richards was also written up for oramorph 5 mg - 10 mg p.r.n but her daughter had previously requested that this was not administered as it made her Mother very drowsy.

After report I proceeded to do the Drug Round and at 13.00 hrs administered the dose of haloperidol to Mrs Richards. On completion of the Drug Round at 13.30 hrs I was returning the trolley to the treatment room when I was informed that Mrs Richards was on the floor by HCSW Cook. This had happened in the space of 5 minutes as HCSW Cook had just attended to Mrs Richards.

I immediately checked Mrs Richards on the floor. I straightened her legs and especially checked her Rt hip. The hip appeared to be correctly positioned I also checked for pain and Mrs Richards did not seem to have any at that time and did not seem to be too badly shaken by the incident.

My instinct would have been to put her to bed, but Mrs Richards daughter Mrs Lack had recently complained that the amount of time her Mother spent in bed did not complement her rehabilitation or quality of life.

I asked the Support Worker to find an alternative chair with a fixed tray in an attempt to make Mrs Richards safer. We then used the overhead hoist to position Mrs Richards in the chair.

At 14.00 hrs I commenced the Stroke Round because I was very busy I asked one of the Support Workers to document the incident on an Accident Form which I would later check and sign.

I commenced the Stroke Round with Dr Lord, S.N Joice was on duty for the Ward and I believe she was extremely busy.

I did not telephone Mrs Richards daughter about the accident as I knew she was due to visit and would rather tell her face to face.

I finished the Ward Round at approximately 16.50 hrs. I then had to interview relatives of new patients, one of whom was very ill. I also had to do the Drug Round, finish admitting the new patients and document the results of the round in the nursing notes. A very demanding schedule for which I had to prioritise the most essential work

At approximately 18.30 hrs I spoke to Mrs Richards daughter, whom I believe had arrived on the Ward late afternoon, I informed her that I had found her Mother on the floor at 13.30 hrs and apologised for the delay in informing her stating that I preferred to tell her in person. Mrs. Lack asked me in great depth about the type of fall and I explained that I could not tell how she fell, she may have slipped, I did not know, I related the circumstances and also how I had checked Mrs Richards. I asked Mrs. Lack if her Mother was in pain, she said she did not seem to be, she was eating her tea. Later whilst I was finishing the Drug Round, Mrs Lack stated her Mother was in pain. I asked her if she wanted me to put her Mother to bed and check her, Mrs Lack said there was no rush, she would finish her visit and then we could put her to bed. Mrs Richards did not seem to be in pain.

We started to put other patients to bed and then I was called to a new patient who was choking on his own secretions it took until 19.30 hrs to settle this patient during that time Mrs Richards daughter left the Ward.

At 19.45 hrs I commenced to put Mrs Richards into bed. When she was lying on it I could see that her Rt hip was internally rotated and when moved caused her pain. At 20.00 hrs I telephoned the Duty Doctor, it was Dr Brigg.

I relayed the problem to him giving the age and diagnosis of Mrs Richards, I also stated that I suspected her hip was dislocated as it was internally rotated.

Dr Brigg judged that it would be too traumatic to transfer Mrs Richards so late at night, that it would be kinder to relieve the pain overnight and X-Ray her at the Gosport War Memorial Hospital when the department opened in the morning. I stated that she was prescribed oramorph and I would give her some. Dr Brigg also said that if there was a further problem we should contact him.

I felt this to be a satisfactory decision, remembering how disorientated Mrs Richards had been when first admitted possibly due to the transfer and her severe dementia.

S.N Florio had just arrived on the Ward for Night Duty and I was able to check a dose of oramorph 10 mg which we gave at 20.15 hrs. I asked her to observe Mrs Richards closely and to call the Doctor if she showed any sign of discomfort.

I telephoned Mrs Richards daughter at 20.30 hrs and told her that I felt her Mothers hip was dislocated and that I had contacted the Doctor, I conveyed his advice and informed her that I had given her Mother a dose of oramorph for the pain. I asked Mrs Richards daughter if she

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was satisfied with this and she answered "Yes" and thanked me. I told her that I would keep her informed.

I gave report to the Night Staff and after documented in the nursing notes the report to the Doctor and the action advised. I documented on the Accident Form that I had informed Mrs Lack of the accident but did not update the form further.

I left the Ward at 21.30 hrs as I had further paperwork to complete and Mrs Richards was sleeping comfortably.

On 14.8.98 I was a Day Off but came to the Ward at 06.30 hrs to deal with something unrelated to my ward work

My Ward Manager was due on at 07.30 hrs and I went to the Ward Office to convey the facts to him about Mrs Richards. Whilst I was there Mrs Richards daughter telephoned and I informed her that her Mother had spent a comfortable night which she had. I also told her that she would be X-Rayed as soon as the Department was open.

Dr Barton had arrived by then and was writing the Request Form.

I then went home. My Ward Manager later telephoned me and informed me that Mrs Richards had a dislocated hip and that she had gone to Haslar Hospital.

15.8.98 - I worked over the weekend - Mrs Richards was still at Haslar Hospital.
It was my day off on 17.8.98 and I believe that Mrs Richards returned to the Ward to Room 4.

I reported for duty at 12.15 am on 18.8.98 and took report. Mrs Richards was in bed and she had a syringe driver set up as she could not take oral analgesia. I was not in charge of the Ward on this shift.

As I commenced my work Mrs. Richards daughter stopped me in the corridor by the sluice. "What do you think of this" she said. "My Mother was walking at Haslar yesterday and now she's back here she's dying". I was distressed that she felt like this and politely tried to explain that I felt that all the coming and going from Haslar to Gosport had not done her frail mother's condition much good. Mrs Richards daughter just shrugged her shoulders and walked off.

I had no more contact with her after this day.

Code A

S.N J Brewer RGN

9-9-98

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