



# Hampshire Constabulary

Form MG11

## Witness Statement

Statement of Barbara Davis SRN

Age if under 21 0.21. (if over 21 insert 'over 21').

This statement (consisting of \_\_\_\_\_ pages 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 in it anything which I know to be false or do not believe to be true.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

Signature **Code A**

My name is BARBARA DAVIS I am a State Registered Nurse and my speciality is Palliative Care. The normal practice of caring for an individual within a life threatening situation would be to have a discussion with the relatives, if the patient was not deemed to be able to be involved. Pain control is of great importance and the best way to effect this would be the use of a syringe driver with the appropriate drug. The use of intravenous infusions at this stage may be considered to be of no benefit, as they can often create more difficulties. Regular mouth care would ensure that the patient would not ~~feel uncomfortable~~ suffer from dryness of the mouth. The lack of intravenous infusion would not make a difference to the eventual outcome of this situation.

Signature B. Davis Signature witnessed by \_\_\_\_\_