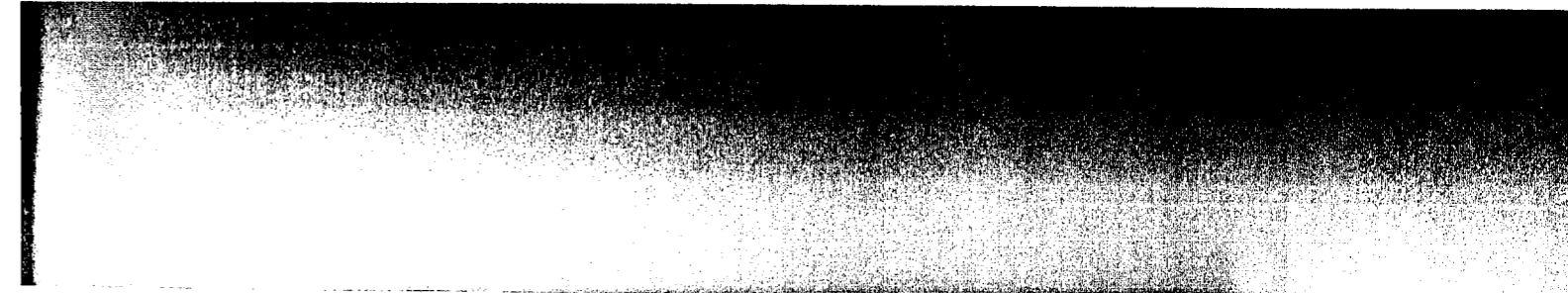


**Code A**

**PAPER RECORDS**

7



20/1/96 1530, Haloperidol - omitted Dr BRIGG's request, (signed by) T DOUGLAS, PS RIGG.

**Code A**

PORTSMOUTH  
**HealthCare**  
 NHS  
 TRUST

DR A LORD  
 CONSULTANT GERIATRICIAN

Department of Elderly Medicine  
 Queen Alexandra Hospital  
 Cosham  
 Portsmouth PO6 3LY

AL/BN/WV

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8 January 1996

Dr V Banks  
 Consultant in Old Age Psychiatry  
 Mulberry A Ward  
 Gosport War Memorial Hospital  
 Bury Road  
 Gosport

Dear Vicky

WARD VISIT - MULBERRY A WARD, GMPH  
 LESLIE PITTOCK, DOB 11.12.13  
 HA: HAZELDENE REST HOME, BURY ROAD, GOSPORT

Thank you for referring Mr Pittock whom I visited on Mulberry A on 4 January. He has had chronic resistant depression and long courses of ECT in the past have not been effective. He has recovered from a recent chest infection but is completely dependent with a Barthel of 0, is catheterised, and has superficial ulcers on the left buttock and left hip. He is also hypoproteinaemic with an Albumin of 27 and is eating very little although he will eat moderate amounts with encouragement. I feel he needs high protein drinks as well as a bladder wash out twice a week but overall feel that his prognosis is poor and would be happy to arrange transfer to Dryad Ward on 5 January. I gather that Mrs Pittock is also aware of the poor prognosis.

As he is unlikely to return to Hazeldene Rest Home I feel that his place there could be given up.

With best wishes.

Yours sincerely

Dr A Lord  
 Consultant Physician in Geriatrics

cc Dr Asbridge  
 Sister Hamblin, Dryad Wd..  
 GMPH

In this letter by Dr LORD I believe she has summarised Mr PITTOCK's severe mental illness and has recognised that he has been physically unwell with a chest infection.

Dr LORD has identified that Mr PITTOCK is entirely dependent on nursing staff for his activities of daily living (ADL).

She has summarised his poor physical condition which outweighs his mental condition. Therefore she has suggested that Mr PITTOCK should be transferred to Dryad Ward which could manage his physical state more appropriately.

She has given guidelines as to his management.

The letter also notes that Mrs PITTOCK has been made aware of her husband's frailty and poor outlook, ie, that he may not survive to leave the hospital.

Valuables/Dentures/Aids/Other

SECTION THREE

NURSING NEEDS

(If it is possible to send the patient's care plan this would assist the assessment of needs)

Physical (to include weight, mobility, toilet requirements, skin bruising, pressure areas etc.)

Poor physical condition - broken pressure areas to buttocks and hip. Fully catheterized since fluid retention on 23-12-95. Broken skin on scrotum - nursed on Pegasus Mattress. Weight bearing to a very minimal degree.

Psychological (to include mood/behaviour etc.)

Low in mood for many years - on anti-depressants. Very settled in behaviour due to poor physical condition.

Nutritional (to include appetite needs, feeding problems etc.)

Poor fluid + diet intake although fluctuates at times and sometimes becomes quite good. Need to push 'Fortisips' drink - Les likes Strawberry flavour. Les needs full help with feeding/drinking. Les sometimes requires/uses a straw to drink.

Social/Domestic (to include whether used to living alone, enjoys company etc.)

Always has been a bit of a loner but sometimes asks staff to eat with him.

Form completed by June Morgan.

Status - S/W

Date and Time 5/1/96.

PLEASE CONTACT THE WARD IF ANY FURTHER INFORMATION IS NEEDED

TELEPHONE NUMBER

EXT. 2299

Under Physical I have written, POOR PHYSICAL CONDITION-BROKEN PRESSURE AREAS TO BUTTOCKS AND HIP. This means that Les had open wounds on his bottom and his hip. FULLY CATHETERIZED SINCE FLUID RETENTION ON 23-12-95 (23/12/1995). This means that he had been fitted with a catheter on 23-12-05 because he had difficulty passing urine. BROKEN SKIN ON SCROTUM. This means that he had open sores on his scrotum. NURSED ON A PEGASIS MATTRESS. This means that Les had a special pressure relieving mattress. WEIGHT BEARING TO A VERY MINIMAL DEGREE. This means that Les could stand and bear his own weight to a small degree.

LOW IN MOOD FOR MANY YEARS-ON ANTI-DEPRESSANTS. VERY SETTLED IN BEHAVIOUR DUE TO POOR PHYSICAL CONDITION.

POOR FLUID + DIET INTAKE ALTHOUGH FLUTTUATES AT TIMES AND SOMETIMES BECOMES QUITE GOOD. NEED TO PUSH 'FORTISIPS' DRINK-LES LIKES STRAWBERRY FLAVOUR. LES NEEDS FULL HELP WITH FEEDING/DRINKING. LES SOMETIMES REQUIRES/USES A STRAW TO DRINK.

ALWAYS HAS BEEN A BIT OF A LONER BUT SOMETIMES ASKS STAFF TO SIT WITH HIM.

MICROFILM

PAGE 12

MR 200

UNIT NO S.M.W. M.F.

HOSPITAL

Name (Surname First)

Address *Rt 100*

Date of Birth

Family Dr.

HISTORY SHEET

DATE	CLINICAL NOTES (Each entry must be signed)
5-1-35	<p>Transfer to <i>Lynd Ward</i> for <i>Mulberry</i></p> <p>Present problem  immobility depression  broken jaw. Small superficial areas  on <i>(L)</i> buttock  Ankle - dry lesion L ankle  Wound - beds suspect</p> <p><i>Exhaustion</i>  transfer with <i>hoist</i>  may help to feed himself</p> <p>long standing depressive on <i>left</i> and  <i>right</i> side <i>JT</i></p>
9-1-36	<p><i>Pringle</i> <i>(R)</i> hand held in flexion  Try <i>anastomosis</i>  Also increasing anxiety and agitation  ? <i>myocardial</i> <i>depression</i>  ? <i>needs</i> <i>analgesia</i> <i>JT</i></p>
19.1.96	<ul style="list-style-type: none"> <li>- <i>Demerol</i></li> <li>- <i>Catheter</i></li> <li>- <i>superficial ulcers</i></li> <li>- <i>Bowel O</i></li> <li>- <i>will eat drink</i></li> </ul> <p>transfer from <i>Mulberry</i></p> <p><i>TLC</i></p> <p><i>D/W wife - agrees in view of v poor quality TLC</i>  <i>qualifier JT</i></p>

10/1/96 (10/01/1996)

- Depression )
- Catheter )
- Superficial illness) transfer from Mulberry
- Bartel O )
- Will eat and drink)
- For TLC -
- (1) D/W wife - agrees in view of v poor quality TLC
- Signed J T (Jane TANDY).

MICROFILM

DATE	CLINICAL NOTES (Each entry must be signed)
19/7/96	Further deterioration in analgesia to know definitely resolving symptoms by no more <i>M.E. Master</i>
20/1/96	Has been unsettled on Haloperidol in syringe driver. Discontinue, + changed to higher dose Nozinan. Increase Nozinan 50mg → 100mg in 24hrs. (Verbal order)
21/1/96	Much more settled. Quiet breathing. RR 6/min. Not distressed. Continue. <i>M.E. Master</i>
24.1.96	Death verified at 1.45pm by S/O M.E. Master in the presence of N.A. Young. <i>M.E. Master</i>

20/1/96 "Has been unsettled on Haloperidol in syringe driver. Discontinue, + changed to higher dose Nozinan".  
"Increase Nozinan 50mg → 100mg in 24 hrs"  
(Verbal order).

'Much more settled. Quiet breathing'.  
'R Rate 6 per min. Not distressed'.  
'Continue'.

Past History: long term psychiatric problems (Depression).  
Has been in Hazeldeane RM for past 7 months. As wife  
unable to cope with decreasing mobility. Has had  
recent falls due to decreasing mobility. Reluctant  
at times to eat and drink. Catheterised on 23-12-95  
due to fluid retention.

Past History - long term psychiatric problems (depression). Has been in Hazeldeane Rest Home for past 7 months as wife unable to cope with decreasing mobility.

Has had recent falls due to decreasing mobility.

Reluctant at times to eat and drink.

Catheterised on the 23/12/95 (23/12/1995) due to fluid retention.

PORTSMOUTH Patient Name Les Pittock  
**HealthCare** **Summary**  
 TEL 67 Summary of Significant Events (Including Relevant Medical History)

Date	Summary of Significant Events (Including Relevant Medical History)
5.1.96	Transferred from Mulberry Ward at lunchtime. Appears to have settled well. Wife and daughter visited this afternoon. Les has a sore on (R) buttock which has granuflex on - same left intact. (L) buttock dressing removed and granuflex applied. Scrotum sore and broken off dry. He takes a small amount of puree as reluctant to eat sandwiches, needs to be encouraged with diet. Catheter bag changed and dated.
7.1.96	Continues to take only limited diet and fluids.
9.1.96	Small amount of diet taken. Very sweaty this evening but is afebrile. Has stated that he has generalised pain. To be seen by Dr Barton in the morning.
10.1.96	Condition remains poor. Seen by Dr TANDY & Dr BARTON. To commence on Oramorph 4 hourly this evening. Mrs PITTOCK seen & is aware of poor condition. To stay on long stay bed.
13.1.96	Catheter bypassing Mr Pittock appears distressed. Suby washout given, however catheter continues to bypass heavily. Catheter removed - tip of same looks very nasty. Pad and pants in situ. P.S.R.
15.1.96	S/B Dr Barton Has commenced syringe driver at 0825 Diamorphine

Transferred from Mulberry Ward at lunchtime. Appears to have settled well. Wife and daughter visited this afternoon. Les has a sore on (R) buttock which has granuflex on - same left intact. (L) buttock dressing removed and granuflex applied. Scrotum sore and broken, left dry. Has taken a small amount of puree as reluctant to eat sandwiches, needs to be encouraged with diet and fluids. Catheter bag changed and dated.

9/1/96 (09/01/1996) small amount of diet taken, very sweaty this evening but is afebrile, has stated that he has generalised pain, to be seen by Dr BARTON in the morning.

10.1.96 (10/01/1996) condition remains poor. Seen by Dr TANDY & Dr BARTON. To commence on Oramorph 4 hourly this evening. Mrs PITTOCK seen & is aware of poor condition. To stay on long stay bed.

13/1/96 "Catheter bypassing Mr PITTOCK appears distressed. Suby washout given, however catheter continues to bypass heavily. Catheter removed - tip of same looks very nasty. Pad and pants in situ."

15/1/96 S/B Dr BARTON . Has commenced syringe driver at 0825 Diamorphine



PORTSMOUTH  
HealthCare  
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Patient Name .....

### Summary

Summary of Significant Events (Including Relevant Medical History)

Date	Notes
	80mg + Midazolam 60mg + Hyoscine 400mg. <span style="float:right">P.R.H.P.</span>
15.1.96	1900hr Daughter informed of father's deterioration during the afternoon. Now unresponsive, unable to take fluids and diet. Pulse strong and regular. TDouglas
NIGHT	comortable night syringe driver replaced at 07:00hrs with Diamorphine 80mg, Medazolam 60mg and Hyoscine 400mg. <span style="float:right">J.R.H.</span>
20:00 16.1.96	Condition remains very poor. Some agitation was noticed when being attended to. S/B Dr Barton Haloperidol 5mg - 10mg to be added to the driver.
13:00	Previous driver dose discarded. Driver recharged with Diamorphine 80mg, Midazolam 60mg, Hyoscine 400mg and Haloperidol 5mg given at a rate of 52mmol/hly. Visited by daughter (not Sister WILES) who is now aware of poor condition. All nursing care cont'd. (R) ear found to be blistered along upper edge. Please nurse only on back and (L) side. Marking very easily please turn 1 1/2 - 2 hly. <span style="float:right">W.Barnett</span>
Night	Condition remains poorly, all care continued, syringe driver running satisfactorily. <span style="float:right">R.E.Hart</span>

Mgms and Midazolam 60Mgs and Hyoscine 400Mgs.

15/1/96 (15/01/1996), 1900 hrs, daughter informed of father's deterioration during the afternoon. Now unresponsive, unable to take fluids and diet, pulse strong and regular - T DOUGLAS.

16/1/96 (16/01/1996) - 2000 hrs - condition remains very poor, some agitation was noticed when being attended to S/B Dr BARTON Haliperidol 5mg - 10mg to be added to the driver.

Previous driver dose discarded driver recharged with diamorphine 80mg Medazalam 60mg, Hyacine 400mcg and Haliperidol 5mg given at a rate of 52 mmol/hly. Visited by daughter (not Sister WILES) who is now aware of poorly condition. All nursing care cont'd. (R) ear found to be blistered along upper edge, please nurse only on back and (L) side, marking very easily please turn 1 1/2 - 2 hry.

Night - condition remains poorly, all care continued, syringe driver running satisfactorily.

MICROFILM  
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PORTSMOUTH  
HealthCare  
TRUST

Patient Name LES PITTOCK

Summary

Summary of Significant Events (Including Relevant Medical History)

Date	Event
17/1-95 0900	S/B Dr. Barton medication increased 0825 as patient remains tense and agitated, chest very 'bubbly'. Suction required at 12:00 this morning. Patient bed bathed, mouth care tolerated well. Skin marking easily despite hourly turning and use of Pegasus mattress, and remains distressed on turning.
14:30	S/B Dr. Barton medication reviewed and altered. Syringe driver reviewed at 15:30 (two drivers) at 47mm/24hr - @ 50mm/24hrs.
	Daughter informed of deterioration 20:00
20:00	Further deterioration to already poor condition. Appears now settled, although still aware of when he is being attended to. Syringe driver running satisfactorily. Has been visited by ward chaplain this evening who will inform his wife.
Night	Little change in poor condition, appears more peaceful. Suction frequently & relieve given when necessary.
18.1.96 20:00	Poorly condition continues to deteriorate. All nursing care cont.
15:00	Driver recharged with Diamorphine 120mgs. Midazolam 80mg Hyoscine 1200mcg. Haloperidol 50mgs and Nozinan 50mgs.

17/1/95 (which should be 1996) 0900 - S/B Dr BARTON , medication increased 0825 as patient remains tense and agitated, chest very 'bubbly' suction required frequently this morning. Patient bed bathed, mouth care tolerated, well skin marking easily despite hourly turning and use of Pegasus mattress and remains distressed on turning.

1430 S/B Dr BARTON, medication reviewed and altered, syringe driver reviewed at 1535 (two drivers), one set 47mm/24 hr - (2) 50mm/24hr. Daughter informed of deterioration.

The entry on the 17.1.96 at 2030 hrs, Mr PITTOCK at this time was fading fast (deteriorating). Appears more settled, Mr PITTOCK was aware, ie, he knew what was happening to him. Syringe driver running satisfactory. Has been visited by the ward chaplain this evening. The ward chaplain was going to tell his wife of the deterioration of his health.

Night - Little change in poor conditions, appears more peaceful. Turned frequently and suction given when necessary.

18/1/96 2000 - poorly condition continues to deteriorate. All nursing care cond.

1500 driver recharged with Diamorphine 120mgs. Midazolam 80mg, Hyoscine 1200mcg, Haliperidol 20mgs and Nozinan 50mg.

PORTSMOUTH  
HealthCare  
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Patient Name .....

Summary

Summary of Significant Events (Including Relevant Medical History)

Date	
	Wife has visited for most of the day.
	Appears comfortable in between attention.
	Oral suction gives with some effect. <i>Band</i>
15:00 19.1.96	Marked deterioration in already poorly condition
	All nursing care could. Position changed
	strictly 2 hly. All pressure areas intact.
	except for a small discoloured area at the
	base of big toe Mouth care performed
	at each position change. Breathing very
	intermittent. Colour poor.
	Syringe driver recharged with:
15:00	Diamorphine 120mg Midazolam 80mg,
	Nozinan 50mg Haloperidol 20mg and
	Hyoscine 1200mcg at a rate of 48mmols/hly.
	Mrs Pittock has phoned and will visit later. <i>Band</i>
20.1.96	Mrs Pittock and both daughters have
	visited. Dr Brigg contacted regards drug
	regime. Verbal order taken to double
	Nozinan and omit Haloperidol. Syringe
	driver recharged at 18:00 hrs. Appears
	comfortable at time of report.
	Diamorphine 120mg + Midazolam 80mg +
	Hyoscine 1200mcg + Nozinan 100mg
	in Syringe Driver (at rate of 50mm pr <i>Pr</i>
	24 hours).
21.1.96	Very settled today. Bed bath and
	all care given. Mrs Pittock has phoned
	— she will not be coming in today

Wife has visited for most of the day. Appears comfortable in between attention. Oral suction given with some effect.

1505 19.1.96 (19/01/1996) marked deterioration in already poorly condition all nursing care cond, position change strictly 2 hly. All pressure areas intact except for a small discoloured area at the base of big toe. Mouth care performed at each position change, breathing very intermittent, colour poor.

1500 syringe driver recharged with Diamorphine 120mg, Midazolam 80mg, Nonzine 50mg, Haliperidol 20mg, Hyoscine 1200 mcg at a rate of 48 mmols/hly. Mrs PITTOCK has phoned and will visit later.

20/1/96 "Mrs PITTOCK and daughters have visited. Dr BRIGG contacted regards drug regime. Verbal order taken to double Nozinan and omit Haloperidol. Syringe driver recharged at 1800 hrs. Appears comfortable at time of report. Diamorphine 120 Mgs & Midazolam 80Mgs Hyoscine 1200Mcg & Nozinan 100Mgs in Syringe Driver (at rate of 50MM per 24 hours)"

Date	Summary of Significant Events (Including Relevant Medical History)
	unless requested by nursing staff. Pity Syringe driver running to home.
17.15	Condition remains unchanged, Mrs Pitcock phoned. Driver recharged at 17.15 Diamorphine 120mg, Midazolam 80mg, Hyoscine 1200mg, Nozonan 100mg as a rate of 43mmols/hly at 17.15. Appears comfortable.
20.15	No change in condition.
22.1.96	Poorly but very peaceful. All care given today. Daughters have visited and spoken to Sister Hamblin.
15.15	Driver recharged with Diamorphine 120mg, Midazolam 80mg, Hyoscine 1200mg and Nozonan 100mg at a rate of 43mmols/hly.
23.1.96	Poorly condition remains unchanged. Has remained peaceful. All care has contd. Pastor Mary has visited.
15.45	Driver recharged with Diamorphine 120mg, Midazolam 80mg, Hyoscine 1200mg and Nozonan 100mg at a rate of 43mmols/hly.
21.2.96	Patient's condition remains poor. Batterby also visited, mouthcare given to patient.
Night	Patient's condition deteriorated suddenly at 1.40am & Mr Pitcock died at 1.45am, for Mrs Wiles (daughter)

Condition remains unchanged, Mrs PITTOCK phoned, driver recharged at 1745  
 Diamorphine C64 120mgs, Midazolom 80mgs, Hyoscine 1200 micro grams, Nozihan  
 100mgs, one syringe running at 50mms per 24 hours the other at 58 mms, appears  
 comfortable.

2015 no change in condition

22.1.96 (22/01/1996), poorly but very peaceful, all care given today, Daughters have  
 visited and spoken to Sister HAMBLIN.

1515 Driver recharged with Diamorphine 120mgs, Midazolam 80mgs, Hyoscine  
 1200mcg. Nozonan 100mgs at a rate 43/mmols/hly.

23/1.96 (23/01/1996), poorly condition remains unchanged has remained peaceful all care  
 has contd, Pastor Mary has visited.

1545 Driver recharged with Diamorphine 120mg, Midazolom 80mgs, Hyoscine 1200mcg,  
 Nozonan at a rate of 43 mmols/hly, signed by myself.

Night - Patients condition deteriorated suddenly at 1.40am (0140) and Mr PITTOCK died  
 at 1.45am (0145). Mrs WILES (daughter)

