



# H A M P S H I R E      C o n s t a b u l a r y

Chief Constable Paul R. Kernaghan CBE QPM LL.B MA

**CONFIDENTIAL**

Our Ref. :

Your Ref. :

Fareham Police Station  
Quay Street  
Fareham  
Hampshire  
PO16 0NA

**Code A**

CROWN PROSECUTION SERVICE  
LUDGATE HILL  
LONDON

Tel:  
Ext. 641 102

Direct Dial:

Fax:

Email:

**Code A**

Dear Kim.

As discussed, some time ago, please find enclosed, some further papers in relation to Operation ROCHESTER, and in particular to the subject, Sheila GREGORY, Exhibit BJC/21.

As with the previous files, some of the pages are illegible and I have managed to obtain better copies from the original papers. I would be most grateful if you could arrange to have these pages inserted at the relevant points in the file BJC/21.

As previously mentioned, I am aware that some of the documents may be difficult to read, but if yourself or counsel require any documents clarified, then I will do my utmost to have a better copy produced.

If you require any assistance with the quality of any of the documents in relation to 'Operation ROCHESTER' then please do not hesitate to make contact with me.

Yours sincerely

**Code A**

**CONFIDENTIAL**

PORTSMOUTH  
**HealthCare**  
TRUST

**B**

**PRESCRIPTION SHEET**  
for the safety of the patient

**DOCTOR**

1. Use approved names, BLOCK LETTERS, and metric dosage.
2. Be specific in indicating the timing and route:
  - (a) For regular prescriptions tick (✓) the appropriate boxes and indicate time in blank space.
  - (b) For drugs which are likely to have frequently changing doses, use the section of "Daily Review Prescriptions" on back of sheet.
3. Any CHANGES in your drug therapy MUST be ordered by a NEW PRESCRIPTION do NOT alter existing instructions.
4. Discontinue a drug by clearly crossing out the discontinued drugs (viz TETRACYCLINE) draw line through the unused recording panels and sign in with full name.
5. Prescribe INFUSION THERAPY and any drugs to be added on the INFUSION CHART
6. Take home drugs will be written up on form (vii) which then will be placed in the appointment and prescription record card.
7. All prescriptions must be signed in full
8. The following should be used to indicate route:
  - S.C. .... Subcutaneous
  - I.M. .... Intramuscular
  - I.V. .... Intravenous
  - Sub-Ling ..... Sublingual
  - Intrathecal
  - Oral
  - Rectal
  - Topical
  - P.V. - per vaginum
9. Put date prescription needs to be reviewed in "review" box of Regular Prescription Section

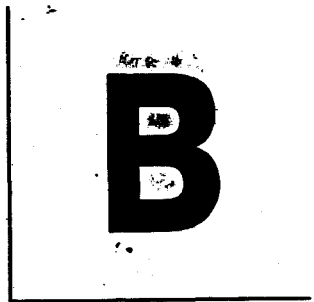
**NURSE**

1. Initial the administration in the appropriate box (This must be done by the Senior Nurse.)
2. Check all sections to avoid omission.
3. Use the top continuation sheet only for recording administration
4. If a dose is missed write "X" in the box and give the reason in the Exceptions to Prescribed Order.

If for some reason all the drugs prescribed for a certain time are not given (e.g. patient fasting, patient absent) there is no need to itemise each drug. Enter date, time and write ALL in name and dose column.

<b>ADDITIONAL CHARTS</b>	<b>ANTICOAGULATION</b>	
	<b>INTRAVENOUS FLUIDS</b>	
	<b>INTRAVENOUS INFUSIONS</b>	

PORTSMOUTH  
**HealthCare**  
TRUST



**PRESCRIPTION SHEET**  
for the safety of the patient

**DOCTOR**

1. Use approved names, BLOCK LETTERS, and metric dosage.
2. Be specific in indicating the timing and route:-
  - (a) For regular prescriptions tick (✓) the appropriate boxes and indicate time in blank space.
  - (b) For drugs which are likely to have frequently changing doses, use the section at "Daily Review Prescriptions" on back of sheet.
3. Any CHANGES in your drug therapy MUST be ordered by a NEW PRESCRIPTION: do NOT alter existing instructions.
4. Discontinue a drug by clearly crossing out the discontinued drugs (viz TETRAZ~~Y~~CYCLINE) draw line through the unused recording panels and sign in with full name.
5. Prescribe INFUSION THERAPY and any drugs to be added on the INFUSION CHART.
6. Take home drugs will be written up on form MR15 which then will be placed in the appointment and prescription record card.
7. All prescriptions must be signed in full.
8. The following should be used to indicate route.

- S.C. .... Subcutaneous
- I.M. .... Intramuscular
- I.V. .... Intravenous
- Sub Ling ..... Sublingual
- Intrathecal
- Oral
- Rectal
- Topical
- P.V. - per vaginum

9. Put date prescription needs to be reviewed in "review" box of Regular Prescription Section.

**NURSE**

1. Initial the administration in the appropriate box. (This must be done by the Senior Nurse).
2. Check all sections to avoid omission.
3. Use the top continuation sheet only for recording administration.
4. If a dose is missed write "X" in the box and give the reason in the Exceptions to Prescribed Orders.

If for some reason all the drugs prescribed for a certain time are not given, e.g. patient fasting, patient absent, there is no need to itemise each drug. Enter date, time and write ALL in name and dose column.

**ADDITIONAL CHARTS**

ANTICOAGULATION	
INTRAVENOUS FLUIDS	
INTRAVENOUS INFUSIONS	

135

SHEILA GREGORY,

MR411

Sheet No.

Hospital

Ward

CONSULTANT<sup>1</sup> DR. REID<sup>2</sup>

CWHH

DRYAD

ALLERGIES AND DRUG SENSITIVITIES

Unit No. G 092 330

SURNAME (Block letters) GREGORY

First Names SHEILA

Date of Birth 12.7.1968 W.I.

FIX CONTINUATION MR411 (E) HERE

Date	Time	ONCE ONLY AND PRE-MEDICATION DRUGS	Route	Dose	Signature	Given

AS REQUIRED PRESCRIPTION

Administration Record FIX CONTINUATION MR411 (B) HERE

DRUG (Approved Name)	Route	Dose	Date	Pharm	Signature	Date	Time	Dose	Given	Date	Time	Dose	Given	Date	Time	Dose	Given
GABUSOLINOLIN	oral	100mg	23/10/99	S	JAR	23/10/99	10:00	100mg	SD								
ORAL MOUTH LIGHTS	oral	2.5g	23/10/99	S	JAR	23/10/99	20:20	5mg	SD								
METOCLOPRAMIDE	oral	10mg	23/10/99	S	JAR	23/10/99	16:15	10mg	SD								
LOPERAMIDE 2g	oral	2g	23/10/99	S	JAR	23/10/99	07:15	2g	SD								

MR411

Sheet No.

Hospital

Ward

CONSULTANT <sup>1</sup> DR. LEIB <sup>2</sup>

GWHH

DRYAD

ALLERGIES AND DRUG SENSITIVITIES

Unit No. 9092330

SURNAME (Block letters) GREGORY

First Names SHEILA

Date of Birth 12.7.1908 WL

FIX CONTINUATION MR411 (E) HERE

Date	Time	ONCE ONLY AND PRE-MEDICATION DRUGS	Route	Dose	Signature	Given

AS REQUIRED PRESCRIPTION

Administration Record FIX CONTINUATION MR411 (B) HERE

AS REQUIRED PRESCRIPTION				Date	Time	Dose	Given	Date	Time	Dose	Given	Date	Time	Dose	Given	Date	Time	Dose	Given	
DRUG (Approved Name) GANSONLIDINIO				23	10	100	0													
Route	Dose	Date	Pharm																	
oral	100	23.10.99	S																	
SIGNATURE																				
SPECIAL DIRECTIONS																				
DRUG (Approved Name) ORAMOLIT 1000				23	10	5	0													
Route	Dose	Date	Pharm																	
oral	5	23.10.99	S																	
SIGNATURE																				
SPECIAL DIRECTIONS																				
DRUG (Approved Name) METOCLOPRAMIDE				23	10	10	0													
Route	Dose	Date	Pharm																	
oral	10mg	23.10.99	S																	
SIGNATURE																				
SPECIAL DIRECTIONS																				
DRUG (Approved Name) LORAZEPAM 2mg				23	11	2	0													
Route	Dose	Date	Pharm																	
oral	2mg	23.10.99	S																	
SIGNATURE																				
SPECIAL DIRECTIONS																				

136





0001 LTM



MLT 1009

138



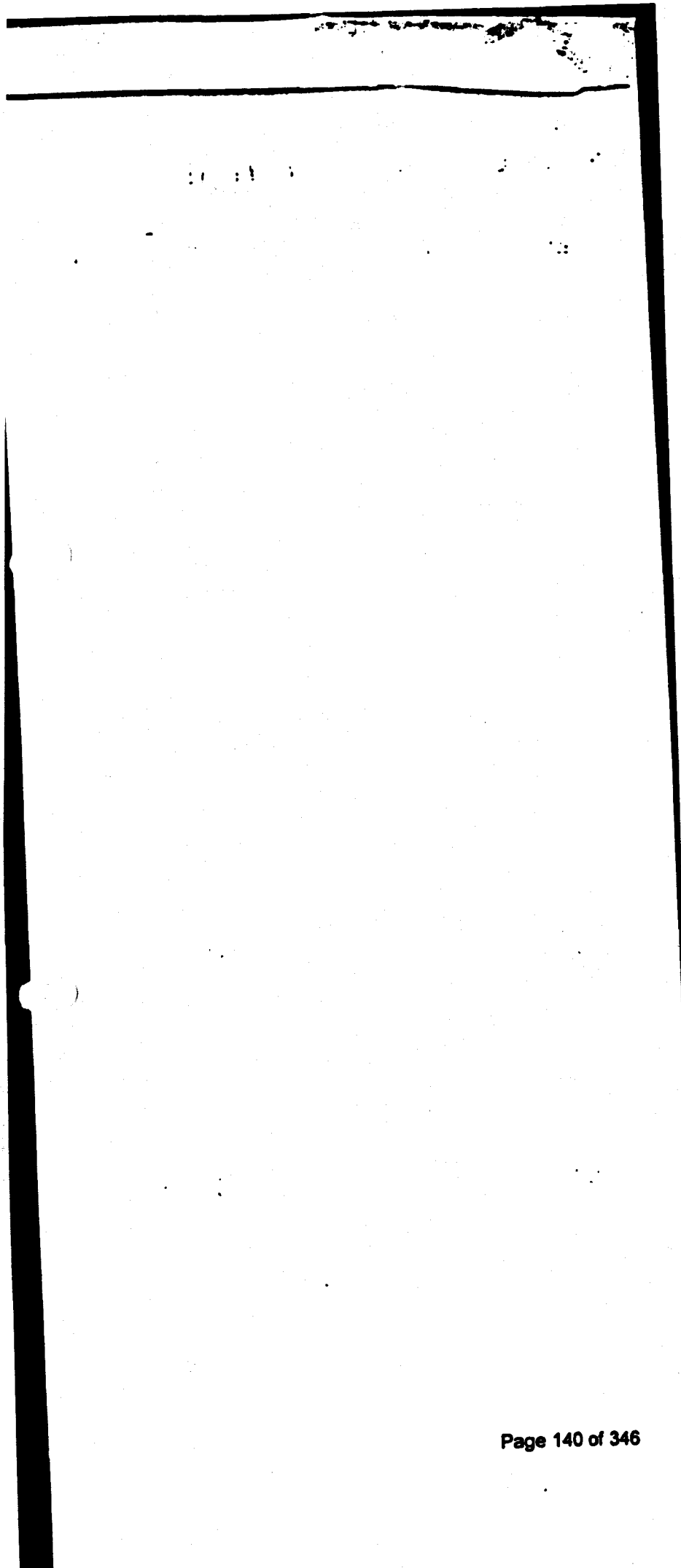
FIX CONTINUATION

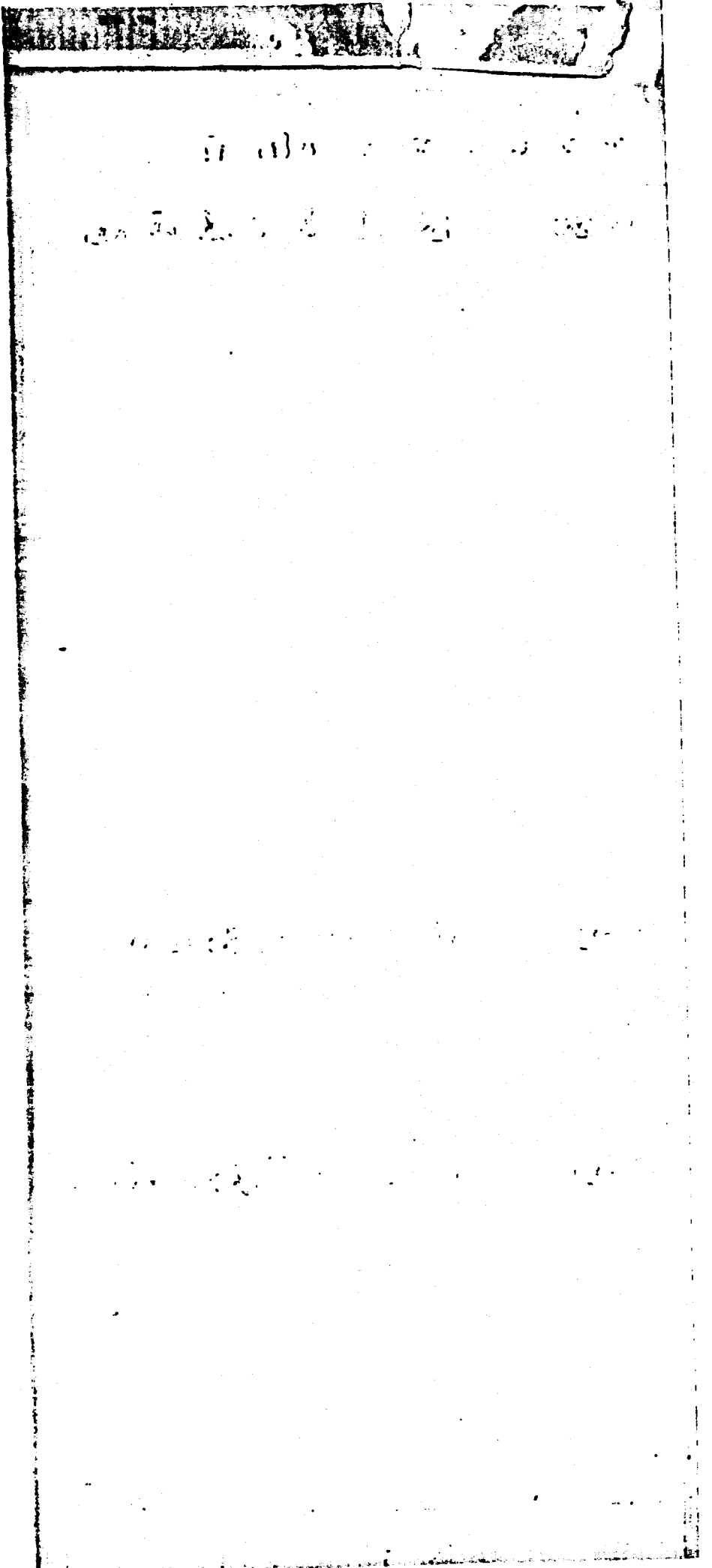
MR. 411C HERE

Form 2002

Nov 99												
4	5	6	7	8	9	10	11	12	13	14	15	
w	rs	rs	rs	rs	w	w	rs	rs	w	rs	rs	kw
w	rs	rs	rs	rs	w	w	rs	rs	w	rs	rs	kw
				x					x			
				x					x		w	w
				x								

139





Administration Record

FIX CONTINUATION PH. 41-C HERE

	OCT 91						NOV 91					
	23	24	25	26	27	28	29	30	31	1	2	3
911												
912												
913												
914												
915												
916												
917												
918												
919												
920												
921												
922												
923												
924												
925												
926												
927												
928												
929												
930												
931												
932												
933												
934												
935												
936												
937												
938												
939												
940												
941												
942												
943												
944												
945												
946												
947												
948												
949												
950												
951												
952												
953												
954												
955												
956												
957												
958												
959												
960												
961												
962												
963												
964												
965												
966												
967												
968												
969												
970												
971												
972												
973												
974												
975												
976												
977												
978												
979												
980												
981												
982												
983												
984												
985												
986												
987												
988												
989												
990												
991												
992												
993												
994												
995												
996												
997												
998												
999												
1000												







142

PORTSMOUTH

Patient Name S. Gregory

**HealthCare**  
TRUST

**Contact Record**

Date	Problem No.	Time	Record of contact, with, Signature and designation
13.9.99			HRS A results from 6/9 Negative <sup>st</sup>
14.9.99			St Chris Foubes D <sup>n</sup> visited will
			Keep in contact. <span style="float:right">what?</span>
15.9.99			Rang Janet Rogers to inform them
			of a bill to collect when I put in
			her room. GP.
4.11.99			Miss Gregory should see my local
			Worker - have detailed notes
			Summary to be completed as when
			Case Chase is commenced from
			Date 5.11.99 <span style="float:right">W.H.D.</span>

**PORTSMOUTH**  
**HealthCare**  
 TRUST

Patient Name S. Gregory

245 ~~246~~

Date	Problem No.	Time	Record of contact, with, Signature and designation
13.9.99			MRSA Results from 6/9. Negative <sup>st</sup>
14.9.99			Sr Chris Fawkes D/N visited. Will
			Keep in contact. <sup>wh</sup>
15.9.99			Rang Janet Rogers to inform them
			of a case to collect which I put in
			her room. SP.
4.11.99			Miss Gregory & Sheila seen by Social
			Worker - have detailed Health
			Summary to be completed in 24 hours
			Case Chart to commence from
			Tue 5.11.99 <sup>lt</sup>

245