Sun 24 Feb 02
Thu 14 Mar 02

CASE NOTE REVIEW

Fifteen anonymised sets of notes

Term of reference

The prescription, administration, review and recording of drugs.

i). No problems generally only minor errors
ii). People are suffering due to under prescribing
iii). The standards are average
iv). Difference between conduct in Sultan compared to Dry and Daed
v). One chap in Sultan is using diamorphine
vi). Less evidence of ladder in sultan
vii). Care is reactive rather than planned medical care
viii). On Sultan reviewing and recoding was poor
ix). Sultan lack of signatures
x). Dry and Daed have inappropriate dosing of opiates – too little and timing- BNF
xi). If they went outside the guidelines what is the rational justification for them doing this.
xii). Policy needs to be reviewed. It is 1997 and not patient centred

General

AG felt that the prescription writing policy was defensive and there was no administrative –'Old fashioned'

Terminology- Palliative Care – means that patient can be administered diamorphine
Continuing Care – means no diamorphine should be administered

The use of using the wrong term for patients may affect the type of care and prescription of medication they could or should receive.

Discomfort – "Distress"- discomfort implies pain.

Health call prescribing and reluctance is typical- patient 16 is an example of hoe health call GP will not interfere with the administration of drugs to a patient. (DR Peter)

KM - Syringe driver on PRN Sheets

BNF- general standard for prescription appropriate criteria to judge performance by. The BNF say that drugs should be administered every 4 hours for chronic pain and this is also observed in the Wessex guidelines

GF- Medical coordination on Daedalus was above average

GF- Opiate use- comment originated while looking at patient 6- " need to be liberal in use of diamorphine in the situation when someone is dying but when someone is medically stable with advanced dementia the patient should not receive diamorphine.

The use and application of the Trust's policies on the Assessment & Management of Pain, Prescription Writing and Administration of IV Drugs.

i). Good
ii). Issue about accountability of GPs in the trust
iii). Syringe driver charts – KM recommended a change

General

KM- if the form is not being used then it should be highlighted as not applicable

AG- IV fluid- why could they not administer IV's

The quality of nursing care towards the end of life.

i). No a lot of difference between wards
ii). Quality of notes was poor but not above the norm
iii). Notes are old fashioned- task orientated- paperwork is seen to be getting in the way of practice
iv). Care is not translated in the notes clearly
v). Need to come up to speed on NSF standards
vi). There needs to be a review of training that could be required as a result of increased specialist care.
vii). Disvager assessment

General

Should have access to specialist care as those on other wards

AG – there are night and day time plans- this may effect continuity of care

Staff grade should be accessible to arrests and acute illness- Rapid response.

MM- Nursing notes- generally patient noted as incontinent, but no explanation to why catheterised- bad practice

Rehabilitation- limited view about the definition of rehabilitation
Rehabilitation does not mean just physio and SLT.

AG- good general nursing care and student nursing care

AG & MM- Nurses should be trained to do swallowing assessment as SLT only work 9-5pm

AG- generally notes do not reflect our patients like to be addressed

The recorded cause of death.

i). Generally Dry and Daed
ii). Sultan is not clear

General

Cause of death- consider- notification, confirmation and certification

The use of language to allow nurses to confirm death

General comments

Admissions- GF asked about the number of deaths on the wards or the average length of stay – is it more than seven days

Admissions- generally there are wrong admissions and also staff do not have the skill to deal with the caseload. - There are on Dry and Daed a mix of skill but has this been translated to sultan.

Admissions- should consider NSF notes on palliative care and admissions

Admissions- many of the patients should have gone to hospice and not to Sultan- what is the criteria for admissions to hospice.

Dr Yikona- praised throughout for his detailed note taking and responses

GF- stroke patients- relatives have a high expectation of rehabilitation- needs to deal with this appropriately.

KM- NSF- can not 'cheery pick'- specialist care must be given to all – increased expectation of rehabilitation

KM- Many acute hospitals do not have rehab facilities- specialist for stroke and so many are sent to community hospitals.

Stroke- what is formally written about stroke pathway.

Referral- AG & MM- issue about referral- reassessment would only be achieved by medial referrals so the issue is nurse should be able to refer.

ALL- tribute to the staff that generally health call was not needed.

1
Patient 1

Code C

Kellie

Medicines	•
Admission	• fine
Quality of care	• Risk plan – not related to care plan • No lifting instruction • Rehab input- quality and quantity • Medical staff had a good approach • No clear agreed plan •
Out of hours	•
Cause of death	•

2

Code C

Kellie

Medicines	• No pain chart • Appropriate prescribing • Consistent review of medication but not in trust format • Prescribing 2.5 measures 30 minutes apart – this is ok
Admission	• Fine
Quality of care	• Reoccurring them of core plans and care plans • physio – low tolerance to rehab- " expectation of health" • family were involved in assessing pain
Out of hours	•
Cause of death	• family discussed about nursing care

3

Patient 6

Code C

DAILY REVIEW DOSES; None

Kellie

Medicines	• Appropriate prescribing
Admission	•
Quality of care	• no reviewing • dealt with broken bone but no indication of care plan to deal with this • no therapy • consistent appropriate specialist input
Out of hours	•

Cause of death	•

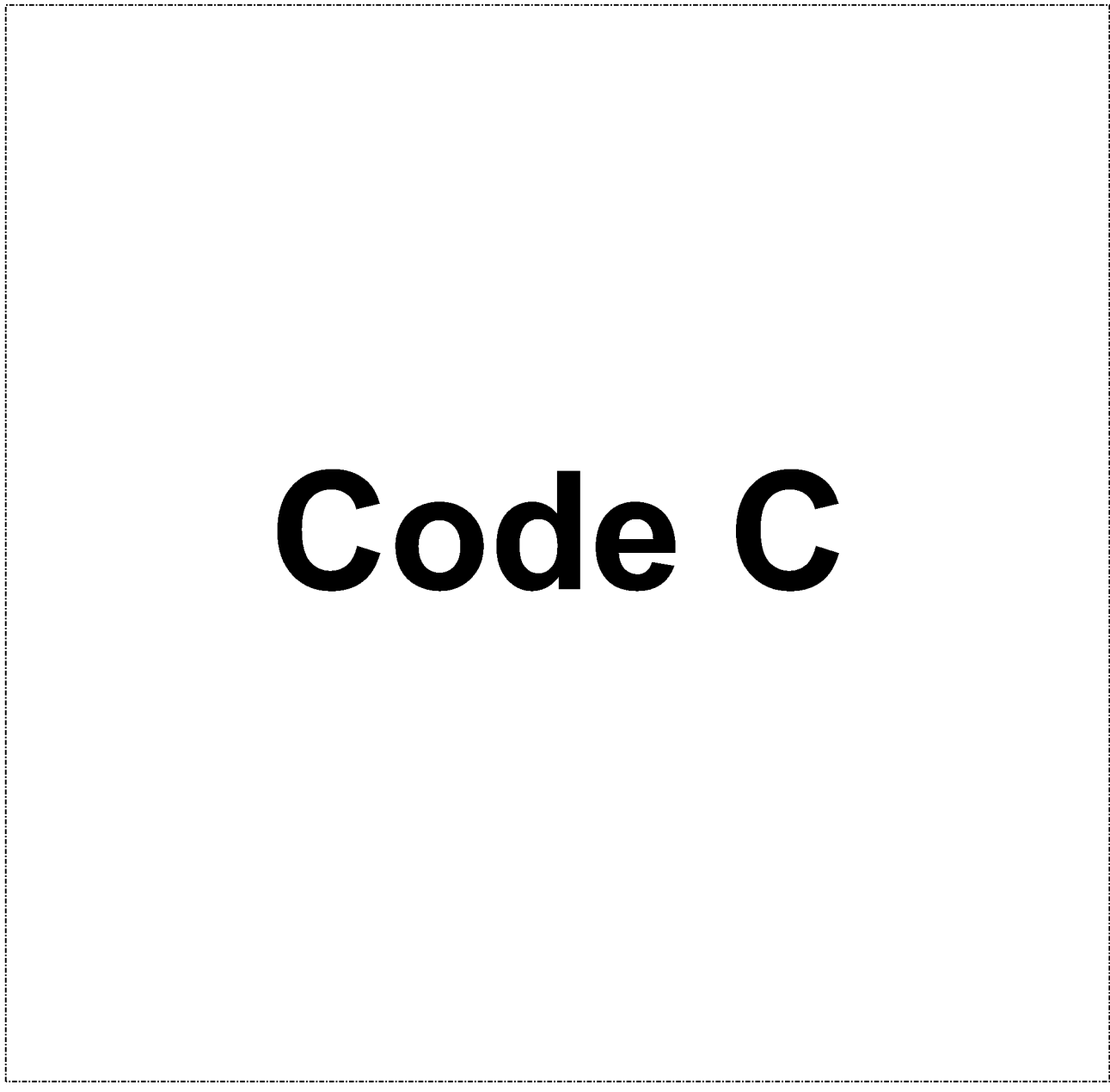
4
Patient 7

Code C

Kellie

Medicines	• Adherence to assessment and management of pain policy • Appropriate prescribing
Admission	• fine
Quality of care	• How the patient was to be washed was not dealt with appropriately with the relatives. •
Out of hours	•
Cause of death	•

5
Patient 8



Code C

Kellie

Medicines	• KM- 2-4 hourly opiate prescribing- this is not safe- the prescribing was nearer the 2 hourly stage
Admission	• Should have gone to elderly care medicine- should not have been admitted to sultan
Quality of care	• Swallowing assessment was too late • Overall RN nurse implemented plan and oversee nutritional care • Nutritional assessment was a bit too late in the day considering that the patient had disvager • Only weighed once on admission • No feedback about the complaint that was made
Out of hours	•
Cause of death	• fine

6
Patient 10

Code C

Code C

Kellie

Medicines	• Under prescribing of pain relief to patient • Syringe driver info not on standard form • Opiate prescribing- 8 hourly would happens with break through pain
Admission	• fine
Quality of care	• nursing plans same as before lack quality • nothing on the notes about how people would like to addressed • pressure-prevention issues • no weight taken. • Consistent specialist input
Out of hours	•
Cause of death	• fine

7

Patient 13

Code C

Code C

Kellie

Medicines	• Codemol and fentamol not a good combination of drugs • Generally not good prescribing practice – inappropriate prescribing practice
Admission	• fine
Quality of care	• very good care • screening tools updated
Out of hours	• Adequate prescribing input • Accuracy of record keeping
Cause of death	• Discussion with daughter

8
Patient 16

Code C

Code C

Kellie

Medicines	• Under prescribing of pain relief • 2-4 hourly prescription of oralmorph should be 4 hourly • diamophine dosages to low to work • Nurses were out of their depth- patient became agitated and aggressive-sign of pain • Some solution should have been created to administer drugs to the patient.
Admission	•
Quality of care	• consistent , appropriate specialist input- urologist
Out of hours	•
Cause of death	•

9
Patient 19

Code C

Code C

Kellie

Medicines	• Transistion of syringe driver is very good • Well recorded observations of patients pain • Appropriate prescribing
Admission	• Fine
Quality of care	• Consistent, appropriate specialist input • Student entries are very good here • Nursing care is good quality • Good care plan

Out of hours	• No health call
Cause of death	• DNR was discussed with relatives and patients

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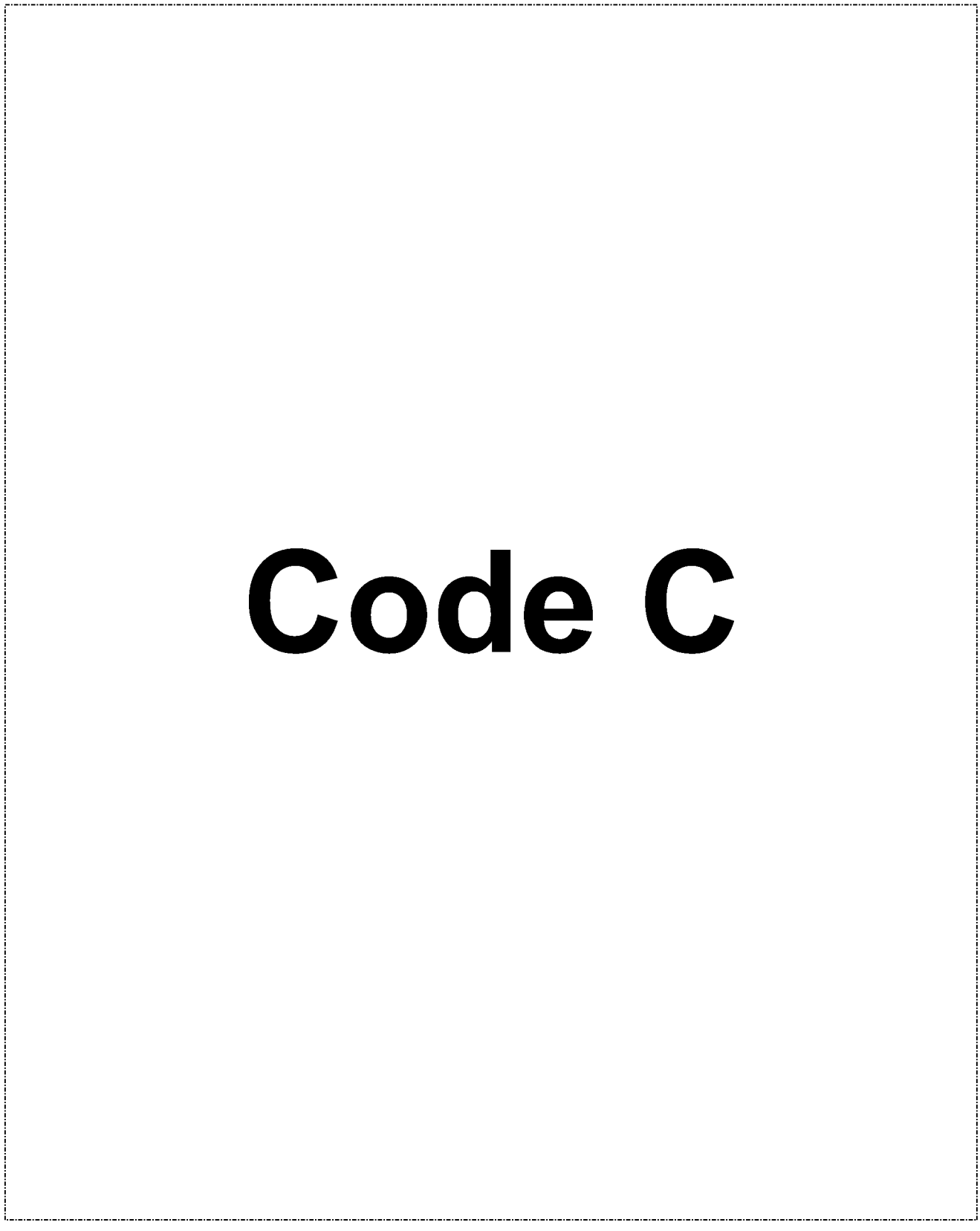
10
Patient 26



Code C

Kellie

Medicines	•
Admission	• Fine
Quality of care	• Calf injury-skin flap? • Consistant and appropriate elderly med consultant input-

	ultrasound • Mental state scores not completed- if they do not want a sheet it should be removed or stated clearly that it is N/A • Social services refusing funding and then receiving funding later?
Out of hours	•
Cause of death	•

SULTAN WARD
11
Patient 28

Code C

Code C

Kellie

Medicines	• Recording of patients care was poorly recorded • Different Dr being responsive and not being anticipatory • Medically the description of the patient's illness is very confusing- no clear diagnosis (common problem on GP wards) • Should have been referred back to Dr Bacon • Doctor should have come and seen patient • Appropriate prescribing was not achieved • AG If patient had been younger they would have been medically seen to but because of age they received limited care
Admission	• Initially criteria was met but detrioration and an inappropriate response meant that the patient should not have remained in this ward.
Quality of care	•
Out of hours	•
Cause of death	• There were discussions with the family

12
Patient 34

Brief discharge note

Code C

Medicines	• Prescription not clearly written for instruction for nurses
Admission	• Inappropriate admission • should gone to hospice or been treated at home
Quality of care	• fine
Out of hours	•
Cause of death	•

SULTAN WARD
13
Patient 38

Code C

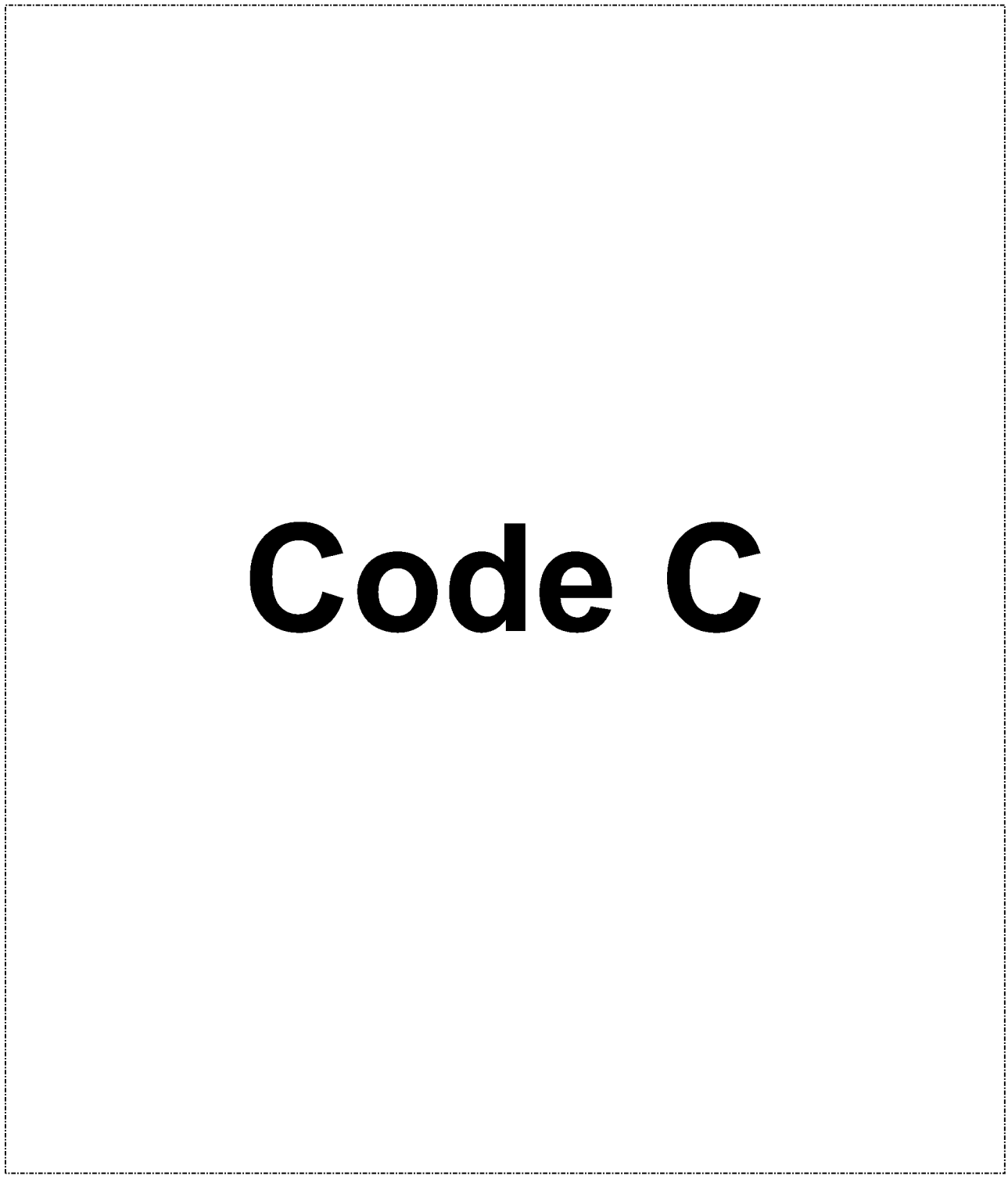
Code C

Kellie

Medicines	• in line with Wessex guidelines • consistent review of medication • appropriate call of healthcall • good quality recording on prescription sheets • syringe driver information on PNPchart? • 6 hourly prescription and this should be on 4 hourly leaves patient in pain for 2 hours • no record of what medication patient was on in community • increase pain and decrease opiates?
Admission	• lack of clarity-patient was a respite, but the patient was in for a review of health and medication

	• not in line with criteria
Quality of care	•
Out of hours	• adequate prescribing input • accuracy of record keeping
Cause of death	• DNR was not discussed with relatives and patients

SULTAN WARD
14
Patient 41



Code C

Kellie

Medicines	• missed this section
Admission	• inappropriate admissions • had end stage Alzheimers
Quality of care	• records of nursing care much better • adheres to nutrition and fluids policy • nutritional assessment on admission • specialist input • therapy input
Out of hours	• Healthcall • Records are sketchy
Cause of death	• Dr Cooper certified death • Notes contained paraphrase of what world have been on death certificate.

SULTAN
15
Patient 47

Code C

Code C

Kellie

Medicines	• GF without notes from Q&A it hard to make a judgement on whether analgesic ladder was used. Acute notes should carry through on transfer. • No indication why diamorphine was used • Medical notes poorly written so no written evidence of nursing care • Doctor has not written prescription properly • Discharge summary very poor • No transfer letter (common problem) • Entry notes have not been signed
Admission	• The patient does not match admission criteria because she required palliative care • Was transferred to Sultan pending nursing home

Quality of care	• Did not identify problems specifically • No evaluation • No clear chronology of nursing care
Out of hours	
Cause of death	• It would be better if they changed the words ' I am happy for nurse to confirm death'