

Chapter 6 - Arrangements for the prescription, administration, review and recording of medicines

Medicine useage

In order to determine the levels of prescribing at the trust between 1998 and 2001, CHI requested a breakdown from the trust of usage of diamporphine, haloperidol and midazolam for Daedalus, Dryad and Sultan wards. Some of the medicines used in the care of older people can be delivered by a syringe driver which delivers a continuous subcutaneous infusion (under the skin). This information has been plotted against the total number of admissions for the relevant year. The data relates only to medicines issued from the pharmacy and does not include any wastage, nor can it prove the amounts of medicines actually administered. A detailed breakdown of medicines for each ward is attached at appendix H.

The usage of the particular three medicines demonstrated below were highlighted by the experts commissioned by the police as of concern.

Though the police expert witnesses reviewed the care of five individual patients who died in 1998, comments were also made in the reports forwarded to CHI by the police about the general clinical leadership and patient management process in place on the wards. This is an overlap with CHIs own investigation term of reference. A summary of those comments is as follows:

- *The inappropriate prescription of strong opiate analgesia as the initial response to pain. It was the view of the police expert witnesses that a more reasonable response would be to prescribe a mild to moderate medicine initially with appropriate review of any pain followed up.*
- *The inappropriate subcutaneous combined administration of diamorphine, midazolam and haloperidol could carry a risk of excessive sedation and respiratory depression in older patients, leading to death.*
- *An assumption by clinical staff that patients had been admitted for palliative, rather than rehabilitative care.*
- *The failure of clinical managers to routinely monitor and supervise care on the ward.*

The following graphs below detail the decline in usage in specific medicines between 1998 and 2001. Nursing staff

interviewed confirmed the decreased use of both diamorphine and the use of syringe drivers since 1998. CHIs review of recent case notes confirmed that prescribing of diamorphine, midazolam and hyocine is now within more usual levels.