

Code A

FC/LD

16 November 2000

Code A

Dear **Code A**

I am writing to you further to my letter of 18th October 2000.

I have now received a report from Dr Wilkes, Consultant Cardiologist at Portsmouth Hospitals Trust, a copy of which I am enclosing for your information.

In addition, I have received a request from **Code A** for the release of your mother's **Code A** **Code A** medical and nursing notes. These are now in my possession and I am currently having them photocopied.

I have also spoken with Dr Knapman with a view to meeting with you and your sister to discuss your ongoing concerns. My secretary, **Code A** will be in touch with you to arrange a mutually convenient time for this appointment. It will probably have to be early afternoon to fit in with Dr Knapman's commitments and I hope this will be suitable for you.

In the interim, I will post out the copy notes to you as soon as the photocopying has been done. Should you have any questions or queries regarding this or the documents when you have received them, please do not hesitate to contact me.

Yours sincerely

Fiona Cameron
Divisional General Manager

Portsmouth Hospitals



NHS Trust

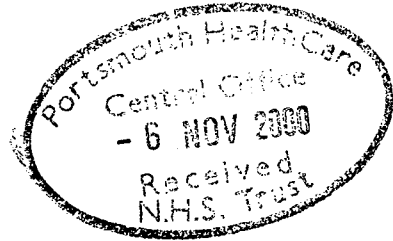
DR N WILKES
CONSULTANT CARDIOLOGIST
ST MARY'S HOSPITAL
MILTON ROAD
PORTSMOUTH
PO3 6AD

TEL: Code A
FAX: Code A

Our ref: NW/DJ/G098452

Dictated 23.10.00
Typed 31.10.00

Mr Max Millett
Chief Executive
St James' hospital
Locksway Road
Portsmouth
PO4 8LD



Dear Mr Millett

Re: Code A

Thank you for your detailed letter. I have carefully reviewed Code A hospital records.

1. It appears certain that septic shock was the primary problem precipitating Code A admission to St Mary's Hospital. Other causes for hypotension had been excluded; subsequent clinical findings and results were also consistent with underlying sepsis. The source of infection is not clear, but coliforms were cultured from urine, suggesting the possibility of underlying urinary tract infection.
2. Code A had been non-specifically unwell for about 2 weeks before admission to St Mary's Hospital. It appears that her collapse due to hypotension on the day of admission was sudden and was also consistent with the diagnosis of septic shock. It is possible that urinary tract infection may have contributed to her non-specific symptoms during the 2 weeks prior to admission, but I have not seen any record reporting specific symptoms.
3. Renal failure was also secondary to septic shock.
4. Subsequent poor response to intensive management is consistent with the poor outlook associated with septic shock. Associated problems (ischaemic heart disease, chronic lymphatic leukaemia) may have contributed to her poor response to treatment during her acute illness.
5. The typical nature of septic shock is of sudden onset and is therefore consistent with the history of collapse on the day of transfer from Gosport War Memorial Hospital to St Mary's Hospital.

I would be very happy for this letter to be released as you feel appropriate and all copies of the hospital records associated with her St Mary's Hospital admission to be released following Code A Code A permission. Please contact me if you feel I could be of any further help.

With best wishes.

Yours sincerely

Code A

DR N WILKES
CONSULTANT CARDIOLOGIST