The Centre Practice

The Health Centre
Osborn Road
Fareham
Hampshire PO16 7ER
Tel: Code A
Fax:

Attn Elaine Williams

Copy of report as requested.

With Compliments

THE CENTRE PRACTICE

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DMH/CL

15th July 2009

Lisa John
Coroner's Officer Portsmouth & South East Hampshire
Coroner's Office
Room T20, The Guildhall
Guildhall Square
Portsmouth
PO1 2AJ

Dear Ms John

Code A

I am writing at the request of Hampshire Primary Care Trust, a report for the above deceased gentleman who I met briefly on 27 May 2009 in my capacity as duty GP for Sultan Ward, Gosport War Memorial Hospital. I am Dr Dean Mark Hatfull, a GP partner at the Centre Practice, Fareham. My professional qualifications are Bachelor of Medicine Southampton 1995, membership of the Royal College of Physicians 1998, Membership of the Royal College of General Practitioners 2001.

I am using contemporaneous medical notes from the ward and my own recollection to prepare this report.

Mr Bayliss was an 83 year old retired naval officer who I met for the first and only time on the ward round on 27 May 2009 at 12.50. The story was given to me from the nurses and from reading the medical notes that he was admitted the previous day by a colleague Dr Sathyanath with a history of one weeks worth of diarrhoea and temperature and abdominal bloating. He had recently been started on Prednisolone for the possible diagnosis of PMR. His GP had sent him into Sultan Ward for assessment of possible dehydration. His past medical history was given as COPD, hypertension, atrial fibrillation and glaucoma. Medications on admission on 26 May were Tolterodine 4mg OD, Simvastatin 40mg nocte, Slozem 120mg OD, Fluoxetine 20mg OD, Prednisolone 15mg OD, Warfarin variable dose (we did not have a recent INR) and Tiotropium inhaler. Dr Sathyanath examined him and positive findings were that he felt he was mildly dehydrated but cardiovascularly stable. He had a soft abdomen with some minimal tenderness centrally and rectal examination that revealed an empty rectum. He did not perform any investigations at the time but arranged for him to have some blood tests, an

ECG, a chest xray and stool culture the next morning, 27 May, and with instructions to the nurses to encourage all fluids.

I was asked to see him on 27 May at the above stated time by the nurses who were concerned about his general health. They had noted he had a markedly reduced urine output and had vomited four times having still passed liquid faeces. On examining him he was alert and apyrexial but had a low blood pressure of 105/70, his pulse was steady at 80 in atrial fibrillation. Abdominal examination revealed a markedly distended abdomen with no obvious bladder palpable and quiet bowel sounds. Although he had blood tests that morning there were no blood test results available at this time to look at as they were currently being processed by the pathology laboratory. I arranged for him to have an urgent abdominal and chest xray and felt his abdominal xray revealed distended loops of large bowel. I organised him to be nil by mouth and started him on intravenous fluids and put in a urinary catheter. I immediately arranged for his transfer at 14.50 to Queen Alexandra Hospital surgical assessment unit as I felt he could possibly have small bowel obstruction with overflow diarrhoea. I reiterate I did not have his renal function available at the time. This was never in our possession, but the laboratory did ring back a very high INR or 15.7 with instructions that we give 5mg of oral Vitamin K to reverse this prior to his transfer to Queen Alexandra Hospital. We made it clear in the medical notes this is what we had done prior to transfer. The last entry in our notes from Sultan Ward was from the staff nurse at 20.00 noting that despite arranging an urgent transfer to Queen Alexandra Hospital at 14.50 the ambulance had still not arrived and documenting that they had contacted Hampshire Ambulance to expedite this transfer. I then had no further contact with this gentleman until his death on 29 May 2009.

Many thanks.

Code A

DR D M HATFULL