For Bond.
Berton
Juice
Cochman.

Q We have heard in evidence that my Mothers closed reduction of the dislocation was performed under I.V. at around 12.30 - 1pm of 2mg of Midazolam and that she took ~~along time~~ 12hrs → to recover consciousness following the procedure - during so at approx 1am. ~~Do you~~ Do you not think that in view of this - to give 20mg of Midazolam (which is a Sedative - also used in anaesthesia) together with Diamorphine 40mgs in the Syringe Driver was an excessive prescription? agree with me

Answer:

Q2. Given that my Mother slept soundly on 2mg for 12 hrs - would you agree that giving 20mg as a starting dose she would be rendered unconscious in an induced coma (with regular repeat) from which she would not be able to regain consciousness?

Q We have have also heard in evidence of the potency of Diamorphine against Oramorph, and the conversion rate ~~should be~~ of 10mg of oramorph is equal 3mg of Diamorphine according to B N F (1997). Are you familiar with this conversion table?

Q. Would you agree with me that 40mg of Diamorphine into a Syringe driver would be an excessive prescription given that my Mother had been unresponsive for hours on a dose of 5mg of Oramorph in the preceding days to the Syringe Driver?

And have some enjoyment and awareness of the remaining days?

Q Would you agree ~~with my vast experience of the use of a Syringe Driver~~, that optimum pain control allows the patient to be pain free and remain ambulant, able to take nourishment, make decisions and remain aware of their surroundings & visitors *

If asked by Coroner about experience of Syringe Drivers

I believe to the best of my knowledge that that this would stem from late eighties to early nineties - I was trained by the Macmillan Nurses attached to the Oncology Unit at Basingstoke Hants Gen Hospital ~~over a period~~ to be able to do the procedure and in those days administration was via a "butterfly" subcutaneous needle. This means a needle as part of a butterfly adhesive plaster that would adhere to the skin to ensure a secure insertion. - It is Probably different now.

---

More recently in the weeks leading up to this inquest - my cousin was diagnosed with brain cancer and in the ~~short~~ very short period leading up to her death her pain was just managed with varying doses of MST slow release which is a morphine based tablet and as the dose increased as necessary as the pain increased. The dose was managed and reviewed such that she remained conscious and made essential decisions. As her condition deteriorated and she transferred to a Hospice - she agreed to the use of a syringe driver and was able to walk to the toilet - to sit in the Sun in the adjoining garden and enjoy a visit from close family including ME following the wedding of her only Son. This was just 4 days before her death. And she was able to say all the things she wanted to say

PTO

prior to her demise only being unconscious a few hours ~~before~~ prior ~~to~~ her death. This was excellent management pain control as it should be