

29/6/2000
11:17
(059)

Page 21/38 You told police that Mrs Richards had suffered (a stroke) - that is not correct is it?
EVA

Questions for Ms Couchman

Page 12/38 you agreed "one leg was bent" is that correct?

Looking back to your police statement, you said that you were the nurse who set up the syringe driver with Philip Beed for Mrs Richards on 18th August - is that correct?

- X Do you remember any discussion you may have had with Philip Beed about Mrs Richards care at that time (when setting up the syringe driver)? No
- X Do you remember how Mrs Richards was (sleeping, unconscious?) on the 18th before her syringe driver was administered? says aware

We have heard testimony that on the day of the 18th before the syringe driver was set up, that Philip Beed told both daughters of Mrs Richards that their mother was dying -

were you aware of his view at that time? NO not aware

Were you aware that he had told both daughters that their mother was dying on the 18th and that was the reason for the syringe driver? NO

We know from your statement to the Police that when asked you said you did not think Mrs Richards was dying at the time the syringe driver was being prepared on the 18th - that's correct isn't it?

Why did you not think Mrs Richards was dying at that particular time?

Did you think that by putting up the syringe driver that Mrs Richards would be relieved of any pain? Yes - constant relief

Did you think it was possible for drugs to be administered through the syringe driver and for Mrs Richards to remain awake/alert enough to eat and drink? no exper
Why/why not?

Do you agree that optimum pain control allows that to happen?

Of course what we know now is that the range of prescribing for Mrs Richards was too wide, it was inappropriate, (potentially) hazardous and it was not in the best interests of Mrs Richards - but then in 1998,

did you ever consider the combination of the drugs that were administered through her syringe driver? looked at by pharmacist

We have heard that my mother was administered 2mg of midazolam in order for her to have her closed reduction and for her to be sedated.
Given that she had 20mg (10 times dose) of midazolam and 40mg of diamorphine in the syringe driver, did you think this was an excessive dose? NO

would
you expect this dosage to induce a coma?

Are you familiar with the BNF conversion table.

Did you ever question the doses of medication being administered through the syringe driver at that time?

When you were asked by the Police about the dosage of diamorphine, is it correct that you stated that the dosage given was at the lower end of the scale and that you could have given more, up to 200mg?

Were you aware that if nursing staff had administered 200mg of diarmorphine that would have been a fatal dose for a 91 year old?.

Knowing that now, do you think it was a safe practice to allow nursing staff to administer what would have been a fatal dose?

And were you also aware that had such a dose had been administered by nursing staff that the Doctor had already stated that she was happy for nursing staff to certify death?

Is it fair to say you thought the combination of drugs and their doses were appropriate at that time?

You stated that in the last few days of Mrs Richards life (after the 18th) you thought that Mrs Richards was dying-is that correct?

What changed to make you have that view? (deterioration?) *peaceful*

In your view, could the deterioration in Mrs Richards' health be as a result of the drugs she was being administered through the syringe driver at that time? *No not the drugs.*

Thank You

Pump Beed says yesterday that oral care was not given once syringe driver was administered?

How could you give this if it was not available to give?

*You have stated Mrs Richards was in a bed
that is not*