

BLACK

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- Clinical examination not undertaken or not recorded on admittance
- recorded as being persistently hypotensive & unwell.
- major problem in assessing case is poor documentation = poor clinical practice.
- plan to go into GUMH for 2 weeks to regain usual state of health following sickness & diarrhoea. 27/4.

~~**~~ Large pleural effusion - unlikely any competent clinician ~~**~~ would have missed this.

- appears to be no great haste in transferring her to ST Marys.
- on call medical team called to see her urgently.

Has DR BLACK answered p/1/2.2/2.3:

GUMH.

- why drug chart dates out of order. P17/881.
- everyday complaining of feeling unwell. P26/881.
- evaluation sheet - blank 28/4 - 2/5 inwards P31/881
- nutritional assessment tool completed 27/4 only P32/881
- barthel ADL index completed 27/4 only P38/881.

Dr Peter Lawson states this is different to other cases,

failure to examine, diagnose or treat effectively - but no excess prescribing.
poor standard of communication & ... care.

28-1st- no notes or speciality history sheet 508/881. (2)

Dr K. saw 2/14? or 2/5 only.

Letter from GMC states negligence?

neglect contributed to death.

Drugs record accurate??

copies of our complaint letters & PCT responses.

(3)

Sheena statement.

copy of GP notes.

1) write to GMC — DR IC
— GWMH.

NEGLECT
Inquiry.

2) Summary for Viggers.

3) Solicitors:- keep in contact.
- other families?

4) Peter Walsh - ask them to look @ & advise.