

8a (i). Patient G was admitted to Dryad Ward at GWMH on 21 Sep 1998 with a painful sacral ulcer and other medical conditions **ADMITTED AND FOUND PROVED**

8a (ii) on 21 Sep 1998 you prescribed diamorphine with a dose range of 20-200mg and midazolam with a dose range of 20-80mg to be administered subcutaneously over a 24hr period on a continuing daily basis **ADMITTED AND FOUND PROVED**

8a (iii) on 25 Sep 1998 you wrote a further prescription for diamorphine with a dose range of 40-200mg and midazolam with a dose range of 20-200mg to be administered subcutaneously over a 24hr period on a continuing daily basis. **ADMITTED AND FOUND PROVED**

8b. In relation to your prescriptions for drugs described in paras 8a(ii) and/or (iii):

(i) the dose range was too wide **ADMITTED AND FOUND PROVED**

(ii) the prescription created a situation whereby the drugs administered to Patient G which were excessive to the patient's needs. **ADMITTED AND FOUND PROVED**

8c Your actions in prescribing the drugs described in para 8a(ii) and/or (iii) were:

(i) Inappropriate **FOUND PROVED**

(ii) Potentially hazardous **ADMITTED AND FOUND PROVED**

(iii) not in the best interests of Patient G **FOUND PROVED**

This was an anticipatory prescription for an opiate naïve patient, and the Panel has regard for paras 9-14 above in relation to guidelines and the analgesic ladder, the use of opiates and their side-effects and anticipatory prescribing.

In addition, the panel noted your admissions that the dose range was too wide, that the prescription created a situation whereby drugs could be administered which were excessive to the patient's needs, and the prescription was potentially hazardous.

The Panel had regard to paras 12-14 above (Guidelines, Analgesic Ladder, Drug Mix, Prescribing outside Guidelines, Anticipatory Prescribing and Delegation) as to combining diamorphine and midazolam, prescribing opiates outside the guidelines, and anticipatory prescribing, and noted your admissions that the dose range was too wide, that the prescription created a situation whereby drugs could be administered which were excessive to the patient's needs and that your actions in prescribing the drugs were potentially hazardous. In all the circumstances, the Panel concluded that your actions in prescribing these drugs were inappropriate and not in the best interests of the patient.

d. You did not obtain the advice of a colleague when patient G's condition deteriorated **ADMITTED AND FOUND PROVED**

Heads 14a i-iii (Failure to keep accurate records) **ADMITTED AND FOUND PROVED**

Head 14a iv (Did not record the drug regime) **FOUND PROVED**

The panel has had regard to para 7 (Allegations that you did not sufficiently record the drug regime in respect of specific patients) above as to the desirability of a sufficiently recorded drug regime. You told the Panel that you did not note such details of the drug regime on patient records for the guidance of nursing staff.

Heads 14a v and vi (Failure to record the reason for drugs and changes) **ADMITTED AND FOUND PROVED**

Heads 14b i and ii (Failure to record was inappropriate) **ADMITTED AND FOUND PROVED**

Heads 15a and b (Failed to carry out proper patient assessments) **FOUND NOT PROVED**

In view of the paucity of evidence in this regard, to which you own poor record keeping contributed, the Panel could not be sure as to the appropriateness or otherwise of any assessment which you may have carried out. In the light of the Panel's findings on Head 15a it follows that 15b must fall