

SHELIA JONES
~~CHADES~~

(1988-1997)

INQUEST
 SCRIBBLES

Twasn't informed a
 syringe - driving was to used.

Nor was lavender informed.

Said she was permitted to set
 up S-D in Dr. Osborn, with
 later notification.

When transferred to D/D due
 to bed-blocking ← ^{how many} KILLER.

What are Boston's contractual
 hours??

8 rehears }
 14 hangstays } Dances.

Suitcase? Dryer

↑ Medical = phone surgery
 for patients to go in =
 reluctant to increase.

NOT patients ^{HIGH DEPENDENCY} ^{REHAB} transplant
 were sent for rehab.

but not suitable, who
 needed??

bed blocking problem

Pressure incr. as time
went on.

Behavior given UNEXPECTED
expectation

Baron would come back
to hosp. to interview
relatives = NOT TRUE

A in medication was always
with BARON'S agent ???

A-D was there if needed, even
if prescribed.

S-D's always started at
lowest level of prescription

— 2 nurses could describe
to ²A and he better know
later if unavailable.

Telephone Permission

Only paracetamol level.

— never analgesic.

10mg Oxamprole = pain
relief and drowsiness
with 1/2 hour - lasting
up to 4 hours.

Independent, CFI, etc.

unhappy about pre-prescribing
(anticipatory prescribing).

fund approvals
down - where ???

Code A

Thynne Barrett (General Nurse).

1987 - Shifts at GWHM - until 2006.

- 1995?

DRYAD - Death Ward?

Baron 1988 - 2000 at GWHM ^{resigned.}

Hambelin - u - u - u -

⇒ DRYAD Terminal care.

Medical Prescriptions have
 to be written up personally
 or, if verbally over telephone,
 spoken to 2 people, later
 signed by Dr.

S-1) Once authorized, Nurses
 would set up as will
 - if later pain \Rightarrow report
 to Dr before \uparrow

Max instructions were 50%

- later signed on medical notes
 by Barton.

Barrett cont.

① Admitted with C-P that
prescribes Oxamorph.

What circumstances = t/f
onto S-D on ~~some day~~

② After S-D, ~~how~~ how
would patient be hydrated
fed. ???

Transfer to S-D would
involve discussion with
family

Changes in condition
would have been recorded
in Nurses Notes

Analgesic / Sedatives = dozy

Terminal Illness
would not be indicated
Annotated on notes

BLACK

often have to Δ drugs (How
 - 50% usual (LONG
 BETWEEN)

Starting

Want to AVOID loss
 of consumer to all
 time with relatives, etc.

Oral morphine 30-60mg,

Decaump 3/1 cont.

10-20 mg + 50%.

Don't think would be
 acceptable if 1st low
 dose. was not having
 required effect.

Change of direction
 = complex decision
 = involve nurses + family

BLACK says REST DEPRESSION
possible because of drugs.

FOLD says very likely
 = Brown's movement

WITEN CLOSE TO DENT

— no drips / . nutrition

—

ELDERLY PERSON

Start highest = 30mg Oxycodone



10mg diamorphine is equi

BLSER on AD3C

Diabetes — ?

Dementia — ?

Stack 9-7 - 1st Day / 1st-2nd

Eating: Chocolate !!!

BARTON

(Res)

~~1988~~. Clinical Asst. 2000

- 5 sessions (less 1/2 to other GPs).

Work, alternate Mondays.

1998 - 80% ???

Clerked in by Barton on arrival

- reference to existing medication

No continuing care, only
palliative care, in D aged
in 1998.

Tom's Big Points

Para 29: Middleton

-u- 96-8: Kidnapping.

-u- 47-52: Cash

-u- 45: ?

Unlawful Killing:

(1) As detailed in Submission

(2) Whether death caused in factually
being spirits.

Duty of Care

18 - Attention

(a) Rehab. care - 21/9. (p 457)

(b) Wasn't done.

- (b) Treat as terminally ill
- (c) Told not going to leave
- (d) No high protein diet
- (e) No hydration / in person prov.

Ward's plan not followed

Bartem took a different view

— Wilcox confirmed no changes
between

≡ Breach of Duty

Prop. Symptom Relief.

Exclusion dose = telaviramin, etc.

- later coming 10 mg

22:00 - started

23:10 - S/D started.

- independent assessment a
need for interventions

- going - no course out

Encounter & after: Black
cannot justify

23/9 Concessions, C/A
 had not considered due to
 analysis.
 = Branch of Entry.

Concessions

~~had~~ hard to keep that open.
 Wilson felt scope for
 improvement.
 No prearrangement, but don't
 Sykes know

Black - ankyrins ~~in~~
shortens life.

~~had~~ expect c/p used.
 at first longer.

Androgen contribution
more than than minimally
 to death

of a known risk, known
 ladder, etc. but preceded
 by others.

^{adequate}
No explanation for
not following up