Field Fisher Waterhouse

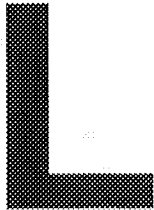
FFW/135/01

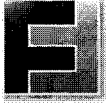
GENERAL MEDICAL COU

-and-

DR JANE BARTON

PANEL BUNDLE
PATIENT





GENERAL MEDICAL COUNCIL

-and-

DR JANE BARTON

PANEL BUNDLE
PATIENT

Field Fisher Waterhouse

GENERAL MEDICAL COUNCIL

-and-

DR JANE BARTON

PANEL BUNDLE PATIENT

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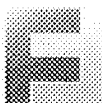


GMC – v – DR JANE BARTON

CHRONOLOGY: PATIENT L – JEAN STEVENS

Date of Birth Code A

Date:	Event:	Source:	Page(s):	Comments:
2/2/99	Reviewed by locum consultant re left iliac fossa pain.	Correspondence Clinical notes	154 205	
9/3/99	Referred to consultant anaesthetist re abdominal pain.	Correspondence	144-145	
26/4/99	Admitted to Royal Hospital Haslar after experiencing chest pain and collapsing at home. CT brain scan conducted.	Nursing notes A&E notes Clinical notes CT scan results Drug charts	92, 94, 96, 98, 100, 125, 131 146-149 208-211 255 73-78, 703-725	

27/4/99	Nasogastric tube feeding begins.	Intake notes Nursing notes Clinical notes	51-68 100 212	
28/4/99	Transferred to Coronary Care Unit. Chest x-ray conducted. Antibiotics commenced.	Nursing notes Clinical notes	100, 108 213-215	
30/4/99	Reviewed by HO on call.	Clinical notes	217-218	
1/5/99	Reviewed on ward round.	Clinical notes	219	
2/5/99	Reviewed by physiotherapist.	Clinical notes	219	

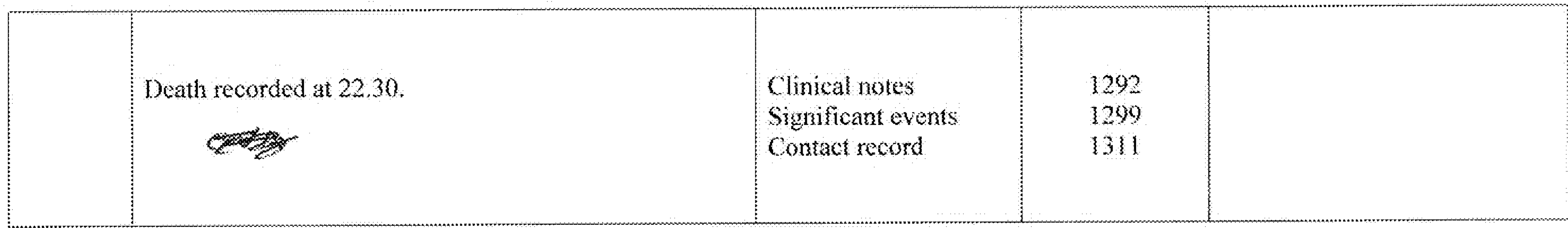
3/5/99	Reviewed on ward round.	Clinical notes	219	
4/5/99	Reviewed on ward round and by dietician.	Clinical notes	219-223	
5/5/99	Patient begins taking food orally. Referred to Dr Lord, consultant geriatrician. Treated with oxygen and diamorphine for respiratory failure.	Intake notes Nursing notes Clinical notes	44-50 110 224 Drugs 713	
6/5/99	Reviewed by Dr Lord.	Correspondence Nursing notes Clinical notes	69, 734 110, 112 226-228	
7/5/99	Reviewed by Registrar.	Clinical notes	229	

10/5/99	Nasogastric feeding recommenced. Reviewed by Dr Tandy, consultant geriatrician.	Intake notes Correspondence Nursing notes Clinical notes	32-43 6 734 114 229-233	
11/5/99	Reviewed on SHO.	Clinical notes	233-234	
12/5/99	Reviewed on ward round.	Tandy letter Clinical notes	69 234	
13/5/99	Reviewed on ward round, and by dietician.	Clinical notes	234-235	
14/5/99	Reviewed by orthopaedic specialist. Subluxation of shoulder diagnosed.	Drug charts Nursing notes Clinical notes	73 118 236	

17/5/99	Reviewed by SHO, and by dietician.	Clinical notes	237	
18/5/99	Liaison between Royal Haslar Hospital and GWMH.	Nursing notes Clinical notes	120 237-238	
19/5/99	Reviewed by physiotherapist.	Clinical notes	238-239	
20/5/99	Transferred to Daedalus Ward, GWMH. Upon transfer, patient receiving aspirin, enalapril, digoxin, isosorbide, mononitrate and PRN subcutaneous diamorphine 5mg. Reviewed by Dr Barton.	Transfer record Drug charts Nursing referral Nursing notes (Haslar) Clinical notes Admission notes Significant events Nursing assessment Nursing care plan	70 73, 77-78 86 122 1292 1296-1297 1299 1302-1307, 1318-1322 1324-1337	

	Drug charts indicate: • Digoxin: Dr Barton prescribes 1.2ml od. • Enalapril: Dr Barton prescribes 5mg od. • Aspirin: Dr Barton prescribes 75mg od. • Isosorbide: Dr Barton prescribes 60mg. Not administered. • Suby C: Dr Barton prescribes. Not administered. • Oramorph: Dr Barton prescribes 2.5-5ml (5-10mg) PRN. 2.5ml (5mg) administered at 14.30, 18.30 and 22.45. • Diamorphine: Dr Barton prescribes 20-200mg/24hrs PRN by subcutaneous infusion. • Hyoscine: Dr Barton prescribes 200-800µg/24hrs PRN by subcutaneous infusion. • Midazolam: Dr Barton prescribes 20-80mg/24hrs PRN by subcutaneous infusion.	Drug charts	1342-1346	

21/5/99	Drug charts indicate: • Digoxin: 1.2ml administered. • Enalapril: 5mg administered. • Aspirin: 75mg administered. • GTN spray: Dr Barton prescribes 2 puffs PRN. Not administered. • Oramorph: 2.5ml (5mg) administered at 07.35. Dr Barton then prescribes 5ml (10mg) four times daily and 10ml (20mg) nocte. 5ml (10mg) administered at 10.00 and 14.00. • Diamorphine: 20mg/24hrs administered at 19.20. • Midazolam: 20mg/24hrs administered at 19.20.	Contact record Drug charts	1309 1342-1346	
22/5/99	Drug charts indicate: • Diamorphine: 20mg/24hrs administered at 08.00. 20mg/24hrs administered at 10.30. • Hyoscine: 800µg/24hrs administered at 08.00. Dr Beasley then verbally prescribes 1600µg/24hrs by subcutaneous infusion. 1600µg/24hrs administered at 10.30. • Midazolam: 20mg/24hrs administered at 08.00. 20mg/24hrs administered at 10.30.	Contact record Drug charts	1309, 1311 1342-1346	



	Death recorded at 22.30.	Clinical notes Significant events Contact record	1292 1299 1311	

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A Few Helpful Hints

1. Make sure your relative/friend/spouse is sitting upright and is well supported when eating and drinking.

2. Tipping their head forward slightly while they are eating and drinking may help reduce coughing.

3. Encourage them to take their time and to concentrate. Avoid distractions as much as possible.

4. Do not allow them to eat or drink if tired.

5. Encourage small amounts at a time. (Use a teaspoon).

6. Encourage them to chew their food as much as possible and to use their tongue to manipulate the food. This will help to trigger a stronger swallow.

7. After each swallow, they may need to clear their throat and swallow again. This helps to keep their airway clear. They may need to swallow twice per mouthful.

mind them to check their mouth is clear taking another spoonful.

Do not try to stop a cough as this also helps to keep the airway clear.

10. Follow any specific exercises the Speech & Language Therapist may have given.

If you would like any further advice please ask the Speech & Language Therapist (details on front cover).

If there are any comments you wish to make regarding any aspect of the Speech and Language Therapy service, please contact:

Miss M Meikle
Professional Adviser,
Speech and Language Therapy
Child Development Centre
151 Locksway Road
PORTSMOUTH
PO4 8LD

Telephone: 01705 894410

Speech and Language Therapy Department

Code A

has difficulties with eating/drinking (swallowing)

An information leaflet for patients, their relatives and friends

NAME:
TITLE:
CONTA
DATE:

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PAIN CLINIC 26/05/9.

PORTSMOUTH
HealthCare
NHS
TRUST

DR J C TANDY
CONSULTANT GERIATRICIAN

Elderly Medicine
Queen Alexandra Hospital
Cosham
Portsmouth PO6 3LY

Code A

Tel: 01705 822444
Extension: Code A
Direct Line:
Fax: 01705 200381

12th May 1999

Dr Matfin
c/o A6 Ward
RHHaslar
Gosport

Dear Dr Matfin

Ward Visit
Jean STEVENS dob Code A
A6 Ward RHHaslar Code A
Code A

Diagnosis : 1. Cerebrovascular disease
2. Ischaemic heart disease
3. Hypernatraemia

Thank you for asking us to review this 73 year old lady who was seen by Althea Lord last week. She had appeared to improve over the weekend. I note her sodium at the end of last week was 165 mmol/l. Her Barthel is zero and she has a dense flaccid hemiparesis with very dysarthric speech. She can obey simple commands. An NG was placed this morning and she has been tolerating NG feeds so far.

Unfortunately when I arrived on the ward she developed further central chest pain. ST segments which appeared to have settled down in 1 and AVL became elevated again. They were, I note, elevated on admission.

I don't think she is stable enough to transfer to the Gosport War Memorial at present as we have only GP cover.

We could take her over next week as long as her sodium is within the normal range and she is tolerating her NG feeds. If she continues to improve at some point we would have to consider a PEG. You are ruling out an MI.

Thank you for asking us to review her.

Yours sincerely

Code A

Dr J C Tandy
Consultant Physi[illegible]s

File

Code A

cc: Dr Knapman, The Surgery, 148 Forton Road, Gosport

Code A

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SPEECH & LANGUAGE THERAPY DEPARTMENT
SAFETY PROCEDURES FOR SWALLOWING

DO NOT PROCEED WITH ORAL INTAKE IF:

BREATHLESSNESS INCREASES
CHOKING OCCURS
TEMPERATURE INCREASES
COLOUR CHANGE IN FACE
GENERAL DISTRESS OCCURS

WHEN FEEDING

The patient must be awake and alert.

The patient should be seated upright - in a chair if possible.

The patient should keep his chin down; make sure he does not throw his head back to swallow.

Make sure the patient has only one small mouthful of food or sip of liquid at a time.

Make sure all the food has been completely swallowed before the patient has the next mouthful.

Two swallows per spoonful of food may be necessary.

Don't rush the patient. Frequent pauses may be necessary.

After every 2 or 3 spoonfuls of food encourage the patient to say "Ah". If the voice sounds gurgly he must cough and clear the throat and then swallow.

At the end of the meal please ensure the patient's mouth is clear, especially in the cheeks.

Record all intake and monitor weight.

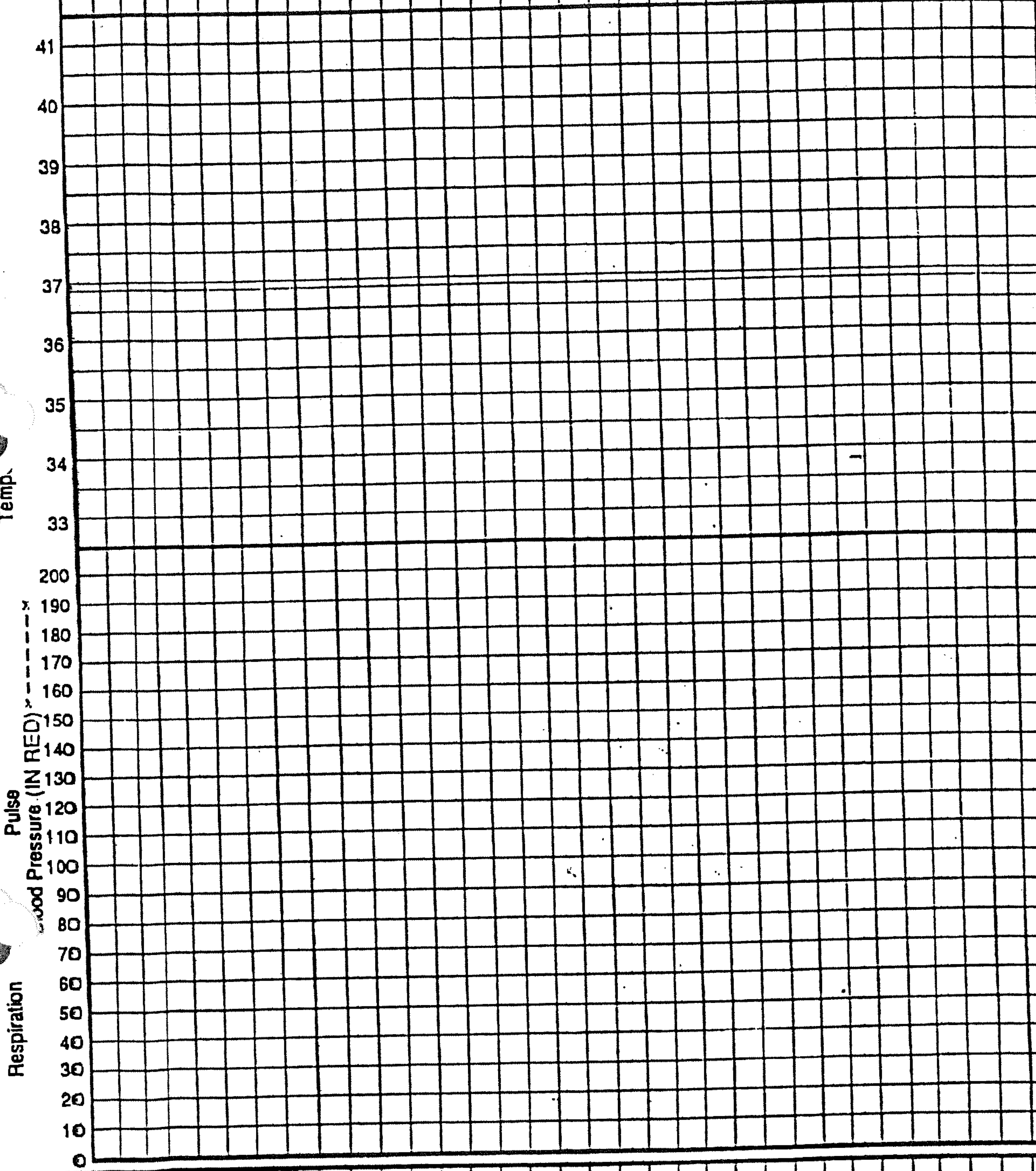
The patient must remain sitting up-right for at least half an hour after each meal.

Please talk to the patient and tell them what you are doing as you are feeding them. This gives them confidence and makes the mealtime more pleasant and relaxed.

Textures and amounts recommended:

Code A

Observation Chart



Special Checks

Patient Label

Name

Rank

Number

Hospital Number

Special Instructions

Alternat... ...ale

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Surgical Department
Royal Hospital Haslar
Gosport • Hants • PO12 2AA
Telephone 01705 762118 Fax. 01705 762960

Wing Commander T Skinner
Consultant Anaesthetist
RH Haslar
Gosport
Hants

Date: 9 March 1999

Your ref:

Our ref: Code A

PLEASE FILE IN D/D.

Dear Terry

Mrs Jean I STEVENS - Code A
Code A

I would be very grateful for your review of the notes and x-rays on this patient. I enclose a letter that I have recently written to the GP and I think to save yet another long letter in the notes, it would probably be sensible for you to review the notes yourself. I would be very grateful if you have any views on how we might best manage this woman's pain, which does appear to be coming from the abdominal wall.

With best wishes

Yours sincerely

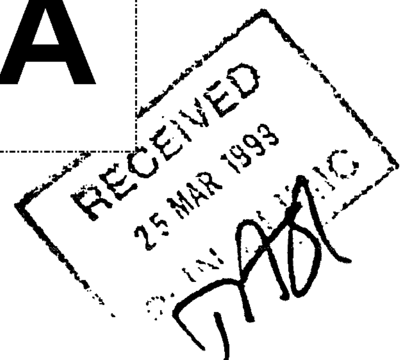
Code A

Code A

N P J CRIPPS
Surgeon Commander RN
Consultant Surgeon

Enc.

kh/16.3

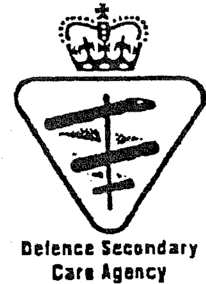


Get. notes.
31 MAR 199 LS

B02 15 15 Wed 26 May

29/3/99 for ⟶ New pt: appt.

Surgical Department
Royal Hospital Haslar
Gosport • Hants • PO12 2AA
Telephone 01705 762118 Fax. 01705 762960



Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Date: 9 March 1999

Your ref:

Our ref: Code A

PLEASE FILE IN D/D.

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

You have seen the correspondence about this difficult problem with Mrs Stevens. I really have the same view as my colleagues, that there isn't anything surgical to approach. In all the CT scans and other investigations have confirmed that there does not appear to be an intraperitoneal problem.

Poor Mrs Stevens is terribly troubled by what seems to be a pain local to the abdominal wall and neither of the scans have demonstrated abdominal wall incisional herniation, nor can I find one clinically.

I think that it is now time to have some input from a pain specialist and I am referring her to Wing Commander Terry Skinner for his views. I think from the sounds of her somatic symptoms, she may well be a candidate for angiolytic treatment. In a woman of this good nutritional status, with a satisfactory bowel action, I cannot believe she has significant intestinal pathology.

Yours sincerely

Code A

N P J CRIPPS
Surgeon Commander RN
Consultant Surgeon

Copy to: Wing Commander T Skinner, Consultant Anaesthetist, RH Haslar.

kh/16.3

Code A

Code A

Code A

Code A

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

9 March 1999

Code A

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

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Yours sincerely

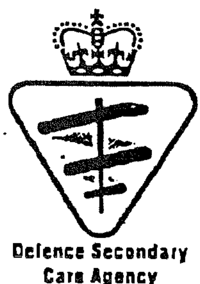
Code A

N P J CRIPPS
Surgeon Commander RN
Consultant Surgeon

Copy to: Wing Commander T Skinner, Consultant Anaesthetist, RH Haslar.

kh/16.3

Surgical Department
Royal Hospital Haslar
Gosport • Hants • PO12 2AA
Telephone 01705 762118 Fax. 01705 762960



Mrs Jean Stevens
Code A

Date: 2 February 1999

Your ref:

Our ref: Code A

Dear Mrs Stevens

I have reviewed your barium enema and CT as we discussed yesterday. Neither of them showed significant problems but this does not mean that you do not have a problem.

What I think needs to happen is that you should be reviewed by Surgeon Commander Cripps personally, at which time we can formulate a definitive plan to help solve your pain problem. I have therefore arranged for you to attend an out-patient clinic on 9 March 1999 at 0940, when you will be seen by Surgeon Commander Cripps himself.

Yours sincerely

Code A

M C G TERRY FRACS
Locum Consultant to Surgeon Commander N P J Cripps

SURGICAL DEPT.
05 FEB 1999
ROYAL HOSPITAL, HASLAR
GOSPORT, HANTS.

kh/4.2

Surgical Department
Royal Hospital Haslar
Gosport • Hants • PO12 2AA
Telephone 01705 762118 Fax. 01705 762960

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Date: 2 February 1999

Your ref:

Our ref: Code A

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

Mrs Stevens returned to Surgeon Commander Cripps' out-patient clinic today with the same left iliac fossa pain that she has presented with over the last 6 months.

Like others who have seen her, I too found an area of thickening which on palpation caused recurrence of her pain. I have reviewed her barium enema and CT and concur with previous findings of no abnormality. We have a problem of disparity between clinical findings and investigations. Mrs Stevens has a real problem, but at present our investigations fail to document this. I therefore have arranged for her to return to be reviewed by Surgeon Commander Cripps in his first available clinic, at which time a definitive plan can be formulated.

Yours sincerely

SURGICAL DEPT.
05 FEB 1999
ROYAL HOSPITAL, HASLAR
GOSPORT, HANTS.

Code A

M C G TERRY FRACS
Locum Consultant to Surgeon Commander N P J Cripps

kh/4.2

12 January 1999

Dr Knapman
The Surgery
148 Forton Road
Gosport

Code A

Dear Doctor Knapman

Mrs Jean Stevens, Code A
Code A

I reviewed Mrs Stevens again regarding her left iliac fossa pain. She has now had a CT scan which was essentially normal. Unfortunately she had been left to believe at the time that there was a cyst that had previously been noted and that this might have drained. On further discussion with the radiologists comparison with previous CT scans suggest that this was because the bladder was unfilled on this occasion and in fact if anything there is less evidence of any inflammation in the area. We will therefore simply review her again in 3 weeks time.

SURGICAL DEPT.
22 JAN 1999
ROYAL HOSPITAL HASLAR
GOSPORT, HANTS.

Yours sincerely

S G MELLOR MS FRCS
Colonel L/RAMC
Consultant Surgeon

Mrs J Stevens

Code A

12 January 1999

Code A

Dear Mrs Stevens

I have now had the opportunity to discuss your CT scan with the radiologist here. It appears that the confusion arose because your bladder was empty on this occasion, when it had been full for previous scans. The cyst that had previously been noted has in fact now disappeared and we do not feel that this is the source of the discomfort that you are experiencing. I suggest that you return to the clinic in 3 weeks and we will discuss the situation again.

Yours sincerely

S G MELLOR MS FRCS
Colonel L/RAMC
Consultant Surgeon

24 November 1998

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Code A

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

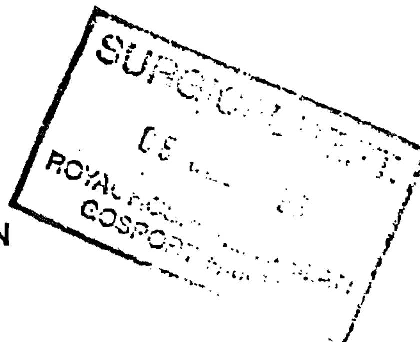
I reviewed Mrs Stevens in the clinic today on behalf of Surgeon Commander Cripps. She is still continuing to get abdominal pain, but reassuringly has not had any further discharge from the vagina. She opens her bowels approximately once a day and occasionally has to strain. When she does it is uncomfortable but she has not noticed any blood or mucus from the back passage. I have not met this lady before but it does sound as though her abdominal pain is perhaps slightly worse than when she was seen 3 months ago.

On examination she has a palpable mass in the left iliac fossa which is exquisitely tender. It measures some 10 cm in diameter and appears to be intra-abdominal and fixed. She has numerous perianal skin tags and digital rectal examination was normal. Sigmoidoscopy to 15 cm was obstructed by copious quantities of loose stool, but the visible mucosa was normal.

I have arranged for Mrs Stevens to have a CT scan of her abdomen to determine whether she has an enlarging collection present. Reassuringly there does not appear to be an intra-abdominal fistula and I shall review her in due course.

Yours sincerely

Code A



C G STREETS MRCS
Surgeon Lieutenant Commander RN
Surgical Registrar

kh/30.11

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

11 August 1998

Code A

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

I reviewed Mrs Stevens again today. There is no doubt in my mind that she is gradually improving, though she continues to complain bitterly of abdominal colic, which at the end of the day is most suggestive of irritable bowel syndrome. She has had no vaginal discharge for some while. I thought it might be worthwhile trying Colofac again. I have encouraged her to avoid Co-dydramol, which is extremely constipating and may well be adding to her symptoms. I have suggested that she restricts herself to the occasional Voltarol or Paracetamol for pain and takes Fybogel on alternate days. I think the main thing here is to avoid the temptation to operate again.

I will see her again in 3 months time.

Yours sincerely

CLINICAL ADMINISTRATION CENTRE
0(
RH HASLAR

S G MELLOR MS, FRCS
Colonel L/RAMC
Consultant Surgeon

kh/13.8

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

12 May 1998

Code A

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

I reviewed this lady again today. Her symptoms remain much the same. Her CT scan demonstrates a small 2 cm x 3 cm cystic area, close to the last anastomosis and this may or may not be significant. In essence her symptoms are unchanged, since prior to her operation, and I really see no hope of any cure. On the other hand she looks remarkably well in herself and since I started her on long-term Metronidazole her vaginal discharge has gone away. I have suggested that she tries Voltarol for her pains rather than Co-dydramol or similar, as the discomfort may at least in part be inflammatory. I think I successfully reassured again today and we will see her in 3 months time.

Yours sincerely

S G MELLOR MS, FRCS
Lieutenant Colonel RAMC
Consultant Surgeon

kh/19.5

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

31 March 1998

Code A

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

I reviewed this lady again today. She continues to have abdominal discomfort, but interestingly enough she does say that the pain is improved after she discharges some purulent fluid from the vagina. I suppose it is possible that she has a small abscess at the site of the anastomosis externally and I have therefore arranged for a CT scan to try and further identify this. I have also put her on long-term Metronidazole, in case there is a small fistula which we have yet been unable to demonstrate.

Yours sincerely

22 APR 1998

S G MELLOR MS, FRCS
Lieutenant Colonel RAMC
Consultant Surgeon

kh/7.4

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

24 February 1998

Code A

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

Diagnosis: Recurrent lower abdominal pain after sigmoid resection for diverticular disease

I reviewed this lady again in the clinic, on behalf of Colonel Mellor. Her lower abdominal pain continues. However, she is eating normally, gaining weight and her pain does not appear to hinder her lifestyle to any great extent. She continues to open her bowels 3-4 times a day, with some anal discomfort, but no blood or mucus.

On examination her abdomen is soft and apparently tender to palpation all over. However when asked to demonstrate her areas of tenderness, she is able to palpate her own abdomen quite vigorously without ill-effect. Although her colonoscopy, performed in November 1997, was reported as normal, with a normal anastomotic area, her barium enema from April 97 was reported as showing a possible extra-luminal collection.

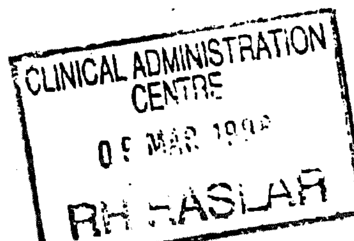
I have suggested that she continues to take Spasmonal and Fybogel and have started her on Amitriptyline 10 mg once daily, to be increased as you see fit. I have arranged clinic review in 6 months, with a barium enema in the interim.

Given Mrs Stevens previous operations and subsequent problems, I believe her problems are mainly due to adhesions and as such are unlikely to improve.

Yours sincerely

Code A

C A PARRY BSc, MB BS
Surgeon Lieutenant RN
SHO to Lieutenant Colonel Mellor



kh/25.2

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

9 December 1997

Code A

Dear Dr Knapman

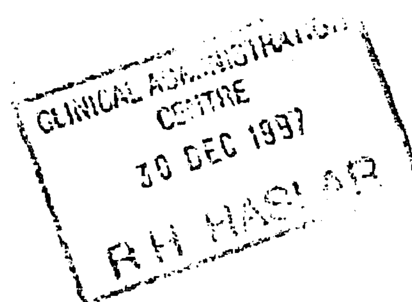
Mrs Jean I STEVENS Code A
Code A

Diagnosis: Recurrent abdominal pain after sigmoid resection for diverticular disease

I reviewed this lady in the clinic today on behalf of Lieutenant Colonel Mellor. She continues to complain of colicky lower abdominal pain, with occasional sharp exacerbations in the right iliac fossa. She notes that these pains completely disappeared when she was bowel prepped for her recent colonoscopy. The colonoscopy performed by Colonel Mellor was reported as entirely normal, with good views of the entire colon. The scope passed easily through the anastomotic area and the tissues looked pliable and healthy.

I believe that Mrs Stevens is suffering from constipation and have prescribed Fybogel and Lactulose. We will review her in the clinic in February, as already arranged.

Yours sincerely



C A PARRY BSc, MB BS
Surgeon Lieutenant RN
SHO to Lieutenant Colonel Mellor

kh/22.12

Drs.
A. C. KNAPMAN
P. A. BEASLEY
JANE BARTON
E. J. PETERS
M. J. BRIGG
SARAH BROOK
Telephone 01705 583333
Fax - - 01705 601107

The Surgery,
148 Forton Road,
Gosport, Hants.
PO12 3HH

ACK/AAC

13th August 1997

Unit No. Code A

The Department of Gastroenterology,
Royal Hospital Haslar,
GOSPORT,
Hampshire.

Dear Doctor,

RE: Jean Irene STEVENS, Code A
Code A

Thank you for your letter (handwritten) following Mrs. Stevens' last visit when she came up for assessment for colonoscopy and stricture dilatation. She was noted to have a low pulse rate of 50 per minute and an ECG showed an old infarct. At your suggestion, her DIGOXIN has been reduced to once a day and she has been started on an ACE INHIBITOR in the form of ENALAPRIL 5mgs daily. I am glad to report that today her blood pressure is quite reasonable at 145/85 and her pulse rate is now up to 86 per minute.

I would be grateful if she could be seen again for consideration of the colonoscopy.

With kind regards.

Yours sincerely,

Code A

A.C. KNAPMAN
M.B., CH.B., D.R.C.O.G.,

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Code A

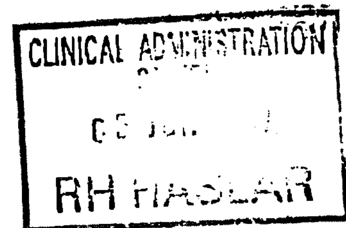
20 May 1997

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

I reviewed this lady again following her barium enema. There is a stricture at the anastomotic site, which perhaps is not altogether surprising. Her bowels seem to be working reasonably well, but she still complains bitterly of pain in the right iliac fossa. On the other hand she is continuing to gain weight and looks reasonably well. The stricture is therefore likely to be a benign fibrous stricture and we will see if we can do a balloon dilatation on this and I hope that this might relieve some of her symptoms. I will see her again after this has been done.

Yours sincerely



S G MELLOR MS, FRCS
Lieutenant Colonel RAMC
Consultant Surgeon

kh/2.6

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Code A

8 April 1997

Dear Dr Knapman

Mrs Jean STEVENS - Code A
Code A

I reviewed this lady again today regarding her current abdominal pains. She continues to complain bitterly of colicky abdominal pain and bloating, but on the other hand there is no doubt that she has put on weight, is eating well and is actually looking much better than she has done for some while. I could find no abdominal tenderness today. I think the best plan is simply to arrange for a barium enema to exclude a stricture at the anastomosis site and increase her Spasmonal and I will see her again with the results of the investigation.

Yours sincerely

CLINICAL ADMINISTRATION CENTRE
15 APR 1997
RH HASLAR

S G MELLOR MS, FRCS
Lieutenant Colonel RAMC
Consultant Surgeon

kh/11.4

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Code A

7 January 1997

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

Diagnosis: Complications after sigmoid resection for diverticular disease

Mrs Stevens has gradually improved since I last saw her. Code A discharge, though unfortunately still has some slight left sided abdominal pain. There is also some tenderness in the scar, which is probably as a result of coughing but otherwise she seems quite well. There is no evidence of incisional hernia on examination.

I have reassured her and we will see her again in 3 months time.

Yours sincerely

S G MELLOR MS, FRCS
Lieutenant Colonel RAMC
Consultant Surgeon

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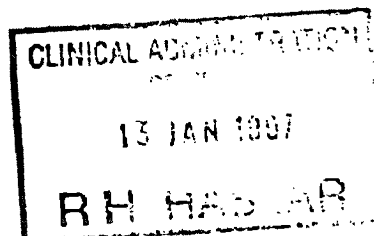
CLINICAL ADMINISTRATION
13 JAN 1997
RH HASLAR

Surgical Department
Royal Hospital Haslar
Gosport Hants PO12 2AA
Telephone 01705 584255 ext 2118

Dr Knapman
The Surgery
148 Forton Road
Gosport
Hants

Date: 18 June 1996
Your ref:
Our ref: H116084

CLINICAL ADMINISTRATION
- 3 JUL 1996
RH HASLAR

Dear Dr Knapman

Mrs Jean I STEVENS - Code A
Code A

I reviewed Mrs Stevens today following her recent admission to hospital. As you know she had had some vaginal discharge following sigmoid colectomy for diverticular disease and it was presumed that she had a colovaginal fistula. As it transpired she had a knuckle of small bowel stuck to the uterus and this had not appeared to be related to the colonic anastomosis site at all. She required a further laparotomy following drainage of the abscess cavity on the back of the uterus, following which she seemed to have made a reasonable recovery.

She seems in reasonably good spirits today. She says her bowels are working well but that she continues to have the lower abdominal pain and also says that she may have had some vaginal discharge over the week-end. There was however nothing to see today on vaginal examination and she certainly has a tender area in the laparotomy wound, which feels like resolving haematoma. I have also arranged for her to have a pelvic ultrasound and we will be seeing her with the results.

Yours sincerely

S G MELLOR
Lieutenant Colonel, MS, FRCS, RAMC
Consultant Surgeon

kh/2.7

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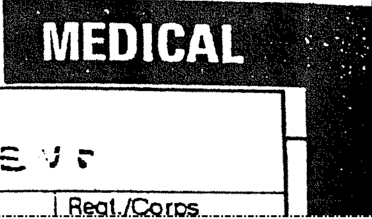
Medical - in - Confidence

F Med 11
(Rev. 12/90)

Clinical Continuation Sheet



To be used to continue the clinical notes from forms in the F Med series (ie Fs Med 1, 10, 19).
This form is to be securely attached to the original.

Continued from F Med		dated	

Name including forenames

JEAN STEVENS

Service No.	Rank/Rating	Regt./Corps

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Variable Dose

(e.g. Anticoagulants, Insulin, Steroids)

Drug	Date / Time	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Route													

Other Instructions	Date / Time	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Signature													

Drug	Date / Time	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Route													

Other Instructions	Date / Time	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given	Dose	Given
Signature													

Drugs Postponed or not Administered

Date	Time	Drug	Reason for Non-Administration	Initials

Regular Prescriptions

Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			
Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			
Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			
Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			
Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			
Drug			Date / Time
Dose	Frequency	Route	
Signature and Date			

Code A

PORTSMOUTH
HealthCare
NHS
TRUST

Code A

File

DR A LORD FRCP
CONSULTANT GERIATRICIAN

Code A

Elderly Medicine
Queen Alexandra Hospital
Cosham
Portsmouth PO6 3LY

Tel: 01705 822444
Extension: Code A
Direct Line:
Fax: 01705 200381

10 May 1999

Dr Matfin
RH Haslar
Gosport
Hants

LORD LETTER

Dear Dr Matfin

File

WARD VISIT - A6 WARD, RH HASLAR
JEAN STEVENS, Code A
Code A

Thank you for referring Mrs Stevens whom I visited on A6 ward on 6 May. She was admitted at the end of April with a left hemiparesis and anterior myocardial infarct as well as atrial fibrillation, a CT brain scan confirmed a right parietal infarct. She is also asthmatic and has had a sigmoidcolectomy.

At present Mrs Stevens is extremely unwell, with a very dense left hemiplegia, left ventricular failure and also an aspiration pneumonia. The speech and language therapist did not think her swallow was safe at all and at present she is on intravenous fluids. Overall I feel that Mrs Stevens is too unwell for transfer to Gosport War Memorial Hospital, but am willing to consider this if she is stable next week. Overall her prognosis is poor, her daughter and husband were present when I visited and appreciated this.

I do not feel that it is appropriate for nasogastric or PEG feeding in her present condition. If Mrs Stevens survives and is stable next week, I would be happy to take her over to a slow stream stroke care bed at Gosport War Memorial Hospital towards the end of next week.

With best wishes.

Yours sincerely

Code A

Dr A Lord FRCP
Consultant Physician in Geriatrics

cc Dr Knapman, The Surgery, 148 Forton Road, Gosport

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PORTSMOUTH
HealthCare
NHS
TRUST

PRESCRIPTION SHEET

for the safety of the patient

B

DOCTOR

1. Use approved names, BLOCK LETTERS, and metric dosage.
2. Be specific in indicating the timing and route.
   (a) For regular prescriptions tick (✓) the appropriate boxes and indicate time in blank space.
   (b) For drugs which are likely to have frequently changing doses, use the section at "Daily Review Prescriptions" on back of sheet.
3. Any CHANGES in your drug therapy MUST be ordered by a NEW PRESCRIPTION: do NOT alter existing instructions.
4. Discontinue a drug by clearly crossing out the discontinued drugs (viz TETRACYCLINE) draw line through the unused recording panels and sign in with full name.
5. Prescribe INFUSION THERAPY and any drugs to be added on the INFUSION CHART.
6. Take home drugs will be written up on form MR1 which then will be placed in the appointment and prescription record card.
7. All prescriptions must be signed in full.
8. The following should be used to indicate route.

   S.C. .... Subcutaneous
   I.M. .... Intramuscular
   I.V. .... Intravenous
   Sub Ling .... Sublingual
   Intrathecal
   Oral
   Rectal
   Topical
   P.V. - per vaginum

9. Put date prescription needs to be reviewed in "review" box of Regular Prescription Section

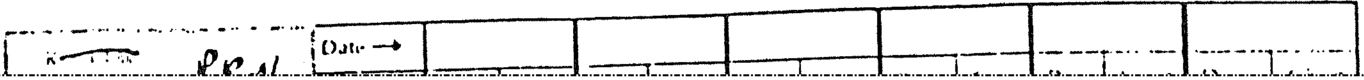
NURSE

1. Initial the administration in the appropriate box. (This must be done by the Senior Nurse).
2. Check all sections to avoid omission.
3. Use the top continuation sheet only for recording administration.
4. If a dose is missed write "X" in the box and give the reason in the Exceptions to Prescribed Orders.

If for some reason all the drugs prescribed for a certain time are not given, e.g. patient fasting, patient absent, there is no need to itemise each drug. Enter date, time and write ALL in name and dose column.

ADDITIONAL CHARTS	ANTICOAGULATION	
	INTRAVENOUS FLUIDS	
	INTRAVENOUS INFUSIONS	

Code A



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DEATH CERTIFICATE