

Other Document Form

Number

D1705

Title SCREENING FORM LAWSON GENERAL BSC/93 ZB

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No _____

COPY DC ROBINSON LETTER TO FGM

Document registered / indexed as indicated

No(s) of actions raised

A2168

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further actions no(s)

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

Code A

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification **Gonella, Nathaniel** **Exhibit number** **BJC/93 and JR 21**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		√		
Unexplained By Illness C				

General Comments

Impression

He had multiple medical problems and had a Barthel of 8 on transfer to GWMH, needing help to walk, feeding and with hygiene.

What was the cause of his agitation? Possible UTI and chest pain on pre-existing cerebrovascular disease.

What was the cause of his chest pain? Cardiac or musculoskeletal most likely. If cardiac a GTN infusion or double dose of GTN patches would have helped. If musculoskeletal, regular paracetamol or low dose oral opiate might have helped (some renal impairment so no room for NSAID).

Agitation. He received prn diazepam at low dose, not regular. On oral antibiotics for UTI.

Overall, I think this was handled very badly but he was clearly a frail man in the first place. They started at low doses of opiate in the syringe driver but should one have been used in the first place? I would have tried to escalate oral treatments first. I have graded this as B2.

Final Score:

2B

Screeners Name: Dr Peter Lawson
Date Of Screening: 23.10.05

Signature

BJC/93 and JR/21 Nathaniel Gonella
DoB 07/03/1908 Died 06/08/98 aged 90

Volume 1

Page 4 Physiotherapy notes, Haslar
Admitted 20/7/98, seen 22/7/98
Fell onto left elbow, displaced fracture of left proximal ulna.
Tension band wiring 21/7/98
left THR 1990

“dishevelled man”
sit → stand OK
Mob with frame short distance
OT will do a home visit soon

23/7/98
Nursing staff heard a twang in left arm when walking with frame
OT home visit – very poor mobility, almost fell

Page 5
27/7/98
had op over weekend, now in large POP cast
Mobs with 1 to toilet
Transfer to GWMH

30/7/98
Discharge to GWMH

Page 29 A&E notes starting 20/7/98
Fall onto left elbow, has frequent falls ?dizzy spells
?epilepsy
Medication phenytoin 100mg tds
 GTN patch
 ISDN 10mg bd
 Frusemide 80mg mane
 Co-dydramol ii prn
lives in WC flat
Home help bd

Page 35 xray report states right elbow

Page 41 A&E attendance in 1997 following a collapse when getting onto a bus
Discharge summary on page 504 in volume 2 – epileptic fit

Page 51 A&E attendance 26/01/98 with a collapse, confusion, agitation
Discharge summary on page 500 in volume 2 – likely diagnosis of epileptic fit.

Page 55 A&E attendance 18/07/98 with fall 3 days before and pain in left hip

Page 154 onwards admission 22/4/82 (?) with CCF

Page 272 onwards admission 15/10/95 with right lower lobe pneumonia

Volume 2

Page 461 Outpatient review 6/4/98 – TIA on holiday in France, in AF
(handwritten notes on page 559)

A lot of medical background. Relevance not clear at the moment.

BJC/93 folder

Page 10

Nursing transfer letter from Haslar, details his abilities

Page 11

Dr Lord's assessment letter → 3 weeks gentle rehabilitation in Daedalus ward.

Page 16

30/7/98

Clerking in GWMH.

Transfers with 2

Walks with a stick with 1

Continent

Needs help with hygiene and feeding

Barthel 8

MTS would be low

Plan gentle rehabilitation

will he manage at home?

31/7/98 Catheterised, residual 1700 mls

3/8/98

reasonable weekend but onset severe chest pain at 10am

relieved by diamorphine

may need regular oramorph/diamorph

Please keep comfortable

no heroics

I am happy for nursing staff to confirm death

Page 17

cant read that entry completely but he is on a syringe driver on 5/8/98

6/8/98

Dr Lord summary and discussion with daughter

“comfortable – on syringe driver”

“he is dying, keep comfortable”

Died at 22.10 on 6/8/98

Page 19 onwards, nursing records

Page 20

30/7/98 – 31/7/98

unsettled night, chest pain, GTN x3.

some difficulty passing urine

Page 33

31/7/98

catheterised – 1700mls

trimethoprim 200mg bd

still a little agitated and confused

14.15 agitated state discussed with Dr Barton. 2mg diazepam prn

2/8/98

21.15 found on floor, bruising down left side (*note to self, was this from the admission fall?*)

3/8/98

11.10 very agitated and distressed, unable to breathe, unable to tolerate oxygen mask. Dr Barton contacted, patient to have diamorphine 5mg im

Page 34

4/8/98

distressed by faecal incontinence. Restless at times. Sedation ineffective. Colour poor this am.

9am very agitated and confused and general condition deteriorating.

Commenced driver – diamorphine 20mg, midazolam 20mg and hyoscine 400mcg.

Page 35

6/8/98

Died at 22.10

Page 49 Prescription sheet

Page 53 syringe driver doses
5/8/98
as detailed above

6/8/98
diamorphine ?30mg, cant read clearly, hyoscine probably 800mcg, midazolam dose cant read

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