

Other Document Form

Number

D1704

Title SCREENING FORM LAWSON → MILL BScal ZA

(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

A2167

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further actions no(s)

Code A

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification Edith HILL

Exhibit number BJC 92

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

BJC 92 (an 86 year old female, date of birth 26/1/12)

Transferred to Daedalus Ward 6/11/98.

Problems before transfer were breathlessness due to congestive cardiac failure (requiring high dose frusemide plus metolazone which is a combination reserved for poorly responsive CCF). A liver ultrasound suggested the presence of liver metastases.

On 14/11/98 she had very noisy breathing and was distressed. It sounds as though she had a combination of worsening CCF with bronchopneumonia. Antibiotics were continued and she was given intravenous frusemide with intravenous diamorphine (5mg) which is acceptable practice. Later that day a syringe driver was started with diamorphine and midazolam. She died about 14 hours after the syringe driver was started.

Grading 2A

2 because the starting dose of opiate in the driver was high although I think the use of opiate was not inappropriate (unless she was unconscious when it was started)

A because she had congestive heart failure and possibly bronchopneumonia and possibly a liver deposit, so she had enough natural causes for her death.

Final Score:

2A

Screeners Name: Dr Peter Lawson
Date Of Final Screening: 13.06.05

Signature