

Other Document Form

Number

D1453

Title KCT Screening re EDITH MILL - ZA
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OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Hill, Edith****Exhibit number BJC 92/JR120**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		√		

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.

HILL

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 Anne Naysmith**Date Of Screening: 26.5.05****Signature**

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Hill, Edith****Exhibit number BJC 92/JR120**

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

Triple valve disease and gross CCF despite increasing diuretics. Dr Lord saw in QAH on ward visit, too ill for GP ward so transferred to Daedalus for 1/12 assessment on 6.11.98. No changes in medication on admission.

14.11.98 Very breathless and distressed. Also pyrexial (38.2). ?MI ?pneumonia
Seen by GP on call, Dr Peters, within 10 minutes of that nursing note, at 09.10. Given IV frusemide 40mg and IV diamorphine 10mg. Prescribed Oramorph 5-10mgs PRN but nursing notes record patient as "unconscious" so none administered. 8 hours later reviewed by Dr Peters. Set up S/D D40mg, Midazolam 40mg, hyoscine 800mcg. Died 15 hours later. Urine output had been consistently poor, recorded as in positive fluid balance, so renal impairment probably meant morphine metabolites would have been very poorly cleared, which may account for the prolonged sedation after a single IV dose of 10mg in a woman previously only taking codydramol regularly.

Note may well also have had cancer: U/S reported well demarcated liver lesions, probably metastatic but not conclusive, and also had pleural effusion (though that may have been part of her CCF) and marginally elevated calcium.

Overall, she had a terrible prognosis from the heart failure. Dr Peters attended very promptly and relieved her distress. The drug doses were too high. No indication the S/D was necessary at all, as she seemed to have been settled during the day, but certainly no indication for high drug doses and inclusion of midazolam. Probably would have died anyway, very possibly that day, whatever she was given. Aim was to make her comfortable in her last hours, as far as one can judge from the notes.

Final Score:

2A

Screeners Name: Dr Anne Naysmith**Date Of Screening: 26.5.05****Signature**