



# SYDNEY CHIVERS



# SIDNEY CHIVERS

## Sidney Chivers

Date of Birth: Code A Age: 79  
 Date of admission to GWMH: 11th May 1999  
 Date and time of Death: 19.10 hrs on 20th June 1999  
 Cause of Death:  
 Post Mortem: Cremation  
 Length of Stay: 40 days

### Mr Chivers past medical history:-

CCF  
 Confusion  
 Hypertension  
 Register partial sighted  
 IHD  
 Varicose veins  
 Hallucinations

Mr Chivers was widowed in 1995 and lived alone. He had lived in the same council house for twenty years and had just applied for a flat nearby. He had a daughter who helped with shopping and cleaning but managed without help apart from meals on wheels. Mr Chivers also had two sons in Gosport and two other sons in Southampton and Havant. Prior to his admission he had started to neglect himself.

Mr Chivers had numerous admissions to hospital. In May 1999 he was admitted to the Gosport War Memorial Hospital from the Queen Alexander Hospital for rehabilitation after suffering another CVA, CCF, CXR right plural effusion and chest infection.

On admission an assessment and patient profile was completed. A handling evaluation was also completed noting that Mr Chivers needed the help of 1 or 2 nurses.

A nursing assessment was completed and several care plans were commenced including hygiene, constipation, transferring and help to settle at night.

A Barthel ADL index was completed ranging from 10-15. A nutritional score of 17 was recorded.

A Waterlow score of 15 and 17 was also recorded.



**11th May 1999**

Admitted to Gosport War Memorial Hospital from Queen Alexander Hospital where he had been admitted as an emergency by his GP with right CVA, CCF, CXR right pleural effusion, possible chest infection. He was admitted onto Dryad Ward for continuing care.

**14th May 1999**

Complaining of increased pain – feeling unwell.

**17th May 1999**

Depressed – Seen by Dr Reid – scan at Haslar to be arranged.

**21st May 1999**

Brain scan – CVA at Haslar.

**24th May 1999**

Walking unaided.

**2nd June 1999**

Very confused at times. ? aim for home for trial period three to four days next week. Discuss with family.

**7th June 1999**

Hallucinating/distressed.

**15th June 1999**

Catherised – complaining of feeling weak and pain. Had to be fed. Oramorph commenced 5mgs. ? Lewi body disease.

To be discharged to rest home not for home.

**16th June 1999**

Fentanyl commenced 25mgs plus oramorph 5mgs.

**17th June 1999**

Slept long periods.

**18th June 1999**

In a lot of pain on movement. Bowels not open for a few days. Oramorph given. Syringe driver to be considered.

Deteriorating.

**19th June 1999**

Seen by Dr Brooks syringe driver commenced 40mgs diamorphine.

**20th June 1999**

Deteriorated. Bronchopneumonia on S/C analgesia. Syringe driver (2 drivers) reprimed diamorphine 60mgs.

19.10 hours died. Death confirmed S/N F? and Nurse B?

For cremation.

**OPERATION ROCHESTER**  
**CLINICAL TEAM'S SCREENING FORM**

**Patient Identification**SC: **Exhibit number****BJC-09**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Probably natural + and reasonable, but high initial doses R. (not in fact given)		
Unclear B				
Unexplained By Illness C				

**General Comments**

79-year-old widower, partially sighted, paraphrenia, prostatism, puffy ankles, possible pernicious anaemia, previous collapses, presenting with (L) hemi 1999-05-05, and apparently doing alright at first.

Treated with paracetamol, then co-proxamol, then deteriorates -06-14, started on Oramorph, then fentanyl, then diamorph...

Dr Brooks, Dr Barton & Dr Briggs (-06-18-18-30) apparently involved.  
Finally very large doses of midazolam - 80 mg/24h; diamorphine 60 mg/24h.

Note -06-16: 80 mg diamorphine prescribed, but nurses gave 40 mg/24 h.

**Final Score:**

**Screeners Name: R E Ferner****Date Of Screening:****Signature**

BJC/09  
SIDNEY CHIVERS  
80

Had a stroke. Initially doing fairly well but it became clear he was not going to make it home. There was a suspicion of Lewy Body Dementia for which traditional antipsychotics should be avoided; his dose of risperidone was increased (risperidone is a new antipsychotic which should have been OK). He deteriorated soon after the dose increase with pain in his hands and also abdominal pain. Treated with opioids and then large dose of midazolam.

I am not sure what his pain was caused by although stiffness and pain could have been due to risperidone and abdominal pain due to constipation. After starting with oramorph the opioid dose was escalated through fentanyl 25mcg to diamorphine driver 60mg and 80mg midazolam in 3 days.

Cause of death unclear and opioids escalated without trying other ways of stopping the pains.

PL grading B2

BJC/09	Chivers, Sydney	<p>Patient had multiple problems, possibly all cerebrovascular, possibly complicated by Lewy body dementia. Medical notes too brief to allow of full understanding of the process of final deterioration, but it may have been precipitated by increased risperidone to treat his distressing visual hallucinations. Contemporaneously with that increase, and possibly caused by it, his mobility decreased noticeably. He then began to complain of generalised discomfort ? simply due to immobility and stiffness in an elderly man with a CVA.</p> <p>Notable that he was treated by 3 different doctors, according to my reading of the handwriting in the nurses' notes, in his last 2 days. So starting opioids, and initially moving to a syringe driver, were done by 2 other doctors and only the final dose increases, in his agonal hours, were determined by Dr Barton. But the starting doses - 40mg each of diamorphine and midazolam - were similar to those seen in other patients at the end of life and seem not to be determined by the preceding dose of oral opioids, which never exceeded 50mg in 24 hours (=17mg diamorphine).</p>	82
--------	-----------------	---	----

## DOCUMENT RECORD PRINT

## Officer's Report

Number: R7AZ

TO:  
STN/DEPT:

REF:

FROM: Code A  
STN/DEPT: MCD EREF:  
TEL/EXT:

SUBJECT:

DATE: 02/12/2003

---

I attended the home address of Martin CHIVERS at 1845 hrs on Monday 1<sup>st</sup> December 2003 (01/12/2003) as per the policy log in relation to his father, Sidney CHIVERS .

I outlined the concerns of his family as per OR71. These were agreed with the added concerns that the family are now aware that diamorphine was administered at the same time as a fentanyl patch was being used and that the amount of diamorphine administered was 'not safe'.

The CHIVERS family have a pharmacist and a nurse within their family and both parties have had access to Martin CHIVERS copy of his fathers medical records. I provided him with a copy of our records.

The CHIVERS family would like a letter detailing the clinical teams findings with a 'follow up' visit to enable them to ask any questions. They suggest that provision is made for some form of counselling for those who require it at the time of notification.

## DOCUMENT RECORD PRINT

## Officer's Report

Number: R7I

TO:  
STN/DEPT:

REF:

FROM: Code A  
STN/DEPT: OPERATION ROCHESTERREF:  
TEL/EXT:SUBJECT: SIDNEY FRANCIS CHIVERS Code A DATE: 09/12/2002

At 1000 on 31<sup>st</sup> October 2002 (31/10/2002) I visited Martin Keith CHIVERS Code A  
Code A in relation to his father, Sidney .

Mr CHIVERS will say that Sidney CHIVERS had been an artillery man in the army, upon leaving he became a builder and pipe layer. It was whilst he was in the building trade that he was involved in an accident and lost the sight in one eye. He was registered disabled by virtue of his partial sightedness and issued a green card.

He then went on to work for British Rail as a porter and finally became a bus conductor up until his retirement.

He was initially married to Mary Patricia Joan CHIVERS nee SKITTLETHORPE and divorced her some years later. He subsequently married Susan MEAD who died around 1996 at Haslar Hospital.

Mr CHIVERS lived alone at Code A

He was mobile although suffered from water retention on his ankles and was in full control of his faculties. He had daily callers and used the services of meals on wheels.

Around three months prior to his death, (approximately April 1999) Mr CHIVERS was found at his home address collapsed.

He was taken to the Queen Alexandra Hospital, Cosham, where it was discovered that he was suffering from a kidney infection. He remained at the QA for a couple of weeks before being discharged to the GWMH, Dryad Ward for rehabilitation prior to being sent home.

At this point he is described as being mobile, cheerful and fully alert. He had been successfully treated at the QA and it was felt that he required a little more support at home and arrangements were made for Mr CHIVERS to visit three prospective accommodation. He was not in any pain nor was he receiving any painkillers. He is described as being quite capable of complaining if he was in any discomfort.

Two days prior to his discharge date Martin CHIVERS was informed by a member of staff that that his father was in pain, Mr CHIVERS was in bed and he informed his son that he had to stay in bed and that



## DOCUMENT RECORD PRINT

he was having injections.

Martin CHIVERS spoke with staff who informed him that his father was suffering from headaches and was being given painkillers.

From this moment Sidney CHIVERS didn't get out of bed again. He was still compos mentus and looking forward to going home.

His condition deteriorated over the course of the week and Martin CHIVERS was spoken to by a senior nurse and the duty consultant. He was informed that his father was extremely ill, his vital organs were failing and that they were not sure how long he would live. He was being administered Diamorphine.

Martin CHIVERS found that his father had been moved to a single room. He could not feed himself or take fluids. He was catheterised. He was lying in the foetal position. His eyes were closed and he was breathing noisily through his mouth. Mr CHIVERS remained in this condition for about a week.

Martin CHIVERS states that on the day his father died, he was sick. He describes the vomit like thick black tar.

His concerns over his father's death are that two days prior to his release his father was suffering from headaches and within two weeks he was dead.

Sidney CHIVERS died on 20<sup>th</sup> June 1999 (20/06/1999). His cause of death is given as Bronchopneumonia and the Dr who certified his death was J A BARTON BM .

**Code A**

# Expert Review

**Sydney Chivers**

**No. BJC/09**

**Date of Birth:** **Code A**

**Date of Death: 20 June 1999**

---

Mr Chivers was admitted in May 1999 to the Gosport War Memorial Hospital from the Queen Alexander Hospital for rehabilitation after suffering a cerebrovascular accident as well as being treated for congestive cardiac failure and a chest infection.

In early June 1999, Mr Chivers' condition deteriorated and he complained of a pain in his hands and also abdominal pain. Soon after this he was commenced on Fentanyl together with Oramorph and on 19 June, having been seen by Dr Brooks, a syringe driver was commenced.

The experts felt that cause of death was probably unclear and noted the opioids were escalated without trying other ways of stopping the pain but did not feel the treatment was negligent.