



# **GWENDOLINE PARR**



# GWENDOLINE PARR

## Gwendoline Parr

Date of Birth: Code A Age: 87  
 Date of admission to GWMH: 31st December 1998  
 Date and time of Death: 13.10 hours on 29th January 1999  
 Cause of Death:  
 Post Mortem:  
 Length of Stay: 30 days

## Mrs Parr's past medical history:-

Dementia.  
 June 1991 – Heart block - pacemaker  
 Cholecystectomy  
 Appendicetomy  
 Basal cell carcinoma left cheek  
 1998 – Fracture neck of femur – dynamic hip screw  
 1998 – Repair umbilical hernia  
 Insulin dependent diabetic (diet controlled)

Mrs Parr lived alone and had a daughter and a son. Her daughter was her main carer until she was diagnosed with cancer and became unwell. Mrs Parr was admitted to Gosport War Memorial Hospital on 31st December 1998 for gentle rehabilitation after being admitted to Haslar following a fall where she sustained a fracture neck of femur and underwent surgery for dynamic hip screw on 14th December 1998. During her stay at Haslar Mrs Parr developed acute abdominal pain and on 24th December 1998 underwent an umbilical hernia repair.

On admission to Gosport War Memorial Hospital care plans commenced for hygiene, settle at night, catheter care, constipation.

A lifting/handling risk calculator was completed on 31st December 1998 and 17th January 1999 both scoring 10. A handling profile was completed on 1st January 1999 noting that Mrs Parr needed the help of 2 nurses and a hoist, she had dry skin but intact and was to be nursed on a biwave mattress.

A mouth assessment form was completed.

A Barthel ADL index was completed weekly from 31st December 1998 to 24th January 1999 ranging from 2 at the start and then 1 at the end.

A weekly Waterlow score was taken from 31st December 1998 to 11th January 1999 scoring from 25 to 32.



**31st December 1998**

Admitted To Gosport War Memorial Hospital from Haslar following fall on 11th December 1998 and dynamic hip screw surgery on 14th December 1998. Mrs Parr developed acute abdominal pain on 24th December 1998 and later the same day underwent an umbilical hernia repair. Mrs Parr also had been catheterised. She was admitted for gentle rehabilitation. Transfer letter noted that Mrs Parr needed help with personal care, encouragement to mobilise and her skin was in tact.

Clinical notes – for gentle rehabilitation probably needs long term care either at Dryad Ward or Nursing Home. Left buttock ulcer.

**4th January 1999**

Summary – right leg remains externally rotated and shortened. Seen by Dr Barton. X-rays taken.

**5th January 1999**

Summary – seen by Dr Lord to have left knee X-rayed.

**6th January 1999**

Summary – found sitting on floor in lounge at 21.30 no injuries, not distressed.

**18th January 1999**

Summary – grand-daughter aware of poor prognosis. Deterioration. Frusemide given and 850 mls urine passed.

**23rd January 1999**

Summary – general deterioration. Oramorph 5mgs given at 15.00 with little effect. Daughter Margaret very ill, for terminal cancer care. Family will try and bring Margaret in to see Mrs Parr.

**24th January 1999**

Summary – remains poorly.

**25th January 1999**

Summary – syringe driver commenced 19.45 hours diamorphine 20mgs. Fentanyl commenced at 8.40 25mgs removed at 19.00.

**27th January 1999**

Summary – condition remains ill and deteriorating. Comfortable at present. Dose in syringe driver. 21.35 syringe driver reprimed with 20mgs diamorphine.

**28th January 1999**

Summary – syringe driver recharged 20.20 diamorphine 20mgs.

**29th January 1999**

Remains very poorly. Happy for nursing staff to confirm death. Summary – died peacefully at 13.10 hours. Verified by SN Shaw and Sister Hamblin.

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

**Patient Identification**  
**GP 1912-11-04**

**G059678**

**Exhibit number**  
**BJC-36**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Two operations, frail, demented, heart failure, proportional doses			
Unclear B				
Unexplained By Illness C				

**General Comments**

86-year-old woman with dementia, pacemaker (1991-06-20), significant Ao stenosis  
 1998-12-11 Fall # femur > Haslar  
 1998-12-14 Dynamic hip screw  
 1998-12-24 Acute abdo pain > umbo hernia repair  
 1998-12-31 Admitted GWMH from D3 Haslar  
 1999-01-02 Co-proxamol  
 1999-01-04 'Arthrotec' 50 mg bd  
 1999-01-04 Oramorph 5-10 mg  
 1999-01-23 Poorly and not helped by Oramorph  
 1999-01-25 Syringe driver diamorphine 20mg/24 h + midazolam 20 mg  
 1999-01-29-13-10 Dies

**Final Score:**

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

**Signature**

BJC/36  
GWENDOLINE PARR  
86

Repaired fractured neck of femur and umbilical hernia repair. Past history of dementia. Tried thioridazine for agitation but then used low dose opiates. Medication for heart failure was initially dropped and then increased although the reasons for this were not clear.

PL grading A2

A2	Clearly very frail when transferred for gentle rehab - comment 75kghby optimistic on admission. But not expected to die.	Part Gwendoline	B/C36
	<p>Problems related to heart failure may have related to decision to stop ACE, decrease diuretic and start diclofenac on the same day. Also, had history of raised creatinine so not likely to tolerate NSAID with diminished renal function. But clearly deteriorating before opioids were started.</p> <p>Then given a dose of diamorphine which would have been high even for a lady with normal renal function, taking it seems no account of the fact that by this stage her renal output had markedly diminished. So no increase in the dose administered, but would have been accumulating active metabolites.</p>		

## DOCUMENT RECORD PRINT

## Officer's Report

Number: R11C

TO:  
STN/DEPT:

REF:

FROM: Code A  
STN/DEPT: MCIT WREF:  
TEL/EXT:

SUBJECT:

DATE: 03/12/2002

Sir

RE: ACTION 198

I have spoken to Mr Colin PARR of Code A who had contacted the police after the media coverage of the Gosport War Memorial Hospital.

Mr PARR states that his mother, Gwendolynne Margaret PARR (Code A), of Code A Code A was admitted to the Royal Navy Hospital Haslar having sustained a broken hip during a fall at her home during the middle of December 1998. Mrs PARR underwent two operations the second being on Christmas Day that year. She was then transferred to the Gosport War Memorial Hospital.

Mr PARR and his family visited his mother daily at the Gosport War Memorial Hospital and stated that she was very chirpy and stated that she would soon be walking and going home. Towards the end of January 1999 staff at the hospital informed Mr PARR that his mother had contracted a urinary infection and it was for this reason that she had been prescribed Diamorphine which was being administered through a syringe driver.

Mrs PARR's health seemed to deteriorate immediately and from the time that she was initially placed on Diamorphine she was asleep or unconscious. Within three days she died. The cause of death was given as Bronchial Pneumonia and the death certificate signed by Dr Jane BARTON.

Mrs PARR was buried at Anns Hill Cemetery, Gosport. Her GP was from the Bury Road Surgery.

Mr PARR has been told that this is an ongoing police investigation and has also been given a contact number for Operation Rochester.

Code A

# Expert Review

**Gwendoline Parr**

**No. BJC/36**

**Date of Birth:** Code A

**Date of Death: 29 January 1999**

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Mrs Parr had been admitted to the Royal Haslar Hospital in December 1998 following a fall where she sustained a fractured neck of femur. She underwent surgery for a dynamic hip screw on 14 December 1998. During her stay at the Royal Haslar Mrs Parr developed acute abdominal pain and underwent umbilical hernia repair on 24 December 1998. She was admitted to Gosport War Memorial Hospital on 31 December 1998 for rehabilitation.

The family note in the officer's report that they visited Mrs Parr daily at the Hospital and stated that "she was very chirpy and stated that she would soon be walking and going home".

Mrs Parr was noted to have deteriorated by 23 January 1999 and was commenced on Oramorph and thereafter remained poorly.

Mrs Parr died on 29 January 1999.

Dr Naysmith notes that Mrs Parr was deteriorating before the opioids were started but that the first dose of Diamorphine given would have been high even for a lady with normal renal function. This contrasted with Dr Ferner who records the treatment as being optimal with the drugs being given in "proportional doses".