Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

OPERATION ROCHESTER
CLINCAL TEAM'S SCREENING FORM

Patient Identification

Code A

Code A

Care / Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B			Large initial (=final) dose: 40 mg diamorphine in 24h - for no documented reason	
Unexplained By Illness C				

General Comments

Code A PMH included #NOF + Colles, 1992; inflammatory bowel disease; ischaemic heart disease ?MI, AF, hyperthyroidism, MR. Wt (1992) = 70 kg.

1995-07-12 A. (R) hemi, aphasia, dysphagia, SBE, CCF, AF
PEG tube
1995-08-15 Tx to Daedalus SSSR [?slow stream stroke rehab]
1996-09-08 'remains comfortable; not in pain; all nursing care.'
1997-01-04 Hypostatic pneumonia
1997-02-05 '...Marie remains unaware'
1997-02-06 '...family do not want Code A to have any medication... does experience discomfort when "being seen to" but is not in any discomfort most of the time.'
1997-02-07 'Remains poorly, chest quiet'
1997-02-08-17-25 Dies

Rx: Diamorphine 20 mg sc in 24h 1995-09-21
20-100 mg 1996-04-27 [40 mg given 1997-02-08-02-10]
20-100 mg 1996-09-06
40-200 mg undated [130/452]
20-100 mg 1996-09-16
Fentanyl TTS 25 1996-07-06: several doses given then

Final Score:

Screeners Name: R E Ferner
Date Of Screening: 30th December 2003

Signature

Code A

80

Code A was admitted with a stroke producing right sided weakness and dysphasia. Code A needed PEG tube feeding and was transferred for slow stream rehabilitation. Code A did not improve much. After a year or so in Gosport Code A developed infections which were treated but the chest infection recurred. It was decided not to treat with antibiotics and to keep Code A comfortable. Top dose co-codamol did not help Code A distress so at 2am she was put on a diamorphine driver at 40mg over 24 hours. Code A died 15 hours later. Again, the starting dose of diamorphine appears high. However, Code A was going to die from her pneumonia.

PL grading 2A
Group grade 2A

Exhibit No	Patient Identification	Assessment Note	Assessment Score
Code A		Very long survivor in continuing care bed after major CVA. Mute, PEG feeding. Very slow deterioration. Tended to get a rash when given antibiotics and in any case felt to be inappropriate management, so family agreed to no more (after more than a year in GWMH). Became chesty again in February 1997. No antibiotics. Deteriorating to the point that family stayed overnight in case she died that night. She became distressed by coughing and vomiting, so S/D put up at 02.10 and she died at 17.25. She had only been on cocodamol previously. She was given diamorphine 40mg and midazolam 20mgs/24 hours. These doses are far too high for a frail lady who had not previously had Step 3 opioids and cannot possibly have been required. But she was clearly dying at that point and I am sure the opioids made little if any difference.	2A

Code A