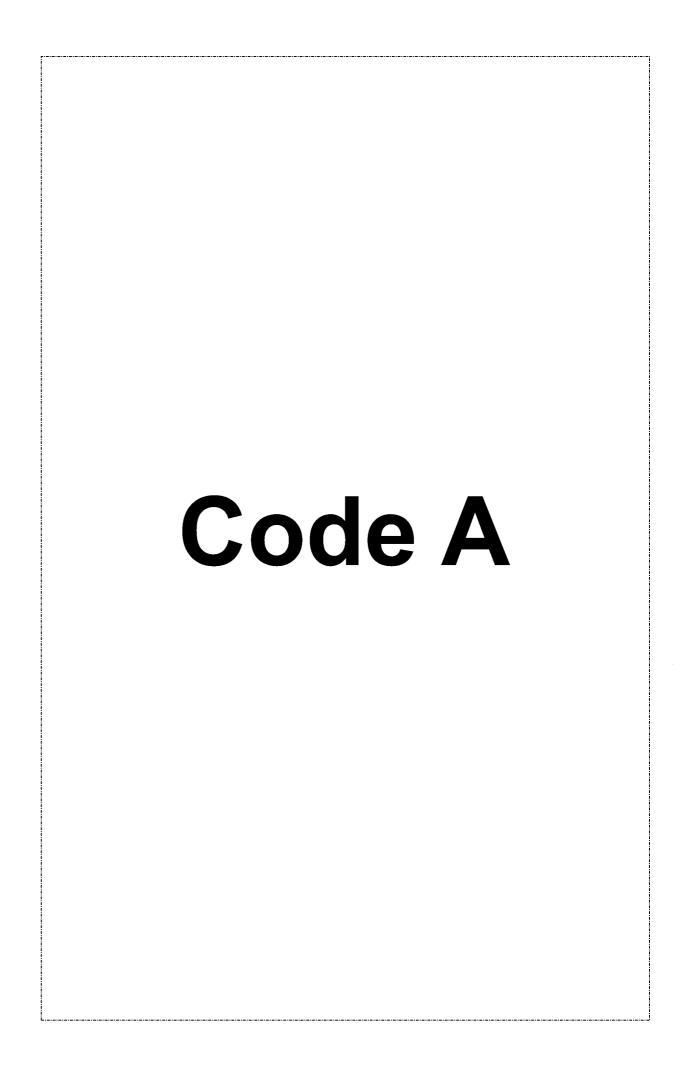
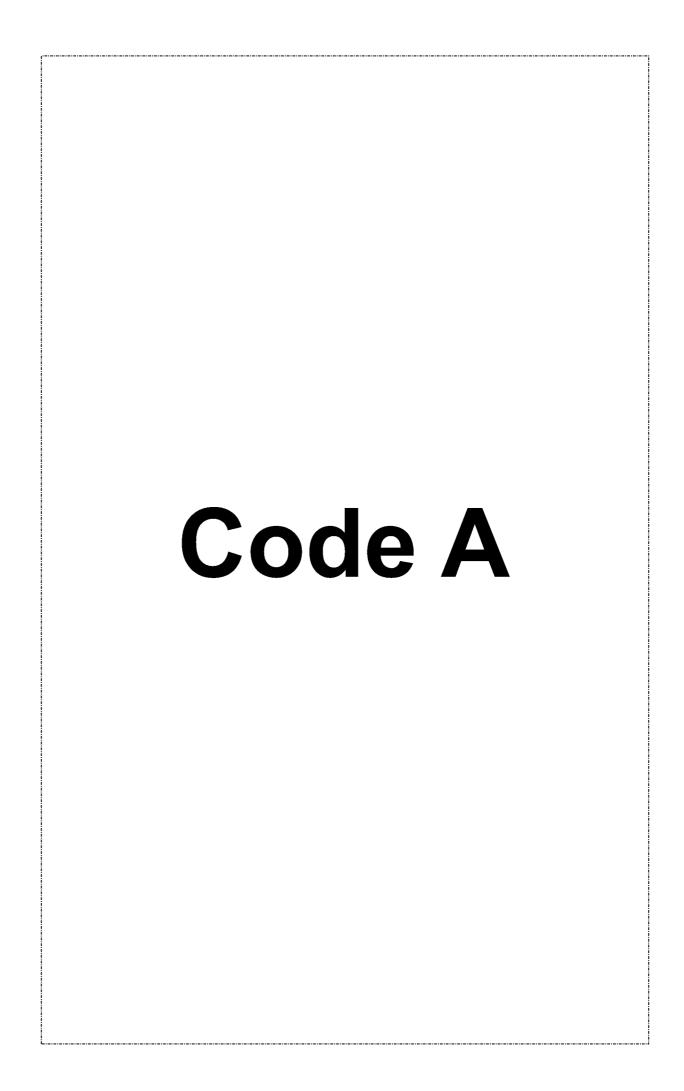
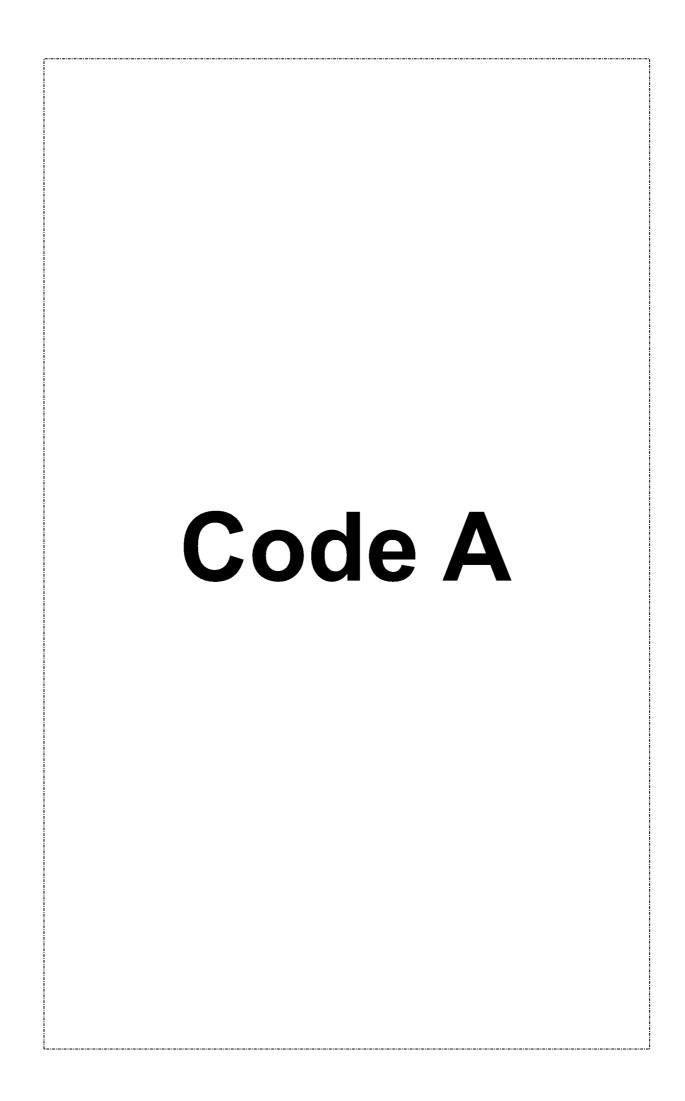


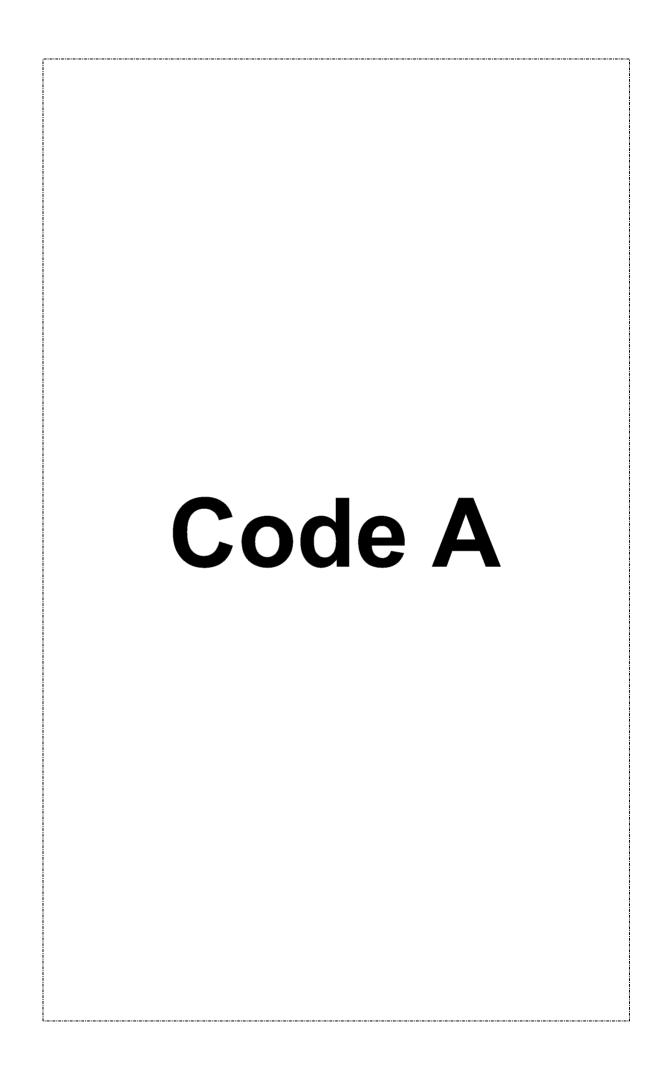
W01 OPERATION MIR059 ROCHESTER L11691

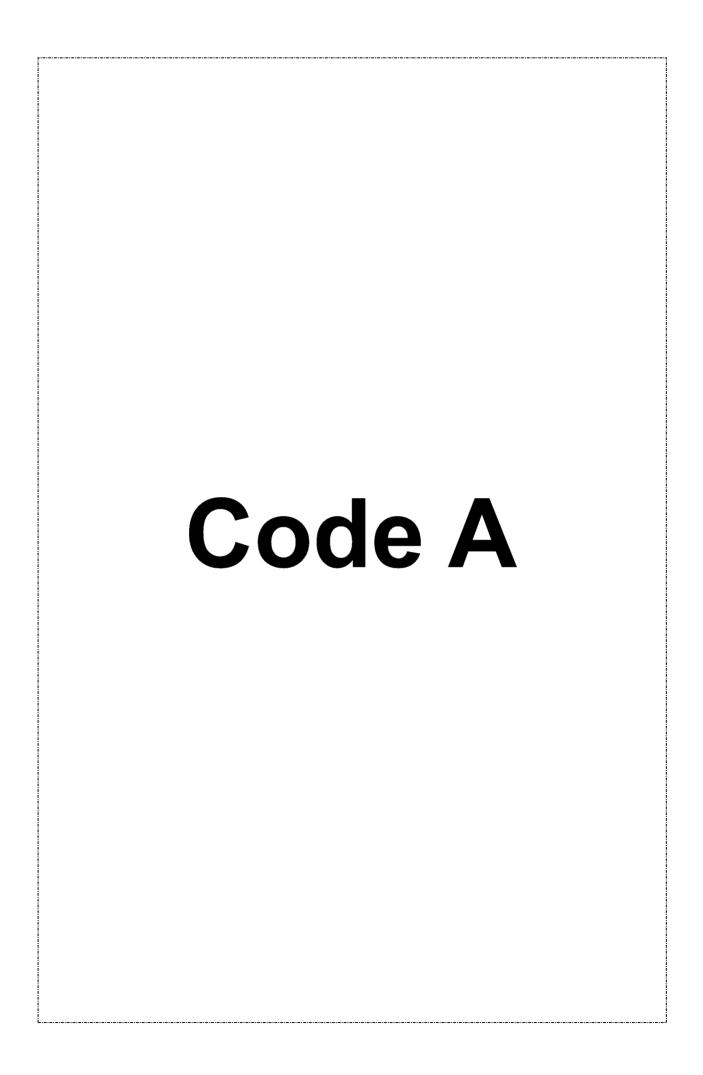
Printed on: 13 December, 2004 Page 2 of 2 13:54

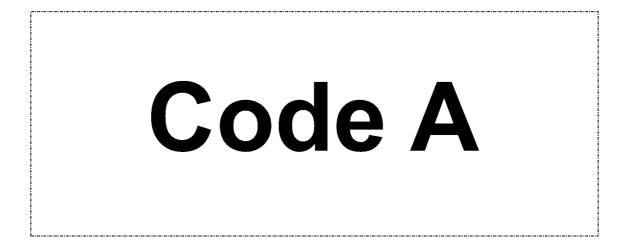












OPERATION ROCHESTER CLINCAL TEAM'S SCREENING FORM

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	MH included #NOF + Colles, 1992; inflammatory bowel disease;						
ischaemic heart disease ?M	AF, hyperthyroidism, MR. Wt (1992) = 70 kg.						
1995-07-12 A. (R) he	mi, aphasia, dysphagia, SBE, CCF, AF						
PEG tube	3						
1995-08-15 Tx to Da	edalus SSSR [?slow stream stroke rehab]						
1996-09-08 'remains	comfortable; not in pain; all nursing care.'						
1997-01-04 Hypostat	ic pneumonia						
1997-02-05 'Marie	remains unaware'						
	y do not want code A o have any medication does experience discomfort						
when "be	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 251996-07-06: several doses given then							

Final Score:

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

Signature

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

	Г	ľ	U	\circ	υ	υ	2	10	4-	U	υ	I.	J
--	---	---	---	---------	---	---	---	----	----	---	---	----	---

		Carl Strate Landson States
Assessment Note	Assessment Score	1.28
 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	2A	·

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 inthe in any dimerence.

Exhibit No

Patient

Code A

Identification

83 PAGE

02/15

