



# **OLIVE CRESDEE**

## DOCUMENT RECORD PRINT

## Officer's Report

Number: R12B

TO:  
STN/DEPT:

REF:

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

SUBJECT: ACTION 157 - ELIZABETH MUNDAY

DATE: 22/01/2003

Visited MUNDAY and her brother Jack CRESDEE at their H/A on 22/01/03. They had concerns over the deaths of their parents at the GWMH.

Their mother, Olive CRESDEE Code A was admitted to GWMH in 1990 suffering from brain cancer which was prescribed as being untreatable because this was secondary cancer following breast cancer which she had suffered from a few years earlier.

She passed away on 02/06/1990 within 24 hours of being placed on a syringe driver.

The driver was never explained to them and this is what they are concerned about.

The same thing happened to their father, Ronald CRESDEE Code A he was admitted to the GWMH in 1996 suffering from throat cancer and once again was expected to die.

Prior to going to GWMH he spent sometime at the Haslar Hospital and Southampton General Hospital.

Whilst at the GWMH he was violent on a couple of occasions and had to be sedated.

On 07/07/1996 he passed away a few hours after being placed on a syringe driver.

I explained the principals of the syringe drivers to them and they now feel happier, the confusion appears to be over the dosage etc.

Both their parents were admitted to the GWMH with terminal cancer and expected to die within a few weeks.

Their main concerns appear to be the use of drivers, which was never explained to them and the general standard of care.

The GP for their parents was Doctor ASBRIDGE, Rowner Health Centre, Gosport.

I updated MUNDAY and CRESDEE regarding the enquiry and advised them of the time it would take.

## DOCUMENT RECORD PRINT

Details for FLO given to them.

In regard to cause of death for their parents they could not find the death certificates, however they recall that it was recorded as chest infection for both.



# **OLIVE CRESDEE**

## **Olive Cresdee**

Date of Birth: **Code A** Age: **69**  
 Date of Admission to GWMH: **3rd April 1990**  
 Date and time of Death: **15.30 hours on 2nd June 1990**  
 Cause of Death:  
 Post Mortem:  
 Length of Stay: **30 days**

## **Mrs Cresdee's past medical history:-**

- Hysterectomy 1979
- CA breast 1989 - Mastectomy
- Hypertension
- Arthritis
- Depression

Mrs Cresdee was married and had three children. She lived with her husband in a bungalow. In February 1990 Mrs Cresdee started complaining of weakness in her upper and lower limbs. She was diagnosed with cerebral metastases with right hemiplegia. She was transferred to Gosport War Memorial Hospital on 3rd April 1990.

## **Daily summary**

### **March 1990**

Letter – cancer of the breast 1 year ago treated with mastectomy and radiotherapy. Admitted a month ago with weakness in left leg. CT scan shows short-term memory impairment and confusion. Doubt going to improve requires nursing care on long-term basis.

### **3rd April 1990**

Clinical notes – transferred from female ward to Gosport War Memorial Hospital. Plan for mobilisation. Catheter in situ. Husband would like to take home.

### **18th May 1990**

Clinical notes – sacral area improving.

### **2nd June 1990**

Clinical notes – **relatives anxious ++ not happy why being pumped full of diamorphine and not having antibiotics.** After full discussion family now happy with management and fully aware of prognosis.

Sudden collapse ? further cerebral ? died at 15.30 hours. Certified at 15.50 hours.

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

**Patient Identification****OLIVE CRESDEE****1920-12-29 G79594****Exhibit number****BJC-82**

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**

69 years old

May 1989: (L) mastectomy, then DXT and tamoxifen  
 Mar 1990: neurological episodes = multiple infarcts  
 Glucose ^  
 Sore on heal

At some stage deteriorates, and (R) arm and both legs are affected.  
 Later, MST  
 1990-05-18 'Seems in pain...' then ^ MST to 50 mg twice daily.  
 then ? pump  
 1990-06-02 Dies suddenly.

NO DRUGS CHART

UNASSESSABLE

Final Score:

**Screeners Name: R E Ferner**

Date Of Screening:

**Signature**

BJC/82  
OLIVE CRESDEE  
29/12/20  
2/6/90 aged 69

There is a good summary of the medical problems on page 5 – breast carcinoma diagnosed one year previously, CT scan appearances of multiple infarcts in both cerebral hemispheres producing right and left leg weakness (rather than cerebral metastases). She also had sacral pressure sores. She also had pain but there is only one reference to how much analgesia was being used – MST 50mg twice daily on 18/5/90.

I cannot find any medication cards or relevant nursing records for the time in GWMH. This makes it impossible to put a grade on it. From what is in the case notes there is nothing suspicious

Group decision – cannot grade

Exhibit No	Patient Identification	Assessment Note	Assessment Score
BJC/82	Cresdee, Olive  MST 7	<p>SUBSTANTIAL PORTIONS OF THE RECORD APPEAR TO BE MISSING. There is an unusual lacuna in the medical notes, with one page ending on 24/4/90 and the next beginning on 18/5/90 – I think there was probably a page in between. And there are no nursing notes and no drug charts for the stay in Redclyffe Annexe.</p> <p>Given the gaps, it is difficult to offer an opinion. My summary would be</p> <ol style="list-style-type: none"> <li>her only pain appears to have been from a sacral pressure sore. She received moderately high doses of morphine (MST 50mg BD is recorded). Skin pain is not best treated with opioids. It is therefore not surprising that they seem to have been ineffectual (medical note 2/6/90). She also, from the same medical note, appears to have then been treated by CSCI – no reason to suppose that would have been any more useful.</li> </ol>	2A

# Expert Review

**Olive Cresdee**

**No. BJC/82**

**Date of Birth:**

**Date of Death:**

**Code A**

---

Mrs Cresdee was sixty-nine when she was admitted to Gosport War Memorial Hospital on 3 April 1990.

In May 1989 Mrs Cresdee had undergone a left mastectomy for carcinoma of the breast which was then treated with radiotherapy and Tamoxifen.

In February 1990 Mrs Cresdee had started to complain of weakness in her right upper and lower limbs and was receiving treatment for long term care following multiple small strokes.

Unfortunately, there are large portions of Mrs Cresdee's Medical Notes which are not available, including the drug charts. Two of the expert doctors have concluded that this patient cannot therefore be graded.

Dr Naysmith, who has graded this patient 2A, has done so on the basis that the actual death was a sudden collapse, which is not the mode of death in opioid overdose. Dr Naysmith did indicate, though, that in her opinion the treatment of the sacral sores with opioids, combined with a failure to give antibiotics, was inappropriate management in as much as she could be certain with so much documentary evidence missing.



