

VICTOR ABBATT



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Victor Abbatt

Date of Birth: Code A Age: 77

Date of Admission to GWMH: 29th May 1990

Date and time of Death: 00.05hours on 30th May 1990

Cause of Death:

Post Mortem: Cremation Length of Stay: 1 day

Mr Abbatt was married and had a son and daughter. He had had recent bouts of chest infections, confusion and poor mobility. It was noted that he was a heavy smoker.

Mr Abbatt was admitted to the Gosport War Memorial Hospital on 29th May 1990 as an emergency, requested by Dr Barton. His wife could no longer cope with him at home.

On admission Mr Abbatt was assessed and his medication was boarded.

The foot of his bed was elevated because his ankle and foot were oedematous.

During the night Mr Abbatt became very confused and incontinent of urine.

He was given Temazepam 10 mgms at 22.15 hours.

Mr Abbatt died at 00.05 hours on 30th May 1990, his son and daughter were informed and his death certified by Dr A? and S/N Bro?.

Expert Review

Code A

No. BJC/01A

Date of Birth:

Code A

Date of Death: 30 May 1990

Mr Abbatt was admitted to the Gosport War Memorial Hospital on 29 May 1990 as an emergency. Dr Barton requested this as his wife could no longer cope with him at home.

On admission he was diagnosed as having a chest infection with mild heart failure. He was noted to be cyanosed by the nursing staff when they put him to bed at 21.20 on the day of admission. He was then administered 10mgs Temazepam apparently which had been written up for him. VAI

The experts criticised the use of a small dose of Temazepam in a patient who is cyanosed. They note, though, that Mr Abbatt was already very unwell.

OPERATION ROCHESTER CLINCAL TEAM'S SCREENING FORM

Patient Identification Exhibit number					
Code A				<u>BJC-01A</u>	
Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4	
Natural A					
Unclear B		Given a small dose of temazepam I0 mg, even though 'v. cyanosed'			
Unexplained By Illness C					
General Con	<u>nments</u>				
> 21.30 bed - 'v > 22.15 temazep > 00.05 dead Doc says URTI D (?PM): bron		ar + odd rales.	amily can't cope		
Final Score:			ers Name: R E of Screening:	Ferner	

BJC/01A VICTOR ABBATT 77 Admitted with bronchopneumonia Was cyanosed at time of admission Given temazepam 10mg at 2215 Died at 0005

Bad medicine to prescribe and give temazepam to someone with breathing difficulties But already very unwell PL grading A2

	Exhibit	Patient Identification	Assessment Note	Assessment
ļ	NO			score
	BJC/01A	Abbatt, Victor	Very brief admission – admitted one day and died at 0500 hours the next. Admission diagnosis was chest infection and mild heart failure. Noted to be cyanosed by the nursing staff when they put him to bed at 21.20 on the day of admission – and they then administered the Temazepam 10mg apparently written up for him. NO DRUG CHART WITH THE NOTES RECORDED. So unable to comment on whether any drug written up or administered might have contributed to the apparently sudden development of cyanosis and/or subsequent death.	B2

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Officer's Report

Number: R7E

Victor ARR	SOTT lived at Code A	with his wife	Code A
	ontacted the Health Authority in relationed GWMH on 30/05/1990, after seeing		
ABBOTT (Code A Code A	at Code A lome address	of Code A
	vember 2002 (10/11/2002) I visited		
-	OPERATION ROCHESTER VICTOR JOHN ABBOTT B.	DATE: 13/11/2	2002
FROM: STN/DEPT:	DC CODE ROBINSON	REF: TEL/EXT:	
TO: STN/DEPT:		REF:	

He worked as a stevedore for the MOD and is described as being very fit.

He suffered from arthritis and the but was not taking any medication for them. He was a life long smoker and had a chesty cough.

Around April 1990, Victor ABBOTT had a chest infection for which he was prescribed antibiotics. He was visited by his wife's GP, Dr PETERS, as he was not on a doctors list. The infection left him very weak and unwell but he was not admitted to hospital, he did attend GWMH for an x-ray which confirmed the diagnosis of chest infection.

At this point he was sleeping a great deal and was suffering from hallucinations due to the lack of oxygen getting to his brain. This was directly attributable to the infection and stopped as he began to recover. They are described as 'brief' and 'temporary'.

Dr PETERS oversaw his treatment which did not include any pain killers, just the antibiotics.

Throughout this period, Mr ABBOTT remained alert and able minded, he was however left very weak and required help to reach the bathroom. Because of this his wife became very tired and worn down and it was suggested that Mr ABBOTT be admitted to the GWMH mainly for him to regain his strength and as a respite for Mrs ABBOTT.

Mr ABBOTT didn't wish to be admitted but recognised that his wife needed a rest. He was admitted to a mens surgical ward on the ground floor of the GWMH and 1930 hrs on 30/05/1990 and settled into a chair, the family left him as he was about to taken to the day room to have a cigarette. The staff

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informed them that he would 'be made comfortable' and that they could 'come and see him in the morning'.

Around midnight the hospital contacted the family to inform them that John ABBOTT had died.

The family are concerned that their father was given medication that was too strong and as a result he died.

Mr ABBOTT was cremated.

Kathryn ROBINSON

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Officer's Report

REF:

Number: R7AX

STN/DEPT:		
FROM: DETECTIVE CONSTABLE [code A] ROBINSON STN/DEPT: MCD E	REF: TEL/EXT	⁻ :
SUBJECT:	DATE:	01/12/2003
I attended the home address of Code A at 1000 hrs (23/11/2003) in relation to her father, Victor ABBOTT, as phusband and brother.		

I discussed the nature of the family's initial concerns as per officers report 7E.

They felt that all of the relevant points had been covered and were given a copy of their father's medical records.

The family is happy to be notified by letter in 'layman's terms' but would like to have the opportunity for a follow up visit if they feel they have questions.

TO: