

Other Document Form

Number

D965

Title **PRINTED COPY ANALYSIS BY ROBIN FERNER OF ADDITIONAL PAGES**

(Include source and any document number if relevant)

LINK TO ROBIN FERNER

Receivers instructions urgent action Yes No

Document registered / indexed as indicated

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Examined - further action to be taken

Further actions no(s)

Code A			
		O/M	SIO
		Indexer	

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-04**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B	fentanyl > diamorph seems entirely reasonable, dose ?low			
Unexplained By Illness C				

General Comments

84 years, Barthel 0-2, MTS 0, Waterlow 30
 History of mental and physical ill-health, including angina ?MI. Unfit for GA for biopsy in 1975.
 #tib & fib, then #NOF.
 Transferred 1994-11-01, and died 1996-06-15-06-05
 Family did not wish her to have haloperidol – row (604/1170)
 Initially prescribed morphine/diamorphine 1994-11-09,1995-01-26,1995-03-14, 1995-07-13, but not administered
 Brief prescription for small dose haloperidol 1995-07-12
 Pain on trimming nails
 Helped by fentanyl patches [50 > 75] , from 1996-05-20 to 1996-06-07, then diamorph 60 mg; R. 40-100 mg/24h
 BNF says fentanyl 75 = morphine 270 {≡ 120 mg diamorphine daily}

ADDITIONAL data administrative only
 SO:
 NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-05

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Terminally ill and uncomfortable, but high doses, especially of midazolam		
Unexplained By Illness C				

General Comments

Very distressed on morning of 2nd June 1996.
Syringe driver commenced, with
diamorphine 60 mg/24h \equiv 30 mg morphine every 4 h
midazolam 40mg/24h, i.e about 660 micrograms/kg/day, or 25 micrograms/kg/hr
[of the same order as given on ITU for sedation]

ADDITIONAL material admin only

SO

NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-06B

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		In pain, but high doses, especially given sensitivity to morphine		
Unexplained By Illness C				

General Comments

80-year-old man, #NOF, myeloma, c/a prostate, osteoporosis, MP-GN
Rising alk p'ase, 1998-06

Sensitive to morphine
initially – tramadol co-dydramol,
note buprenorphine, low dose 'Oramorph', diamorphine

A'iotics – cipro 1998-06-02

1998-06-04 pain in chest, worse over next few days
oramorph > MST > syringe driver

Doses: Diamorph 40-200 mg, Hyoscine 200-800 microg, Midazolam 20-80 mg & oramorph

Wt 65 kg.

Given midazolam 20 mg/ 24 h, \equiv 13 microg/kg/h; diamorph 60 mg/ 24h \equiv 38 microg/kg/h

ADD

Steroid card for Pred 10 mg daily

CXR: a small degree of LVF

ECG: illegible copy

MRSA: negative

Rx chart showing Rx for Buprenorphine 200microg [not given] and co-dydramol 2 qds, 16 doses given

SO

no change

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Code A****Exhibit number****BJC/07**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Moribund, distressed, but high doses of diamorphine, midazolam		
Unclear B				
Unexplained By Illness C				

General Comments

65-year-old man, 118kg, NIDDM, LVF, with dense (L) hemi
 Admitted for re-hab 1999-04-26; sudden deterioration next day – cyanosed, dyspnoeic, in pain, given:
 diamorphine 40 mg/24 h \equiv 14 microg/kg/h
 midazolam 40 mg/24 h \equiv
 Died within 45'

MISSING: any Haslar notes, any GP notes

ADDITIONAL data admin only

SO

NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-09**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Probably natural + and reasonable, but high initial doses R. (not in fact given)		
Unclear B				
Unexplained By Illness C				

General Comments

79-year-old widower, partially sighted, paraphrenia, prostatism, puffy ankles, possible pernicious anaemia, previous collapses, presenting with (L) hemi 1999-05-05, and apparently doing alright at first.

Treated with paracetamol, then co-proxamol, then deteriorates -06-14, started on Oramorph, then fentanyl, then diamorph...

Dr Brooks, Dr Barton & Dr Briggs (-06-18-18-30) apparently involved.
Finally very large doses of midazolam - 80 mg/24h; diamorphine 60 mg/24h.

Note -06-16: 80 mg diamorphine prescribed, but nurses gave 40 mg/24 h.

ADDITIONAL material = glucose chart (normal), Nutritional assessment tool, so no major change
SO

NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-10**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Probable infarct ?pneumonia Reasonable doses ?too low for comfort			
Unclear B				
Unexplained By Illness C				

General Comments

94-year-old X-navy widower, small CVA, TIA, falls, calcific aortic valve disease, old TB.
 Admitted 2000-04-24, but recovered.
 GTN spray.
 Well OPD 2000-05-11, then re-admitted 2000-06-05 after fall.
 2000-06-08: chest pain (?MI, ? pneumonia)
 R. erythromycin + haloperidol
 Then diamorph sc 5mg
 Then Oramorph 10 mg
 Then diamorph 5 mg/24h added
 + 2000-06-17-14-40.
 Additional information: referral letter from 2000-04-26 – 'small stroke'
 GTN spray – rare; smoker
 Leg Ulcer = Staph
 So: NO CHANGE – 1A

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-12

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		No drugs chart. Weak, Ca bladder, Oramorph		
Unexplained By Illness C				

General Comments

91-year-old man, living alone, with transitional cell Ca bladder, pleural effusion, fistulae, old MI, previous Ca colon, hard of hearing.

Transferred to Dryad 1999-08-03; ESR 76, Hb 9.3 1999-08-05; 'not in pain' 1999-08-16;
 'going downhill – on fentanyl' 1999-09-06;
 'Syringe driver 50 mg diamorphine, 20 mg midazolam' 1999-09-08 > 40 mg midazolam > +

ADD:

'Patient's understanding of condition: To get stronger' [undated]
 ECG apparently showing T-inv across anterior chest leads and possibly AF [undated; and 1991-05-19]
 Notes about an inferior myocardial infarct requiring pacing wire; and chemotherapy

SO: notes illuminate history from 8 years before death. No specific pointers.

SO:

UNCHANGED

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-13**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Bad LVF, depression, but no explanation for midazolam		
Unclear B				
Unexplained By Illness C				

General Comments

69-year-old woman, well until 1996, when she presented with LVF ?due to apico-posterior MI
 Admitted (?)
 1999-03-08
 1999-04-27: Domicillary visit
 1999-07-21: for control of cardiac failure, hypotension, dysphagia [Not for 555]
 Transferred to Dryad 1999-08-05
 Prognosis '3/12' 1999-08-12 [Watkins]

199/593 'Prognosis looks poor. I am happy for ny staff to confirm death.'

R. Diamorphine 20-200 mg in 24h 1999-08-05

R. Oramorph 5-10 mg 4hrly 1999-08-05

R. Midazolam 20-80 mg in 24h ?when prescribed Given from -08-14

NOTE:

no simple analgesic

no indication for midazolam [nursing notes say 'to keep Doreen comfortable' 466/593]

ADD:

1996-01-23 Discharge sheet: 'CCF, IHD presumed MI', Echo = dilated LV... 1ry pulm hypertension
 Some undated assessments, and several blank admin forms.

SO:

NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-14

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Admitted for terminal care; appropriate dose- escalation			
Unclear B				
Unexplained By Illness C				

General Comments

79-year-old X-butcher
C/a bronchus, oesophageal stricture from this, PEG tube
1996-06-18: Oramorph 10 mg x 5 a day
1996-06-27: Oramorph 20 mg x 5 a day
1996-07-04 (?) syringe driver – diamorphine 50 mg/24 h
1996-07-06 diamorphine up to 100 mg/24 h
1996-07-07 diamorphine up to 150 mg/24 h
1996-07-07 +
Drug chart for hyoscine
1996-06-13: complete oesophageal obstruction, TOF, PEG
Countess Mountbatten referral form
Drugs chart: oramorph 10mg q 4 hours diamorphine 50 mg/day [1996-07-04]
Nursing care plan: paranoia, thioridazine, fall
Barthell 8, Waterlow 23
Notes from Sultan ward: 50 > 100 > 150 mg diamorphine for bubbling & distress
SO – NO CHANGE FROM 1A

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-15

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Seriously ill 'poor prognosis', sacral sore, Parkinsons, wt loss; but rapid increase in diamorph/midazolam sometimes with no clear reason	CONSENSUS WAS 3B	
Unexplained By Illness C				

General Comments

79 year-old X-RAF; #ankles, spine 1945; Parkinsons from 1980s, Renal calculi, NIDDM
 Wheelchair; confusion + agitation + paranoia
 1994-12-01 Dolphin Day Hospital
 1997-09-29 'Second admission.. to attempt to improve mobility'
 1998-07-13 Thrombocytopenia, leukopenia
 1998-07-? inpatient
 1998-08-28 discharged to Thalassa nursing home
 1998-09-24 bed sores, mortally ill
 1998-09-27 dies
 R. 1998-09-21 Oramorph
 R. 1998-09-14 Coproxamol
 R. 1998-09-21 Diamorph 20-200 + midazolam 20-80mg
 R. 1998-09-25 Diamorph 40-200 (80 given) + midazolam 20-200mg (100 given)

Nursing notes 1998-07-23: Very cross...., -24: Parkinson's worse, fall, & quite demanding
 BMs - 6.3 - 15.7

ECG - ST segment elevation in V3

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-17**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Very unclear what happened at the end.		
Unexplained By Illness C				

85-year-old X-painter, psychiatric care and Residential Home, deafness, prostate trouble,
1998-12-14 (A) Haslar increased confusion, poor mobility, ?chest infection
1998-12-28 > GWMH confusion, double incontinence,
1999-01-04 'Remains poorly... I am happy for nursing staff to confirm death.' [JAB]
1999-01-11 'Probably N/Home if stable in early Feb '99. [Lord]

1999-01-18 '...not in pain...' [JAB]

1999-01-19 'use sc analgesia if necessary' [JAB]

'Keep comfortable' [Lord]

1999-03-15 '...Barthel 2/20. Eating – can feed himself (Variable)... [Lord]

1999-03-20 'commenced sc continuous diamorphine & midazolam' [Nursing notes]

1999-03-22 'Marked deterioration over weekend. [?] unwell... I am happy for nurng staff to confirm death.' [JAB]

1999-01-29 Oramorph 10mg/5 ml 2.5-5 ml 4 hrly PRN

1999-01-04 ditto

1999-01-04 diamorphine 20-200 mg in 24h sc, hyoscine, midazolam [NONE given]

NO record of DIAMORPH sc INFUSION

ADD:

1993-01-07 +ve MSU – mixed

Drugs chart 1999-07-18 DIAMORPHINE 20-200mg in 24h: 20mg given on –20, 21,22

1999-07-18 MIDAZOLAM 20-80 mg in 24h: 20 mg given on –20, 21, 22

1999-02-11 Pressure sores on both heels.

SO: Drugs chart shows inappropriate prescription of 20-200 mg, and he was given 20 mg diamorph + midazolam: moderately high doses in an elderly man, at the time of deterioration.

SO:

2B confirmed

Final Score:

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

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-19

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Good pain relief, quiet death at last			
Unclear B				
Unexplained By Illness C				

General Comments

78-year-old widow, c/a lung on bronchoscopy + mets to supraclavicular node and ?rib
 Discharged on MST, readmitted unable to cope
 R. Diclofenac, Oramorph (carefully calibrated) (15 mg every 4 hours) then appropriate dose of
 diamorphine (30 mg/day)

BUT bad prescription for oramorph from 24/11: crossings out, inaccurate date...
 Blank results sheets, so
 NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-20

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Small dose diamorphine during agonal collapse			
Unclear B				
Unexplained By Illness C				

76-year-old Glaswegian ex-sailor who developed Parkinsons, with memory loss and hallucination (pixies, buses with six wheels...)

Diagnosed ? Lewy Body Dementia

Also squamous cell c/a lung successfully treated by L UL resection in 1988

Also renal stones and prostatic enlargement with tendency to UTIs

Gradual deterioratation: 'a sad case' [56/912] Then ? UTI, abiotics, decline, 'mobility worsened over the last week' [850/912], admission [447/912], incontinent of urine and faeces, unable to swallow, given sc fluids [128/912].

Transfer to Daedalus 2000-09-04 Then -09-14 Unresponsive, incont faeces, grey, tachypnoeic, distressed, unrecordable BP, given 2.5 mg diamorphine, died. [461/912, 151/912]

PM: natural death

BUT prescription for 'PRN' diamorphine suboptimal.

1997-06-03 Dr Kerr's letter – sulpiride

2000-08-17: normal FBC; 1999-03-03 kidney stones;

1987: RIH repair discharge form + many blank or uninformative sheets + communications sheet

SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-21

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Nature of last illness undetermined		
Unexplained By Illness C				

General Comments

91-year-old widow, ex-smoker, previous LVF, previous ?depression, ? early dementia 1995, managed shopping , although in home, until
 1999-08-15 admission with #NOF
 1999-09-03 transfer to Dryad ward... Barthel 3-4 [later 6, 7, 4]
 Very slow progress
 1999-11-16 'Further deterioration' ?chest infection > no antibacterials
 1999-11-18 Treated with as required 'Oramorph' and then regular 'Oramorph'
 1999-11-20 Started subcut diamorphine
 1999-11-22-17-20 'died peacefully'

1995-02-06 Letter from Althea Lord 'does not like day centres.'

Note from Feb/March ?1995

part of a drugs chart from Sept 1999

ECG strip, showing atrial ectopy and lateral T-wave changes

SO – no new information

SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-22

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Poorly written prescriptions, and some wavering in dosages		
Unclear B				
Unexplained By Illness C				

General Comments

An 85-year-old man, recently widowed, with metastatic c/a bladder, an indwelling catheter, weakness +++, bedsores, and a desire to 'pass on.'

Seen by Dr Bee Wee [letter 1999-10-04] – for palliative care

Admitted Sultan 1999-10-05

Some reluctance with analgesics:

'oramorph' stat + co-codamol, then
MST 20 mg bd then
diamorphine 60 mg in 24 h [?] then
diamorphine 30 mg in 24 h then
diamorphine 60 mg in 24 h

Died 1999-10-10

Prescriptions badly written

Notes from Haslar missing

ADD:

1999-09-28 Countess Mountbatten referral: Ca bladder, lymphoedema of legs, daughter cannot cope

1999-10-05 Pressure sore chart from Sultan – extensive sores.

ALSO: JR/1 – admin sheets + 1982-12-17 CXR 'normal'

SO:

NO REASON TO CHANGE

Final Score:

Screener's Name: R E Ferner**Date Of Screening:****Signature**

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-23

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Perhaps inevitable – unclear; R. 40 mg diamorph in 24h, then dies		
Unclear B				
Unexplained By Illness C				

General Comments

89-year-old married man, successful fem-pop bypass in 1987, chronic renal failure, recurrent anaemia of 4... grams, 1991,1992
 1993 – sigmoid colectomy for benign disease in May or June
 1993 – readmitted unable to cope; indwelling catheter, weak +++, Barthel 5, heel sore
 1993-07-05 > GWMH
 R.
 1993-07-05 paracetamol up to qds
 diamorphine and later oramorph and treatment for vomiting.
 1993-07-14 Acute on chronic renal failure, K+ 6.9 on 'Frumil' and cimetadine...
 1993-07-19 Morphine elixer [sic] 5-10 mg ?PRN or diamorphine 2.5-5 mg IM.

1993-07-29 > Daedalus
 1993-08-05 'Further deterioration in general condition...'
 R. diamorphine 40mg sc inf in 24h.
 1993-08-06-11-25 dies

ADD:
 1992-07-16 Letter 'reasonably fit' anorexia, lethargy, HB 4.3, ?upper GI endoscopy
 1992-07-16 Preadmission support... 'Lives with wife... catheter'
 1992-07-14 Creatinine 260

SO: Marked renal impairment in 1992, grossly anaemic, indwelling catheter then
 SO: very frail
 SO:
 UNCHANGED [consensus 2B, not 2A]

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-24

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Sought advice from BeeWee Dying from c/a stomach vomiting main problem small doses of opioid			
Unclear B				
Unexplained By Illness C				

General Comments

83-year-old married woman, daughter died of c/a oesophagus aet 41
 penicillin allergy
 hysterectomy & oophorectomy
 varicose veins & thrombophlebitis
 NIDDM

1992 Lumpectomy for c/a breast

1997-02-12 abdo pain, ? cholecystitis Settles with a'biotics [wt april 1997 85.3 kg]

1999-04 c/a stomach with palliative gastrectomy

admitted to sultan ward

main problem = vomiting

given co-proxamol

subsequently MST 10 mg bd

subsequently readmitted

diamorphine by sc injection then syringe driver – 10 mg over 24h, increased to 20 mg over 24 h
 chart for 19-20th June scrappy (p. 161/322)

Examination sheet: 'not distressed' 'abdominal pain & vomiting for 1/52'

'12th Feb' referral letter ;looks distended.

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Code A****Exhibit number****BJC-25**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	<u>CONSENSUS WAS 1A</u>			
Unclear B	Clearly very unwell Not certain if she could have been treated for benign disease. Slow increase in palliation			
Unexplained By Illness C				

General Comments

75-year-old spinster X-schoolmistress, D. C/a breast 1962 – subsequent radiation damage to chest
episodes of depression with psychosis
1995-01 admitted, psychotic depression – ECT
? lump in axilla ? c/a also back pain
D. to nursing home 1995-03-11
1995-05-23 Readmitted to GWMH (?Mulberry ward)
more depression
subsequently – infection of chest wall sinus, blood loss, decision for palliative care

Co-prox 1995-07-14
MST 10 mg bd 1995-07-21
morphine sulphate 1995-07-21 10 mg qds
ditto tds 1995-07-25
then IM diamorphine 5 mg qds 1995-07-31
+ prn diamorphine 5mg

1995-01-21 Long stay prescription sheet

Lab report showing ^ T4

Admission sheet: infected sinus, ECT; ECT abandoned because unacceptable degree of confusion

Nursing notes on dressing sinus

SO – NO CHANGE

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-26**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Bad stroke Rehab Extension BUT high doses		
Unclear B				
Unexplained By Illness C				

General Comments

75-year-old Previous TUR, otherwise well
1998-07-02 stroke: Severe dysphasia + right hemi, prognosis guarded: DNR
1998-07-24 transferred to Daedalus, Barthel 1
slow progress
1998-09-06 extended stroke, seizures, unwell
1998-09-07 diamorph 20 mg in 24h
1998-09-11 diamorph 40 mg, midazolam 40 mg in 24h

ADD: Physio record, 1998-08-05 to 1998-09-04 regarding dense right hemi
SO: consistent with previous
SO:
UNCHANGED

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-27**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	90-year old dying slow increase in R.			
Unclear B				
Unexplained By Illness C				

General Comments

90-year-old retired sales manager
previous cholecystectomy and nephrectomy
COPD on LTOT
Macroglobulin gamma uncertain significance
Bloody diarrhoea
Anaemia and vitamin deficiencies
AF + IHD
Gross leg oedema
alb 24 tot prot 85
sacral sore
Re-admitted 2000-08-18 with diarrhoea, then transferred to GWMH 2000-09-12
Pain (L) leg, ? depression, started citalopram + diazepam + amitriptyline

- > drowsy
- > bronchopneumonia
- > death

syringe driver hyoscine On 2000-10-06
added diamorphine 10 mg on 2000-10-07
added midazolam 10 mg
then ^ diamorph 20 mg and midazolam ^ 20 mg
DIAZEPAM ± AMITRIPTYLINE ± CITALOPRAM could have contributed
OT assessment, Haslar: Elderly care team
2000-06-09 Gastroenteritis, Anaemia, Multiple myeloma
Endoscopy OK
SO – NO CHANGE

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

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-29**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Reasonable treatment in frail man with stroke, sepsis & leukaemia		<u>CONSENSUS WAS 3A</u>	
Unclear B				
Unexplained By Illness C				

General Comments

97-year-old widower, X-decorator, smoker for > 60 years
 1999-05-17 A. with diarrhoea & falls. 'Already very weak from age.' Neuts 1.7, spleen 20cm D.
 hairy cell leukaemia + C diff
 1999-06-11 D. to Red House Rest Home
 1999-10-08 Re-admitted – unwell for 5d. Rt hemi, dehydration, septicaemia
 Becomes very confused and cries out constantly
 1999-11-02 'not very well'...please make comfortable
 Oramorph 5-10 mg/every 4 h Then diamorphine 20 mg/day, then ? increased, then +
 1999-11-10-14-50 +
drug chart from 1999-10-09: 'Augmentin', cefaclor
ECG: SR 60; axis 0; non-specific ST-T flattening
SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****Code A****BJC-30**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B			Blind diabetic lady with stroke, in pain, but dose increased by a factor of 5!	
Unexplained By Illness C				

General Comments

83-year-old widow, IDDM since 1943, blind.
 1989-05-08 A. Daedalus – fall – rapid recovery
 1985-05-08 D. home

DF118 > MST 10mg bd > MST 20 mg bd >
 1996-03-04 Oramorph SR tablets 30 mg bd [≡ diamorph 20 mg/ 24h]
 1996-03-05 Diamorph 100 mg/24 h
 1996-03-06 +

DM outpatient notes from 1984-5?
Some illegible chem. path. forms

Not relevant

SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-31

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

92-year-old widow, X-Lancastrian mill worker, demented [D. 1994], #NOF
 1998-04-14 A. GWMH for rehab
 1998-05-18 'much better on Oramorph'
 Oramorph 5 mg qds from -04-16
 Oramorph 10 mg prn from -05-14
 Oramorph 10 mg qds from -05-18
 1998-05-21 for sc analgesia
 started on diamorph 20 mg/24h and midazolam 40mg/24h
 1998-05-28 dies

ADD:

1998-04-16 MRSA screen negative
 Admin sheets

SO:

Still not clear what happened, or why she died

NOTE: fentanyl patch for agitation

SO:

UNCHANGED BY NEW DATA [consensus 2B]

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-32**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	<u>CONSENSUS WAS 1A</u>			
Unclear B		A somewhat high single IM dose (5 mg) in a dying elderly man		
Unexplained By Illness C				

General Comments

84-year-old man - peripheral vascular disease, epilepsy, c/a bladder (D. 1997-06)
 1997-01-07 A. Chest infection, CCF
 1997-02-22 Dense Right hemi, wheelchair, Barthel 2
 1997-03-07 Transferred Daedalus
 1997-07-01 discharge home > shared care 6/52 home, 2/52 in
 E.g. 1997-07-22 to -08-04; 1997-09-16 to -10-13;
 1998-01-06 Last planned admission . Night-time nausea and vomiting ?MI
 1998-01-07 Rx dimaorphine 5mg IM
 1998-01-08-08-00 'Given 5mg diamorphine IM to assist breathing [365/457]
 1998-01-08-08-20 Died

drug chart
discharge prescription

Nothing relevant
SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-32

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		A somewhat high single IM dose (5 mg) in a dying elderly man		
Unexplained By Illness C				

General Comments

84-year-old man - peripheral vascular disease, epilepsy, c/a bladder (D. 1997-06)
 1997-01-07 A. Chest infection, CCF
 1997-02-22 Dense Right hemi, wheelchair, Barthel 2
 1997-03-07 Transferred Daedalus
 1997-07-01 discharge home > shared care 6/52 home, 2/52 in
 E.g. 1997-07-22 to -08-04; 1997-09-16 to -10-13;
 1998-01-06 Last planned admission . Night-time nausea and vomiting ?MI
 1998-01-07 Rx dimaorphine 5mg IM
 1998-01-08-08-00 'Given 5mg diamorphine IM to assist breathing [365/457]
 1998-01-08-08-20 Died

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Code A****Exhibit number****BJC-33**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Very unwell, abdo pain, ?LVF comfortable and small amounts gradually increased			
Unclear B				
Unexplained By Illness C				

General Comments

85-year-old woman, with angina
 2001-05-10 found on floor A. Left hemi
 2001-07-04 Episode LVF
 2001-08-21 'diamorphine 5 mg Given subcut with good effect...' and several subsequent doses given
 2001-08-29 abdo pain inspite of sc morphine diamorphine 20 mg/24h by driver
 2001-08-31 diamorphine 30 mg/ 24 h
 2001-09-02-13-25 Dies

1977 letter: Dupuytren's & opn for it

2001-05-25 Clinical continuation sheet: 2001-05-31: Barthel 1/20

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-34

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Rapid increase in dosage; last increase (50%) not explained		
Unclear B				
Unexplained By Illness C				

General Comments

68-year-old married man Morbid obesity Leg ulcers Cellulitis WBC 26 Hypertension
 1999-08-06 Admitted and improves on abiotics
 1999-08-23 Transferred to GWMH
 1999-08-26 Sudden collapse – pain in throat ? MI
 [diagnosis certainly plausible; note, however, anaemia and rectal bleeding]
 Treated with diamorph by verbal order (!)
 Then Oramorph 60 mg/day
 1999-08-30 Syringe driver diamorphine 40mg [i.e. 2 x previous] midazolam 40 mg
 1999-09-01 increased diamorphine 60 mg because of pain
 1999-09-02 increased diamorphine 90 mg – no reason given
 1999-09-03-13-50 Dies
 ADD:
 1999-08-12 et seq dietitian's sheets
 1999-08-06 Drugs chart: benzyln, fluclo, doxazosin, felodipine, frusemide; paracetamol
 sometimes omitted.
 SO:
 UNCHANGED

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

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

ADD:

1999-01-31 Advice of death
 1991-06-20 Pacemaker record
 1998-12-31 MRSA negative
 1991-06-21 CXR 'Heart slightly enlarged'; pacing wire in situ
 rhythm strip, ?date ?complete heart block
 1998-07-31 Nodular basal cell carcinoma histology.

Several blank sheets

SO:

UNCHANGED

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-37**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Clearly very frail, and in pain at times. Not clear why dose was escalated in last few days? ?Symptom driven		
Unclear B				
Unexplained By Illness C				

General Comments

91-year-old widow, Nursing Home Resident with dementia, left ventricular hypertrophy, tremor

1995-11-03 MTS 5/10, but active

1996-06-12 'Fall – broken arm...'

1997-09-02 '# R. thumb'

1998-10-25 #NOF after fall

1998-10-26 Dynamic hip screw

Labelled NOT FOR ACTIVE RESUSCITATION on E3 Haslar

1998-11-11 Transferred to GWMH

co-

diclofenac suppository

oramorph

diamorphine injection

1998-11-24 diamorphine 20 mg, midazolam 20 mg/24h

1998-11-26 ^ midazolam 40 mg/24h

1998-12-01 ^ diamorphine 30 mg/24h

1998-12-02 chest bubbly ^ diamorphine 40 mg/24h + hyoscine 200 microgram

1998-12-03-11-30 Died

ADD:

1998-11-20 &c Nursing care plan regarding dressings on heals.

SO:

UNCHANGED

Final Score:

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

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-40

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Clearly very unwell for many months post-stroke		
Unclear B				
Unexplained By Illness C				

General Comments

76-year-old x-translator Russia, Radio Free Europe
schizophrenia 1962 Maudsley
1996-10-18 (L) hemi, Admitted St Mary's, then GWMH 1996-11-08, then long-stay on 1996-12-16
Barthel [139,140/244] 0 or 1 throughout post-stroke period
Misery and crying out
But Dr Gibbs advise against sedation and yet Ms Reeve was given midazolam, then diarmorphine.
Dr Lord seems to have made decisions
BAD prescribing: diamorphine 40-200 mg in 24 h; oramorph Rx difficult to follow
Likely that she was made more comfortable at the end with midazolam and diamorphine

ADD:

Admin only

SO:

UNCHANGED (consensus was 2B)

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-41**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		In great pain after #hip; oramorph first; but rather high dose of sedatives and diamorph		
Unclear B				
Unexplained By Illness C				

General Comments

91-year-old widow with dementia, in Glen Heathers Home, and 17 falls in 1998
#NOF >THR
>A. Daedalus 1998-08-11 in pain... oramorph 10mg doses 4h
Fall & dislocation, requiring sedation IV and replacement
In pain afterwards
given haloperidol/midazolam/diamorphine 1998-08-19
from 19th, 40mg diamorphine

1995-02-06: Dr Lord letter
ECG showing AF and deep ST-T changes ?ischaemia, ? digoxin
See also BJC-41 AF1C
Haslar prescribed diclofenac
SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-42**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Alive; serious pain from O/A; pupils recorded as PEARLA		
Unclear B				
Unexplained By Illness C				

General Comments

75-yea-old X-shipwright with disabled wife and very painful O/A knees, admitted from A&E for pain control on 2000-04-04 and treated with MST, initially 10 mg PRN then 20 mg bd, as well as diclofenac

No medical account

Little in nursing notes

However, worst crime is to go from 10 mg MST once to 20 mg twice daily > a rapid but not negligent increase?

ADD:

1998-07-07 Letter from SHO Hinsley: numbness (L) leg, drops things; vertebrobasilar insufficiency.

1993 Physiotherapy record – Low back pain

2002-01-07 Clerking – Hypertension, DM, OA

SO:

UNCHANGED

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-44

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	End-stage PD, severe distress, recent ?stroke ?infection > more disabled			
Unclear B				
Unexplained By Illness C				

General Comments

67-year-old mother of five, from Wigan, in rest home, 'end-stage' Parkinsons, treated for 15years, chronic urinary retention, admissions with constipation, treated with DOPA and pergolide and orphenidrine

Admitted to Haslar 1997-01 with ? stroke and chest infection – unrousable then

Admitted GWMH 1997-01-30, in pain not relieved by oral morphine sulphate up to 10mg 4 hourly.

Diamorphine '40-200 mg' started 1997-02-04 (i.e. 25% dose increase)

Therefore probably reasonable

I have been unable to find relevant medical notes.

ADD:

1996-04-16 D/S 'Advanced Parkinson disease, chronic urinary retention, constipation.'

1997-01-31 Alb 26g/l; alk p'ase marginally raised; glucose 6.5; [-02-01] MCV 102.5, Hb 9.4

SO:

UNCHANGED [?consensus]

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Code A****Exhibit number****BJC-45**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		No use of NSAIDs – but had been on omeprazole at one time	If dose of opiate increased from 20 mg MST bd to 80mg diamorph/day	
Unclear B			<u>CONSENSUS WAS 3B</u>	
Unexplained By Illness C				

General Comments

A 92-year-old woman (nephew Capt on IoW), a little deaf but otherwise well
 Probable inferior MI 1989; ?Lyme disease – a'bodies negative
 R#NOF 1999-03-19
 DHS Haslar next day, discharged to Dryad apparently with pain on movement
 Analgesia:
 1999-03-26 : oramorph 5-10 mg up to 4h
 1999-03-26: also regular oramorph, 10mg qds until 1999-03-28
 1999-03-31 to –04-05: MST 10 mg bd; then 20 mg bd until –04-11
 1999-04-12: diamorphine sc 20-200 mg in 24h
 Seems to have been started at 80mg/24h (=160 mg morphine/24h)

Not Lyme disease;1989: ? collapses. V well save for arthritis/ /Probably inferior MI1981: stress # femurSO – NOTHING RELEVANT & NO CHANGE**Final Score:**

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-46**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		?Apparently changed from co- dydramol to > 10 mg qds morphine ?why	<u>CONSENSUS</u> <u>WAS 3B</u>	
Unexplained By Illness C				

General Comments

73-year-old woman, dense hemi, MI, aspiration pneumonia,
 Admitted Haslar 1999-04-26: chest pain, then (L) hemi
 Transferred Daedelus 1999-05-20
 NGT, dense (L) hemi, urinary catheter, incontinent faeces, 'quite alert.'

At that time, apparently on co-dydramol only
 HASLAR NOTES MISSING
 Given Oramorph 5mg x 4 in 24h for pain, + 10 mg qds (only 3 doses given); then Diamorph 20 mg in
 24 h (1999-05-21) with two prescriptions for same on next day (?because dose of hyoscine changed,
 as per nursing notes, and back of Rx chart)

Dies 1999-05-22-22-30

1987 toenail fungus
1981 O/A
1969 gynae > hysterectomy

SO - NOTHING RELEVANT TO LATER EVENTS
SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-47**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Immediate use of large dose opiate Fentanyl 25 \equiv 90 mg morphine/day		
Unexplained By Illness C				

General Comments

70-year-old retired sub post office manager, previous history of hypertension, deafness, vertigo & ischaemic retinopathy
(R) hemi + dysphasia + hemianopia 1996-09-29 from haemorrhagic infarct
PEG tube
Barthel 0
Transfer note [82/109] shows no analgesia
Noted 1999-10-07 to have pain in (R) arm & leg > fentanyl patch 25 microgram > 50 > then diamorphine 40 mg/24h, then 'peaceful' then 'bubbly' then
Dies 1996-1-20-01-25

SO: while underlying condition poor, several problems: went directly to opiate; dose was potentially high (\equiv morphine 90 mg/d) did not allow for fentanyl in skin when changing to diamorph;

ADD:

Admin only

SO:

UNCHANGED

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Exhibit number

Code A

BJC-48

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Unwell and in pain with terminal CCF, already had diamorphine 10mg/24h, and oversedated. Then from Oramorph <20mg/day to diamorph 40mg/24h		
Unclear B				
Unexplained By Illness C				

General Comments

81-year-old woman with NIDDM, IHD, previous hemi?,
 Admitted 1995-10-06 to -12 for trial of enalapril
 Readmitted 1995-10-27 dizzy & unwell - enalapril stopped
 Readmitted 1995-11-03 AF, CCF
 1995-11-04 Transfer to John Pound, ?scabies; possible further infarct: ^SoB, chest pain, ^CK, ^AST
 1995-11-17 Transfer > Charles ward Syringe driver with 10 mg diamorph started, but stopped later because of oversedation
 1995-12-04 Transfer > Dryad
 Oramorph 5mg x 3 doses -12-10 to -12; then diamorph 40mg/24h [≡ 80 mg morphine in 24h ?why such large jump]
 Died 1995-12-13-07-30

ADD:

1995-11-09 CCF, OA, ?diabetes, cholecystectomy, hysterectomy, mild CVA - poor mobility
 Physio + Admin sheets

SO:

UNCHANGED

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Exhibit number

Code A

BJC-51

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	<u>CONSENSUS WAS 1A</u>			
Unclear B	Probably reasonable in view of discomfort, failure to respond to treatment, and relatively low doses (but ? too much haloperidol)			
Unexplained By Illness C				

82-year-old widower, ex-Burma, ex-boatyard varnisher, from nursing home, previous Ao aneurysm repair, dementia requiring admissions previously, inguinal hernia
 Admitted 1998-03-12 with R#NOF > DHS, but subsequent wound infection
 Discharged back to NH -03-20
 1998-04-07: admitted to GWMH (?) with increased aggression and poor mobility since #
 Developed contractures of knees, noted to be in pain
 Paracetamol >
 1998-05-06 diamorphine 15 mg/24h + haloperidol; 20 mg
 1998-05-10 30 mg/24h + haloperidol;
 1998-05-11 30 mg/24h + midazolam
 1998-05-13 +

1995, 1997 Nursing notes, etc from Mulberry ward

'6/52 history of agitated behaviour at rest home, with periods of out of character behaviour – recently threw himself downstairs...'

1997- oct to dec: 'Walter put himself on floor in corridor...'

SO – NO CHANGE IN THIS

Final Score:

Screeners Name: R E Ferner

Date Of Screening:

Signature

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC52

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Frail and demented, but not clear why she died. High dose of diamorphine from start (unless I have missed record)	Could belong here	
Unexplained By Illness C				

General Comments

82-year-old widow from psychogeriatric home, history of Alzheimer's, several previous respite admissions
 admitted with UTI 1998-07-31
 transferred GWMH
 Condition deteriorated around 1998-08-17
 No apparent difficulty in sleeping on 16th & 18th
 > diamorphine 30mg/24h on 20th
 Died 1998-08-21-18-30

Additional data:

1998-08-04 notes: 'MTS 0/10 ... Blood cultures G+ve cocci... too dependent to return to Addenbrooke's... DNR (ALord)'
 1998-08-10 "Barthel 2/20"
 1998-08-21 "Marked deterioration over the last few days. SC analgesia commenced yesterday. Family aware and happy. (JAB)"
 1998-08-21-18-30 Dies; for cremation.

SO reinforces previous views. Still not clear; previous consensus No Score, because no drugs charts.

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number**

Code A

BJC-53

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	<u>CONSENSUS WAS IA</u>	Unclear why midazolam alone was given at first; otherwise well managed		
Unclear B				
Unexplained By Illness C				

General Comments

78-year-old woman, diagnosed with malignant melanoma of antrum 1994, resected
 2000-07-26 Admitted from dom visit after a fall; had cellulitis; found to have large pulmonary mets
 Treated with paracetamol, then 'Kapake'
 Transferred Sultan (?) 2000-08-03
 At that time, treated with PRN co-codamol (hip and abdo pain)
 Bronchoscopy 2000-08-09 confirms they are melanomatous
 Transferred Daedalus 2000-08-21
 regular co-codamol, swapped to tramadol 2000-08-25
 Occasional oramorph 2.5 to 5 mg, or ibuprofen
 Treated with midazolam by infusion 2000-08-31 20mg/24h, then same + diamorph 10 mg next day
 Dies 2000-09-01

2000-02-18 - 'No evidence of recurrence...'

2000-08-22 Mets - no active Rx justified...

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number

BJC-54

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A	Severe disease with major surgical intervention, and long-term need for opiates			
Unclear B				
Unexplained By Illness C				

General Comments

Frail 81-year-old man, wife dying of metastatic melanoma, with 20-year history of v v eczema, ulcers, previous skin grafts, previous admissions, and previous MI, Barretts, recurrent anaemia, Zimmer frame, difficulties moving

2000-07-05 Ambulance: bleeding from ulcers; osteomyelitis, severe pain, bilateral amputation

2000-08-29 Transferred to Daedalus, having co-cod, tramadol, and oramorph, and phantom pains

2000-09-18 condition deteriorated, MRSA in stumps, collapsed, in pain, laboured breathing: diamorphine 10mg/24h

2000-09-18 dies

1999-02-24 Split skin graft: bibasal fine crackles..., SM, RBBB...

1996-10-28 colonoscopy, OGD

1997 OGD = Barrett's

2000-08-17 Oromorph, 10-20 mg every 3 h PRN - 7 doses

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Code A****Exhibit number****BJC-55**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B			Known EtOH liver disease, U/S = cirrhosis 1997; but given large doses of opiates, then declined, then given more	
Unexplained By Illness C				

General Comments

A 75-year-old X-navy Scot with 6 children (+ one adopted) by first wife and stepdaughter by second, who was shown to have EtOH gastritis in 1994, admitted in 1997 with EtOH liver disease (ascites, bright liver, abnormal LFTs), and continued to drink.

Admitted 1998-09-22 with displaced #(L) humerus after a fall. Treated conservatively.

Given 5mg or 2.5mg doses of morphine on Dickens, total 15mg (+ 10mg dose in A&E); then codeine or paracetamol

Discharged 1998-10-14 from Dickens to Dryad, taking paracetamol & trazodone...

Transferred to Dryad with Barthel 7, where pain treated with Oramorph 10mg every 4h > rapid decline (chesty) > sc diamorphine 20mg/24h > 40mg/24h > 60mg/24h

Died 1998-10-18-23-40

Death was presumably from overdose of opiates in a man with poor opiate metabolism and reduced tolerance (?encephalopathy). Unless the decision had been taken to treat pain regardless of consequences, this was negligent.

1997-03-04 gamma GT = 45 (upper limit normal)

1997 ? Discharge script, Queen Alexandra Hospital = spironolactone, thiamine, frusemide, multivit

1998-09-24 Pain +++ from (L) humerus

1998-10-14 Discharge note to Dryad ward '#(L) Humerus, alcoholic hepatitis'

SO - NO EXTENUATING EVIDENCE, EXCEPT NOTE ON -09-24

SO - NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-56**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A			Failure to examine, diagnose or treat effectively – but no excess prescribing	
Unclear B				
Unexplained By Illness C				

General Comments

69-year-old woman with known follicular lymphoma (or ?CLL) since Feb 1998 or earlier, angina waiting for CABG, subendocardial MI 1998, skin rash treated with corticosteroids, and a history of diarrhoea and vomiting for a few weeks,
Admitted GWMH 'to build up' 1999-04-27 when Rx included atenolol and quinalapril; continued in spite of d&v, and patient became hypotensive >
Transferred St Mary's 2000-05-05
O/A in extremis, tachycardia, no BP recordable, R pleural effusion
Renal failure noted
In spite of fluids, inotropes, ITU
Died 2000-05-07-02-55

Probable result of (a) sepsis - +ve urine culture – and (b) continued ACE-I treatment and possibly (c) Addison's after stopping steroids.

1998-11-26 ?recovering from MI – CK 896, AST 89 ?allergic to aspirin, atenolol

2000-04-26 1. CLL/lymphoma, FOB+ ?why, OGD normal. Biopsy.

2000-05-05 Coliforms

1978-08-21 Gastric problem... ? Hernial gastropathy

1978-09-13 'Evidence of old ulceration c. radiating folds...'

V&P 1979

SO – NO RELEVANT INFO

SO – NO CHANGE

Final Score:

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

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification

Code A

Exhibit number**BJC-71**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B			Seems to be enormous jump in opiates from oramomorph 5 mg qds (or q4h) to 80 mg diamorphine/d; ?? dies from resp depression	
Unexplained By Illness C				

General Comments

82-year-old married man, known depression (ECT ++), completely dependent, buttock sore, urinary catheter...

1996-01-05 Transferred to Dryad
 1996-01-09 'needs opiates'
 1996-01-10 Oramorph 5 mg qds x 1 dose [≡ 15 mg diamorphine or less]
 1996-01-15 Diamorph 80-120 mg: given 80 mg x 3 doses
 1996-01-17 Diamorphine increased to 120 mg/day (x 7 doses)
 1996-01-21 'Respiratory rate 6/minute. Not distressed'
 1996-01-24-01-45 Dies

1995-12-27 CXR OK, abdo ?pseudoobstruction
1996-01-08 chronic resistant depression, long courses ECT, Barthel 0, recent chest infection
? date Rx Nozinan + From -01-17 to -01-23, diamorphine 120 mg/ 24h (7 doses) + a further dose
Appears to have been given 120 mg on -01-17 at 08.30 and at 15.35 hours

SO - APPARENTLY HAD TWO DOSES OF 120mg DIAMORPHINE WITHIN 12 HOURS ON 17TH JAN - BUT THIS NEGLIGENCE WAS NOT DIRECT CAUSE OF DEATH. ALREADY 3B
SO - NO CHANGE

Final Score:

Screeners Name: R E FernerDate Of Screening: 17th Nov 2003**Signature**