

FROM : GOSPORT WAR MEMORIAL HOSPITAL PHONE NO. : 023 9252 4611 Oct. 22 2003 12:41PM P02

Form Can be completed by any member of staff.
Use **BLOCK CAPITALS** and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
UNEXPECTED DEATH OR SERIOUS INJURY MUST BE REPORTED IMMEDIATELY AS A CRITICAL INCIDENT.

Unique Form Serial No : **40874**

A. AFFECTED (Use Continuation Sheet if more than one person involved)

HICKMAN FIRST NAME **ALFRED** M F

BIRTH **24 / 3 / 19** PERSON STATUS SERVICE

Staff Only : STAFF GROUP

PATIENT'S CONSULTANT/CLINICIAN **DR D. DAVIS**

B. TYPE/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

WEIGHT/LOSS/FAILURE of/to _____ (item/s)
Not applicable

TOTAL COST OF REPAIR/REPLACEMENT £ _____
Station Services, Estates, NHS Supplies, etc as appropriate

C. WHERE

DATE **22 / 10 / 03** TIME (24 hour clock) **10:25**

WHERE THE INCIDENT HAPPEN? (e.g. name of Trust site + flat, patient's home address, details of non-Trust property, etc)

WARD

(e.g. bedroom, bathroom, hall, kitchen, etc)

ROOM

D. INJURY

INJURY _____

ACCORDY _____ If Staff, was shift completed Y / N

E. WITNESSES & INVOLVED PEOPLE

WITNESS (ROBINSON) NAME **LEENA VARGHESE**

ADDRESS **13 ROSEDALE ROAD GOSPORT**

PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion.
BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

PATIENT'S DAUGHTER ASKED FOR MORE PAIN RELIEF AS HER FATHER APPEARED RESTLESS.

DR. DAVIS HAD PREVIOUSLY GIVEN CONSENT TO ADMINISTER DIAMORPHINE INJECTION AS REQUIRED FOR PAIN.

I READ DIAMORPHINE 40MG SIG ON PRN SIDE OF DRUG CHART

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment given, taken to hospital, names of attending clinicians, etc)

I GAVE 40MG DIAMORPHINE SUBCUTANEOUSLY AND ONLY ON CHECKING AFTER, SAW THIS WAS FOR 24 HOUR INFUSION VIA SYRINGE DRIVER. THE ACTUAL PRN DOSE WAS WRITTEN UP ON A

H. NAME (IN CAPITALS) OF PERSON REPORTING

D. CHRISTINE ROBINSON DATE **22 / 10 / 03**

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE

STATEMENTS REQUESTED, FAMILY SB DR DAVIS WHO DISCUSSED INCIDENT + POSSIBLE ERRORS.

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS **A. Scammier** DATE **22/10/03**

JOB TITLE **Senior Nurse**

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE **4** RIDDOR ACTION TAKEN : N/A YES

NAME IN CAPITALS **A. Scammier** DATE **22/10/03**

JOB TITLE **Senior Nurse**

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book

HIGH RISK EVENT Form Serial No: 40874

is must be completed in full, in **BLOCK CAPITALS**, and in **BLACK** biro pen

This form **MUST** link to a Risk Event Form - insert the serial number of the main form here

Family discussed ^{with} Dr Davis using Naloxone to reverse effect of diamorphine, but family decided. Syringe Driver stopped immediately. Members of staff spoken to by Tom Scannan (Senior Nurse) + Jan Peck (Service Manager) + staff members requested. Tom Scannan spoken with family, who have asked to see her at a later stage.

Action - member of staff only been on this ward for 3 weeks to ensure that SN Robinson completes Drug Competencies + has to have training on setting up Syringe Driver.

name of person completing this form
A. J. Scannan

Signature

Code A

Date
22/10/03

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book