

Individual Classifications;

ANS= 2A. PL =n/s. RF= 2A. IW= 2A

ML: Noted that original comments raised concerns regarding the excessive dosage and over sedation.

IW; Noted there was a query over the 25mg fentanyl patch.

RF: Noted appropriateness of using high levels of analgesic in patients who are about to die in order to provide solace. To withhold such treatment was unacceptable.

ANS: Commented that dose escalated on the last day of life and therefore the risk benefits shifted. The case was graded a 2 due to the care plan having been written up for analgesia on admission thought not in pain.

Gladys Richards BJC/41 (2A)

Individual Classifications;

ANS= 2A. RF= 2A. PL= 2A. IW=2A.

This case had been raised as one for further consideration by Mathew LOHN upon the basis that ' There had been criticism made that the starting dose of 40mgs of Diamorphine seemed excessive when starting the syringe driver, but it was noted that Mrs RIVCHARDS opiate requirement had increased considerably in the fifteen hours before the driver was started. Dr LAWSON had considered that the opiates were not considered to be implicated in her death. Dr NAYSMITH had felt the Diamorphine dose too high which had probably shortened her life, but Mrs RICHARDS had seemed unlikely to survive unless she had been left in severe pain'.

However all KCT members had originally assessed this case as a 2A ie sub optimal care but death through natural causes.

AN referred to her notes and commented that she thought that the analgesia had slightly shortened life but that none of the options had been good. She went on to say that the treatment afforded to Mrs RICHARDS was the least worst option.

Mrs RICHARDS had been admitted from a nursing home with a fractured right neck of the femur. She was placed in a splint in Haslar, and then transferred to Gosport War Memorial hospital for continuing care.

On the 14th August it was reported that Mrs RICHARDS was sensitive to ORAMORPH and that her daughters were unhappy that she was using it.

On the 17th August she was transferred to Daedlus under IV sedation. She was unresponsive for several hours but peaceful.. Haloperidol

She became very distressed and in pain, she had been four weeks in a splint, the notes show that her daughters agreed to the prescription of 2.5mg of oramorph.

Mrs RICHARDS was X rayed, and given pain control overnight.

On 18th August Mrs RICHARDS was in great pain. Syringe driver analgesia agreed with daughters on the 18th.

20-200mgs of Diamorphine written up. Gladys was started at 40mgs.
20 mgs of Midazolam.
5 mg of Haloperidol.

Mrs RICHARDS was peaceful but reacted to pain when being moved.

On the 21st August she was described as very peaceful but condition deteriorating.

Nurses failed to query syringe driver drugs at 40mg usually start at 20mg..

A huge barn door of a range of drugs. Page 62 notes..20-200mg diamorphine 12th August.

Page 64 40-200 mg Diamorphine.

On 18th August reported as severely demented.

In the Haslar Notes reported a history of unhappiness at the nursing home. Had suffered 17 falls, the result resulting in a nursing home complaint.. had been forced to walk on a fractured femur. When treated in hospital drugs were reduced and her condition improved..

Haslar noted pain but never treated with analgesia..

Experts content that all notes have been examined including Haslar notes in respect of readmission ..

The deceased's relatives were better informed in terms of patient care and proposed treatment than other family group members,, this is reflected in the notes..

This case only considered sub optimal at the lower end of the scale ie closer to a category 1 than a category 3.

Originally scored..

IW-2A
RF-2A
PL-2A
AN-2A.

Only sub optimal concerns around the range and levels of drugs although very frail in the last stages of life and in pain..

All KCT content that this remains a 2A case.