

① 7 Ref Gladys Richards DOB

Code A

No analgesia received

Tuesday 11th Aug 98 Admitted from Hasker Streethouse pain free

Wednesday 12 General assessment: Opiate dependent (Kwellodol) so no fluids once he
gave. Night time distress was Pain!

Thursday 13 Aug

Seen to be in pain by Granddaughter Mrs Reed 1.30 - 2.15

Brought to ward SVLFF's attention. Thought to be dementia th
Mother showing wife pain to ward but Mrs had great pain in hip. For you

① At what time did Mrs Richards feel? info Mrs Reed is a qualified nurse th

② Who attended to her.

③ who moved her and how.

④ 3.45 - 4pm I arrived and saw my mother was in pain. Anxious expression, weeping - calling out. I spoke to several trained and untrained SVLFF. I was told - There is nothing wrong - it's her dementia. I asked had she seen a Doctor? Could she be X-rayed? At supper time while my mother was quiet and I was reassuring her some soup I was asked "Do you think your Mother is in pain?" by RGN doing the drug round. "Not at the moment while I'm feeding her?" I said "Well you said she was in pain". "Yes" I said "she has been very uncomfortable" since I govt here. "Do you think she has done some damage?" "No" she only fell on the bottom from the chair". I stayed till 7.45pm by mother was in great distress throughout.

At 9.30pm.. I received a phone call from the ward.

"When we put you're Mother to bed she was in great pain and she may have done something. The Doctor feels its too late to send her to Hasker and our X-ray unit is closed. We will give her oxamorphone for the night to keep her pain free and X-ray here in the morning."

This was an avoidable delay. Why? Any lay person could have seen she was hurt. by the angle of her thigh & leg on FRIDAY 14th. I arrived as she was taken to X-ray

vacuum.

She was deeply under with ovamorph.

She was x-rayed. The movement caused pain and I stayed with her to comfort her.

We returned to the ward. I was called in to the office by Philip - ward manager and DR. Barton to be told - "Your worst fears of last night appear to be true. We have rung Hasker and they have accepted her back."

We arrived at Hasker late morning - mid day. She was expected. The consultant was bleeped. He saw Hitler in Casualty immediately. He then saw me. He showed me the X-rays and position of limb - which I had seen. Q.W.H - 24 hrs from accident to admission and second emergency operation. Why? why no examination? why no x-ray? why no transfer?

She arrived at Hasker and within hr had a manipulation to put the hip back in the socket. From here she was pain free.

She did not regain consciousness till 1am (ish) on Sat 15/1 due to amount of analgesia required for the procedure. She was then catheterised so that there was no need to wee - slipped per. She had a d.p. as she had had N.I.C. 6/7 years before X-rays on 14/1.

She remained pain free in full length leg splint both legs level and straight. Shown to me by consultant. No analgesia was required - she was able to use a commode for the toilet and weight bear for herself. She ate and drank and the d.p. was removed and her fluid balance was acceptable.

She progressed on Sunday and was easily manageable. She was seen early on Monday 17/1 when transfer back was recommended. I rang Hasker at 8.30am to be told she would be going A.M. I asked if I should come & pack & accompany her and they said "No need

(2) —

"She is fine". I went to G.W.H about 10.45am and was told the ambulance was due about mid day. I arrived back at 12.15 mid day.

On entering through the swing doors to the ward I heard my Mother screaming. On arrival to the room a care assistant said, "You try feeding her I can't do it she is screaming all the time!" My Mother had a starving anxious expression. She was gripping her RV thigh on site tightly. She uttered the words Do something do something the pain the pain don't just stand here - I don't understand it the pain the pain sharp sharp - this is some adventure. A SRN came into the room at all the noise I moved the sheet and said look at the awful position she is in, she was lying awkwardly towards the left side with the full length splint now strange and the hips uneven. She cried in pain. I said to the RN "can we please move her" we moved her together with our arms together under her lower back and the other under her thighs we placed her squarely on her buttocks and within minutes she stopped the screaming.

⑦ Why when released to bed from the ambulance was her position not checked?

Why was the source of pain not sought? From then onwards the Charge Nurse Manager frequently checked my Mother. He acknowledged our concern. He acknowledged her obvious pain we asked for X-rays. We asked what had happened between leaving Haskells and this individuals bed at G.W.H. It was acknowledged that "something" had happened

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The charge nurse was concerned for her pain and analgesia was given 3 times before her admission 6pm.

Phillip's ward manager agreed she needed X-ray to establish if damage had been done or had occurred to the hip.

X-ray Dept refused forms signed PP for the DR who was unavailable.

An appointment for X-ray was made for 3.45pm as the DR called was expected at about 3.15pm.

The charge Nurse did all he could to expedite this - keeping us informed and constantly checking Father's obvious severe pain. He administered pain relief in readiness for the X-rays. He was considerate and attentive at all times.

DR Barton arrived and we left the room as asked. She examined my Father. She stated she did not think there was full dislocation but the X-ray would go ahead. A review would be held later when X-rays had been seen.

We went to X-ray. My mother was in pain despite her pain relief. I was not allowed in with her as I visited the previous week. I could hear her crying through the doors while the X-ray plates were being placed. We returned to the ward. We were told there was no dislocation but obviously something had happened. We were told she would be given Bromoph for the pain initially through the night for pain relief and reviewed in the morning.

On Tues 18 we arrived on the ward and were told she had had a peaceful night. We were told that she had a massive haematuria causing pain at the op site.

and the plan of management was to use a syringe driver to ensure she was pain free and she would not suffer when she was washed - moved or changed should she become incontinent.

The outcome of the use of a syringe driver was explained to us fully. We agreed.

A little later Dr Barton appeared and confirmed that a haematoma was present and that this was the kindest way to treat her. She also stated "and the next thing will be a chest infection". Totally insensitive to those already in the final stages of bereavement. Because the syringe driver was essential following the night of analgesia for pain - my mother of course would not now regain consciousness, speak, open her eyes to see us or hear anything anymore. To us Mother as we know her is already gone.

(8) How was she brought from Hastings? Was there an escort? Was anyone in the taxi with her? When did she start to show pain? What caused it? (9) I request again to see the last Xrays even though none were made to do nothing but allow to die pain. Answers to the numbered questions are sought in full detail (1-9) please.

Trivial things added to our trauma. Her clothing already cash's name tags removed. - had all gone the day after ISU admission for marking - despite my agreeing to do the washing daily. So she wore other peoples clothing from then on (8 days) continuously. Asking constantly, to insisting today that Mother be allowed to wear her own clothes has resulted in items being brought by Taxi from St. Helens 8 days later; - still unmarked and all totally unnecessary. - as was a staff Nurse yesterday asking to take her day clothes away - "because we get them up here you know". Our reply was - just look out for her - she will not be getting up anywhere.

The contents of events in this report were in the majority witnessed by my elder sister Mrs Mackenzie.