

**RESTRICTED**

Form MG11(T)

Page 1 of 4

**WITNESS STATEMENT**

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: COUCHMAN, MARGARET ROSE

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation:

This statement (consisting of 4 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed:

Code A

Date: 15/12/2004

I have been in the nursing profession for over 25 years, I am a fully trained RGN. I trained at The Portsmouth School of Nursing in 1976. My RGN. NMC number is 75K0264E and my RCN number is 1286928. I worked at The Royal Hospital, Portsmouth throughout the 1970's until it closed. I had general experience in surgical, medical, children's nursing, private nursing and orthopaedic nursing. I then moved to The Queen Alexandra Hospital, Cosham, where I worked on the orthopaedic wards. I left the Queen Alexandra Hospital in 1980 when I went to work with autistic adolescents at Anglesey Lodge, Alverstoke.

In 1982 I started working at Gosport War Memorial Hospital . Initially I worked on the children's ward, at this time the hospital was carrying out minor ENT and orthopaedic operations. The NHS later closed down the children's ward and I moved onto the male ward dealing with the terminally ill, dermatology, GP Unit etc. The theatre was also closed down and changes were made to the wards, the male ward was turned into Daedalus Ward when we took on Elderly Services, I have been on this ward ever since. I was at that time and still am an 'E' grade nurse. I currently work two nights a week. As an 'E' grade Staff Nurse I would mostly take charge of the ward, I will also often have the keys to the hospital which means that I am the person responsible at that time.

I have been asked about my knowledge of a patient named Elsie LAVENDER , I cannot remember this patient. I have been shown original documents relating to Elsie LAVENDER and concerning her stay at Gosport War Memorial Hospital (BJC/30).

I have been shown several pages of these notes and make the following comments.

Signed: N

Code A

Signature Witnessed by:

2004(1)

**RESTRICTED**

Continuation of Statement of: COUCHMAN, MARGARET ROSE

Form MG11(T)(CONT)  
Page 2 of 4

On page 153 there is an entry dated 29/02/96 (29/02/1996) which reads "Blood sugar at midday 20 mmls, BARTON contacted ordered 10 units Actrapid stat". I can confirm that this is in my handwriting and that I have signed the entry. I have been asked to explain this entry. The patient was a diabetic and at midday her blood sugar levels were high. 20 mmls stands for 20 millimoles which is a measure used for blood sugars. Because of this high level I contacted Dr BARTON, I cannot remember exactly how I did this but it was probably by bleep. If Dr BARTON was in the hospital and available she would have visited the patient as a result of my request, or as it seems happened in this case she may have ordered/authorised 10 units of Actrapid. Dr BARTON would then have signed up the Actrapid on the Once Only Medication Chart, either at the time or post administration of the drug. Going by the available record (BJC/30) I am not sure if Dr BARTON did attend or not, but clearly her authority was given, I would normally have chased her up to complete the entry, though I am unable to find one in this case.

I have been asked about another entry dated 1/3/96 (01/03/1996) on page 97 which reads "Complaining of pain in shoulders, on movement". I can confirm that this is my writing and my signature. This would have been recorded as the patient had probably told me that she was in pain when she moved, she was not necessarily in pain at the time, only when she moved. She was not given anything for pain at this time.

I have also been asked about an entry dated 5/3/96 (05/03/1996) on page 97 which reads "Pain uncontrolled, patient distressed, syringe driver commenced 0930 hrs. Son informed". I confirm that this is my writing and that I have signed the entry. On page 153 (the Summary page) there is a further entry dated 5/3/96 (05/03/1996) which reads "Patient's pain uncontrolled very poor night. Syringe driver commenced 5.3.96 (05/03/1996) at 0930 hrs. Diamorphine 100mg. Midazolam 40mg. Son contacted by telephone. Situation explained". Again I can confirm that this is my writing and that I have signed the entry.

Regarding these last two entries I can explain them as follows; I would have been told by the night staff that the patient had a very poor night. She was in uncontrolled pain and she was

Signed: Code A  
2004(1)

Signature Witnessed by:

**RESTRICTED**

Continuation of Statement of: COUCHMAN, MARGARET ROSE

Form MG11(T)(CONT)  
Page 3 of 4

distressed. She had been seen by Dr BARTON who had authorised the commencement of a syringe driver, this was commenced at 0930 hrs and contained 100mg of Diamorphine and 40mg of Midazolam. The patient's son was contacted by me on the telephone so that I could explain the situation.

I have been asked why Mrs LAVENDER was put on the syringe driver and if this was the start of that process. I can say that this was the start of the process and that it was started on the instructions of Dr BARTON and on page 153 Sisters JOINES has written that the son had requested we keep his mother comfortable and pain free.

I have been shown an entry of the same set of notes (BJC/30) on page 85 dated 5/3/96 (05/03/1996), this is Dr BARTON's writing and is the instruction to commence the syringe driver application.

I have also been asked whether another nurse was involved, in answer I will explain how we withdraw drugs. The drugs are kept in a locked C.S.S.D room and within that room they are held in a locked cupboard, within the locked cupboard is a further secure cabinet and it was from that which the Diamorphine and Midazolam were withdrawn. The correct procedure to follow (and this would have been the case in this instance) was for two trained nurses to be present when the drugs were withdrawn and administered. Entries were then made in the Ward Controlled Drugs Record Book. These entries include the amount, date, time, patient's name, amount given, person administering and witness. Unfortunately I have not been shown the relevant book for the drugs previously mentioned, I have been told that it is no longer available. However I have been shown page 137 of BJC/30, this is a prescription page and shows that Dr BARTON has signed up the prescription of 100 - 200 mg of Diamorphine and 40 - ? of Midazolam on 5/3/96 (05/03/1996). It also shows that on 5/3/96 (05/03/1996) I administered those drugs to Mrs LAVENDER as has been previously stated. I administered 100 mg of Diamorphine and 40 mg of Midazolam, the lowest amounts were given as it was considered that they would be appropriate to the pain level being suffered, in other words it would keep her comfortable. These drugs were over 24 hours.

Signed: Code A  
2004(1)

Signature Witnessed by:

**RESTRICTED**

Continuation of Statement of: COUCHMAN, MARGARET ROSE

Form MG11(T)(CONT)  
Page 4 of 4

I have been asked if I have had any training in the use of syringe drivers, I cannot be specific at this time but this would have been covered during our regular training sessions, on site training from Countess Mountbatten staff, during my time at Queen Alexandra Hospital, Gosport War Memorial, training days at Countess Mountbatten Hospital and there was also a large poster in the office which acted as an aide memoir.

Taken by: Code ASigned: Code A  
2004(1)

Signature Witnessed by: