

Professor A Forrest LLM, FRCP, Frcpath, Cchem, Frsc

Code A

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Code A

9 January 2012

Our Ref: 558203/000001/JCW/RICHARD/HP

Your Ref:

Dear Professor Forrest LLM, FRCP, Frcpath, Cchem, Frsc

Re: Mrs Gladys Mabel Richards (deceased)

We represent Mrs Gillian Mackenzie, who is the daughter of her late mother, Mrs Gladys Richards. Thank you for agreeing to accept our instructions to prepare a report on causation in this case.

The late Mrs Richards was being looked after in a nursing home but suffered from a fall resulting in a fracture of her hip. She was taken to Haslar Hospital where this was treated surgically. She seemed to be recovering well and was transferred to Gosport War Memorial Hospital for rehabilitation and mobilisation. During the next few days the hip became dislocated, necessitating transfer back to Haslar Hospital for further treatment which was to reduce the hip back into joint. Mrs Mackenzie was then transferred back again to Gosport War Memorial Hospital where it was anticipated that she would undergo rehabilitation. It is in that regard that there is concern in respect of the regime used under Dr Barton and the nursing staff for:-

- Opiate pain relief, namely the manner, dosage and routes of administration;
- Other tranquilising drugs;
- Fluid intake; and
- Nutritional intake.

We outline the background to the case as follows:-

Background

06/02/1998 Current medication; Haloperidol 0.5mg nocte and Trazodone 100mg nocte. **(Allergic to Thioridazine/Mellaril)**. Walking independently. 'Severe dementia' (Dr Banks, consultant in old age Psychiatry).

HASLAR HOSPITAL

29/07/1998 Fell in nursing home (Glen Heathers), right hip discomfort. XR showed displaced subcapitol fracture right neck of femur. Had bruising to face from previous fall ten days previously.

Complaint made to social services by her daughters regarding the care received at Glen Heathers with allegations of over sedation.

30/07/1998 Following discussion with her daughters, Mrs Richards was deemed '*not to have cardiopulmonary resuscitation*' in the event of cardio respiratory arrest, but was '*to be kept pain free, hydrated and nourished*'.

Mrs Richards underwent a right hemiarthroplasty.

Medications administered during admission:

Date	Haloperidol	Thioridazine	Morphine	Co-codomol
29/7/98	1mg bd			
30/7/98	1mg bd		02:30 2.5mg	
31/7/98	1mg bd + 2mg prn x 1		01:50&19:05 2.5mg	
1/8/98	1mg bd + 2mg prn x 2		19:20 2.5mg	3 x 2 tabs
2/8/98	1mg bd + 2mg prn x 2		07:20 2.5mg	2 x 2 tabs
3/8/98	1mg bd + 2mg prn x 1			2 x 2 tabs
4/8/98	1mg bd + 2mg prn x 3			3 x 2 tabs
5/8/98	1mg bd + 2mg prn x 3			
6/8/98	1mg bd + 2mg prn x 1			1 x 2 tabs
7/8/98	1mg bd + 2mg prn x 4			2 x 2 tabs
8/8/98	1mg bd	01:30 25 mg		
9/8/98	1mg bd + 2mg prn x 1			
10/8/98	1mg bd + 2mg prn x 1			

GOSPORT WAR MEMORIAL HOSPITAL

11/08/1998 Discharged from Royal Haslar Hospital (RHH). Reported to be fully weight bearing with 2 nurses and a zimmer frame. Medications on discharge; Haloperidol 1mg bd, lactulose 10-15mls bd and Co-codomol 2 prn. Reported to need 'total care' with all activities of living.

Transfer to Daedalus Ward at Gosport War Memorial Hospital. Examined by Dr Barton; 'impression frail elderly lady not obviously in pain'. 'I am happy for nursing staff to confirm death'.

Prescription chart: Diamorphine 20-200mg, Hyoscine 200-800mcg and Midazolam 20-80mg all subcutaneously (s/c) over 24 hours.

Medications administered:

Date	Oramorph	Haloperidol
11/8/98	10mg@ 16:15 and 11:45	1mg@ 19:00
12/8/98	10mg@ 06:15	1mg@ 08:00 and 23:30
13/8/98	10mg@ 20:50	1mg@ 0800, 13:00 and 19:00
14/8/98	10mg@ 11:50	1mg@ 08:00

'Diamorphine 20-200mg in 24 hrs was prescribed on 11/08/1998. No administrations are documented for this period.

13/08/1998 Haloperidol 0.5ml of 2mg/1ml strength was prescribed '*PRN IF NOISY*'. Given at 13:00.

'13:30 found on the floor; checked for injury none apparent at time hoisted in to safer chair. 19:30 pain right hip internally rotated... Inappropriate to transfer for X-ray this pm...'

HASLAR HOSPITAL

14/08/1998 Right hip x-ray carried out; '*the femoral component lying above and lateral to the acetabulum*'. Letter from Dr Barton to Cdr Spalding; '*Thank you for seeing this unfortunate lady who slipped from her chair at 1:30pm yesterday and appears to have dislocated her right hip... she has had 2.5ml of 10mg/5ml oramorph [illegible]...*'

From Dr Barton's notes: '*sedation/pain relief has been a problem screaming not controlled by Haloperidol 1mg/[illegible] but very sensitive to Oramorph... Is this lady well enough for another surgical procedure?*'

14:00 Mrs Richards underwent a Manipulation of right hip under IV sedation (2mg Midazolam)

Urinary catheter inserted under Gentamycin cover.

During her admission between 14/08/1998 – 17/08/1998, Mrs Richards received a total of 3 litres of IV fluid (14/08/1998 @ 21:55 – 16/08/1998 @ 06:10).

Medications administered:

Date	Oramorph 2.5mg	Co-Codomol	Haloperidol
14/8/98			
15/8/98		2 tablets at 03:25	
16/8/98			1mg@ 08:00 and 18:00 2mg@ 04:10 and 23:00
17/8/98			1mg@ 08:00

15/08/1998 Nursing notes: *'Haloperidol prescribed wrong dose should be 1.5mg'*

17/08/1998 Mrs Richards was noted to have had a comfortable night and had taken a good oral fluid intake.

Transfer letter: Mrs Richards was discharged with a canvas knee immobilizing splint to try and prevent further dislocation to be left in place for 4 weeks.

GOSPORT WAR MEMORIAL HOSPITAL

17/08/1998 Transferred back to Daedalus ward at Gosport. *'To remain in straight knee splint for 4 weeks... for pillow between legs (abduction) at night'*.

Nursing contact record @11:48: *'returned from R. N. Haslar, patient very distressed appears to be in pain'*

Nursing contact record @ 13:05: *'In pain and distress – agreed with daughter to given her mother oramorph 2.5mg in 5mls. Daughter reports surgeon to say her mother must not be left in pain if dislocation occurs again'*.

Dr Barton: *'...now appears peaceful... plan continue Haloperidol only give Oramorph if in severe pain, d/w daughter again'*.

15:45 – Hip re-x-rayed; no dislocation seen.

18/08/1998 Dr Barton: *'Still in great pain... [ILLEGIBLE]...I suggest s/c Diamorphine/ Haloperidol/ Midazolam...I will see daughters today... please make comfortable'*.

Nursing contact record @11:15: *'treatment discussed with both daughters. They agree to use of syringe driver to control pain and allow nursing care to be given'*.

Nursing contact record @11:45: *'Syringe driver Diamorphine 40mg, haloperidol 5mg and Midazolam 20mg commenced'*.

Prescription chart (Dr Barton): Diamorphine 40-200mg, Haloperidol 5-10mg s/c over 24hrs (Midazolam already prescribed on 11/08/1998).

Daughter Jill stayed the night with Mrs Richards.

19/08/1998 Mrs Richard's grandson arrived asking to discuss her condition with either Dr Barton or Nurse Phillip Beed. Her daughters were noted to be unhappy with *'various aspects of care'* – *'complaint to be handled by Mrs S Hutchings, nursing co-ordinator'*.

Nursing 'care plan' – *'apparently pain free during care'*.

WE CAN FIND NO NOTES EITHER NURSING OR MEDICAL FOR 20/08/1998

21/08/1998 Nursing contact record 12:13: 'Patient's overall condition deteriorating, medications keeping her comfortable'.

Dr Barton: 'much more peaceful needs Hyoscine for rattly chest.

Mrs Richards was 'pronounced' dead at 21:20 by Staff nurse Sylvia Roberta Griffin. 'for cremation'.

Medications administered:

DATE	ORAMORPH	SYRINGE DRIVER (Diamorphine 40mg, Haloperidol 5mg and Midazolam 20mg)
17/08/98	2.5ml/5mg@ 13:00, [illegible], 16:45 and 20:30 5mls/10mg@ 02:30 (?) and 04:30	
18/08/98		11:45
19/08/98		11:20
20/08/98		10:45
21/08/98		11:55

24/08/1998 (From GP notes) Apparently had a telephone call from 'Dr Barton – further fall, # dislocation hip. Developed bronchopneumonia and died peacefully'.

Instructions

Please deal with the following questions:-

- (i) Insofar as you can comment from your perspective as pathologist and toxicologist, was the opiate pain relief regime provided a reasonable one in the late Mrs Richards' case?
- (ii) What was the medical cause of death in the late Mrs Richards' case?
- (iii) Did the opiate medication regime cause or contribute more than minimally to the late Mrs Richards' death? - please give reasons for your answer.

The Coroner has obtained a report from Professor Black and we would also be grateful for your comments upon it.

We enclose for your assistance copies of:-

- (i) Bundle of witness statements disclosed by the Coroner and Professor Black's report;
- (ii) Bundle of Police interviews of nursing staff (in lieu of their statements); and
- (iii) Three files of medical records.

Please can you acknowledge safe receipt of the documentation. We would be grateful if you can indicate the approximate timescale and fee for preparation of your report. Ideally we need this within six to eight weeks and in due course we would anticipate you attending for one day at the Inquest hearing.

Should you have any questions concerning this letter, please ask to speak to John White.

Kind regards.

Yours sincerely

John White

Encs.