Review.

10.25 Incident
10.15 Approached by w.te
1 write up for diamorph inj
prn Section 40mg sc.
Did not see for Syringe driver
40mgs our 1 of 30mg 1 of 10mg
1ml of Sterile water in each vial
drew it up took to bedside
gave injection in abdominal
● area sc.
back to drug rm, went to
Sign Code A Said she thought
we'd made a mistake.
Drug Card underneath.
5.10mls sc
Paged Dr approx 5 mins appeared
Dr tried to ring Sister → Not
@ home.
Staff member from night before
● Contacted & Came in 30mins
later.
Code A saw relatives X planned
what would happen in next
hour & Informed of incident.

Toni arrived rang jan.
When giving injection. Seemed
like an awful lot.

busy morning
No Ward Clerk
finished drug round at
quarter to 10.
1/pr was going to be ↓↓
too much going on.
Didn't see instructions for
24 hr infusion
checked afterwards.
Lynn Barratt called.
Daughter explained he was
shallow breathing.
Dr Went xplained to family
After seen relatives saw
Syringe driver removed.
8.40-8.45am
Dr on ward B4 9am See
family as walked past
saw family said if felt
uncomfortable to let someone
know. Went to day hosp.
Chris R phoned Dr on DHosp
@ 9.30 about another pt
Rang on DOH at 10.25 by
CR ## who xplained she
thought she'd given too
much. Came over
Established how much
was given.

Dr thought to get someone
in to cover ward as CR
would need to sort this

cont.
Xplained to family that
40mg dose in Syringe driver
over 24hrs
Explained he'd been given
significantly more.
Explained could cause
breathlessness. Explained
could help pain
Xplained antidote but thought
not approp as it would mean
he was in pain
Xplained Sub Cut injection
of P.I would effect would
do it over next 1-2 hours.
keep an eye on him
Daughter, grandson & Son-in-
law were present
Toni Came down, Lynn Barrett
arrived
Mr H appeared comfortable
& regular breathing @ that
time. Dr around on Ward
for 1-1½ hrs-
Mr H Stable
Dr went to DDH to continue
Came back on Ward @ 12.30
popped back to Ward thoughout
the afternoon

grandson

3.35pm Dr speaking c Lynn, when daughter arrived & said Something like 'he's going'.

Toni
contacted by Lynn to come down to Ward.
Came down Dr Explained what had happened.

Toni decided to contact Jan. - went off Ward to get her (Jan was shopping / gone long round @ time)
Both Toni & Jan spoke to Chris & Lend.
Checked that incident form was completed. & asked Chris & Lend to write a statement while Srd fresh in mind.
Toni went to speak to family & said she was available to speak to. family all agreed they wanted to speak to her but @ a later date.
Toni took form upstairs. Faxed to RR. Informed janice

Who was @ Safehaven Jax
Rang back to Cheell received
Toni came back to Ward
& Mr H had just died.

4.15 wish Staff Nurse Contacted
1) Questions from the family
2) Had we suspended the nurse
3) When could they come & see her.

- Staff nurse did not feedback info about the nurse.

Rosemary Contacted by Jan.

Jan
came onto ward c Toni
Jan felt role to reassure
Staff involved (Chris & Lena) &
to ascertain what had happened.
- Jan explained process - "Critical review"
Jan explained that She would
Contact Rosemary who would
inform Directors.

Jan asked nursing staff to
write down what had happened
& then go home.
offered to contact RCN Rep &
Union rep for Lena.
Rang Rosemary
Rang John Lawson & explained
for Chris &

Code A

Code A for Iena

Toni & Jan discussed appropriate action.
Through discussion ascertained that Chris' knowledge of drugs poor & managing a Syringe Driver.

~~Jan~~ Jan Xplained to Rosemary that Toni & Jan discussed action
Thought useful for CR to stay @ home for a few days (Monday) to give her time to think about action etc..

Thurs.
Dr Dan.
Ward Round c Consultant on Ward normally between 9.15 - 10.00am.
Arrived this day @ 9.30am Xplained what had happened & so Toni on Ward brought her in.
Discussed c Dave Garrett on phone. 3 Drs involved agreed to refer to Coroner
Tried to get hold of Coroner went to 100A on floor bleep then went back & spoke to

Coroners Ad
Explained Situation
~~Dr H~~ Mr H had died & had been given old. Notes on ward then told that family wanted to speak to staff. to Toni
Dr D felt should have Spoken to Consultant @ time of old.

TS.
Toni Sent e-mail to Helen (Clinical Ward Manager) & went down on Thurs to discuss with her the Competencies
Chris only been on Ward for 3 weeks.
Helen & Chris had tried to get together on the Tuesday/so there had been some issues about CR's Coping Skills.

Dr D rang Toni mid morning & informed her that he had Spoken to the family who wanted to speak to Toni
Toni rang daughter & arranged 12.30pm mtg.
Rang Dan to tell him.

daughter / Son-in-law /
Toni / Helen / Dom.

Informal mtg. family making
notes, praised the Ward head.
family wanted to know
what we had done.
- Special leave
- Competences around drug
administration

family
Also gave ~~indicators~~ incidents that CR
was not coping. No discussion
with Chris about that
Conversation
Meeting has been written up
family asked questions about
how Nurse had got to that
position.
friendly meeting. They were
asked if the meeting had
been useful family happy
that they had met happy
about openness but concern
about this nurses particular
coping skills
left at 1.15pm.
Toni written meeting up.

Helen & Toni Met 11.45pm
to discuss issues from mtg
& write up Competencies Xtended
from drug administration.

Friday - Dr Contacted by PC Davis 4.45pm.
Dr D Spoke to Toni, Toni to Rosemary Rosemary Salmond arounel & Spoke to PC Davis.

Toni informed Dan that he needed Support which is why Rosemary rang.
Problems getting hold of Rosemary @ HR
Dan Spoke to Dr Jarratt
RS arrived.
DJ Spoken to again - David said would need Solicitor
Rosemary explained this to PC Davis. 2 other police officers arrived during this time all met up left @ about 6(~~6~~ 6h).

Toni took notes down to Dr laws office.

Saturday duty bleep holder Ann Habre. Contacted by police requesting notes
Completed Incident report form to say notes had been taken

Mon.

Toni told by AA that notes had been taken & due for return on Mon PM.
RS Contracted TS throughout the day.
9am mtg c nurse Scheduled - had to be rescheduled to 11am to ensure personnel present.
11.30 Helen/Toni/Chris/ Charlotte Solway Meet to discuss Competency plan.

9am Code A & Chris Sat down for discussion

CR - Working for nursing home for 12 yrs. Did back to Nursing Course. Went on bank in OP as D grade
When openings came up on ward wanted to move back to prs.
Limited knowledge of routine, documentation "green".

Discussed her previous Xperience with family - felt values were more induction type. Stuff. Written documentation into Competencies.
Discussion about being down-

graded to D grade - temp measure. Chris wanted to be downgraded @ that point. Wanted to be D grade.
2-3 years in OP
6 months on bank
22 hr week permenantly.

limited knowledge of Syringe driver set up. → & only with others present.
Went thro Competency plan with CR left with her to look @ it.

Arranged for prog to take place over 6 months.
Helen to provide mentorship.

Already booked on Manual Handling
ADefib.
Fire
Comm Skills.

prior to mtg CR received tel call from Fiona explaining that police wanted to interview her.
Fiona tried to get hold of [redacted] & got Chris.

Code A

? would have preferred to have gone thro 2nd person.

Rosemary Salmond rang TS & told her that Lena was also needed to be interviewed TS rang Lena @ home & told her.

TS rang Code A (union rep) who contacted Lena @ home.

Dr D informed that he would also be interviewed on Tues 3.30pm

Lena's interview 5.30pm

TS not available on Tues & arranged for Bev Carter to meet Solicitors etc.

Interviewed with Dr Lord Code A David Garrett was meant to but Dr Lord already in Hosp.

Code A

Lena. ~~Code A~~ Unison branch Chair

Chris' interview tomorrow -
11 Oam Gosport Police Station.
Code A to take her down &
take her home.
RCN rep to be present, James
Graham, DC Nell Quaid.

Actions

Communication lines

(1) Prescription charts.
2 prescription charts - no syringe driver. Chart Completed following tool.
Toni / Code A
End / Nov.

(2) Incident reporting procedure.
~~Senior Nurse~~
Devise clear guidelines on how to report Incidents.
→ Helen for ward.
Can flow chart.

(3) ~~Comm Issues~~
Responsibility & Accountability

~~drug administration~~
~~control & admin~~

Me to check.