

Fareham and Gosport **NHS**
Primary Care Trust

FAX

Please telephone **Code A** if any page is missing or indistinct

To **Beachcroft Wansbroughs**

Date **27 October 2003**

For the Attention Of: **Kiran Bhogal**

Fax No: **Code A**

From **Caroline Harrington**
Risk & Litigation Manager

Pages (include this sheet) **3**

This facsimile is intended only for the individual or entity to whom it is addressed. If you have received it in error, please destroy the original and telephone: **Code A** immediately.

Kiran

Please find attached a copy of the Risk Event Form (No. 40874) relating to the Critical Incident discussed earlier.

I'll let you know when I hear any more information.

Thanks,

Code A

FAREHAM & GOSPORT PRIMARY CARE TRUST

Unit 180, Fareham Reach, 166 Fareham Road, Gosport PO13 0FH

Telephone: **Code A** Facsimile: **Code A**

Form Can be completed by any member of staff.
Use BLOCK CAPITALS and black ball-point pen.
Incomplete/illegible forms will be returned.

Shaded box requires code from page opposite.
UNEXPECTED DEATH OR SERIOUS INJURY MUST BE REPORTED IMMEDIATELY AS A CRITICAL INCIDENT.

Unique Form Serial No : **40874**

A. AFFECTED (Use Continuation Sheet if more than one person involved)

HICKMAN
COFF FIRST NAME **ALFRED** M/F

DATE **24/3/19** PERSON STATUS SERVICE

Staff Only : STAFF GROUP

PATIENT'S CONSULTANT/CLINICIAN **DR D. DAVIS**

B. OBJECTS/EQUIPMENT AFFECTED (Use Continuation Sheet if necessary)

THEFT/LOSS/FAILURE of/to _____ (item/s)
 Not applicable

TOTAL COST OF REPAIR/REPLACEMENT £ _____
Station Services, Estates, NHS Supplies, etc as appropriate

C. WHERE

DATE **22/10/03** TIME (24 hour clock) **10:25**

WHERE THE INCIDENT HAPPEN? (e.g. name of Trust site +
cont, patient's home address, details of non-Trust property, etc)

Dryed ward

(e.g. bedroom, bathroom, hall, kitchen, etc)

Bedroom

D. INJURY

INJURY _____

RODGY _____ If Staff, was shift completed Y/N

E. WITNESSES & INVOLVED PEOPLE

WITNESS (ROBINSON) NAME **LEENA VARGHESE**

Code A ADDRESS **GWMH, GOSPORT**

PERSON STATUS PERSON STATUS

F. DETAILS OF THE INCIDENT (Brief description of events. Facts only, not opinion.
BLOCK CAPITALS. Use Continuation Sheet only if absolutely necessary)

PATIENT'S DAUGHTER ASKED FOR MORE

PAIN RELIEF AS HER FATHER APPEARED RESTLESS.

DR. DAVIS HAD PREVIOUSLY GIVEN CONSENT TO ADMINISTER

DIAMORPHINE INJECTION AS REQUIRED FOR PAIN.

I READ DIAMORPHINE 40MG SIG ON PRN SIDE OF

DRUG CHART.

G. WHAT HAPPENED IMMEDIATELY AFTER THE INCIDENT (e.g. treatment
given, taken to hospital, names of attending clinicians, etc)

I GAVE 40MG DIAMORPHINE SUBCUTANEOUSLY

AND ONLY ON CHECKING AFTER, SAID THIS

WAS FOR 24 HOUR INFUSION VIA SYRINGE

PRIOR. THE ACTUAL PRN DOSE WAS WRITTEN UP ON A

H. NAME (IN CAPITALS) OF PERSON REPORTING

D. CHRISTINE ROBINSON DATE **22/10/03**

I. WARD/AREA/DEPARTMENT MANAGER'S ACTION

ACTION TAKEN TO PREVENT RE-OCCURENCE

STATEMENTS REQUESTED, FAMILY SB DE DAVIS

WHO DISCUSSED INCIDENT + POSSIBLE EFFECTS.

STAFF ACCIDENTS ONLY : Tick to confirm copied to Occ Health & Personnel

NAME IN CAPITALS **Code A** DATE **22/10/03**

JOB TITLE **Senior Nurse**

J. SENIOR/SERVICE MANAGER'S ACTION

SEVERITY CODE RIDDOR ACTION TAKEN : N/A YES

NAME IN CAPITALS **Code A** DATE **22/10/03**

JOB TITLE **Senior Nurse**

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book

Main Risk Event Form Serial No: 40874

is must be completed in full, in BLOCK CAPITALS, and in BLACK biro pen

This form **MUST** link to a Risk Event Form - insert the serial number of the main form here

Family discussed ^{with} Dr DAVIS using Naloxone to reverse effect of diamorphine, but family declined. Syringe Deiner stopped immediately. Members of staff spoken to by Toni Scamney (Senior Nurse) + Jan Peach (Service Manager) + statements requested. Toni Scamney spoken with family, who have asked to see her at a later stage.

Action - Member of staff only been on this ward for 3 weeks to ensure that SN Robinson completes Drug Competencies + has to have training on setting up Syringe Deiner.

name of person completing this form
A. J. Scamney

Signature

Date
22/10/03

Code A

Top copy to Risk Event Data Entry Clerk (send to Clinical Effectiveness Dept, St James Hospital) via Dept Manager and Senior Manager
Bottom copy stays in book