



CHARLES BATTY



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Charles Batty

Date of Birth: Code A Age: 80
 Date of Admission to GWMH: September 1990
 Date and time of Death: 10.55 hrs on 2nd January 1994
 Cause of Death:
 Post Mortem: Cremation
 Length of Stay: 3 years 3 months

Mr Batty's past medical history states that she suffered from:-

1969 – Menieres
 1973 – Partial gastrectomy
 1975 - Gastrectomy
 1976 – Cervical spondylosis
 1981 – Epilepsy
 1984 – Prostatectomy benign
 1989 – Colostomy – CA descending colon
 Parkinson's Disease
 History of depression.

Mr Batty lived at home with his wife. They had a daughter. Mrs Batty had CVS disease and felt that she was unable to cope. Mr Batty was admitted to the Gosport War Memorial Hospital in September 1990 for Geriatric long stay and for physio and investigation for his Parkinson's disease. It was noted that as his Parkinson's worsened he was unsteady on his feet and needed a stick and the help of a nurse.

Care Plans for sleep, colostomy, catheter, noting urinary tract infection and retention and mobility noting problem right foot, personal hygiene, epilepsy and agitated were completed dated 14th November 1993.

A care plan for commenced on 27th September 1993 for red sacrum.

20th December 1993

Seen by Dr Lord – no change.

28th December 1993

Complaining of generalised pain. Seen by Dr Barton. **Oramorph 10mg 6 hourly.**

30th December 1993

Nightmare end of last week disturbed and agitated. Quick and complete recovery.

Appears in pain **Oramorph increased 10mg 4 hourly and 20mg nocte. ?** whether pain is being controlled, difficulty taking oral medication. Discussed with Carol/Rhonda happy to put syringe driver.

11.30 hours syringe driver commenced **Diamorphine 40mgs.**



CHARLES BATTY

31st December 1993

General condition deteriorates. Nursed on side left buttock very red. Red/blackened area noticed. Syringe driver satisfactory. Assisted when patient turned. Twitching at times.

1st January 1994

Unchanged. Nursed on side. Skin marking also on right heel.

2nd January 1994

Mr Batty died at 10.55 hours. Next of kin informed. For cremation.

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**Exhibit number****CB Code A****BJC-06A**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B		Terminally ill and uncomfortable, but high doses, especially of midazolam		
Unexplained By Illness C				

General Comments

90-year-old M, in 1987: Parkinsons, dementia, Meniere's, Partial gastrectomy, cervical spond, prostatism... 1988, fits; 1989 sigmoid colectomy, colostomy; recurrent admissions

Lorazepam, diazepam rectal, diamorphine R. from 1991

Poor prescribing, for example thioridazine & chlorpromazine 1991, lorazepam & temazepam, 1991, 1993

1991-10-18 diamorphine prn prescribed by Dr Beasley

1992-10-12 diamorphine prn prescribed by Dr Lord

1993-12-28 'generalized pain', -30 'appears in pain...'

dhc, oramorph 10 mg every 4 h (=60 mg), then diamorph 40 mg + midazolam 40 mg

Morphine 60 mg/day \equiv diamorphine 20 mg/24h

Midazolam 40mg/24h, i.e about 725 micrograms/kg/day, or 30 micrograms/kg/hr

Wt \approx 55 kg, frail, ?sentient but dependent

Final Score:

Screeners Name: R E Ferner**Date Of Screening:****Signature**

BJC/06A
CHARLES BATTY
80

History of Parkinson's Disease, epilepsy and Meniere's
Lengthy stay in hospital, condition appeared stable with agitation and difficult
behaviour. This was initially treated with lorazepam and thioridazine.
Pain mentioned in nursing notes on 28/12/93 not mentioned in available medical
notes. Cause of pain not clear. Went from little analgesia to oramorph 60mg in 24
hours. Within 8 hours converted to syringe driver with an increase in dose. Dose
kept stable for next 3 days up to his death.

Cause of pain unclear. Large opiate dose without other forms of pain relief and rapid
change to driver. Cause of death is unclear.

PL grading B2

BJC/06A	Batty, Charles	On coproxamol regularly for a period of years for generalised pain, not clear where, though recurrent fungal infections of the groins and scrotum appeared to be part of it and also, latterly, had pressure area problems. As soon as he began to complain of generalised pain he was started on Oramorph and the dose escalated, then when he had difficulty swallowing changed to syringe driver with a further dose escalation. Clearly difficult to assess his pain because of his dementia. But It did not appear that his	C2
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Expert Review

Charles Batty

No. BJC/06A

Date of Birth:

Code A

Date of Death: 2 January 1994

Mr Batty was admitted to Gosport War Memorial Hospital in September 1990 for long stay care. He had a previous history of Parkinson's disease, epilepsy and Ménières.

He was treated with Coproxamol regularly for a period of years for pain although its origin was not clear.

In December 1993 he was complaining of generalised pain and started on Oramorph. Dr Lawson notes that Mr Batty went from little analgesia to Oramorph 60mgs in twenty-four hours. The dose was gradually increased and when he had difficulty swallowing it was changed to a syringe driver. It was difficult to assess his pain because of his dementia but it is not clear on the face of the notes whether his condition was deteriorating prior to starting opiate treatment.

The experts review has determined that the treatment was sub optimal due to the high doses, especially Midazolam. Cause of death was felt to be unclear by the expert team.