



JAMES RIPLEY



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James Ripley

Date of Birth: Code A Age:

Date of admission to GWMH:

Date and time of Death: **Still alive**

Cause of Death:

Post Mortem:

Length of Stay:

Mr Ripley's past medical history:-

Diet controlled diabetes

Osteoarthritis

Gout

Hypertension

Mild chronic renal failure

Possible asbestosis.

In August 2002 Mr Ripley was in Gosport War Memorial Hospital. He had worsening renal function. He was breathless.

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification
G102024 JR 1924-09-23

Exhibit number
BJC-42

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		Alive; serious pain from O/A; pupils recorded as PEARLA		
Unclear B				
Unexplained By Illness C				

General Comments

75-yea-old X-shipwright with disabled wife and very painful O/A knees, admitted from A&E for pain control on 2000-04-04 and treated with MST, initially 10 mg PRN then 20 mg bd, as well as diclofenac

No medical account

Little in nursing notes

However, worst crime is to go from 10 mg MST once to 20 mg twice daily > a rapid but not negligent increase?

Final Score:

Screeners Name: R E Ferner
Date Of Screening:

Signature

BJC/42
JAMES RIPLEY
75

The question here is whether what happened on 9/4/00 was due to excessive use of opiates. He had not received MST for more than 24 hours before that event and he recovered rapidly. Furthermore the A&E record states that the pupils were equal and reactive. They are not recorded as being pin-point.

PL grading A2

BJC/42	Ripley, James	<p>Managed by GP in Sultan Ward. Pain from OA hips and knees in setting of chronic renal failure (Cr 150-200 range). Started on MST 10mg BD, increased after 24 hours to 20mg BD, then stopped 2 days later because it did not seem to be effective. Managed on co-codamol 30/500mg and diclofenac suppositories. Became very drowsy ?CVA. Judged not to have any condition it would be appropriate not to treat, so transferred back to Haslar as an emergency, where he recovered consciousness.</p> <p>Diagnosis: opioid accumulation plus dehydration.</p> <p>Transferred back to Sultan 3 days later. Diagnosis of acute gout subsequently confirmed and controlled on prednisolone and allopurinol. Discharged home well.</p>	<p>Did not die Nil suspicious in management</p>
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Expert Review

James Ripley

No. BJC/42

Date of Birth: 23 September 1924

Mr Ripley was admitted in August 2002 for worsening renal function and pain from osteoarthritic hips. He was started on Morphine Sulphate, the dose of which was increased after twenty-four hours. Having become drowsy he was transferred back to the Royal Haslar as an emergency where he recovered consciousness. The expert opinion concluded that the escalation in Morphine Sulphate was rapid but non negligent.