

DOCUMENT RECORD PRINT

Officer's Report

Number: R7W

TO:
STN/DEPT:

REF:

FROM: [Code A]
STN/DEPT: MCD E

REF:

TEL/EXT:

SUBJECT:

DATE: 07/08/2003

I spoke with Alan SMITH [Code A] at Eastleigh Police Station on 7th July 2003 (07/07/2003) in relation to his father, Horace Reuben David SMITH [Code A] Gosport.

Mr SMITH will say that his father was an active man who during his late national service, served in India.

He subsequently went on to work at the Ford Motor Company at Swaythling initially in the press shop and then as a driver.

After he officially retired he continued working as a cellar man and then went on to work as a cleaner at Cyanamid in Gosport.

Horace SMITH smoked heavily (60 per day approx) and was a regular drinker.

He suffered from a duodenal ulcer when in his late 30's, early 40's and had to have surgery for the removal of gall stones.

Prior to his retirement his drinking noticeably increased and it became apparent to his family that he was drinking excessively. He began to suffer from stomach pains and was sent to Haslar Hospital but the cause was never found.

On 9th March 99 (09/03/1999) Horace was admitted to Haslar again and diagnosed with acute pancreatitis. He was successfully treated and was fully mobile and cheerful when he was sent to the Gosport War Memorial Hospital for recuperation on 30th March 1999 (30/03/1999).

On 31st March 1999 (31/03/1999) he suffered a reoccurrence of the symptoms and was taken back to the intensive care unit at Haslar where he died on 6th April 1999 (06/04/1999).

A post mortem was carried out and a copy of the report is enclosed as is a copy of the death certificate which was certified by J R KENROY, Coroner.

DOCUMENT RECORD PRINT

Mr SMITH was cremated at Portchester Crematorium . His last address was Code A



HORACE SMITH



HORACE SMITH

Horace Rueban Smith

Date of Birth: Age: 73
Date of Admission to GWMH: 30th March 1999
Date and time of Death: 01.02 hours on 6th April 1999 at Royal
Haslar Hospital
Cause of Death:
Post Mortem: yes
Length of Stay: 1 day

Mr Smith's past medical history:-

- Duodenal ulcer
- Cardiac arrhythmia
- Fractured ribs
- Alcoholic
- Anorexia since November 1998

Mr Smith was married and lived with his wife. They had two sons with one living in Ireland. Mr Smith was allergic to penicillin and was noted to be an alcoholic. He had lost a lot of weight and was a heavy smoker. Mr Smith was admitted to the Royal Haslar Hospital with pancreatitis. He was transferred to the Gosport War Memorial Hospital on 30th March 1999 for continuing care but was transferred back to the Royal Haslar Hospital on 31st March 1999 as it was not suitable for him to stay at Gosport due to his condition.

Whilst at Gosport War Memorial Hospital care plans commenced for hygiene, poor nutritional intake, elimination, oedema legs and feet, break on sacrum and penis sloughing and for sleep and to settle at night. Pressure sore documentation was also completed noting that Mr Smith had a grade 2.1 pressure sore on his sacrum and was to be nursed on a bi wave mattress. A handling profile was completed. A waterlow score of 13 was recorded on 30th March 1999 as well as a Barthel ADL score of 10.

Daily summary**30th March 1999**

Clinical notes – transferred from Haslar for continuing care. Pancreatitis. Called to see complaining of epigastric pain radiating to back. Prior to admission to Haslar Hospital had been drinking very heavily (a bottle of spirits every day). Extreme weight loss in past 2-3 months. Heavy smoker. Oedema to waist/chest level. ? end stage alcoholic liver cirrhosis. Return to Haslar B3 Ward.

Summary of significant events – transfer from Haslar to Sultan Ward following admission there on 9/3/99 with **pancreatitis**. Abdo scan on 12/3/99 showed gross ? and bilateral pleural effusion. Plural tap on 18/3/99. On arrival SOB, oedema to lower legs for referral to social worker.

02.10 hours – **complaining of pain radiating to back. Paracetamol given** pain not relieved. **Pethadine IM given.**

31st March 1999

Summary of significant events – for transfer back to Haslar.

Information form – readmitted to Haslar. OT for left femoral embolectomy under general anesthetic COAD continues to date. Peripheral oedema – urine output down.

6th April 1999

Clinical notes – died at 01.02 hours. Verified by SHO Siggers

Information form – gastroscopy mild gastritis no ulcer no evidence of stomach cancer. Continues to deteriorate. 01.00 died in intensive care unit. SHO Siggers not happy to issue coroner informed.

Post mortem carried out noting cause of death to be acute pancreatitis.

OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM

Patient Identification**HORACE SMITH****1925-05-02 G100196****Exhibit number****BJC-79**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C				

General Comments : see also JR-07

73-year-old married man with pancreatitis and ?alcoholic cirrhosis,
 1999-03-30 Transferred from Haslar gross ascites, unwell, weight 65.85 kg [page 35], PEFR 150
 1999-03-31 02-10 complaining of abdo pain > back, given paracetamol, then pethidine 80 mg
 [?50 mg], then written up for meptazinol (not given)
 Later that day, transferred back to Haslar
 1999-04-06 Recorded as date of death

*** No Haslar notes, no record of last few days, no evidence of opioids other than pethidine 80 mg
 [?50 mg] IM.

Apart from uncertainty of dose, and possible contraindications to pethidine, no serious errors in
 management at GWMH

Final Score:

Screeners Name: R E FernerDate Of Screening: 13th December 2003**Signature**

BJC/79

HORACE REUBAN SMITH

73

Transferred from Haslar in what appears to be a fairly poor medical state. During the night he deteriorated with abdominal pain. He was given pethidine. Opiates have to be used with care in people with hepatic failure (which was the working diagnosis, although it could easily have been a recurrence of the pancreatitis). However the BNF states that some people with hepatic failure do tolerate opiates well. He was sent back to Haslar later that day and died 6 days later. I cannot find any real problem with the care in GWMH.

JR/07

The initial assessment suggested a flare of pancreatitis but they found an ischaemic left leg. He deteriorated and required admission to HDU where he died of respiratory failure and renal failure.

PL grading 1A

Group grade 1A

20/08/2004 12: UNIT

Exhibit No	Patient Identification	Assessment Note	Assessment Score
BJC/79	Smith, Horace Reuban <i>19/20</i>	<p>In GWMH for less than 24 hours. Admitted to Haslar with alcoholic pancreatitis, in association with alcoholic liver disease and COPD. Became acutely unwell the first night he was in GWMH with severe abdominal pain. By the following morning it was clear he had an acute abdomen, which was painful, distended and rigid and he was transferred straight back to B3, Haslar. He died 6 days later, presumably in Haslar.</p> <p>His drug treatment in GWMH included a single dose of pethidine 50mg IM for the acute abdominal pain. This is entirely appropriate medication in the circumstances and would not have influenced his death 6 days later in any way I could see.</p>	1A
		From Haslar notes: recurrence of pancreatitis, complicated by popliteal embolus requiring embolectomy, respiratory failure and mild renal failure. Maximally managed, including finally intubation and ventilation in ITU but respiratory failure abruptly worsened and he arrested, and did not respond to CPR. Morphine and midazolam were appropriately and routinely used to sedate him while he was intubated and ventilated.	

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Expert Review

Horace Smith

No. BJC/79 and JR07

Date of Birth: Code A

Date of Death: Code A (at the Royal Haslar Hospital)

Mr Smith had been admitted to Royal Haslar Hospital on 9 March 1999 with acute alcoholic pancreatitis in association with alcoholic liver disease and chronic obstructive pulmonary disease.

Mr Smith was transferred to the Gosport War Memorial Hospital on 30 March 1999 for continuing care but was transferred back to the Royal Haslar Hospital on 31 March 1999 since he had become acutely unwell with severe abdominal pain. It was clear that he had an acute abdomen which was painful and distended and was transferred back to Ward B3 at the Royal Haslar Hospital.

Mr Smith's drug treat at Gosport War Memorial Hospital included a single dose of Pethidine for the acute abdominal pain which the experts concluded was entirely appropriate medication in the circumstances and would not have influenced his death six days later.

