## **Coroners Officer:**



INQUEST INTO THE DEATH OF

# Ruby Josephine Dorothea LAKE

Case Number: 1004/08

Opened: 14th May 2008

Inquest Date: 18/03/2009.

### **CORONER'S OFFICERS' INQUEST CHECKLIST**

Case Name:	Ruby Josephine Dorothea LAKE
Case Ref:	1004/08
1	

### **DOCUMENTS REQUESTED:**

DOCUMENT	REQUESTED FROM	DATE	RECEIVED
Post Mortem	N/A	-	-
Toxicology	N/A	-	-
Other Medical			
Police Report	Det Chief Supt Williams		
Other Reports & Statements			
CO1 / Opening	To Caroline	1415/28	

### **FUNERAL DIRECTORS**

**FAMILY DETAILS** 

Mrs D Mussell (Daughter)	
· · · · · · · · · · · · · · · · · · ·	·· <del>·····</del> ·
Code A	
Mrs M Woodford (Daughter)	
Code A	
Mrs P Robinson (Daughter) Code	Α

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		·		
Name and Surname of deceased			To be completed	by Registrar
			District & SD No.	
Ruby Josephine Dorothea LAKE			Register No.	
			Entry No.	
PART V ACCIDENT OR MISADVENTURE	including deat	he from neglect or fr	com anaesthatics)	
	including deat	ns from neglect of fr	om anaestnetics)	
1. Place where accident occurred				
0. Home 5. 1. Farm 6.	Street or high Public building			
2. Mine or quarry 7.	Resident insti			
3. Industrial place or premises 8.	Other specifie			
4. Place of recreation or sport 9.	Place not know	wn		
<ol> <li>To be completed for all persons aged 16 and over When injury was received deceased was</li> <li>On way to, or from work</li> <li>At work</li> <li>Elsewhere</li> </ol>				
3. Details of how accident happened:				
ï				
				·
				•
4 XC 4 1/1 1/1 1 1 1				
4. If motor vehicle incident, deceased was	do 6 mid	u of animal, a 4	o.f.	ľ
<ul><li>0. Driver of motor vehicle other than motor cyc</li><li>1. Passenger in motor vehicle other than</li></ul>		r of animal; occupant al-drawn vehicle	OI	
motor cycle	6. Peda			
2. Motor cyclist	7. Pede	strian		
3. Passenger on motor cycle		r specified person		
4. Occupant of tram car	9. Not k	MIOMII		
Interval between injury and death				
	3 0	/00% OF 100 000		
1. Less than one year	2. One y	ear or more		

### Narrative Verdict

### Ruby Josephine Dorothea LAKE

The deceased was an inpatient at Gosport War Memorial Hospital and was receiving Opoid Medication at the time of death. The administration of medication did not contribute more than minimally or negligibly to the death of the deceased.

## A <sub>9</sub>bo<sub>0</sub>

### Ruby Josephine Dorothea LAKE

The Deceased was an Inpatient at Gosport War Memorial Hospital and was receiving opioid medication by syringe driver at the time of death

1. Did the administration of any medication contribute more than minimally or negligibly to the death of the deceased ?

Yes/No

#### If Yes:

2. Was that medication given for therapeutic purposes?

Yes/No

#### If Yes:

3. Was that medication appropriate for the condition or symptoms from which the deceased was suffering ?

Yes/No

## The National Programme on Substance Abuse Deaths (np-SAD)

	NOTI	FICATION OF I	RUG	$\mathbf{R}$	ELATED	DEA	THS	
Section I	Demo	graphic Information						
Deceased forena	me(s): Ruby Jos	sephine Dorothea			. (	Gender:	☐ Male ☑ Female	
Family Name:	LAKE	·	Other nar	nes k	nown by: None			
Date of birth:	Code A	Place	of birth:	Rye	de, Isle of Wight			_
Usual Address :		Code A	<u>_</u>					
			Po	ostco	de:			_
Ethnicity: (tick  White Chinese Not Known	k one only)  Pakistani Bangladeshi Indian	☐ Black African ☐ Black Carribean ☐ Black other, specify:			☐ Other, sp	ecify:		
	Status : (tick on			•				
☐ Employed (Ma☐ Employed (No☐ Self employed	anual) on-Manual)	☐ Unemployed ☐ Childcare/Houseperson ☐ Invalidity/Sickness			Retired Student/Pupil Other, specify:		☐ Not known	
Living Arrange	e <b>ments :</b> (tick or	ne only)						
☐ Alone ☐ With partner ☐ With partner &	& children	☐ Self & children ☐ With parents ☐ With friends		Ø	No fixed abode Not Known Other, specify:			
Section II		nd Information	:					
Police Officer's	report:		<del></del>					<del></del> 1
· .								
Recent history o	f drug use and o	ther relevant information:						
	en e							
Was the decease	sed on proporihad	psychoactive medication ?	<b>☑</b> Ye		П №		Tot Imoum	╛
If yes, please li	-	psychoachive medication?	ej Y	US	□ No		lot known	
1. See attache	_		4.					
2.			5.					
3.			6					
Was the deceas	sed a drug addict o	or known drug abuser?	Υe	es	☑ No		lot known	

### The National Programme on Substance Abuse Deaths (np-SAD)

☐ Place of work ☐ Treatment centre ☐ Other place, specify  Cause(s) of death (as given on the de l(a) Bronchopneumonia (b) (c) 2 Fractured Neck of Femur Formula (b)  Toxicology  Please list drugs and alcohol present (b)  Drug/alcohol  1. 2.	☐ Reside ☐ Street ☐ Educa	or hi	ghway	7	.g. ho					
☐ Home ☐ Place of work ☐ Treatment centre ☐ Other place, specify  Cause(s) of death (as given on the de l(a) Bronchopneumonia (b) (c) 2 Fractured Neck of Femur Formula  Toxicology  Please list drugs and alcohol present ☐ Drug/alcohol  1. 2.	☐ Street ☐ Educa	or hi	ghway	7	.g. ho					
☐ Place of work ☐ Treatment centre ☐ Other place, specify  Cause(s) of death (as given on the de l(a) Bronchopneumonia (b) (c) 2 Fractured Neck of Femur Formula (b)  Toxicology  Please list drugs and alcohol present (b)  Drug/alcohol  1. 2.	☐ Street ☐ Educa	or hi	ghway	7	.g. ho					
l(a) Bronchopneumonia  (b)  (c)  2 Fractured Neck of Femur F  Toxicology  Please list drugs and alcohol present  Drug/alcohol  1.  2.	ath certific					☐ Place of re☐ Hospital	ecreation/sport			
(b) (c) 2 Fractured Neck of Femur Fraction (Control of the Control		ate)								
Toxicology  Please list drugs and alcohol present  Drug/alcohol  1.  2.										
Please list drugs and alcohol present Drug/alcohol  1. 2.	Repaired 0	5.08.	98							
Drug/alcohol  1. 2.	PM				.fim.	ortonos ifilmoven		· · · · · · · · · · · · · · · · · · ·	· .	···
1. 2.	t at post m	or ten	Leve		Т	Drug/alcohol		T	evel	•
2.		В	T	U	H	Di ug/aiconoi		В	T	U
					4.					<u> </u>
					5.					
3.					6.					1
B = Blood; T = Tissues; U = Urine  Section IV Coroner's Verdi	ict									
Narrative Verdict										
Section V Coroner's Detail										
Coroner's name: David Clark Horsley	, ·	·				Date inquest completed:	18/03/2009			
Jurisdiction: Signature:  Cod	e A	7	-			Office: Room T20  Date:	4th March 2	2010		
Please send completed form to:			grami			_	·			

International Centre for Drug Policy St George's University of London

FREEPOST LON 10141, London SW17 0BR

For general enquiries: Tel 020 8725 2623 or Fax 020 8266 6494

Version 4 of complete report 15 May 2008 - Ruby Lake

- 3.15 Drug Chart Review: Admission on 18<sup>th</sup> August, Digoxin, Slow K, Bumetanide and Allopurinol are written up as per the discharge note from Haslar (369). On the 'as required' part of the drug chart (369) Oramorphine 10 mgs in 5 mls, 2.5 5 mgs is written up together with Temazepam. No Temazepam is given but 3 doses of Oramorph are given, one on the 18<sup>th</sup> August and two doses on 19<sup>th</sup> August.
- 3.16 On 19<sup>th</sup> August (368) Diamorphine 20 200 mgs sub cut in 24 hours is written up 20 mgs is started on 19<sup>th</sup> August, 20 mgs is started on 20<sup>th</sup> August, then discarded, and 40 mgs started, on 21<sup>st</sup> August 60 mgs is started. Hyoscine 200-800 micrograms subcut in 24 hours is also prescribed on 19<sup>th</sup> August. 400 micrograms is started on 20<sup>th</sup> August and replaced later in the day by 800 micrograms, which is continued on 21<sup>st</sup> August. Midazolam 20 80 mgs subcut in 24 hours is written up and 20 mgs prescribed on 20<sup>th</sup> August, replaced later in

### Version 4 of complete report 15 May 2008 – Ruby Lake

## the day by 40 mgs and finally by 60 mgs on 21st August.

Drug	Date prescribed	Prescribed as	Prescriber	Given
Diamorphine	05/08	2.5 - 5.0 mgs	?	05/08 1300 2.5 mgs
7		IV/I/M	(at Hasler)	
		PRN		
Co-proxamol	06/08	T-TT	?	06/08 2 doses
	•	oral hourly	(at Hasler)	07/08 3 doses
	<u> </u>	PRN		<u> </u>
Paracetamol	08/08	1 gram	?	1 or 2 doses most days
		oral	(at Hasler)	08/08 16/08
		PRN		
Oramorphine	18/08	10 mg in 5 mls	Barton	18/08 1415 5 mgs
		oral	(GWMH)	19/08 0015 10 mgs
		2.5 - 5 mls		19/08 1150 10 mgs
		4 hourly		¥.
<u></u>		PRN		
Diamorphine	?	20 - 200 mgs	Barton	19/08 1600 20 mgs
		SC in 24 hours	(GWMH)	20/08 0915 20 mgs
		Regular	•	stopped and restarted
			i e	20/08 1630 40 mgs
				stopped and restarted
				21/08 0735 60 mgs
Midazolam	?	20-80 mgs	Barton	19/08 1600 20 mgs
		S/C in 24 hours	(GWMH)	20/08 0915 20 mgs
	X ·	PRN	1	stopped and restarted
		Regular		20/08 1630 40 mgs
				stopped and restarted
				21/08 0735 60 mgs

Version 4 of complete report 15 May 2008 - Ruby Lake

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### Version 4 of complete report 15 May 2008 - Ruby Lake

## the day by 40 mgs and finally by 60 mgs on 21st August.

Drug	Date prescribed	Prescribed as	Prescriber	Given
Diamorphine	05/08	2.5 – 5.0 mgs   IV/I/M   PRN	(at Hasler)	05/08 1300 2.5 mgs
Co-proxamol	06/08	T – TT oral hourly PRN	(at Hasler)	06/08 2 doses 07/08 3 doses
Paracetamol	08/08	1 gram oral PRN	(at Hasler)	1 or 2 doses most days 08/08 – 16/08
Oramorphine	18/08	10 mg in 5 mls oral	Barton (GWMH)	18/08 1415 5 mgs 19/08 0015 10 mgs
(dy-r)		2.5 – 5 mls 4 hourly PRN		19/08 1150 10 mgs
Diamorphine	?	20 - 200 mgs SC in 24 hours Regular	Barton (GWMH)	19/08 1600 20 mgs 20/08 0915 20 mgs stopped and restarted 20/08 1630 40 mgs stopped and restarted 21/08 0735 60 mgs
Midazolam	?	20-80 mgs S/C in 24 hours PRN Regular	Barton (GWMH)	19/08 1600 20 mgs 20/08 0915 20 mgs stopped and restarted 20/08 1630 40 mgs stopped and restarted 21/08 0735 60 mgs

### **Ruby Josephine Dorothea LAKE**

The Deceased was an Inpatient at Gosport War Memorial Hospital and was receiving opioid medication by syringe driver at the time of death

1. Did the administration of any medication contribute more than minimally or negligibly to the death of the deceased ?

Yes/No

### If Yes:

2. Was that medication given for therapeutic purposes?

Yes/No

#### If Yes:

3. Was that medication appropriate for the condition or symptoms from which the deceased was suffering?

Yes/No

#### Gosport WMH

#### **Narrative Verdicts**

In all cases

The deceased was an inpatient at Gosport War Memorial Hospital and was receiving Opoid Medication at the time of death.

PITTOCK The administration of medication did not contribute more than minimally or negligibly to the death of the deceased.

LAVENDER The administration of medication did contribute more than minimally or negligibly to the death. The medication was given for therapeutic purposes. That medication was appropriate for the condition of symptoms from which the deceased was suffering.

SERVICE The administration of medication did not contribute more than minimally or negligibly to the death of the deceased.

LAKE Ditto - As SERVICE above.

CUNNINGHAM The administration of medication did contribute more than minimally or negligibly to the death. The medication was given for therapeutic purposes. That medication was appropriate for the condition or symptoms from which the deceased was suffering.

PACKMAN The administration of medication did contribute more than minimally or negligibly to the death of the deceased. The medication was given for therapeutic purposes the medication was not appropriate for the conditions or symptoms from which the deceased was suffering.

WILSON Ditto - As PACKMAN above.

DEVINE Ditto - As PACKMAN above.

SPURGIN The administration of medication did not contribute more than minimally or negligibly to the death of the deceased.

GREGORY Ditto - As SPURGIN above

## **INQUEST CHECKLIST**

Name: Ruby Josephine Dorotho	ea LAKE		Ref: <b>1004/08</b>	
Date Reported: 13.05.2008	DATE OPENED: 14.05.2008			
INQUEST by RMB  Time allocated: 6 weeks  Wednesday, 18 March 2009 at 10.00am in the Coroner's Court in the Portsmouth Combined Courts Building, Winston Churchill Avenue, Portsmouth, PO1 2EB				
Jury: Yes Listing Office no	tified	Room Booked		
		F99/INQ PREPARED		
PRESS DETAILS:		HCC MEDIA UPDATED		
Born: Code A Lived at: Gosport		Died on: 21.08.1998		
Died at: Gosport War Memorial Hospital		Type of Inquest: Medical		
ADJOURNED TO:  Date:day,				
AFTER INQUEST VERDICT				
☐ Database Death Entry ☐ Register	☐ Drugs Form	Other Form		
☐Tape Recorded In File for				
Other Inquests on Tape				

## Coroners Initial Sudden Death Report

CO/1

Date Rep	orted: 13/05/2008	Ref: Number 1004/08	Type of Case: Inquest
Name:	Ruby Josephine Doroth	ea LAKE	
Address:		Code A	
Date of Birth:	Code A		
Age:	84 Years.		
Date of Death:	21" August 1998		
Place of Death:	Gosport War Memoria	d Ward:	
Mortuary:			
Removed By:			
Funeral Directors:			
General Practitioner:	Hospital Con	sultant:	
Reported By:	Family		
Reason for Referral:		Family concerns Y/N	
Initials:			Date: 13/05/2008
Initials:			Date: 13/05/2008
CAUSE OF DEATH	I:		
1a)			
1b) 1c)			
2)			
Pathologist:			
INQUEST CASES:			÷
Date Open	ed 1415 08 Time: .	OM Inquest Date:	Time:
Adjournments:			
01 11	n n:101 1 xx 1		
	By: David Clark Horsley h South East Hampshire		Date: 13th May 2008

84 years

Age:

## **Opening & Adjournment of an Inquest**

Female

**Full Name of Deceased:** 

Sex:

Date of Death:	21 <sup>st</sup> August 1998				
Place of Death:	Gosport War Memorial				
Reported by: from: on:	Family				
Pathologist:	N/A				
Address:	Code A				
Date of Birth:	Code A				
Place of Birth:	Ryde, Isle of Wight				
Deceased's Occupation:					
Marital Status:	Widowed				
Maiden Name:	WHITE				
Name of Deceased Husband: Date of Birth: Occupation:	Not known				
CHILDREN UNDER 16 YEARS					
Fathers Name: Occupation:	N/A				
Mothers Name: Occupation:	N/A				
Circumstances of Death: Died in Gosport War Memorial. T	his has been subject of a lengthy police investigation.				
Deceased Identified by:	Unknown				
Evidence given by: Lisa-Jane JOI	HN Coroners Officer.				
Inquest into the above named decupon the order of:	ceased opened and adjourned to enable further enquiries to be made,				

Ruby Josephine Dorothea LAKE

**HM** Coroner, Portsmouth & South East Hampshire

Dated: 14<sup>th</sup> May 2008



15 May 2008

Dear Mrs Mussell

#### **Ruby Josephine Dorothea Lake Deceased:**

Please note that on 14 May 2008 I opened an Inquest into the death of Mrs Lake.

I will continue to keep you informed of key stages of the Inquest process.

If you require a Coroner's Interim Death Certificate on Mrs Lake for any purpose, please contact me.

Yours sincerely

David C Horsley Tel: 023 9268 8326

Email: Code A

cc Mrs M Woodford Mrs P Robinson

## Opening & Adjournment of an Inquest

Female

Full Name of Deceased:

Dated: 14th May 2008

Sex:

21st August 1998 Date of Death: Place of Death: Gosport War Memorial Reported by: Family from: on: N/A Pathologist: Code A Address: Date of Birth: Code A Place of Birth: Ryde, Isle of Wight **Deceased's Occupation:** Widowed **Marital Status:** WHITE Maiden Name: Name of Deceased Husband: Not known Date of Birth: Occupation: **CHILDREN UNDER 16 YEARS** N/A **Fathers Name:** Occupation: Mothers Name: N/A Occupation: Circumstances of Death: Died in Gosport War Memorial. This has been subject of a lengthy police investigation. Deceased Identified by: Unknown Evidence given by: Lisa-Jane JOHN Coroners Officer. Inquest into the above named deceased opened and adjourned to enable further enquiries to be made, upon the order of: HM Coroner, Portsmouth & South East Hampshire

Ruby Josephine Dorothea LAKE

Age:

84 years

## Coroners Initial Sudden Death Report

CO/1

Date Rep	orted: 13/05/2008 Ref: Number 1004/08 Type of Case: Inquest
Name:	Ruby Josephine Dorothea LAKE
Address:	Code A
Date of Birth:	Code A
Age:	84 Years.
Date of Death:	21st August 1998
Place of Death:	Gosport War Memorial Ward:
Mortuary:	
Removed By:	
Funeral Directors:	
General Practitioner:	Hospital Consultant:
Reported By:	Family
Reason for Referral:	Family concerns Y/N
Brief History: Died in	Gosport War Memorial. This has been subject of a lengthy police investigation.
Initials:	Date: 13/05/2008
CAUSE OF DEATH	<b>I:</b>
1a)	
1b) 1c)	
2)	
Pathologist:	
INQUEST CASES:	
	ed 1415,08. Time:
- zajourimiento	
O: 11	
9	By: David Clark Horsley  a South East Hampshire  Date: 13th May 2008

David C. Horky LB The Colonel's Office, Room T20,

The Guldhall Guildhall Square,

PONSMOUTH POIZAJ.

RECEIVED 2 9 APR 2003

Dood Sil,

()

Please find enclosed, questionaire re'my lake mother's death.

Having spoken with my sisters,

Mis. P. Robinson + Mis. M. woodford, Hoy

are happy for me to followed it to you on behalf of us all. Should you need this form in

triphaile place let me know.

Yours farthfully

### RUBY JOSEPHINE DOROTHEA LAKE DECEASED

1. Full Name (if different from above):



2. Maiden Name (if appropriate):

3. Last Permanent Address:





4. Date of Birth:

Code A

5. Place of Birth:

6. Last Occupation Before Retirement (if known):

7. Marital Status:

WIDOW

8. Name of Surviving Spouse (if applicable):

