Coroners Officer:



INQUEST INTO THE DEATH OF

Robert Caldwell WILSON

Case Number: 1005/08

Opened: 14th May 2008

Inquest Date: 18/03/2009.

CORONER'S OFFICERS' INQUEST CHECKLIST

Case Name:	Robert Cladwell WILSON
Case Ref:	1005/08

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	14/5/08	-

FUNERAL DIRECTORS

FAMILY DETAILS

•••

Mr I Wilson ((Son)
	Code A

Name and Surname of deceased				To be complete	d by Registrar
				District & SD No.	
Robert Caldwell WILSON				Register No.	
				Entry No.	
PART V ACCIDENT OR MISADVENTURE (inc	cluding	g deaths from neg	lect or fro	m anaesthetics)	<u> </u>
1. Place where accident occurred	. .				
		r highway building			
2. Mine or quarry 7. F	Residen	t institution			
		pecified place			
4. Place of recreation or sport 9. P	Place no	ot known			
2. To be completed for all persons aged 16 and over					
When injury was received deceased was					
 On way to, or from work At work 					
3. Elsewhere					
3. Details of how accident happened :					
· · · · · · · · · · · · · · · · · · ·		ē			
4. If motor vehicle incident, deceased was					
0. Driver of motor vehicle other than motor cycle	5.	Rider of animal;		f	
1. Passenger in motor vehicle other than		animal-drawn ve	hicle		
motor cycle 2. Motor cyclist	6. 7.	Pedal cyclist Pedestrian			
3. Passenger on motor cycle	8.	Other specified p	erson		
4. Occupant of tram car	9.	Not known			
5. Interval between injury and death					
1. Less than one year	2.	One year or more	;		

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Narrative Verdict

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Robert Caldwell WILSON

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 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.

Name and Surname of deceased		To be complete	ed by Registrar
		District & SD No.	
Robert Caldwell WILSON		Register No.	
		Entry No.	
1. Farm6. Pe2. Mine or quarry7. R3. Industrial place or premises8. O	cluding deaths from ne	glect or from anaesthetics)	
 4. If motor vehicle incident, deceased was 0. Driver of motor vehicle other than motor cycle 1. Passenger in motor vehicle other than motor cycle 2. Motor cyclist 3. Passenger on motor cycle 4. Occupant of tram car 	 S. Rider of animal animal-drawn w 6. Pedal cyclist 7. Pedestrian 8. Other specified 9. Not known 	ehicle	
5. Interval between injury and death1. Less than one year	2. One year or mor	e	

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

L	NOTI	FICATION OF D	RUG R	ELATED	DEA	ATHS
Section I	Demo	ographic Information				
Deceased forenai	me(s): Robert C	Caldwell			Gende	r: 🗹 Male 🗂 Female
Family Name:	Family Name: WILSON Other names known by:					
Date of birth :	Code A	Place of	birth : P	aisley, Scotland		
Usual Address :		Code A				
			Postc	ode :		
Ethnicity : (tick	(one only)					
	Pakistani	□ Black African		🔲 Other, s	becify :	
	☐ Bangladeshi	Black Carribean			-	
🗋 Not Known	🔲 Indian	Black other, specify:				
Occupational S	Status : (tick on	ne only)				
🗆 Employed (Ma	inual)	Unemployed		Retired		🔲 Not known
Employed (No	n-Manual)	Childcare/Houseperson		Student/Pupil		
□ Self employed		□ Invalidity/Sickness		Other, specify :		<u></u>
Living Arrange	ements : (tick o	ne only)				
Alone		Self & children		No fixed abode		
With partner		□ With parents		Not Known		
□ With partner &	z children	\Box With friends		Other, specify :		
Section II	Decker					
Police Officer's r		Ind Information	_ <u></u>	<u> </u>		
Fonce Officer's r						
	f drug use and a	ther relevant information:				
Accent history of	i ui ug use anu o					
Was the deceas	ed on prescribed	psychoactive medication ?	🗹 Yes	No		Not known
If yes, please lis	-	psychologive methodion ?			Ĺ	1 YOL BLIOWII
ri Jes, pieuse ne	-					
I. See attache	d	4				
1. See attache 2.	<u> </u>	4	·	<u> </u>		
·	<u> </u>		·			

3.15

Two Drug Charts: (see table). The first is the Queen Alexandra drug chart (106-116). This records the regular laxatives, vitamins and diuretics given for his liver disease. The reducing dose of Chlordiazepoxide stops on 30th September for his alcohol withdrawal and the Trazodone started for his mild depression and night sedation. In terms of pain management Morphine, slow IV or subcutaneous 2.5 – 5 mgs written up on the prn side and 5 mgs given on 23rd September and 2.5 mgs twice on 24th September. Morphine is also written up IM 2 – 5 mgs on 3rd October and he receives 2.5 mgs on 3rd and 2.5 mgs on 5th. He is also written up for prn Codeine Phosphate and receives single doses often at night up until 13th October but never needing more than 1 dose a day after 25th September. Regular Co-dydramol starts on 25th September until 30th September when it is replaced by 4 times a day regular Paracetamol which continues until his transfer.

In summary, his pain relief for the last week in the Queen Alexandra is 4 times a day Paracetamol and occasional night time dose of Codeine Phosphate.

3.16 The second drug chart is the drug chart of the Gosport War Memorial Hospital (258-263). His diuretics, anti-depressant, vitamins and laxatives are all prescribed regularily. The regular Paracetamol is not prescribed but is written up on the as required (prn) part of the drug chart. This is never given. Regular prescriptions also contains Oramorphine 10 mgs in 5 mls to be given 10 mgs 4 hourly, starting on 15th October (261). 10 mgs is given at 10 am, 2pm and 6 pm on 15th, 6am, 10 am and 2 pm on 16th. A further dose of 20 mgs at night given at 10 pm is given at 10 pm on 15th October. Although these prescriptions are dated as given on the 15th October it is not clear if they were written up on the 14th or 15th.

3.17 On a further sheet of this drug chart (262) regular prescription has been crossed out and prn written instead. Oramorphine, 10 mgs in 5 mls, 2.5 - 5 mls 4 hourly is then prescribed on this sheet. It is not dated but it would appear 10 mgs is given at 2.45 on 14th October and 10 mgs at midnight on 14th October. Further down this page Diamorphine 20 – 200 mgs subcut in 24 hours from Hyoscine 200 - 800 micrograms subcut in 24 hours, Midazolam 20 - 80 mgs subcut in 24 hours are all prescribed. It is not clear what date these were written up. The first prescription is 16th October and the 20mls of Diamorphine with 400 micrograms of Hyoscine are started at 16.10. On 17th October, 20 mgs of Diamorphine, 600 micrograms of Hyoscine are started at 5.15 and the notes suggest that what was left in the syringe driver at that stage was destroyed (262). At 15.50 hours on 17th October, 40 mgs, 800 mgs of Hyoscine and 20 mgs of Midazolam are started and on 18th 60 mgs of Diamorphine, 1200 micrograms of Hyoscine (a new prescription has been written for the Hyoscine) and 40 mgs of Midazolam are started in the syringe driver at 14.50 and again the notes suggest the remainder that was previously in the syringe driver is destroyed.

Drug	Date prescribed	Prescribed as	Prescriber	Given
Morphine	22/09	2-5 mgs IV/SC PRN 4 hourly	? (at QAH)	23/09 1540 5 mgs 24/09 0615 2.5mgs 24/09 0645 2.5mgs
Morphine	03/10	2-5 mgs I/M PRN 4 hourly	? (at QAH)	03/10 2319 2.5 mgs 05/10 0200 2.5 mgs
Codeine Phosphate	23/09	30mgs 6 hourly PRN	? (at QAH)	23/09 2 doses 30 mgs 24/09 3 doses 30 mgs 25/09 1 dose 30 mgs
CoDydramol	25/09	2 tabs 6 hourly Regular	? (at QAH)	25/09 3 doses 26/09 – 29/09 4 doses each day then stopped
Codeine Phosphate	8/10	15-30 mgs 4 hourly PRN	? (at QAH)	08/10 09/10 1 dose 12/10 each day 13/10
Paracetamol	30/09	TT 6 hourly Regular	? (at QAH)	30/09 – 06/10 Many missed doses until the 07/10 – 14/10. 4 doses a day
Paracetamol	14/10	1 gram 4 hourly, PRN	Barton (at GWMH)	Never given
Oramorphine	Undated but probably 14/10	2.5-5mls of 10 mgs in 5mls 4 hourly, PRN (regular crossed out)	Barton (at GWMH)	14/10 1445 10 mgs 14/10 2345 10 mgs

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Oramorphine	15/10	10mgs 4 hourly regular	Barton	15/10 1000 10 mg 15/10 1400 10 mg 15/10 1800 10 mg 16/10 0600 10 mg 16/10 1000 10 mg 16/10 1400 10 mg
				No further prescription recorded by drug chart But prescription not crossed off or stopped
Oramorphine	15/10	20mgs nocte Regular	Barton	15/10 2200 20 mg
Diamorphine	Undated, possibly 16/10 but might well have been 14/10	20 – 200mgs S/C in 24 hours PRN (Regular crossed out)	Barton	16/10 1610 20 mg 17/10 0515 20 mg 17/10 1550 40 mg 18/10 1450 60 mg
Midazolam	Undated, possibly 14/10; or 16/10 or 17/10	20-80 mgs S/C in 24 hours PRN (Regular crossed out)	Barton	17/10 1550 20 mg 18/10 1450 40 mg

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Robert Caldwell WILSON

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

Yes/No

ks/No

If Yes :

2. Was that medication given for therapeutic purposes ?

If Yes :

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

ļ.

Yes/No

Yes/Ne

Yes/No

Robert Caldwell WILSON

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

If Yes :

2. Was that medication given for therapeutic purposes ?

If Yes :

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

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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: Robert Caldwell WILSON	1	Ref: 1005/08				
Date Reported: 13.05.2008	DATE OPENED: 14.05.2008	By: RMB				
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 not	ified 🗌 Ro	oom Booked				
	F99/INQ P					
PRESS DETAILS:	HCC MED					
Born Code A Lived at: Sarisbury C	Green Die	ed on: 18.10.1998				
Died at: Gosport War Memorial Hospital	Type of Inqu	uest: Medical				
ADJOURNED TO:						
Date:day,	Time: to .	Ву:				
At:						
AFTER INQUEST						
VERDICT						
Database Death Entry Register	Drugs Form Dother F	[:] orm				
Tape Recorded In File for						
Other Inquests on Tape						

PCO000011-0024

Coroners Initial Sudden Death Report

CO/1

Date Repo	orted: 13/05/2008	Ref: Number 1005/08	Type of Case <mark>: Inquest</mark>
Name:	Robert Caldwell WILSO	ON	
Address:		Code A	
Date of Birth:	Code A		
Age:	74 Years.		
Date of Death:	18 th October 1998		
Place of Death:	Gosport War Memorai	l Ward:	
Mortuary:			
Removed By:			
Funeral Directors:			
General Practitioner:	Hospital Cons	sultant:	
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:

1a) 1b) 1c)		
2)		

Pathologist:

NQUEST CASES: Date Opened 14.5.08. Time:	Time:
Adjournments:	

Signed By: David Clark Horsley Coroner, Portsmouth South East Hampshire

Date: 13th May 2008

Opening & Adjournment of an Inquest

Full Name of Deceased:	Robert Caldwell WILSON		
Sex:	Male	Age:	74 years
Date of Death:	18 th October 1998		
Place of Death:	Gosport War Memorial		
Reported by: from: on:	Family		
Pathologist:	N/A		
Address:	Code A		
Date of Birth:			
Place of Birth:	Paisley, Scotland		
Deceased's Occupation:	Wood Merchant		
Marital Status:	Married		
Maiden Name:	N/A		
Name of Surviving Wife: Date of Birth: Occupation:	Gillian WILSON (Now remarr	ried)	
CHILDREN UNDER 16 YEARS			
Fathers Name: Occupation:	N/A		
Mothers Name: Occupation:	N/A		
<i>Circumstances of Death:</i> Died in Gosport War Memorial. Thi			
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

Dated: 14th May 2008



15 May 2008

Dear Mr Wilson

Robert Caldwell Wilson Deceased:

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

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

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

Yours sincerely

David C Horsley Tel: 023 9268 8326 Email Code A

Opening & Adjournment of an Inquest

Full Name of Deceased:	Robert Caldwell WILSON	
Sex:	Male Age: 74 years	
Date of Death:	18 th October 1998	
Place of Death:	Gosport War Memorial	
Reported by: from: on:	Family	
Pathologist:	N/A	
Address:	Code A	
Date of Birth:		
Place of Birth:	Paisley, Scotland	
Deceased's Occupation:	Wood Merchant	
Marital Status:	Married	
Maiden Name:	N/A	
Name of Surviving Wife: Date of Birth: Occupation:	Gillian WILSON (Now remarried)	
CHILDREN UNDER 16 YEARS	1	
Fathers Name: Occupation:	N/A	
Mothers Name: Occupation:	N/A	
<i>Circumstances of Death:</i> Died in Gosport War Memorial.	This has been subject of a lengthy police investigation.	
Deceased Identified by:	Unknown	
Evidence given by: Lisa-Jane J	OHN Coroners Officer.	
Inquest into the above named of upon the order of:	deceased opened and adjourned to enable further enquiries to be mad	



mu coroner, Portsmouth & South East Hampshire

Dated: 14th May 2008

CO/1

Coroners Initial Sudden Death Report

Date Repo	orted: 13/05/2008 Ref: Number 1005/08 Type of Case: Inquest
Namc:	Robert Caldwell WILSON
Address:	Code A
Date of Birth:	
Age:	74 Years.
Date of Death:	18 th October 1998
Place of Death:	Gosport War Memorail 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:

1a) 1b) 1c)		
2)	· · · · · · · · · · · · · · · · · · ·	

Pathologist:

NQUEST CASES:
Date Opened 141.508 Time:
djournments:

Signed By: David Clark Horsley Coroner, Portsmouth South East Hampshire

Date: 13th May 2008

ROBERT CALDWELL WILSON DECEASED

1. Full Name (if different from above):

AS ABON

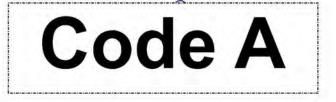
2. Maiden Name (if appropriate):

N/A.

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3. Last Permanent Address:



4. Date of Birth:

Code A

5. Place of Birth:

PAISLEY SCOTLAND

6. Last Occupation Before Retirement (if known):

NOOD MACHINIST.

7. **Marital Status:**

MARRIES

8. Name of Surviving Spouse (if applicable):

GILLIAM - (NOW REMARRIED)