

12 June 2014

Mr Alan Wilson  
HM Corner Blackpool & Fylde  
Coroner's Office – Municipal Buildings  
PO Box 1066  
Corporation Street  
Blackpool  
FY1 1GB

Dear Mr Wilson

**Re: Regulation 28 Report – Linda Yvonne Fisher. DOB: 16.04.52**

Many thanks for your letter dated 9<sup>th</sup> May 2014 and the attached Regulation 28 Report to Prevent Future Deaths. With respect to your concerns, namely:

- 1) That we may rely upon patient's verbal assessment of their own weight to determine medication dosage.

Under the Trust procedural documentation for the prescribing of Dalteparin for treatment of venous thromboembolism the patient's exact weight is not required.

The table of dosage (units) to body weight (kg) covers the following:

Under 46 kg  
46-56 kg  
57-68 kg  
69-83 kg  
and over 83kg

If a patient is not in a position to be physically weighed, for example they are immobile or in too much pain, but they have capacity to inform the medical staff treating them of their weight, it is acceptable to rely on the patient's own verbal assessment of their weight.

I have taken expert advice from one of my Consultant Haematologists who informs me that for the lady in question the alteration of dosages which we made whilst she was an in-patient would not have had a major effect upon the therapeutic impact of this drug.

As you were advised at the Inquest the Ward staff, now, in addition to obtaining verbal confirmation of a patients weight, if it is not possible to weigh the patient, a Mid Upper Arm Circumference calculation is performed (MUAC) in line with the malnutrition Universal Screening Tool (MUST) to assist in establishing an accurate weight.

**RESEARCH MATTERS AND SAVES LIVES - TODAY'S RESEARCH IS TOMORROWS CARE**

Blackpool Teaching Hospitals is a Centre of Clinical and Research Excellence providing quality up to date care. We are actively involved in undertaking research to improve treatment of our patients. A member of the healthcare team may discuss current clinical trials with you.



- 2) That a familial history of disease was not recorded in the notes.

The Venous Thromboembolism (VTE) assessment tools utilised at the Trust, and indeed nationally as a result of NICE, cover medical and surgical patients alike with slightly different criteria.

When a patient is assessed, in either discipline, if one or more of the risk factors are identified then a therapeutic dose of Dalteparin will be administered.

The familial history was in fact obtained, albeit not until several days after the patient's admission. The presence or absence of a family history in this situation had no material effect upon our assessment of the index patient's risk of disease. Even if the question were to have been asked on admission and answered in the positive, the treatment regime would have been exactly the same.

I am satisfied that our current risk assessment tool is adequate.

Yours sincerely



**MEDICAL DIRECTOR**