

## REGULATION 28: REPORT TO PREVENT FUTURE DEATHS (1)

	<p><b>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</b></p> <p><b>THIS REPORT IS BEING SENT TO:</b></p> <p>1. <b>Sir Michael Deegan, Chief Executive, Central Manchester University Hospitals NHS Foundation Trust, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL.</b></p>
1	<p><b>CORONER</b></p> <p>I am Andrew Bridgman, Assistant Coroner, for the coroner area of Manchester South.</p>
2	<p><b>CORONER'S LEGAL POWERS</b></p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.</p>
3	<p><b>INVESTIGATION and INQUEST</b></p> <p>On 11th February 2016 an investigation was commenced into the death of Peter Arthur Rowe who died while an in-patient at Stepping Hill Hospital, Stockport on 8<sup>th</sup> February 2016, having been admitted on 1<sup>st</sup> February 2016.</p> <p>The investigation concluded with an Inquest held on 8<sup>th</sup> June 2016.</p> <p>Medical cause of death</p> <ul style="list-style-type: none"><li>Ia) Multi-organ failure</li><li>Ib) Sepsis</li><li>Ic) Toxic epidermal necrolysis</li></ul> <p>II Psoriasis Cerebrovascular accident</p> <p>In answer to the questions 'how, when and where' the findings were as follows,</p> <p><i>On the 26<sup>th</sup> January 2016 Peter Arthur Rowe was admitted to Manchester Royal Infirmary for day case general anaesthesia for removal of a lipoma from his back. Co-amoxiclav was administered as a prophylactic antibiotic, notwithstanding the GP referral letter stated a penicillin allergy as of 2004. Mr and [REDACTED] stated that they were unaware of any allergies upon being asked that specific question in the pre-operative consultations and assessments. The Adult Inpatient Prescription and Administration record, dated 26<sup>th</sup> January 2016, notes in the section Allergies/Intolerances a penicillin and aspirin allergy which is then crossed out and the box signed as no known allergies. Following discharge Peter Arthur Rowe developed a red scaly rash which worsened and on the 1<sup>st</sup> February 2016 he was admitted to Stepping Hill Hospital with an initial diagnosis of an infected (pustulated) psoriasis, which was changed the following day to Toxic Epidermal Necrolysis, the likely pathogenesis of which was the administration of prophylactic co-amoxiclav on the 26<sup>th</sup> January 2016. Peter Arthur Rowe continued to deteriorate and died on the 8<sup>th</sup> February 2016.</i></p> <p><b>CONCLUSION: Misadventure</b></p>
4	<p><b>CIRCUMSTANCES OF THE DEATH</b></p> <p>The circumstances are as described above.</p>

5	<p><b><u>CORONER'S CONCERNS</u></b></p> <ol style="list-style-type: none"> <li>1. That despite the GPs referral letter stating an allergy to penicillin, a penicillin based prophylactic antibiotic was prescribed and administered.</li> <li>2. The fact of the GPs referral letter stating an allergy to both penicillin and aspirin appears to have been transferred on to the <i>Adult Inpatient Prescription and Administration record</i> and then deleted, albeit it is not clear by whom and when.</li> <li>3. On the evidence heard at the Inquest Mr Rowe suffered from very poor memory following his stroke in 1993. In the premises I am concerned that negative answers to questions regarding any allergies stated to have been put to both Mr Rowe and [REDACTED] were accepted at face value when, <ol style="list-style-type: none"> <li>a) Mr Rowe suffered from significant memory loss and decreased cognitive function, and</li> <li>b) When [REDACTED] would not necessarily have known of her husband's allergy (and indeed did not).</li> </ol> </li> </ol> <p>The <b>MATTER OF CONCERN</b> is as follows,</p> <p>In my opinion there is a risk that a similar situation may arise in the future and as such there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you my concerns.</p>
6	<p><b>ACTION SHOULD BE TAKEN</b></p> <p>In my opinion action should be taken to develop a system, and to ensure its operation, such that in circumstances where a patient is stated to have an allergy by a referring doctor or other healthcare provider the fact of that statement should not be ignored unless the patient him/herself is of full capacity and full cognitive function and is able to deny any allergy so stated or the referring doctor is contacted for confirmation or further information.</p>
7	<p><b>YOUR RESPONSE</b></p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 24<sup>th</sup> August 2016. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p><b>COPIES and PUBLICATION</b></p> <p>I have sent a copy of my report to the Chief Coroner.</p> <p>I have also sent it to [REDACTED]</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p><b>29.06.2016</b> <span style="float: right;"><b>Mr Andrew Bridgman - Assistant Coroner</b></span></p>