

Hospital No. 97/8244
NSU No. 47504

14 May 1997

FINAL COMMENT - T F FANNIN MD FRCS - NEUROLOGICAL SURGEON

Robert Hamill

This 25 year old man was transferred to the Intensive Care Unit, RVH under the care of the Neurosurgical Department at approximately 6.30 am on 27.4.97. It would appear that he had been assaulted some time earlier and was admitted by ambulance to Craigavon Area Hospital at 2.45 am. It would appear that he had been assaulted by several people and it was thought that he had been either hit with a bottle or kicked about the head and face. His blood alcohol in the referring hospital was measured at 221.

On examination on admission he was deeply unconscious scoring 4/15 on the glasgow coma scale. His pupils were small but reacting and because of his diminished conscious level he was intubated and ventilated prior to transfer.

On examination he was chemically paralysed and ventilated. His pupils were of normal size, equal and reacting. There was evidence of bruising around the left temple. The following investigations were carried out: CT scan of the brain which showed soft tissue swelling in the scalp over the left temporo-parietal region and also over the right temporo-occipital region. No intracranial abnormality was detected. There was a suggestion of a mild degree of frontal lobe atrophy. Xray of the cervical spine to T1 was normal. Chest x-ray was satisfactory.

He was treated by means of ventilation and the following morning his sedation was stopped. It was noted that there appeared to be some purposeful movement of the limbs but he was extremely agitated with on occasions flexion of the limbs to pain. In general his movements were spastic and decerebrate. His pupils remained equal and he was noted to be sweating profusely with fluctuations in his pulse and blood pressure. It was thought that he was going through a stage of extreme cerebral irritation following a closed head injury.

He was transferred to the Neurosurgical Unit on 29.4.97 having been extubated. His glasgow coma scale was reckoned to be 6-7 and his oxygen saturation satisfactory at greater than 95. His pulse and blood pressure tended to fluctuate and he remained extremely restless with extensor spasms requiring sedation with Haloperidol. A further CT scan was performed but again there was no obvious focal abnormality.

Re: Robert Hamill

By 1.5.97 it was apparent that he was not opening his eyes; he was extremely agitated when disturbed and Chlorpromazine was commenced. He began to show some flexion movements in the right upper limb but at times he had marked extensor spasms in the left side with on occasions opisthotonos. His oxygen saturations remained satisfactory and his blood gases were good.

He was seen by Dr McCann of the Rehabilitation Service who felt that he was showing signs of cerebral irritation and as was thought by other observers that much of his problem was related to hypoxia presumably at the scene of his accident. His temperature rose on occasions to 40 degrees celsius and blood cultures were taken on 7.5.97 as well as urine analysis, sputum and chest x-ray.

His condition deteriorated dramatically on the afternoon of 8.5.97 when he became deeply cyanosed with peripheral shut down and respiratory problems. He was immediately intubated and artificial ventilation commenced and the crash team was called. Several attempts at cardiac resuscitation were made. Various methods were used including adrenalin injections, external cardiac massage and external shock to no avail. At the end of 20 minutes there was still no response and his pupils had been fixed and dilated for most of that time. It was felt that further resuscitation attempts should not be made and the patient was pronounced dead at 5.03 pm by Mr Patel.

This was an extremely unexpected outcome and it was thought that he may have been suffering from a septicaemia or perhaps a pulmonary embolus. The coroner has been informed and a coroner's autopsy carried out, the result of which is awaited. It is felt that this man sustained a relatively minor head injury but was in all likelihood hypoxic at the scene of the assault, resulting in his extreme cerebral irritation and evidence of a decerebrate type brain stem injury.

cc [redacted] Health Centre, [redacted]
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