

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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