

examine Mr Hamill. I remember I was told that Mr Hamill had been assaulted outside a pub but I was not told any further details.

5. I have refreshed my memory from my notes which are contained at page **38670**. These notes are part of the CAH inpatient notes for Mr Hamill.
6. I can recall there being blood on Mr Hamill's face but I cannot recall if he was actually bleeding or how much blood there was. The document headed "*Nursing Care Plan*" which commences at page **38665** is a form that I assume a member of the nursing staff completed, rather than a doctor. I have not made any entries on that document but I note it mentions that Mr Hamill had blood on his face. The phrase "*bloody ++ head + face*" indicates that his head and face were very bloody. The plus signs indicate the amount of blood present. I do not know who made that entry or any other entry on that document, including the note "*attacked by group, hit on head by ?? bottle*". I do not recall whether Mr Hamill had any injuries to indicate he had been hit on the head with a bottle or a sharp instrument.
7. Mr Hamill was unconscious and I assessed his consciousness using the Glasgow Coma Scale (GCS) as 5 out of 14. This is recorded on my notes at page **38670**. The GCS is a means of assessing a person's consciousness through eye movement and response to verbal command and pain. The lowest rating is 3 out of 14 for a completely unresponsive patient, and the highest rating is 14 out of 14 for someone who is orientated and alert. The document headed "*Inpatient follow-up and Outpatient Notes*" contained at page **38669** records a rating of 3 on the GCS. I can confirm this document is not in my handwriting.
8. I have been asked to explain the difference in the two GCS ratings given for Mr Hamill on 27 April 1997. One explanation is that the scale can fluctuate in a patient over time. Another possible explanation is that, because I do GCS assessments quite often, I was able to stimulate Mr Hamill more and so get a greater response, which would mean he gained an extra point or two. However, I do not believe the difference between 3 and 5 out of 14 was clinically important in this situation.