



Police Investigations & Review Commissioner

DOCUMENTARY PRODUCTION

(BACKING SHEET)

Police Ref:

Prefix: [] [] []

No. P I R C 0 1 0 5 1 5

CASE OF

Production Book Ref. No. 258
PF Ref No
Forensic Lab Ref No
Officer I/C Case
Officer Seizing

COURT PRODUCTION NO.

Owner NHS FIFE
Address VICTORIA HOSPITAL A+E KIRKCALDY
Tel No.

Signature
Case Against/Incident Death of Shekyl BAYON

DIVISION / DEPT / STATION

Description of Article COPY A+E Notes V 802512 L CONTAINING CONTINUATION V SHEET/PAGE, X RAY CARD, PATIENT REPLY FORM.

Where Found A+E VICTORIA HOSPITAL
At 1130 on 12-5-2015

Signature(s) or person(s) identifying article

Print name

[Redacted signature area]

[Redacted name]
MARTIN CLARK
DR SWINDER PANDHAR
Dr GULZAN PICHARZUK
S. ROLLINGS
DAVID HALL

8. SUSAN DOWNIE
9. RACHEL ANDERSON
EDWARD MILES
LYNN OWEN
GARY SINCLAIR

RESTRICTED CROWN OFFICE & PROCURATOR FISCAL SERVICE

Form 26.1-B.3
docquet of document
kept by an undertaking
or the holder of a paid
or unpaid office

I¹ [REDACTED]
..... MEDICAL SECRETARY

hereby certify that this document, namely² COPY A+E NUSEJ V802512L continuing
continuation sheets of notes, X-ray cards, Patient Report Form
is a document kept by³ On undertaking

.....
namely⁴ NHS FIFE
..... VICTORIA HOSPITAL KIRKCALDY

Date: 21.05.2015 (Signed) [REDACTED]

⁵
..... MEDICAL SECRETARY

1. Insert name and title of office held
2. Describe document
3. Insert **one** only of the following:
"an undertaking"
"or on behalf of the holder of a paid office"
"or on behalf of the holder of an unpaid office"
4. Insert name and address of undertaking or office
5. Insert authorised capacity in which certificate signed

RESTRICTED - WHEN COMPLETE

Form 26.1-A.9
Certified Copy
- By authorised
representative of
possessor
of original

**CERTIFICATE IN TERMS OF THE CRIMINAL PROCEDURE
(SCOTLAND) ACT 1995, SECTION 279 AND SCHEDULE 8**

CERTIFICATE OF AUTHENTICATION

I, [insert name, address and where appropriate, title of office held, or other designation]

Name:



Address:

A+E Dept, Victoria Hospital, Kirkcaldy

Office Held:

Medical Secretary

Other:

Being an authorised representative of:

[insert name and address of person or body in possession and control of the original document]

Name:

NHS Fife.

Address:

Victoria Hospital, Kirkcaldy

*who/which is in possession and control of the original of the copy document
*on which this certificate is endorsed/to which this certificate is attached
hereby certify that it is a true copy of the original which is in the possession of:

[insert name and address of person or body in possession and control of the original document]

Name:

NHS FIFE

Address:

VICTORIA HOSPITAL, KIRKCALDY

*whom/which I am an authorised representative.

*Delete as applicable

Date:

21 May 2015

Signed:



Authorised Capacity:

Medical Secretary

[Insert details of the copy document to which this certificate relates overleaf:]

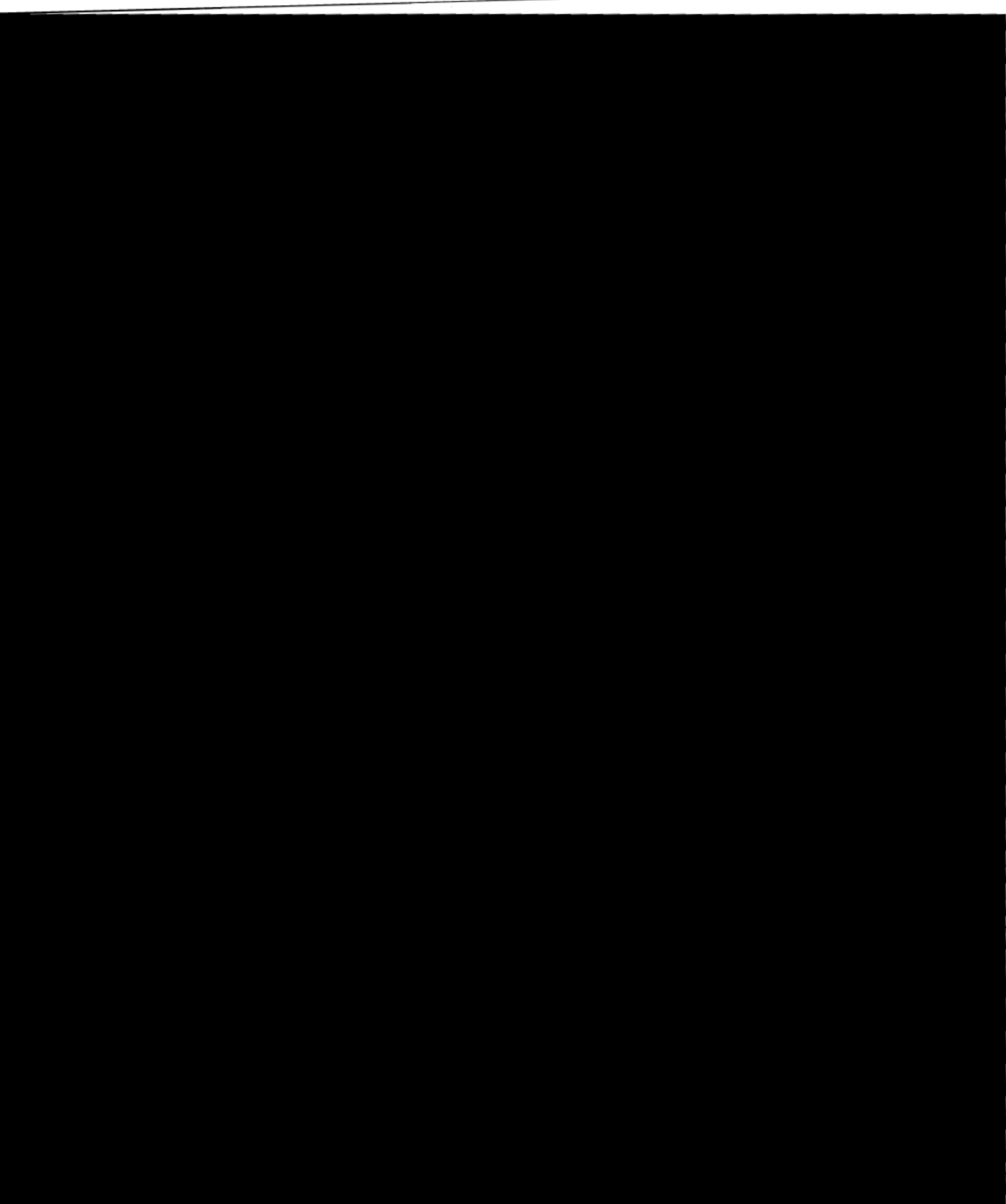
A+E NOTES VS02512L containing continuation sheets (notes).
26.1-A.9 X-ray card, Patient Report Form

V2-A0912

**ACCIDENT AND EMERGENCY DEPARTMENT
Victoria Hospital, Hayfield Road, Kirkcaldy KY2 5AH**

GP NAME AND ADDRESS		PATIENT DATA		
		DOB		
Date & Time of Attendance		Surname		V802512L
		Forename(s)		UNKNOWN
Date and Time of Accident		Address		
		Phone No		
TYPE OF INCIDENT (R.T.A: Work: Home: Sport: Other (Specify))		School		
		Occupation		
LOCATION		Religion		
		Next Of Kin Address		
SOURCE OF REFERRAL		Relationship		
		Home Phone		
Name of doctor	PICHANZNG		Time seen	07 : 50 hours
Presenting Complaint:		T.	P.	R.
		B.P.	BM	02 Sats
		FEWS		Weight
Follow Up:		Time Discharged		: hours
CRIS Number		Senior Review Sticker		

	Date	Time
A&E Clinic		
A&E Clinic		
A&E Clinic		



UNKNOWN
UNKNOWN

V802512L

Date and Time	MULTIDISCIPLINARY NOTES
	Name <u>MUST</u> be printed against each note entry
3/5/15 0900	Written in retrospect
	Resus Dr G Pichering (STS) Dr S Rowings (COF)
	<p><u>PC</u> found by police with knife aggressive attacked police officer. Pepper ^{Pepper} gas used and unco-operative, hit on back of head. * Then was in respiratory arrest. With ambulance crew → cardiac output no respiratory efforts.</p>
	<p>In resus initially → ventilated by C-circuit → pulse back within 2 mins</p>
	<p>CPR commenced.</p> <ul style="list-style-type: none"> - iv access (R6) DH 16G - bloods - fluids 500ml NaCl 0.9% - given naloxone 3.4 mg iv - given adrenaline as per ALS protocol → total of 18mg - PEA most of the CPR 10. - 3 episodes of VF as rhythm → shocked x3 → given amiodarone 300mg

UNKNOWN

UNKNOWN
UNKNOWN

V802512L

Measurement

Report



①

03.05.15

②

03.05.15 08:20

cobas b 123 POC system

Serial number 1:
Device name A:
Hospital name V:
Sample ID 3
Sample mode N

cobas b 123 POC system

Serial number 13054
Device name A&E
Hospital name Victoria Hospital Kirkcaldy
Sample ID 3396
Sample mode Normal

Patient ID
Operator ID
Last name
First name
Blood type
Temperature
FO₂
Sample type

Patient ID 000000
Operator ID 142015
Last name unjnow
First name unknown
Blood type Arterial
Temperature 37.0 °C
FO₂ 0.90
Sample type Blood

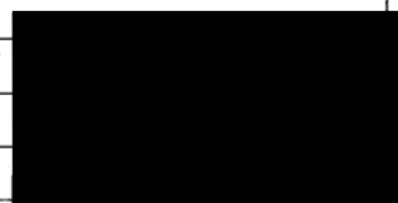
pH 6.671
cH⁺ 213.2 nmol/L
PCO₂ 19.63 kPa
PO₂ 4.14 kPa
cHCO₃st 8.6 mmol/L
BE -22.43 mmol/L
SO₂ Val
Na⁺ 150.6 mmol/L
K⁺ 3.96 mmol/l
Ca²⁺ 1.185 mmol/l
Lac 18.0 mmol/
tHb 131.8 g/L
FO₂Hb Base
COHb 1.9 %
MethHb 0.9 %
HHb Ve

pH 6.916 [7.350 - 7.450] ↓
cH⁺ 121.4 nmol/L
PCO₂ 17.28 kPa [4.67 - 6.00] ↑
PO₂ 6.67 kPa [10.00 - 14.00] ↓
cHCO₃st 16.1 mmol/L
BE -9.07 mmol/L
SO₂ 48.8 % [95.0 - 98.0] ↓
Na⁺ 157.3 mmol/L [133.0 - 146.0] ↑
K⁺ 4.66 mmol/L [3.50 - 5.30]
Ca²⁺ 1.025 mmol/L [1.150 - 1.350] ↓
Lac Value above 20.0 mmol/L ↑x
tHb 116.4 g/L [120.0 - 175.0] ↓
FO₂Hb 0.476
COHb 1.5 % [0.5 - 1.5] ↑
MethHb 0.9 % [0.1 - 1.5]
HHb 49.9 % [1.0 - 5.0] ↑

Comment

Comment

PLE team agreement at 09:04



Measurement

①

03.05.15 07:53

cobas b 123 POC system

Serial number 13054
 Device name A&E
 Hospital name Victoria Hospital Kirkcaldy
 Sample ID 3395
 Sample mode Normal

Patient ID 1234567
 Operator ID 142011
 Last name unknown
 First name
 Blood type Venous
 Temperature 37.0 °C
 PO₂ 0.21
 Sample type Blood

pH	6.671	[7.350 - 7.450]	↓↓
cH ⁺	213.2 nmol/L		
PCO ₂	19.63 kPa	[4.67 - 6.00]	↑↑
PO ₂	4.14 kPa	[10.00 - 14.00]	↓↓
cHCO ₃ st	8.6 mmol/L		
BE	-22.43 mmol/L		
SO ₂	Value below 30.0 %		↓↓x
Na ⁺	150.6 mmol/L	[133.0 - 146.0]	↑
K ⁺	3.96 mmol/L	[3.50 - 5.30]	
Ca ²⁺	1.185 mmol/L	[1.150 - 1.350]	
Lac	18.0 mmol/L	[1.0 - 2.1]	↑↑
tHb	131.8 g/L	[120.0 - 175.0]	
FO ₂ Hb	Base value not available		x
COHb	1.9 %	[0.5 - 1.5]	↑
MetHb	0.9 %	[0.1 - 1.5]	
HHb	Value above 70.0 %		↑↑x

Comment

PLE team agreement at 09:04

NOTES

long bone trauma

e of injury

min

relayed

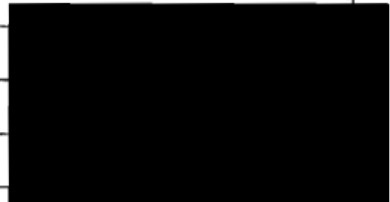
)

Dr R Anderson (STS)

nd

no CRP 1°

mainly lung



575 A RE

All agreed to stop, no cardiac output
No movement or echo of the heart
No movement on A line trace
1 W 14 min CPR.

Time of death 9.04 3/5/15
No heat sensed 1 minute
No breath sensed 1 minute
Pupils fixed and dilated

Still unknown individual



MANAGER

EYES AND PUPIL SIZE AND REACTION

Pupil size	Left Dilated	Right Dilated
Pupil reaction	Fixed	Fixed

AMPLE

Allergies	Unknown
Other allergies	
Medication	UNKNOWN
Past history	UNKNOWN
Last eaten	

MALE WHO HAD ALLEGEDLY BRANDISHED A KNIFE AT POLICE, WAS RESTRAINED BY POLICE, HAD BEEN POSSIBLY STRUCK ON THE HEAD WITH A BATON. MALE WENT INTO APPARENT CARDIAC ARREST. CPR BY POLICE COMMENCED. ON ARRIVAL MALE CAUSALTY LYING ON PAVEMENT (HANCUFFED AND WITH LEG RESTRAINTS) IN APPARENT CARDIAC ARREST WITH POLICE OFFICERS CARRYING OUT CPR. CREW CONTINUED BASIC CPR. PT LIFTED ONTO STRETCHER AND INTO ABULANCE DUE TO RAIN AND CLOSE PROXIMITY TO HOSPITAL. WHEN DEFIB APPLIED, IRREGULAR SINUS TACHY RYTHME SEEN ON SCREEN, CHECKED FOR PULSE AND CASUALTY FOUND TO HAVE A FAINT CAROTID PULSE. BAG AND MASK VENTILATION CONTINUED. POLICE OFFICER IN BACK OF AMBULANCE ASSISTED CREW. POLICE OFFICER DROVE AMBULANCE TO VICTORIA HOSPITAL. VKHT STANDBY REQUESTED. DUE TO SHORT DISTANCE TO HOSPITAL NO ATTEMPT MADE TO CANULATE ENROUTE. VENTILATION ENROUTE AND AT HOSPITAL ARRIVAL AND HANDOVER.

Events prior

DRUGS, GASES AND PAIN RELIEF

Pain before	Drug / gas given	Time given	Dose given	Route	Batch No.	Pain after
-	Oxygen	07:33	100	-	-	-

CARDIAC ARREST

History of episode

FINAL OBSERVATION AND COMMENTS

CREW AT GLENOTHES AMB STN, RECIEVED CALL 07:24 TO OUTSIDE VICTORIA ROAD KIRKCALDY FOR MALE POLICE OFFICER ASSAULTED HEAD AND FACIAL INJ. UNDATE MESSAGE 07:25 POLICE ADVISED ASSAILENT HAD A KNIFE UNK WHERE ASSAILANT IS POLICE ARE I/A. ENROUTE ADDRESS CHANGED TO SEAFIELD ROAD CC CODE 04 (ASSAULT). ADVISED BY CONTROL OF NEW ADDRESS ON HAYFIELD ROAD KIRKCALDY (MESSEAGE 07:30 PT IN MIDDLE OF HAYFIELD ROAD). UPDATE MESSAGE 07:31 JUNC OF HENDRY ROAD AND HAYFIELD ROAD. TOLD BY CONTROL THAT PT IN CARDIAC ARREST. ARRIVED AT SCENE AT 07:33

Report ID

12c05f92-984c-4004-ba1a-de16d529304c

E-Pacer PATIENT REPORT

Time 08:37 Date 03/05/2015

PATIENT AND INCIDENT DETAILS

Incident number CR002095591.001
 Name UNKNOWN UNKNOWN
 Age Unknown ye
 Gender Male
 Incident location ON HAYFIELD ROAD KIRKCALDY
 Incident post code KY1 2HE
 Incident type EMG
 Call received 03/05/2015, 07:33
 Call passed 03/05/2015, 07:33
 Crew mobile 03/05/2015, 07:33
 Crew at scene 03/05/2015, 07:33
 Crew left scene 03/05/2015, 07:42
 Patient at hospital 03/05/2015, 07:44

PRIMARY SURVEY

RESPONSE

AVPU Unresponsive

AIRWAY

Airway assessment Clear

Airway treatment OPA

BREATHING

Breathing rate None...

Respiratory rate

Treatment options BVM, Resuscitation

Oxygen given 100%

CIRCULATION

Pulse rate None

Most peripheral pulse found Carotid

Cap refill rate

Skin colour Pale

Skin texture Dry

Circulation treatment CPR

C-SPINE INJURY

Suspicion of CSI No evidence of C-spine injury

AMPDS

Dispatch code 09E01 Cardiac Arrest - Not Breathing At All

Final code 09E01 Cardiac/Resp Arrest, Not breathing at all

GCS

Final GCS eye opening Nil

Final GCS verbal response Nil

Final GCS motor response Nil

VITAL SIGNS

Time hr : min	Pulse bpm	Pulse rhythm	Rasp. rpm	Bp mm Hg	Cap refill (secs)	Peak flow %	Blood sugar mmol/l	Pain score	Temp °C	SpO2 %	GCS Total	NEWS	RTS	ECG	Sepsis
07:33	0	-	0	-/-	>2 secs	-	-	-	-	-	3	-	-	-	0
07:41	159	lrrlrr	0	-/-	>2 secs	-	-	-	-	-	3	-	-	Sinus tachy	1
07:44	142	-	0	-/-	>2 secs	-	-	-	-	-	3	-	-	Sinus tachy	1
	-	-	-	-/-	-	-	-	-	-	-	-	-	-	-	0

SEPSIS

- Sepsis: Pneumonia
- Sepsis: UTI
- Sepsis: Other infection
- Sepsis: Abdo pain
- Sepsis: Diarrhoea

- Sepsis: Abdo distension
- Sepsis: Meningitis
- Sepsis: Cellulitis
- Sepsis: Septic arthritis
- Sepsis: Wound infection
- Sepsis: Infected indwelling

Place label or write

UNKNOWN

V802512L

Patient Name:

UNKNOWN



CHI No:

Date and Time	Continuation (All disciplines to record summary of care, expected outcomes and review date)	Initials
---------------	--	----------

3/5/15	Paged to A+E	
--------	--------------	--

ultrafast	Unknown male, cardiac arrest	
-----------	------------------------------	--

0905	? Trauma.	
------	-----------	--

	Intubated in the ambulance - x1 attempt	
--	---	--

	Grade III tear in tongue, no drugs	
--	------------------------------------	--

	Confirmed to auscultation + capnography	
--	---	--

	PE placed in neck, follow post insertion	
--	--	--

	CPR paused for < 10 seconds to intubate	500-3
--	---	-------

	echo by myself - bilateral sternal leads	
--	--	--

	rigor, some cardiac activity but minimal	
--	--	--

	Serial echoes taken (demonstrated as cardiac arrest)	
--	--	--

	Lost echo - no ^{tracheal} cardiac activity (some movement	
--	--	--

	E repositioned, no deflection in external leads, unstable	
--	---	--

	Agreed to terminate resuscitation to stop CPR	
--	---	--

	Donor ~ 1 hr 14 mins	
--	----------------------	--

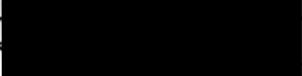
	M clinic	
--	----------	--

	Access card (copy of site for the staff)	
--	--	--

	21064	
--	-------	--

IHS Fife Radiology Services

INCOMPLETE CARDS MAY BE RETURNED For guidance on completing this card see reverse.

RIS NUMBER		Name: <u>Unknown</u> CHI No:		CONSULTANT/GP NAME <u>Parpher</u>	
ATE OF LMP (abdo/pelvis) females 12-55 years)		Address:		D.O.B.	
LMP Overruled due to clinical need? Yes <input type="checkbox"/> No <input type="checkbox"/>		Patient demographic label can be used here		OPWARD/GP ADDRESS <u>Resus</u>	
Does Patient Weigh Over 5 stone/95 kg? Yes <input type="checkbox"/> No <input type="checkbox"/>		Bed <input type="checkbox"/> Trolley <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walking <input type="checkbox"/> Portable <input checked="" type="checkbox"/>		If transport required, attach Ambulance SAS01 Form	
High Risk/Infection Risk? Yes <input type="checkbox"/> No <input type="checkbox"/>		EXAMINATIONS REQUESTED		Theatre <input type="checkbox"/> Ambulance <input type="checkbox"/>	
Patient Anticoagulated? Yes <input type="checkbox"/> No <input type="checkbox"/>		OPG <input type="checkbox"/> CT <input type="checkbox"/> US <input type="checkbox"/>		X-Ray <input checked="" type="checkbox"/> NM <input type="checkbox"/>	
Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Chest X-ray</u>			
OR CONTRAST EXAMS ONLY		N.B. ABBREVIATIONS ARE NOT ACCEPTED IN THIS BOX			
Previous Contrast Reaction Yes <input type="checkbox"/> No <input type="checkbox"/>		CLINICAL HISTORY <u>gentleman → restraint by police + cardiac arrest by 2 tension pneumothorax</u>			
Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Metformin/Glucofage? Yes <input type="checkbox"/> No <input type="checkbox"/>		Referrer's Signature 		Please Print Name <u>VAN DER WELDT</u>	
GFR/Creatinine Level		Contact Details <u>29009</u>		Designation <u>Fr2</u> Date <u>3/5/15</u>	
For Dept Use Only: Justified By: Exam Code: Authorised By:					

I.B. THIS DEPARTMENT DOES NOT HAVE CHILD MINDING FACILITIES

Justification of the medical exposure will be carried out according to Royal College of Radiologists guidelines.