



Fundraising
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Sheila contracted C Diff in 2003

The Royal Oldham Hospital: Pennine Acute Hospitals Trust

In 2003 Sheila became ill with debilitating stomach problems went to GP and was give tests that showed she was suffering from some kind of infection, not specified, and was prescribed antibiotics. When these didn't work was prescribed another course and then another course. Sheila just got worse; family by now very worried and took patient to A/E department at Royal Oldham/Pennine Trust. Sheila was examined and was told by doctor on duty that to be admitted at that point they would have to be dying or about to die very soon with the complaint she was experiencing. Sheila's daughter not happy with the situation rang the consultant to whom her mother was to be referred to, explaining the extremity of the suffering the patient was then seen as a matter of urgency and was admitted for observation. Sheila was 55 years old and was admitted onto a geriatric ward where her experience just got worse. She was traumatised by the howling and moaning of a lady who wished to 'died in peace please' this lady died within 3 days. Sheila also witnessed further deaths on the ward in the 2 ½ week stay.

Despite asking for information and also asking to see a doctor on many occasions little or no information was given. Sheila's condition got worse and she lost more and more weight she dropped down to 61/2 stones very quickly. The diarrhoea became worse and one night not managing to make it to the ward toilet despite being only a few feet away. Sheila rang for help and a nurse duly arrived and gave her some toilet hand wipe paper. Sheila managed to clean herself up despite being so weak. The ward was smeared from patient's bed to the toilet, no-one came to clean the mess up and patient left feeling helpless and totally uncared for. Sheila was then requested to give a sample and this came back saying Clostridium Difficile. Sheila had no idea what this was and asked for information – she was told by a senior nurse 'oh you know how it is you come in for one thing go out with another'. Sheila was told she would be fast tracked for tests as an inpatient rather than as an outpatient. This seemed really futile and taking up a bed when she only lived 10 mins away from the hospital and could have come in as a day patient on request and would also be 'safer' from hospital infections. Her own father died in Rochdale from a hospital infection, so patient was patently aware of healthcare infections and this added to her trauma of being an inpatient

After all the tests were completed patient was discharged with the diagnosis C Diff and given yet another course of antibiotics especially for C Diff. This did not work and she was prescribed another course, despite the consultant saying on one ward round this patient was the subject of over-prescribing antibiotics. Sheila was so ill at

this point the family had to take over her care. And she was once again admitted to hospital, where she was allotted her own bathroom. This bathroom was in a dreadful state smeared with excrement and floor dripping wet with urine. Despite reporting this nothing was done and it was thought that males from an adjoining ward were using that bathroom. In the end Sheila's daughter asked to speak to the bed manger and said it was not acceptable and Sheila was moved onto a better ward. After her discharge Sheila sought help over and over again, despite contacting the dieticians attached to the hospital was given no help at all and even told there was no need for a special diet. During this time she also had to go for an unrelated appointment at Hope Hospital, the doctor who regularly sees her for this routine appointment was most concerned about her condition and upon hearing about the diagnosis of C Diff and the fact that no-one seemed to be helping wrote to the patients GP urging them to do something to help this patient. Sheila was then referred back to Royal Oldham to the same consultant as before. More blood tests were requested and nothing came back never the less the patient remained very poorly the GP said not all things can be cured and offered no further help. The family at this point were soo distraught by sheila's crippling illness sought a second opinion at Hope Hospital and once again Sheila was subjected to more tests as Hope wanted their own results. She was referred to the nutritionalist and was given a very severely restricted diet that she could survive adequately on. Sheila continues to see Hope for routine appointments and dietary checkups and now has gained some semblance of normal life. It has however left her and her family appalled at the way Royal Oldham left this patient to virtually 'live with it' and gave no information or help in any way.

NCHI
July 2008