

IN THE CORONERS COURT
OF VICTORIA
AT MELBOURNE

Court Reference: 2991/10

FINDING INTO DEATH WITH INQUEST

Form 37 Rule 60(1)

Section 67 of the Coroners Act 2008

Inquest into the Death of: LUCIA DI PIETRO

Delivered On: 16 August 2012

Delivered At: Coroner's Court of Victoria,
Level 11, 222 Exhibition Street
Melbourne 3000

Hearing Dates: 27 April 2012

Findings of: HEATHER SPOONER, CORONER

Police Coronial Support Unit: Leading Senior Constable John Kennedy

I, HEATHER SPOONER, Coroner having investigated the death of LUCIA DI PIETRO

AND having held an inquest in relation to this death on 27 April 2012

at Melbourne

find that the identity of the deceased was LUCIA DI PIETRO

born on 17 July 1968

and the death occurred on 4 August 2010

at Austin Hospital, 145 Studley Road, Heidelberg , Victoria 3084

from:

- 1a. GLOBAL HYPOXIC-ISCHAEMIC BRAIN INJURY
- 1b. UPPER AIRWAY OBSTRUCTION BY FOOD BOLUS
2. AUTISM, EPILEPSY

in the following circumstances:

1. Ms Di Pietro was aged 42 when she died. She resided in a Disabilities Accommodation Services property situate at 14 Griffiths Street, Bellfield with up to four other residents. Ms Di Pietro had a past medical history that included epilepsy and autism.
2. Ms Di Pietro was in the care of the Department of Human Services (DHS) so her death was reportable pursuant to s.4(2) (c) and (e) of the *Coroners Act 2008* (hereinafter referred to as "the Act") A coroner is also required to hold an inquest if the deceased person was immediately before death, placed in custody or care.
3. A police investigation was conducted into the circumstances surrounding the death.
4. At the Inquest, Leading Senior Constable John Kennedy, read the following summary to the court:

"Ms Lucia Di Pietro was a 42 year old woman with an intellectual disability. Ms Di Pietro suffered from severe epilepsy and autism. Ms Di Pietro resided at Department of Human Services Disabilities Accommodation of 14 Griffiths Street, Bellfield. Ms Di Pietro had resided at this accommodation since 10 January 2010. 14 Griffiths Street,

Bellfield was established in October 2009 and provides accommodation and support for up to five adults with intellectual disabilities.

Prior to her transition to 14 Griffiths Street, Bellfield, Ms Di Pietro underwent medical and personal support need assessments in accordance with the requirements outlined in the Disability Services Residential Services Practice Manual. The assessments indicated that Ms Di Pietro was independent in her mobility, eating, drinking, toileting and dressing. She had settled well into the Griffiths Street address.

On 10 September 2009, Ms Di Pietro was screened in relation to the Nutrition and Swallowing Issue Checklist, a checklist adapted from the Department of Aging, Disability and Home Care, Nutrition and Swallowing Checklist 2001. The check indicated that Ms Di Pietro should be placed on a weight reducing diet. There were no risk factors identified in respect of her ability to chew food.

Ms Di Pietro last visited her doctor, Dr Tim Owens, on 27 July 2010, regarding a runny nose and cold like symptoms. Dr Owens checked Ms Di Pietro's ears and chest. No medication was prescribed and no follow-up action was required by staff.

At approximately 5.15pm on 1 August 2010, Ms Di Pietro was sitting at the dining room table having dinner, which included roast beef. A staff member, Mr Kumar, was in the dining room at this stage. Another staff member, Ms Clarke, was in the hallway. Mr Kumar heard a choking sound. He observed that Ms Di Pietro appeared to be choking and having difficulty breathing. Mr Kumar asked her to cough and called for Ms Clarke.

Ms Clarke assisted by asking Ms Di Pietro to cough. Ms Di Pietro coughed up a piece of meat about the size of a 20 cent piece. Ms Di Pietro was still having difficulty breathing. Ms Clarke telephoned 000 about 30 seconds after Ms Di Pietro coughed up the piece of meat.

At about 5.25pm, about 3 minutes after being dispatched, ambulance officers attended. The residential staff had tried to clear the obstruction without success. When the ambulance arrived Ms Di Pietro had a Glasgow Coma Score of 3 and initially had a bounding carotid pulse and was attempting respirations with no air movement. The ambulance officers removed copious amounts of roast beef from Ms Di Pietro's larynx and trachea, using forceps. There was a long delay to ventilations due to the amount and size

of the obstruction. The airway was cleared after about two to three minutes and was then effectively suctioned, however Ms Di Pietro then had a cardiac arrest.

Ambulance officers performed cardio pulmonary resuscitation and Ms Di Pietro was intubated and given adrenaline with return of spontaneous circulation after approximately 10 minutes. Ms Di Pietro was transported to the Austin Hospital, where at about 6.00pm, she was admitted to Austin Hospital Intensive Care Unit. Ms Di Pietro was therapeutically cooled. Ms Di Pietro exhibited severe brain injury seizures, consistent with oxygen deprivation. Ms Di Pietro's overall chance of a meaningful recovery was deemed to be poor. Treatment was withdrawn on 4 August 2010, after consultation with family in respect of the futility of ongoing treatment. Ms Di Pietro passed away on 4 August 2010."

5. A post mortem autopsy was performed by Dr Melissa Baker Forensic Pathologist with the Victorian Institute of Forensic Medicine. Dr Baker formulated the cause of death and in her report she made the following comments:

"The cause of death in this forty two year old woman is global hypoxicischaemic brain injury which occurred subsequent to a cardiac arrest due to upper airway obstruction by a food bolus. According to information obtained from the deceased's medical file from Austin Hospital, she choked whilst eating roast beef. An ambulance was called and arrived within three minutes. It is documented that large amounts of roast beef were removed from her larynx and trachea with forceps and that there was a long delay in ventilation due to the amount and size of obstruction. She had a cardiac arrest and was intubated and given adrenaline with return of spontaneous circulation after a downtime of approximately 10 minutes.

Clinically, the deceased showed evidence of severe brain injury. Her prognosis was deemed to be extremely poor with almost no chance of any meaningful recovery. Post mortem examination confirmed global ischaemic cerebral injury consistent with clinical history.

Post mortem examination also revealed widespread pneumonia. This is likely to have resulted from aspiration of gastric contents but is also commonly seen in unconscious, ventilated patients.

Toxicological analysis of blood revealed the presence of clonazepam, midazolam and chlorpromazine, all of which were prescribed to the deceased during her hospital admission."

6. It is apparent that Ms Di Pietro unfortunately died from complications of choking on a food bolus.

I direct that a copy of this finding be provided to the following:

The family of Ms Lucia Di Pietro,
Investigating Member, Victoria Police,
Interested parties.

Signature:



HEATHER SPOONER
CORONER
Date: 16 August 2012

