

15/12/01

Sorry for delay with report.  
Didn't receive letter until  
end November

Bernie  
Tranter

## REPORT ON RACHAEL FERGUSON

Date of Birth 4/2/1992.

I was the Paediatric Second Term Senior House Officer on call in Altnagelvin hospital on Friday 8th June, 2001.

At 04.15 on Saturday 9th June, I was busy in the Neonatal Unit when I was informed by Dr. Jeremy Johnston that a 9 year old surgical patient had recently had a seizure and he was asked to assess her. He felt that I should review her as she looked unwell so I went to Ward 6 to see her.

When I arrived on Ward 6, the Surgical Junior house officer was checking Rachael Ferguson's blood results on the computer and I noted that her sodium was low at 119 and potassium was 3. No other results were available. I immediately asked if the blood sample had been taken from the same arm where the drip was running but I was told this was not the case. I told the Junior house officer to urgently repeat the electrolytes, do blood cultures and a venous gas, which he did.

I then had a quick look at her medical notes and found out that she was a 9 year old girl, one day post appendicectomy. She had no history of epilepsy. Sodium was 137 on 7/6/01. Postoperatively, she had vomited approximately 7 times but had no diarrhoea or temperatures. I was informed about her tonic clonic seizure around 03.00 which required rectol and intravenous diazemuls.

I then went into Room 1 on Ward 6 to examine Rachael.

On examination, she looked very unwell. She was unresponsive, pupils dilated and unreactive and breathing sounded 'rattly' but she was maintaining saturations of 97 per cent with face mask oxygen and had a heart rate of 160 per minute. She had a petechial rash around her face, neck, upper chest and her trunk appeared flushed. Limbs were floppy. Temperature was normal and haemacue had been checked and was 9.

I then asked Staff Nurse Noble to contact Dr. McCord (Consultant Paediatrician on call). I spoke to Dr. McCord on the phone and explained Rachael's condition and asked him to come to the ward immediately. The nurses transferred Rachael to the Treatment room when I was on the phone.

I then went into the Treatment room where Rachael was with her father and I explained to Mr. Ferguson that Rachael had had a seizure and at present we were unsure why but she was very ill and I was worried about her condition and my Consultant was coming in to assess her.

Mr. Ferguson then left the room to phone his wife.

I asked for Dr. Johnston to come and assist me and when he arrived he inserted a second intravenous line and gave Rachael intravenous antibiotics in view of the petechial rash. In the treatment room, Rachael remained unresponsive but was maintaining her saturations but after approximately 5 minutes she desaturated down to 70 per cent and went apnoeic.

The anaesthetic registrar was fast bleeped while I commenced bag and mask ventilation. The anaesthetist arrived very quickly and immediately intubated Rachael. Dr. McCord arrived just after this.

We then got the results of the repeat electrolytes and discovered that the sodium was 118 and magnesium 0.59. Fluids were therefore changed to 0.9 per cent sodium chloride and the rate reduced to 40 mls per hour and I gave Rachael 1 ml of

Magnesium sulphate intramuscularly into the left buttock.  
I also catheterised Rachael with a size 10 foley catheter.  
Arrangements were being made throughout this for an urgent brain scan and  
Dr. McCord spoke to her parents

I accompanied Rachael to the scanner at 05.30 with the anaesthetist and a  
nurse and after the scan went with her to Intensive Care after 07.00.

Bernie Trainor

Dr. Bernie Trainor.

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