Form 20

CORONERS ACT (NORTHERN IRELAND) 1959

Deposition of Witness taken on TUESDAY the 5th day of FEBRUARY 2003, at inquest touching the death of RAYCHEL FERGUSON, before me MR J L LECKEY Coroner for the District of GREATER BELFAST as follows to wit:-

The Deposition of SISTER E MILLAR of ALTNGELVIN HOSPITAL, GLENSHANE ROAD, LONDONDERRY who being sworn upon his oath, saith

Raychel Ferguson was admitted to ward 6 via Accident & Emergency Department on the evening of 7th June 2001. Raychel had been diagnosed as having acute appendicitis and late that evening an appendectomy was carried out.

Raychel had an uneventful post-operative night, her observations were within normal limits, her iv fluids of Solution 18 were in progress at 80mls/ hour and overall her condition was stable.

At 7.50 a.m. I came on duty on the morning of the 8th June 2001. Raychel was in good form, her dad was with her and she was bright and alert. Early in the morning the Surgical JHO, Dr Zafar saw Raychel and was happy for her to have small amounts of clear fluids orally. The iv fluids were to continue as prescribed. Dr Makar also ~~saw Raychel~~ spoke to Mr. Ferguson shortly afterwards but made no change in her treatment.

During the morning Raychel became increasing more mobile and was able to walk to the bathroom with her dad. Raychel was also sitting up on the side of the bed colouring in and generally being very bright and happy. Raychel vomited undigested food at 10.30 a.m. and again at 1.00 p.m. and 3.00 p.m. but not large amounts. Raychel continued to be stable and in

good form and gave no cause for concern. Staff Nurse McAuley, the nurse looking after Raychel that day, rang the surgical SHO initially and then the SHO to come and give Raychel some iv anti-emetic for her vomiting at approximately 4.30 p.m. They did not answer their bleeps immediately but a short time afterwards Dr Joe Devlin came to the ward to clerk in a new patient. Dr Devlin gave iv Zofran to Raychel at approximately 6.00 p.m. I went of duty shortly afterwards. I came back on duty 3 days later — the following Tuesday. Previously I had never been hypochondriacal in surgical patients in 33 years of nursing. To me Raychel's appearance and condition did not suggest to me that anything untoward might develop. She was moving round the bed and colouring-in. Post-operative vomiting is not uncommon. About lunch-time I saw her walking to the toilet with her father.

Mr. Fowler: I was the ward senior nurse. Nurse Wright was a Junior Staff Nurse on the unit. Nurse Robson was also involved with the care of Raychel. It was not routine to take each passage of urine or the quantity on each occasion. It may be important to take if a patient actually passed urine. I did not personally see any of the vomits. The 10.30 a.m. was slightly larger than the other. The nurses described the vomits for me. I cannot recall which nurse I handed over to. The doctor that morning said she could have some clear

TAKEN before me this 5th day of FEBRUARY 2003

Coroner for the District of Greater Belfast

RF - CORONER

012-041-203

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on the day of 20 , at inquest touching the death of , before me Coroner for the District of as follows to wit:—

The Deposition of SISTER E. MILLAR

of

(Address)

who being sworn upon h ~~er~~ oath, saith

fluid. That would be normal. Interaction with parents would be part of Rachel's care on the ward. I cannot recall seeing Mrs. Ferguson that day, but I did see Mr. Ferguson. The surgical team do a round in the morning + are available if required. It would not be usual for them to return without being asked for. Large.
The 1930 a.m. vomit was ~~between 11 and~~
I would not agree that Rachel was listless that day.
Mr. McAlinden: On sheet 37 the degree of vomiting shown is not that unusual based on my experience.

E. Millar.

RF – CORONER

P.T.O.

012-041 — 204