STATEMENT RE CONOR MITCHELL DECEASED

[redacted]

DATE OF BIRTH: 12.10.1987

DATE OF DEATH: 12.05.2003

STATEMENT OF DR CATHERINE ELIZABETH QUINN MBBch BAO MRCP

I DR CATHERINE ELIZABETH QUINN will say as follows:-

1. I was a Medical SHO in Craigavon Area Hospital from August 2002 until August 2003. I was on duty on 08.05.2003 and it would have been my responsibility to clerk in any new patients to the medical Ward. I was responsible for clerking in Conor Mitchell.
2. Conor's presenting complaint was vomiting and decreased oral intake. The history of his presenting complaint was obtained from his mother. He had a history of cerebral palsy. He had a 10 day history of lethagy and reduced oral intake. He was commenced on Penicillin by his GP for a presumed ear and throat infection. He improved but then began to vomit. The vomiting settled about three days before he came into Hospital and he had been able to keep down food and fluids. His mother had noticed sediment in his urine two days before he came into Hospital and quite a strong smell from his urine. He suffered from spasms because of his cerebral palsy and his mother had noticed these increase over the past week and wondered if he was in pain. He had no cough or sputum. He had occasional absence seizures for which he took Epilim. I have recorded a social history that he lived with his mother and grandmother. On admission to Hospital, he was on Epilim. He had no history of diabetes or asthma. He had previous bouts of vomiting and had been given Penicillin.
3. On examination, I noted that Conor was drowsy and pale. He had flexion contractures of both arms from cerebral palsy. His temperature was normal at 36.7° and his oxygen saturation was 97%. His blood pressure was 118/69 and his chest was clear. I carried out a cardiovascular system examination and recorded a pulse of 72 beats per minute which was regular. On examination, his abdomen was soft, non-tender and no masses were

detected. He had normal bowel sounds. My impression was that he was suffering from a urinary tract infection. The plan on admission was to carry out a full blood test, administer IV fluids, administer IV Cyproxin which is an antibiotic, perform a mid-stream urine sample, chest x-ray and abdominal x-ray and provide analgesia PR.

4. I have recorded the results of the dipstick urine test which was taken in A & E and showed that he had protein, blood and large ketones in his urine. I have also recorded his blood results. I then bleeped the on-call Registrar and Dr Murdock arrived within 10 minutes to see Conor. I had no further involvement in his care.

Signed .....C. Quinn.....

Catherine Elizabeth Quinn

Dated .....31/10/03.....