

CORONERS ACT (Northern Ireland), 1959

**Deposition of Witness** taken on \_\_\_\_\_ the \_\_\_\_\_ day  
of \_\_\_\_\_ (month), \_\_\_\_\_ (year), at inquest touching the death of  
**CONOR EDWARD JOHN MITCHELL**, before me MR J LECKEY LL.M.  
Coroner for the District of GREATER BELFAST

as follows to wit: -

**The Deposition of** RUTH BULLAS  
of C/O CRAIGAVON AREA HOSPITAL, PORTADOWN (Address)  
who being sworn upon her oath, saith

I am a Staff Nurse in Craigavon Area Hospital where I have been working for around 12 months. I qualified in nursing in the Philippines in 1991. On Thursday 8<sup>th</sup> May 2003 I was working in the Medical Admissions Unit at Craigavon Area Hospital. I admitted Conor to the Unit. I have recorded that he had been referred to Hospital by his GP due to vomiting and decreased oral intake. He had been unwell for 10 days, was not feeding, had decreased fluid intake and increased drowsiness. I have recorded that he had poor colour, had a URTI (Urinary Tract Infection) at the start of his illness for which he was given Penicillin (2 to 3 days previously). He had had a full blood count, U&E, CRP and blood cultures taken in the A&E Department. IV access was on and he was given 220 ml of Hartmans Solution at A&E. His temperature was 37.4, pulse 66 beats per minute, blood pressure 96/55 and oxygen saturation 97% on room air. His mother told me that she had noted him spasm on several occasions. I also remember seeing him spasm. It was not a prominent or violent spasm but more of a twitch. At first when I was working with him, I did not observe him spasm but as I worked with him more, I did see him spasm and asked for him to be seen by the SHO. Informed. He had IV fluids of normal saline started 250 ml for 4 hours. He also had IV Ciproxin 200 mg given and voltoral 50 mg PR given. Urine analysis was taken and was found to have "+ protein", "+ blood" and large ketones. A mid-stream urine sample was taken. I have recorded that he was for a chest x-ray and an x-ray of the abdomen. At around 2 pm his venflon extravasiated and <sup>Dr. Trotter</sup> ~~R. Trotter~~ was notified. She was notified again at 2.30

P.T.O.

pm and at 2.45 pm. The next entry I have made in the records was 5.30 pm when I recorded that Conor was noted to have further spasms. I remember the spasms at this time were more frequent but they still were not prominent and were more a form of twitching. His clinical observations were taken. His temperature was 37.7, pulse 59, blood pressure 120/64 and his oxygen saturation 99% delivered at 24%. I noted that he had a small rash on his abdomen and thighs and asked for him to be seen by the JHO. He was given Paracetamol PR and oxygen changed to nasal cannula. I had no further involvement in his care.

I did not see him go into the flocked position rather muscular contractions of his arms. I have witnessed epileptic seizures and throughout my involvement with Conor I witnessed nothing comparable. I agree that spasms in a patient with cerebral palsy require to be treated with medication. I do not know what would happen if no medication was given. All I saw were muscular twitches - the arms being gently raised with the fist closed. I don't know if it was a pain response. At no stage between 1.30 p.m. & 5.30 p.m. did either Conor's mother or grandmother call me that Conor was experiencing seizures. In the unit were myself, Nurse Wilkinson, Nurse Harvey and Sister Dickey. A doctor would have been on call if I had been informed of seizures & would have informed Sister Dickey and contacted a doctor. The mother used the word spasms. If I had been advised of a seizure I would have gone to the room to observe and then call for help. The nurses' station is open-plan and a shout for help would be heard. The rash was slight and a pink colour.

TAKEN before me this 26th day of May (month), 2004 (year).

*N. H. Dickey*

Coroner for the District of Greater Belfast

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** s/n RUTH BULLAP

of \_\_\_\_\_

(Address)

who being sworn upon her \_\_\_\_\_ oath, saith

Mr. McKelvey; The sperm I witnessed  
forbore his mother telling me of him  
having sperm. By working with him I meant  
in the course of making observations, I was  
in Censor's room on several occasions. On  
1/5/59 I made the 1.30 p.m. entry. Sperm  
would have been between 1.30 p.m. & 2 p.m.  
Between 1.30 p.m. & 5.30 p.m. I observed one or  
two sperm. I asked the S.H.O. to see the patient  
because of the sperm. What I witnessed was  
not the same as the evidence of the mother or  
the grandmother. I am unaware of any  
medication being given specifically for the  
sperm I witnessed. I was on duty until  
9 p.m. but I was involved with Censor  
until 5.30 p.m. Between 1.30 & 5.30 p.m.  
I witnessed sperm on one or two occasions and  
this is recorded in the 5.30 p.m. entry on  
P59. I cannot recall if I contacted a doctor  
on each occasion. Nurse Lacey made the  
3 p.m. entry re sperm on the Fluid Chart  
(P31). At 5.30 p.m. Censor had two sperm  
close to each other. I asked Dr. Totten to see  
Censor. I do not know if she did this. I cannot  
recall how many times I was called to

P.T.O.

Concert room - perhaps 2 or 3 times, I cannot remember if the grandmother called. I made a note in the nursing record. ~~She~~ The mother or grandmother came out of the side room to call me. Once ~~we~~ <sup>was</sup> for the cannula and once for the <sup>spasm and</sup> rock at 5.30 p.m. - I can't remember about the third. I do not agree that I was called on numerous occasions or that when I attended I said they were all seizures as the temperature was normal. I only was called once in relation to the cannula. I cannot remember if I went to the side-room after that when I was called by the mother or grandmother. I was on duty when Dr Murdoch was called at 6.30 p.m., but I did not speak to him. At 1.30 p.m. Conner was receiving intravenous fluids - normal saline. I did not set up the drip. Entries on the fluid chart would normally be made by a nurse. There is no record of fluid output - this ought to be done. I never heard Conner or the choking noises nor did I see swelling to his face or brown liquid coming from his mouth. I did not see him cough or see his head - only twitching. I saw that on four occasions - ~~a~~ twice between 1.30 p.m. and 5.30 p.m. and twice at 5.30 p.m.

Mr. Miller: On P60 the next two lines constitute one entry - no timing. That indicates she was seen by the SHO <sup>Dr. Totten</sup>.

TAKEN before me this 26th day of May 2004  
Michael Kelly Coroner for the District of Spacer  
Belfast

## CORONERS ACT (Northern Ireland), 1959

### CONTINUATION OF DEPOSITION OF RUTH BULLAS

I did not see him go into the foetal position rather muscular contractions of his arms. I have witnessed epileptic seizures and throughout my involvement with Conor I noticed nothing comparable. I agree that spasms in a patient with cerebral palsy require to be treated with medication I do not know what would happen if no medication was given. All I saw were muscular twitches – the arms being gently raised with the fists closed. I don't know if it was a pain response. At no stage between 1.30 p.m. and 5.30 p.m. did either Conor's mother or grandmother tell me that Conor was experiencing seizures. In the unit were myself, Nurse Wilkinson, Nurse Lavery and Sister Dickey. A doctor would have been on call. I had been informed of seizures I would have informed Sister Dickey and contacted a doctor. The mother used the word spasm. If I had been advised of a seizure I would have gone to the room to object and then call for help the nurses' station is open plan and a shout for help would be heard. The rash was slight and a pink colour.

Mr. McKillop: The spasm I witnessed followed by mother telling me of him having spasms. By working with him I meant in the course of making observations. I was in Conor's room on several occasions. On P.59 I made the 1.30 p.m. entry. Spasm would have been between 1.30 p.m. and 2.00 p.m. Between 1.30 p.m. and 5.30 p.m. I observed one or two spasms. I asked the Senior House Officer to see the patient because of the spasm. What I witnessed was not the same as the evidence of the mother or the grandmother. I am unaware of any medication being given specifically for the spasm I witnessed. I was on duty until 9.00 a.m. but I was involved with Conor until 5.30 p.m. Between 1.30 and 5.30 p.m. I noted spasms on one or two occasions and is recorded in the 5.30 p.m. entry on P.59. I cannot recall if I contacted a doctor on each occasions. Nurse Lavery made the 3.00 p.m. entry re spasms on the Fluid Chart (P31). At 5.30 p.m. Conor had two spasms close to each other. I asked Dr. Totten to see Conor, I do not know if she did this. I cannot recall how many times I was called to Conor's room – perhaps 2 or 3 times. I cannot remember if the grandmother called to make a note in the nursing record. The mother or grandmother came out of the side room to call me. Once was for the comments and once for the spasm and rash at 5.30 p.m. - I can't remember about the third. I do not agree that I was called on several occasions or that when I attended I said they were not seizures as the temperature was normal. I only was called once in relation to the canula. I cannot remember if I went to the side room. After this when I was called by the mother or grandmother, I was on duty when Dr. Murdock was called at 6.30 p.m., but I did not speak to him. At 1.30 p.m. Conor was receiving intravenous fluids – normal saline. I did not set up the drip. Entries on the fluid chart would normally be made by a nurse. There is no record of fluid output – this ought to be done. I never heard Conor make choking noises nor did I see swelling to his face or brown liquid coming from his mouth. I did not see him corkscrew his head – only twitching. I saw that on four occasions – twice between 1.30 p.m. and 5.30 p.m. and twice at 5.30 p.m.

Mr. Millar: On P60 the top two lines constitute one entry – no timing that indicated he was seen by the Junior House Officer I assume Dr. Totten.