

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 LÉCKEY LL.M.
Coroner for the District of GREATER BELFAST

as follows to wit: -

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

I am a Staff Nurse in Craigavon Area Hospital and started working in the Medical Admissions Unit when it opened on 10th March 2003. I have worked in Craigavon Area Hospital since 1996, since the closure of Banbridge Hospital where I had worked since completing my training in 1968. On Thursday 8th May 2003 I was working during the day. I first saw Conor Mitchell at 6.30 pm. I have recorded that his mother was anxious to speak to Doctor about his spasms and intermittent rash. At 6.35 pm he was seen by Dr Murdock, the Registrar and his family were informed that Conor was suffering from urinary tract infection and dehydration. The urinary tract infection was treated with IV antibiotics and intravenous fluids for dehydration. His ears were examined and nothing abnormal was detected. I have recorded that it appeared that he had "query" bitten his tongue with a sharp tooth. A small amount of dark fluid was noted at the side of his mouth. I have recorded that his family were not happy with the information from Dr Murdock as they felt that Conor was deteriorating and would have liked him to be transferred to the Royal Victoria Hospital. I recorded that Dr Murdock was going to speak to the Consultant on call, Dr McEnaney. At 6.50 pm Dr Murdock spoke to Dr McEnaney and no change was to be made to Conor's medication. The Paediatric Registrar was to assess Conor and he was also to have an urgent portable chest x-ray. This was requested at 7.15 pm. At 7.20 pm the family called me to see Conor. They thought that he had stopped breathing or query had a seizure. At 7.22 pm he was seen by Dr Murdock and his breathing was noted to be satisfactory. His observations were

P.T.O.

stable. At 7.30 pm the portable chest x-ray was satisfactory. His observations were stable. At 7.30 pm the portable chest x-ray was carried out. At 7.40 pm he had IV cyclizine 25 mg administered by Dr Murdock and the chest x-ray was noted to be normal. An ECG was performed which was of poor quality trace but no obvious abnormality was detected. At 8 pm I have recorded that we were still waiting for the Paediatric Registrar to assess Conor. At 8.20 pm I have recorded that he had a seizure. I did not see Conor have a seizure but have recorded what his mother told me. I would have given a hand-over to the night staff between 8.30 pm and 9 pm as I went off duty at 9 pm. I now know that Conor was then transferred to ICU at 11.40 pm that evening.

TAKEN before me this 27th day of May (month), 2004 (year).
M. H. Carley 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 BARBARA WILKINSON

of _____

(Address)

who being sworn upon her _____ oath, saith

At no stage did I witness spasms or rags.
A spasm is a gentle muscular movement
of the arm or leg. A seizure would be
violent movements of the limbs, clenching of
teeth and rolling of eyes and there can be
incontinence of urine. If Conor had had
seizures he is likely to have been incontinent
requiring a changing of his bedding. At 6.35
Dr Murdoch gave Conor a thorough examination.
Neither of us saw a rash. I saw a small
amount of dark fluid which could have
been blood. We thought it was caused by
a tooth and one was seen to have a sharp
edge when Dr Murdoch examined his throat.
I have been a nurse for 36 years and
I have worked ~~in~~ in the Medical Administration
Unit since it opened on 10th March 2002.
When I saw Conor he appeared
comfortable. As far as I was concerned I
saw nothing to cause me concern. I only
contacted Dr Murdoch because what
the family said to me. The nurses station
was no more than 40' from Conor's
side-room and it would have been very easy
to let nursing staff know of any concerns.

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Mr McKillop: I was part of the team dealing with Conor but I had no direct involvement with him until 6.30 p.m. Conor's mother was anxious - very anxious, Dr Murdoch was in the ward and I personally spoke to him. I told him about the mother's concerns re rash & spasms, Dr Murdoch reassured the family in my presence. I do not know why my wife on the Nursing Record mentions "seiz" only. When I saw the dark coloured fluid I was standing beside his bed. It was wiped away but I do not know who by. I thought it was blood. My notes do not refer to Dr Murdoch's examination with a tongue depressor. ^{Conor} He was not having a seizure at this time. I was present when the family expressed dissatisfaction with Dr Murdoch's reassurance. He left to make a telephone call, I cannot recall if I remained in the side-room. Dr Murdoch stated that the X-ray was urgent. At 7.20 when I went to Conor he was stable - I witnessed neither the stopping of breathing nor the seizure. I contacted Dr Murdoch who was in the ward. I presume Dr Murdoch requested the ECG. At 8.20 I did not witness a seizure - I was held by the mother. I observed Conor then and he was satisfactory.

Mr. Miller: I cannot remember seeing Dr Williams in the ward. I was aware of what was going on in the unit during

TAKEN before me this 27th day of May 2004

P. L. Kelly

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 BARBARA WILKINSON

of _____

(Address)

who being sworn upon her oath, saith

the afternoon. I was unaware of any
convulsion or crisis; Dr Murdoch arrived
at 6.33 - 3 mins after I called for him.
There was a very prompt response. When I
did the same at 7.20 his response was
very prompt - 2 mins. Dr Murdoch gave
the medication to Conner at 7.40. I
had no problems with Dr Murdoch's
attitude or the way he examined
Conner. He did not appear panicky or
fumbled. He did not appear to be only
his depth. Barbara M.A. Wilkinson

P.T.O.

CORONORS ACT (Northern Ireland), 1959

CONTINUATION OF DEPOSITION OF BARBARA WILKINSON

At no stage did I witness spasms or rash. A spasm is a gentle muscular movement of the arm or leg. A seizure would be violent movements of the limbs, clenching of teeth and rolling of eyes and there can be incontinence of urine. If Conor had had seizures he is likely to have been incontinent requiring a changing of his bedding. At 6.35 Dr. Murdock gave Conor a thorough examination. Neither of us saw a rash. I saw a small amount of dark fluid which could have been blood. We thought a tooth caused it and one was seen to have a sharp edge when Dr. Murdock examined his throat. I have been a nurse for 36 years and have worked in the Medical Administration Unit since it opened on 10th March, 2002. When I saw Conor he appeared comfortable. As far as I was concerned I saw nothing to cause us concern. I only contacted Dr. Murdock becoming what the family said to me. The nurses station was no more than 40' from Conor's side room and it would have been very easy to let nursing staff know of any concerns.

Mr. McKillop: I was part of the team dealing with Conor but I had no direct involvement with him until 6.30 p.m. Conor's mother was anxious – very anxious. Dr. Murdock was in the ward and I personally spoke to him. I told him about the mothers concerns re rash and spasms. Dr. Murdock reassured the family in my presence. I do not know why my note on the Nursing Record mentioning “ears” only – when I saw the dark coloured fluid I was standing beside his bed. It was wiped away but I do not know who by. I thought it was blood. My notes do not refer to Dr. Murdock's examination with a tongue depressor. Conor was not having a seizure at this time. I was present when the family expressed dissatisfaction with Dr. Murdock's reassurance. He left to make a telephone call, I cannot recall if I remained in the side room. Dr. Murdock stated that the x-ray was urgent. At 7.20 when I went to Conor he was stable – I witnessed neither the stopping of breathing nor the seizure. I contacted Dr. Murdock who was in the ward. I presume Dr. Murdock requested the ECG. At 8.20 I did not witness and seizure – I was told of it by the mother. I observed Conor then and was satisfactory.

Mr. Millar: I cannot remember seeing Dr. Williams in the ward. I was aware of what was going on in the Unit during the afternoon. I was unaware of any communication or crisis. Dr. Murdock arrived at 6.33 – 3 minutes after I asked for him. That was a very prompt response. When I did the same at 7.20 his response was very prompt – 2 minutes. Dr. Murdock gave the medication to Conor at 7.40. I have no problems with Dr. Murdock's attitude or the way he examined Conor. He did not appear to be out of his depth.