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 ANDREW MURDOCK

of C/O CRAIGAVON AREA HOSPITAL, PORTADOWN *(Address)*

who being sworn upon his oath, saith

On Thursday 8th May 2003 I was the Medical Registrar on duty in Craigavon Area Hospital. I started work at 9 am and held a clinic in South Tyrone Hospital which is on a separate site. I returned to Craigavon Area Hospital arriving at approximately 12.30 pm. I was contacted by Dr Cathy Quinn, Medical SHO and asked to see Conor Mitchell. I first saw Conor at 1 pm, this was in a side room located in the Medical Admission Unit of Craigavon Area Hospital. Dr Quinn, Conor's mother and her brother were present during this consultation. I first read through the GP referral letter, A&E admission sheet and the history and examination that had been recorded by Dr Quinn and the available blood results. I took a history of presenting complaint from Conor's mother. The history I recorded in the notes was taken from my review of these sources along with further information gathered from Conor's mother. The history focused initially on what his normal level of well being was, his communication ability, and his usual frequency and type of epileptic seizures experienced. I then looked in more detail at the illness which had resulted in his admittance to hospital. It appeared that Conor had become unwell approximately 10 days previously. He had developed sore ears and throat. Two courses of penicillin based antibiotics had been prescribed by his GP. These seem to have caused vomiting. Conor's mother stated that she had noticed sediment in Conor's urine for the previous 2 days and his urine on the day of admission had been quite dirty in colour. I carried out a physical examination. On my initial inspection I felt that Conor appeared dehydrated. His cardiovascular examination

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showed a pulse rate of 96 beats per minute, a blood pressure of 118/56 and normal heart sounds. Examination of his chest was normal. His abdomen was not tender, his bowel sounds were normal and I could not palpate any enlargement of his liver, spleen or kidneys. Following the examination and history taking my impression was that Conor was dehydrated, suffering from a urinary tract infection and possibly a viral illness. Analysis of the urine had shown protein, blood and ketones which was in keeping with an infection and dehydration. His blood results had shown a raised white cell count which was in keeping with an infectious process. I felt it was appropriate to continue with the course of antibiotics which he had already been started on. The antibiotic was Ciproxin at a dose of 200 mg to be given intravenously twice a day. This treatment had been prescribed by Dr Quinn. He had received intravenous fluids in A&E and I asked Dr Quinn to decrease the rate of the fluids that were being administered in view of patient's apparent low weight and seize for his age. The fluid balance chart shows that this was carried out. The first bag of fluids initially prescribed was changed from 1 litre of Normal Saline over 8 hours to 250 mls of Normal Saline over 4 hours. The second and third bags were also changed from 1 litre 5% dextrose and 1 litre of Normal Saline both over 8 hours to 250 mls Normal Saline over 6 hours and another bag of 250 mls Normal Saline over 8 hours. As per normal practise this fluid prescription would be reviewed according to the patient's clinical progress. I explained to Conor's mother what our differential diagnosis was and what treatment measures had been started. A mid stream sample of urine was requested. A Chest X-ray was also ordered. My examination of the chest had not shown any abnormalities but I felt an x-ray would completely rule out any possible element of infection related to the chest. I was next asked to see Conor at 6.30 pm by the nursing staff as I had been told that concerns had been raised to them relating to a rash on his abdomen. No mention was made by Nursing staff or family of concerns regarding spasms occurring. I am basing this

TAKEN before me this 27th day of May (month), 2004 (year).

M. L. Leckey Coroner for the District of Greater Belfast

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on the day of (month), (year), at inquest touching the death of , before me Coroner for the District of as follows to wit: -

The Deposition of ANDREW MURDOCK

of *(Address)*

who being sworn upon h oath, saith

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statement on both my medical entry in the notes at that time stating 'Asked to see patient concern re rash on abdomen' and my recollection of the event. The consultation again took place in a side room of the medical admissions unit. I examined Conor's abdomen looking there and over the rest of his body for any signs of a rash but finding none. There were no signs of any abnormalities on examination of the abdomen. I conducted another examination of the cardiovascular and respiratory system which was normal. My entry in the chart 'No rash, No photophobia' indicates my search for any central nervous system irritation or infection such as meningitis. Conor's pulse rate was 66 beats per minute, a blood pressure of 110/56 and his heart sounds were normal. The examination of his respiratory system was normal. I examined Conor's eardrums which were normal and attempted to examine his throat but Conor did not co-operate for this. From my recollection of the examination Conor actually bit down on the tongue depressor I was using to obtain a clear view of his throat. My recollection is remarking to Conor's mother that 'he certainly didn't enjoy that' after this part of the examination. Conor's mother and Grandmother expressed concerns that Conor was not improving with his current treatment and requested transfer to the Royal Victoria Hospital. I explained to Conor's family that I would contact the medical consultant on call. Immediately upon finishing the consultation with Conor and his family I contacted Dr McEnaney, the Medical Consultant on call that day, explaining the history, my

P.T.O.

examination findings, the blood results and Conor's family's concerns regarding his progress and desire for transfer to the Royal Victoria Hospital. Dr McEnaney stated he was happy with Conor's current management, he did not feel that any change in his treatment plan was required or any transfer to the Royal Victoria Hospital necessary. It was agreed that we would obtain a second opinion from the Paediatric team. I contacted the Paediatric registrar on call immediately Dr Marian Williams who agreed to review Conor. I reviewed Conor's chest x-ray which was normal and prescribed Cyclizine for nausea. At approximately 8.45 pm while being assessed by the Paediatric Registrar Conor suffered a generalised seizure lasting seconds. A second seizure closely followed again lasting seconds after which no respiratory effort was made by Conor. I was not present during the first seizure but present during the second seizure. A bag and mask with supplemental oxygen was immediately applied and Conor was attached to the cardiac monitor on the 'Crash trolley'. There was no appreciable delay between the ceasing of respiratory effort and application of respiratory support. I placed a Guedal airway and applied 'Bag and mask' ventilatory support until the anaesthetist was able to intubate Conor. At no point was a cardiac output lost. Dr Smith the Consultant Paediatrician arrived and the Anaesthetic team were called. Examination showed a blood pressure of 112/78 with a good cardiac output. No signs of intracranial irritation were noted. The pupils were dilated and unresponsive to light. No new cardiac murmurs were audible. Conor was intubated and ventilated by the Anaesthetist and repeat arterial blood gases were performed to ensure adequate oxygenation was being received. Intravenous Phenytoin and intravenous Acyclovir was given with the dosage being calculated from the British National Formula. The Radiology consultant Dr Rice was contacted and an urgent CT scan of brain was arranged. Dr McEnaney was contacted again by myself bringing him up to date with what had occurred. The CT scan was reported as showing a

TAKEN before me this 27th day of May (month), 2004 (year).

M L Conley Coroner for the District of Greater Belfast

CORONERS ACT (Northern Ireland), 1959

Deposition of Witness taken on the day of (month), (year), at inquest touching the death of , before me Coroner for the District of as follows to wit: -

The Deposition of ANDREW MURDOCK

of *(Address)*

who being sworn upon h oath, saith

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subarachnoid bleed and with this information I contacted the Neurosurgeon on call, Mr Cooke who stated he would review the scans and then contact the hospital. Conor was transferred to ICU where I saw him the next day while accompanying Dr Murphy on his ward round. I had no further involvement in his care. I can't remember s/N Williams mentioning "storms" but I accept what she says. I would, however clarify a storm as a seizure. "Seizure" covers a wide spectrum of events - I saw no rash at any time. A rash could be associated with a temperature or infection. The rash in the extreme form described by the family would have led me to extract the consultant. I accept I was surprised to witness the second seizure seen in the company of Dr. Williams. A subarachnoid bleed can cause seizures. I am satisfied with the fluid management of Conor.

P.T.O.

TAKEN before me this 27th day of May (month), 2004 (year).

Coroner for the District of Grande Prairie

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 ANDREW MURDOCK

of *(Address)*

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

Mr. McKillop: I recalled Dr Williams arriving about 8.10 and then spending about 15 mins taking a history from the family. She then started to examine Conor and I think the two seizure he suffered were close together. I was called at 8.35 and that is when I saw the second seizure, I was dealing with other patients between 6.30 and 8.35. but I have imprecise recollection. A significant portion of the time was with Conor. Until 8.35 Conor was suffering from a UTI infection but I was unable to diagnose any other underlying pathology. I examined Conor at 6.30 only because of concern expressed by the family. All I diagnosed ~~was~~ was a UTI + dehydration. I then reassured the family. I knew their view was that Conor's condition was deteriorating & that is why I spoke to Dr McEnaney. I gave him a full briefing including the family's concerns and that they wished him to go to RBHSC. He felt there was no reason for him to come in. The family were concerned that despite treatment Conor was not improving but

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deteriorating, I can't recall asking the family to explain their view. No note of their reasons for this ~~any concerns~~ was made. I can't recollect saying "he's not deteriorating, just not improving". I took the view that the best way to allay their concerns was to telephone the consultant. I cannot recall why the family felt Conor was deteriorating. I did ask Dr McEneaney to come in to assess. I cannot recall precisely what I said to him about the family's concerns. When you go to see a patient you do not restrict yourself to one particular thing e.g. a rash — you look at the whole patient. I cannot recollect exactly what I told Dr McEneaney. I do not recollect consulting the nursing notes and I was unaware of the reference there to seizures. I have only a very vague recollection of my visit to Conor at 7.20 p.m. All I can recall is the grandmother saying his heart was beating very fast. I accept that I ordered both the X-ray and ECG. The ECG relates to heart ~~beat~~ only. I do not accept I made to comment to the family about every 3rd breath. I saw nothing suggestive of the seizures described by Dr. Scrimgeour. I deny ~~that the~~ that I witnessed any seizure about 6.30 p.m. There was a discussion with the family after I said I would contact the consultant. This annoyed the grandmother and she told me to get down off my high horse and I apologised if what I said caused offence.

TAKEN before me this 27th day of May 2004

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 ANDREW MURDOCK

of

(Address)

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

I may have said there's a lot going on here, There was a UTI and dehydration against a 15 year old boy with cerebral palsy. I have no recollection of being told beyond. For clarification, Dr McEnaney asked me if I thought I had missed anything, I replied I ~~had~~ did not. He then said there was no need for him to come in.

Andrew Murdock

P.T.O.

CORONERS ACT (Northern Ireland) 1959

CONTINUATION OF DEPOSITION OF ANDREW MURDOCK

I can't remember Staff Nurse Wilkinson mentioning " spasms" but I accept what she says it would not classifying a spasm as a seizure. "Seizure" causes a wide spectrum of events. I saw no rash at any time. A rash could be associated with a temperature or infection the rash in the extreme form described by the family would have led me to contact the consultant. I accept I was surprised to witness the second seizure seen in the company of Dr. Williams. A subarachnoid bleed can cause seizure. I am satisfied with the fluid management of Conor.

Mr. McKillop: I recollect Dr. Williams arriving about 8.20 and then spending about 15 minutes taking a history from the family. She then started to examine. Conor and I think the two seizures he suffered were close together. I was called at 8.35 and that is when I saw the second seizure. I was checking with other patients between 6.30 and 8.35 but I have precise recollection. A significant portion of the time being with Conor. Until 8.35 Conor was suffering from a UT infection but I was unable to diagnose any other underlying pathology. I examined Conor at 6.30 only because of concerns expressed by the family. All I diagnosed was a UT1 and dehydration. I then reassured the family. I know their view was that Conor's condition was deteriating and that is why I spoke to Dr. McEneaney. I gave him a full briefing including the family's concerns and that they wished him to go to Royal Belfast Hospital for Sick Children. He felt there was no reason for him to come in. The family were concerned that despite treatment Conor was not improving but deteriorating, I can't recall asking the family to explain their view. No note of their reasons for this was made. I can't recollect saying "he's not deteriorating, just not improving". I took the view that the best way to allay their concerns was to telephone the consultant; I cannot recall why the family felt Conor was deteriorating. I did ask Dr. McEneany to come in to assess. I cannot recall precisely what I said to him about the family's concerns. When you go to see a patient you do not restrict yourself to one particular thing e.g. a rash – you look at the whole patient. I cannot recollect exactly what I told Dr. McEneaney. I do not recollect consulting the nursing notes and I was unaware of the references there to spasms. I have only a very vague recollection of my visit to Conor at 7.20 p.m. All I can recall is the grandmother saying his heart was beating very fast. I accept that I asked both the x-ray and ECG. The ECT relates to legs only. I do not accept I made to comment to the family about every 3rd breath. I saw nothing suggestive of the seizing described by Dr. Sumner. I deny that I witnessed any seizures about 6.30 p.m. There was a discussion with the family after I said I would contact the consultant. This annoyed the grandmother and she told me to get down of my high horse and I apologised if what I said caused offence. I may have said there's a lot of going on here. There a UT1 and dehydration against a 15 year old boy with cerebral palsy. I have no recollection of seeing brown liquid. For clarification, Dr. McEneaney asked me if I thought or had missed anything. I replied I did not. He then said there was not need for him to come in.