

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.B  
Coroner for the District of GREATER BELFAST

as follows to wit: -

**The Deposition of** DR SUZIE BUDD  
of C/O CRAIGAVON AREA HOSPITAL, PORTADOWN (Address)  
who being sworn upon her \_\_\_\_\_ oath, saith

I am a Staff Grade Doctor working in the Accident and Emergency Department of Craigavon Area Hospital where I have worked for over five years. I was on duty on Thursday 8<sup>th</sup> May 2003 when Conor was brought to A & E by his mother, registration time 10 51 am. I examined him immediately as he was brought directly into the treatment area. Conor had been referred by his General Practitioner to the Royal Belfast Hospital for Sick Children but his mother had decided to bring him to Craigavon Area Hospital. Conor had a history of cerebral palsy and had apparently been unwell for approximately 10 days with vomiting and poor oral intake. He had become more listless that day. On examination, Conor was pale with signs of dehydration. His mother reported that he was less responsive than normal. There was no sign of meningitis. He was afebrile but haemodynamically stable and breathing spontaneously with normal oxygen saturation on room air. On examination of his abdomen, there was no local tenderness. Bowel sounds were present. IV access was obtained and routine blood tests were sent, including blood cultures and a venous blood gas. This demonstrated there was no acidosis and that Conor was not hypoglycaemic. IV fluids were administered. Paracetamol was given and I recommended intravenous antibiotics but Conor's mother did not consent to these being administered. I explained the need for giving broad spectrum antibiotics and the potential risks of not receiving them at this stage. I then referred Conor for further management to the Paediatric Team in view of the fact that he had a child-like appearance. I was advised that

P.T.O.

because Conor was aged 15 years, he was not suitable for admission to the Paediatric Ward. I explained this to Conor's mother and admission was arranged via the Medical Team. Conor was transferred to the Medical Admissions Unit and managed by the Medical Team. He left the A & E Department at 12 10 pm. I had no further contact with him after he left for the ward.

I was with Conor for about 1 hour 20 minutes and was dealing with him almost exclusively. I myself saw signs of dehydration. I specifically asked Conor's mother if there had been any fitting and she replied that there had not been. I asked that because of Conor's history of cerebral palsy. I was unable to diagnose what was wrong with Conor. I felt his condition gave cause for concern and his mother was very distressed. I paid particular attention to her concerns.

TAKEN before me this 7<sup>th</sup> day of June (month), 2004 (year).

*M. H. Leary* 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 DR SUZIE JUDD**

of \_\_\_\_\_

(Address)

who being sworn upon h &

oath, saith

Mr. McKillop: I knew Mr. Kerr had some contact with Coroner. I assessed Coroner as being about 5% dehydrated. That is mild dehydration. I was aware he had been given antibiotics previously and that Coroner's wife wanted the results of blood tests before any further antibiotics were given. I had discussions about a paediatric admission due to his weight and size but admission was refused because of his age.

Mr. Millar: I told Coroner's family about the paediatric admission decision. His wife did not want Coroner to go to a paediatric ward or she felt the paediatricians were in some way responsible for his condition. I was responsible for the fluid management in A & E. Fluid was given by a volume specifically designed for children. All he got was 110 ml's Hartmann's X2. I remain happy with the fluid management I prescribed. Sue Ball

P.T.O.

TAKEN before me this 7<sup>th</sup> day of June 2004

*John H. Carley* Coroner for the District of *Greater Belfast*