

## Intensive Care Unit, Craigavon Area Hospital

Dr Aoibhin Hutchinson  
Specialist Registrar (SpR) Anaesthesia

**Statement**            **Re: Conor Mitchell (Deceased)**  
**DOB: 12/10/87**

On the 08/05/03, I was working as a Senior House Officer (SHO) anaesthetist, in Craigavon Area Hospital. On this date I was on call for the intensive care unit until 2200.

At 2100 a call was received by the Intensive Care Unit (ICU), to say a 15-year-old boy was apnoeic in the Medical Admission Unit (MAU) of the hospital. The staff requested anaesthetic assistance. I went to the MAU immediately, with the on-call anaesthetic nurse in attendance. On arrival, I had a brief conversation with Dr M. Smith (Cons Paediatrician), who was present. He informed me that Conor Mitchell, the patient concerned, had been admitted earlier that day, under the general physicians. He had a history of cerebral palsy and a 10-day history of being unwell, with vomiting and dehydration. Prior to my arrival, he had experienced seizure activity (fits) and had become apnoeic requiring assistance with breathing.

On entering the side room, the family were present with the patient. I introduced myself and explained I needed to examine Conor. I noted he was unresponsive with a Glasgow Coma Score of 3/15 (the lowest score possible). There was no spontaneous breathing effort. His pupils were fixed and dilated. There was no evidence of seizure activity. Effective bag and mask ventilation was being undertaken by Dr Andrew Murdock (Medical Registrar). The patient had a Guedel airway in his mouth and oxygen saturations were 98% (normal) on 15l/min. of oxygen. His pulse was 100 beats per minute. His blood pressure was 84/40. I also noticed that Conor had the body appearance of a much younger child. I felt his size was more in keeping with a child aged around 8 years.

I explained briefly to Conor's family that he required further assistance with breathing and that I needed to insert a tube to protect his airway and to allow us to breath for him. I asked if they minded leaving the room for a few minutes so I could undertake this procedure. I inserted a second intravenous cannula (size 18G) into a vein in Conor's left forearm. I undertook a rapid sequence induction with cricoid pressure. I estimated his body weight at 22kg. I administered 25mg of suxamethonium and intubated him with a size 6.5 endotracheal tube. He was a grade 1 on laryngoscopy (i.e. it was easy to pass the tube) and I inserted the tube to 18cm. Air entry was equal on listening to both lungs. He had a lot of upper airway secretions, which I suctioned. I connected him to the portable ventilator. I passed a nasogastric tube and sucked out the patient's stomach.

I asked the anaesthetic nurse to contact Dr W. McCaughey (Consultant Anaesthetist, on-call for ICU) at home and ask him to attend the hospital.

I subsequently transferred the patient to the CT scanner for an emergency CT brain. Conor's family were informed of the need for this investigation and saw the patient prior to moving.

The transfer to the scanner was uneventful. His observations remained stable. In the scanner Dr W.McCaughey (Consultant Anaesthetist), Dr M.Smith (Consultant Paediatrician) and Dr D.McEaney (Consultant Physician) were present. Dr P.Rice (Consultant Radiologist) undertook the scan. There was no change in the patient's condition and I transferred him to ICU, at Dr McCaughey's request, for further management. In the intensive care unit, I handed over his care to Dr McCaughey (Consultant Anaesthetist) and Dr A. Naphade (SHO Anaesthetist). So ended my involvement in the patients care that night.

I was subsequently present in the unit again the following day, when Conor's management was lead by Dr C McAllister (Consultant Anaesthetist).

Dated this.....28th.....day of...October.....2003

.....*A. Hutchinson*.....

Dr A.Hutchinson  
SpR Anaesthetist