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Dr John Jenkins
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Dear Dr Jenkins

Having got home from Conor Mitchell's inquest, I feel I must communicate my great unease.

This is the fourth inquest I have attended in Belfast where suboptimal fluid management has been involved.

Again, in the case of Conor who was primarily admitted for the treatment of dehydration, there was no written formal examination for this, such as skin turgor, capillary refill, though they did note his mouth was dry.

There was no calculation of the degree of dehydration nor the fluid deficit and no calculation of the maintenance fluids for a 22kg child. You will see from the enclosed copy of the fluid charts that the first prescription is not even signed. In my opinion, the initial rate of infusion was unnecessarily high. Small fluid deficits can be made good over a few hours. There was a lapse in the infusion for some hours and then 250ml saline were ordered to run over four hours and then a further 250ml over six hours. The basis of these amounts makes no sense to me at all. There was no note of volumes of urine passed, even though it was collected and I could not even find a basic TPR chart.

The fluid management was described in Court as "acceptable"

In addition to this, it is quite clear to me that Conor was suffering from unrecognised and therefore, untreated seizure activity over a period of seven hours or so while being nursed in a side room of an adult medical ward. Atypical seizure activity had been seen in the Accident and Emergency department before transfer to the ward, but this was neither recorded in the notes nor was this information passed on to the ward.

My overall impression from these cases is that the basics of fluid management are neither well understood, nor properly carried out.

Has this been your experience? What is the remedy?

I should be grateful for your opinion.

Yours sincerely



Edward Sumner
Consultant paediatric anaesthetist

cc Dr Henrietta Campbell CMO
Mr John Leckey HM Coroner