

## CORONERS ACT (NORTHERN IRELAND) 1959

## VERDICT ON INQUEST

On an inquest taken for our Sovereign Lady the Queen, at THE OLD TOWNHALL BUILDING, 80 VICTORIA STREET, BELFAST on THURSDAY the 4TH day of MAY 2006, before me MR J L LECKEY, Senior Coroner for the Coroners Service of Northern Ireland touching the death of CLAIRE MARGARET ROBERTS to inquire how, when and where the said CLAIRE MARGARET ROBERTS came to her death, the following matters were found:

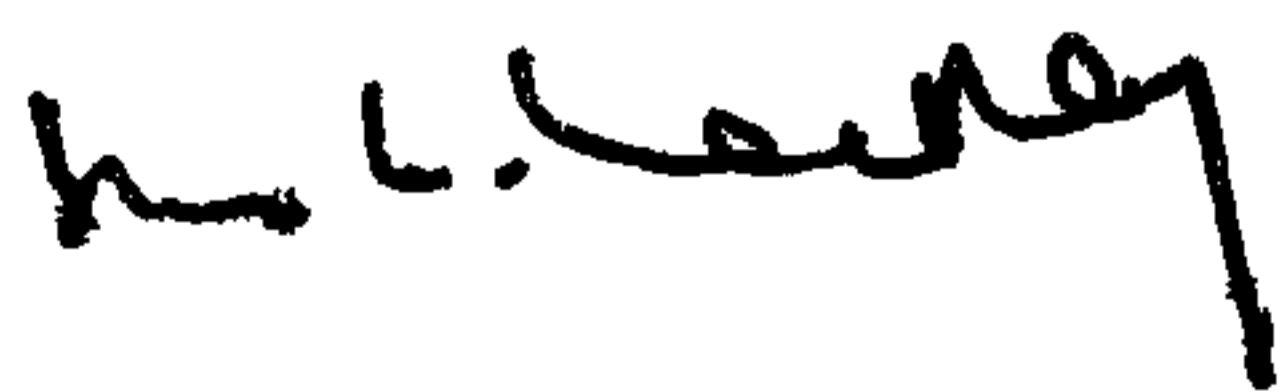
1. Name and surname of deceased: CLAIRE MARGARET ROBERTS
2. Sex: FEMALE
3. Date of Death: 23 OCTOBER 1996
4. Place of Death: ROYAL BELFAST HOSPITAL for SICK CHILDREN
5. Usual Address: 45 ROCHESTER ROAD, BELFAST
6. Marital Status: SINGLE
7. Date and Place of Birth: 10 JANUARY 1987 ULSTER HOSPITAL, DUNDONALD
8. Occupation: SCHOOLGIRL - DAUGHTER OF ALAN JOHN ROBERTS  
- [REDACTED]
9. Maiden Surname: N/A
1. 10. Cause of Death: 1(a) CEREBRAL OEDEMA  
Due to  
(b) MENINGO-ENCEPHALITIS, HYPONATRAEMIA  
DUE TO EXCESS ADH PRODUCTION AND  
STATUS EPILEPTICUS

Findings: On 21st October 1996 Claire was referred by her General Practitioner to the Accident and Emergency Department of the Royal Belfast Hospital for Sick Children. She was pale and lethargic, she had vomited three times and her pupils were reacting but she did not like light. She had a past history of moderate learning

difficulties and epilepsy. On examination at the Accident and Emergency Department that night she exhibited the same symptoms. Her neurological function was found to be abnormal and it was decided to admit her with a provisional diagnosis of an unspecified viral illness query encephalitis. On admission to the ward she was noted as not responding to her parents' voice though intermittently responding to deep pain. By midnight as she had become slightly more responsive it was decided to observe her overnight and re-assess her in the morning. Blood test results then available showed a low serum sodium of 132mmol/l. Though constituting hyponatraemia this reading was not sufficiently low to explain her presenting symptoms. Blood test results at 23.30 on the 22nd October and at 03.00 on the 23rd October showed that the serum sodium level had fallen to an extremely low level of 121 mmol/l. At about 03.00 Claire suffered a sudden respiratory arrest and her pupils became fixed and dilated. A CT scan showed severe swelling of the brain (cerebral oedema). She died later that day. The fall in the serum sodium level to 121 mmol/l was significant and I am satisfied from the evidence that hyponatraemia of this degree contributed to the development of the cerebral oedema that caused Claire's death. However, from the evidence before me I accept that it was not the only underlying cause of her death, the others being meningo-encephalitis and status epilepticus. Each of these three contributed, though in proportions that cannot be determined. I accept the evidence of Dr Heather Steen, Consultant Paediatrician, that the first blood test showing a serum sodium level of 121 mmol/l should have led to a clinical re-assessment of Claire. That blood test should have been repeated and at the same time there should have been a reduction in fluids. However, by then it was unlikely that Claire's condition was survivable even if prompt action had been taken. Dr Steen also stated that now the fluid management of Claire would have been different.

Witness my hand this 4<sup>TH</sup> day of May 2006.

Signature



Senior Coroner for the Coroners Service of  
Northern Ireland