Transit - 9.20 - 9.50.
Waiting 9-58 - Mr Coroner.

(12) KGH 1/1/81.

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Mwnaghan Kee & Co.

Dattanvahal
Thursday

Inspector?

Date: Ref: File Name: Location:

17/2. Coroner
Mr Leckey.

Inquest in to the Death of Lucy Cranford.

Miss Scott from CSA asked for original notes as their copies are of poor quality.

Brian Fee QC for the family.

Donna Scott BSol for CSA.
Patrick Good for CSA.

Family
Dr Gannon
Dr Kinkey
→ Dr Crean
Dr Hanchahal Thann.
Dr Summer.
Dr Evans (Welsh)
Dr Jenkins Thann.
Nursing staff x3

Mr Leckey - gave an opening summary due to unusual circumstances given
Death Cert - 'gastroenteritis' Caused of Death.
- earlier inquest Rachel Ferguson + earlier Inquest.

RBHSC
↳ Read from letter from Stanley Millar 2 Dns.
Chief Officer

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Date: Ref: File Name: Location:

Post Mortem by staff at RVH. not a Coroner's PM.
Deaths might have common feature.
With benefit of hindsight should have been given details of PM at an earlier stage.

- Independent Report identified common features.

- Mr L sought advice from ATT GEN. - who exercised powers under sec 14. Inquest to be held.

- Opening Speech.
  Inspector -
  Qns from Coroner.
  Qns from Legal Reps.

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Mr Coroner.

Date: Ref: File Name: Location:

Lucy Rebecca.
Neville Cranford [redacted]
Nursc.

'Cause of Death' - 'Cerebral odema' on death cert but never told what lead to it.

MR Good Bx? (Defence) Spenin Lakeland Health + Social Care Trust.
Nurse not Concentrating on Lucy. (Nurse Swift.) (Dr Malik.)
Various Qus.

- re - Conflict in ~~interest~~ evidence of Nurse Swift re T/con.
- Issue re paracetamol - as Lucy had been given Capel.
- Issue about Bld Test - her understanding
- equipment - 'nurses de evidence -v- her evidence'
- Mr Millar Advocate Western Council
  - ↳ Review + Report. 10/1/07.
    Dr Anderson + Mr Fee.

- Coroner - no need to go through Complaints Procedure.

- No Qus from me.

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Mr Fee &c

Questions re Review.

Letter 30/3/01. re Independent Expert Report

Expert Dr Dunn at Altagalvin

'no sub-standard Care.'

Mr Cranford. Very shocked.

Coroner has not seen Report. - should Dr Dunn be given a opportunity to support his position??

B Fee &c Mrs C never got a copy of the Report.

Dr Evans from Swansea gave Report in Legal Proceedings against the Trust.

Never any explanation from Trust in writing

Civil Proceedings Concluded in Dec 2003 - 'not content the matter - not content liability'

Sept Deposition.

17 February

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Date: Ref: File Name: Location:

1/
Coroner
~~Dus~~ to Mr Good
Mr Murray Dunn's report - do you want Mr Dunn to attend.
Mr Good to speak to Mr Dunn + Revert to Coroner.

Brian Fee QC - family sol and not seek access to Dunn's report.

2/ Mr Neville Cranford - [redacted]
No questions.

3/
- Dr Gannon - to comment & on Dr O'Hara PM.
- PM by Docter O'Hara - [redacted]
- Dr Gannon free to go.

4/ Dr Kirby. GP.

Coroner asked Dr K to comment on observation
- temp up. Heart Rate normal: Respiratory later higher than normal. (norm 40/min.)
- floppy in arms.

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Date: Ref: File Name: Location:

- "needs fluids" as she had not been drinking, had been vomiting + had a raised Temperature.

No Questions - Deposition signed.

S/ Dr Crean.
Read Deposition.

When 1st seen Lucy - V.V. ill little girl - prognosis bleak! - no chance that she was going to survive.
What inf accompanied Lucy from Erne? Cannot remember exactly what notes existed - Sometimes verbal - Sometimes handwritten or typed - But cannot remember exactly.
Readings in deposition - Sodium Levels -
in Erne A/E on admission 137. c/i normal limits.
(probably when Dr able to get a bld sample taken.)
3am. 13/4. in Erne. Sod Level 127 mmol.
Is 127 significant?
Low Sodium value - Cause for concern Rate of Sodium Level Drop - Short period.

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[redacted]

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Date: Ref: File Name: Location:

Survival at 12.7 is possible? York has seen children with 120 survive - it is the rate of fall that is crucial.

pupils dilated + unreactive - indicate? some form of Catastrophic event in the brain.

might it be that sodium level had dropped further before she left the Erne? Impossible to know - dependent on type of fluid given at Resuscitation - if high na content - na level should stabalise +/or increase.
Acute falling na level - must have been major shifts in fluids in body + brain.
Catastrophic event in brain? is it possible for x to survive? even if brain damaged. — At that stage situation irretrievable!
Situation not Retrievable at time of Discharge from Erne.

would there have been any indicators before Catastrophic event?
Possibly small Seizures - but even then impossible to Retrieve.
Children differ from Adults - Rate of change of Clinical Condition.

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Family to bring Death Cert [redacted] Cert tomorrow

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Date: Ref: File Name: Location:

of a child can be very rapid either ⊕ or ⊖.
Need to look at vital signs, incl. bld tests - urine output.
Sodium Level at arrival @ RBHSC 145, upper range.
Why did that change happen 137 - 127 - 145.?
Could have been due to treatment - high Na Solution could have elevated Na Level. Can also be due to event known as diabetes insipidus - causes children to pass a lot of urine causing Na levels to rise.

Did you feel gastro' underlying cause? Viable working diagnosis on admission. ~~On admission~~.

Death Cert - Cerebral oedema.
Cause given after Dr O'Hara's postmortem but no underlying cause given.

Current state of knowledge? with hindsight - Cause of Death.
Managing young children v. v. difficult. - fluid therapy is not easy - info based on normal healthy children - extremely complicated. If fluid management different may have given different result.

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Date: Ref: File Name: Location:

1a. Primary cause of death Cerebral Oedema.
1b. unsure what to put as underlying cause.
Cause of Oedema due to fluid management.
Cerebral Oedema as a consequence of hyponatreamia –
(Too much Na.)

Some Dx to be asked to all Doctors
(Coroner may have to re-formulate cause of death)
V.V.V. difficult to treat sick children.
Dr Crean involved in establishing a protol - but did not suggest a specific fluid as each ch is different.

The significance of the bowel motor?
may be evidence of some major gastric event / illness!
may have indicate some underlying gastroentroenteris.

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Date: Ref: File Name: Location:

Dr Good.

- Dr Evans Exp. did note that Lucy not weighed?
- Nurse B Murphy 9.8 Kilos on Yellow sheet + Kardex.
- Lucy had been weighed on admission

para 46 Dr Evans Report

8am 13/4. Nurse Murphy 9.8 Kilos.

Yellow sheet in part fluid Chart from Royal -

fluid intake from 9am - 9pm Yes.

Intake at 1183.

output 680

next period 9pm. 13/4 — 9am. 14/4

intake 451. input.

output 265.

DDAVP administered at sometime on 13/4.

drug used went patient have diabetes ~~insipidus~~

if left untreated - large vol of intravenous fluids or

given drug to make kidneys work better.

Given 3 time 10.30. 11.30. 13.20.

The next Day. Not administered the next Day.

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[redacted]

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Date: Ref: File Name: Location:

Fluid Recs on. 14/4 until
9.30 — noon.
input. 181.
132 out.

Dr Lee

- Family gratitude to Dr Crean + other staff at RVH.
- Your views accord with Dr Sumner + Evans.
- Catastrophic event - posterior irretrievable at discharge.
- Rate of fall extremely important + time period in which it happens extremely important.
- Unclear or note - heard you know of figures you would have wanted to see Recs for fluid management. By ref to Recs one can ascertain what dehydration prob was, how monitored, rate of progression etc.
V important so can treat x + advise parents :. need as much inf as possible

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Date: Ref: File Name: Location:

Mrs Crawford acknowledgement that Dr Crean frustrated by lack of note; in particular fluid management note. Possible one frustrated - having fluid recs of paramount important.

- Coroner - Could note not have been faxed?
Correct - This is s/thing that has been done on occasion. or phone + get verbal account.

Recs faxed in advance of arrival. or. Send recs with patient. (not here due to tests on-going.)

- Coroner - what's normal?
Depends on clinical condition of child.

- Fluid Recs should be there with pt or on arrival?
not necessarily
Would you not have expected them here?

Fax v. rarely used.

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Date: Ref: File Name: Location:

Do you consider fluid charts at Erne appropriate?
Can you recollect if any stage you saw fluid management charts from E Hospital?
Cannot remember ?!

fixed sheet 13/4. 8.53. from Erne Hospital.

Read from notes:
100 mls p/h.

Do Lees suggest sudden change at 3am?
change in Solution from no 18 Sol to normal Saline.
(18 sol - 0.18. normal Saline 0.9.)
3 times more salt + no glucose.

Does that Lee surprise you?
May be not fluid management that I would advocate!!

point of view. Work out maintenance sol.
" " deficit
& Lee & Dc have to know a formula. - replace + maintain?

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Date: Ref: File Name: Location:

S/one has to work out fluid needs? - Calculations should be recorded.

B fee &c to Lec re the above calculation + deficit.
One of the consequences of no Lec - a mis-understanding / disagreement between Erne Hospital staff
Dr C cannot comment.

B F &c Sol used - wrong Sol?
Wrong in that one sol for maintenance ~~+~~ and same for deficit.
Well recognised that any fluid can possibly produce hypo-natraemia - : have to tailor fluids + monitor effects of fluids
Protocol - avoids 1 fluid for every child.

Have 2 solutions needed 1 for maintenance
1 for deficit
monitor
No calculations in Lec from Erne Hospital.

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Date: Ref: File Name: Location:

Clinical management.
I would have managed things differently + agree that it was inappropriate.

Coroner.
Read back his note.

Mr Good

Receipt of Recs from Erne.
8.53 on 13/4.
Seems that Recs faxed.
Lucy arrived a 7.45am.
On duty after 8am.
Previous Dr dealing with Erne by ~~hospital~~ phone.

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Crawford Deceased.
RGH/1/85.

Date: Ref: File Name: Location:

Inquest.

Lisburn
Fol.

Day 3.

19th February

Coroner advised on Day 2 that Dr from Erne was going to invoke Rule 9 of the Coroners Act. (not to incriminate!!)

W claims a privilege against self incrimination 9(1) of the 1963 Rules as amended by 2002 Rules.

If asked such a Q Coroner can state W has Rt to refuse to answer.

not clear under the 1963 Rules but seems to relate to Criminal liability

Questions that tend to incriminate.

Privilege only claimable after oath - for individual or his Rep to claim same.

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Dr Alarverson. - wrong fluid/
Anaesthetist at Erne too much of it.
Day 2.

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Date: Ref: File Name: Location:

Inquest. Day 3. Thursday 19th April

Dr Hankahan:

Read Deposition.

How should form of Death be formulated -
(1a) Cerebral Odema.
(1b) due to acute acute hyponatraemia.
(1c) Excessive fluid
(2.) Gastroentritis.

Dr H agreed with the above.

Dr Crean has said L Dead when departed from Erne.
Your evidence 1st time you saw her - moribund state.
Yes.
2 brain stem test - to give every chance for life.
No change chance for life.

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Date: Ref: File Name: Location:

MK Fee Qc

Crawford family to criticism + Complaint against RVH.
Gratitude to you personally + staff for way treated
+ Compassion etc.

Do you agree that wrong sol + wrong amount of fluid
In general agree. Not a particular expert in fluid management
but more concentrated sol should have been used.

FQc. Rate of admin – total up to 2-3am.
Wrong Rate.

Have not calculated Rate.

c) No argument on this issue.

CQc. Dr A. Suggested Standard of Care - Substandard.
What's your view.

c) Dr H doesn't need to express an opinion on this.

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Date: Ref: File Name: Location:

Mr Fee. Leave issue if consents wrong sol – wrong Rate.

(C) I believe that stage at present.

Mr Good – have not heard all evidence.

(C) at this stage.

(G) but (F) putting further.

(F) no further Qns.

Mr Good

Mr (G) not Expert re fluid management.
Leave for others.
– no access to Lucy's notes.
– Notes shown. 8.53 am Received

may arrived in Dept but may not have seen it.
(G) in RVH 1½ before initial assessment
(H). no material difference.

11.15 am.

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Date: Ref: File Name: Location:

Dr Jenkins (John Jenkins' Autumn)
Chief Officer + group considering setting up a Paediatric Transfer System. (Working group.)

Rate of fall crucial (na.)
Advantageous if adequate intra-op fluid management etc had been kept + available.
inadequacy of Record Keeping – substandard care.

Formulation of Cause of Death.
acute dilutional hyponatraemia
xs dilute fluid
gastroenteritis.

Co Author of Relevant Article in the Ulster Medical Journal in the last few months.

* for Deficit 0.18 Sol completely inappropriate.

- RBHSC – initiated momentum for setting up Working group. (Word got to Autumn June/July 01.)

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