

EXPERTS' MEETING

22nd February 2012

NOTE TO AGENDA

Item 1: Literature

1. Please comment on your consideration of:
 - (a) The literature about the rate of fall and papers on use of N/5 saline.
 - (b) The articles of Paut and Sicot.
2. Please identify any particular papers of Dr. Joseph Verbalis that you consider to be of particular relevance.

Item 2: Adam's characteristics & Risk Factors

3. During the course of the Experts' meeting on 22nd February 2012 you sought information on Adam's electrolyte tests. The Inquiry has been advised as follows:

A second serum sample was taken from Adam on 26th November 1995. There is a second electrolytes laboratory report, recording a sample taken on 26th November 1995 but reporting thereon on 27th November 1995, showing a serum sodium concentration of 133mmol/L.^[1] On the evening of 26th November 1995 a cannula was inserted and an IV fluid infusion commenced at about 23.00.^[2] It may be that a second blood sample was taken from Adam at the time the cannula was being inserted at approximately 23.00, and this would account for the laboratory report being available on the following day, rather than on 26th November 1995.

- (a) You indicated that you wished to review your calculations in light of the 133mmol/L serum sodium result taken from a specimen on 26th November 1995, and to consider the rate of fall between the serum sodium sample possibly taken at approximately 23.00 and the serum sodium concentration result of 123mmol/L at 09.32 on 27th November 1995. Please provide any such revised calculations and advice in the light of that review.
4. Please comment on your view of:

^[1] Ref: 301-081-547

^[2] Ref: 057-010-013

- (a) The rate of fall in serum sodium in Adam's previous episodes of hyponatraemia, and whether he was symptomatic/asymptomatic at those times.
- (b) Adam's clinical history in relation to: (i) whether Adam had been anaemic in the past (ii) whether Adam had been dehydrated in the past from polyuria (iii) whether Adam had an iron deficiency (iv) the length of time Adam had received erythropoietin
- (c) Cyclosporin which is recorded as having started in PICU at 12.00 (Ref: 057-018-026, Ref: 058-005-012, Ref: 058-035-137, Ref: 058-038-150).

(See an attached Table compiled by the Inquiry to assist you)

5. Please advise on the extent to which you consider that in Adam's case there were any other risk factors for chronic or acute venous thrombosis which could have involved the cerebral venous sinuses, and explain what they were and your reasons for considering that they could have been present.
6. During the Expert's meeting Dr. Coulthard had stated that Adam's "*polyuria relative to ... his body size ... fell as he got older and went into renal failure*" (see pages 45-49). Having had an opportunity to review the transcript, please comment on those statements and indicate whether or not you agree or disagree with them.
7. A query was raised whether Adam had any seizures in previous operations. Please comment on how it could be determined whether Adam was experiencing seizures during any of his operations whilst anaesthetised.
8. Please comment on the point at which you consider that Adam's condition would have ceased to have been reversible and explain the reasons why.
9. We attach for your information and consideration:
 - (a) Table compiled by the Inquiry
 - (b) The other Experts' papers on Dr. Taylor's latest statement
 - (c) The other Experts' papers on Professor Kirkham's Report
 - (d) The responses from Dr. Squier and Dr. Anslow to queries posed by Professor Kirkham
 - (e) Report of Messrs. Forsythe & Rigg on the suture
 - (f) Report of Dr. Haynes on the suture
 - (g) The British Association of Paediatric Nephrologists paper referred to by Dr. Coulthard including the slide which he showed the Experts during the meeting.
 - (h) An Article entitled "*Measuring CVP*" and seek your guidance with reference to it on the method intended to be employed with Adam
 - (i) Information Note dated 6th March 2012.

5 March 2012