

**REPORT OF EXPERT ON NURSING: SALLY RAMSAY  
ADAM STRAIN**

**SUPPLEMENTARY BRIEF**

We would be grateful if you would address the following matters and provide your response in a fully referenced Supplemental Report.

1. Please describe the process of transferring a paediatric patient from the operating theatre to the paediatric intensive care unit (PICU) in 1995 and now, particularly addressing the following issues:
  - (a) The personnel who would generally be involved in the transfer of a paediatric patient from theatre to paediatric intensive care (PICU)
  - (b) The personnel, including surgical/medical staff, nursing staff and/or medical technical officers (MTOs), whom you would have expected to have been involved in the transfer of Adam from theatre following his transplant surgery to PICU
  - (c) How the care and treatment of a paediatric patient would be handed over from the theatre staff to PICU staff, including the briefing that would normally be received, when this would be done and who would be involved in the handover.
  - (d) Specifically in Adam's case, what you would have expected to have been communicated in the handover and to whom this would have been communicated, regarding:
    - (i) Adam
    - (ii) his renal transplant surgery
    - (iii) the reasons for his failure to breathe spontaneously and his fixed dilated pupils post operatively
    - (iv) Adam's serum sodium concentration
    - (v) Adam's fluids regime during the transplant procedure
    - (vi) his central venous pressure readings

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- (e) Identify any guidance or protocols that existed in November 1995 relating to the transfer from theatre to PICU of paediatric patients and the handover to PICU staff.
  - (f) Identify any guidance or protocols that exist now relating to the transfer from theatre to PICU of paediatric patients and the handover to PICU staff.
  - (g) The notes that you would have expected to be made as part of the transfer of a patient to PICU, including the adequacy of the notes made in Adam's case
2. Please describe the process of managing a CVP line when admitting a child to PICU from theatre, including:
- (a) How a central venous pressure line would have been transferred over to a PICU monitor
  - (b) What would be done to ensure that readings were accurate and reliable
  - (c) Whether the management in Adam's case of the CVP line going up into the neck was appropriate for the time. If not, what would you have expected in relation to management of this CVP line?
  - (d) What you would have expected to have been communicated in Adam's case in the handover to PICU, and to whom this would have been communicated, regarding:
    - (i) the position of the CVP line during the transplant procedure
    - (ii) the position of the CVP line on completion of the transplant procedure
    - (iii) the CVP readings during the transplant procedure
    - (iv) the explanation for those CVP readings
    - (v) any concerns relating to the CVP line
    - (vi) whether the CVP line was functioning effectively and reliably
  - (e) Identify any guidance or protocols that existed in November 1995 on the management by nursing staff of CVP lines.
  - (f) Identify any guidance or protocols that exists now on the management by nursing staff of CVP lines.
3. The book 'Clinical Management of Renal Transplantation' which was edited by Mary G. McGeown and published 1992, was, as far as the Inquiry team is aware, the only text regarding renal transplantation. Please address the following:

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- (a) Your comments on the section regarding 'Transplantation in children' (pages 176-178, provided at Ref: 070-023i-257 to 259), and how Adam's care and treatment was or was not in line with the guidance provided in this section
- (b) Whether there are any other sections of the book which you would like to see to comment further on (see contents page at Ref: 070-023i-245 to 251)

**Conclusion**

- 4. It is of fundamental importance that the Inquiry receives a clear and fully reasoned opinion on these issues.
- 5. Your assistance on the Inquiry's requirements should be provided in the form of a fully referenced Expert's Report. In accordance with the Protocol on Experts, your Report will be peer reviewed.
- 6. Please request any other documents that you consider relevant for the preparation of your Report.