

**Dr Robert Scott-Jupp**  
Consultant Paediatrician  
MBBS DCH MRCP FRCPCH

Salisbury District Hospital  
Odstock Road  
Salisbury SP2 8BJ

## **Northern Ireland Inquiry into Hyponatraemia-Related Deaths**

**RE: CLAIRE ROBERTS**

### **Addendum to my main report dated June 2012**

#### **Inspection of Charts from RBHSC case notes received August 2012**

These charts became available many months after my initial report on the case and after my subsequent responses to questions. They were not included in the copies of the case notes originally distributed.

I have been asked to state whether inspection of these charts would alter any of my conclusions.

#### **Papers received**

Eight papers:

Two are intravenous prescription charts Ref: 090-058-209 & Ref: 090-059-211

Two are Fluid Balance charts – Ref: 090-058-208 & Ref: 090-059-210

Two are parts of the same Intensive Care Observation chart – Ref: 090-057-206 & 207

One is a Neurological Observation chart – Ref: 090-057-205

One is a PICU coding form - Ref: 090-055-203

The IV prescription charts are both undated and untimed. By relating what they record to what is written in the Fluid Balance charts and the medical notes, I conclude that 090-058-209 is the first, and 090-058-211 is the second chronologically. They both appear to have been started after Claire's admission to PICU at around 0400 on 23/10/96. They record the prescription by PICU medical staff of all the IV fluids, and some of the drugs received by Claire while on PICU. The important drugs

administered, i.e. Dopamine, Desmopressin (DDAVP) and Potassium Chloride (KCl) are also recorded in the medical notes (090-022- 058 to 061).

The 2 fluid balance sheets are dated and timed (although the date on the first is erroneously recorded as 22/10/96 when it was actually early morning of 23/10/96). These are accurately kept and appear to record approximately what was prescribed. They also record an excessive urine output after admission to PICU, attributed by the medical staff to Diabetes Insipidus (DI) (090-022-061). This is the opposite to Inappropriate ADH secretion, which was thought to be the diagnosis before admission. In other words, she progressed rapidly from too much ADH secretion causing reduced urine production, to too little ADH secretion causing increased urine production. This is known to occur in severe cerebral oedema, when a swollen pituitary gland at the base of the brain suddenly loses all its function. This problem was treated by giving an artificial form of ADH, Desmopressin.

The undated Intensive Care Observation chart is well-kept, with the hourly vital signs and frequent investigations that would be expected for a critically ill child. It records the wide fluctuations in serum sodium that are recorded in the medical notes, and the fall in blood pressure. It records all the observations from 0400 until her death at 1800.

The Neuro Observations chart is similarly well-kept and records, over the same time period, that she had no meaningful neurological responses, that her pupils were fixed and dilated, and that she fulfilled some of the criteria for brain stem death.

The PICU Coding form gives no new information and is presumably for administrative use.

### **Conclusion**

These newly available charts all relate to the time period after Claire's collapse and transfer to PICU around 0400 on 23/10/12. The important findings and management plans are all recorded in the medical notes which were available to me from the outset.

All the critical events which ultimately led to Claire's death occurred in the time period before this. There is nothing in these charts which alters my original conclusions.

In my opinion the fluid management on PICU appears to have been appropriate.

If these charts had been available when I wrote my Response to Additional Questions dated 12/6/12, then I may have made some reference to their contents in the section entitled 'Fluid Prescription and Actual Volume of Fluids Administered'. However, this would not have altered my conclusions, as the critical question was about how much fluid Claire had received before 0200.



Dr Robert Scott-Jupp

7<sup>th</sup> Sept 2012