Witness Statement Ref. No. 002/4

NAME OF CHILD:

Name: Maurice Savage

Title: Professor

Present position and institution:

Retired 31st July 2011. Previously Consultant Paediatric Nephrologist, Royal Belfast Hospital for Sick Children/Royal Hospitals Trust, and Professor of Paediatrics, Queen's University Belfast.

Previous position and institution:
[Since your Witness Statement of 14th April 2011]

Membership of Advisory Panels and Committees:
[Identify by date and title all of those since your Witness Statement of 14th April 2011]

Previous Statements, Depositions and Reports:
[Identify by date and title all of those since your Witness Statement of 14th April 2011]

9/9/2011 Revised answer to Q18a-d 002/3 Ref HYP B04/1

OFFICIAL USE:
List of previous statements, depositions and reports:

Ref:	Date:	
011-001	28.11.1995	Draft Statement
011-015	21.06.1996	Deposition to the Coroner
002/1	22.07.2005	Inquiry Witness Statement
093-006	08.05.2006	PSNI Witness Statement
002/2	14.04.2011	Second Inquiry Witness Statement

28/9/11 MSavage

IMPORTANT INSTRUCTIONS FOR ANSWERING:
Please attach additional sheets if more space is required. Please identify clearly any document to which you refer or rely upon for your answer. If the document has an Inquiry reference number, e.g. Ref: 049-001-001 which is 'Chart No.1 Old Notes', then please provide that number. If the document does not have such a number then please provide a copy of the document.

I ADDITIONAL QUERIES

(1) State whether you were involved in transferring Adam from theatre to PICU on 27th November 1995 and identify the other theatre staff and clinicians who were also involved in that transfer. If you do not recall specifically whether you were involved in this transfer to PICU, state whether this was normally/likely part of your role as a nephrologist and whether you were normally/likely accompanied in this transfer, and if so, by whom.

I was not involved in the transfer of Adam from theatre to PICU on 27th November 1995. The transfer between theatre and the intensive care unit would normally be supervised by the consultant anaesthetist involved, in this case Dr Bob Taylor. I cannot identify any other theatre staff involved. The consultant nephrologist is not normally directly involved in the actual transfer between theatre and intensive care, but would immediately become involved in the care of the patient on arrival in the intensive care unit along with the consultant responsible for intensive care patients that day within the unit.

(2) Describe in detail the process of how Adam was transferred from theatre to PICU. If you cannot recall specifically, describe how a paediatric renal transplant patient would likely/normally have been transferred from theatre to PICU in November 1995.

The patient is normally transferred from the operating theatre to PICU under the supervision of the consultant anaesthetist and a theatre nurse. I believe this is likely to have been what happened on 27th November 1995, but as I have stated, I was not actually present at that point.

(3) Identify:

(a) the consultant by name and job title

The consultant anaesthetist was Dr Bob Taylor.

(b) the other PICU clinicians (Registrar and SHO) by name and job title and

(c) the nurse/s

in PICU to whom the care of Adam was transferred on arrival on 27th November 1995.

I am not unable to identify the intensive care anaesthetist at that time, nor the nurse involved immediately in the intensive care unit from the nursing care plan (058-038). I am unable to identify the junior doctors working in PICU on 27th November 1995. The clinical notes made on that day are made by consultant staff, ie. Dr O'Connor, Dr Savage and Dr Webb.

(4) Identify who carried out the handover to the PICU clinician and PICU nurses on arrival on 27th November 1995, and state what information was given, or if you do not recall specifically, what

information was likely/normally given, during that handover to :

(a) The PICU consultant/clinician

(b) The PICU nurses

About:

(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) the position of the CVP line both during and on completion of the transplant procedure, the CVP readings during the transplant procedure and the explanation for those CVP readings, any concerns relating to the CVP line, whether the CVP line was functioning effectively and reliably

I am unable to answer this question as I was not present at the handover, but am aware that Dr Taylor, the consultant anaesthetist was involved in the handover and believe that Dr Mary O'Connor was called to PICU once Adam arrived. I do not know the identity of other clinicians or nurses. I believe those looking after Adam on admission to ICU were aware that it had been impossible to wean him off the ventilator.

(5) Identify who was present during the handover to:

(a) The PICU consultant/clinician

(b) The PICU nurses.

I do not know the identity of the PICU consultants, clinicians or nurses.

(6) Identify any guidance or protocols in November 1995 relating to the transfer from theatre to PICU of paediatric patients and the handover to PICU staff.

I am not aware of any guidance or protocols in November 1995 relating to the transfer from theatre to PICU as this is not an area in which I was involved as a physician.

(7) State whether the position of the CVP line had been adjusted between approximately 11.30 on 27th November 1995 and the transfer of the CVP line to the PICU monitors, and if so, when, how, by whom and identify where this is recorded. If you do not recall specifically, state whether it was likely/normal that the CVP line was adjusted during that period and if so, by whom.

I do not know if there was any adjustment in the position of the CVP line as I was not present and no responsibility for monitoring the line.

(8) Describe your normal practice for managing a CVP line when admitting a child to PICU from theatre and state how you would ensure that readings were accurate and reliable.

The transfer of children from theatre to PICU is not part of my clinical practice or responsibility.

(9) We refer you to Adam's CVP records in PICU (Ref: 058-008-022, 057-009-010). State whether you regarded the CVP readings in PICU as accurately measuring Adam's CVP levels, and if so, state the reasons why. If not, state why not and what was done, if anything, to remedy any inaccuracy.

The position of the CVP line on a chest x-ray at 1.20pm indicated that the line was going up the neck vessels and therefore called into question the accuracy of the readings. I do not recollect if the intensive care specialists attempted to obtain an alternative method of measuring the CVP, although it seems likely that this would have been extremely difficult.

(10) At the time of Adam's death and now, state whether there were any guidelines available to staff on the management of CVP lines.

At the time of Adam's death or now, I am not aware of guidelines available to staff on the management of CVP lines. I am not involved in the management of CVP lines but believe that PICU consultants and anaesthetists should be able to provide this information if available.

(11) After seeing the chest X-ray, state whether you requested that the CVP line was pulled back or changed, and if so, state when you made this request, to whom, where this is recorded and what was done as a result of the request.

After seeing the chest x-ray, I do not remember if there was discussion or consideration given to moving the CVP line or pulling it back. There is no mention of this in the clinical notes.

(12) State whether you aware of any action taken in relation to the CVP line at any time after 12.00. If so, state what your knowledge was and the source of that knowledge.

I am not aware of any action taken in relation to the CVP line at any time after 12.00. The management of the CVP line would have lain with the intensivists who were aware of the x-ray findings.

(13) State whether you informed Dr. Webb of Adam's serum sodium concentration during and after surgery, and if so, state when and where you so informed him. If not, state the reasons why not.

Dr O'Connor communicated with Dr Webb and therefore I would not have informed him. The post operative result is clearly written in the clinical notes prior to his note(058-035-138 and 139) which concludes that the cerebral oedema is likely to be on the basis of unexplained fluid shifts – osmotic disequilibrium syndrome (Ref: 058-035-140).

THIS STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Signed: Maxine Savage **Dated:** 28/9/11

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