

**NAME OF CHILD:** Adam Strain

**Name:** J Cartmill

**Title:** Doctor

**Present position and institution:**

Senior Registrar Obstetrics and Gynaecology, King Edward Memorial Hospital, 374 Bagot Road, Subiaco, Perth, Western Australia, WA 6008

**Previous position and institution:**

*[As at the time of the child's death]*

Senior House Officer in Paediatrics, Royal Belfast Hospital for Sick Children

**Membership of Advisory Panels and Committees:**

*[Identify by date and title all of those between January 1995-December 2004]*

- 1) Junior staff representative on Clinical Effectiveness Committee at Ayrshire and Arran Acute Hospitals Trust (August 2000 – February 2001).
- 2) Vice Chairperson, Regional Trainees Committee, Northern Ireland 2002-2004
- 3) Junior Staff Representative on Medical Staff Committee, Ulster Hospital, August 2003 – August 2004
- 4) Junior Staff Representative, Labour and Birth Suite Management Committee, KEMH, Perth, Western Australia, February 2005 – February 2006

**Previous Statements, Depositions and Reports:**

*[Identify by date and title all those made in relation to the child's death]*

Nil

**OFFICIAL USE:**

List of previous statement, depositions and reports attached:

| Ref: | Date: |  |
|------|-------|--|
|      |       |  |

**Particular areas of interest**

*[Please attach additional sheets if more space is required]*

**1. Describe your role in the general care of Adam prior to his transplant surgery.**

I have no recollection of my involvement in the case, therefore this statement relates to my written entry in the casenotes. Adam attended the ward on 26<sup>th</sup> November 1995 for possible renal transplant. I took blood samples from Adam at 9.30pm for full blood picture (FBP), coagulation screen, urea and electrolytes (U+E), albumin, bone profile, cytomegalovirus (CMV) titre and blood group. I requested 4 units of white cell filtered, CMV negative packed cells to be cross-matched and was informed by laboratory staff that whole blood was not available at such short notice (058-035-144).

**2. Describe the fluids administered to Adam prior to his surgery explaining:**

- (i) the type, amount and rate of flow;
- (ii) the identity of the prescribing physician;
- (iii) the reasons given for the prescription; and
- (iv) the person(s) who administered the fluids

As Adam was scheduled to have surgery the following morning, I prescribed maintenance intravenous fluids to run overnight. I prescribed 0.18% sodium chloride/4% dextrose to run at a rate of 75mls/hour. I note from reviewing the fluid balance prescription chart that there is no signature to indicate that the intravenous fluids I prescribed were erected (057-010-014).

**Other points you wish to make including additions to any previous Statements, Depositions and or Reports**

*[Please attach additional sheets if more space is required]*

Nil

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

**Signed:** *Jacqueline Cartmill*

**Dated:** *9/10/05*